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Meaningful Use: Secure Electronic Messaging and the Use of MyChart

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Final DNP Project Report

Meaningful Use: Secure Electronic Messaging and the Use of MyChart

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University of Kentucky

College of Nursing

Fall 2016

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Dedication

This project and the completion of my DNP is dedicated to my husband, children, and supportive family who have been with me throughout this journey. Your love, support, and encouragement through all the ups and downs have been invaluable. Your dedication and countless hours of childcare have allowed me to accomplish this goal and take the next step in my career. A special thank you to my husband Ryan, without your love, support, and patience I am not sure I would have made it. I cannot believe that with all the craziness of work and school we were able to welcome another member to our family. I am so thankful we did. My boys are my world and all of this is for them. Thank you and I love you all!

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Abstract

Purpose: The purpose of this project was to understand providers' views of electronic messaging through MyChart and find out the essential tools needed to comply with Stage 3 criteria of Meaningful Use. The objectives were to: 1) Discover providers' current thoughts/opinions about electronic messaging, 2) Identify perceived benefits and barriers to using secure electronic messaging between providers and patients, and 3) Discover the perceived essential tools needed to meet Stage 3 criteria.

Methods: A needs assessment was performed through a provider survey. Providers at primary care offices with reliable Wi-Fi were approached about the project. Volunteer participants were given a link, either on a tablet or a written piece of paper, to complete a brief survey on Survey Monkey. Data was aggregated and sent to the PI to evaluate.

Results: The sample population included 30 APRN and MD/DO primary care providers. All of the providers used MyChart messaging with their patients. Overall, the providers felt that MyChart messaging was beneficial because it increased patient satisfaction (70%), allowed for addressing small issues without bringing the patient in for an appointment (66.67%), and allowed them to have better control over chronic conditions (40%). Some of the common barriers included the inability to charge for time spent (66.67%) and not having time in the schedule to respond (53.33%).

Conclusion: As healthcare systems prepare for Meaningful Use Stage 3, it is important to understand provider's perspective of secure electronic messaging through the use of MyChart messaging. This study provided valuable feedback about providers' perceived benefits, barriers, and essential tools needed to increase use of secure electronic messaging with their patients.

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Meaningful Use: Secure Electronic Messaging and the Use of MyChart

As the healthcare industry changes and includes technology as part of the routine standard of care, it is important that healthcare providers make changes as well. Providers may need to learn to use, accept, and/or encourage the use of healthcare technology within their practices. Technology is improving accessibility to healthcare across the nation. Electronic health records (EHRs) are one such form of technology that has already proven beneficial (Hillestad et al., 2005). The Center for Medicare and Medicaid Services (CMS) is one of the agents encouraging this change. CMS has created a way to monitor and assess for meaningful use of the EHR in order to hold healthcare systems accountable for beneficial implementation.

Background

According to the CMS website (2016a), in 2011 CMS implemented an incentive payment program for eligible professionals (EP) and eligible hospitals (EH) who began using electronic health records (EHR). This program encouraged patients to become more involved in their own care and helped providers become more transparent. The EHR incentive program was tied to meaningful use of the EHR. The program had different criteria in place for an EP and an EH and was designed to be implemented in three different stages. Stage 1, which began in 2011, focused on data capture and sharing information with patients and their families. Stage 2, which began in 2014, focused more on using these data to advance clinical processes and give patients more control over the data. Stage 3, which will begin in 2017, is focused on improved outcomes and population health (CMS, 2016c)

Since 2011, when CMS began requiring meaningful use of the EHR in order to receive incentives and reimbursement, healthcare systems have been working with their providers (physicians, nurse practitioners, and physician assistants) to meet the objectives set forth by CMS.

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Currently, providers are working towards meeting the Stage 2 criteria and will soon be required to meet Stage 3 criteria. One potential problem identified in meeting the CMS criteria relates to secure electronic messaging. Currently, secure messaging criteria only stipulates that providers have the ability to send electronic messages with at least one patient (Holland, 2015). The new proposed criteria in Stage 3 will require providers to communicate through secure electronic messaging with 35% of their patients (CMS, 2016b).

EPIC is one of the leading EHR software companies in the United States, serving over half of the U.S. population. EPIC is used by multi-hospital organizations, academic facilities, community hospitals, group practices, and safety net organizations (*EPIC*, n.d). EPIC has a component called MyChart that allows patients to access their health information online or using the mobile app. Patients can view lab and test results, see current medications, view health maintenance reminders, and schedule appointments. Another feature of MyChart allows a secure portal for electronic messaging between patient and provider. Patients can voluntarily enroll in MyChart at any time. MyChart is important to healthcare systems, including the one in this study, because it allows many CMS objectives to be met at one time; specifically, it provides a safe place to allow for electronic messaging between patients or their family members and their providers.

Primary care providers are often the patient's first point of contact in the healthcare system. For this reason, patients' healthcare often depends on the interactions they had with the provider. It is important that providers know and understand the importance of increasing accessibility to medical professionals in order to meet Meaningful Use Stage 3 objectives. Secure electronic messaging is one way to increase this accessibility. Providers may feel overwhelmed by the increased amount of time now being spent on the computer or time that is

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viewed as non-productive/non-billable time with patients. While studies have shown secure electronic messaging to be beneficial to the provider as well as the patients (Harris, Koepsell, Hanuuse, Martin, & Ralston, 2013; Hassol et al., 2004; Kittler et al., 2004; and Lam et al., 2013), Kittler et al. (2004) found many providers are hesitant to communicate with their patients in this manner because of a perceived increased workload, security issues, and lack of reimbursement (Kittler et al., 2004). Due to providers' stake in meeting this objective, it is of utmost importance to gain the perspective of primary care providers who will be using secure messaging on a daily basis. Understanding primary care provider insight about the benefits and barriers of incorporating secure messaging into their routine is essential for implementation of messaging system-wide, and thus for meeting Meaningful Use Stage 3 criteria.

Purpose

The purpose of this project was to compile providers' thoughts and opinions about secure electronic messaging through MyChart and to perform a needs assessment to understand providers' views of essential tools needed to comply with Meaningful Use Stage 3 criteria. The objective of this study was to answer the following research questions:

- 1) What are providers' current thoughts/opinions about electronic messaging?
- 2) What are the perceived barriers to using secure electronic messaging between providers and patients?
- 3) What are the perceived benefits to using secure electronic messaging between providers and patients?
- 4) What are the perceived essential tools needed to meet Stage 3 criteria?

Methods

Study Population

The population for this study included approximately 155 primary care providers within the studied healthcare system who were currently working at one of the primary care offices. There are a total of 29 primary care offices within the healthcare system. Current providers include two physician assistants, 37 APRNs, and 116 MD/DOs. The population included 66 males (42.58%) and 89 females (57.42%). The age range of providers were between 25 and 80, with approximately 75% (n= 155) under the age of 55. All have completed graduate level education in a health care field generally as a physician, nurse practitioner, or physician assistant.

Inclusion criteria: Providers who are a) Primary care providers (General Medicine, Family Medicine, Geriatrics, Pediatrics, Med/Peds, or Internal Medicine) at a primary care office, b) worked at least three days a week, c) age between 25 and 85, d) at least one year experience.

Exclusion criteria: Providers who: a) spend over half of their hours in an acute care setting, b) were out on leave for any reason during the survey time, c) had been with the healthcare system less than one year

Subject Recruitment Methods

The primary investigator (PI) contacted the director of each primary care office and provided information about the study, the reason for the study, and the fact that the study was supported by the director of physician development who specializes in meaningful use for the healthcare system. After talking with the primary care directors, the PI received written permission to place a flyer and attend an office meeting at each of the approved primary care offices. The sample population included offices chosen based on Wi-Fi accessibility, which was thought to be beneficial in getting better response rates. Prospective subjects were then identified based on the

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inclusion criteria. Subjects meeting the inclusion criteria were invited to participate in the study. The PI then had face to face contact with each provider within the approved offices, either during an office meeting or during a lunch break, and explained the purpose of the study and invited providers to participate. Providers who chose to participate were provided an informed consent to complete prior to receiving a link to the electronic study survey. The survey was completed online through Survey Monkey to ensure confidentiality.

Research Procedures

MyChart includes the system's secure electronic messaging portal. MyChart is available to all patients and providers in the healthcare system. The first part of this study included a review of baseline data collected to determine current use of electronic messaging by primary care providers. Data were gathered by the office of the director of physician development who specializes in meaningful use for the healthcare system. These data included the percentage of patient and provider messaging broken down by provider. It also included baseline data such as the number of patients, broken down by gender, age, and the percentage that are signed up for and use MyChart.

The second part of the study included a needs assessment that resulted in data that the healthcare system could use in order to improve secure electronic messaging amongst their providers. Providers who chose to participate were provided an informed consent to complete prior to receiving a link to the electronic survey. The survey was completed online through Survey Monkey to ensure anonymity. Electronic tablets were provided for those who wished to complete the survey immediately. After collecting the informed consents, the PI left the room while the participants completed the survey. The office manager or director, who remained in the room with the participants, notified the PI when it was time to re-enter the room. For those not

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wishing to perform the survey at that time, the PI left a written link to the survey so that they could complete it when they had time. A flyer was placed in the approved location to remind providers to participate in the study. This study was approved by the University of Kentucky IRB and the studied hospital system's Office of Research Administration.

Data Collection

The sample subjects were provided a 13 question survey about secure electronic messaging through MyChart, also referred to as email in the survey questions: (See Appendix A). The survey was developed by the PI and contained 11 multiple choice questions, one fill in the blank, and one free text. Three of the multiple choice questions also allowed for write-ins. The PI estimated the survey would take less than five minutes to complete. A copy of the survey was sent to a nursing system analyst within the healthcare system, who created an electronic version of the survey in Survey Monkey. The analyst remained the administrator on Survey Monkey. The data were compiled into aggregate form and then forwarded to the PI for review.

Results

The first part of the study found that the healthcare system served approximately 722,043 patients. Of that population, 58.35% were female and 41.65% were male. A total of 250,413 (34.68%) patients had an activated MyChart account. Approximately 38% of all female patients had activated their MyChart account, while 29.26% of all male patients had activated. The age range of 0-17 years had the highest percentage of activated accounts in both the female and male categories, averaging 70%. The age range with the lowest activated accounts was 18-29 years in both the female and male categories. At the time of this study, 33.86% of females and 14.19% of males in this age range had an activated account. Messaging between physician and patient was being tracked to document the percentage of messages that were being sent by the individual physicians. Data showed all physicians were meeting Meaningful Use Stage 2 criteria.

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The second part of the study was the provider survey. The survey included providers from six different primary care offices. A total of 48 providers were offered the survey and 30 completed it during the specified time, a 62.5% response rate. A complete list of all the survey results can be found in Appendix B. Of the offices surveyed, 0 PAs, 13 APRNs, and 35 MD/DOs completed the survey. The sample population included 46.7% (n= 14) males and 53.3% (n=16) females. Ages ranged from 20-70+ with the majority (83.3%, n=25) between the ages of 30 and 59. Of the providers surveyed, 43.3% (n=13) had 10 years of experience or fewer. Family practice and internal medicine were the predominate areas of practice (50% and 33.3%, respectively). No pediatric providers were surveyed: (See Table 1).

All providers surveyed reported using MyChart to communicate with their patients. Providers spent an average of 1-2 hours a day responding to MyChart messages. While this is a significant amount of time spent on the computer, 63.3% (n=19) felt that this cut down on time spent on patient phone calls. The greatest percentage (40%, n=12) of providers communicated with 21% or more of their patients through MyChart. With the exception of three providers who felt there were no benefits of using MyChart messaging, most felt it was beneficial because it increased patient satisfaction (70%, n= 21), allowed for addressing small issues without bringing the patient in for an appointment (66.7%, n= 20), and allowed providers to have better control over chronic conditions (40%, n=12): (See Table 2).

Some of the common barriers to using MyChart included not being able to charge for time spent (66.7%, n=20) and not having allotted time in their schedule to respond (53.3%, n= 16). Other barriers that were repeated multiple times (11 responses) in the write-up portion could be summarized into the category of patient misuse or misunderstanding of MyChart messaging: (See Table 3). For example, one provider mentioned there had been an increase in

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small, nominal, otherwise tedious complaints. The same provider also mentioned that the patients feel that the provider is on-call/available 24hours/day. Another provider reported receiving multiple, lengthy emails by the same patients daily. Other comments included: “inappropriate use by the patients” and “patients often don’t read their email so we have to call as well.” The potential for miscommunication was another major barrier mentioned in the write-in portion. One provider simply stated “potential for miscommunication,” while another stated “my language sometimes worries me that [I] could be taken out of context.” Another provider mentioned “occasional difficult(y) with understanding on the patient’s part. Need for repeat messaging back and forth.”

Participating providers felt that financial compensation (73.3%, n=22) and allowing time in their schedules to respond to messages (56.7%, n=17) were ways to improve email communication with patients. Other suggestions included providing more patient education on appropriate use of MyChart messaging and limiting the characters allowed in the messages to prevent patients from discussing complicated problems that likely require an office visit. An additional suggestion was to include a language feature that allows for translation to Spanish or other foreign languages. Most (60%, n=18) expressed the feeling that email communication through MyChart does lead to better patient outcomes.

Discussion

The purpose of this project was to compile providers’ thoughts and opinions about secure electronic messaging through the use of MyChart and to find out what tools they felt were needed to comply with the upcoming Meaningful Use stage 3 criteria. Results revealed that, overall, primary care providers who participated in this project are using secure electronic messaging with their patients and do see the benefits. Increased patient satisfaction, better

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control of chronic conditions, and the ability to address small problems without an unnecessary visit were all seen as benefits of using MyChart messaging.

The barriers to electronic messaging include: extra time it takes to communicate with patients who are not coming into the office, providers not being compensated for time spent, patient misuse of messaging, and the potential for miscommunication. The most common barriers mentioned, which are also common barriers seen in other studies (Kittler et al., 2004), were lack of time to respond to messages and lack of compensation for time spent. On average providers surveyed spend one to two hours a day replying to messages. This is often at the office after they see their last patient or at home later that evening. One way to help alleviate this problem would be for healthcare systems to allot time in all providers' schedules to work on MyChart messages, essentially paying providers for that time.

According to the Center for Connected Health Policy (2016), currently no state in the United States reimburses for time spent with patients over email. According to KRS 310.200 in the state of Kentucky, the law defines telehealth as "the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education" (CCHP, 2016). The only way to receive reimbursement for electronic messaging would be if it fell within this definition. Currently, KRS 304.17A-138 states that live video consultations and tele-radiology are reimbursable under the telehealth definition (CCHP, 2016). The individual healthcare systems could provide compensation to providers based on the number of messages sent or other set performance goals.

Another barrier mentioned was a lack of patient education about how to use MyChart messaging, which can lead to misuse of this resource. Participant responses mentioned patient

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abuse of the messaging system, emails that were too lengthy on topics that would be better addressed in an appointment, and the misunderstanding that MyChart messages could be used in urgent/same day situations. The healthcare system can help correct this problem by educating and reinforcing with patients the proper uses of MyChart messaging when they sign up for the service. Brightly colored flags or other visual cues on the message page could be used to remind patients that urgent matters require an appointment and office visit rather than sending an electronic message. Each provider can reinforce these concepts with patients during each visit. Lengthy messages are often due to patients trying to explain a complicated situation that would likely require an office visit. There is an increased risk of miscommunication when trying to answer these types of messages. A possible solution to the problem of lengthy messages could be for Epic to place a character limit within the program itself so that these messages can no longer occur. By incorporating character limits into the software system, multiple organizations across the country would see the benefits.

Finally, providers expressed concern about the potential for miscommunication between themselves and the patient or family member writing the message. Does the provider understand what the patient is asking, and does the patient understand the provider's response? What is the liability for the provider if the patient misunderstood or misread the directions? These questions are all topics for future research. For now, providers could be reminded of the need to write in layman's terms and on an appropriate reading level for their patients. Other educational reminders for the providers include being cognizant of any cultural or potential language barriers that may lead to misunderstandings, and refraining from the use of too many medical terms, without an explanation of what those words mean.

Limitations

Limitations to this study include: using the designated sample population provided by the primary care directors, the inconsistent reliability of Wi-Fi throughout the primary care offices, the fact that a majority of providers do not use their work email, a system stipulation that does not allow students to become authorized users on Survey Monkey, and surveying only one healthcare system. First, using only offices that had reliable Wi-Fi at the request of the directors led to a small sample size (n=48) and could skew the results. The sample population would need to be compared to the general primary care provider population (n=155) to determine any potential differences and thus a potential effect on the outcomes.

The next limitation that influenced the study design was the fact that a majority of providers do not use their work email. This precluded the PI from emailing a larger group of providers. If a link to the survey was sent via a listserv, then the likelihood of participation would be greatly diminished. Using tablets and going only to offices with reliable Wi-Fi became the preferred method of selection.

Another limitation was a system stipulation that does not allow students to become authorized users on Survey Monkey. The healthcare system wished for only their system analyst to have access to the raw data. Therefore, all data received were already aggregated and the PI was unable to make any correlations between responses and demographic data (gender, age, years of experience, or area of practice).

Finally, this study was only conducted at one healthcare system. There are three large healthcare systems in the city in which the study was performed. The results from the studied healthcare system may not translate to the other systems. To get more accurate provider

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feedback, a sample population that included primary care providers from all three healthcare systems would be ideal.

Conclusion

As the studied healthcare system began preparations for Meaningful Use Stage 3, it was important to find out how their providers felt about secure electronic messaging through the use of MyChart. This study provided valuable feedback about providers' perceived benefits, barriers, and essential tools needed to increase use of secure electronic messaging with their patients. This feedback is beneficial not only to the studied healthcare system, but to other healthcare systems as well.

Overall, the studied healthcare system is doing well in meeting Meaningful Use goals. Currently, they track physician data and all physicians are meeting Stage 2 criteria. After assessing the data provided, only eight physicians currently working in a primary care office setting would not meet the proposed Stage 3 goal of messaging with 35% of patients seen. Given this information and the research that discussed multiple benefits to the provider and the patient, one would expect the goal to be to reach out to as many patients as possible through electronic messaging and not just the 35% mandated by CMS. A few things that could be done to improve the current use of MyChart messaging include: educate and reinforce the benefits of secure electronic messaging, set character limits within the messaging system, and think of creative ways to compensate providers for their time. Educating and reminding providers that messaging has proven beneficial for all involved, and providing synopses or abstracts of studies for them to read, could help change their perspective. It is important to remind them that while messaging may seem time consuming, and while they may feel that this is time for which they are unable to bill, this is nothing new. After all, time spent messaging simply replaces time spent

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on the phone. It is important to share that 63.3% of the surveyed providers stated that messaging cut down on patient phone calls.

All healthcare systems should be sharing current research with providers, showing them the benefits of electronic messaging for both themselves and their patients. As healthcare systems integrate technology, it is important to reflect on the user friendliness of the systems. EPIC software is used with over half the U.S. population (*EPIC*, n.d); if this large EHR software company makes a slight change and sets a character limit in the messaging program, it could benefit millions of people. The problem with lengthy, complicated messages would be null and void. Other EHR software companies could do the same and alleviate one of the major issues providers have with electronic messaging.

Currently, CMS does not provide reimbursement for time spent sending electronic messages. Healthcare systems need to take it upon themselves to think of creative ways to compensate providers for their time. This could be a small monetary amount, such as \$5, paid per message sent. Another option would be to set goals for each provider and provide bonuses for goals met. Goals could be related to number of patients signed up and using electronic messaging, or to the number of messages read and sent each month. There are many ways that healthcare systems can incentivize providers to increase use of electronic messaging above the goals set by CMS.

It is important to note that as healthcare systems prepare for Meaningful Use Stage 3 criteria, CMS is making changes to the system used to hold hospitals and providers accountable. The new system, the Medicare Access and CHIP Reauthorization Act (MACRA), assimilates the Physician Quality Reporting Program (PQRS), Value-Based Payment Modifier, and Medicare EHR Incentive Program into the new Merit-Based Incentive Payment System (MIPS) program.

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MACRA and MIPS are focused on quality and value based care and will set the new criteria for Medicare reimbursement (MACRA, 2016). In the Meaningful Use stage 3 criteria and in the MACRA system, secure electronic messaging use will no longer be measured independently. It will be part of a group of requirements that must be met (CMS, 2016d).

This study only examined primary care offices. There is a need for future studies focusing on the pediatric and specialty group providers. While pediatrics is considered primary care, the studied healthcare system has separate pediatric facilities run by different directors; and therefore, were not included in this study. Many of the primary care providers see children; however, their area of practice is family medicine. It is unknown if the needs of specialty providers would be different from those of primary care providers. Future studies can also be developed to look at the patient's perspective to see if there are improvements to be made to the MyChart messaging that would encourage its use.

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Table 1.

Demographics of survey participants

Variables	Responses	Percentage
Gender		
Male	14	46.7
Female	16	53.3
Age		
20-29	2	6.7
30-39	10	33.3
40-49	8	26.7
50-59	7	23.3
60-69	2	6.7
70+	1	3.3
Years of experience		
1-5	8	26.7
6-10	5	16.7
11-20	9	30.0
21-30	5	16.7
31-40	1	3.3
40+	2	6.7
Practice Area		
Family Practice	15	50.0
Med/Peds	2	6.7
Internal Medicine	10	33.3
Pediatrics	0	0.0
Other*	3	10.0

Notes. * 1 general practice, 2 endocrine. N=30

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Table 2.

Benefits to using MyChart

Benefits	Responses	Percentage
Increased patient satisfaction	21	70.0
Better control of chronic conditions	12	40.0
Address small problems without bringing in patient for appointment	20	66.7
There are no benefits	3	10.0
Other (write ins)	3	10.0

Notes. N=30

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Table 3.

Barriers to using MyChart

Barriers	Responses	Percentage
Unable to charge for time	20	66.7
Don't have time in schedule to respond	16	53.3
Don't like using the computer	2	6.7
I just don't want to	1	3.3
It's hard to get my message across	6	20.0
I see no barriers	1	3.3
Other (write ins)	11	36.7
Patient Misuse	6	20.0
Miscommunication	3	10.0
Other	2	6.7

Notes. N=30

MEANINGFUL USE: SECURE ELECTRONIC MESSAGING

Appendix A
Secure Electronic Messaging Survey

Demographics:

Gender: Male or Female

Area of Practice:

Age: 20-29 40-49 60-69
 30-39 50-59 70+

Family Practice Internal Medicine
 Med/Peds Pediatrics
 Other: _____

Years of experience: 1-5 6-10
 11-20 21-30 31-40 40+

MyChart messaging:

1) Do you ever use email to communicate with your patients?

Yes
 No

2) If yes, what percentage of your patients do you communicate with via email?

1-5%
 6-10%
 11-20%
 21% or more

3) How much of your time do you estimate is spent answering emails each day?

_____ hrs _____ mins

4) Do you find that responding to emails cuts down on time spent with patient phone calls?

Yes
 No
 I can't tell a difference

5) What are the benefits of using email communication? (Select all that apply)

Increased patient satisfaction
 Better control of chronic conditions
 Address small problems without bringing patient in for appt
 There are no benefits
 Other (write-in benefits): _____

6) What are the barriers to using email communication? (Select all that apply)

Unable to charge for time
 Don't have time in schedule to respond
 Don't like using the computer
 I just don't want to
 It's hard to get my message across
 I see no barriers
 Other (write-in barriers): _____

MEANINGFUL USE: SECURE ELECTRONIC MESSAGING

7) What could be done to improve email communication?

- Financial compensation
- Time allotted in schedule
- Create an email pool
- More efficient computer training
- Other: _____

8) Do you think email communication can lead to better patient outcomes?

- Yes I'm not sure
- No

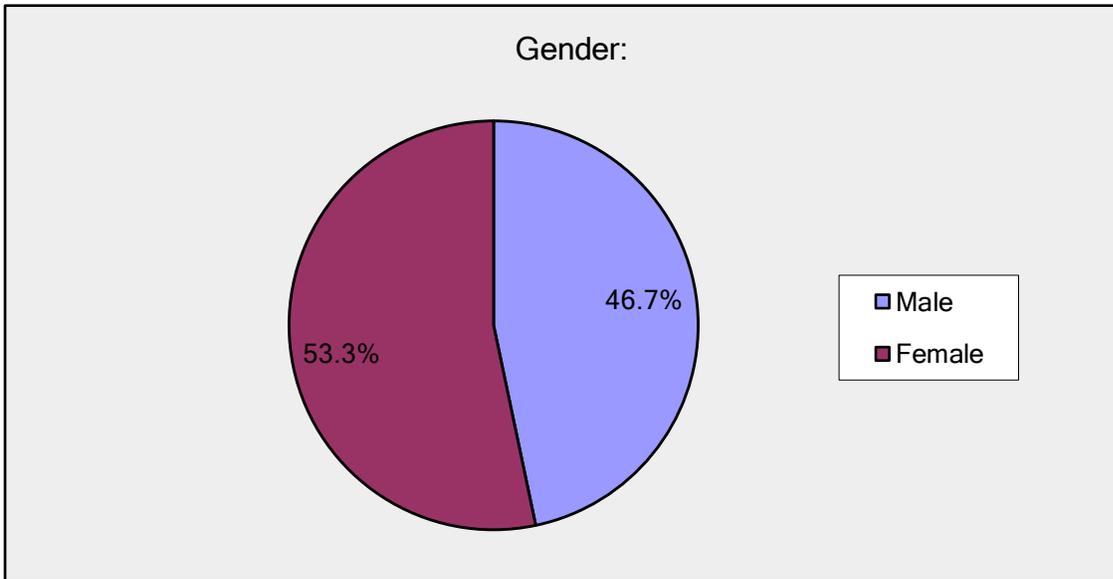
9) Feel free to add any thoughts concerning electronic messaging that were not addressed above.

MEANINGFUL USE: SECURE ELECTRONIC MESSAGING

Appendix B
Survey Results

Question 1:

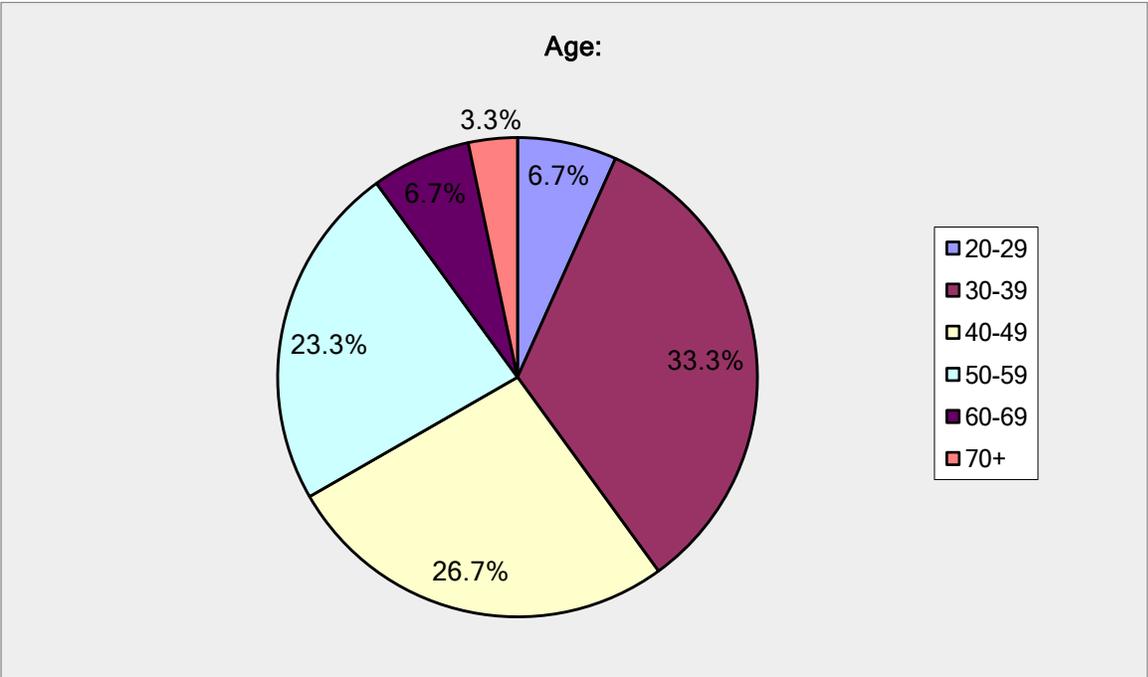
Gender:		
Answer Options	Response Percent	Response Count
Male	46.7%	14
Female	53.3%	16
<i>answered question</i>	30	30
<i>skipped question</i>	0	0



MEANINGFUL USE: SECURE ELECTRONIC MESSAGING

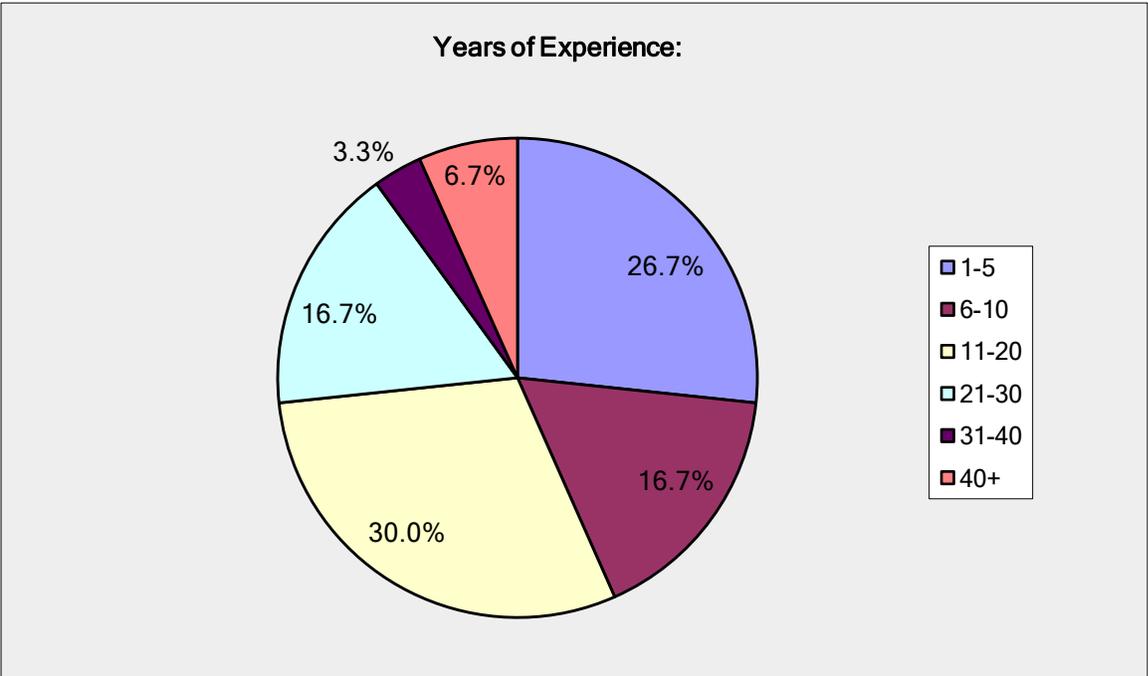
Question 2:

Age:		
Answer Options	Response Percent	Response Count
20-29	6.7%	2
30-39	33.3%	10
40-49	26.7%	8
50-59	23.3%	7
60-69	6.7%	2
70+	3.3%	1
<i>answered question</i>	30	30
<i>skipped question</i>	0	0



Question 3:

Years of Experience		
Answer Options	Response Percent	Response Count
1-5	26.7%	8
6-10	16.7%	5
11-20	30.0%	9
21-30	16.7%	5
31-40	3.3%	1
40+	6.7%	2
<i>answered question</i>	30	30
<i>skipped question</i>	0	0

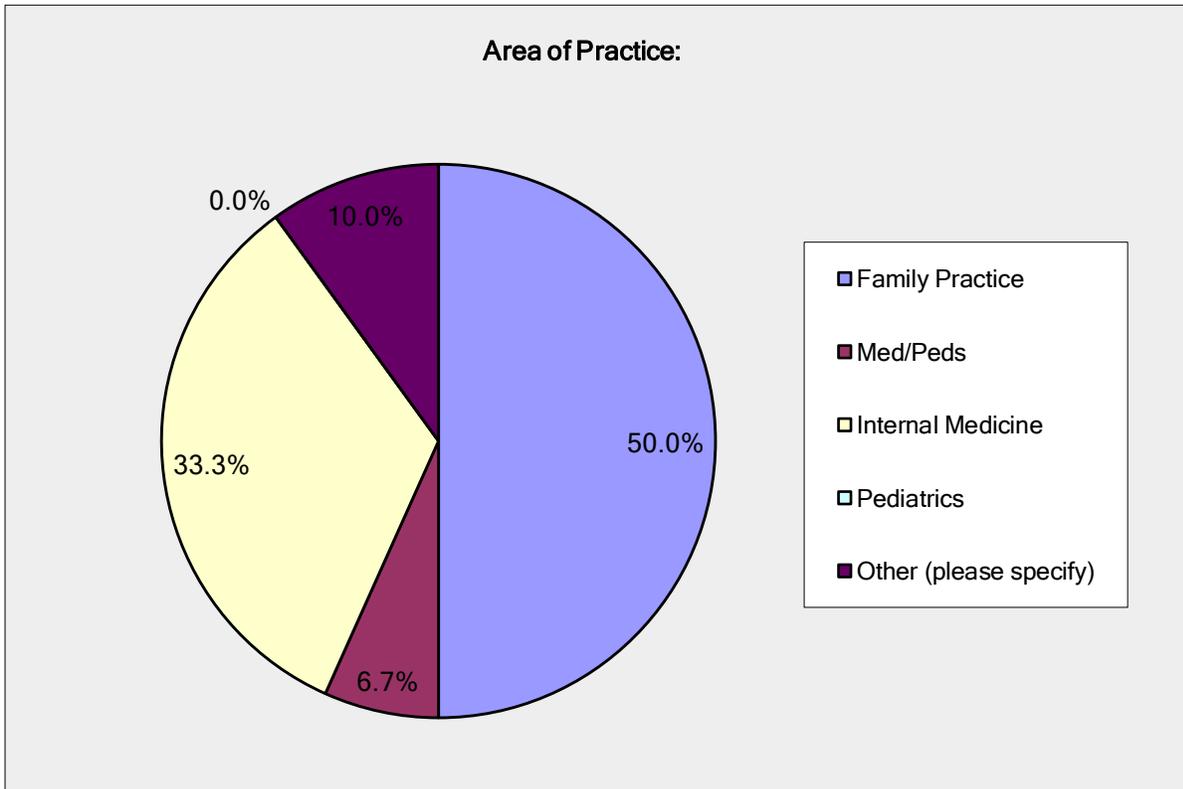


Question 4:

Area of Practice:		
Answer Options	Response Percent	Response Count
Family Practice	50.0%	15
Med/Peds	6.7%	2
Internal Medicine	33.3%	10
Pediatrics	0.0%	0
Other (please specify)	10.0%	3
<i>answered question</i>	30	30
<i>skipped question</i>	0	0

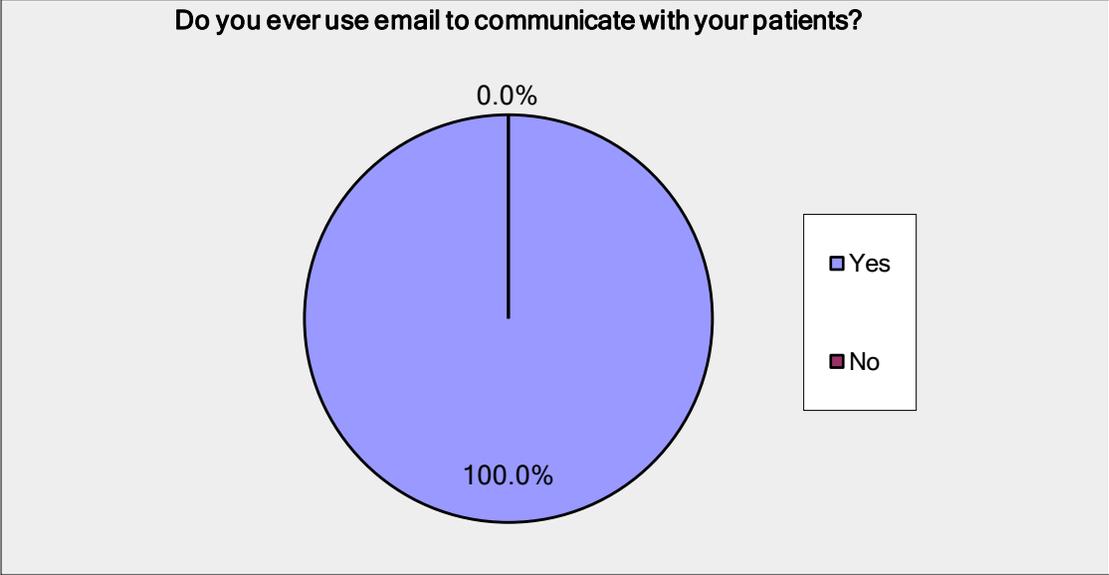
Other responses

Number	Other (please specify)
1	General practice
2	Endocrine
3	Internal medicine and endocrinology



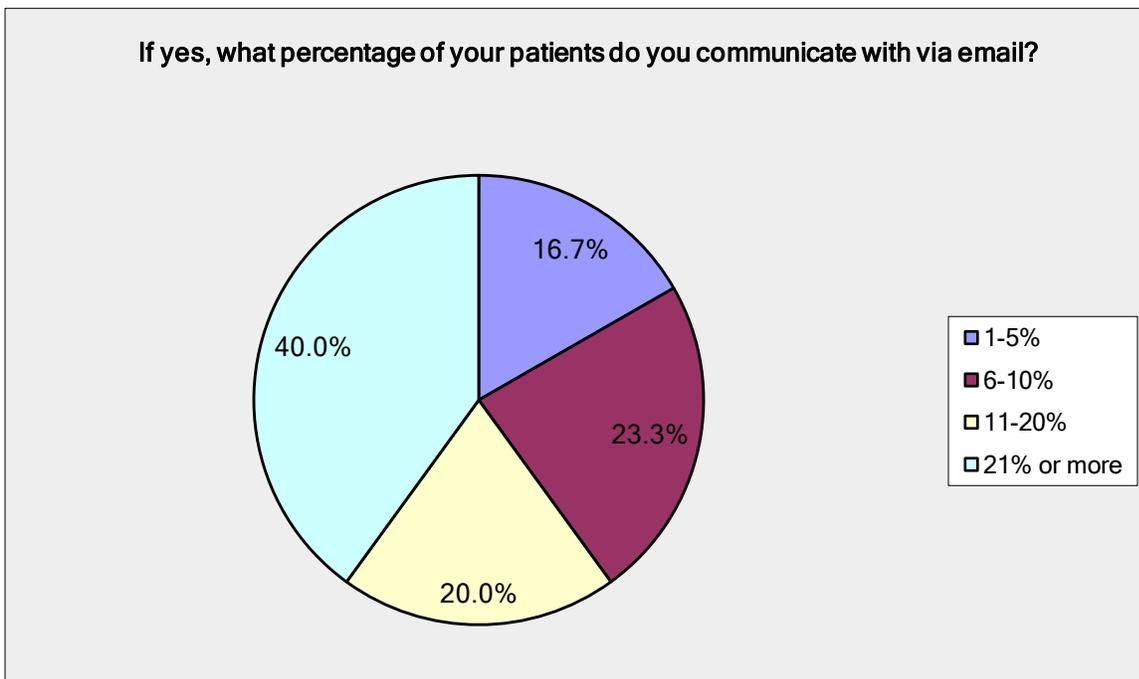
Question 5:

Do you ever use email to communicate with your patients?		
Answer Options	Response Percent	Response Count
Yes	100.0%	30
No	0.0%	0
<i>answered question</i>	<i>30</i>	<i>30</i>
<i>skipped question</i>	<i>0</i>	<i>0</i>



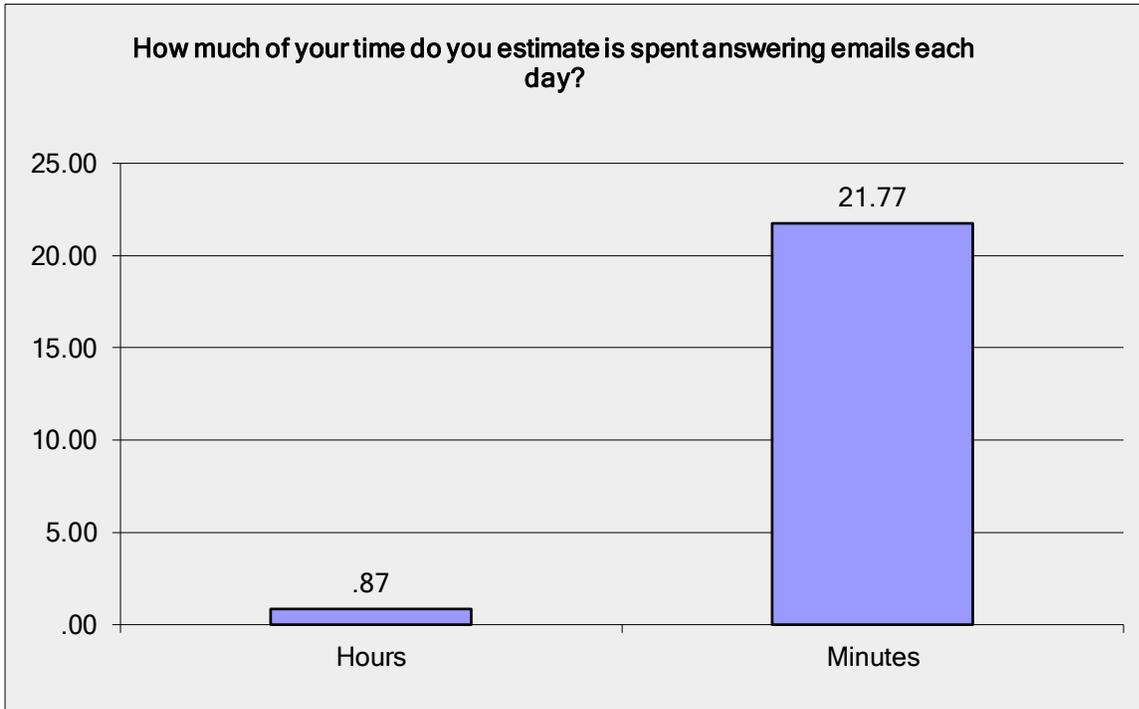
Question 6:

If yes, what percentage of your patients do you communicate with via email?		
Answer Options	Response Percent	Response Count
1-5%	16.7%	5
6-10%	23.3%	7
11-20%	20.0%	6
21% or more	40.0%	12
<i>answered question</i>	30	30
<i>skipped question</i>	0	0



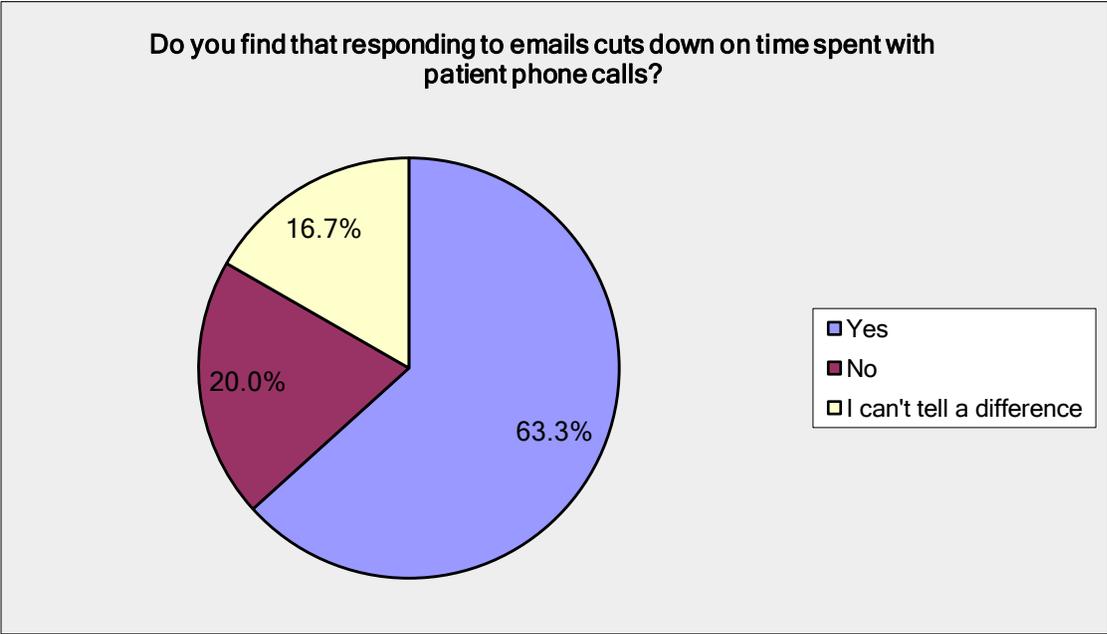
Question 7:

How much of your time do you estimate is spent answering emails each day?			
Answer Options	Response Average	Response Total	Response Count
Hours	.87	26	30
Minutes	21.77	653	30
	<i>answered question</i>	30	30
	<i>skipped question</i>	0	0



Question 8:

Do you find that responding to emails cuts down on time spent with patient phone calls?		
Answer Options	Response Percent	Response Count
Yes	63.3%	19
No	20.0%	6
I can't tell a difference	16.7%	5
<i>answered question</i>	<i>30</i>	<i>30</i>
<i>skipped question</i>	<i>0</i>	<i>0</i>

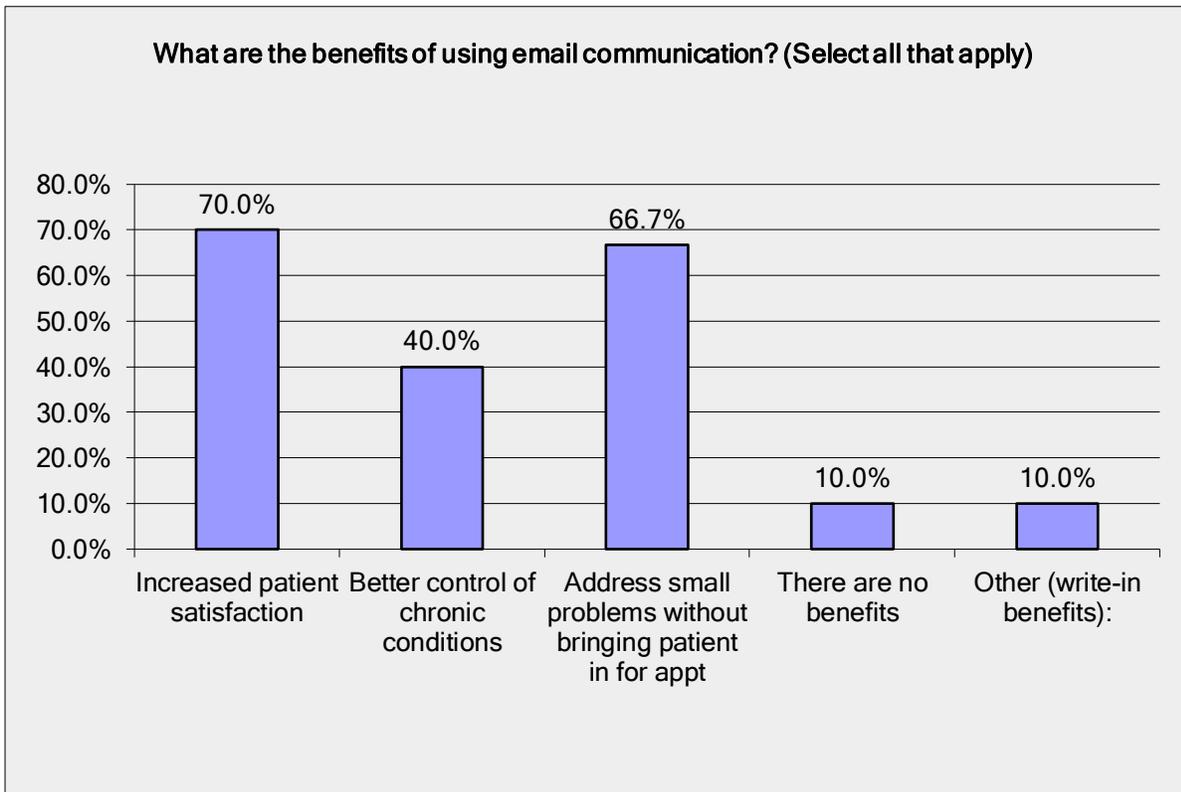


Question 9:

What are the benefits of using email communication? (Select all that apply)		
Answer Options	Response Percent	Response Count
Increased patient satisfaction	70.0%	21
Better control of chronic conditions	40.0%	12
Address small problems without bringing patient in for appt	66.7%	20
There are no benefits	10.0%	3
Other (write-in benefits):	10.0%	3
<i>answered question</i>	<i>30</i>	<i>30</i>
<i>skipped question</i>	<i>0</i>	<i>0</i>

Other responses:

Number	Other (write-in benefits):
1	Some abuse email to avoid appointment
2	Schedule appts
3	They can leave us details like new meds, seeing other docs, and vaccinations.

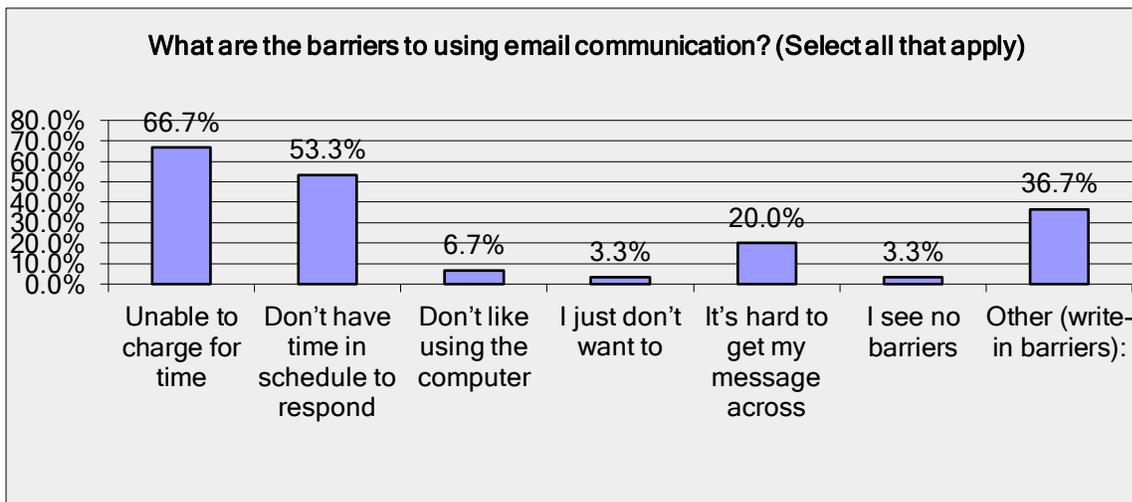


Question 10:

What are the barriers to using email communication? (Select all that apply)		
Answer Options	Response Percent	Response Count
Unable to charge for time	66.7%	20
Don't have time in schedule to respond	53.3%	16
Don't like using the computer	6.7%	2
I just don't want to	3.3%	1
It's hard to get my message across	20.0%	6
I see no barriers	3.3%	1
Other (write-in barriers):	36.7%	11
<i>answered question</i>	30	30
<i>skipped question</i>	0	0

Other responses:

Number	Other (write-in barriers):
1	Potential for miscommunication
2	Increase in small, nominal, otherwise tedious complaints, feeling that physician is on-call/available 24 hours/day
3	Not conducive to communicating with my non-English-speaking patients (about 15% of my population)
4	E-mails beget more e-mails!
5	Multiple emails by same patients daily. Lengthy emails
6	Occasional difficulty with understanding on patient's part. Need for repeat messaging back and forth. Patient's intermittently do not check their MyChart messages for results and end up calling, negating the benefits of the system and doubling the work.
7	Inappropriate use by the patients
8	Issues with computer reliability and patients often don't read their email so we have to call as well
9	Patients may want a long explanation via MyChart for a problem we should have an appointment for.
10	Too complex questions to answer via email and patient is allowed too many characters - setting a limit on # of characters would be big advantage
11	My language sometimes worries me that could be taken out of context.

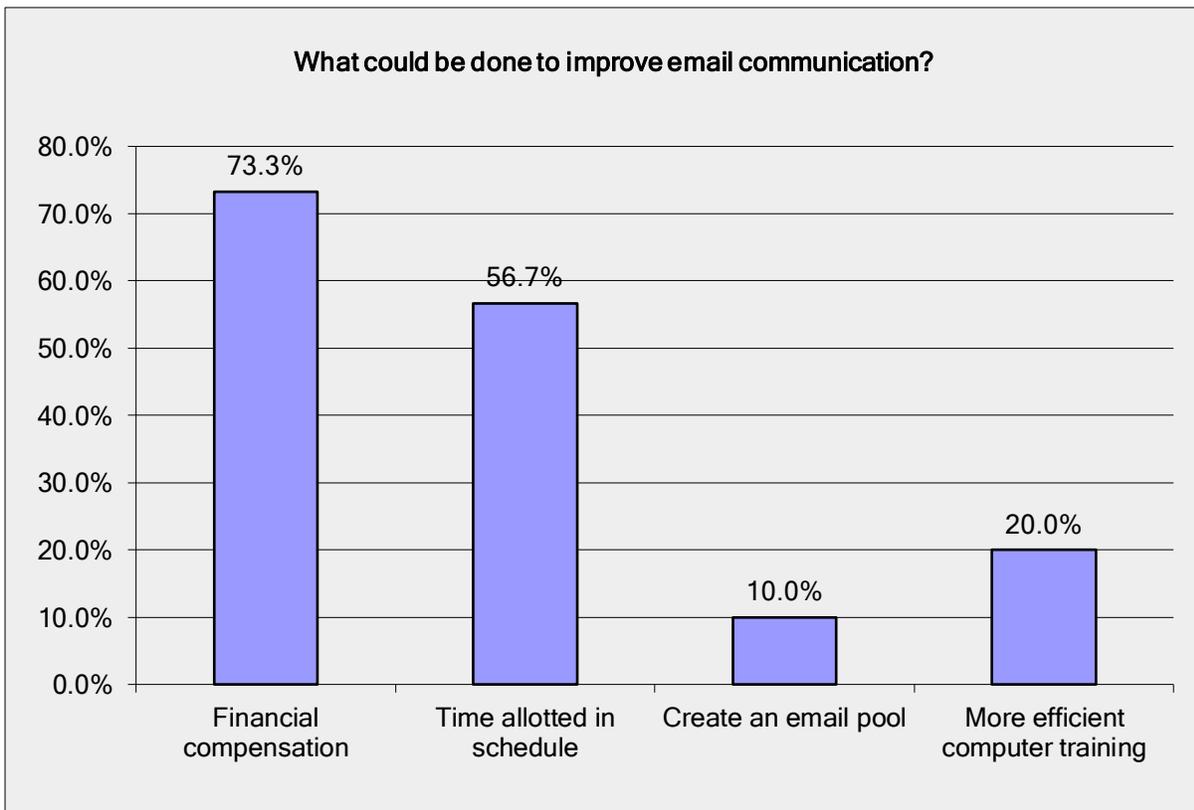


Question 11:

What could be done to improve email communication?		
Answer Options	Response Percent	Response Count
Financial compensation	73.3%	22
Time allotted in schedule	56.7%	17
Create an email pool	10.0%	3
More efficient computer training	20.0%	6
Other (please specify)	5	5
<i>answered question</i>	<i>30</i>	<i>30</i>
<i>skipped question</i>	<i>0</i>	<i>0</i>

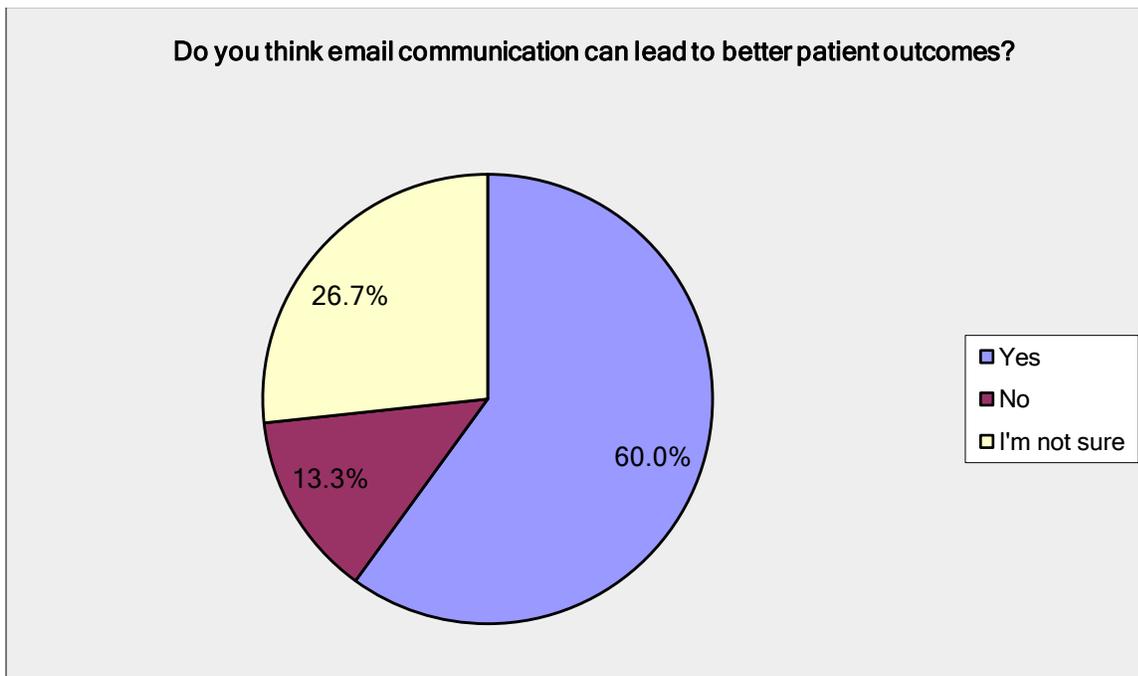
Other responses:

Number	Other (please specify)
1	Increase patient awareness that the service exists
2	Put in a language feature so it can recognize Spanish
3	Combine emails with other patient messages in one streamlined format
4	Not to be mercenary about it, but, with the time spent at home doing resulting and answering patient messages, there should be some compensation allowed
5	Limit characters that patient can write



Question 12:

Do you think email communication can lead to better patient outcomes?		
Answer Options	Response Percent	Response Count
Yes	60.0%	18
No	13.3%	4
I'm not sure	26.7%	8
<i>answered question</i>	<i>30</i>	<i>30</i>
<i>skipped question</i>	<i>0</i>	<i>0</i>



Question 13:

Feel free to add any thoughts concerning electronic messaging that were not addressed above.	
Answer Options	Response Count
Write in response	8
<i>answered question</i>	8
<i>skipped question</i>	22

Other responses:

Number	Response Text
1	Takes time away from direct patient care
2	Currently, there are multiple ways to communicate with providers already. When there are more than a dozen different categories in provider inboxes, it becomes almost impossible to prioritize message management. Good communication with patients is important, but it is also important not to flood the provider with messages.
3	Email has some upside ,but not always at computer - response is not always fully comprehended by patient and results in need for follow up phone call
4	Patients who sign up for and don't use it need to have their accounts cancelled.
5	This should not be free care
6	Email takes too much time from doctors
7	I like it for non-urgent messages. I hate that they get a note to expect response in 48h. It should say if need urgent response, call the office! Computers should never be used for urgent needs. Phone calls are the only way to ensure quick evaluation. Also, patients Need be more aware that refill requests should come from pharmacy or the independent refill rx option. So they aren't waiting around for it.
8	Like it