Army Medicine Secure Messaging Service (AMSMS) Guide Appendices

Version 3.2 – Mar 2013
# Army Medicine Secure Messaging Service (AMSMS) Guide

## Document History

<table>
<thead>
<tr>
<th>Ver.</th>
<th>Date</th>
<th>Description of Change</th>
<th>Status</th>
<th>Document Owner</th>
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<tr>
<td>3.2</td>
<td>Mar 13</td>
<td>Separated Appendices from Guide</td>
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<td>3.2</td>
<td>Mar 13</td>
<td>Replaced Appendix I with Transferring staff in AMSMS</td>
<td>Update</td>
<td>BPM</td>
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<tr>
<td>3.2</td>
<td>Mar 13</td>
<td>Offline Patient Invite</td>
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<td>Keyword Usage</td>
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## Appendix A – RelayHealth Information

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A.1 Training Resources

Learning Anytime, Anywhere

The doors of learning at RelayHealth are open 24 hours a day! We provide complimentary, convenient and accessible training from your computer when and as you need it—effective for new hires as well as seasoned healthcare professionals.

A.1.1 Need In-Depth Skill Building? Comprehensive Sessions (10-60 min)

Note: You may be prompted to install the LiveMeeting viewer on your computer prior to viewing; please allow extra time for this process. Additionally, the recordings below may demonstrate functionality not configured in your RelayHealth account; please contact RelayHealth Customer Support to learn about activating these features: 1-866-RELAY-ME (1-866-735-2963) or email using the customer support link: https://app.relayhealth.com/CustomerSupport.aspx.

We request your name as you view each recording to help us to gauge interest level in the topics and develop additional training sessions.

🔗 Please use key $RHev2010 to access these recordings.

<table>
<thead>
<tr>
<th>TRAINING TOPIC</th>
<th>VIDEO LINK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create and Use a New Message Template (7 min)</td>
<td><a href="http://mckesson.adobeconnect.com/msgtemplate">http://mckesson.adobeconnect.com/msgtemplate</a></td>
</tr>
<tr>
<td>How to Create a New Colleague Message (7 min)</td>
<td><a href="http://mckesson.adobeconnect.com/colleaguemsg/">http://mckesson.adobeconnect.com/colleaguemsg/</a></td>
</tr>
<tr>
<td>How to Create a New Referral Message (6.5 min)</td>
<td><a href="http://mckesson.adobeconnect.com/referralmsg/">http://mckesson.adobeconnect.com/referralmsg/</a></td>
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<tr>
<td>Invite Patients to Register for RelayHealth (4 min)</td>
<td><a href="http://mckesson.adobeconnect.com/invitepatients/">http://mckesson.adobeconnect.com/invitepatients/</a></td>
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<tr>
<td>Inviting Patients to Register &amp; Responding to Patient Rx Renewal Requests (4.5 min)</td>
<td><a href="http://mckesson.adobeconnect.com/inviteptsmedrenew/">http://mckesson.adobeconnect.com/inviteptsmedrenew/</a></td>
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<tr>
<td>Patient Education Enhancements 11.11 (External) (9.5)</td>
<td><a href="http://mckesson.adobeconnect.com/pted-ext">http://mckesson.adobeconnect.com/pted-ext</a></td>
</tr>
<tr>
<td>Patient Messaging &amp; Recruitment (10 min)</td>
<td><a href="http://mckesson.adobeconnect.com/ptmessaging&amp;recruitme">http://mckesson.adobeconnect.com/ptmessaging&amp;recruitme</a></td>
</tr>
<tr>
<td>Patient registers and creates a PHR on RelayHealth</td>
<td><a href="http://mckesson.adobeconnect.com/patientreg/">http://mckesson.adobeconnect.com/patientreg/</a></td>
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<tr>
<td>WebVisit Patient Side (5 min)</td>
<td><a href="http://mckesson.adobeconnect.com/webvisit-pt-side/">http://mckesson.adobeconnect.com/webvisit-pt-side/</a></td>
</tr>
<tr>
<td>WebVisit Patient Diabetes (6 min)</td>
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<tr>
<td>WebVisit Provider Side (6 min)</td>
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A.1.2 Short on Time? Quick Links (2-10 min.)

Note: You may be prompted to install Adobe Flash player on your computer prior to viewing; please allow extra time for this process. These videos are also accessible to RelayHealth users in the Help & Training section.
Patients

Invite Patients to Register for RelayHealth (5 min)
Message and Recruit Patients (10 min)
Webvisit—Patient Side, Diabetes scenario (5 min)
Webvisit—Provider Reply, Diabetes scenario (6 min)

For live training events and additional recordings, please visit http://www.relayhealthevents.com

A.2 Feature Guides

In depth user guides to RelayHealth are available and kept up-to-date with each service release within the service. PDF copies may be downloaded to your computer or SharePoint site, separated into specific “Quickstarts,” and emailed to contacts within your organization. Additionally, Word copies of these documents are available should you wish to edit or tailor these to your specific workflow or clinic specifications. To access:

1. Login to RelayHealth.
2. Click the Help & Training link in the upper right hand corner of the screen.
3. Click the Setup/Learning tools tab.
4. Scroll to the Feature Guides section (see right).

A.3 Release Notes

RelayHealth is updated regularly; release notes are available 8 weeks prior to each release, and may be accessed from the What’s New section of the Home Page:
Appendix B – Sustainment Training

Training Resources

The OTSG CMIO Systems Training Support (STS) Division provides training to Region/MTF/Clinic personnel designated as sustainment training personnel. This train the trainer strategy is used to ensure that sustainment training staff at each site is adequately prepared to train their AMSMS staff users.

Following training by the CMIO STS AMSMS training team, each Region/MTF/Clinic will sustain training for users of the AMSMS. These designated sustainment personnel will use the Army CMIO approved training curriculum to train Clinic Administrators and General Users (Providers, Nurses, Admin, etc.) on the application functions and AMSMS procedures.

Administrators should ensure that all personnel receive the approved training prior to providing access to, and configuring staff accounts, in the AMSMS.

Sustainment Training

AMSMS Sustainment Trainer- must attend the MC – 00392, Secure Messaging (SM) Clinic Administrator (Super User) Course - This course trains the SM Clinic Administrator functions for use of the AMSMS application. Personnel completing this course will have the required information to train other SM Clinic Administrators and the general user in the use of SM application. Training is not required by everyone, only those who will be required to use the application as the designated Clinic Administrator. Training is for military (officer and enlisted), civilians and contractors. Not required for volunteers. Training is one time only.

AMSMS Clinic Administrator- must attend the MC – 00392, Secure Messaging (SM) Clinic Administrator (Super User) Course - This course trains the SM Clinic Administrator functions for use of the AMSMS application. Personnel completing this course will have the required information to train other SM Clinic Administrators and the general user in the use of SM application. Training is not required by everyone, only those who will be required to use the application as the designated Clinic Administrator. Training is for military (officer and enlisted), civilians and contractors. Not required for volunteers. Training is one time only.

AMSMS General User – must attend the MC – 00393, Secure Messaging General User Course. This course is designed to provide users with the general functionality of the SM application. Training is required by everyone required to use the application to communicate with patients. Those personnel who have attended the MC - 00392, Secure Messaging Clinic Administrator Course are not required to attend this course. Training is for military (officer and enlisted), civilians and contractors. Not required for volunteers. Training is one time only.

Questions regarding sustainment training may be addressed to your AMSMS Region POC or to OTSG.CMIOSTS@amedd.army.mil.
# Army Medical Home Provider Template

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
</tr>
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<tbody>
<tr>
<td>8</td>
<td>Team Huddle/ Virtual Care</td>
<td>Team Huddle/ Virtual Care</td>
<td>Team Huddle/ Virtual Care</td>
<td>Team Huddle/ Virtual Care</td>
</tr>
<tr>
<td>9</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
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<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
</tr>
<tr>
<td>11</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ Indirect Care Task</td>
<td>F2F Care/ Indirect Care Task</td>
</tr>
<tr>
<td>12</td>
<td>Unscheduled Care/Lunch</td>
<td>Unscheduled Care/Lunch</td>
<td>Unscheduled Care/Lunch</td>
<td>Unscheduled Care/Lunch</td>
</tr>
<tr>
<td>1</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
<td>Virtual Care/ F2F Care</td>
<td>Virtual Care/ F2F Care</td>
</tr>
<tr>
<td>2</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
</tr>
<tr>
<td>3</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ F2F Care</td>
<td>F2F Care/ Indirect Care Task</td>
<td>F2F Care/ Indirect Care Task</td>
</tr>
<tr>
<td>4</td>
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<td>Indirect Care Tasks</td>
<td>Indirect Care Tasks</td>
<td>Indirect Care Tasks</td>
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Appendix D - Case Studies

Innovative Uses of Messaging
The following case studies are from the Navy's usage of RelayHealth.

Case Study: "Snowmaggedon"

<table>
<thead>
<tr>
<th>Clinic</th>
<th>NNMC Executive Health; adopted use of RelayHealth in May 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation</td>
<td>In February 2010, the nation's capital and much of the mid-Atlantic area were blanketed by one of the most severe blizzards to hit the region. The NNMC Executive Health facility closed for a record 5 days.</td>
</tr>
<tr>
<td>Solution</td>
<td>The clinic used NNMC Online/RelayHealth to send a broadcast message to their patients notifying them of the office closure. The clinic's providers and staff were able to field and answer patient concerns using their RelayHealth accounts from home.</td>
</tr>
<tr>
<td>Result</td>
<td>Home-bound patients who needed prescriptions were still able to obtain them, as area pharmacies such as CVS were able to provide home delivery. RelayHealth champion users worked from their homes, using NNMC Online/RelayHealth and ALTHA systems, to continue to deliver care to patients.</td>
</tr>
</tbody>
</table>

Case Study: "In It to Win It!"

<table>
<thead>
<tr>
<th>Clinic</th>
<th>NNMC Executive Health; adopted use of RelayHealth in May 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation</td>
<td>In June 2010, Executive Health entered the Patient and Family Centered Care competition at NNMC. The clinic administration required a process and tool to survey patients for their ideas and suggestions.</td>
</tr>
<tr>
<td>Solution</td>
<td>The clinic used NNMC Online/RelayHealth to send a broadcast message to their online patients asking them for ideas to &quot;make a positive change in [the] practice.</td>
</tr>
<tr>
<td>Result</td>
<td>Numerous patients responded back to the message with positive feedback and suggestions for improvement. The Clinic Nurse Manager retrieved the messages in her RelayHealth account and did not have to sort through her Outlook mail account to collate the responses. Additionally, some patients included health care specific information and requests in their responses; using RelayHealth to securely collect these responses ensured that patient privacy and HIPAA considerations were met.</td>
</tr>
</tbody>
</table>
## Case Study: "Adolescent Medicine"

<table>
<thead>
<tr>
<th>Clinic</th>
<th>NNMC Adolescent Medicine and Pediatrics Clinic; adopted use of RelayHealth in May 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation</td>
<td>Adolescent patients may experience sensitive health issues (e.g., sexually transmitted diseases (STDs), birth control medications, etc.) and wish to have these treated with privacy from their parents.</td>
</tr>
<tr>
<td>Solution</td>
<td>In November 2009, RelayHealth lowered the minimum age for patient accounts from 18 to 13, thus allowing 13 to 17 year old patients to register for their own accounts and establish online relationships with their providers.</td>
</tr>
<tr>
<td>Result</td>
<td>Lt. Colonel Jeff &quot;Hutch&quot; Hutchinson reported that he is now using RelayHealth to help his adolescent and college-age patients for medication refills, Attention Deficit Hyperactivity Disorder (ADHD) medication adjustments, weekly touchpoints on anti-depressant medications, and a number of other conditions. Hutch noted in particular that one patient attached digital photographs of her skin to her NNMC Online/RelayHealth messages that allowed him to effectively oversee her Accutane therapy. As NNMC Online/RelayHealth usage increases, he anticipates using the attachments and other areas to help administer exercises for his Sports Medicine patient population.</td>
</tr>
</tbody>
</table>
MEMORANDUM FOR _______________ Clinic,
SUBJECT: Army Medicine Secure Messaging System (AMSMS) at the _____ Clinic at XXXXXX Medical Center

1. Significance of the AMSMS to Patient Care. The AMSMS is a communication tool to assist patients in managing their health with their healthcare team. This service provides the ability for patients to contact their Army Patient Centered Medical Home (PCMH) team with seven standard message types that are either of a clinical or an administrative nature. Furthermore, this service facilitates the clinic reaching out to patients in order to keep them informed of important events such as the availability of flu shots or closing of clinic on a training holiday. The clinic can reach out to groups of patients to provide education and help deliver clinical preventive services and better chronic disease management. The AMSMS will help the clinic achieve its goals of improving population health, improving patient involvement in their care, improving access to care, and improving the continuity of care with the PCM and team. This is all done while helping to build the relationship and affiliation between the patient and the Army PCMH clinic.

2. AMSMS. The AMSMS provides highly configurable message routing options where the majority of the patient messages are handled by the clinic staff and not providers. There are two main types of messages – Administrative and Clinical.

   a. Administrative Patient Messages.

      • New patient: The recommended method is the Offline patient registration; Creating an Offline patient profile by adding a New Patient, then the patients can be invited to join AMSMS using the "Invite Patient" function via the action drop down menu. Face-to Face validation is required but the account can be created prior to their arrival and then the practice can click the "Invite Patient".

      • Appointment Request: A message providing structured fields in which the patient enters preferred appointment times. Patients may also use this message type to request to cancel or reschedule existing appointments. Our practice can quickly and easily initialize automatic appointment reminder messages when replying with the appointment time.

      • Note to the Office Staff: A secure message from a patient concerning change of address, contact updates, or other administrative matters or questions.
b. Clinic Patient Messages.

- **Note to Doctor**: A basic secure message from a patient to which the provider or team member can respond with an array of clinical tools.

- **Rx Renewal Request**: A structured message containing the prescription information for a medication a patient would like to renew.

- **Lab/Test Result Request**: A structured message from a patient requesting test results. Providers or staff members can reply with a convenient test results template containing standard results information such as test names, ranges, and values.

- **Referral Request**: A structured message from a patient requesting a referral or a renewal to a specialist.

- **Web visit**: An interactive patient interview, created by a panel of physicians to ensure medical appropriateness. There are currently 148 webVisits; more can be requested through the AMSMS. Patient answers are presented in a succinct message highlighting pertinent information. Patients are informed this is only for non-acute issues and that the response time could be as long as 3 business days.

3. Roles and Responsibilities

a. All Staff/Clinic Members: Each PCMH Team has an Administrative/Clinical Inbox, in addition to each staff members’ personal inbox. The AMEDD standard is to respond the same day. Once a staff member opens a message to look at it, it is now marked as open & the patient receives a notice. If it is not possible to resolve the question that day, clinic personnel will mark the messages “in progress” and transfer it to the personal inbox of the team member responsible for completion of the message. Respond to the patient that day to let them know that the message was received, what action was taken, and when a member of the team will get back to them. This is important, because when a message is opened the patient receives an automatic notification from AMSMS. If the clinic does not answer the request immediately, the patient may feel like they are being ignored.

b. Clinic Administrator or Practice level NCO: Primary responsibility to answer the administrative inbox, which include the following message types:

- **New Patient Requests**

- **Note to Office**

- **Appointment Request** (some clinics have requested that appointment requests go to their clinical inbox) Once triaged and an appointment is require forward to Admin Staff for booking.
• RelayHealth moves all providers. The Practice must notify RelayHealth through 24/7 support at 1-866-RELAY-ME (1-866-735-2963). The Clinic Administrator can move patients from one provider to another.

c. Medical Technicians: Medical technicians are able to respond to notes to the office staff, approve new patient requests, book appointment requests, and view clinical messages. Clinics will determine additional responsibilities and scope, and should be monitored closely by Supervisor.

d. Nursing Staff: Nursing Staff has the primary responsibility to triage and process messages in the clinical inbox and route to the appropriate practice member based on scope of practice (doctor, clinical pharmacist, social worker, etc.). In addition, they look up lab/test results, medication status and respond to patients directly with normal results and medication refills. Nursing and medical technician protocol for the AMSMS will mirror that of the clinic’s current telephone consult (TelCon) protocol, as documented per SOP.

e. Clinical Pharmacist: If your practice has decided to setup a Primary Inbox or a Secondary Inbox from the Clinical Inbox for Prescription Renewals sent to the Pharmacy. The Clinical Pharmacist’s primary responsibility is monitoring the Rx Renewal inbox and responding the renewal requests – within the Goal of 24hrs.

f. Clinic Administrator: (possibly GPM, head nurse and/or Clinic NCOIC) Maintains clinic administrative rights and can change message routing, approve new practice members, and set access levels for other practice members. The Clinic Administrator is also responsible for monitoring and identifying and resolving overdue messages at the clinic level for the build and maintenance of the clinic’s custom patient lists. The lists are used to broadcast messages to specific patient populations with common characteristics (PCM, gender, age, clinical diagnosis, medication, etc.). The Clinic Administrator, alongside the clinic OIC/NCOIC, will determine the proper use of broadcast messages and how to effectively incorporate patient education files and web links to manage their population health. Some examples of broadcast messages are:

• Provider out of office alerts
• Medication recalls
• Vaccination availability and reminders
• Well baby visit reminders
• Diabetes care clinics

g. Clinic Administrator: (nurse team lead) The Clinic Administrator is responsible for monitoring and identifying and resolving overdue messages at the team level also when a provider is on leave, the Clinic Administrator user or nurse team lead is responsible for ensuring that all messages in that provider’s personal inbox are answered.
4. Appropriate use of AMSMS. Clinic personnel will use the AMSMS for professional clinic-based communication. Each member will have a standard signature block attached to all outgoing messages that contains the clinic member’s full name, contact information, alternative forms of communication for emergencies, and security reminders. Clinic personnel will not communicate with patients through Microsoft Outlook or other email services if they have in the past. Clinic personnel will inform the patient that they can now be reached online through the AMSMS service.

5. Clinic AMSMS Business Rules
   
a. Patient messages are considered “overdue” 24 hours after patient sends message

   b. Providers use Evaluation and Management code 99444 for online AMSMS

   c. Non-providers use Evaluation and Management code 99499 with the CPT code 98969 for online AMSMS

   d. In order to use the above mentioned codes, messages:
      
      • Must be initiated by an established patient
      
      • Cannot be related to a phone conversation
      
      • Cannot be related an office visit that occurred with the provider in the last 7 days

   e. Clear guidance on how to document in AHLTA and codes are available in the back of the AMSMS Guide.

   f. IAW the Army AMSMS Guide, team members, to include providers, will have time allocated in their template schedule to respond to secure messaging.

   g. Credentialed providers are required to undergo peer and supervisory review of medical records to meet re-credentialing requirements and Joint Commission for the Accreditation of Healthcare Organization standards. As the Clinic operates under a team-based approach to primary care, auditing the chart for nursing, clerk and general administrative data is also deemed appropriate. These messages should be added to a policy that will outline the process for review of these medical records, standardize the nomenclature for chart scores, outline the process for charts that fail to meet the standard and provide a method for the retrieval of provider and clinic specific data.

   h. Messages are considered unread by patients after five days. Clinics will use the archived mode in AMSMS and setup an Alert message to automatically be sent to either Super user or Administrator to identify these patients and use alternate means to contact them. These attempts will be documented in AHLTA IAW clinic SOP.
i. Sensitive Normal & Abnormal results are not communicated via AMSMS. In addition to the clinic calling the patient, they will receive a standard message informing them to contact the clinic.

j. The AMSMS is authorized for anyone age 13 or older but state laws and current policies should be adhered to when deciding what type of PHI can be communicated with a minor without parent consent.

k. If an adult patient request to message as a surrogate on behalf of another adult the team Admin In-Box will receive the request. No adults should be approved to surrogate for another adult until a proper signed DD Form 2870 is on file in accordance with local policy xxxx.

6. Technical support and assistance is available through the RelayHealth Customer Support Representatives from 4:30 am to 5:00 pm Pacific Standard Time at 1-866-RELAY-ME (1-866-735-2963), select option 1.

7. The point of contact for this memorandum is the Clinic OIC or head nurse at ___ - ____ or ____________@amedd.army.mil.

JOHN A. DOE
LTC, MC
OIC, Family Practice

[Insert clinic preferred signature block format here]

ENCLs:
Appendix A – Proposed Message Workflow
Appendix B – The AMSMS Guide
Note: One frequently seen workflow error is where the provider uses AMSMS to message the patient, but then sends the Tel-Con back to the nurse to copy/paste the AMSMS conversation into the Add Note section, complete and close out the Tel-Con. This will result in the loss of 0.13 RU’s for each instance. Using the mouse and keyboard shortcuts, it takes no more than a few minutes to copy and paste the AMSMS conversation into the Add Note section, code and close out the Tel-Con for 0.38 RVU’s.
### Appendix F – DD Form 2870

**Authorization for Disclosure of Medical or Dental Information**

**Privacy Act Statement**
In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**Authority:** Public Law 104-191; DOD 0937 (SSA); DoD 6025.18-R.

**Principal Purpose(s):** This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with means to request the use and/or disclosure of an individual’s protected health information.

**Routine Use(s):** To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

**Disclosure:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information. This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

#### Section I - Patient Data

<table>
<thead>
<tr>
<th>1. Name (Last, First, Middle Initial)</th>
<th>2. Date of Birth (YYYYMMDD)</th>
<th>3. Social Security Number</th>
</tr>
</thead>
</table>

#### Section II - Disclosure

6. I AUTHORIZE TO RELEASE MY PATIENT INFORMATION TO:

   **(Name of Facility/TRICARE Health Plan)**

   ** Enter Name of Designated Surrogate **

   **a. Name of Physician, Facility, or TRICARE Health Plan **

   **b. Address (Street, City, State and ZIP Code) **

   **c. Telephone (Include Area Code) **

   **d. Fax (Include Area Code) **

7. **Reason for Request/Use of Medical Information** (X as applicable)
   
   PERSONAL USE
   CONTINUED MEDICAL CARE
   SCHOOL
   OTHER (Specify)
   LEGAL

8. **Information to be Released**
   
   The adult listed is being given permission to send and receive medical information on my behalf via secure messaging.

9. **Authorization Start Date (YYYYMMDD)**
10. **Authorization Expiration Date (YYYYMMDD)**

#### Section III - Release Authorization

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.

   d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, or enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. **Signature of Patient/Parent/Legal Representative**
12. **Relationship to Patient**
13. **Date (YYYYMMDD)**

#### Section IV - For Staff Use Only (To be completed only upon receipt of written revocation)

14. **If applicable:**
   
   **Authorization Revoked**

15. **Revocation Completed By**
16. **Date (YYYYMMDD)**

17. **Imprint of Patient Identification Plate When Available**

   **Sponsor Name:**
   **Sponsor Rank:**
   **FMSP/Sponsor SSN:**
   **Branch of Service:**
   **Phone Number:**

DD FORM 2870, DEC 2003 APO PE V1.01ES
Appendix G – Patient Reassignment

Patient Panel Reassignment

With this limited release, we introduce a new feature in the RelayClinical service that allows Practice Administrators to assign a patient panel from one provider to one or more other providers who are members of the same health system (affiliation). Practice Administrators who manage patient panels will find this new feature useful under circumstances in which a provider leaves a practice or clinic (e.g., transfer to new location, graduating resident physician(s); provider leaves the health system, etc.).

Benefits

- Manage patient reassignment efficiently by reassigning a group of two or more patients, rather than repeating this task on a per-patient basis.
- Reassign a provider’s full patient panel or split the panel to reassign among two or more providers who are members of your health system (affiliation).
- Choose patients to be reassigned from a selectable patient list.
- Share selected patients’ health records with the new provider(s).
- Deactivate patient relationships with the previous provider automatically.

Simple Workflow

Practice Administrators will find the Patient Reassignment feature under the Patients tab. Using simple dropdown lists, the Practice Administrator can then select the Current and Assign To practice and providers. The Practice Administrator is not required to be a member of the ‘Assign To’ practice in order to perform the reassignment.

![Patient Reassignment Interface]

The Edit Patient Reassignment List link, on the Patient Reassignment page above, leads users to the current provider’s patient list, where the Practice Administrator manually selects patients for reassignment. The Patient Reassignment List includes all active patients currently associated with the selected provider.
Administrators may:
• Select one or more patients
• Select all patients on the page
• Search for a patient by name
• Sort the list by name or online/offline status

As the Practice Administrator selects patients for transfer, the patient count at the top of the display refreshes automatically (e.g., 3 of 18 Patients Selected).

When patient selection is completed, the display returns to the Patient Reassignment page where the Practice Administrator then selects the Assign to Practice and Provider. Note that the 'Selected Patients' count displayed on this page refreshes automatically and indicates the number of patients selected for reassignment on the Patient Reassignment List.

Once the Practice Administrator completes all selections (provider, practice, and patient(s)) and clicks Reassign, he or she will confirm the reassignment activity, and the service displays an alert that the reassignment process has been submitted for processing.
Account Audit

When reassignment processing is complete, patient health records indicate the transfer action under the Administrative > Access History > Account tab.

Users can confirm the patient's current provider by clicking Providers under the Administrative tab's secondary navigation options:
Appendix H – Changing PCMs in RelayHealth

Changing PCMs in Relay Health

4/1/12 – Family Medical Home

**Patient Information seen are Test Patients
Problem: We need to avoid “declining” a Patient’s attempt at signing on to Relay Health Secure Messaging

• Issues:
  - Patients sign up under the wrong PCM and we currently decline their invite with instructions to sign up under their appropriate PCM.
  - There is currently no way to easily accept a Patient under a different PCM.
  - Patient feedback tells us that when “declined” on their initial attempt to use Secure Messaging that they lose faith in the system immediately.

• Solutions:
  - We will accept patients and then ADD a different PCM before deactivating the wrong PCM using the following steps.
Select Patient Approvals
<table>
<thead>
<tr>
<th>Subject</th>
<th>Group</th>
<th>Sent Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Full I</td>
<td>Mon 4/20/12 7:52 AM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatrics</td>
<td>Thu 3/28/12 3:32 PM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatrics</td>
<td>Thu 3/28/12 3:31 PM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatric</td>
<td>Wed 3/28/12 1:25 PM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatric</td>
<td>Tue 3/27/12 1:30 PM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatric</td>
<td>Mon 3/26/12 2:21 PM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatric</td>
<td>Thu 3/22/12 2:21 PM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatric</td>
<td>Tue 3/20/12 1:45 PM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatric</td>
<td>Fri 3/16/12 10:18 AM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatric</td>
<td>Fri 3/16/12 10:18 AM</td>
</tr>
<tr>
<td>Patient request to use RelayHealth</td>
<td>Army Medicine-Fort Benning Pediatric</td>
<td>Thu 3/15/12 8:44 PM</td>
</tr>
</tbody>
</table>
Accept the Patient knowing that it is the wrong PCM listed
Send a Personalized Pre-scripted message explaining the process
Once the message has been sent and the Patient is accepted you must search for the Patients record.
Once the message has been sent and the Patient is accepted you must search for the Patients record.
Once on the Patients Medical Record select “Share This Patient Health Record” from the Action Bar
Search for and select the appropriate PCM for the Patient.
Return to the Home Page and then pick on “All Inboxes”
Select the newly added Provider’s Inbox or the Admin Inbox for that Provider’s Team (depends on your work flow)
Confirm the Selection of the Appropriate PCM. By design, being listed as the PCM in our system the Provider has the privilege of the Patients Health Information.
Select on the Shared Health Record request.
Select on the Shared Health Record request.
Accept on behalf of the Appropriate PCM
Search for the Patients Health Record again
Click the "Administrative" Tab
Click on “Providers” Tab
Deactivate the PCM that the application was originally placed under
Deactivate the PCM that the application was originally placed under.
You can re-paste the original message explaining the deactivation of the original Provider.
Problem: We need to avoid “declining” a Patient’s attempt at signing on to Relay Health Secure Messaging

• Issues:
  - Patients sign up under the wrong PCM and we currently decline their invite with instructions to sign up under their appropriate PCM.
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• Solutions:
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Appendix I – Transferring Staff in AMSMS

1. **NON-PROVIDERS**: non-empanelled Physicians, PA’s, NP’s, Nurse, Techs, Admin, Support Staff
   
a. MTF Clinic Administrator follows these instructions to register a non-provider staff member in AMSMS.
   
   [https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Documents/AMSMS_Register_Staff.docx](https://mitc.amedd.army.mil/sites/CIO/Resources/ACSE/Documents/AMSMS_Register_Staff.docx)

2. **EMPANELED PROVIDER**:
   
a. The following questions need to be asked for each provider in order:
   
   1. Does the provider have an empanelment? If not, then follow the instructions for NON-PROVIDERS above
   
   2. Whose empanelment did they take over and where is that provider going?
   
   3. Have you changed the empanelment in CHCS/AHLTA? (This needs to happen first).
   
   4. Complete the DOD Provider Transfer Process
      
   
   5. E-mail answered questions to AMSMS support helpdesk at support@relayhealth.com or call in at 1 (866) 735 2963.
Documenting Secure Messaging Encounters in AHLTA with AddNote and the Telcon rapid entry Module
Select your patient and click on New Telcon to begin documentation of the encounter. Put in your reason and hit OK.
Once logged into RelayHealth, go to your Care Team’s list and click on your account to see any new messages.
Click on the Subject link to see the new message.
When you open the Subject link, this is what the message looks like. This is a WebVisit, structured message vice a simple text message. That is the reason for the line breaks and stilted language.
Patient not taking any new prescription or over-the-counter medications, herbal remedy and/or vitamin supplement.

Patient treating headache with the following prescription medication: ibuprofen 800mg

Patient treating headache by resting/sleeping.

Rest/sleep has helped headache symptoms, but only temporarily.

Prescription medication is helping some, not fully.

Patient reports headache.

Past Medical History

History of migraines.

History of tension headache.

History of high blood pressure.

Patient denies a history of cluster headaches.

Patient denies a history of epilepsy.

Additional Comments from Patient

I have found that a shot, not narcotics, made my headache better in the past. I cannot remember what they gave me.

Simply highlight and copy the text of the message using either right-click and Copy or simply Ctrl-C (the Ctrl-C is faster...highlight with right hand on mouse and hit Ctrl-C with left hand).
This shows an alternate method to copy from RelayHealth, and that uses the Print a Copy for the Chart button. I think the first method is easier & faster.
This shows the use of the Alt-tab function. The first time you hit Alt-tab, thin
dialog box appears with all of your open
programs represented by icons. Each time you hit
the tab key (while still holding down the Alt key), you move to the
next icon.

Release the Alt-tab combination to open the desired application.
Back to your Telcon rapid entry screen in AHLTA. This is what pops up when you open a New Telcon.

Now, click on the Current Encounter tab to get to the AddNote section.
Click on the AddNote icon (just below the screen on the left in this view), and this dialog box appears. Click on New Note.
You can name the note or leave all of that blank.

Simply right-click and Paste the RelayHealth note or hit Ctrl-V to paste the note into the AddNote text box.

You can also change the font and size if you so desire by using Ctrl-A and using the font and size drop-down boxes.

All that is **required** is to paste the note into the text box and hit Note Complete.
To finish your note and the Telcon, the easiest thing to do is to go back to the Telcon quick entry tab and complete the note.

To answer your patient, simply copy the Note text from you, and paste back into your RelayHealth response to the patient.

Sign your AHLTA Telcon note, and you are done.

On to the next Telcon. This takes very little time to do if you keep both screens open and use your keyboard shortcuts (Ctrl-C/Ctrl-V) vice the right-click method.
This shows the coding for providers when completing Web-based interactions. The 99444 E&M code is worth 0.38 RVU’s.
Unfortunately, nurses & other non-provide clinicians cannot obtain RVU credit via E&M codes. Just like with TelCons, nurses must use CPT codes to obtain RVU’s.
The CPT code to use for Web interactions is 98969. This is worth 0.25 RVU’s.

You need to open this dialog box to obtain credit for the work (though the RVU’s are still obtained).
This is what the finished note looks like in AHLTA. Your note is in the S/O section and the patient's note is in the AddNote section.

A piece of advice: If the patient’s message is not something that requires any medical decision making, or is not something that you need to document in the medical record, don’t bother...or have someone else on the team document in AHLTA.

Document those interactions you normally would or you feel are medicolegally necessary.
keywords Can be used to better manage and communicate with subsets of their patient population

They have built many of these keyword identifiers into their sign-up sheet and “flag” their patients in their chart during the off-line registration
### Keywords

**Manage Keywords/Groups**

Add and remove keywords to this list. Attach keywords to patient health records. Then build patient lists based on those keywords. Keyword lists are shared available to all practice members.

<table>
<thead>
<tr>
<th>Keyword</th>
<th>Remove</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army Medicine-Landstuhl OB/GYN Clinic</td>
<td>Remove</td>
<td>August 2013 EDD</td>
</tr>
<tr>
<td>APRIL 2013 EDD</td>
<td>Remove</td>
<td>December 2013 EDD</td>
</tr>
<tr>
<td>DECEMBER 2012 EDD</td>
<td>Remove</td>
<td>Group A</td>
</tr>
<tr>
<td>FEBRUARY 2013 EDD</td>
<td>Remove</td>
<td>Group C</td>
</tr>
<tr>
<td>Group B</td>
<td>Remove</td>
<td>Group J</td>
</tr>
<tr>
<td>Group D</td>
<td>Remove</td>
<td>Group L</td>
</tr>
<tr>
<td>Group K</td>
<td>Remove</td>
<td>JANUARY 2013 EDD</td>
</tr>
<tr>
<td>GYN</td>
<td>Remove</td>
<td>JUNE 2013 EDD</td>
</tr>
<tr>
<td>July 2013 EDD</td>
<td>Remove</td>
<td>MAY 2013 EDD</td>
</tr>
<tr>
<td>MARCH 2013 EDD</td>
<td>Remove</td>
<td>November 2013 EDD</td>
</tr>
<tr>
<td>NOVEMBER 2012 EDD</td>
<td>Remove</td>
<td>October 2013 EDD</td>
</tr>
<tr>
<td>OCTOBER 2012 EDD</td>
<td>Remove</td>
<td>September 2013 EDD</td>
</tr>
<tr>
<td>SEPTEMBER 2012 EDD</td>
<td>Remove</td>
<td></td>
</tr>
</tbody>
</table>

**Add a New Keyword / Group**

If the keyword / group you need is not included, enter it into the box below.

Type your keyword / group: [ ] Add
• During Offline registration
  – At the chart page, first click on the “Administrative Tab”
  – Click on the “Keywords/Groups” tab
  – Manage their keywords by clicking on “Add Keywords/Groups”
* Once keywords are selected, a patient list can be built using these keywords to send directed patient education and clinic information
Appendix L – Offline Patient Invite

Invite Patient

CLICK ON SEARCH BAR ON TOP RIGHT HAND CORNER OF SCREEN

CLICK ON "ADD A NEW PATIENT"
Invite Patient

Complete all fields that have a red asterisk next to them with the information provided by the patient.

Select the patient’s PCM. This should be the same PCM that has been verified in CHCS.

Personal email: This is the email address to which the personal invite will be sent.
Invite Patient

Click on the Actions arrow

Then select “Invite Patient”
Invite Patient

SELECT THE PATIENT’S PCM.
Invite Patient

The service displays a confirmation that the patient invitation has transmitted. From this screen, you may:

- Review the Sent Invitations List
- Go to the Patient tab or
- Go to Patient’s Health Record

![Message: Offline Patient Invited]

This patient will receive an invitation to register for RelayHealth. After this patient accepts the invitation and logs in, the patient’s status will change to “online.”

If you’re interested in tracking the status of this invitation now or in the future, visit the Sent Invitations List.

Go to Patient Tab  Go to Patient’s Health Record
Appendix M – Non-Beneficiary Invite

Non-Beneficiary Parent/Guardian ("Parent") goes to https://app.relayhealth.com
(They can access this via any device with internet: kiosk, smart phone, iPad, home computer, etc)
Chooses "Register Now"

Parent clicks on “Patient”

Parent completes required fields (partial screenshot below)
Once they have completed the required fields, the Parent clicks NEXT.
The Parent should then be advised to "Start the Setup Wizard".

(If they choose "Take Me to My Home Page", they can click on "My Doctors" and add their underage dependents and the child’s PCM there.")

The Setup Wizard will guide them through adding their underage dependents first.

The Parent adds the child.
The Parent can then add additional underage dependents, clicks “I’m Finished” or “Link to Patients to Provider”
The Parent can then add the PCM for their child. The Parent would NOT add a provider for themselves. The Parent would choose "Add Doctor" for their underage dependent(s).
The Parent types in search criteria to locate the child’s PCM and then selects the Provider from the list.
Once the Parent has added a Doctor to their child, the Clinic will receive a Patient Approval Request. They can access this by clicking on the Patient Approval Link on their at-a-glance (home page). Or, this request will be located in the team’s Admin or New Patient inbox (dependent on MTF setup).
Patient Request to Use RelayHealth

The Clinic should be advised to DECLINE any adult approval as this would mean that the adult signed themselves up for the service without face-to-face confirmation.

The Clinic should ACCEPT pediatric approvals, once they have confirmed that the PCM is correct via CHCS.