

# **Texting for Better Care**

## **Implementation Resources**

**San Francisco Health Network – Primary Care  
San Francisco Department of Public Health**

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## What is eClinicalMessenger (eCM)?

eClinicalMessenger is a module in eClinicalWorks that allows the system to contact patients with customized text messages. Message templates can be created for automated appointment reminders and other notifications. SFHN Primary Care is currently only using the feature for **appointment reminders**.

Currently, eCM offers text messages in Spanish and English. Patients can also choose their preferred time of receiving text messages: morning, afternoon, or evening.

- Morning reminders are sent at 9am.
- Afternoon reminders are sent at 1pm.
- Evening reminders are sent at 5pm.

The message template for appointment reminders are as follows:

### ENGLISH

Appt on {{SHORT\_DAY}} {{SHORT\_DATE}} {{APPT\_TIME}} {{AM/PM}} {{FACILITY\_NAME}} {{FACILITY\_ADDRESS}}  
Come 10 min early To cancel/resched call {{FACILITY\_TELEPHONE}} Bring medicines if seeing doctor/nurse

### SPANISH

Cita el {{SHORT\_DAY}} {{SHORT\_DATE}} {{APPT\_TIME}} {{AM/PM}} {{FACILITY\_NAME}} {{FACILITY\_ADDRESS}} Ven  
10 min temprano Para cancelar/cambiar {{FACILITY\_TELEPHONE}} Traiga Medicinas si ve al medico/enfermera

## Guidelines for using eCM

Text Message Content - DPH will have one universal appointment reminder template. Limit or exclude all patient/client identifiers when sending a text message. Never use first and/or last name in a text message.

There is a **160 character limit** to each text message therefore each clinic must review the {{FACILITY\_NAME}} and {{FACILITY\_ADDRESS}} to ensure that it is short enough to still be send out one text message per reminder.

Must NOT contain:

- PHI
- No information traceable back to a specific patient
- No information suggesting/indicating any sensitive health service
- No phone numbers that suggest any sensitive health service

Sensitive Services includes the following:

- Positive Health
- Women's Options
- Substance Abuse
- Mental Health

All pediatrics patients are currently NOT eligible for text reminders as there are concerns on how to distinguish between emancipated children and how to identify children transitioning into adolescents (11 – 17 years old) and into adult (18 +).

Examples of permissible information:

- Date, time, and location of appointment
- Clinic name IF name does not denote sensitive health service or condition (ex. Maxine Hall, General Medicine)
- Appointment address and phone number
- Request to call clinic

Example: "Appt on Thu 11/12 Maxine Hall, 1301 Pierce Street, SF. Come 10 minutes early. Bring meds if seeing doctor/nurse."

Examples of non-permissible information

- Clinic name suggesting sensitive health service or condition (i.e. HIV clinic, etc)
- Phone numbers that may indicate a service (i.e. Suicide hotline)

## Texting for Appt Reminders – Implementation Checklist

Clinic/Program Name:

Anticipated Launch Date:

	Required Completion Date:	Task: (Please ✓ items off as they are completed).	Responsible
4 weeks prior to Launch Date	4 weeks	Principal Clerk meets with Primary Care Point Person to review Texting workflow & guidelines and eCM module. <input type="checkbox"/> Provides workflows <input type="checkbox"/> Guidelines <input type="checkbox"/> Training Materials <input type="checkbox"/> Consent Forms <input type="checkbox"/> Teach filtering in Excel & Train on Quality Assurance Process	Mgmt Team  Est. Time commitment: 1.5 hours
	3 weeks	Review Resource Code Names <input type="checkbox"/> Review clinic & resource codes to be blocked, using Texting guidelines to identify which are HIPAA compliant. <input type="checkbox"/> Create SMS nicknames for clinic names that exceed 16 characters and are not patient-friendly.	Mgmt Team  Est. Time commitment: 1 hour
	3 weeks	Identify staff members for workflow training. Notify IT: <input type="checkbox"/> <b>FULL staff member names</b> requesting for eCM credentials (limit to Principal Clerk and 2-3 staff) <input type="checkbox"/> List of clinic & resource codes to be blocked <input type="checkbox"/> List of SMS nicknames (these names will show up in the text message) that must not exceed 16 characters <input type="checkbox"/> Go-live date	Mgmt Team  Est. Time commitment: 30 min
	2 weeks	Finalize Dates: <input type="checkbox"/> Set Go-live date <input type="checkbox"/> Set Training date <input type="checkbox"/> Order consent forms	Mgmt Team  Est. Time commitment: 30 min
2 weeks prior	2 weeks	IT/eCW <b>completes</b> the following: <input type="checkbox"/> Create user accounts in eCM <input type="checkbox"/> Block clinic & resource codes as identified by Mgmt Team <input type="checkbox"/> Update SMS nicknames	IT/eCW  Est. Time commitment: 30 min/clinic
	Day before launch	Principal Clerk provides eCM training for staff members using training materials developed, including role play.	Principal Clerk  Est. Time commitment: 45 min
After Launch	On-going after launch date	Staff members start consenting & activating patients on eCM.	Front Office Staff  Est. Time commitment: On-going
	On-going	As trained by Primary Care Point person, monitor text appointment reminder via Messenger Log in eCW and Messenger Enabled List ( <a href="http://in-hsfoea-db01/Reports/Pages/Folder.aspx?ItemPath=%2feCW+Reports">http://in-hsfoea-db01/Reports/Pages/Folder.aspx?ItemPath=%2feCW+Reports</a> ). <input type="checkbox"/> First 3 weeks, monitor reports weekly. <input type="checkbox"/> After 3 weeks, monthly review for failed texts, incorrect phone numbers, age appropriateness.  If technical support identified, submit Helpdesk ticket.	Principal Clerk  Est. Time commitment: 30 min/review



SAN FRANCISCO HEALTH NETWORK (SFHN)  
**Authorization to Receive Text Messages**  
**From Health Care Provider Teams to Clients (Adults Only)**

Client Name	Date of Birth	MRN
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**I understand that:**

- I authorize texting for appointment reminders and to receive health education information from clinics and services in SFHN. I understand that I am under no obligation to authorize the SFHN to send me text messages.
- The SFHN has security measures in place to help protect against the loss, misuse, or alteration of information within SFHN systems, however, when messages travel over networks that the SFHN does not own or control, the SFHN cannot promise that no one else will see the message. For example, if I lose my cell phone or let someone else use my phone that person might be able to see the text messages sent from the SFHN.
- In the case that someone other than me obtains my information from my cell phone, I will not hold the SFHN accountable. It is my responsibility to reduce exposure of messages on my cell phone. For example, I can keep my phone secure by locking my phone access with a passcode when not in use, or setting up my phone to timeout after a period of inactivity.
- All text messages from my health care provider team to me will be included in my medical record or chart.
- Depending on my phone carrier, I may be charged for the cost of the text messages the same way I would with any other text messages.
- I may cancel this authorization at any time by **notifying my provider or clinic**. I also understand that when I give or cancel my consent, it is effective from that date forward, and not retroactively.
- I understand that I should not respond to these text messages and will call my clinic if I have questions.
- I have the right to receive a copy of this form.

I hereby certify that I have read the above and received a copy of this form. I give permission for the SFHN to send me text messages. I am the patient, the patient's legal representative, or am otherwise duly authorized by the patient to sign below and accept its terms on his/her behalf.

Print Client Name: \_\_\_\_\_ Circle one: Patient / Legal Representative / Guardian

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred language (please check one): ☐ English ☐ Spanish

For any questions or concerns, please call your clinic at 415-\_\_\_\_-\_\_\_\_ to speak with your health care team.



SAN FRANCISCO HEALTH NETWORK (SFHN)

**Autorización para recibir mensajes de texto de equipos  
proveedores de atención médica para clientes (sólo adultos)**

Nombre del cliente	Fecha de nacimiento	Número de historia clínica
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**Entiendo que:**

- Autorizo la recepción de mensajes de texto como recordatorios de mis citas y para recibir información sobre educación para la salud de las clínicas y servicios en SFHN. No estoy bajo ninguna obligación de autorizar que la SFHN me envíe mensajes de texto.
- SFHN tiene medidas de seguridad establecidas para ayudar a proteger contra la pérdida, mal uso, o alteración de la información dentro de los sistemas de la SFHN; sin embargo, cuando los mensajes viajan a través de redes que no pertenecen a la SFHN, la SFHN no puede prometer que nadie más verá ese mensaje. Por ejemplo, si pierdo mi teléfono celular o dejo que alguien más lo utilice, es posible que esa persona vea los mensajes de texto de la SFHN.
- No responsabilizaré a la SFHN en caso de que alguien más aparte de mí obtenga información desde mi teléfono. Es mi responsabilidad reducir la exposición de los mensajes de mi teléfono celular. Por ejemplo, puedo proteger mi teléfono mediante una contraseña que bloquee el acceso cuando no esté en uso, o al configurarlo para que entre en modo de reposo después de un periodo de inactividad.
- Todos los mensajes de texto que reciba de mi equipo proveedor de atención médica estarán incluidos en mi historial o expediente médico.
- Se me cobrará el costo de los mensajes de texto de la misma manera en que sucede con cualquier otro mensaje de texto de acuerdo con la compañía de teléfonos que utilice.
- Es posible cancelar la autorización en cualquier momento mediante una **notificación enviada a mi proveedor o clínica**. También entiendo que cuando dé o niegue mi consentimiento, se hará efectivo a partir de esa fecha y no de manera retroactiva.
- Entiendo que no debo responder a estos mensajes y que llamaré a mi clínica en caso de tener dudas.
- Tengo derecho a recibir una copia de este formulario.

Por medio de la presente, certifico que he leído todo lo anterior y he recibido una copia de este formulario. Doy permiso para que la SFHN me envíe mensajes de texto. Soy el paciente, su representante legal, o que de otra manera estoy autorizado por el paciente para firmar abajo y aceptar estos términos en su nombre.

Nombre impreso del cliente: \_\_\_\_\_

Marque con un círculo:

Paciente / Representante Legal / Tutor

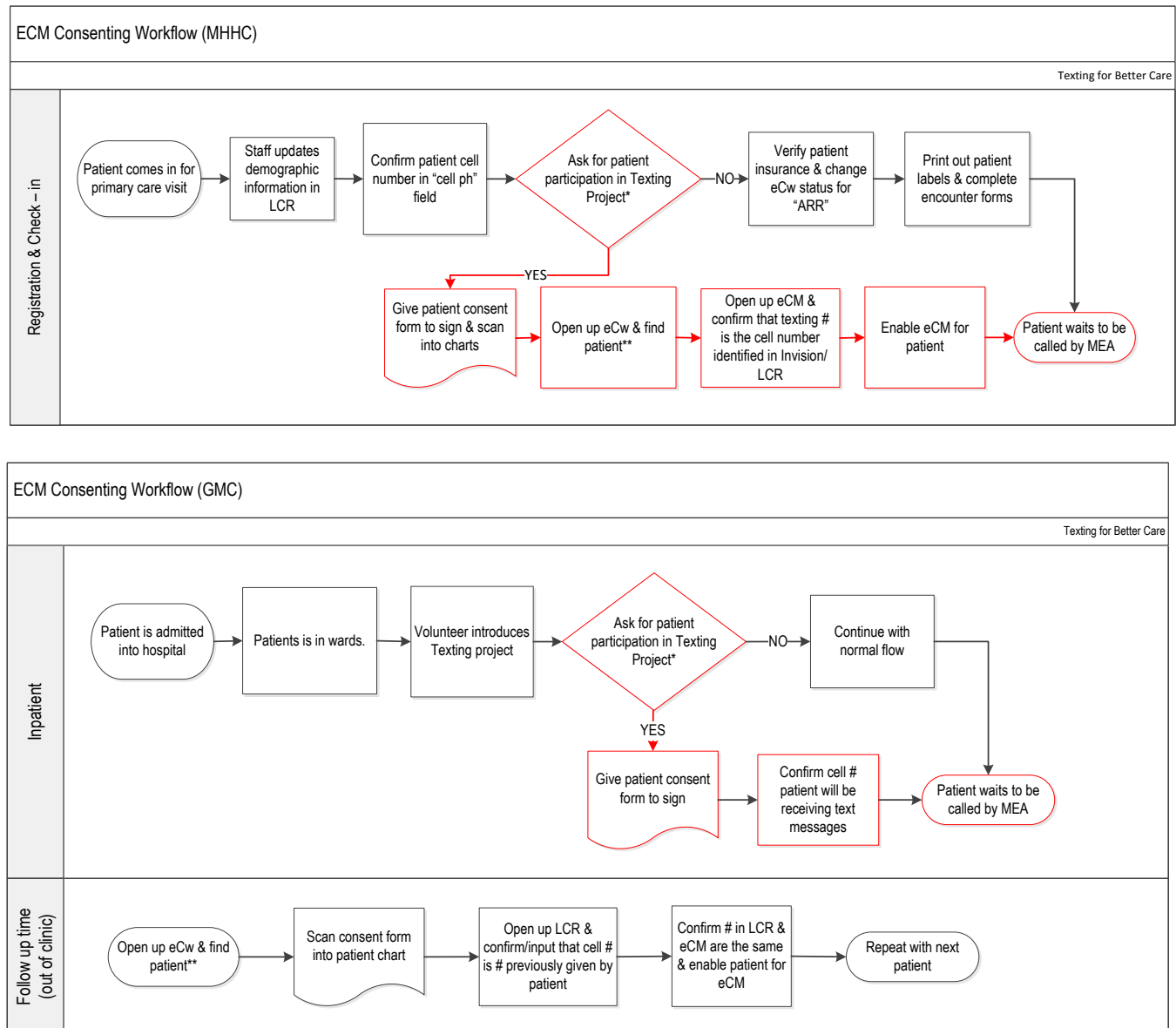
Firma del paciente: \_\_\_\_\_

Fecha: \_\_\_\_\_

Idioma de preferencia (seleccione uno): ☐ Inglés ☐ Español

Para cualquier pregunta o inquietud, llame a su clínica al 415-\_\_\_\_-\_\_\_\_ para hablar con su equipo de atención médica.

## Workflows



The **red outlined steps** indicate the changes to the existing workflow.



### Script & Talking Points for Provisioning Patients to Receive Text Messages

**Introduce service & consent forms:** We are now offering a new service where you can get quick health tips and appt reminders through text message. If you're interested, please sign this consent form. Please let us know as soon as possible if you lose your cell phone so we know to stop texting you. You may get a charge from your phone carrier if you do not have a texting plan. Thank you.

<u>Questions</u>	<u>Answers</u>
When will I receive the appt reminders?	The appt reminders will be sent out 2 days before your scheduled appt with the time, date, and location.
What kind of health tips will I get?	An example of a helpful health tip is letting you know that it's the flu season and we invite you to come in for your flu shot. Other examples include getting information about the importance of getting a mammogram, cancer screening, diet and nutrition, etc.
How often will I get text messages?	In addition to appt reminders, you will receive no more than 2-3 text messages per month.
Can I get text messages for my children's appts?	As of now, we can only send out text messages to adult patients, age 18 or over. We apologize for any inconvenience.
How do I cancel?	You can cancel <b>anytime</b> by calling our health center and letting our staff members know.

## Training Materials

### Enabling Patients on ECM

- 1) Open up patient information on LCR/Invision & update demographics
- 2) Input cell phone number into the "Cell PH"

tvlm - RUMBA Mainframe Display

File Edit View Connection Transfer Options Tools Help

Clinic #4 Patient Demographics 05/13/14 1656

Name: ZZZZTESTING V10UPGRADE

DOB: 02/01/1960 Sex: M MRN: 01493330 Pt No:

-----

Addr : 1-14 CHANGED ADDR TEST Homeless: \_ Zip: 94110 -

City : SAN FRANCISCO County: \_\_\_ State: CA

0th Loc: Country: \_\_\_

Ho Phn : 415 206 - 4887 Alt Phn: \_\_\_ - \_\_\_ Use: \_\_\_

Cell PH: 209 555 - 1212

SSN: 000 - 00 - 0001 Birth: \_\_\_ Race: D \_ Y Ethn: M Lang: ENG Rel: CAT

Marital Sts: S Family Size: \_\_\_ VA Status: \_ Service Connected: \_

Resident Sts: \_ ID/DL: \_\_\_ Organ Donor: \_ Transgender: \_

EMPLOYMENT

Emp : \_\_\_ Contact: \_\_\_

Addr: \_\_\_

Zip : \_\_\_ - \_\_\_ City: \_\_\_ State: \_

Country: \_\_\_ Phn: \_\_\_ - \_\_\_ Ext: \_\_\_

Income Source: \_

Gross Monthly Income: \_\_\_ Liquid Assets: \_\_\_ Income > 500% FPLp \_

PF12 Rev Pt ID PF13 SLID SCALE PF16 HOMELESS

AZADMT01

Ready Running APL NUMELD TVLMBONV OVR CAP NUM IW 5.10 4:56:34 PM

SF HEALTH NETWORK

Patient: Zzzztesting, V10Upgrade

PATIENT DEMOGRAPHIC INFORMATION

patient data HIPAA Info

last name: ZZZZTESTING first name:

addr: 1001 POTRERO AVENUE

city: SAN FRANCISCO state: CA z

home phone: 415 206-4887 Alt Phone: 415 507-1

birth date: 02/01/1960 sex: M race: 3

cell phone: 209-123-4567 primary care physician:

emergency contact rel:

last name: first name:

addr:

city: state: z

home phone:

next of kin rel:

LAST NAME: FIRST NAME:

- 3) Open up Patient Info or Patient Hub in ECW to confirm cell # in LCR/invision is the same # in ECW. (Note: There may be a 1-2 minute delay for the updated number in LCR to populate in ECW.)
- 4) If Patient Lookup window is used, select patient and click **"Patient info."** Select **"messenger"** icon.

**Patient Lookup**

Search Patient  by  &  by

Pri	W	v	Name	DOB	Phone	Account
1			ZZZ1,MR	01/01/1950	415-000-0000	0185
2			ZZZ2,MR	01/01/1950	415-549-7755	0526
3			ZZZ4,MR	01/01/1950	0187	
4			ZZZ6,MR	01/01/1950	0185	
5			ZZZ7,MR ECW	01/01/1950	925-111-1111	0185
6			ZZZATEST,APLEASE	04/05/1947	0179	
7			ZZZBBBTTEST,ABADAH	01/01/1950	555-555-5555	0179
8			ZZZBLOODBANKTEST	01/01/1947	0182	
9			ZZZBYEBYE,RANDY AI	01/01/1950	415-555-5555	0121
			ZZZCAD,TEST	01/01/1978	0184	
			ZZZCDUNIT,PATIENTJ	08/08/2012	0183	
			ZZZCOE,FRANCIS MII	07/10/1960	415-555-8888	0008
			ZZZCPC PATIENT,CPC	01/20/1992	415-206-8772	0117
			ZZZCPU,TEST 5	01/01/1950	0162	
			ZZZDAMAN,BOBBY	01/01/1990	0183	
			ZZZEEMINIADDTSTII	10/10/1950	0164	
			ZZZER TEST,TEST ER	01/01/1890	415-415-4150	0180
			ZZZFERTEST,JO	01/01/1980	0179	

**Patient Information (ZZZ1, MR - MRN:01857958)**

**Personal Info**

Account No 01857958 Prefix Dr. PCP Brody, Robert

Last Name ZZZ1 Suffix MI Referring Provider

First Name MR MI Rendering Provider/Primary Care Giver Brody, Robert V

Previous Name

Address Line 1 120 TEEN CLINIC

Address Line 2

City SAN FRANCISCO Validate

State CA Zip 94124 Country

Home Phone 415-000-0000 Cell No - -

Work Phone 415-768-1510 Ext

(statements will be addressed to responsible party)

**Responsible Party** Select Set Emergency Contact

Name ZZZ1, MR

Relation 1 Self - patient is the insured

Last Appt 05/14/2014 08:15 AM

Date Of Birth 01/01/1950 Age: 64Y

Gestational Age

Sex M Male Transgender

Marital Status Unknown

Social Security 123-45-6789 Parent Info

Employer Name

Emp Status (None Selected)

Student Status (None Selected)

Emergency Contact MR, ZZZ

Relation: Brother

Address: 30 Church Street

Acct Balance 0.00 Details Gr. Bal

Patient 0.00 Acc Inquiry

**Insurance**

Fee Schedule Master Fee Schedule Self Pay Add Update Remove

Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
P MCAL HF HK ELIG			1	ZZZ1, MR		

Release of Information Y

Rx History Consent U Scan

Signature Date / /

Advance Directive POLST (10/07/2013)

Additional Info Alert Misc Info Options P.S.A.C OK Cancel

- 5) If patient hub is opened, left click on the **"Messenger"** button. Select **"Messenger Configuration"** from the list

**Patient Hub**

eClniForms Devices Problem List Medical Record Send eMsg

Account Inquiry Guarantor Bal Consult Notes Letter Logs Fax Logs

Action Flowsheets Messenger Billing Logs

ePrescription Logs

SFDPH eLink

Messenger Configuration  
Messenger Log  
Send Message

Close

### NOTE

This security warning may come up throughout this process. If so, **"X" out to cancel the warning.**

**Security Warning**

Do you want to view only the webpage content that was delivered securely?

This webpage contains content that will not be delivered using a secure HTTPS connection, which could compromise the security of the entire webpage.

More Info Yes No

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- 6) The Patient Communication Setting screen shown below will come up. Select **language**. Check box **"Enable SMS"**. **Only check box for "Appointments."**
- 7) See phone number field, click on drop down menu and select **"Cell (xxx-xxx-xxxx)."** Click **"Save"** button.

Patient Communication Settings-ZZZZTESTING, V10UPGRADE NONE

Settings

Patient opts out of all practice communication ☐

Enable Voice ☐

Enable SMS ☒

Preferred Phone # Cell (209-123-4567)

Preferred Language ☒ English ☐ Spanish

Preferred Time To Call ☒ Morning ☐ AfterNoon ☐ Evening

Enable Letters ☐

Enable Email ☒

Imm Registry Notification Select Code

Notes: Max 255 characters

Save Settings

Send Message

Advanced

Print

Type of Reminders

Select All ☐

Appointments ☒

Lab Results ☐

Health Maintenance ☐

Rx Confirmation ☐

General Notification ☐

After the security warning is cancelled, the healow Communication setting screen will come up again. You can close this screen after you see the message **"Setting successfully saved."**

## Quality Assurance Process

To ensure patients are being enabled correctly, follow the process below.

The following list of Text Enabled patients can be found on: <http://in-hsfoea-db01/Reports/Pages/Folder.aspx?ItemPath=%2feCW+Reports>

Please look for your specific clinic. If patient is less than **18 years old**, find patient in **eCM** and **deactivate**. If there is a **"1"** in **"Voice Enabled,"** find patient and change to **"Text Enabled."**

PCC	Patient Name	PCP	MRN	DOB	Age	Voice Enabled	Text Enabled	Update Date
1M General Medicine Clinic	TEST, TEST	Physician XX	00000000	xx/xx/xxxx	67	0	1	9/4/2014
	TEST, TEST	Physician XX	00000000	xx/xx/xxxx	30	0	1	9/4/2014
	TEST, TEST	Physician XX	00000000	xx/xx/xxxx	14	0	1	9/8/2014
	TEST, TEST	Physician XX	00000000	xx/xx/xxxx	54	0	1	9/8/2014
	TEST, TEST	Physician XX	00000000	xx/xx/xxxx	62	0	1	9/11/2014
	TEST, TEST	Physician XX	00000000	xx/xx/xxxx	57	1	0	9/15/2014
	TEST, TEST	Physician XX	00000000	xx/xx/xxxx	54	0	1	9/17/2014
	TEST, TEST	Physician XX	00000000	xx/xx/xxxx	58	0	1	9/17/2014
	TEST, TEST	Physician XX	00000000	xx/xx/xxxx	59	0	1	9/19/2014

Automated voice reminder calls are currently not in use.

To ensure text messages are going out properly, follow the process below.

Go to Reports Registry, open Primary Care Reports. Then open eCW request folder. Download the eCW Messenger Log.

Filter for the **"Facility"** of interest. Then filter **"TextStatus"** for **Failed** status. Look at **"TextErrorMsg"** for reason of failed.

FirstN	LastN	MRN	PhoneNo	TextMessage	TextStatu	TextType	TextSentDate	Facility	TextErrorMsg	PCPFirst	PCPLa	VisitStatus
Test	Test	00000000	4151234567	Appt on Mon 10/27 8:20 AM MHHC Primary Care 1301 Pierce Street Come 10 min early To	Completed	appointment	10/25/2014	MHHC Primary Care	Ok			Attended
Test	Test	00000000	4151234567	Appt on Mon 10/27 10:20 AM MHHC Primary Care 1301 Pierce Street Come 10 min early To	Completed	appointment	10/25/2014	MHHC Primary Care	Ok			Attended
Test	Test	00000000	4151234567	Appt on Mon 10/27 9:10 AM MHHC Lab Services 1301 Pierce Street Come 10 min early To	Completed	appointment	10/25/2014	MHHC Lab Services	Ok			Attended
Test	Test	00000000	4151234567	Appt on Mon 10/27 3:30 PM MHHC Primary Care 1301 Pierce Street Come 10 min early To	Completed	appointment	10/25/2014	MHHC Primary Care	Ok			Attended
Test	Test	00000000	4151234567	Appt on Mon 10/27 10:10 AM MHHC Lab Services 1301 Pierce Street Come 10 min early To	Failed	appointment	10/25/2014	MHHC Lab Services	Phone number can not be blank			Attended
Test	Test	00000000	4151234567	Appt on Mon 10/27 8:40 AM MHHC Primary Care 1301 Pierce Street Come 10 min early To	Completed	appointment	10/25/2014	MHHC Primary Care	Ok			Attended
Test	Test	00000000	4151234567	Appt on Tue 10/28 2:00 PM MHHC Primary Care 1301 Pierce Street Come 10 min early To	Completed	appointment	10/26/2014	MHHC Primary Care	Ok			Attended

## Suggested Metrics

### Productivity

- Number of Patients consented
- Number of Text Messages Sent out
  - Number of Failed & Completed Text
- Number of Patients who declined

### Access & Operations

- No show
  - General no show for ALL patients
  - No show for patients receiving text reminders
  - No show for patients receiving phone call reminders

Patient Experience Survey – Only targeting patients who have enrolled in texting. The survey was either administered by volunteers when patients came in for appointments or phone calls were made to patients.

**Introduce survey & purpose:** Hi, my name is XX. Did you receive a text reminder for your appt today?

(If no) Are you interested in getting text reminders?

(If yes) do you have 2-3 minutes to help me answer a few questions about the text messages you received? This information will be used to help us further improve this program.

Thank you and have a great day.

### Patient Satisfaction Survey

For Office Use Only	
Surveyor Name	
Date/Time	
Location	

Questions	Responses				
1) Did you receive the text message to remind you of your appointment?	Yes		No		
2) If you needed to cancel or reschedule, did you call your health center to notify them?	Yes		No		N/A
3) How helpful was it to receive the reminder for your appointment?	Not helpful	Somewhat helpful		Very	
	1	2	3	4	5
4) How easy was the text message to understand?	Very hard	Easy		Very easy	
	1	2	3	4	5
Do you have any other comments or suggestions on how we can help remind you of your appointments?					

Staff Experience Survey – Conducted as a 10-15 minutes phone interview with staff. Below are a few guiding questions:

1. What value do texting add to your work?
2. How challenging or easy was the process of consenting patients for you? What impact does the consent process have on your work? Did it increase the time you spent in registration?
3. How have patients responded to the texting pilot? Do you think they find it helpful? Do you have a sense of why or why not?
4. How do you feel about being part of the project?