Texting for Better Care

Implementation Resources

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

Updated March 13, 2015
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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**

<table>
<thead>
<tr>
<th>Clinic/Program Name:</th>
<th>Anticipated Launch Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Required Completion Date:</th>
<th>Task: <em>(Please check items off as they are completed).</em></th>
<th>Responsible</th>
</tr>
</thead>
</table>
| 4 weeks | Principal Clerk meets with Primary Care Point Person to review Texting workflow & guidelines and eCM module.  
| | □ Provides workflows  
| | □ Guidelines  
| | □ Training Materials  
| | □ Consent Forms  
| | □ Teach filtering in Excel & Train on Quality Assurance Process | Mgmt Team  
| | Est. Time commitment: 1.5 hours |
| 3 weeks | Review Resource Code Names  
| | □ Review clinic & resource codes to be blocked, using Texting guidelines to identify which are HIPAA compliant.  
| | □ 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:  
| | □ **FULL staff member names** requesting for eCM credentials (limit to Principal Clerk and 2-3 staff)  
| | □ List of clinic & resource codes to be blocked  
| | □ List of SMS nicknames (these names will show up in the text message) that must not exceed 16 characters  
| | □ Go-live date | Mgmt Team  
| | Est. Time commitment: 30 min |
| 2 weeks | Finalize Dates:  
| | □ Set Go-live date  
| | □ Set Training date  
| | □ Order consent forms | Mgmt Team  
| | Est. Time commitment: 30 min |
| 2 weeks | **IT/eCW completes** the following:  
| | □ Create user accounts in eCM  
| | □ Block clinic & resource codes as identified by Mgmt Team  
| | □ 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 |
| 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 ([http://in-hsfoea-db01/Reports/Pages/Folder.aspx?ItemPath=%2feCW+Reports](http://in-hsfoea-db01/Reports/Pages/Folder.aspx?ItemPath=%2feCW+Reports)).  
| | □ First 3 weeks, monitor reports weekly.  
| | □ 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 |

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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

I understand that:

a. 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.
b. 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.
c. 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.
d. All text messages from my health care provider team to me will be included in my medical record or chart.
e. 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.
f. 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.
g. I understand that I should not respond to these text messages and will call my clinic if I have questions.
h. 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.

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SAN FRANCISCO HEALTH NETWORK (SFHN)

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

<table>
<thead>
<tr>
<th>Nombre del cliente</th>
<th>Fecha de nacimiento</th>
<th>Número de historia clínica</th>
</tr>
</thead>
</table>

Entiendo que:

a. 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.

b. 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.

c. 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 período de inactividad.

d. Todos los mensajes de texto que reciba de mi equipo proveedor de atención médica estarán incluidos en mi historial o expediente médico.

e. 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.

f. 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.

g. Entiendo que no debo responder a estos mensajes y que llamaré a mi clínica en caso de tener dudas.

h. 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.

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Workflows

ECM Consenting Workflow (GMC)

Inpatient

Patient comes in for primary care visit
Staff updates demographic information in LCR
Confirm patient cell number in “cell ph” field
Ask for patient participation in Texting Project*
Verify patient insurance & change eCw status for “ARR”

NO

YES

Give patient consent form to sign & scan into charts
Open up eCw & find patient**
Open up eCM & confirm that texting # is the cell number identified in Invision/ LCR
Enable eCM for patient

Print out patient labels & complete encounter forms

Patient waits to be called by MEA

Continue with normal flow

YES

NO

ECM Consenting Workflow (MHHC)

Registration & Check-in

Patient comes in for primary care visit
Staff updates demographic information in LCR
Confirm patient cell number in “cell ph” field
Ask for patient participation in Texting Project*
Verify patient insurance & change eCw status for “ARR”

NO

YES

Give patient consent form to sign & scan into charts
Open up eCw & find patient**
Open up eCM & confirm that texting # is the cell number identified in Invision/ LCR
Enable eCM for patient

Print out patient labels & complete encounter forms

Patient waits to be called by MEA

Continue with normal flow

YES

NO

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.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>When will I receive the appt reminders?</td>
<td>The appt reminders will be sent out 2 days before your scheduled appt with the time, date, and location.</td>
</tr>
<tr>
<td>What kind of health tips will I get?</td>
<td>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.</td>
</tr>
<tr>
<td>How often will I get text messages?</td>
<td>In addition to appt reminders, you will receive no more than 2-3 text messages per month.</td>
</tr>
<tr>
<td>Can I get text messages for my children’s appts?</td>
<td>As of now, we can only send out text messages to adult patients, age 18 or over. We apologize for any inconvenience.</td>
</tr>
<tr>
<td>How do I cancel?</td>
<td>You can cancel anytime by calling our health center and letting our staff members know.</td>
</tr>
</tbody>
</table>
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”
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.

5) If patient hub is opened, left click on the “Messenger” button. Select “Messenger Configuration” from the list.

**NOTE**

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

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](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.”

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.


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**Quality Assurance Process**

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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

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Did you receive the text message to remind you of your appointment?</td>
<td>Yes</td>
</tr>
<tr>
<td>2) If you needed to cancel or reschedule, did you call your health center to notify them?</td>
<td>Yes</td>
</tr>
<tr>
<td>3) How helpful was it to receive the reminder for your appointment?</td>
<td>Not helpful</td>
</tr>
<tr>
<td>4) How easy was the text message to understand?</td>
<td>Very helpful</td>
</tr>
<tr>
<td></td>
<td>Very hard</td>
</tr>
<tr>
<td></td>
<td>Easy</td>
</tr>
<tr>
<td></td>
<td>Very easy</td>
</tr>
<tr>
<td>Do you have any other comments or suggestions on how we can help remind you of your appointments?</td>
<td></td>
</tr>
</tbody>
</table>

For Office Use Only

Surveyor Name
Date/Time
Location
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?