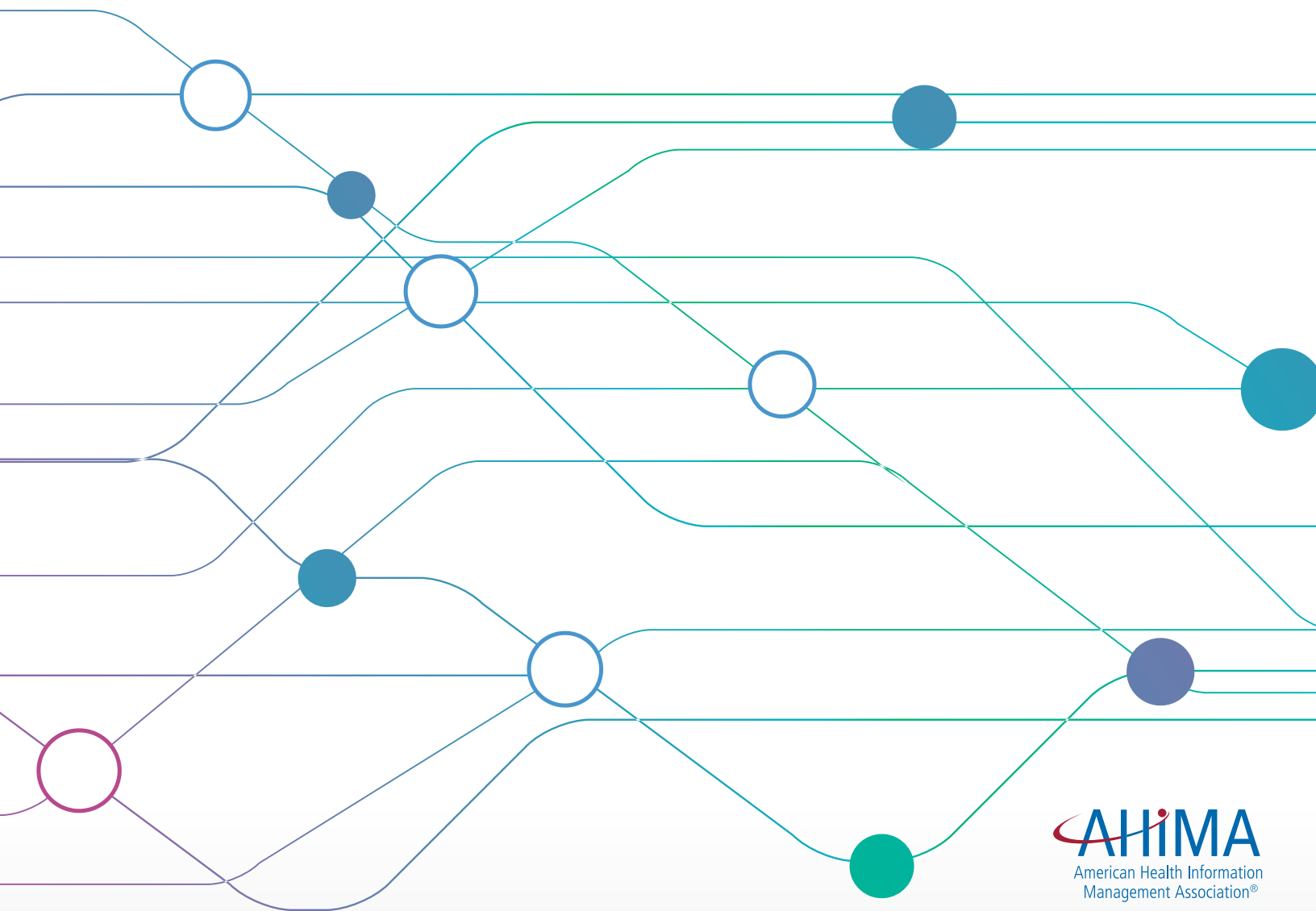




American Health Information Management Association

# CONSUMER ENGAGEMENT TOOLKIT





# CONSUMER ENGAGEMENT

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# TOOLKIT

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## FOREWORD

The increase in use of electronic health records has led to an essential shift in the way healthcare organizations of all sizes and types engage with healthcare consumers. Instead of focusing on making an appointment and coming into the office for a visit, consumers are turning more and more to social media and other technologies to form a relationship with their healthcare team. This includes the use of alternative visit types and communicating through online tools, including patient portals, social media, e-mail, and online office visits.

How can health information management (HIM) play a meaningful role in this changing healthcare landscape? First of all, HIM professionals need to expand the definition of their role in delivering good customer service. Consumer engagement is no longer a small sub-section of a HIM practitioner's job description; it is an integral part of the overall healthcare organization's consumer engagement strategy. That's because responsibilities that traditionally fell to clinical care staff may now fall into the realm of HIM. Now, outcomes can ride on the ability to meaningfully engage consumers. In order to build a solid relationship with healthcare consumers, HIM professionals need to understand some basic principles and practices for healthcare consumer engagement and put them into action.

Consumer engagement is more than a series of release of information requests and questions answered via a patient portal. Instead, it has evolved into the need for an ongoing dialogue between healthcare consumers and their providers. Healthcare providers must foster trust and form solid relationships through open, honest interactions with their patients over time. These interactions encourage ongoing discussion and improve the patient experience, ultimately improving patient outcomes. HIM professionals can impact the customer experience by answering questions, assisting in solving any problems, listening to customer concerns and supporting patients by providing them with access to information when and where it is needed and in the preferred medium, whenever possible.

While traditionally the clinical care team has played the major role in the patient experience, the lines between HIM and clinicians are no longer quite as clear. Encouraging an ongoing dialogue with consumers, not only with care providers but also with HIM team members can have a positive impact on the patient experience.

Accordingly, consumer engagement efforts should point to a satisfactory resolution in any consumer interactions. The key to engaging consumers is having a clear picture of what the outcome needs to be and providing consumers with the tools and processes that make it easy and efficient for them to get what they need from their healthcare team.

In the past, HIM/patient interaction happened in silos. Consumers had to make a phone call or write a letter to resolve a problem or get help. But now we're living in a digital world. Healthcare consumers expect a well-developed interactive relationship with their healthcare provider, founded on an environment of mutual respect and communication. When those expectations are met, healthcare consumers, as well as HIM professionals, can get what they really need and want in an efficient, effective manner.

The job of today's HIM professional is to give healthcare consumers the tools needed to make all interactions and communications efficient. This toolkit provides a wide variety of resources and tools for HIM and other healthcare professionals who are developing procedures to support the goals of a consumer engagement initiative.

## INTRODUCTION

This toolkit has been developed to serve as a valuable training and educational resource for all HIM professionals, AHIMA component state associations (CSAs), HIM students and educators, healthcare providers, and the general public as consumers of healthcare.

The Consumer Engagement Toolkit identifies resources available to assist patients in engaging in the management of their own care. These resources support the Information Governance Principles for Healthcare (IGPHC)<sup>™</sup>, health-care-specific IG principles adapted from ARMA's Generally Accepted Recordkeeping Principles, and expand on the consumer rights outlined in the [AHIMA Consumer Engagement Bill of Rights](#).

The AHIMA Consumer Engagement Bill of Rights<sup>1</sup> states that consumers have the right to:

1. Look at their health information and/or get a paper or electronic copy of it
2. Accurate and complete health information
3. Ask for changes to their health information
4. Know how their health information is used or shared and who has received it
5. Ask for limitations on the use and release of their health information
6. Expect that their health information is private and secure
7. Be informed about privacy and security breaches of their health information
8. File a complaint or report a violation regarding their health information

The toolkit appendices contain a bibliography of AHIMA-created resources, as well as external resources that identify helpful methods to engage consumers. It also includes sample job descriptions and consumer engagement frequently asked questions for HIM professionals.

As healthcare continues to expand and innovate and as patient records become more easily accessible, it is important for HIM professionals to understand the importance of consumer engagement. More specifically, HIM professionals should:

- Provide resources and information to consumers on how to access their record and request amendments when appropriate
- Communicate with patients about how their information is exchanged and identified
- Assist patients in understanding how they can contribute data to their health record
- Explain how the EHR enables patients to take charge of their own healthcare

When consumers are in control of their healthcare needs, healthcare professionals will gain their trust and build the positive relationship with healthcare consumers that the organization needs to meet the “triple aim” of:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of healthcare<sup>2</sup>

## SECTION I: Defining Consumer Engagement

The term “consumer engagement” refers to a diverse set of activities that can include interacting with healthcare providers, seeking health information, maintaining a personal health record, and playing an active role in making decisions in regard to personal healthcare.

One way healthcare consumers can become engaged is by doing their homework outside of office visits with their healthcare providers. Prior to a visit with a provider, the healthcare consumer should compile a list of questions to be asked at the appointment.<sup>3</sup> Test results can usually be viewed using a patient portal prior to an appointment. If patients view their results prior to their appointment, they can add questions related to their results to their list of questions for the appointment.

Creating and maintaining a personal health record (PHR) involves compiling information from a variety of sources, including healthcare providers and personally generated information. Personally generated information may be something as simple as a manually maintained list of blood pressure or blood sugar readings, or it may be more “high-tech,” such as data collected using a smartphone application or from a biomedical device that connects to a computer or the Internet.

Healthcare consumers should maintain a list of active problems, as well as a separate list of pertinent personal and family medical and surgical history. A list of medications should be kept that includes dosage, time of day the medication is taken, and the condition for which the medication was prescribed. When collecting data from healthcare providers, consumers should consider getting copies of laboratory tests, radiological exams, dictated reports from physicians, pathology reports, medication lists, and summaries of visits. Provider data should be collected from the consumer’s primary care provider, as well as any specialists, including ophthalmologists (eye doctors) and dentists, that they have seen for diagnosis or treatment.

For more information on developing and maintaining a PHR, visit [www.myphr.com](http://www.myphr.com).

### KEY DRIVERS FOR CONSUMER ENGAGEMENT TODAY

It is important for healthcare consumers to become engaged in their personal healthcare in today’s environment for a number of reasons. For example, providers are spending less time face to face with patients, so the healthcare consumer must make that time with the provider productive and get all of the information they need. If a patient presents to a physician office visit with a list of questions, it may save time or an additional phone call later if the visit was too brief for the patient to remember everything he/she wanted to ask.

Healthcare costs continue to rise, due in part to such things as unnecessary repeated tests or procedures or medication errors. Consumer engagement can contribute to reducing unnecessary costs. If a healthcare consumer has a PHR, it could also be used to prevent repeated tests being ordered, as the consumer could simply point out to the physician that a test has already been completed and results are available. Medication errors can be reduced if the consumer has a medication list within their PHR. The medication list can then be reviewed and compared with the list maintained by the provider to make sure the two are consistent with each other.

### OTHER DRIVERS INCLUDE:

- **Access to healthcare services:** The ability to pay for healthcare services and ongoing healthcare maintenance programs is critical to driving successful healthcare outcomes. If consumers cannot afford to go to a healthcare provider, assess and develop healthcare treatment plans, and take part in post-visit treatment steps, by definition, they are not engaged and will not successfully achieve the goal of full consumer engagement.
- **Access to personal health information:** Access to personal health information is crucial for patients to transition from a passive recipient to a driver in the new patient-centric healthcare delivery paradigm. The ability to access both personal healthcare information and educational research on medical conditions is a key driver of self-activation.
- **Spearheading decisions across the healthcare delivery lifecycle:** The following are the major lifecycle stages<sup>4</sup> that an engaged consumer/patient needs to actively manage:

**Stage 1–Selecting a healthcare provider:** An important first step is finding a provider who meets the consumer’s personal preferences and selection criteria. Preferences range from the provider’s past performance, cost, accessibility and personality compatibility.

**Stage 2–Preparing for office visit:** Patients should prepare for the office visit by accurately completing all necessary forms. Patients should also include family health history, lifestyle choices, and cultural beliefs in their “personal story.”

**Stage 3–Coordinating healthcare:** This includes scheduling office visits, submission of insurance cards, personal ID, photo, PHRs, and past diagnostic lab tests as well as, if applicable, bringing along a personal caregiver to the office visit.

**Stage 4–Managing financial obligations:** Patients are expected to make timely payments for office co-pays, submit required insurance forms, and secure pre-authorization for procedures when necessary.

**Stage 5–Co-sharing decision making:** Patients should fully understand and actively engage in collaborating with their providers and be involved in major health-related decisions.

**Stage 6–Self-activation in treatment plan:** Consumers should take an active lead in their health-care treatment plan. The self-activation and self-management role is multifaceted; it starts with learning about prescribed medications and available medical devices.

**Stage 7–Promoting self health:** Consumers should set their own priorities on how to prioritize behavioral changes such as an exercise program, diet management, substance abuse avoidance, or a stress management program.

**Stage 8–Maintaining an active preventive health regimen:** Patients need to commit to maintaining all of the required health screening processes such as getting vaccinations and preventive care (chest X-ray, blood work, mammogram, Pap smears). Most importantly, they should commit to overall wellness activities as appropriate to their specific health condition.

**Stage 9–Plan for end-of-life activities:** Consumers should document and communicate to key stakeholders of the end-of-life preferences they have that will directly impact healthcare decisions. Reviewing the documents on an annual basis is recommended because health conditions will change from time to time. Healthcare consumers should consider selecting a healthcare proxy (aka “healthcare power of attorney”) who could make healthcare decisions for the patient should he or she become unable to make them.

## KEY REGULATORY DRIVERS

Healthcare providers have similar drivers that are complemented by value-based care initiatives such as accountable care.

The Centers for Medicare and Medicaid Services (CMS) offers several accountable care Medicare programs that tie provider reimbursement to quality metrics and reductions in the total cost of care for an assigned population of patients.<sup>5</sup> An accountable care organization (ACO) is a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients. Additional information on these programs, including the Medicare Shared Savings Program, ACO Investment Model, Pioneer ACO Model, and others is available at [cms.gov/aco](https://www.cms.gov/aco).

Much has been written about the impact of these drivers on the relationship between providers, HIM professionals, and consumers. A few common opportunities for improvement emerge:

- **Better communication**

A 2012 TeleVox survey found that “55% of providers say they don’t communicate with patients between visits and 50% of healthcare professionals believe their job begins and ends during regular office visits.”<sup>6</sup> An area of opportunity to drive engagement goals is improving the communication process between patients and their healthcare provider. For instance, limiting the use of medical jargon both in patient portal notes and during the office visit is one way to improve communication; active listening is another way.



- **Easy-to-use technology solutions**

Patient portals are becoming the centralized online database for a patient's health data, treatment plans, prescriptions, diagnostic testing results, and overall appointment management.<sup>7</sup> The ability to access personal health information with a smartphone or mobile application is becoming the preferred technology device to manage healthcare.<sup>8</sup>

As healthcare futurist Eric Topol put it, "Think of the [smart] phone, which is a hub of telecommunications convergence but also a remarkable number of devices all rolled into one gadget... now picture this device loaded for medicine, capable of displaying all of one's vital signs in real time, conducting laboratory analyses, sequencing parts of one's genome, or even acquiring ultrasound images of one's heart, abdomen, or an unborn baby."<sup>9</sup>

- **Accurate patient matching and opportunities for information integrity**

An area that continues to be challenging for both the providers and patients is the ability to consolidate all the patient's health data into one centralized area with accessibility 24/7 with any type of device, such as a laptop, iPad or other tablet devices, or a smartphone. Traditionally, patient matching has been done manually by HIM professionals. "Manual review will not be sustainable in the future because electronic health records (EHRs) have created a vast amount of data that puts an undue budgetary burden on the health information exchange (HIE) to employ additional staff responsible for ensuring data integrity," the authors of an article on patient matching in HIEs write. "Currently, organizations are matching patient records within their own system but face challenges in incorporating patient matching techniques across care settings and different EHR systems."<sup>10</sup>

- **Create and implement an engagement plan**

Healthcare providers should create a strategic engagement plan for their patient base. The engagement strategy map will look at all critical patient/provider touch points and redesign the interaction to ensure a higher degree of dialogue, patient education, and overall improvement of information. The strategy should be executed on the foundational understanding of who the key stakeholders are and what each party is responsible and accountable for in the healthcare delivery process.<sup>11</sup>

Patients should fully understand and become responsible for their role in the healthcare management process. Becoming accountable for their actions requires patients to transition from being compliant to becoming fully engaged. Technology plays an important role in empowering patients to become drivers of the process. The expectation is that "more patients will work with their providers to take responsibility for their health, use technology tools to manage chronic conditions, and utilize social networking to communicate with their peers."<sup>12</sup> Having a knowledgeable patient who is actively engaged in managing their healthcare can drive better healthcare outcomes especially if the patient is managing a chronic illness.

## SECTION II: Avenues for Consumer Engagement

Consumers can be engaged in their own healthcare in multiple ways. Accessing or amending their health records either online through a patient portal or on paper and taking the time to understand their health records are key avenues for engagement.

HIM professionals can support consumer engagement by:

1. Encouraging consumers to access their health record at their provider's office through a patient portal and assist them in accessing their health record if the provider does not offer a patient portal. CMS has previously required that patients be informed about their right to receive electronic copies and it is appropriate to have a discussion of the option of using a patient portal.<sup>13,14</sup> "Using portals, patients can confirm appointments, fill out medical and social history forms, update records and pay outstanding balances. Online patient portals help chronically ill patients remain engaged in their care by allowing them to track appointments, request changes to their schedules, track test and lab results, manage medications, review doctor's notes, and look up reliable information on their conditions."<sup>15</sup>
2. Knowing available resources. The federal government HealthIT.gov site offers information for caregivers.<sup>16</sup> There are other community resources that can assist healthcare providers and consumers alike, including [Blue Button](#) and [OpenNotes](#).

Consumers have the right to access their health records.<sup>17</sup> In addition to accessing their records, they may view or receive copies of their records or instead request a summary of the information. They may ask for an "authorization for the release of information" form. Consumers will need to complete the form and return it to the facility as directed. Some facilities charge for copies. However, the fee can only include the cost of copying (including supplies and labor) as well as postage if it is requested that the copy be mailed. Sufficient time should be allowed for the request to be processed. The consumer should ask when they can expect to receive the information requested.

Healthcare consumers also have the right to request that changes be made to their health record.<sup>18</sup> If they believe that information in their record is incomplete or incorrect, they can request an amendment. Amendments can be requested by contacting their healthcare organization's HIM professional. If their request for an amendment is denied they may still ask that their request for a change be kept with the record and given to anyone who requests a copy of their health information. Also, they may choose to include the amended information in their PHR.

## SECTION III: Operational and Management Considerations

There are a number of operational and management considerations that accompany growing consumer engagement. For example, enhanced consumer engagement can affect staffing levels, productivity, and operating expenses. This will require job descriptions to be modified and new roles, such as that of a patient navigator, to be created. Continuous education and training for staff and management may also be helpful. HIM professionals should be aware of the need to plan for appropriate resources to address the needs of consumers when making operational and financial decisions.

HIM professionals can support or serve in the role of a patient healthcare navigator or in the role of a patient advocate. This new type of role is appropriately suited for HIM professionals because of their involvement in developing patient portal functionalities, assisting in creating programs that provide tangible information on the importance of patients having secure access to their information, or supporting consumers through the portal sign-up process.

For example, HIM professionals will need to collaborate with the medical, nursing, and other clinical staff who have direct contact with the patient in ensuring they are receiving copies of their discharge and aftercare instructions and that their diagnostic test results are available in the patient portal where applicable. HIM professionals also need to consider assisting patients in reviewing their health records while they are still at inpatient status or still on campus, such as patients in outpatient surgery recovery or those being held at the hospital for “observation.” A sample job description is included in Appendix B.

HIM professionals can also serve as release of information (ROI) specialists, ambassadors, or advocates. This role guides consumers in appropriately accessing their records in compliance with regulatory guidelines.

HIM professionals are responsible for training employees regarding the importance of consumer engagement when they are initially hired, as well as reinforcing the initial training periodically and providing updated training as needed. HIM professionals are responsible for day-to-day operations and must also educate a variety of organizational workforce members on appropriate responses to the unique issues that each individual department or individual may face. Roles that fall under the education and communication category are responsible for scheduling and facilitating the training sessions, conducting organization-wide education efforts, and training future workforce members in new opportunities such as health information exchange and the Blue Button initiative.<sup>19</sup>

The presence of a strong information governance program in a facility supports the ability of HIM professionals to serve as stewards of patient records, as well to serve in patient advocacy roles, as illustrated through two of the Information Governance Principles for Healthcare (IGPHC)<sup>™</sup>—Transparency and Availability.<sup>20</sup>

Culture change in healthcare organizations has affected HIM professionals in particular by shifting from managing paperwork to being actively involved with consumers in managing their own healthcare. The HIM professional should be part of a team of care professionals at the organization that promotes a culture of valuable service to the patient. As a third party, the HIM professional is the keeper of the record and is well positioned to assist the physician in engaging with his consumer—the patient.<sup>21</sup>

In today’s changing healthcare environment, HIM professionals are being called on to support care coordination through innovation and transformation. Advancing organizational goals around population health and accountable care, ensuring data integrity, and better management of enterprise information requires a new brand of leadership.<sup>22</sup>

### Lessons Learned Amidst Care Transformation

- Develop a clear vision and determine metrics for regular measurement of progress against goals. Revisit how you want to achieve this vision on a regular basis.
- Establish ownership and accountability for each of the care transformation process steps.
- Communicate outcomes on a regular basis. If there is opportunity for improvement, communicate action plans. Create a safe, open environment for expressing concerns and opinions.
- Seek input from other departments, teams, and individuals to ensure ongoing process improvement.
- Celebrate successes with the entire team to encourage commitment to the change.<sup>23</sup>  
(excerpted from Bower-Jernigan, Patricia, et al. “Realigning HIM to the New Healthcare Environment: Case Studies in HIM Transformation Due to Accountable Care and Pay-For-Outcomes Initiatives.” *Journal of AHIMA* 85, no. 8 [August 2014]: 34-38.)

## SECTION IV: Legal Considerations and Requirements

As patients begin to generate their own health data, the question of managing it—and ensuring the integrity of information in a health record—becomes paramount. Information integrity within a health record can be impacted by a variety of sources, including intentional or unintentional self-reported inaccurate information or patient generated information, as well as issues with the EHR and the various external systems that feed into it. Inaccuracies created when information is written or imported in error or into the wrong patient's health record can then be re-released, resulting in the potential for incorrect information being used to care for the patient. This is not only a risk to the patient's safety, but it is also a risk to the organization.

It is important for healthcare organizations to continually provide education to anyone documenting in the patient record about capturing and documenting all information correctly, appropriately, and in a format that patients can understand. Organizations must have policies and procedures in place to ensure integrity of the information as well as make any needed corrections, not only in the EHR, but in the source systems and in the patient portal.

Patient-generated health data presents specific concerns (see Section VII for more on this item). It may include such information as:

- Health history recorded through a portal by the patient
- Biometric data obtained from home health monitoring equipment
- Lifestyle information, such as the information captured from exercise or fitness devices or recorded on mobile apps<sup>24</sup>

Health data generated in clinical settings or through encounters with providers is distinguishable from patient-generated health data in two ways:

- With patient-generated health data, patients have the primary responsibility for recording the data.
- The patient decides when and with whom to share patient-generated health data.

As noted above, healthcare organizations should put procedures in place to verify the integrity of any patient-generated information that is included in the health record, as well as develop a process to make any needed corrections.

### HIPAA, HITECH, and State Laws

Information privacy and security remain closely scrutinized by both healthcare organizations and by governmental agencies. As lessons are learned with breaches in privacy and security, the consequences for healthcare organizations have become more costly, not only in terms of dollars but also in terms of consumer trust. When examining the various laws that impact consumers, HIM professionals should start by answering two basic questions: Does the Health Insurance Portability and Accountability Act ([HIPAA](#)) apply to the information, and if so, which section of the regulation applies?

#### Minors

According to the US Department of Health and Human Services, the HIPAA privacy rule “generally allows a parent to have access to the health records about his or her child, as his or her minor child's personal representative when such access is not inconsistent with State, Federal, or other laws.”<sup>25</sup>

There are three situations described wherein the parent would not be the minor's personal representative under the HIPAA privacy rule. These exceptions include:

1. When the minor is the patient who consents to care and the consent of the parent is not required under state, federal, or other applicable law
2. When the minor obtains care at the direction of a judge, a court or a person appointed by the court
3. When the parent agrees that the minor and the healthcare provider may have a confidential relationship

However, even in the above situations, the parent may still have the right to access the health records of the minor related to this treatment when state or other applicable law requires or permits parental access. Parental access would likewise be denied where state or other law prohibited such access.

### Improving Consumer Access

There needs to be a careful balance maintained between regulatory considerations, patient demand for information, and medical staff concerns. Initiatives to make greater use of health information technology are addressing barriers to sharing information with consumers. However, it is clear that improving consumer-friendly access to high-quality health information requires more than just technology.<sup>26</sup>

### Proxies

Proxy accounts are patient portal accounts that are created to allow other people, such as a relative or caregiver, and/or a healthcare entity (for example: nursing home staff) to have access to a patient's portal. The proxy account requires a different type of authorization form than the typical portal use agreement that is used by the patient because the information may be viewed by someone other than the patient ("the proxy"). Therefore, information that is published to the portal and accessed by the proxy would fall under 45 CFR 164.508: "Uses and disclosures for which an authorization is required."

If the organization chooses to grant proxy access to the patient portal, this access must accurately be defined in a proxy use agreement. The agreement needs to be signed by the patient as well as the proxy user; it must adequately inform the patient that they are authorizing the proxy user access to potentially sensitive PHI. The proxy agreement also needs to define how this access may be terminated and whether this agreement needs to be renewed.

Covered entities that choose to offer proxy access should review the elements of a valid authorization as well as the required statements outlined in 45 CFR 164.508. Prior to allowing proxy access the organization needs to weigh the benefits and risks of such an arrangement, and should consult legal counsel before creating a proxy account.<sup>27</sup>

### HIPAA Security

The organization should consult the HIPAA regulations to ensure adequate administrative, physical, and technical safeguards are maintained.<sup>28</sup> The overall security of the patient portal should also be included in ongoing HIPAA security risk assessments. The organization must follow the necessary standards that ensure that all protected health information (PHI) transmission is encrypted and secure. Upon PHI transmission to a patient portal, secure access authentication actions must be in place. This would include the use of a username and password. Once the patient is in the portal, the organization must include a clear explanation of the privacy notice and contact information for any concerns the patient may have related to portal access. It should be clearly stated to the user that any information downloaded, printed, or shared may be subject to re-disclosure and is therefore no longer protected under HIPAA.

### Portal Use and PHRs

PHRs may contain the same or similar information as the patient portal; however, the PHR is a record created and maintained by the patient.<sup>29</sup> While the patient portal is created by the EHR vendor or another third party, a PHR contains information that is created either by the patient or the healthcare provider, and it is maintained and controlled by the patient. It is this control of the health information that is the main difference between portals and PHRs. Information controlled and maintained by the provider within a portal is subject to additional security and privacy protections. Any information contained within the patient portal is considered PHI. The portal agreement should state specifically that information is protected and the password/access information may only be given to the patient. The portal may be accessed through a proxy once the patient portal proxy authorization is completed by the patient. A separate agreement should be obtained when the organization allows proxy access to anyone other than the patient. (See the section on proxies for more information on proxies in patient portals.) The HIPAA rules about releases and disclosures to third parties should be followed.<sup>30</sup>

This agreement also lists the proper procedures to follow when access to the portal is compromised. If there is a breach, the organization must follow the HIPAA breach rules listed in 45 CFR 164 subpart D.

### **Anonymous Tests**

Anonymous testing means that the individual's name or patient identification is not connected to test results. When consumers obtain an anonymous laboratory test, they get an exclusive identifier that allows them to get their test results. It should be noted that not all anonymous testing centers are bound by HIPAA regulations, so consumers should be sure to check beforehand.<sup>31</sup>

## SECTION V: Current Engagement Challenges for Consumers and Patients

Healthcare consumers are as diverse as the population itself, with varying levels of education, levels of interest in taking control of their healthcare processes, and myriad perspectives resulting from family history and cultural upbringing. This makes consumer engagement in healthcare even more challenging, including the use of technology.

### Lack of Involvement in Healthcare Process

A known consumer/patient engagement challenge is that the patient may not be interested in becoming engaged in the healthcare delivery process. In this scenario, the patient is not interested in driving the process and engaging in all the critical aspects of co-decision making. They are more comfortable in taking a passive role in the healthcare delivery process. They strategically choose to not engage with their providers between visits. These patients also don't take the time to access their health records or interact with their healthcare provider through the patient portal or other available technology. This level of disengagement could be troublesome especially with patients who face a chronic healthcare condition such as diabetes, high blood pressure, obesity, or other ongoing health problems.

Self-management is a very important component in driving successful healthcare outcomes, but the 2012 TeleVox survey noted that “83% of Americans don't follow treatment plans given by their doctors exactly as prescribed.”<sup>32</sup> Once these technology-challenged patients are identified, caregivers may wish to put important information on paper for them to take home (such as including written information in the after visit summary).

### Cost Considerations

The involvement of consumers throughout the entire healthcare and decision-making process has been shown to improve the patient's overall outcome of care from start to finish. However, with increased involvement, patients are able to see cost differences in the options available. This can be difficult for the provider, as the best care path for the patient may not be the most affordable one. Cost is always an issue for any consumer, but from a provider's standpoint, consideration of cost alone could compromise the treatment and recovery process.

### A New Way of Interacting with the Healthcare Team

Another challenge is that the new healthcare delivery model is in its beginning stages. To begin with, the power balance between doctors and patients is shifting. Traditionally, a patient's relationship was more deferential. “Patients adopted a ‘doctor knows best’ mentality, and other than following the doctor's orders, they did not take full and proactive ownership of their health status. Patients rarely saw their health records and when they did it was typically done briefly in the doctor's office.”<sup>33</sup> As the industry transforms, a relationship in which patients are the “end users” is on the horizon, driving spending and receiving and transmitting health-related data in real time.<sup>34</sup>

With any large-scale changes, such as what is occurring in the healthcare industry, it will take time to fully understand all the challenges and troubleshoot the issues. Change management, which consists of education and communication, is required on numerous levels. It is difficult for providers to give proper and in-depth educational training on patient engagement in the brief face-to-face time between the patient and provider.

### Privacy and Security Concerns

Consumers are becoming more concerned with personal information security, including scenarios of hacking or identity theft, and in some cases they have decided not to interact with online technology solutions. At the same time, HIPAA privacy and security provisions only cover information kept by health providers, insurers, and data clearinghouses, not devices like Fitbits, testing companies like 23andMe, or other online repositories.<sup>35</sup> The industry still has a long way to go to bridge the gap and assuage consumers' concerns.

### Interoperability

Often patients use multiple providers for different services. One major challenge that providers face is that their patient's health information is not always accurately or easily exchanged from one provider to the next. According to AHIMA, the definition of interoperability is "the ability of different information technology systems and software applications to communicate, to exchange data accurately, effectively, and consistently, and to use the information that has been exchanged."<sup>36</sup> Interoperability between healthcare systems and facilities is essential to delivering quality care to patients. Having easy access to this information is important when engaging customers in decision-making or their plan of care. Furthermore, patients currently only have access to their information by logging in to *each* of their provider's portals. The data from one portal is not integrated with information from other providers. Attaining true interoperability would lead to a more holistic and meaningful way to use patient information.<sup>37,38</sup>

### Emerging Technology and Technological Advances

Our nation continues to innovate within the healthcare industry each day. For example, the smartphone can support ongoing health management engagement. By using a smartphone, patients can access their information from anywhere at any time. The challenge is that not everyone owns a smartphone, and many do not feel comfortable or have the knowledge to use all the capabilities and functionalities that a smartphone offers. Indeed, some patients are struggling to keep up with the new technological advancement in mobile health. Some have limited or no access to an internet source on a daily basis. These challenges cannot always be easily managed.

### Health Information Exchange

Health information exchange (HIE) is the electronic movement of health-related information among organizations according to nationally recognized standards. Organizations exchanging health information may share test results, current medications, allergies, and other clinical information that is vital to patient healthcare. Certain demographic information used to identify the patient, such as name, birth date, and address, might also be shared. Participating in an HIE by consenting to share health information with other healthcare providers offers many benefits to patients, their family members, and their healthcare providers.

#### Challenges to patient engagement with regard to HIE include:

- Consumer hesitation around collecting personal health information into a shared central repository with fear of information security practices or concerns for privacy
- Administrative requirements around patients choosing to opt in or opt out of HIE and the need for consumer education about HIE



## SECTION VI: Education and Training

Education and training for healthcare consumers may be delivered in a variety of venues, including providers, public health officials, and AHIMA's component state associations (CSAs). One of the challenges of consumer education is the method of reaching the consumers. Some methods of patient engagement education may come easier than others based on the setting. Providers have an advantage in the situation of having the consumer as a captive audience when they are receiving services. They can educate each patient as they see them. However, public health officials and CSAs may have a more difficult time conveying their educational message. They do have some opportunities for consumer education, but that method is dependent upon their audience.

Consumer engagement is a large focus for healthcare professionals as well as the government. It has been suggested that patients receive overall better care when they are engaged in their own information. For this reason, it is important to educate patients on how they can become and stay engaged throughout their course of care.

Healthcare providers may deliver consumer education as part of the patient care experience and/or through educational materials supplied in the waiting areas. Face-to-face consumer education may be accomplished by the physician, a medical assistant, or an HIM professional. It is important for the provider to address the fact that patients have different learning styles and varied levels of health literacy, so it is advisable to assess for any special needs related to educational intervention. If educational materials are provided in the waiting area, printed information should be written at a fifth-grade reading level in order to best meet the needs of the general public.<sup>39</sup>

Healthcare providers and public health officials can also participate in community events as opportunities to provide consumer education. These may include, but are not limited to, health fairs, women's lifestyle shows, county fairs, or open houses at the health department. Any of these events can provide both printed handouts and a chance to provide brief verbal education to healthcare consumers. Some events may even allow for a more formal presentation to be delivered to a large group.

Component state associations have resources available for HIM professionals to use for delivery of consumer health education. AHIMA has developed a CSA Excellence Presentation Series that offers the state associations educational presentations. The series has been designed to give annual updates on topics that are related to HIM. Consumer engagement is included in the presentation series. This particular presentation discusses how HIM professionals can empower healthcare consumers. This includes methods like working for functional HIM and HIT standards, building consumer awareness of their rights, and inspiring confidence and trust in the accuracy and security of health information. It also explains usability and accessibility of health information by patients, including current trends and future challenges. The attendees of CSA meetings can relay the information they have received to their facilities and consumers. As healthcare continues to grow, it is important to keep healthcare professionals and consumers updated. The CSAs are valuable resources for providing this information.

## SECTION VII: The Future of Consumer Engagement

There is an emerging consensus in the healthcare industry that engaged patients play a crucial role in improving quality of care and reducing unnecessary costs in the US health system. With a wealth of information and resources at their disposal, modern consumers can demand high-quality services, choose treatment options wisely, and become active participants in their own healthcare management. Thus, as trends in consumers' use of online information resources and health technologies continue to evolve, the healthcare industry must continuously invest in the development of solutions that anticipate the consumer's future needs.

Because these solutions must demonstrate transparency, simplicity, and value to the consumer, health systems must first optimize their HIM functions to best collect, organize, and disperse patient health information in order to be prepared for the future of consumer engagement. As the custodians of patient health information, efficient HIM processes are the foundation of an excellent consumer engagement strategy. In fact, HIM professionals must ensure the security of, improve access to, and convert data into actionable patient health information that consumers can comprehend and use to improve their own health status.<sup>40</sup>

Moreover, HIM's role will continue to expand as the number of mobile applications, medical devices, and information sources continues to grow exponentially. This deluge of data and devices will infiltrate our healthcare system rapidly and necessitate HIM professionals to be in a position to support it all. The digital revolution may have lagged in the healthcare industry, but it will swiftly transform this industry into one with the consumer at the center.

The "Triple Aim" of healthcare is the underlying driver for the enhancement of methods that will increase and support consumer engagement. Empowering patients to engage and collaborate with their providers to manage their health will continue to receive special attention to facilitate the achievement of goals included in the triple aim healthcare delivery model.<sup>41</sup>

The three principal goals of the triple aim are improving the patient experience, advancing population health, and reducing costs. Patient engagement is identified as an essential strategy to facilitate achievement of the goals. The meaningful use Stage 2 requirements set the stage with the requirement of technology that allows patients the ability to access, interact, transact, and communicate information with their healthcare providers. This technology is commonly known as the patient portal technology, generally integrated within the electronic health record (EHR). National value-based initiatives will also influence accelerated enhancement and expansion of patient engagement tools.

Healthcare literacy also presents a challenge for consumers in managing their healthcare. HIM professionals can play an essential role in assisting patients with overcoming challenges with healthcare literacy.

### Mobile Devices and Medical Devices

A common broad definition of mobile health (mHealth) is the delivery of healthcare using the generation, aggregation, and dissemination of health information via mobile and wireless devices and the sharing of that information between patients and providers. Mobile health technology enables smartphones and tablet devices to be used as integral tools for healthcare management. The rapid emergence of mHealth technologies will play a key role as an effective means for the reassurance of consumer engagement and health information exchange as patients maneuver across various points of care.

Mobile technology enables both providers and consumers of healthcare to collect and exchange information to monitor individual health matters. Smartphones and personal health devices (i.e., FitBit or other electronic wearable devices) are examples of wireless devices and sensors that support continuous health monitoring.

Mobile health devices currently on the market monitor vital signs as well as one or more physiological parameters addressing active or preventive disease conditions. The most common target diseases are cardiac related such as atrial fibrillation, arrhythmia, or sleep apnea.<sup>42</sup> Chronic diseases are also focus areas with regard to population health management. Examples of parameters that can be provided by a mobile health device are a combination of electrocardiogram, heart rate, body activity, blood pressure, temperature, respiration rate, or weight.

As patients assume more responsibility for their own care, it is anticipated that remote monitoring and mobile health applications initiated either by patients or at the direction of the patient's physician will continue to become more prevalent. A wearable device is at the center of the mHealth systems with a variety of mobile health applications (MHAs). MHAs enable functions of devices intended to encourage healthy behaviors to prevent or reduce health problems and support self-management of chronic diseases. Some examples of the capabilities of wearable devices are monitoring the frequency of exercise, asthma, blood sugar, and vital signs. The more complex devices include add-ons that allow a smartphone to function as EKG monitor with transmission of the recordings to a service that makes the recordings available to the provider to review for abnormalities.

In addition to fitness applications, more applications are expected to emerge for the purpose of remote monitoring and consultation tracking of patients with a specific active chronic disease or presence of risk factors. As more MHAs are developed in the future, interoperability is necessary to support a seamless communication, sharing of functionalities, and exchange of data. Interoperability with disparate systems is essential to ensure the full potential of mHealth achieving effective consumer engagement. The expectation is that the mobile health tools will be a source to motivate individuals to improve health.

### Patient-generated Health Data

As mobile technology continues to play a vital role to enable and improve consumer engagement for patient care coordination, a natural result is the proliferation of what is known as patient-generated health data (PGHD).

PGHD is generally regarded as data created, recorded, gathered, or inferred by or from patients or their designees. It includes information sent via secure messaging and data from remote monitoring devices. The types of health data and information that could be included are health questionnaires, data points such as blood pressures or glucose levels, self-management diaries, patient/family health histories, and healthcare directives.

Areas likely to play a significant role in the growth of healthcare user engagement include:

- Consideration and integration of behavioral health and mental health as they relate to engagement at all four levels
- Role of health plans as significant stakeholders in the engagement process
- Role of employers as drivers for creating a culture of health
- Emergence of new technologies that will facilitate patient, family and provider interactions; health education; treatments and overall engagement
- Role of social media as a means to enhance communication and networking with individuals and communities

Recommendations for management of PGHD generated by mobile health technology:

1. Create a strategic information governance framework that best meets clinician and patient needs for reliable collection, dissemination, and use of PGHD.<sup>43</sup>
2. Include PGHD as part of an overall organizational information governance initiative.
3. Develop policies and procedures that assist with determination of when PGHD should be incorporated in the health record when transmitted from an unverified source.<sup>44</sup>
4. Identify and define the intended use and reliability of the technology that is used to collect PGHD and incorporate it into the existing EHR system.<sup>45</sup>
5. Work with information technology leadership and EHR vendors to design a system that meets consumer and clinician needs.<sup>46</sup>
6. Identify and evaluate technology solutions that allow for segregating PGHD in the EHR that it is clearly designated as having been patient-generated (e.g. creating a special PGHD clinical data tab).<sup>47</sup>
7. Establish an inventory of the various types of the most frequently used mobile health devices to ensure the EHR can accept and process the uploaded data.<sup>48</sup>
8. Define policies for clinical documentation requirements when PGHD is used for decision making for patient care.<sup>49</sup>

9. Update legal health record definition to include PGHD that is used for decision making.<sup>50</sup>
10. Establish workflows to ensure review and validation for the use of PGHD by clinicians.<sup>51</sup>
11. Review and update existing coding workflows related to when PGHD is identified in documentation to support accurate coding.
12. Require HIM involvement with the planning for the design, usability, pre- and post-implementation of the EHR functionality that will allow PGHD to be uploaded by the patient.
13. Review capabilities with EHR vendor for appropriate processing of data uploaded from a mobile device versus data gathered from another source such as myPHR or other PHR or health related social media applications.<sup>52</sup>
14. Determine the need for data tags or notations within the EHR to indicate if the device and/or app is regulated or otherwise prescribed by the care provider.<sup>53</sup>
15. Determine needs for data tagging to support authentication requirements to indicate if the author of PGHD is a person or device.<sup>54</sup>
16. Work closely with compliance and risk management for the evaluation and identification of factors for the assessment of the validity of patient-generated data derived through technology with regard to intended use and reliability of the technology.<sup>55</sup>
17. The development of regulations and standards for mobile health devices, under the direction of the Food and Drug Administration (FDA) are in progress. Set up a routine review of the FDA guidelines and data on FDA approved and regulated mobile health apps.<sup>56</sup>
18. Complete gap analysis for privacy and security of PGHD integrated with the EHR.<sup>57</sup>

The source of health information will increasingly come from the patient and from mobile health devices that will be integrated with the electronic health record. An information governance program that encompasses the use and integration of PGHD for patient care is essential for meeting the overall triple aim goals.

### Telehealth and Telemonitoring

Telehealth and remote patient monitoring also promise to shape the future of consumer engagement.

Telehealth, albeit not a service in and of itself, rekindles a mechanism by which providers and patients used to connect—the house call. With the growing demand for healthcare providers and the increasing numbers of insured patients, telehealth provides a streamlined, efficient way for patients to “see” their physicians remotely for various reasons. For example, disadvantaged patients, such as those who lack convenient modes of transportation, are unable to take time away from their jobs, or are physically handicapped, now have an alternate mechanism to get the care they need. Although telehealth services have been expanding rapidly, there is ample opportunity to improve these tools to engage consumers.

Along the same lines, remote patient monitoring is a relatively new concept in which providers and patients can exchange important health data remotely. To date, most consumers use mobile devices only to track their own health data. The future of consumer engagement demands telehealth and remote patient monitoring that is interoperable, integrated, engaging, social, and outcomes driven.

### Conclusion

The emergence of healthcare reform efforts, increasing healthcare costs, and exponential growth in access to and availability of health information are driving healthcare organizations to reevaluate their care delivery models and find innovative ways to engage directly with healthcare consumers. This new age of consumer engagement requires both a new approach to consumer engagement as well as a transformation in the role of HIM professionals. HIM professionals have an increasingly critical role to play in transforming the healthcare experience for consumers.

It has become a new imperative for HIM professionals to develop strategies for engaging consumers. HIM professionals can engage consumers in a wide variety of ways, such as assisting them in understanding the importance of healthcare quality, providing education on the relationship between consumer engagement and healthcare outcomes, sharing information about third party reimbursement, helping to explain out of pocket

costs, participating in care coordination, and advocating for the patient to assist in mitigating any challenges patients may encounter with the wide variation seen in both healthcare costs and quality of care across the healthcare continuum. The authors of this toolkit have provided tools and strategies to HIM professionals and other healthcare professionals so that they can partner with consumers to work toward a high-quality, high-value healthcare system.

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## APPENDIX A: Annotated Bibliography of AHIMA Resources on Consumer Engagement

### AHIMA Consumer Health Information Bill of Rights

(Available in [English](#) and [Spanish](#) versions)

The AHIMA Consumer Health Information Bill of Rights helps educate and explain individuals' right to access their personal health information; expect protection of their information; ensure accuracy; and expect appropriate actions are taken when these rights are violated. Failure to reach an agreement and understanding about privacy rights threatens the delivery of quality and timely healthcare.

[Just Think App: Mobile Health Apps 101: A Primer for Consumers](#)

All health-related apps are not created equal. To help consumers make smart choices and ask the right questions before downloading health-related applications to monitor for a specific medical condition or just to improve overall health and wellbeing, the American Health Information Management Association (AHIMA) developed the guide “Just Think App Mobile Health Apps 101: A Primer for Consumers.”

### AHIMA Campaign Materials

[Blue Button® Initiative](#)

[Health Information Form for Adults](#)

[Health Information Form for Children](#)

[MyPHR Campaign: FAQs for Student Presenters](#)

[Talking Points: Personal Health Records \(PHRs\)](#)

### AHIMA Information Governance Resources

[Free IG Resources](#)

[IG Annotated Bibliography](#)

[Information Governance Basics](#)

[IG Toolkit](#)

[IG FAQs](#)

[IG Glossary](#)

The HIM professional's training, experience, and understanding of the clinical, financial, regulatory, and technology aspects of healthcare and information management often makes her/him a natural fit for IG. Working in concert with senior business and clinical leaders, HIM professionals can help strengthen an organization's performance related to managing information and data that is necessary for achieving strategic goals.

### [www.myPHR.com](http://www.myPHR.com)

[“Understanding Your Medical Record”](#)

Your medical records are important. They help you receive the right treatments, tests, drugs, and insurance payments. They also qualify as evidence in medical lawsuits. The American Health Information Management Association (AHIMA) wants you to understand your medical record, your health information, and your rights related to them. This guide helps you understand the importance of your medical record, and encourages you to actively manage your rights to privacy and access to your records. If you are a guardian, it also helps you understand what you have the right to access and approve for those in your custody. You can also learn how to talk to your doctor; ask questions; make changes to your record; submit a correction if you feel your record is in error; or file a complaint if you believe your record has been misused. Finally, the guide explains the benefits of keeping your own records—known as personal health records (PHRs)—and using your doctor's website, known as a patient portal so your healthcare experience is easier. AHIMA recommends keeping this pamphlet handy. We hope you find it useful.

[“Preparing for a Doctor’s Visit Checklist: A Reference Guide for Patients, Caregivers, and Advocates”](#)

This reference guide prepares you or your loved one for an efficient and empowering doctor or hospital visit. Participation in your healthcare is essential to improving your overall health outcomes.

[“Medical Identity Theft Response Checklist for Consumers”](#)

Consumer awareness is critical for timely detection of and thorough response to a medical identity theft incident. Consumers may follow this checklist for proactive guidance and quick action.

[“What is Health Literacy?”](#)

[“Helpful Links”](#)

Health information management professionals care for your health by caring for your health information. Their job is to make sure that all the medical information collected about you is complete, accurate, and protected, yet, readily available for your healthcare providers when it’s needed.

AHIMA’s vision and values have always been people-centered. After all, the goal of effective HIM is to provide quality healthcare to the public. As part of our mission to serve as a resource for the public, AHIMA is working to help individuals become better managers of their own personal health information by sponsoring a public service initiative that draws upon the unique expertise of AHIMA and its members.

Personal health information is a valuable resource to individuals, their families, and the doctors, nurses, and other healthcare professionals who provide treatment and care. HIM professionals are reaching out—at the community level—to share their knowledge of health information and medical records directly with the public in order to help them better understand and manage their personal health information and thus improve the quality of care they receive.

### Additional Reading from AHIMA's Body of Knowledge

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## ANNOTATED BIBLIOGRAPHY OF EXTERNAL RESOURCES ON CONSUMER ENGAGEMENT

### [Blue Button Campaign](#)

The Blue Button lets you go online and download your health records so you can use them to improve your health and have more control over your personal health information and your family's healthcare.

### [Medicare Blue Button](#)

[MyMedicare.gov's](#) Blue Button provides an easy way to download your personal health information to a file. Once you're in your MyMedicare.gov account, you can download the file of your personal data and save it on your own computer. After you save it, import the file into other computer-based personal health management tools. The Blue Button is safe, secure, reliable, and easy to use.

### [Get My Health Data](#)

#### [HIPAA Fact Sheet](#)

Consumers can get the information they need to better manage their health or the health of their loved ones. With online access and communication tools, patients can ask questions, share concerns, and provide pertinent information to their providers at their convenience, any time, day or night. The Get My Health Data site includes ways for patients and providers to get more information or tell their stories.

### [OpenNotes Initiative](#)

OpenNotes is a not-for-profit initiative that is supported by charitable foundations and trusts.

Patients, providers, and healthcare professionals all play a significant role in making open notes a customary part of the healthcare experience. OpenNotes offers a toolkit that provides step-by-step suggestions to guide healthcare professionals in implementing open notes in their own health systems and offers advice for both patients and healthcare professionals on optimizing the benefits of open notes. Readers will also find a handout and template PowerPoint presentation to help HIM professionals make the case for open notes in your organization, as well as policy recommendations and communication suggestions for successful implementation of open notes, sample FAQs for both patients and healthcare providers, and more.

### [The Institute for Healthcare Improvement Triple Aim Initiative](#)

Designed to improve experience for patients and population health and lower overall costs.

### [Health Literacy Missouri](#)

The goal of Health Literacy Missouri is to increase healthcare professionals and consumers' ability to use health information and healthcare services in ways that lead to positive health outcomes. By making healthcare easier for healthcare professionals as well as consumers to understand, its goal is to save lives, save money, and make it simpler to get quality healthcare.

## Videos

[The Right to Access and Correct Your Health Information](#) (Office for Civil Rights)

[Your New Rights under HIPAA](#) (Office for Civil Rights)

[Your Digital Medical Records: What you Need to Know](#): Educational video for patients about their right to access health information—including electronically—and how to go about requesting their health information. (Office of the National Coordinator for Health IT)

Visit the [Office for Civil Rights YouTube channel](#) for additional videos on topics like “Your Health Information, Your Rights” or “Communicating with Family, Friends, and Others Involved in Your Care.”

## Office for Civil Rights (OCR)

[Individuals' Right under HIPAA to Access their Health Information: Fact Sheet and Frequently Asked Questions](#)

The HIPAA Privacy Rule has always provided individuals with the right to access and receive a copy of their health information from their doctors, hospitals, and health insurance plans. This right is critical to enabling individuals to take ownership of their health and well-being. Individuals with access to their health information are better able to monitor chronic conditions, adhere to treatment plans, find and request fixes to errors in their records, track progress in wellness or disease management programs, and directly contribute their information to research. As the healthcare system evolves and transforms into one supported by rapid, secure exchange of electronic health information and more targeted treatments discovered through the new precision medicine model of patient-powered research, it is more important than ever for individuals to have ready access to their health information. OCR released a fact sheet and the first in a series of topical Frequently Asked Questions (FAQs) to further clarify individuals' core right under HIPAA to access and obtain a copy of their health information. This set of FAQs addresses the scope of information covered by HIPAA's access right, the very limited exceptions to this right, the form and format in which information is provided to individuals, the requirement to provide access to individuals in a timely manner, and the intersection of HIPAA's right of access with the requirements for patient access under the HITECH Act's Electronic Health Record (EHR) Incentive Program.

[Your Health Information Privacy Rights Pamphlet](#)

Visit the OCR site for additional information about [your right to get medical records](#).

Learn [how to file a complaint with OCR](#) if you think your rights have been violated and know that under HIPAA, an entity cannot retaliate against you for filing a complaint.

## Office of the National Coordinator for Health IT

Infographics

[The Value of Consumer Access and Use of Online Health Records](#)

[A Majority of Providers Offer Online Access to Health Information](#)

## Other Resources

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## APPENDIX B

### Sample Documents

1. Job Description Sample 1: Patient Portal Navigator
2. Job Description Sample 2: Health Information Coordinator
3. Job Description Sample 3: Training and Patient Engagement Project Manager
4. Authorization Checklist—Required Elements
5. Sample Authorization to Disclose Health Information

Additional job descriptions are available at <http://hicareers.com/CareerMap/>.

#### **Job Description Sample 1: Patient Portal Navigator**

**Position Title:** Patient Portal Navigator (Coordinator)

**Immediate Supervisor:** Director Health Information Management

**Position Overview:** There is emerging consensus that informing and engaging consumers with their healthcare has a vital role to help improve the quality of care and outcomes. The patient portal is one of the tools used for the purpose to facilitate access to and management of their health information for consumer engagement. The patient portal navigator will be responsible for oversight of all activities related to the use of the patient portal and support to the end users of the patient portal as part of consumer engagement goals.

**General Purpose:** The patient portal navigator will be responsible for the organization's patient portal including but not limited to the support and assistance to organization staff and patients with the enrollment process for the patient portal.

#### **Responsibilities:**

- Provide high-quality service and operational support for the organization's online patient portal functionality
- Assist patients in the enrollment process and ensure they are able to access the key data elements
- Responsible for overall logistics in enrollment of patient portal
- Interact with patients to encourage them to sign up for patient portal
- Assist patients with registration to access patient portal
- Overall education of internal staff and external customers (the patients) about use and functionalities of patient portal
- Create policies and procedures for patient portal
- Analyze data to monitor the usage of patient portal for compliance with meaningful use requirements for patient portal
- Train staff members on patient portal as needed
- Participate in the integration, testing, and maintenance of the patient portal services
- Effectively present to customers and patients, operational and technical functionality of the patient portal and other systems that interact with it
- Assist patients with enrollment, proxy access, initial login and basic knowledge of portal
- Daily, weekly and monthly tracking of patient portal enrollments and usage
- Perform other duties as assigned and related to patient portal management to support consumer engagement

#### **Qualifications:**

- Recommended baccalaureate or associate degree in health information management (HIM) or a related healthcare field



- Knowledge and experience in meaningful use
- Minimum two years experience in healthcare or health information management (HIM)
- Demonstrated organization, facilitation, written and oral communication, and presentation skills
- Demonstrated knowledge and experience with the computers, the Internet, and systems through which patients must navigate, during the enrollment process
- Demonstrated knowledge and experience in teaching/training
- Demonstrated ability to develop and employ effective customer relationships with patients and healthcare team members
- Excellent interpersonal communication skills
- Ability to work independently and also as a team with a wide variety of individuals
- Excellent organizational skills
- Highly proficient computer skills
- Recommended certification such as Registered Health Administrator (RHIA); Registered Health Information Technician (RHIT) ; Certified Health Data Analyst (CHDA); Certified in Health Care Privacy and Security (CHPS)

#### **Additional Requirements:**

- Demonstrated skills in collaboration, teamwork, and problem solving to achieve goals
- Demonstrated skills in verbal communication and listening
- Demonstrated skills in providing excellent service to customers
- Excellent writing skills
- A high level of integrity and trust
- Extensive familiarity with healthcare-relevant legislation and standards for the protection of health information and patient privacy
- Healthcare legal, operational, and or financial skills

#### **Job Description Sample 2: Health Information Coordinator**

**Position Title:** Health Information Coordinator

<http://www.missouristate.edu/human/jobdescriptions/21105.htm>

#### **General Function**

The health information coordinator manages, safeguards, releases, audits, and maintains patient health information and establishes, monitors, and revises policies and procedures regarding the handling of health information that are in compliance with the standards of the Accreditation Association for Ambulatory Health Care (AAAHC) and the regulations associated with the Health Insurance Portability and Accountability Act (HIPAA). The health information coordinator evaluates requests for health information from patients and third parties and releases information consistent with HIPAA mandates and the facility's policies. The health information coordinator oversees the assembly, pulling, routing, retrieval, and filing of patient charts. The health information coordinator co-chairs the health information systems and compliance sub-committee, prepares agendas and presentations, conducts meetings, prepares minutes, conducts and reports statistical studies, performs and reports the results of audits and studies of the facility's health information records, and coordinates medical staff peer review of patient charts.

#### **Minimum Acceptable Qualifications**

Education: a high school diploma or the equivalent is required; an AAS in health information technology or a related field from a school accredited by the Commission on Accreditation of Allied Health Education Professionals (CAAHEP) is preferred. Ongoing and recent professional development training in HIM topics is required.

## Certifications

Certification from the American Health Information Management Association (AHIMA) as a Registered Health Information Technician (RHIT) is preferred; AHIMA certification in Healthcare Privacy and Security (CHPS) is preferred. Two years work experience in HIM is required. Experience working with electronic health records management software is preferred.

## Skills

Effective oral and written communication skills are required. Good customer service skills are required. Must be able to assume a leadership role in the development and implementation of policies, procedures, studies, audits, and reviews of the management and utilization of patient health information.

## Essential Duties and Responsibilities

1. Ensures that the patient health information at the facility is handled in compliance with the standards of the Accreditation Association for Ambulatory Health Care (AAAHC) and the regulations associated with the Health Insurance Portability and Accountability Act (HIPAA) by developing, monitoring, and revising policies and procedures related to patient health information and managing, safeguarding, releasing, auditing, and maintaining patient health information according to such policies and procedures
2. Releases information consistent with HIPAA mandates and the facility's policies by evaluating requests for health information from patients and third parties
3. Safeguards patient health information by overseeing the assembly, pulling, routing, retrieval, and filing of patient charts and providing ongoing patient privacy education to all the facility's staff
4. Assumes a leadership role in the proper handling of patient health information by co-chairing the health information systems and compliance sub-committee, preparing agendas and presentations, conducting meetings, preparing minutes, conducting and reporting statistical studies, performing and reporting the results of audits and studies of the facility's health information records, and coordinating medical staff peer review of patient charts
5. Remains competent and current through self-directed professional reading, developing professional contacts with colleagues, attending professional development training, attending training and/or courses as required by the director of health and wellness services
6. Contributes to the overall success of the facility by performing all other duties as assigned

### Job Description Sample 3: Training and Patient Engagement Project Manager

**Position Title:** Training and Patient Engagement Project Manager

<http://www.experis.com/jobs/USA/USCampusPro/en/job/scientific--healthcare/novato/training-and-patient-engagement-project-manager-2611777-20150111.html>

### Job Description

A training and patient engagement project manager coordinates training activities, including organizing trainings, tracking commitments, maintaining training metrics and analysis of metrics, as well as supporting patient engagement activities including maintaining a log of all communications with patients, contributing to generation of tracking tool for patient engagement, working with patient advocacy organizations, communicating with patients, and all project management responsibilities associated with patient advisory boards.

## Responsibilities

- Training
- Coordination of training activities, including organize trainings, track commitments, maintain training metrics and analysis of metrics
- Patient engagement and policy
- Support patient engagement activities including maintaining a log of all communications with patients, contributing to generation of tracking tool for patient engagement, working with patient advocacy organizations, communicating with patients, and all project management responsibilities associated with patient advisory boards
- Deliver quarterly patient engagement presentations on initiatives and regulations critical to our clients development programs
- Represent our clients on patient association calls and meetings, generate minutes and follow-up, and fulfill commitments
- Review and assess recently published global regulatory legislation and policies impacting development of treatments for rare diseases, communicate the impact to patients, management and project teams
- Lead teams on generation of comments on draft guidance
- Participate in regulatory policy calls, generate minutes and follow up and fulfill commitments
- Project management
- All project management for group meetings including preparation for group meetings (identify appropriate agenda items, run group meetings and generate minutes, track and follow up on commitments, and support attendees to ensure they are prepared for meetings and fulfill their commitments in a timely manner)
- Perform simple regulatory searches
- Track progress to commitments for project-specific patient engagement deliverables
- Required Bachelor's of science degree a degree in nursing or public policy is preferred
- Require 5+ years experience in one of the following:
  - » Regulatory or safety
  - » FDA policy experience
  - » Patient engagement
  - » Patient advocacy
- Strong organizational and communication skills
- Very strong attention to detail combined with ability to see big picture and understand business needs

### Authorization Checklist—Required Elements

(Excerpted from “Management Practices for the Release of Information (2012 update).” *Journal of AHIMA* 83, no. 2 [February 2012], <http://bok.ahima.org/doc?oid=105883>)

The following checklist can be used as a tool to assess the validity of the authorization submitted with requests for release of information. The first section contains the required elements of HIPAA’s valid authorization. The second section contains the additional requirements of an authorization to disclose sensitive or restricted health information (e.g., HIV, alcohol and drug, etc.). This is not an all-inclusive list because some states may have additional exceptions.

<b>SECTION 1: Requirements for Authorization to Disclose Patient Health Information or Records (45 CFR §164.508(c)–HIPAA)</b>		
1	Authorization is written in plain language.	
2	Authorization identifies the name of the patient whose PHI is being disclosed.	
3	Authorization identifies the type of information to be disclosed.	
4	Authorization identifies the names or classes of persons or types of healthcare providers authorized to make the disclosure.	
5	Authorization identifies the names or classes of persons or types of healthcare providers authorized to whom the organization may make the disclosure.	
6	Authorization identifies the purpose of the disclosure.	
7	Authorization contains the signature of the patient or patient’s authorized legal representative.	
8	If signed by an authorized legal representative, the authorization identifies the relationship of that person to the patient.	
9	Authorization includes the date on which the authorization is signed.	
10	Authorization identifies the time period for which the authorization is effective and expiration date or event.	
11	Authorization contains a statement informing the individual regarding the right to revoke the authorization in writing and a description how to do so.	
12	Authorization contains a statement informing the individual about the organization’s ability or inability to condition treatment, payment, enrollment or eligibility for benefits.	
13	Authorization contains a statement informing the individual about the potential for information to be redisclosed and no longer protected by the federal privacy rule.	
14	Authorization contains a statement that if an organization is seeking the authorization, a copy must be provided to the individual signing the authorization.	
15	Authorization contains statement that the individual may inspect or copy the health information disclosed.	
16	Authorization includes a statement regarding assessment of reasonable fees for copy services.	
<b>SECTION 2: Additional Requirements for Authorization to Disclose Sensitive or Restricted Health Information (Refer to Applicable Federal and State Laws for Categories Below)</b>		
	Mental health or behavioral health patient health information or records	
	Alcohol or other drug abuse patient health information or records	
	Developmental disability patient health information or records	
	HIV test results or patient health information or records	
	Other: sexual abuse, child abuse, elder abuse, etc.	

The Department of Health and Human Services offered the following guidance about authorizations:

“The Privacy Rule requires that an Authorization contain either an expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. For example, an Authorization may expire ‘one year from the date the Authorization is signed,’ ‘upon the minor’s age of majority,’ or ‘upon termination of enrollment in the health plan.’

“An Authorization remains valid until its expiration date or event, unless effectively revoked in writing by the individual before that date or event.”<sup>1</sup>

HHS also notes:

“One Authorization form may be used to authorize uses and disclosures by classes or categories of persons or entities, without naming the particular persons or entities. See [45 CFR 164.508\(c\)\(1\)\(ii\)](#). For example, it would be sufficient if an Authorization authorized disclosures by ‘any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf’ or if an Authorization authorized disclosures by ‘all medical sources.’ A separate Authorization specifically naming each health care provider from whom protected health information may be sought is not required.

“Similarly, the Rule permits the identification of classes of persons to whom the covered entity is authorized to make a disclosure. See [45 CFR 164.508\(c\)\(1\)\(iii\)](#). Thus, a valid Authorization may authorize disclosures to a particular entity, particular person, or class of persons, such as ‘the employees of XYZ division of ABC insurance company.’”<sup>2</sup>

## Notes

1. Department of Health and Human Services. “Must an Authorization Include an Expiration Date?” September 24, 2003. <http://www.hhs.gov/hipaa/for-professionals/faq/476/must-an-authorization-include-an-expiration-date/index.html>.
2. Department of Health and Human Services. “May a Valid Authorization List Categories of Persons Who May Use or Disclose Protected Health Information, without Naming Specific Individuals or Entities?” September 24, 2003. <http://www.hhs.gov/hipaa/for-professionals/faq/473/may-a-valid-authorization-list-categories-of-persons-who-may-use-protected-information/index.html>

### Sample Authorization to Disclose Health Information

(Excerpted from “Management Practices for the Release of Information (2012 update)” *Journal of AHIMA* 83, no. 2 [February 2012], <http://bok.ahima.org/doc?oid=105883>)

#### Sample Authorization to Disclose Health Information

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Record Number: \_\_\_\_\_

1. I authorize the disclosure of the above named individual's health information as described below. Please specify requested dates of service:

2. The following individual(s) or organization(s) are authorized to make the disclosure:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. The type of information to be disclosed is as follows (check the appropriate boxes and include other information where indicated)

- problem list
- medication list
- list of allergies
- immunization records
- most recent history
- most recent discharge summary
- laboratory test results (please describe the dates or types of test results you would like disclosed):
- x-ray or imaging report(s) (please specify the date and type of each report requested):

\_\_\_\_\_

- x-ray or imaging film(s) (please specify the date and type of each film requested):
- consultation reports from (please supply doctors' names):

\_\_\_\_\_

- entire record
- other (please describe):

\_\_\_\_\_

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

5. The information identified above may be disclosed to the following individuals or organization(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

6. This information for which I am authorizing disclosure will be used for the following purpose:

- my personal records
- sharing with other healthcare providers as needed
- other (please describe):  
\_\_\_\_\_

7. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

8. This authorization will expire (insert date or event): \_\_\_\_\_

If I fail to specify an expiration date or event, this authorization will expire six months from the date on which it was signed.

9. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

10. I understand authorizing the disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

Signature of patient or legal representative: \_\_\_\_\_

Date: \_\_\_\_\_

If signed by legal representative, relationship to patient: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution of copies: Original to provider; copy to patient; copy to accompany disclosure

*Note: The types of documents listed on the authorization form may need to be modified for the particular healthcare setting. Authorizations for marketing need to disclose whether remuneration was received by the covered entity. This form was developed by AHIMA for discussion purposes only. It should not be used without review by your organization's legal counsel to ensure compliance with other federal and state laws and regulations.*