

HIMSS[®]18

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WHERE **THE WORLD** CONNECTS FOR HEALTH

Conference & Exhibition | March 5–9, 2018

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What's app doc?

Session #26, March 6, 2018

Trevor Lee, MD, MMM, FRCPC, CPHIMS-CA

**Doug Snell, Executive Director, Architecture and Risk
Manitoba eHealth**

ENGAGED

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What's up doc?/Looney Toons/Creative Commons

Conflict of Interest

Dr. Trevor Lee has no real or apparent conflicts of interest to report.

Mr. Doug Snell has no real or apparent conflicts of interest to report.

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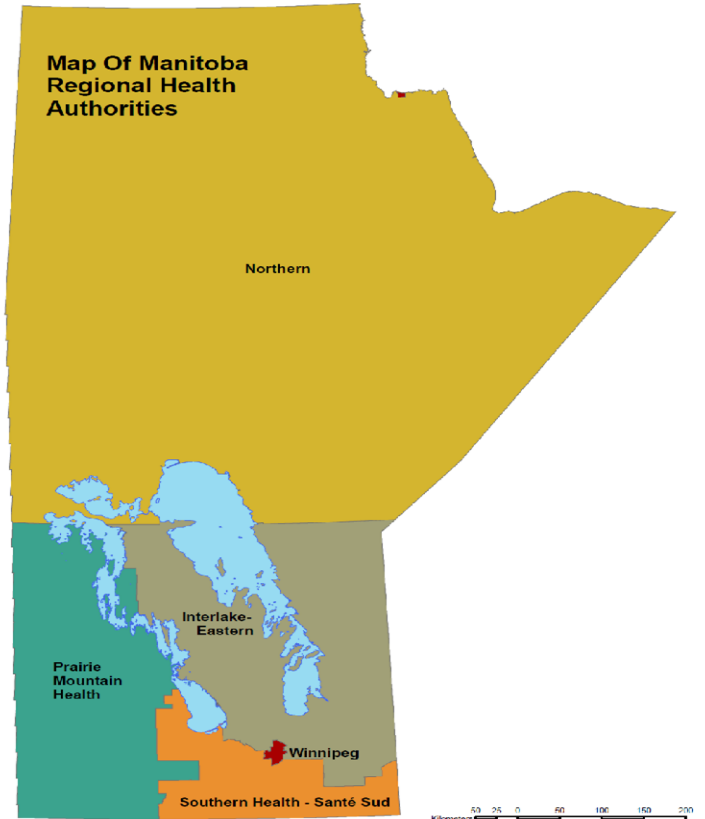


Agenda

- Learning objectives
- Manitoba eHealth
- Audience participation
- Identify the problems
- Describe the solutions
- Product case rounds 1, 2 and 3
- Lessons learned
- Audience participation

Learning Objectives

- Discuss the clinical requirements for a secure healthcare messaging platform
- Identify the security requirements for secure healthcare messaging
- Plan a strategy for engaging healthcare administrators to fund and purchase
- Plan a strategy for engaging clinical providers to utilize secure messaging



Manitoba
eHealth
Health. Connected.®

Manitoba eHealth

- Provincial government digital health organization
- 75 admitting hospital sites
- 8 University affiliated teaching sites
- 55, 000 healthcare providers
- 650 employees
- 2 CIOs, 1 CMIO, 1 Enterprise Architect

Dynamic Duo

Enterprise Architect & CMIO



Secure healthcare messaging refers to:

1. The use of smartphone texting applications that ensure the private and secure transmission of patient related data.
2. The use of non-encrypted email services to discuss patient status and health-related issues.
3. Voice messages recorded on private VOIP servers.
4. Information sent between healthcare providers via registered mail.

<https://live.eventbase.com/polls?event=himss2018&polls=4230>

Secure healthcare messaging refers to:

1. The use of smartphone texting applications that ensure the private and secure transmission of patient related data.

Secure healthcare messaging uses a smartphone application that is server based, and provided by HIPAA or PHIA compliant vendors.

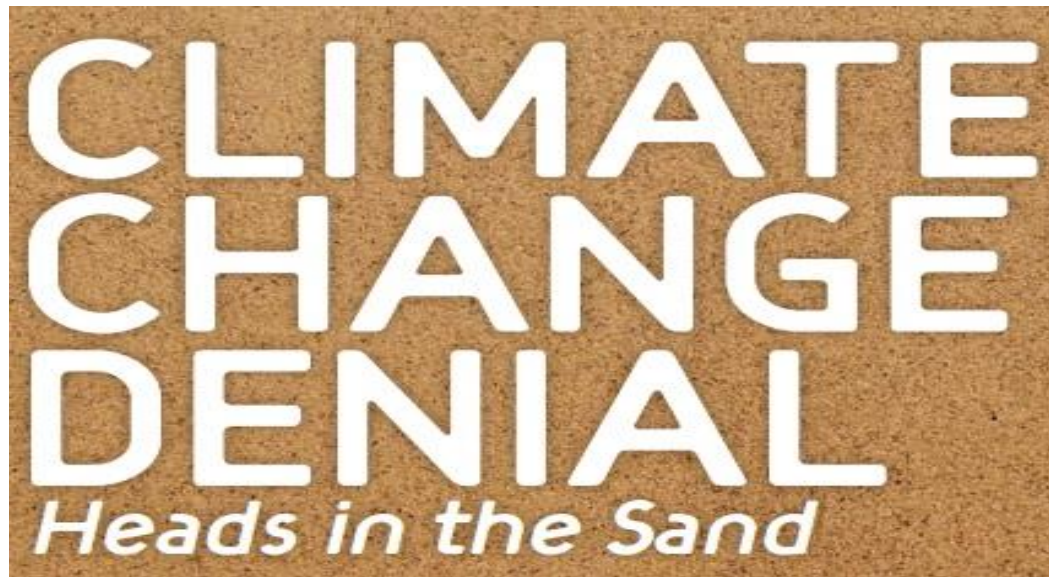
Problem: Using unsecure apps for communication with PHI content

- Violation of Manitoba Health Privacy legislation
- Ongoing source of PHIA breaches
- Clinician challenge: Excellent business cases and workflow scenarios, but no secure workflow solution

Solutions:

- **FOUR** strategies with varied success

1. Denial



aka Preferred option?

Has your institution used this strategy?

- YES
- NO

<https://live.eventbase.com/polls?event=himss2018&polls=4231>

2. Promote Abstinence: aka Mindfulness



Japanese buddhist monk/Arashiyama cut/Creative Commons

Result: Physician backlash,
use of free apps

One of the security requirements of a healthcare messaging application includes:

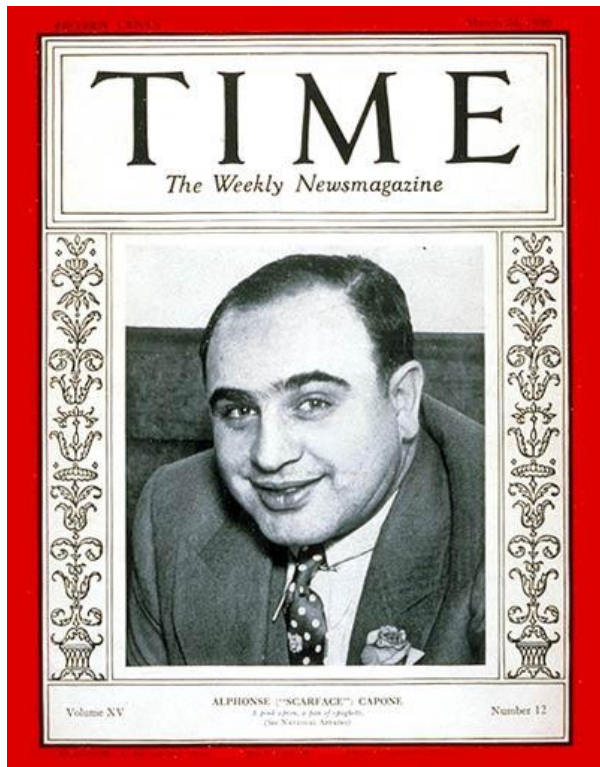
1. Remote in-app control.
2. In-app advertisements from the vendor.
3. No subscription fee.
4. Content of all conversations available in the public domain.

One of the security requirements of a healthcare messaging application includes:

1. Remote in-app control.

Remote in-app control enables the providing organization to determine the ability of the user to upload and download data when using the application. This provides an additional layer of security.

3. Cease and desist: aka Prohibition



Result: Rebellion, use of free “secure” apps

Clinical providers respond well to “cease and desist” memorandums:

1. True
2. False

<https://live.eventbase.com/polls?event=himss2018&polls=4233>

Clinical providers respond well to “cease and desist” memorandums:

- False

Successful engagement of healthcare providers commonly includes the use of providing supporting information and data, discussing clinical benefits and rewards, and involving clinicians at the initial planning stages of new initiatives.

4. Use of **Secure** Healthcare Messaging Apps



Ideal solution, but funding needed

Does your institution offer a secure messaging platform for clinical use?

1. YES

2. NO

Requirements:

- Secure
- Data locally stored in Manitoba
- Cloud based, Subscription model
- 24/7 service
- Remote in-app control
- No Mobile Device Management (MDM) requirement
- Future for pager replacement
- Future for interoperability

Workflow Scenarios:

- Provider to provider
- Provider to support staff
- Provider to learner
- Provider to patient
- Handover
- Wounds

Vendor environmental survey

- Spōk®
- Cisco Jabber®
- Imprivata Cortex®
- TigerText©
- Doc Halo©
- Vocera©
- PerfectServe©
- Others

Round 1: Product 1

- Capital requirement
- Locally housed
- Enrollment
- Requirement for MDM
- Lack of a web application
- Low pilot participant volume

Round 2: Product 2

- Video chat
- Texting
- Lack of remote in-app control
- No pager function
- No integration options for ADT, EPR

Round 3: Product 3

- Cloud based out of country, secure
- Encryption keys
- Out of network: message colleagues , patients
- Remote in-app control
- Background persistence
- Pager functionality and integration, desktop and web application

Is your institution bogged down by bureaucracy and excessive paperwork?

- YES
- NO

Progress to date: P's, T's and A's

- PIA
- TRA
- SIA
- Cost model
- Charge model
- Anticipated adoption rates and implementation agility

Progress to date: P's, T's and A's



Result: Enrollment
Apathy

Does your staff suffer from this affliction?

1. YES

2. NO

Lessons Learned:

- Engage executive leadership from the onset of any IT enabled clinical project.
- Solicit healthcare provider input on clinical requirements early on in the development phase.
- Define the necessary IT security requirements and perform a robust environmental scan.
- Choose physician/nurse provider champions to pilot and promote the application
- Ensure that funding models are reasonable and will provide sustainability for the long-term

Questions

- Current smartphone products available
- Strategies for engaging healthcare leadership
- Bundling collaboration and workflow services
- Strategies for engaging clinicians
- Strategies for obtaining funding

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