



# **Secure Messaging and Patient Portal: A meaningful model for the patient and the practice**

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Application Analyst



# Concord Hospital

- 295 Bed Hospital
- Medical Staff of 303 Providers
- Primary Service Area of 145,000 Residents
- Secondary Service Area of 250,000 Residents



# **Concord Hospital Medical Group**

- 28 Out-Patient Practices
- 196 Providers
- 155,408 Office Visits in 2010
- 372 Employees

# Meaningful Use Goals

## Project Timeline

- Centricity 9.5 Upgrade /Monday, April 18<sup>th</sup>
- Patient CONNECT / Wednesday, May 4<sup>th</sup>
- Currently in pilot phase with Patient CONNECT with 30 pilot patients testing the application in a Centricity 2005 EMR environment

# Patient Electronic Access MU Requirement

- Provide patients with **timely electronic access** to their health information (including lab results, problem list, medication list and allergies) **within 4 days** of information being available to the eligible provider (EP).
- **At least 10% of all unique patients** seen by the EP are provided timely electronic access to their health information.



Patient  
**CONNECT**

# Implementing Patient CONNECT

- Strategies
  - Planning Team
    - Include practice directors, practice managers, nurses, providers, privacy & security, public affairs, medical records, registration, IT analysts
  - Divide the Team into Three Subgroups
    1. Enrollment Group
    2. Clinical Group
    3. Administrative Group

# Subgroup Focus

- **Enrollment Group** – develop a registration process for patients to enroll onto the Patient Portal, draft policies for Family Management, develop forms for demographic updates and medical records request
- **Clinical Group** – create clinical e-forms, ie, Blood Glucose Readings, Annual Exam, Review of Systems, Medicare Well Visit forms, etc.
- **Administrative Group** – create workflows and forms for medication refills, appointment & referral requests, and send a message to my provider office



# Customize Your Patient Portal

- Select from a variety of skin colors and designs
- Build web boxes to facilitate the ease of navigation as well as adding resources for the patient
- Insert your logos and create your own customized image



CHMG Practices

**PRIMARY CARE**

Community Medical Associates

Concord Family Medicine

Epsom Family Medicine

Family Health Centers

Family Physicians of Pembroke

Family Tree Health Care

Internal Medicine

Penacook Family Physicians

Pleasant Street Family Medicine

**SPECIALTY CARE**

Breast Care Center

Center for Urologic Care

Cholesterol Treatment



**On-Line Services:**

[View My In-Box](#)

[View My On-Line Medical Record](#)

[Request a Medication Refill](#)

[Request an Appointment](#)

[Request a Referral](#)

[Send a Message to My Provider Office](#)

[Update My Personal Information](#)

[Request My Medical Record](#)



To view information about practice providers, directions to a practice and other contact information, please click on the name of the practice on this Home Page.

Concord Hospital  
250 Pleasant Street  
Concord, NH 03301  
603-225-2711

**Your Recent Secure Messages**

- [Reply from your Healthcare Provider at Concord Hospital 3/4/2011 3:09:57 PM](#)
- [Reply from your Healthcare Provider at Concord Hospital 3/3/2011 10:57:17 AM](#)
- [Reply from your Healthcare Provider at Concord Hospital 3/3/2011 10:52:02 AM](#)
- [Reply from your Healthcare Provider at Concord Hospital 3/3/2011 10:47:48 AM](#)
- [Reply from your Healthcare Provider at Concord Hospital 2/16/2011 12:08:58 PM](#)
- [View My Inbox](#)

**Billing Questions?**

If you have a billing inquiry, please contact our billing office by mail or by phone.

*Concord Hospital Patient Financial Services*



CHMG Practices

**PRIMARY CARE**

Community Medical Associates

Concord Family Medicine

Epsom Family Medicine

Family Health Centers

Family Physicians of Pembroke

Family Tree Health Care

Internal Medicine

Penacook Family Physicians

Pleasant Street Family Medicine

CONCORD HOSPITAL  
**Medical Group**

**Internal Medicine**

**About Us**

As a member of Concord Hospital Medical Group (a department of Concord Hospital), Concord Hospital Internal Medicine provides individualized, comprehensive medical care for adults. Services include immunizations, women's health care, minor surgical procedures, Coumadin Clinic, bladder scanning, and EKGs.

[Click here for more information about our practice.](#)

**On-Line Forms** (click on the form below to complete and send to your provider office)

**Blood Glucose**

248 Pleasant Street  
**[Pillsbury Medical Office Building, Suite 2800](#)**  
Concord, NH 03301  
[View Google Map](#)

Ph: (603) 224-4003

**Your Recent Secure Messages**

- Reply from your Healthcare Provider at Concord Hospital 3/17/2011 7:43:54 PM
- Reply from your Healthcare Provider at Concord Hospital 3/17/2011 7:42:52 PM
- Reply from your Healthcare Provider at Concord Hospital 3/4/2011 3:09:57 PM
- Reply from your Healthcare Provider at Concord Hospital 3/3/2011 10:57:17 AM
- Reply from your Healthcare Provider at Concord Hospital 3/3/2011 10:52:02 AM
- [View My Inbox](#)

# Create Forms

- Select from a variety of options including dropdown boxes, check boxes, text boxes, etc.
- Add links for ease of navigation
- Add images to add visual interest to your forms



**My On-Line Medical Record**

- ⋮ Allergies
- ⋮ Personal Info
- ⋮ Medications
- ⋮ Pharmacies
- ⋮ Health Conditions
- ⋮ Contacts



**Personal Information**

2 A TEST

2 Main Street Apt #69  
Concord, NH 03301

Home: 603-267-6595

Work: 603-258-9658

[...More](#)

**Pharmacies**

Rite Aid Concord NH Fort  
Eddy\*

[...More](#)

**Contacts**

Justin A Bin

HUSBAND TEST

[...More](#)

**Health Conditions**

ABDOMINAL PAIN

ANTICOAGULATION  
MANAGEMENT

DIABETES, TYPE 2

FRACTURE, RIB

HYPERTENSION

[...More](#)

**Medications**

METFORMIN HCL 500 MG  
TAB

VITAMIN D 1000 UNIT TABS

[...More](#)

**Allergies**

PENICILLIN G SODIUM

SULFATRIM

THORAZINE

I have a question about my on-line record.



Send a Message to My Provider Office

If you would like clarification about something in your on-line medical record, please use the link above to send us a secure message.

**My On-Line Medical Record**

- View My Chart
- Allergies
- Personal Info
- Medications
- Pharmacies
- Health Conditions
- Contacts

**I want to learn more . . .**



**Click on Medline Plus above to look up:**

- an abbreviation on your health conditions list that you may not understand or a health condition you want to learn more about; or

- a medication you would like to understand

**Medline Plus** is an informative research tool for you to learn more about your medical interests.

Navigate to: Health Conditions ▾

**Health Conditions**

Condition: ABDOMINAL PAIN  
Code: ICD-789.60  
Qualifier: Hospitalized for  
Onset Date: 9/23/2003

Condition: ANTICOAGULATION MANAGEMENT  
Code: ICD-V58.61  
Qualifier: Diagnosis of  
Onset Date: 11/11/2010

Condition: DIABETES, TYPE 2  
Code: ICD-250.00  
Qualifier: Diagnosis of  
Onset Date: 1/1/2003

Condition: FRACTURE, RIB  
Code: ICD-807.00  
Qualifier: Diagnosis of  
Onset Date: 6/28/2010  
Stop Reason:

Condition: HYPERTENSION  
Code: ICD-401.1  
Qualifier: Diagnosis of  
Onset Date: 1/1/2003

**I have a question about my on-line record.**



Send a Message to My Provider Office

If you would like clarification about something in your on-line medical record, please use the link above to send us a secure message.

Health Topics

Drugs & Supplements

Videos & Cool Tools

ESPAÑOL

Refine by Type

All Results (58)

- Health Topics (1)
- External Health Links (34)
- Drugs and Supplements
- Medical Encyclopedia (4)
- Videos and Tutorials (15)
- News (3)
- MedlinePlus Magazine
- Other Resources (1)
- Multiple Languages

Refine by Keyword

All Results (58)

remix

- Therapy (17)
- Surgery (13)
- Blood thinners (12)

Results 1 - 10 of 58 for **anticoagulation**

[Search Help](#)

1. [Anticoagulation](#) (American Heart Association)  
... any other medicines, including vitamins and herbal preparations. **Anticoagulation** in Pregnancy Women who require **anticoagulation** and become pregnant need to take special precautions. ...  
[www.heart.org/.../Anticoagulation\\_UCM\\_307110\\_Article.jsp](http://www.heart.org/.../Anticoagulation_UCM_307110_Article.jsp) - External Health Links
2. [Patient's Guide to Living with Atrial Fibrillation](#) (American Heart Association)  
... Symptoms Associated With Atrial... Who Gets Atrial Fibrillation? **Anticoagulation** Treatment of Atrial Fibrillation Lifestyle Adjustments in Atrial... ... Symptoms Associated With Atrial... Who Gets Atrial Fibrillation? **Anticoagulation** Treatment of Atrial Fibrillation Lifestyle Adjustments in Atrial... ...  
[circ.ahajournals.org/cgi/content/full/117/20/e340](http://circ.ahajournals.org/cgi/content/full/117/20/e340) - External Health Links
3. [Blood Thinners and Dental Care](#) (American Academy of Oral Medicine) - PDF  
... the drug to reach full effect and that **anticoagulation** also goes away slowly when the medication is stopped. Consequently, when changing the levels of **anticoagulation**, this process must occur gradually. Another important fact ...  
[www.aaom.com/.../3215/files/AnticoagulantsSmooth1162007.pdf](http://www.aaom.com/.../3215/files/AnticoagulantsSmooth1162007.pdf) - External Health Links
4. [Atrial Septal Defect in Children and Adults](#)  (OR-Live)  
... from a viewer: Is there any need for **anticoagulation** therapy after the procedure? You did refer to ... there's another reason for a patient to need **anticoagulation**, they have a blood-clotting disorder or something ...  
[www.orlive.com/...f-atrial-septal-defect?view=displayPageNLM](http://www.orlive.com/...f-atrial-septal-defect?view=displayPageNLM) - Videos and Tutorials

### My On-Line Medical Record

- View My Chart
- Allergies
- Personal Info
- Medications
- Pharmacies
- Health Conditions
- Contacts

### Medication Refill



Please click here to request a medication refill.

Navigate to: Medications

#### Current Medications

Medication: METFORMIN HCL 500 MG TAB  
Instructions: 1 po bid  
Quantity: 180  
Refills: 0  
Generic Name: METFORMIN HCL  
Prescribed By: Christine Falkenham  
Prescribed On: 3/4/2011 2:00:10 PM

Medication: VITAMIN D 1000 UNIT TABS  
Instructions: 1 by mouth every day  
Quantity: 30  
Refills: 1  
Generic Name: CHOLECALCIFEROL  
Prescribed By: Paul R Clark MD  
Prescribed On: 3/18/2011 5:44:26 PM

### I have a question about my on-line record.



Send a Message to My Provider Office

If you would like clarification about something in your on-line medical record, please use the link above to send us a secure message.

### I want to learn more . . .



#### Click on Medline Plus above to look up:

- an abbreviation on your health conditions list that you may not understand or a health condition you want to learn more about; or

- a medication you would like to understand

**Medline Plus** is an informative research tool for you to learn more about your medical interests.



## Medication Refill Request

Renew Medication Form (2 A TEST) Page 1 of 1

\* Required fields

### Disclaimer

Requests submitted will be processed within two business days. We will contact you if we have any problems processing your request. Please check with your pharmacy when you are ready to pick up your prescription.

### Request Information

\* To the office of:

**Please be sure to select the appropriate provider for your medication refills.**

To view your medication details and prescribing provider(s) [click here](#).

**If you need your medication refilled within 24 hours, please call your provider office directly.**

Please select the medications you would like to refill.

METFORMIN HCL 500 MG TAB

VITAMIN D 1000 UNIT TABS

Other Medication

Comments:

\* Pharmacy to use for refill(s):

Rite Aid Concord NH Fort Eddy\*  
24 Fort Eddy Rd  
Concord, NH 03301

Other Pharmacy

You will receive an electronic reply within two business days.

I have a question about my on-line record.



Send a Message to My Provider Office

If you would like clarification about something in your on-line medical record, please use the link above to send us a secure message.

## Schedule an Appointment

Request a Routine Appointment (2 A TEST) Page 1 of 1

\* Required fields

### Disclaimer

Requests for routine appointments will be processed within two business days. For all other appointment requests, please call your provider office.

**This should not be used in the case of an emergency. If you are having an emergency, please call the practice or emergency personnel (911) directly.**

Please submit appointment requests only to the provider offices with whom you have had previous appointments. If you would like to request an appointment at a provider office you would like to visit in the future, [please click here to request a referral](#).

### Appointment Information (Required)

\* To the office of:

Internal Medicine

Paul Clark MD

\* Requested Visit Type:

- Annual Physical Exam
- Flu Shot
- Medication Follow Up
- Nurse Visit
- Visit for Existing Non-Urgent Condition
- Visit for New Non-Urgent Condition
- Well Child Exam
- Workers Compensation Exam
- Other (Please Specify)

If other, please specify type of visit requested:

Reason for Appointment:

Please Select Your Preferred Day(s) and Time(s) of the Week:

- Monday - Mornings
- Monday - Afternoons
- Tuesday - Mornings
- Tuesday - Afternoons
- Wednesday - Mornings
- Wednesday - Afternoons
- Thursday - Mornings
- Thursday - Afternoons
- Friday - Mornings
- Friday - Afternoons

Please let us know if you have any additional questions or comments related to this routine appointment request.

**You will receive an electronic reply within two business days.**

Cancel

Review

Send

## Request a Referral

Request a Referral (2 A TEST) Page 1 of 1

\* Required fields

### Disclaimer

Requests submitted will be processed within two business days.

**This should not be used in the case of an emergency. If you are having an emergency, please call the practice or emergency personnel (911) directly.**

### Referral Information (Required)

- \* To the office of:
  - 
  -
  
- \* Why are you requesting a referral?
  -
  
- \* Have you been seen in our office for this problem or have you discussed this with your PCP?
  - Yes
  - No
  - Unsure
  
- \* Have you seen a specialist in the past for this problem?
  - Yes
  - No
  - Unsure
  
- \* How long have you had this problem or issue?
  -
  
- \* Do you know if your insurance requires a visit in our office before a referral can be completed?
  - Yes
  - No
  - Unsure

\* Have you had any other testing or treatment for this problem/issue that we should include with the referral?

\* This referral is:

- New  
 Ongoing  
 Unsure

\* Is this referral related to a worker's compensation injury?

- Yes  
 No

---

General Comments:

**You will receive an electronic reply to your request within two business days.**

Cancel

Review

Send

Messages submitted will be processed within two business days.

**Do not use this form for emergencies. If you are having an emergency, dial 911 now.**

**Please submit questions only to the provider offices with whom you have had previous appointments. If you have a question for a provider office you would like to visit in the future, please [click here to request a referral](#).**

**Send Message (Required)**

\* To the office of:

\* Have you ever had an appointment with the provider office listed above?

Yes

No

If the answer to the question above is NO, please [click here to request a referral](#).

\* I would like clarification:

- About my medications
- About my health conditions
- About my allergies
- About my test results
- About my insurance information
- About my contacts
- About my personal information
- About my pharmacy
- About an upcoming appointment
- About a past appointment
- Other

\* Message:

Cancel



### Update Personal Information (EMR)

Personal Information (2 A TEST) Page 1 of 2

Please fill out your personal information on the form below.

\* Required fields

#### Personal Information

- \* First name:
- \* Last name:
- \* Date of birth:
- \* Gender:
- \* Marital Status:

#### Contact Information

- \* Address Line 1:
- Address Line 2:
- \* City:
- \* State:
- (Example: OR, CA, NY)
- \* Zip Code:
- (Example: 90210, 90201-1234)
- \* Home Phone:
- (Example: 503-234-5678)
- Work phone:
- (Example: 503-234-5678)
- \* Preferred Language:

### Request my Medical Records

(2 A TEST) Page 1 of 1

**\* Required fields**

You can use this form to request certain CHMG practice medical records (see selection list below) to be securely sent to your Patient Portal inbox for your personal use. You can receive up to three years of these records at no charge. You will receive an e-mail notification that your records are available in your Patient Portal inbox.

For additional records, to receive paper copies or a CD of your records, or to have your medical records sent to a third party, please complete the [Concord Hospital Authorization To Disclose Protected Health Information form](#) and send it to our Release of Information (ROI) department at 250 Pleasant St., Concord, NH 03301. Paper copies and CDs will be mailed or they may be picked up at Concord Hospital's main building at 250 Pleasant Street from Monday through Friday between 8:30 am and 4:30 pm. Staff members are also available to assist you by telephone at 603-228-7312 or email at [release.info@crhc.org](mailto:release.info@crhc.org).

\* Please select your practice:

Internal Medicine

Paul Clark MD

Medical Record Type:

- Office Visit Notes
- Laboratory Report
- Radiology Report (Concord Hospital)
- Radiology Report (Concord Imaging Ctr.)
- Cardiology Report

Dates of care to be released (up to 3 years):

From:

To:



# Promote Your Patient Portal

- Give your portal a name
- Create a tag line
- Design and brand your image
- Print posters for your practice exam rooms and rack cards to distribute to your patients
  - Statistics show that patients are more likely to sign up for the portal when recommended by their provider

**Patient CONNECT** is a secure online service that allows you to keep your personal health information up-to-date and correspond with your Concord Hospital Medical Group (CHMG) practice...all from the comfort of your home.



# Patient **CONNECT**

One click. All **YOU.**

Once you have completed the **Patient CONNECT** enrollment process you can:

- Access and update your contact information
- View your allergies, medications and health conditions
- Request an appointment
- Request a medication refill
- Request a referral to a specialist
- Send non-urgent questions to your CHMG practice

To enroll in **Patient CONNECT**, please request a Personal Identification Number (PIN) from your CHMG practice today!

Learn more. [www.concordhospital.org](http://www.concordhospital.org)

## **Begin “connecting” with your patients**

- Enrolling patients on Patient CONNECT
  - Is as easy as 1, 2, 3
  - Concord Hospital has chosen to only enroll patients in person for the first phase of the Patient CONNECT roll-out

# Enrollment Encounter Form

**Ms. Alicia R Test** Star ID: PCP: David Green MD Home: 603-908-4321 Work: 603-224-1234 **EMAIL OK**  
71 Years Old Female (DOB: 01/01/1940) Insurance: \*CIGNA-N (007) 123456789 Co-Pay: Dr Smith Next appt:

**Patient Connect Enrollment: Ms. Alicia R Test**

Patient Connect Consent Form

Patient Connect Chart Access PIN

This section creates a unique patient portal PIN for the patient.

These changes will take place when this document is signed  
Pin Generator Form v1.5

Send Secure Message Welcome Letter to Patient

To: cfalkenh@crhc.org  
CC:  
BCC:  
Subject: CH Patient Connect Enrollment  
Message:

The secure email WILL NOT be sent to the patient until the document is SIGNED

1

2

3

# Reply Encounter Form

- Staff will reply to patient requests via a convenient standardized encounter form in the EMR for:
  - Medication Refills
  - Appointment Requests
  - Referral Requests
  - Messages to the Provider Office



Patient CONNECT messages will be routed to the practice desktops to be delegated and processed by the staff. Documents are appended with a full update Reply Encounter Form.

The screenshot shows a software interface with a menu bar (Go, Actions, Options, Help) and a toolbar (Desktop, Chart, Appts, Reg, Reports, New, View, Print, Help, EXIT). Below the toolbar are tabs for Summary, Flags, Documents, File Attachments, and Messaging. A dropdown menu shows 'View documents to' with 'IMED Patient, Connect' selected. A toolbar contains icons for Open, Edit, Sign, Append, Route, Remove, and Organize. A table displays a list of documents:

	!	0	Date ^	Name	Summary	Status	Reason
			03/17/2011 7:58	TEST, 2 A	Rx Refill: Medication Refill Request Patient Connect	Signed	Signature
			03/18/2011 8:11	TEST, 2 A	Rx Refill: Medication Refill Request Patient Connect	Signed	Signature
			03/18/2011 3:08	TEST 1, ALISON R	Rx Refill: Medication Refill Request Patient Connect	Unsigned	Signature
			03/18/2011 4:34	TEST, 2 A	Rx Refill: Medication Refill Request Patient Connect	Unsigned	Signature
			03/18/2011 4:31	TEST, 2 A	Ext Oth: Send Message Patient Connect: Medical Question	Unsigned	Signature
			03/18/2011 6:16	TEST, 2 A	Ext Oth: Schedule Appointment Patient Connect	Unsigned	Signature

# Medication Refill Request

Secure Email Reply: 2 A TEST

**PLEASE NOTE: Anything that is typed into this form or anywhere on the encounter will be emailed to the patient upon signing this Document**

To:

Subject:

Refill Request

Your prescription refill request has been processed and sent to the pharmacy as requested.

Appt Request

Your prescription refill request has been processed and is waiting at the office for you to pick up.

Referral Request

Your prescription refill request cannot be processed at this time. The provider is requesting that you schedule an appointment to be seen. Please let the office know what days and times would work best for you.

General Question

Although your prescription refill request has been processed, the provider is requesting you schedule a follow-up appointment. Please let the office know what days and times would work best for you.

Message:

Additional typing space:

# Prescriptions: 2 A TEST

Prescriptions Formulary: Wal-Mart Generics Program

Formulary	Medication	Previous Rx				New Rx				
		Quantity	#Refills	Date	BMN	Refill?	Quantity	#Refills	BMN	Pt Info
<input type="radio"/>	METFORMIN HCL 500 MG TAB (METFORMIN HCL) 1 po bid	180	0	03/21/2011	No	<input checked="" type="checkbox"/>	180	0	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	VITAMIN D 1000 UNIT TABS (CHOLECALCIFEROL) 1 by mouth every day	30	1	02/10/2011	No	<input type="checkbox"/>				

Patient: 2 TEST  
Note: All result statuses are Final unless otherwise noted.

Current Allergies: PENICILLIN G SODIUM (PENICILLIN), SULFATRIM, THORAZINE

Pharmacy: CVS Concord NH Hall St\* (retail)  
4 Hall St  
Concord, NH 03301  
Ph: 6032243189  
Fax: 6032245372

Authorized By: [Rich Text Editor: Arial, 10, Bold, Italic, Underline, Bulleted List, Numbered List, Indent, Decrease Indent, Increase Indent, Undo, Redo]

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)

### E-Mail

To: [chportal2@yahoo.com](mailto:chportal2@yahoo.com)  
Subject: Reply from your Healthcare Provider at Concord Hospital

### Message:

Your prescription refill request has been processed and sent to the pharmacy as requested.

### Prescriptions:

METFORMIN HCL 500 MG TAB (METFORMIN HCL) 1 po bid #180 x 0  
Entered by: Christine Falkenham  
Authorized by: Paul R Clark MD  
Signed by: <UNSIGNED>  
Method used: Historical  
RxID: 1616347445300180



# Appointment Request

Secure Email Reply: 2 A TEST

**PLEASE NOTE: Anything that is typed into this form or anywhere on the encounter will be emailed to the patient upon signing this Document**

To:

Subject:

Refill Request

Appt Request

Referral Request

General Question

03/21/2011 @9:00 pm w/Clardy Elizabeth MD

Add

Allergy Quick Look

Medication Quick Look

Problem Quick Look

PMH Quick Look

Vital Signs Quick Look

Add Medication

Add Problem

Add Allergy

Clear

Message: You have the following upcoming appt(s):

03/21/2011 @9:00 pm w/Clardy Elizabeth MD

If you need to reschedule, please notify the office.

Additional typing space:

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

# Referral Request

Secure Email Reply: 2 A TEST

**PLEASE NOTE: Anything that is typed into this form or anywhere on the encounter will be emailed to the patient upon signing this Document**

To:

Subject:

Refill Request

Your referral request has been processed and a copy has been sent to both your insurance company and the specialty office.

Appt Request

Appt with..... Appt Date and Time..... Office Phone Number.....

Referral Request

Your referral request cannot be processed at this time. The provider is requesting that you schedule an appointment to be seen. Please let the office know what days and times would work best for you.

General Question

Allergy Quick Look

Medication Quick Look

Problem Quick Look

PMH Quick Look

Vital Signs Quick Look

Add Medication

Add Problem

Add Allergy

Message:

Additional typing space:

# General Question Reply

Secure Email Reply: 2 A TEST

**PLEASE NOTE: Anything that is typed into this form or anywhere on the encounter will be emailed to the patient upon signing this Document**

To:

Subject:

Refill Request

Appt Request

Referral Request

General Question

Allergy Quick Look

Medication Quick Look

Problem Quick Look

PMH Quick Look

Vital Signs Quick Look

Add Medication

Add Problem

Add Allergy

Clear

Message:

Additional typing space:

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

## Test results with options: 2 A TEST

Intro | Lipids | DM | Gen Labs | Advice | Hemo/Pap | Rads/BMD | Cards | Closing

Feedback

Dear  First name  Mr/Ms  Dr  parents  other

- It was good to see you.
- The results of your recent studies are reported in this letter.
- This letter is being sent to inform you of the results of your recent radiology tests.
- This letter is being sent to inform you of the results of your recent tests.

Introduction

Next appointment: Clardy Elizabeth MD on 03/21/2011 @9:00 pm 20 Min ACUTE

Prior appointment:

Email: chportal2@yahoo.com

Services due reminder

TD BOOSTER or TETANUS IMMU, SMOK  
ADVICE, CHOLESTEROL, COLONOSCOPY or  
SIGMOID or BARIUM ENEMA, FECALIMMUN#1

Days	01/05/20
ADVANCIRECT	
ADV DIR REV	
ALBUMIN	
ALK PHOS	

Add Problem

Adjust Meds

Add allergy

Problems

MORBID OBESITY (ICD-278.01)  
\* PAIN MANAGEMENT CONTRACT  
ANTICOAGULATION MANAGEMENT  
(ICD-V58.61)  
ROUTINE GYNECOLOGICAL

Medications

METFORMIN HCL 500 MG TAB  
(METFORMIN HCL) 1 po bid  
VITAMIN D 1000 UNIT TABS  
(CHOLECALCIFEROL) 1 by mouth every  
day

Allergies

! PENICILLIN G SODIUM (PENICILLIN G  
SODIUM)  
! SULFATRIM  
! THORAZINE

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

# Test results with options: 2 A TEST

Intro | **Lipids** | DM | Gen Labs | Advice | Hemo/Pap | Rads/BMD | Cards | Closing

**Feedback**

**Lipid Panel**    **Insert Values**    **Insert values with LDL goal**    **At goal on meds**    **Clear**

**Heart Disease Risk Factors**    **ATP-3 pdf**    **ATP-3 at a glance**

The goal for total cholesterol is 200 or lower. Your value is

The goal for HDL (good) cholesterol is 40 or above. Your value is

The goal for LDL (bad) cholesterol depends on other risk factors. Your value is

Include LDL goal in letter.    **Your LDL should be below :**

The goal for triglycerides is 150 or lower. Your value is

The results of your cholesterol tests are within the normal range.

Your cholesterol tests are elevated. Eating a diet low in fat and getting regular exercise will improve these results. Your exercise should include at least 30 minutes of significant aerobic activity three times per week.

I suggest that you start a cholesterol lowering medication.

Your cholesterol value is at goal. You should continue to eat a low fat diet and exercise on a regular basis.

Please continue your medication for cholesterol.

Your current results are too high. I will adjust your medication. Eating a low fat diet and regular exercise are very important.

Please call the office to set up a meeting with the dietician to review a diet program.

**Add Problem**

**Adjust Meds**

**Add allergy**

Problems

- MORBID OBESITY (ICD-278.01)
- \* PAIN MANAGEMENT CONTRACT
- ANTICOAGULATION MANAGEMENT (ICD-V58.61)
- ROUTINE GYNECOLOGICAL

Medications

- METFORMIN HCL 500 MG TAB (METFORMIN HCL) 1 po bid
- VITAMIN D 1000 UNIT TABS (CHOLECALCIFEROL) 1 by mouth every day

Allergies

- ! PENICILLIN G SODIUM (PENICILLIN G SODIUM)
- ! SULFATRIM
- ! THORAZINE

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

## Test results with options: 2 A TEST

Intro | Lipids | DM | Gen Labs | Advice | Hemo/Pap | Rads/BMD | Cards | Closing

Feedback

- Please call the office if you have any questions.
- Please call the office to schedule a followup appointment.
- Please follow up for laboratory testing as indicated on the laboratory slip.
- A prescription for the new medication is enclosed.
- A prescription has been sent to your pharmacy.
- A referral to the specialist is being processed by our office. Please call if you have not heard about this referral within 1 week.
- Include current med list in note.
- We will review these studies at the time of your visit.

Signature on letter  PCP

User

Other

Secure E-mail

To:

CC:

BCC:

Subject: Results from your Healthcare Provider at Concord Hospital

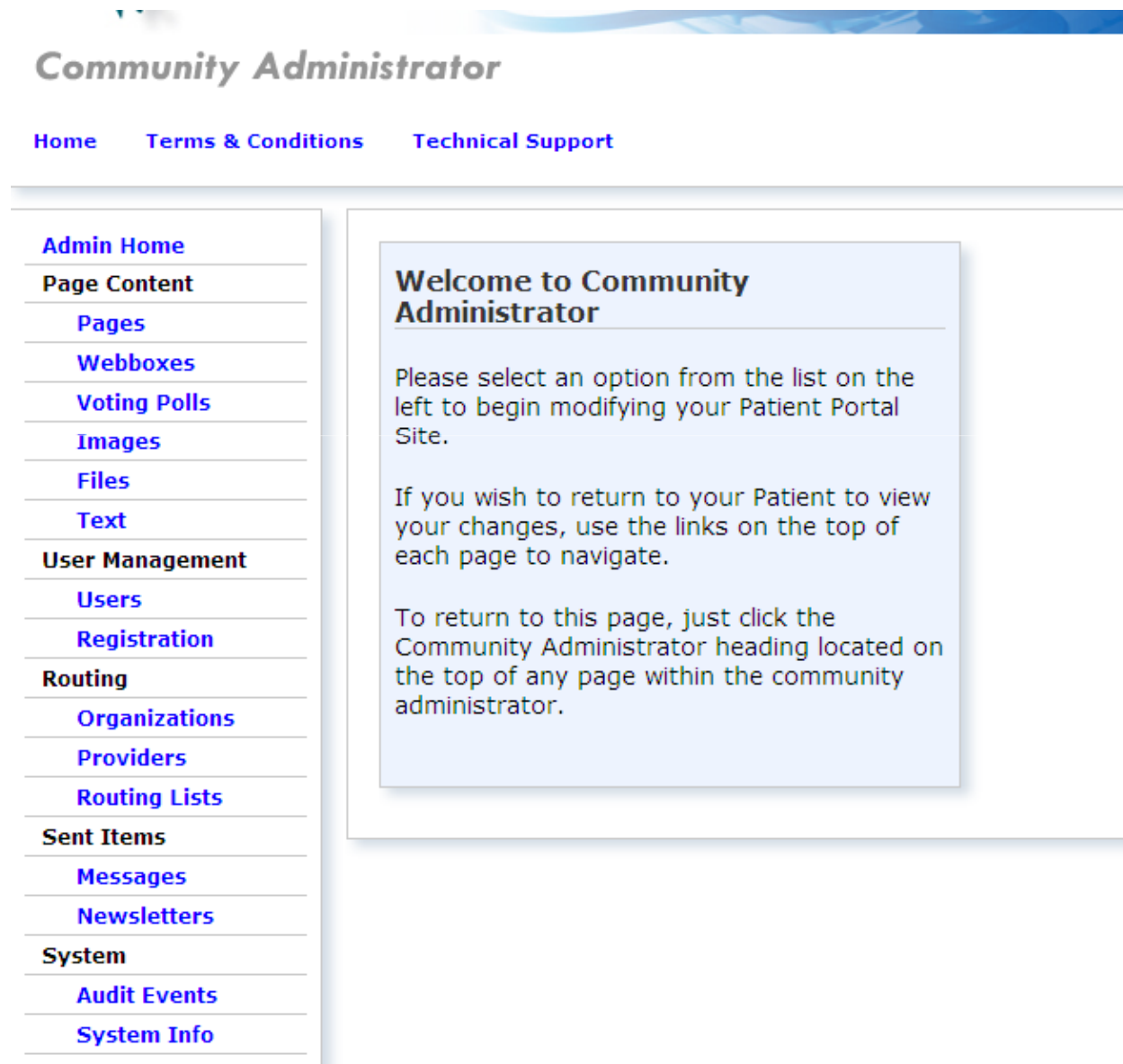
Message:

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

# What goes on behind the scenes?



The screenshot shows a web interface for 'Community Administrator'. At the top, there is a blue header with the title 'Community Administrator' and a navigation menu with links for 'Home', 'Terms & Conditions', and 'Technical Support'. On the left side, there is a vertical sidebar menu with various administrative options, each on a separate line with a horizontal separator. The main content area on the right features a light blue box with a heading 'Welcome to Community Administrator' and three paragraphs of text providing instructions on how to use the system.

**Community Administrator**

[Home](#)   [Terms & Conditions](#)   [Technical Support](#)

**Admin Home**

**Page Content**

- [Pages](#)
- [Webboxes](#)
- [Voting Polls](#)
- [Images](#)
- [Files](#)
- [Text](#)

**User Management**

- [Users](#)
- [Registration](#)

**Routing**

- [Organizations](#)
- [Providers](#)
- [Routing Lists](#)

**Sent Items**

- [Messages](#)
- [Newsletters](#)

**System**

- [Audit Events](#)
- [System Info](#)

**Welcome to Community Administrator**

Please select an option from the list on the left to begin modifying your Patient Portal Site.

If you wish to return to your Patient to view your changes, use the links on the top of each page to navigate.

To return to this page, just click the Community Administrator heading located on the top of any page within the community administrator.

# Creating Your Portal Pages

[Admin Home](#)

**Page Content**

[Pages](#)

[Webboxes](#)

[Voting Polls](#)

[Images](#)

[Files](#)

[Text](#)

**User Management**

[Users](#)

[Registration](#)

**Routing**

[Organizations](#)

[Providers](#)

[Routing Lists](#)

**Sent Items**

[Messages](#)

[Newsletters](#)

**System**

[Audit Events](#)

[System Info](#)

## Edit Pages

You can use this page to add new pages to your portal, edit existing pages, or delete pages. You can also modify the order in which pages appear in the portal menus. Finally, you can use this page to designate a particular page as the home page.

View	Edit	Page Title	Page Type	Move	Delete	Copy	Export	Home
		Concord Hospital	HTML					
		... International Travel Clinic	HTML					
		... Test	eForm					
		... Terms & Conditions	HTML					
		... Technical Support	eForm					
		... Update Personal Information (EMR)	eForm					
		... Copy of Update Personal Information (EMR)	eForm					
		... Update My Chart	Parent					
		... Preferred Method of Contact	eForm					
		... Copy of Preferred Method of Contact	eForm					
		... Asthma Control Test	eForm					
		... Annual Exam Form	eForm					
		... La Prueba Para el Control del Asma	eForm					
		... Pediatric New Patient Form	eForm					
		... Adult New Patient Form	eForm					
		... Diabetes Assessment	eForm					
		... Asthma	eForm					
		... Blood Glucose	eForm					
		... Past Medical History	eForm					
		... Review of Problems	eForm					
		... Become a Concord Hospital Medical Group Pa...	HTML					
		... Current Insurance Plans	HTML					
		... Meet our Providers	HTML					
		... Mary G. Wisner, M.D.	HTML					



# Creating Your Web Boxes

[Home](#)   [Terms & Conditions](#)   [Technical Support](#)

[Admin Home](#)

[Page Content](#)

[Pages](#)

[Webboxes](#)

[Voting Polls](#)

[Images](#)

[Files](#)

[Text](#)

[User Management](#)

[Users](#)

[Registration](#)

[Routing](#)

[Organizations](#)

[Providers](#)

[Routing Lists](#)

[Sent Items](#)

[Messages](#)

[Newsletters](#)

[System](#)

[Audit Events](#)

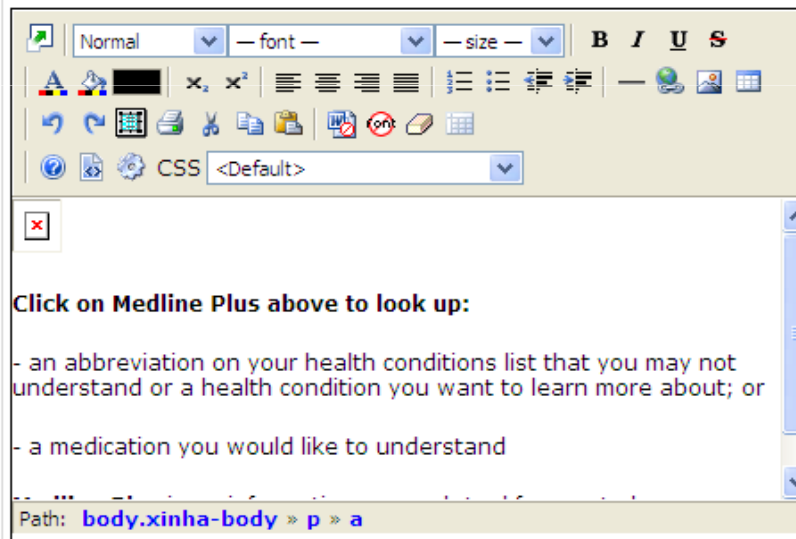
[System Info](#)

## Edit Webbox - HTML Webbox

[General](#)   [Custom Configuration](#)

### HTML Content

The HTML Content of the Html page textbox



The image shows a rich text editor interface. At the top, there is a toolbar with various icons for text formatting (bold, italic, underline, strikethrough), alignment, bulleted and numbered lists, indentation, link, unlink, insert image, and insert table. Below the toolbar is a text area containing the following text:

Click on **Medline Plus** above to look up:

- an abbreviation on your health conditions list that you may not understand or a health condition you want to learn more about; or
- a medication you would like to understand

At the bottom of the text area, there is a path indicator: Path: `body.xinha-body` » `p` » `a`

[Return to Edit Webboxes](#) | [Return to Admin](#) | [Return to Site](#)

## **What impressed us?**

We invited a visually impaired patient to pilot our new Patient CONNECT website. She was thrilled to be able to successfully access the website through her voice recorder and then to be able to print her clinical information on her Braille printer for her personal records.



**Patient Portal will help you build  
more “meaningful”  
relationships between  
your practice and your providers  
and most importantly with your patients!**