MyAHS Connect Features

Overview

Connect Care helps Alberta Health Services (AHS) provide better care to patients and families. Better care is promoted when patients are empowered, participate in decision-making, connect plans to goals, and share responsibility for health outcomes.

Patients want to know that their healthcare providers understand their health story: not just what's happened to them, but what they care about and how they want to experience care. Clinicians want to have the patient's story organized in a way that enables them to have the information they need to do their best work.

Patient-centred information service is a core Connect Care offering, with the MyAHS Connect patient portal a key enabler. This document describes MyAHS Connect functions that are inseparable from the integrated health record and essential to the provision of care where AHS is responsible for the record of care.

Patient Experience

Most MyAHS Connect features are made available to patients interacting with AHS at any level, including when presenting for laboratory tests or diagnostic imaging. Some functions are opened to MyAHS Connect users by healthcare providers who use Connect Care as their record of care. Indeed, the main distinguishing characteristic of MyAHS Connect is that information is presented in the context of healthcare services and moves bidirectionally between patients and their providers.

Capabilities

The following chart summarizes the range of MyAHS Connect functions available to Connect Care. MyAHS Connect makes use of Epic's MyChart software, which is continually improved. Some of the currently available features are not yet implemented by AHS. Some are deferred and others are active only facilities that adopt and support the function. Functions native to the software but not yet fully activated in Connect Care are demarked in *italics*, a distinction that can change over time.

Access

Access	Features	Uses
Compatibility	Operating systems: Windows, Macintosh, iOS, Apple Watch, Android. Browsers: Safari, Internet Explorer, Edge, Firefox, Chrome.	Broad compatibility with all common computing devices; automated updates assure stability and reliability across diverse uses.
Interfaces	World Wide Web: Suitable for desktop and tablet devices. Mobile native applications: Software applications for smartphones, tablets and watches are available in iOS (smartphone, tablet, watch) and Android (smartphone, tablet) variants.	The web browser experience has the most common functions and options. Mobile apps have all web functionality. Some features (e.g., results graphing) are more limited. Other features (e.g., maps, watch, biometrics integration) are available only via apps. The watch app is limited to alerts, communications and scheduling.
Security	Encrypted information transfer. Zero data footprint on device. Cookie-free. Web-cache-free.	No discoverable information remains on devices (desktop, mobile, watch) in the event of loss or theft; data exchange is double-encrypted, and not

Access	Features	Uses
	Automated inactivity time-out.	open to surveillance over insecure networks.
Authentication	Credentials can be assigned and approved by providers. Credentials can be checked against an enterprise registry (AHS). Credentials can be passed through single sign-on from a third-party app (saml). Two-factor authentication supported, including token, SMS message, fingerprint and facial recognition.	Able to work for all patients registered for AHS healthcare services. Can work with an Alberta provincial MADI authentication in both web and app modes. Works with popular biometrics and other multi-factor authentication protocols. App dependent.
Authorization	Supports assignment of "proxy" who can access portal on behalf of patient. The level of access (e.g., read-only vs full) is can controlled by the patient and additional selective access options can be facilitated by the patient's provider. *Proxy (e.g. parent) access relate to specific parts of a chart.*	Designated decision-makers can have access to information, or additionally have the ability to enter information on behalf of the patient. *Possible for parent access to be limited to specific parts of a chart.*
Accessibility	Adheres to most accessibility standards (WAI-ARIA, WCAG) to be colour-blind safe, suitable for decreased visual acuity, and narrator-friendly. Low English literacy requirement.	Few literacy, linguistic, sensory or motor barriers to access.
Language	Patients can request appointments with providers or teams supporting specific languages. *User interface can display menus, instruction, and support in one or more languages selected by the host organization. Content will be language-appropriate only if supported by source system.*	Patients can indicate a language preference for communications and appointments. *Future AHS configurations could provide interface and instruction information in languages common in Alberta (subject to adaptation of language tables to fit Alberta context)*

Communications

Communications	Features	Uses
Messaging	Full electronic mail with security, encryption and basic formatting. Streamlined messaging tools for appointment, advice, support, eVisit, referral and prescription requests.	Multiple uses for information sharing between patient and care team. *Given integration with provider and patient registries, could serve for secure communications between patients and providers, satisfying OIPC requirements for legal record of care integration and audit trails.*
Attachments	Images, videos and documents can be attached to messages, visit	Photographs of skin or other findings can be attached to advice, or appointment or follow-up messages.

Communications	Features	Uses
	requests and visit follow-up correspondence.	Forms (e.g., goals of care, absence from work) can be attached to messages.
Annotations	*Messages can be generated (with context links) to content found in health record such as results, medications and schedules.*	*Information like lab results can be the trigger for a patient message to the provider(s) with the context (chart and result) presented at the time of message receipt.* *Patients can request corrections to medications, adverse reactions and other information.*
Alerts	*Alerts that new communications or information is present in portal can be received via text message (SMS), email, device notifications or watch notifications.*	*Push notifications decrease likelihood that patients will miss key communications, results or upcoming appointments. App dependent.*
Telehealth	Links to integrated telehealth applications (e.g. Zoom for healthcare) can be attached to virtual visit instructions in MyAHS Connect to facilitate secure sharing of visit connection parameters. *Further planned telehealth integration supports synchronous interactions (patient and provider signed on at same time) for telephony, streaming video and image/video/ document exchange (mobile app).*	Portal support for telehealth encounter management is invaluable in pandemic contexts. *Full eVisits can enhance triage, scheduling prioritization and follow-up, especially with patients in remote settings or decreased mobility. App dependent.*
Home Monitoring	Conditions can be defined for interfaced device (e.g., glucometer, smart weigh scale, oximeter) alarm values to trigger messages, alerts and telephone visit requests.	Integration of chronic disease function and outcome surveillance with communications and digital health record can speed recognition and treatment of impending adverse events.

Scheduling

Scheduling	Description	Uses
Requests	Request different types of appointments with one or more members of multidisciplinary team, with prompts for key information to facilitate triage. Request cancellations or rebooking. Request to be put on list for reassignment of appointment in event of others' cancellations.	Can improve quality of appointment request information while decreasing telephone and clerk burdens. No-show rates decrease.
Tracking	View details of upcoming appointments. Review past appointments and follow-up.	No-show rates decrease.

Scheduling	Description	Uses
Alerts	Automated reminders about upcoming appointments and pre-appointment requirements.	No-show rates decrease.
Preparation	Linked pre-appointment health questionnaires, which integrate into chart and may pre-populate some medical record values. Driving and location instructions.	No-show rates decrease. Patient screening and prep time is decreased at the appointment, making more time available for assessment, treatment and patient education.
Check-in	e-Check-in supported via patient mobile devices and clinic mobile devices. Demographic and key information validation.	Decrease bottlenecks at check-in counters. Pre-registration improves accuracy of basic patient information.
Follow-up	Post-encounter needs, including reminders for tests, actions and surveys. Follow-up health status and satisfaction questionnaires.	Improve follow-up and chronic disease management.
Classes	*Scheduling is supported for non-provider interactions including all classes and self-help sessions offered by AHS.*	*Programs for tobacco-cessation, weight reduction, pain management and other supports can be supported and also tracked in the health record.*
Resources	Embedded linked assets (Resources Menu) support searching for available providers, instructional materials, classes, research studies and other resources with filtering by patient location. Searches for community programs.	Improve access to AHS-provisioned healthcare services. App dependent.

Results

Results	Description	Uses
Review	Results can be released in one or more forms, including notifications, individual displays (with explanations), tables and graphs.	Visual displays and trending tools facilitate patient compliance with health recommendations.
Support	Providers can annotate result reports so patient sees a communication putting the result in context. Patients can request more information about a result or an appointment to discuss.	Portal results management can facilitate virtual healthcare services and decrease telephone and clinic burdens.
Embargoes	Selected results and reports can be prevented from portal release, some released only after a period of time and some released only if provider-initiated.	System-wide or individual limits to disclosure can be respected.

Results	Description	Uses
Education	Results are linked to relevant explanatory entries (myhealth.alberta.ca).	Differences in provider and patient understanding of results can be mitigated by in-context links to harmonized AHS guidance and health literacy supports.

Health Record

Health Record	Description	Uses
Snapshot	Continuity of care minimum dataset is available to patients for review and validation, including demographics, health conditions, adverse reactions, advance directives, medications, immunizations and medical and surgical history.	Improve health information sharing and validation.
Summaries	Discharge and visit “after visit summaries” can be accessed via the portal.	Defragments patient experience at transitions of care.
Letters and Notes	Consultation letters, notes, discharge summaries and other clinical documentation can be copied to the patient via MyAHS Connect as part of the same workflow used when copying other providers.	Improve patient agency and accountability.
Plan of Care	Integrated plans of care can be released to patient portal.	Improve patient validation and accountability for goals and strategies for achieving desired health outcomes.

Data Capture & Tracking

Data Capture & Tracking	Description	Uses
Information	Support for entering and validating information about goals, past history, substance use, health activity and risks.	Integration with health record facilitates shared model of health information management.
Data	Support for manual entry of serial health data (e.g., weight, blood pressure, device readings). Wide range of tracking flowsheets can be made generally available or assigned to specific patients.	Improve chronic disease management. Improve primary and secondary preventive care. Threshold values can generate alerts to healthcare team.
Questionnaires	*Wide range of questionnaires and health surveys can be made generally available for tracking things like patient satisfaction, mood and health status.* *Specific questionnaires can be released to patients based on pre-visit or follow-up needs.*	*Questionnaire results can pre-populate parts of a specific visit record and, in all cases, are available as part of the legal record of care.*

Data Capture & Tracking	Description	Uses
Devices	Automated capture and tracking of data captured by a compatible medical device or home monitoring system. Full compatibility with devices that are FitBit (Android) or HealthKit/CareKit/ResearchKit (Apple Health) standards-compliant (e.g., smart weigh scales, glucometers, spirometers, blood pressure monitors).	Dramatic reduction in barriers to patient self-monitoring and shared chronic disease management. Data is integrated in legal record of care and can trigger review by healthcare provider.

Decision Support

Decision Support	Description	Uses
Health Maintenance	Alerts to needs for immunizations, preventive care screening and chronic disease follow-up can be automatically or manually delivered via portal.	Improve health maintenance and preventive care.
Research	*Automated or manual clinical trial enrolment requests, consents and follow-ups can be portal-facilitated.*	*Improve clinical trial and quality improvement management.*
Care Plans	*Care plan reminders for needed data or actions can be portal-delivered.* *Linked to supporting guidelines.*	*Improve compliance with chronic disease management guidelines.*

Sharing

Sharing	Description	Uses
Authorizations	*Portal users can authorize health record sharing with non-AHS providers (feature available but pending OIPC approval for activation).*	*Integration for clinicians operating outside the AHS record of care but are able to use standards-based summaries (continuity of care document).*
Reports	Patients can generate a wide range of chart extracts and reports for download (password protection option) and sharing with other providers. Healthcare wallet/passport, printable and downloadable.	Just-in-time access to key information for sharing when travelling outside jurisdictions where Connect Care is available to providers (natively or via provider portal).

Financials

Financials	Description	Uses
Insurance	*Eligibility for services, co-pay requirements, and estimated costs of healthcare services and interventions.*	*Can clarify Blue Cross coverage and non-insured services for patients.*
Billing	*Billing and payments online for services requiring patient direct-pay.*	*Facilitates payments for non-covered immunizations and other services.*

Provider Experience

MyAHS Connect services are part of a seamless health information system, all working from a single codeset and dataset. This keeps information “in context” and reduces loss of meaning that can occur when data is transferred from one system to another.

More importantly, patient and provider experiences are deeply integrated. Clinicians experience patient actions, messages, alerts and functions as part of a comprehensive health information ecosystem. A patient message can be generated while in a visit workflow, reviewing test results, communicating with a colleague, or checking which preventive care services are due for a patient panel. Clinicians can continue interaction with patients before, during and after encounters, facilitating continuity of healthcare relationships.

System Experience

AHS accountabilities for improving patient access, satisfaction and outcomes are better served when enterprise scheduling, patient communication, health function tracking and satisfaction surveillance all work as part of a unified system. Information loss at care transitions is less likely.

Growing use of MyAHS Connect will socialize the patient as the “owner” of health information, as promoted by the Connect Care Clinical Information Sharing Approach. Population health, risk surveillance, continuous quality improvement and clinical inquiry all stand to benefit.