HIPAA-Compliant Group Messaging Use Guidelines In Large Academic Medical Centers. <u>E Wolverton (MD, SOM)</u>, S Arogyamswamy (MD, SOM), A Marin (MD, SOM), D Rodriguez (MD, SOM), D Thompson (MD, SOM), A Ragusa (MD, SOM), R Kondapally (MD, SOM), T Ansett, DO, M Diaz, MD, E Gottenborg, MD. Department of Internal Medicine, University of Colorado Hospital

Purpose: To identify best practices for the use of HIPAA-Compliant Group Messaging (HCGM) in the context of a large academic medical center.

Methods: We surveyed 102 members of inpatient healthcare teams at University of Colorado Hospital, a large academic medical center, about the use of HCGM for various communication topics. Survey participants included nurses, medical students, advanced practice providers, residents, attendings, pharmacists, physical and occupational therapists, case managers, and social workers. Survey respondents were given a list of conversation topics and asked to select those that they felt were appropriate for HCGM. Free response answers were also permitted.

Results: Our results show that 75% or more healthcare providers believe HCGM is appropriate for the following conversation topics: non-urgent lab value updates, non-urgent orders or clarifications, non-urgent procedure schedule updates, non-urgent clinical status updates, and non-urgent provider-to-provider communication. Additionally, more than 66% of healthcare team members believe discharge status updates and nutrition recommendations should be sent through HCGM, while critical lab values and social conversations should not. Limitations of our study include response bias, which is inherent to any optional survey, as well as convenience bias favoring residents and attendings within the Department of Medicine.

Conclusions: Our findings indicate that HCGM is appropriate for low acuity information and non-urgent questions. However, urgent messages and social conversations should not be communicated on an HCGM service.