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### CMS OKs Texting of Orders at Hospitals; It Will Help With 'Time-Sensitive Processes'

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By Nina Youngstrom

CMS has changed its tune on texting patient orders in hospitals, now saying it's okay if they use a secure texting platform. But computerized provider order entry (CPOE) is still a better way to go, according to a Feb. 8 memo.<sup>[1]</sup>

"Texting patient information and the texting of patient orders among members of the health care team is permissible, if accomplished through a HIPAA compliant secure texting platform (STP) and in compliance with the Conditions of Participation (CoPs)," according to the memo, which CMS's director of the quality, safety and oversight group sent to state survey agency directors.

This is a turnaround from CMS's 2018 memo, which said hospitals were permitted to use secure texting to communicate patient information except for physician orders. The update is a recognition of technological advances. "When CMS developed the 2018 guidance, most hospitals and CAHs [critical access hospitals] did not have the ability to use secure texting platforms to incorporate these messages into the medical record," CMS said in the memo, which applies to hospitals and CAHs.

The change of heart was welcomed, although the impact may be less momentous for hospitals that already use mobile electronic health record (EHR) technology (e.g., Wi-Fi-enabled tablets, remote computers, smart phones), said Vaughn Matacale, M.D., physician advisor group director at ECU Health in Greenville, North Carolina. "But it may still improve timeliness by reducing the click burden for mobile workflows," he said. It's time, consuming to log into an EHR through a mobile platform, navigate to the order section, search for an order and adjust order parameters (e.g., dosing or frequency for a medication). "A messaging platform for orders going directly into the record could reduce the amount of navigation (clicks) needed to complete an ordering task. I'm not sure how messaging technology will be used moving forward after this policy change, but potentially there could be time-saving applications," Matacale said.

Texting new orders would be particularly helpful for "time-sensitive processes" like condition code 44, he noted. Hospitals may change a patient's status from inpatient to outpatient if the treating physician agrees with the utilization review committee that the admission wasn't medically necessary—all before the patient is discharged. With the clock ticking, texting a new order takes the pressure off.

Even with the upside of texting orders, ECU Health "isn't jumping into anything too quickly," Matacale said. "We are trying to unpack all the regulatory requirements and potential benefits and technology available to us already to see how it might impact our workflows and technology profile." For example, there are compliance issues around records retention. "In general, I don't think that secure texts are stored in the EHR with some present technology. So, texting an order to a person, like a nurse or pharmacist, may not be consistent with the policy change," Matacale said.

Hospitals that aren't engaged with mobile EHR technology also may be able to capitalize on texting for "better timeliness, efficiency and mobility of care" and may replace verbal orders. "Instead of having to page a physician

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or call an office and wait for a call back, if you can securely message an order into an electronic health record, that saves time and energy for everyone,” Matacale said.

## **‘Be Wary of Shadow IT’**

As they consider the use of texting for orders, hospitals “should be wary of shadow IT,” said attorney Robert Hudock, with King & Spalding in Washington, D.C. Unless hospitals provide secure texting that’s “as low friction and workable as the consumer side,” he said doctors (especially younger ones) “will end up using consumer-grade applications that haven’t been designed to meet these [security] requirements.”

Ensuring orders migrate to the EHRs is another challenge, but it will get easier as artificial intelligence (AI) advances. AI will turn structured data from text to structured data that can be added to the medical record, Hudock said. “There’s a lot of opportunity for automation,” he said. “With generative technology, it will be easier” to add the unstructured data of text to the EHR as useful information. Texting orders is just one example of how the use of AI in the EHRs will be part of a significant evolution in documentation. “Doctors are spending a huge amount of time documenting and that cuts into their ability to take care of patients,” Hudock said. “You can remove a lot of friction maintaining those medical records using generative technology.”

CMS’s memo reminds hospitals that the CoPs require medical records that are “accurately written, promptly completed, properly filed and retained, and accessible. ... CMS has held that a physician or advanced practice provider should enter orders into the medical record via a handwritten order or CPOE. An order entered via CPOE, and immediately downloaded into the hospital’s or CAH’s EHR system, is permitted under the requirements because the order is dated, timed, authenticated, and promptly placed in the medical record.” Hospitals must use secure and encrypted systems/platforms and minimize the privacy risks per HIPAA.

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<sup>1</sup> Centers for Medicare & Medicaid Services, “Texting of Patient Information and Orders for Hospitals and CAHs,” February 8, 2024, <https://bit.ly/3OJpzEK>.

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