

PATIENT-CENTERED PORTALS IMPROVING PRIMARY CARE

■ Samuel Alfano, DO, MMM, CPE

In this article...

Adding new features to patient portals will improve their low usage rates and provide patients with more valuable services.

PATIENT PORTALS ARE RAPIDLY GROWING IN

number across the country. Initially they were spawned by meaningful use, but are now being pushed by widespread patient adoption and desire. At their outset, patient portals were nothing more than a way for a health care provider to collect information or to share information (mostly test results) with patients.

The traditional relationship between the patient and provider is changing, however. With the rise of consumerism, patients are asking for more involvement in their health care decisions. Accountable care organizations and population health systems are trying to push more care out of the office and into the home. Newly enhanced portal functionality has advanced at the same time and has allowed many organizations to evolve their portals into patient-centered tools that help to support these new relationships.

The Centers for Medicare and Medicaid Services¹ defines a patient portal as “a secure online website that gives patients convenient 24-hour access to personal health information from anywhere with an internet connection. Using a secure username and password, patients can view basic health information.” Basic portal health information includes:

- Recent doctor visits
- Discharge summaries
- Medications

- Immunizations
- Allergies
- Lab results

Some patient portals also allow patients access to enhanced, interactive functionality. These portals often can interface with multiple streams of information coming from more than one electronic health record. Enhanced portal functionality includes:

- Exchange secure e-mail
- Request prescription refills
- Schedule appointments
- Check benefits and coverage
- Update contact information
- Make payments
- Download and complete forms
- View educational materials

The majority of portal functionality is about access to information and convenience. The patient is looking for test results, appointment times and prescription information. The clinic wants patients to update demographic and insurance information, or make a payment by sharing their credit card



number. Being able to do these tasks asynchronously from an office visit or phone call pleases patients greatly, especially younger, more tech-savvy patients.

None of this exchange of information, however, has been shown to actually lead to better patient care, decreased costs or improved outcomes. Patients often are not sure what to use a portal for or how it helps them. Adam Baker in *The-healthcareblog*² reflected many patient concerns when he commented, “I already know my blood type, what conditions and allergies I have, and when my last appointment was. And I don’t know what to do with the milliliter-by-milliliter values from my last blood workup. It’s important information for my doctor, but it’s not material to my day-to-day health.”

Much the same could be said about each of the tools in the CMS definition. Perhaps because of this sentiment, portal usage rates have been low in most markets. Even in markets where initial sign-up for a portal is high, patients don’t access their portal on a regular basis, nor do we often give them reason to.

Some new tools in portals can add value to the patient, help drive higher portal adoption and develop patient loyalty. However, they are not all as patient-centered as they can be. What is apparent is that the patient portal is often anything but patient-focused. In most cases the tools found in the portal will help office efficiency, automate a preexisting function or

allow access to information that the patient either already has or really does not know how to use. If all we want to do is stand up these tools to meet meaningful use, that is okay.

Some systems, however, are looking to change that focus. They are asking questions they hope will allow the portal to become a tool that will influence the way care is delivered.

- What is the best use of the portal?
- How can I use this to add value to the patient experience?
- What will actually improve the patient’s outcomes and help us to manage the population of patients under our care?
- What services does the patient need between visits, or potentially, instead of a visit?
- How can we develop tools that add value for the patient?

I believe the next wave of portal tools should be able to enhance the patient/provider relationship beyond just an exchange of information. Then perhaps we will start to see the full potential of portals to improve care and lower costs. Let’s review some enhanced functionality and some suggestions for future direction of patient-centered portals.

DIRECT SCHEDULING — This can now allow patients to view a provider's schedule and pick from a list of predefined visit types. This allows patients to choose the date and time of their appointment. Patients also can attach a comment with a description of their reason for the visit so that someone from the office can review the preferred appointment to make sure it is appropriate.

PORTAL USAGE RATES HAVE BEEN LOW IN MOST MARKETS.

Most patients find this helpful as it can be faster and more efficient than calling the office. The appointment is not confirmed until reviewed and most offices only set aside a small percentage of their appointment slots and types for access by the patient. In reality, the biggest winner from this tool is often the office staff who do not have to improve their over-worked front office processes and who can enhance patient visit numbers and productivity.

Since most patients visit their physician two or three times a year this does not offer high value for most patients. Having true open access to allow patients to schedule, reschedule or change appointments would give patients more control. New versions of portal software are being developed to be able to use algorithms developed from a provider's office history and suggest appointment times and types based on the chief complaint and reason for visit. This will allow true open access to a provider's full schedule.

Linking online billing with this feature also offers a range of options not available today. True cost transparency would include an estimate of the cost of the visit based on the type of insurance a patient has on file (including visit fee and associated lab tests and X-rays that are commonly performed).

Patients also can enter a credit card at this point so that billing after the visit is automatic. This can enhance a practice's ability to collect copays and deductibles from patients. Patients find it convenient and it avoids the awkwardness of having front desk staff ask for money face-to-face in the office.

EMAIL MESSAGING — Email can be used to request prescription drug refills, update demographic information or ask other health-related questions. This type of online communication can help improve office workflow and often is more convenient for the patient.

Here again though, this is really just taking an old way of communication, telephone call or voice mail, and automating it with electronic messaging. The office staff becomes more efficient because it doesn't have to stop and answer the phone, but there often is no real exchange of information that enhances the health care status of the patient.

Some portals now have the ability to generate email or text reminders to the patient. The system could contact the patient after any new medication is written asking about side

effects or perhaps why the prescription has not been filled yet, based on information available through some online prescription services.

We should be able to calculate when a prescription may be running out based on the frequency prescribed and the quantity dispensed. A reminder to the patient with a short survey (are you taking your medication; do you have any side effects; has your pharmacy changed?) can then auto generate an e-refill after review by the physician.

Email or text messages can be used for a wide variety of reminders. Storm or weather alerts for asthmatic patients, weekly recipes for diabetic or hypertensive patients, weekly weights for congestive heart failure patients, or coupons for fruits and vegetables at the local grocery are just a few of the ways we can tailor portals to add value for the patient and monitor and improve care.

EXTENDED CARE — Extending the office visit into the home may be needed as patients become more complex and visits shorter. We often see a patient for 15 minutes, make a quick diagnosis and prescribe therapy. Patients are told to call if they have problems or if they get worse.

Using existing portal technology, we can now extend that care past the office visit and into the home. Staff can use email messaging or texts to ask about side effects of new medications or track symptoms. Many portals now allow a provider to set up a group of goals for a patient.

Examples that are available now include weekly or daily weights, blood sugar control, and use of a rescue inhaler. The patient then provides follow-up online and the physician or his staff adjusts therapy and follow-up based on completion of these therapeutic goals. The system can alert the provider's staff if a patient is not meeting the goals and early intervention can be provided.

Online intervention for diet, exercise and smoking cessation has been shown to help compliance for some patients. These online resources can be tied to the goals set by the provider. Monitoring and feedback goals are especially important for the management of chronic disease. Adding these types of resources to the patient portal also helps drive the patient to use the portal and may help improve outcomes.

MEDICAL RECORD — Involving the patient in creation of the medical record is underused portal technology. Most portals now can give the patient the ability to add data to the electronic medical record. Patients can add to their family history, update their past medical history and document their social history. Many patients feel more comfortable with this approach, as opposed to a face-to-face interview. It also gives them more control over the information in their record.

Many institutions now give patients access to the progress notes that are created by their physician. In one study, patients reported that access to their progress notes helped them remember what was discussed during visits, feel more in control of their care and improved their medication adherence.³

Advocates also say it improves communication with patients and can correct factual errors in the record. Many

advocate allowing the patient to edit or add comments to the notes. I believe it will be a short time until patients who book an online appointment will be able to enter their own reason for the visit as well as the “history of present illness” part of their exam. They will also be able to add comments to the finished note and document their understanding of the assessment and plan. Joint creation of this plan with agreement of goals and monitoring can increase the patient’s sense of involvement in their care and help compliance.

GATEWAYS — Providing a gateway to other services that are related to the patients’ care can help to drive patients to the portals. Single sign-on and pass-through authentication can make access to the many types of health-related products easy for the patient. Insurance company websites may allow easy access to benefits, bills or education on how to choose a specialist.

Many patients have their prescription filled by prescription clearing house sites. Accessing these sites from the medication list will help patients to request more medication, pay their prescription bills or ask questions.

Being able to look up symptoms on Google and get online advice is often where most patients start when they develop a health concern. Often they come to the office prepared with information from the web. Providing access to trusted, known providers of this type of information can help patients avoid unnecessary visits, seek help sooner in the case of symptoms that need evaluation and prevent patients from being misinformed by unreliable websites.

Disease-related advice for new parents, diabetics, asthma patients, etc. can be pushed to a patient’s portal, transforming the portal into a one-stop shop for all the patient’s health issues.

TELEHEALTH — Telehealth/video visits are rapidly gaining acceptance across the country. A lot of products can supply secure access through the internet allowing for video/telehealth visits. Some EHRs already incorporate these into their portal. These visits can be scheduled like any other visit and allow for real-time interaction between the patient and the provider or staff. Many insurance companies are now paying for these services, and some value-based accountable care organizations encourage these types of visits for follow-up care or minor problems.

Several services now provide urgent video visits through a national network of physicians who give advice and guide patients through online visits. Young mothers with questions about their child’s health, caregivers for elderly family members and patients who just can’t afford to take time off from work can now get on their smartphone or mobile device and in a few minutes be chatting with a provider.

Not all of these advanced features will be a fit for all patients. By offering a wide variety of services, centered on the needs of the patient, groups are starting to see patients who are more engaged in their care. These groups are betting this will lead to improved quality and decreased costs in the long run.

Just turning on your portal with the basic tools is probably not enough. In order to make this strategy work, successful groups have had to develop a portal strategy, provide value to their patients and encourage adoption of the portal. Keeping the patient at the center of this strategy and leveraging new tools and technology can help to make sure that your patient-centered portal is the place patients turn to when they have questions about health care.



Samuel Alfano, DO, MMM, CPE, is regional chief medical informatics officer at Catholic Health Initiatives in Englewood, Colorado.
samuelalfano@catholichealth.net

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