Patient Portal Success

Quality Insights Quality Innovation Network

Improving Outcomes by Optimizing Your EHR Initiative

Tuesday, January 27, 2015
Patient Portals: Best Practices For Achieving Success

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January 2015
Overview

• Background and **Context**

• What do patients **want** from online access?
  – National survey data

• What **best practices** have emerged from doctors’ offices who implemented portals

• **Recommendations & Strategies** for increasing portal use and office efficiency
• Consumers increasingly expect EHRs in their providers’ office, and they like it.
  – They especially like online access (portals)
• Meaningful Use has been a big driver:
  – Portal use went from Menu in Stage 1 to Core in Stage 2
    • ~17,000 professionals completed Stage 2 so far
• MU2 has two measures - % offer and % use
  – Offer to 50%, use by 5%
  – Including 5% who use secure messaging
• Big focus on patient engagement in health IT – but how do we do it well and meet MU?
Survey of patients representing total U.S. adult population

• Harris Poll conducted a nationally representative online survey in April-May 2014
  – Follow up to 2011 survey
• Total respondent pool of 2,045 adults who
  – Had an ongoing relationship with a main doctor
  – Knew what kind of record system—electronic or paper—the doctor used
  – 1,192 respondents in EHR systems, 853 in paper-record systems
• Demographically representative of total U.S. population
  – Sample represents 68 percent of the national adult population, or approximately 160 million Americans
• Oversamples of Latino, Black & Asian communities; survey offered in Spanish
Patients overwhelmingly believe that EHRs are useful across the range of clinical and patient-facing functions.

– Helpful to doctors and to patients personally

Patients with online access have doubled from 26% in 2011 to 50% in 2014.

– 80% in 2011 vs. 86% in 2014
7 Strategies for Engaging Patients in their Care using Health IT

- Use EHRs
- Convenience features
- Online access
- eSharing
- Care planning
- Privacy & trust
- Design for diversity

national partnership for women & families

Among respondents who have online access, 86% use it at least once a year:

55% use online access 3 or more times a year!

Use of Online Access

- Never: 14%
- 1-2 times/yr: 10%
- 7-11 times/yr: 29%
- 3-6 times/yr: 31%
- Once/month+: 16%
Most Common Users

- Those who use the portal most often are predominately those who:
  - Have a chronic condition
  - Are in fair or poor health

- No other statistically significant differences by age, income, education, race/ethnicity, etc.
Chart 14: Positive Impact of Online Access on Aspects of Care
[Base = Accessed EHRs online (n=492)]

- Ability to share health info with family: 49%
- Decision to stay with physician: 58%
- Desire to do something to improve my health: 60%
- Quality of care: 62%
- Ability to correct info in medical record: 63%
- Ability to communicate with doctor: 78%
- Knowledge of my health: 79%

*Positive or somewhat positive impact*
More Use = Even Better Outcomes

**Chart 15: Impact of Frequency of Online Access**

[Base = Accessed EHRs online: 1-2 times/year (n=187), 3+ times/year (n=305)]

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Accessed 3+ times/year (%)</th>
<th>Accessed 1-2 times/year (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of my health</td>
<td>88%</td>
<td>63%</td>
</tr>
<tr>
<td>Ability to communicate with doctor</td>
<td>85%</td>
<td>65%</td>
</tr>
<tr>
<td>Quality of care</td>
<td>75%</td>
<td>40%</td>
</tr>
<tr>
<td>Ability to correct errors in medical record</td>
<td>71%</td>
<td>48%</td>
</tr>
<tr>
<td>Desire to do something to improve health</td>
<td>71%</td>
<td>39%</td>
</tr>
<tr>
<td>Decision to stay with physician</td>
<td>68%</td>
<td>41%</td>
</tr>
<tr>
<td>Ability to share health info with family</td>
<td>59%</td>
<td>32%</td>
</tr>
</tbody>
</table>
Online Access – Far Reaching Effects

• Those who use online access 3+ times per year have **significantly greater trust** that their providers will protect their privacy
  – 84% trusting “completely” or “a lot,” vs. 69%

• Online access motivates people: 6 in 10 say it improves their desire to do something about their health –
  – Hispanic adults significantly more likely (23 ppts) to say having online access increases their desire to do something about their health.

• Even among patients with paper records
  – 2/3 (64%) believe online access is **important**.
Which of the following activities would you do with online access to your health information?

[Base = All qualified respondents (n=2045)]

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review test results</td>
<td>75%</td>
</tr>
<tr>
<td>View medical records/history</td>
<td>66%</td>
</tr>
<tr>
<td>Schedule appointments</td>
<td>64%</td>
</tr>
<tr>
<td>Submit medication refill requests</td>
<td>59%</td>
</tr>
<tr>
<td>Review doctors' notes from previous visit</td>
<td>58%</td>
</tr>
<tr>
<td>Review doctors' treatment recommendations/care plans</td>
<td>56%</td>
</tr>
<tr>
<td>Email doctor or office staff</td>
<td>56%</td>
</tr>
<tr>
<td>Access immunization records</td>
<td>49%</td>
</tr>
<tr>
<td>Download medical records/history</td>
<td>38%</td>
</tr>
<tr>
<td>Set or track goals for my health</td>
<td>31%</td>
</tr>
<tr>
<td>Share my health information with family members</td>
<td>23%</td>
</tr>
<tr>
<td>Do nothing</td>
<td>10%</td>
</tr>
</tbody>
</table>
Why Patients Don’t Use Online Access

- Of those who rarely accessed their records online (14%, n=270)
  - 77% of men said they don’t need to, along with 63% of women
  - 34% of women said they prefer to speak with the doctor in person, along with 27% of men
  - 13% of women found the process of accessing info to be confusing, along with 2% of men
Secure Messaging

• Strong majority (56%) of patients want secure email with providers
• Desired most by adults 65+ (!!!)
  – 60% vs. 48% under age 65
• Desired more by adults ages 35-64 (56%) than those under age 35 (48%)
  – But still....
• Less likely to use secure messaging:
  – Lower income patients (under 35K) 10 ppts less likely
  – African Americans – 12 ppts less likely
  – High school education 13-15 ppts less likely
So Now What Do I Do?

• Portals are not new
• People used to implement them to make their workflow better and better engage patients and families
  – Not just because of Meaningful Use!
• What do these “pioneers” have to say?? And does that hold up today?
Provider Interviews 2011, 2014

- National Partnership for Women & Families interviewed eight providers in 2010-2011
  - Why did you implement a portal?
  - How did your staff feel about it?
  - How did you get them on board?
  - How did you engage patients? What worked best?
  - What would you do differently in hindsight?
Identify problems to solve, collect data to build the case for staff buy in

• **Before:** Doctors were spending 3 - 3.5 hours after patient visits on admin tasks.

• **After:** Doctors now spend about 60 minutes on the same tasks.

“Portals are hugely efficient on the provider side for arranging things that don’t need physician involvement – such as through the medication desk, referral desk, appointment desk, general desk. Instead of doctors having to deal with a lot of this individually, it’s all taken care of for them, and they only have to deal with clinical questions.”
Provider Interviews

Key Findings

Find efficiencies for your practice AND your patients

• **Before:** Patient experience scores on lab test results delivery well below national benchmark.

• **After:** Partnering with patients to design a process for lab test delivery via the portal decreased call volume and improved patient experience scores to benchmark.

“[Secure messaging is] a time saver rather than time sink. That’s key to understand. Being able to deliver lab results electronically is worlds easier.”
Partner with patients to get results

After Visit Summaries were highly problematic early in MU1

• Before: Parking lots and trash cans cluttered with AVS, high call volume post-visit (18%)

• After: Practice collaborated with patients and vendor to redesign AVS, reduced call volume.

“Providing [patients with] more information, getting patients more involved, can result in the ability to spend more time and money on care.”
Leverage the Portal as a tool for partnership and patient safety

“In my mind it really reduces my liability and risk management concerns because I now have a partner – another pair of eyes. I have someone on my team for whom this is more important than anything else. Now patients partner with me, and that both helps me and reduces their anxiety.”
Best Practices & Recommendations

• Start with the pain points of your practice (call volume, medication refills, lab results, etc.)
  – Find ways the portal can help you, with the right workflows
• Identify the pain points of your practice for patients
  – Patient experience data, focus group, interviews, advisory council, feedback received, etc.
• Bring patients in as collaborators
  – Verify pain points and ID the ways the portal can help.
  – Assess how portal is/isn’t working for them.
• Map your workflow for promoting and using the portal
• Work with patients to map their workflow (sign up -> use)
• Collaborate together to design how the portal will help you both
Bottom Lines

• Offer features patients want the most
  – **Convenience** features we know patients will use: Med refills, online scheduling, bill pay, labs
  – Features relevant and helpful to **frequent users**: fair-poor health status and chronic conditions

• Enlist patients as **partners** – design, feedback, evaluation

• Build portal into the practice’s workflow and enlist the entire **team** (front desk, MAs, clinicians)

• Make sure it works in **patients’ workflow** too!
The Future

- View, Download, Transmit
- Auto VDT
- Care planning
- Open Notes
- eVisits
- Telemedicine
Resources

• National survey of consumers and health IT
  – www.nationalpartnership.org/patientsspeak

• National Partnership Provider Interviews:

• CMS MU Requirements:
Every encounter with a patient is an opportunity to provide patient-centered care.

Every time.

By every one.

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