PATIENT PORTALS:

A WIN-WIN FOR PRACTICE AND PATIENT

Portals give patients better access to health information while helping physicians comply with Meaningful Use Stage 2 rules

BY JANET COLWELL

Before his office launched a patient portal, Jose Polanco would spend days trading voicemails with patients in an attempt to discuss test results or answer questions. With his patient portal, the same process takes only minutes and the dialogue keeps moving with no "repeat steps."

"Some physicians worry that writing an e-mail is another step, but it can save a lot of time in the end," says Polanco, medical director and chief medical information officer at Blackstone Valley Community Health Care (BVCHC), a multispecialty practice with two medical offices in Pawtucket and Central Falls, R.I. "You can quickly send off an e-mail and the patient will automatically be notified that they have a message in their portal."

Secure electronic messaging is one function in a suite of portal tools that can help boost office efficiency and patient satisfaction. When integrated with an electronic health record (EHR), portals improve work flow and provide patients with easier access to their own medical records and to physician services.

Portals are also necessary in 2014 to receive EHR incentive revenue from Meaningful Use (MU) Stage 1 and Stage 2; practices must give patients secure online access to their health information. However, while the percentage of office-based practices using EHRs has risen dramatically over the past decade — from 18% in 2001 to 78% in 2013 — many offices have yet to implement patient portals, according to the most recent National Ambulatory Medical Care Survey[1] (NAMCS) conducted annually by the Centers for Disease Control and Prevention (CDC).

More than 80% of responding physicians were using computerized systems for routine tasks such as recording patient histories and or-dering prescriptions. But fewer were using portal functions related to patient engagement, such as secure messaging (49%) or allowing patients to view, download, or transmit their own medical records online (42%).

"To be successful in managing care over the next few years, physicians need to implement patient engagement strategies, which include portals," says Joe Taylor, vice president of ACO practice at Malvern, Pa.-based FluidEdge Consulting. "Portals are another way to cement the relationship between physician and patient."

DECIDING ON A PORTAL

If you don't already have a portal, it may be hurting your ability to attract new patients. Studies have shown that patients now expect easy, online access to their health information and will remain loyal to practices that provide it.

A 2012 study[2] on Kaiser Permanente Northwest, for example, found that use of the health insurer's personal health record system, linked to its EHR, was significantly associated with

patient loyalty. Members who were able to access their health information online were more than 2.5 times as likely as other members to voluntarily retain their membership in the plan, according to study results published in the *American Journal of Managed Care*.

"People already do most of their other business online, and they are beginning to expect that they can communicate with their physicians online, too," says Taylor.

When selecting a product, most practices look first to their existing EHR or practice management vendor. That's usually the best decision, experts say, because it provides a seamless integration between the portal and your clinical and financial data.

"Start with asking, 'Why not your existing EHR vendor?'" says Steven Schlossberg, chief medical officer at health information technology consulting firm Impact Advisors, based in Naperville, Ill. "But your decision should also be driven by criteria like functionality, level of integration, cost, and prevalence in the community."

However, some practices might consider a third-party portal vendor if their existing EHR system doesn't offer a portal or if a particular product is the portal of choice in their network of physicians, says Schlossberg. The latter is an important consideration, as the ability to share data with other providers is a key provision for complying with MU requirements.[3]

Some large EHR vendors have set up health information exchanges (HIEs)[4] that allow participating practices, labs, imaging facilities, and hospitals to share data. BVCHC, for example, uses NextGen® Ambulatory EHR and the NextGen® HIE, which links to Rhode Island's statewide HIE.

Most portals offer the same basic tools, such as secure messaging; appointment scheduling; access to medical histories and test results; and prescription refill requests. Other capabilities include online bill pay; access to educational materials specific to certain medical conditions; and questionnaires and forms that can be filled out online prior to appointments.

When deciding which features are most important to your practice, think about services that patients will most likely use regularly and how you hope to use the portal to improve care, according to Taylor.

"Patients want to know if they can make an appointment, print out their records, or see their lab results," says Taylor. "If I'm the physician, I might be thinking about how I can eventually use the portal to create care plans for my chronic disease patients or provide health management messages for things like mammograms."

Portals and Meaningful Use

Having a patient portal will help physicians comply with MU Stage 1 and Stage 2 requirements in 2014; physicians are mandated to give patients secure online access to their health information. Specific patient engagement objectives include:

- Allow patients to electronically view, download, and transmit health information;
- Provide patients with clinical summaries after their visit;
- Offer patient-specific education resources; and
- Use secure electronic communication.

Source: Step 5: Achieve Meaningful Use Stage 2, HealthIT.gov, http://www.healthit.gov/providers-professionals/ step-5-achieve-meaningful-use-stage-2 2014.

PREPARING TO GO LIVE

BVCHC adopted an EHR in 2007 and launched its portal at the end of 2010. To prepare for the transition, communications manager Nicole Gendron created a work group comprising physicians, nurses, and administrators who spent five months planning for implementation.

After much discussion, the team phased in the portal's functionalities, starting with secure communication and medical record requests, says Gendron, who acts as the portal point person for both offices. Appointment scheduling was added a few months later, followed by prescription requests and refills. The bill pay feature will soon be functional.

"We selected features that we thought would have the biggest impact on patients," says Gendron.

However, while phasing in features may ease the transition for staff, offering only a few functionalities may make it harder to engage patients, cautions Rosemarie Nelson, principal consultant with the Medical Group Management Association.

"If you turn every feature on, more patients will find value because different features speak to different patients," says Nelson. For example, paying bills online might be an important feature for some patients while others want the prescription refill functionality.

"If a patient goes into the portal and sees nothing of value to them, they may never come back," she says. "You have to offer what people want."

Nelson encourages her clients to start using the portal as soon as possible, even if their EHR isn't fully up and running, so patients get familiar with completing forms and viewing information online.

"You want to get patients used to using the technology and the idea that they can provide and view information online," she says.

ADJUSTING WORK FLOW

One of the biggest advantages of a portal from an efficiency standpoint is reducing time spent on the phone with patients to schedule appointments, taking prescription refill requests, or delivering test results. Nelson notes that one of her clients reduced its call volume by 60% after adopting a portal.

"It's easier to manage requests coming via the portal instead of the phone because you can manage your time better," says Nelson. "It's more efficient because you can plan your portal viewing, but phone calls are an interruption."

For physicians, setting aside time to write a few e-mails to patients is much simpler and faster than calling, says Polanco. "We have to review a lot of documents, labs, and X-rays every day so it really helps to cut back on time spent leaving messages and doing callbacks."

Secure messaging also allows physicians to spend less time on documentation, adds Gendron.

"If a physician talks to a patient on the phone, he has to document separately," she says. "But with the portal, when he sends an e-mail it automatically goes into the patient's electronic record, so it's really cutting that work in half."

Practices should appoint one person in the office to manage and route portal requests, says Schlossberg. Decide in advance who will handle what kind of questions and how quickly patients should expect a response.

"If there's a clinical question, does it go directly to a physician or is it screened first by a clinical staff member?" he asks. "There have to be clear expectations of the work flow for both patient and practice."

Incorporating the portal into daily operations is the most critical aspect of training, says Nelson. For example, some staff

members may be worried about how they will handle phone calls as well as portal messages and will need time to adjust to a different type of work flow.

"Part of training is helping people understand that instead of answering calls they will be sitting down at a workstation and handling portal requests," she says. "You won't need as many people staffing the phones because the volume of incoming calls will decrease."

Some issues may force the practice to reexamine old practices, she adds. For example, should patients have access to their lab or test results within a certain timeframe regardless of whether the physician has reviewed them?

"At one practice I worked with, some physicians were very slow in reviewing test results so the managing partners created a policy for physicians that gave them 24 hours to look at normal results and 48 to look at abnormal results," says Nelson. "And if they didn't look at them, the results still went out."

To be most effective, training should provide specific information about how individual staff members will interact with the portal.

At BVCHC, call center training emphasized scheduling functionalities while medical assistants and front-desk staff focused on the enrollment process, says Gendron. Training for nurses and providers emphasized how to use secure communication.

Short videos on different capabilities of the portal can be an effective complement to traditional training, says Taylor. Employees can view videos most relevant to their jobs and at their own pace.

"You need to give people the big picture, but then focus in on their job and what they need to do for the office and the patient's success," says Taylor. "Provide very focused, role-based training."

ENGAGING PATIENTS

The next step after implementation and training is to introduce the portal to patients and encourage them to use it.

"You should make a big deal out of launching your portal," says Taylor. "Show patients how the portal creates value for them."

Tips for launching a patient portal:

- Select a portal that integrates with your EHR and practice management system.
- Start with features patients will use most, such as secure messaging, online appointments, and viewing test results.
- Involve staff in "go-live planning" and appoint a portal captain.
- If your patient population includes non-English speakers, look for a portal with functionality in other languages.
- Provide combination of all-staff plus individualized training before launch.
- Adjust work flow to account for reduced call volume. Assign one staffer to monitor the portal and route messages.
- Launch a marketing campaign to introduce the portal to patients.
- Make sure everyone on staff embraces the portal and encourages patients to use it.
- Promote the portal during office visits and offer quick tutorials to help patients log-on and use features.
- Follow up with patients to ensure the portal is addressing their needs.

BVCHC used a variety of communication and marketing tools to get the message out when its portal went live, says Gendron. In addition to sending out blast e-mails and traditional mailings, the practice featured the portal on its website and in waiting room videos. They also posted signs in exam rooms and elevators and created phone messages that play while patients are on hold.

"Any place where someone might have the opportunity to watch or listen to something, we put a message there," she says.

The best way to introduce patients to the portal is during their time in the office, says Schlossberg. Every staff member from the front desk to the business office should be prepared to talk to patients about the portal's capabilities.

"Anytime someone is with a patient, whether it is staff at the front desk, a nurse, or a clinician, we try to introduce them to the portal and get them signed up," says Polanco. In the exam room, physicians always check the EHR to see if a patient is enrolled and, if not, suggest that they stop at the front desk for sign up help on their way out.

"If a patient isn't enrolled in the portal, I tell them that it would make it easier for us to communicate," he says. "They usually like the idea that they will get better access to their doctor and get test results quickly."

Taylor suggests that staff be ready to offer quick tutorials to patients while they're in the office. "Instead of having them fill out a paper form, show them how to do it on the portal."

BVCHC created an easy-to-read patient visit summary in English and that is automatically generated if the patient is enrolled in the portal, says Gendron. "The provider just clicks a button at the end of the visit and tells the patient that a summary has been sent to the portal."

No matter how much fanfare accompanies your portal's launch, many patients will be slow to enroll, says Nelson. Marketing and monitoring the portal need to be ongoing and integrated into your staff's daily routines.

Consider making patient enrollment and usage part of a weekly dashboard report, Nelson advises. The level of patient engagement depends on how many features the portal offers and how well the practice promotes it — "if there's something in it for patients, they will use it."

Getting patients on board with portals takes time, says Taylor, but it's worth the effort in order to engage patients this way to help them, and you, achieve better health outcomes.

"When your physician sends you a secure message it means something," he says. "Portals can help physicians and patients become more successful together."

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