



# How a Patient Portal Can Help Transform Your Practice

*Judy Varela, Regional Manager  
Dan Belknap, Client Services Manager  
Chris Calderone, Lean Healthcare Consultant*

*June 18, 2014*

## M-CEITA, Michigan's Regional Extension Center

The **Michigan Center for Effective Information Technology Adoption** (M-CEITA) mission is to accelerate the selection, adoption, and meaningful use of health information technology to improve the quality and efficiency of care delivered in our state.

- ▲ Subsidized by MDCH and ONC
- ▲ Helped over 5,000 providers in MI with EHR adoption
- ▲ 1/3 of all Michigan physicians paid for Meaningful Use were M-CEITA clients.

# M-CEITA Programs

**We do the heavy lifting for Health IT integration.**

Our mission is to improve the quality and efficiency of delivered care through the meaningful use of health IT.

## **PRIMARY CARE** Subsidized Program

- ✓ Targeted to help primary care providers attest
- ✓ Not yet achieved 90 days of MU
- ✓ Funded by ONC

## **Medicaid Program** Subsidized Program

- ✓ Eligible professionals
- ✓ 30%+ Medicaid volume
- ✓ MU Assistance (All Stages, All Years)
- ✓ Funded by MDCH

## **ALL PROVIDERS** Fee for Service






- ✓ Meaningful Use assistance (all stages, all years)
- ✓ Security risk analysis
- ✓ Workflow redesign
- ✓ Targeted Process Optimization
- ✓ Audit preparation



# Presentation Topics

1. Patient Portals and Meaningful Use
2. Link to Practice Transformation
3. Benefits of Portals
4. Top Myths/Misconceptions
5. Best Practices
6. How MCEITA Supports Portal Implementation
7. Questions

# Healthcare's Shifting Paradigms

Role	Changing Paradigm
Healthcare	Combating Illness  Improving Wellness
Physicians	Directors of Care  Collaborators in Care
Patients	Passive Recipients  Active Participants
Health Information	Siloed and Episodic  Integrated and Longitudinal
Health IT	Supporting Tasks  Enhancing Understanding

Paradigm shift requires investment, innovative people and extensible tools.



HealthAffairs

Robert Wood Johnson Foundation



# Health Policy Brief

FEBRUARY 14, 2013

**Patient Engagement.** People actively involved in their health and health care tend to have better outcomes—and, some evidence suggests, lower costs.

*“Patients are the blockbuster drug of the century.”* - Leonard Kisch



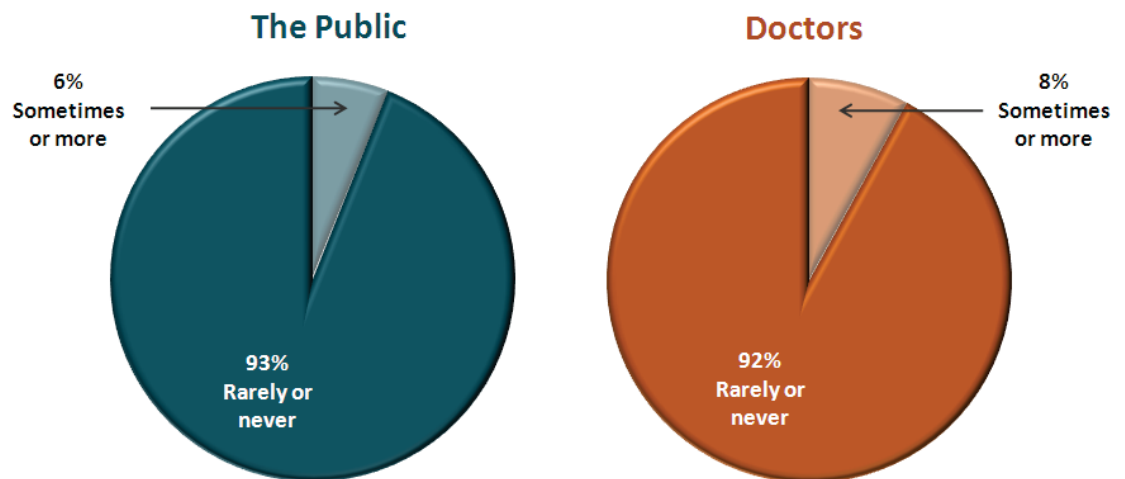
The **Markle Survey on Health in a Networked Life 2010** directly examined the attitudes of the U.S. public and physicians at the outset of federal health IT stimulus and health care reform.

**KEY FINDING:**

2 out of 3 members of public and doctors agree that patients should be able to download and keep copies of their own personal health information.

**KEY FINDING:**

93% of the public rarely or never ask for copies of their personal health information or medical records in electronic format





# Research Findings

***Patients forget between 40% and 80% of medical information provided by health care providers immediately***

- ▲ Half of what is remembered is remembered incorrectly (Anderson, 1979)
- ▲ The more information shared, the smaller the proportion remembered (McGuire 1996; Anderson, 1979)
- ▲ Providers and patients overestimate patient understanding of medical information (Anderson, 1979):
  - ▲ When it comes to patient recall and knowledge, combining oral and written information is better than only oral or only written information (Patel, 2009; Coulter, 2006)
  - ▲ “Repeat back” strategies improve patient recall and comprehension (Bravo, 2010; Fink, 2010)

***Patient Portals provide a way to continue to improve how we engage patients by providing them with actionable, clear information about their health care***





# Driving Toward Engagement

## *Meaningful Use Goals by Stage*

Stage 1 Goals	Stage 2 Goals	Stage 3 Goals
<ul style="list-style-type: none"><li>• Electronically capturing health information in a coded format</li><li>• Using captured information to track key clinical conditions and communicating that information for care coordination purposes</li><li>• Implementing clinical decision support tools to facilitate disease and medication management</li><li>• Reporting clinical quality measures and public health information</li></ul>	<ul style="list-style-type: none"><li>• Expand upon the Stage 1 criteria to encourage the use of health IT for continuous quality improvement at the point of care and the exchange of information in the most structured format possible</li><li>• Consider applying the criteria more broadly to both the inpatient and outpatient hospital settings</li></ul>	<ul style="list-style-type: none"><li>• Focus on promoting improvements in quality, safety and efficiency, focusing on:<ul style="list-style-type: none"><li>- Decision support for national high-priority conditions</li><li>- Patient access to self-management tools</li><li>- Access to comprehensive patient data</li><li>- Improving population health</li></ul></li></ul>



# Changes in Meaningful Use

## 2014 – Stage 1

<b>Core 11</b>	<b>Provide patients the ability to view online, download and transmit (V/D/T) their health information within 4 business days of the information being available to the eligible professional.</b>	<b>50%</b>
<b>Menu 5</b>	<b>Patient electronic access (patient portal)</b>	<b>10%</b>

## 2014 – Stage 2

<b>Core 7</b>	<b>Provide patients the ability to V/D/T health information within four business days.</b>	<b>&gt; 50%</b>
	<b>Patients V/D/T their health information to a third party</b>	<b>&gt; 5%</b>



# Core Objectives

## Provide patients with the ability to view their health information online

### What the Measure Requires

More than 50% of all unique patients are provided online access to their health information within 4 business days after the information is available to the EP.

### What That Means for You

You must provide patients with the **ability** to view their health information online, as in through a patient portal

### Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you do not order or create any of the required information, except for “Patient name” and “Provider name” and office contact information. You can also be excluded if your practice is in an area with low broadband availability.

## Patient Portal – CMS Guidance

**Q.** If a patient has been given the option of accessing a portal and has been given information about how to set up a portal but chooses not to set up a portal (does not provide email address or does not complete any validation steps or does not provide online permission, etc.) can this patient be included in the numerator?

**A.** Yes – provided all required health information maintained in an electronic form is available to the patient within four business days.

ASK your EHR vendor how the software currently tracks the numerator for this measure

# Meaningful Use Requirements

Patient has been given all instructions necessary to V/D/T their personal health data, including:

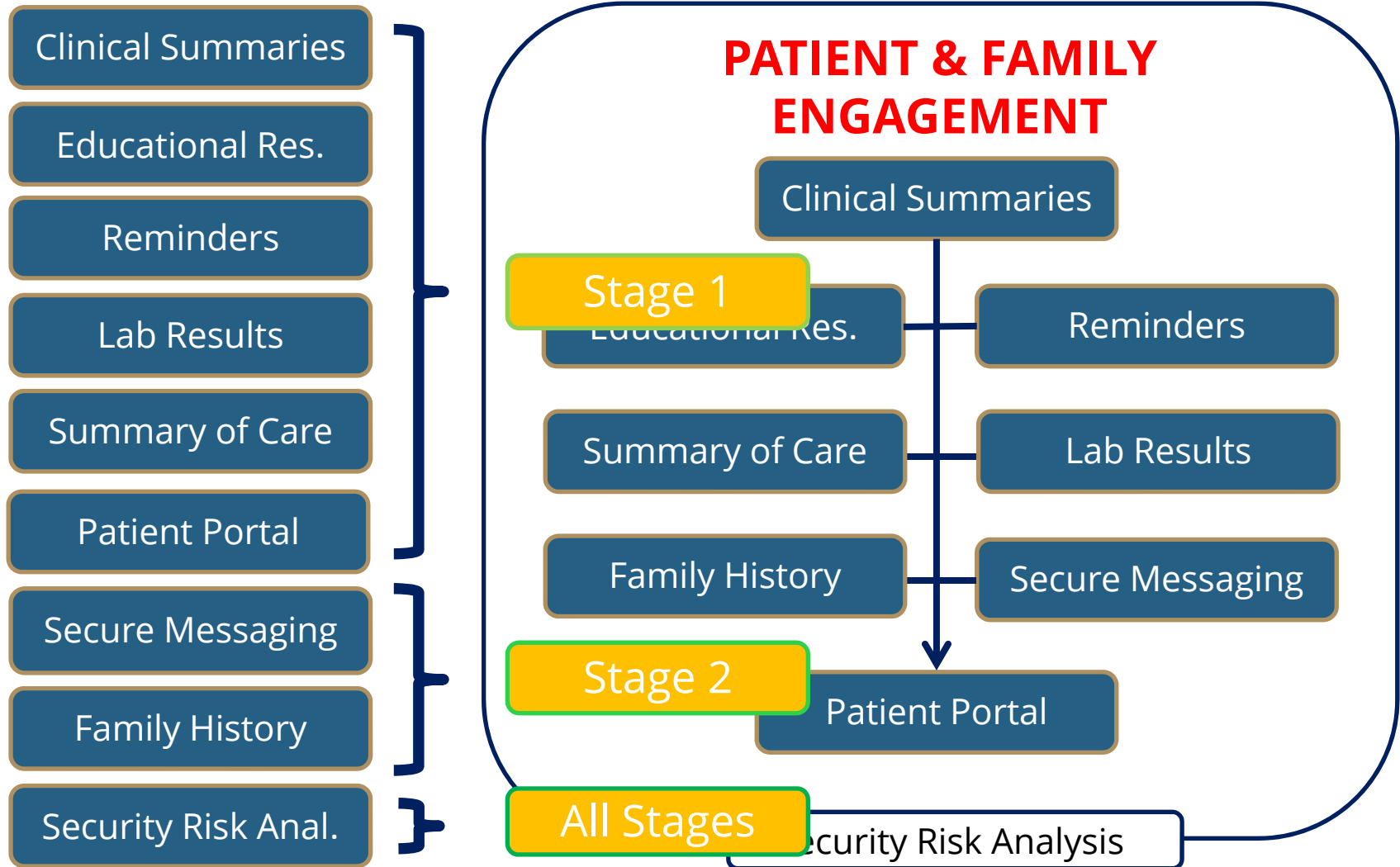
- How to access info
- Website address
- Unique username and password
- Creating a login
- Etc.

## DATA REQUIREMENTS

- Patient Name
- Provider name
- Office contact info
- Current & past problem list
- Procedures
- Lab results
- Currents medication list and med. history
- Current medication allergy list and allergy history
- Vital signs
- Smoking status
- Demographic information
- Care plan fields, incl. goals and instructions
- Any known care team members, incl. PCP of record

**Exceptions:** data unavailable in CEHRT, disclosure restricted by federal, state or local law regarding privacy, or provider believes disclosure may cause substantial harm.

# Putting the Pieces Together - Example



## **NPRM = Notice of Proposed Rule Making**

- ▲ 60-day comment period May 23 - July 21, 2014
- ▲ Expected date for Final Rule is unknown at present
- ▲ AIU still requires 2014 CEHRT regardless of any change

### DO NOT CHANGE PLANS FOR 2014 Recommendation:

- ▲ Complete Hardship Application by 7/1/2014, if appropriate
- ▲ Continue with 2014 measures according to current rules
- ▲ Remember, in 2015:
  - Everyone is required to use 2014 Edition CEHRT
  - 365-day reporting periods begin January 1st
  - ICD10 is still expected to Go-Live on Oct 1st

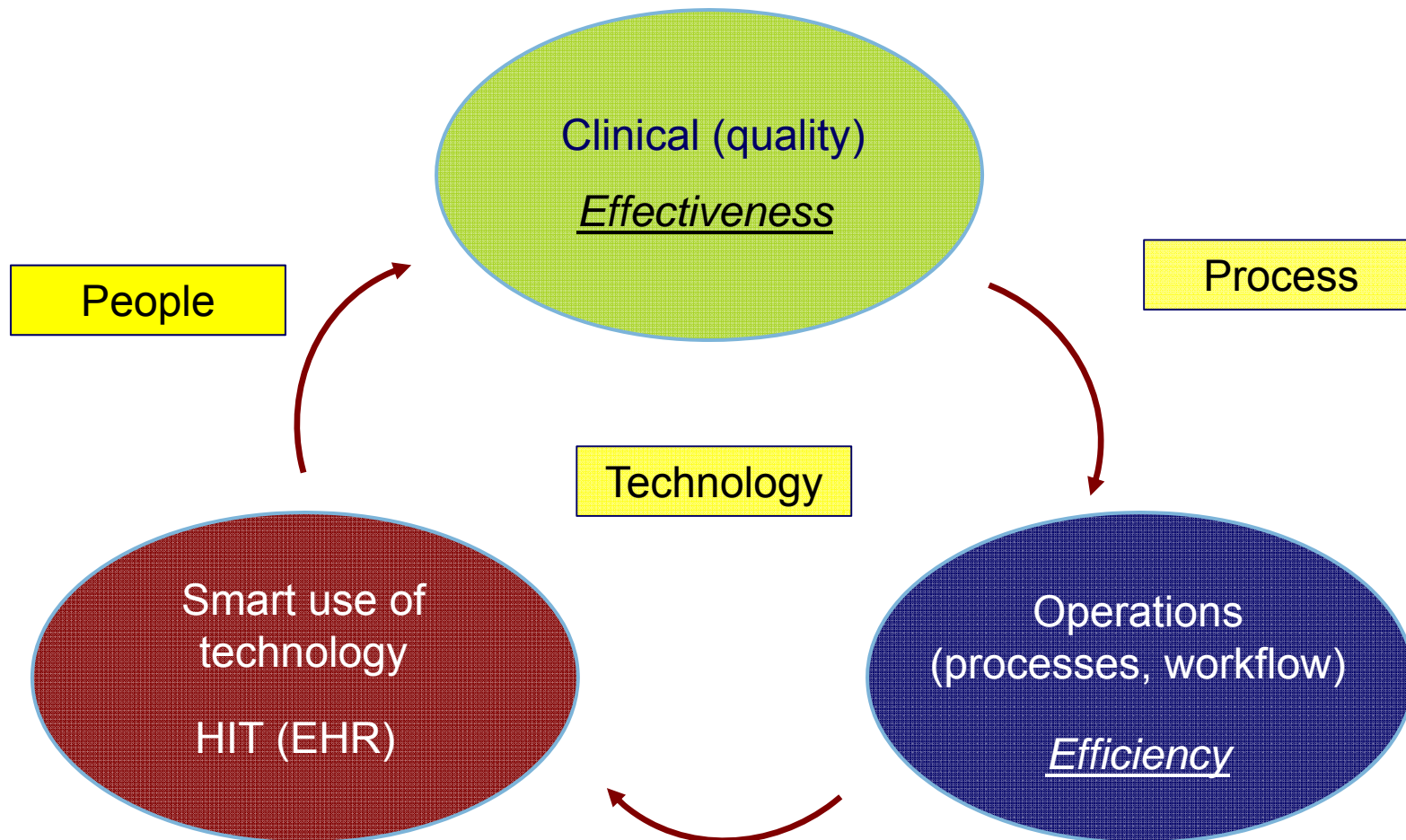
# Using Portals as a Catalyst

1. Benefits of Portals:
  - *Patient (Consumer) satisfaction*
  - *Improved Communications*
  - *Reduced Cycle time*
2. Top Myths/Misconceptions
3. Best practices
4. Link to Practice Transformation





# What is Practice Transformation?



## Patient (Consumer) Perspective

- ▲ Consumers already transact personal business via the internet (banking, travel, shopping, etc.)
- ▲ Patients want direct access to their records and to their doctors in a timely, convenient manner
- ▲ 73% of patients want to be able to communicate with their physicians via e-mail<sup>1</sup>
- ▲ Less than 9% of patients report such access<sup>1</sup>
- ▲ Access problems promote patient dissatisfaction

<sup>1</sup>) [http://www.harrisinteractive.com/news/newsletters/wsjhealthnews/WSJOnline\\_HI\\_Health-CarePoll2006vol5\\_iss16.pdf](http://www.harrisinteractive.com/news/newsletters/wsjhealthnews/WSJOnline_HI_Health-CarePoll2006vol5_iss16.pdf)

# Benefits of Patient Portals

- ▲ Empowers patients and promotes greater involvement in their own care (“engaged patient”)

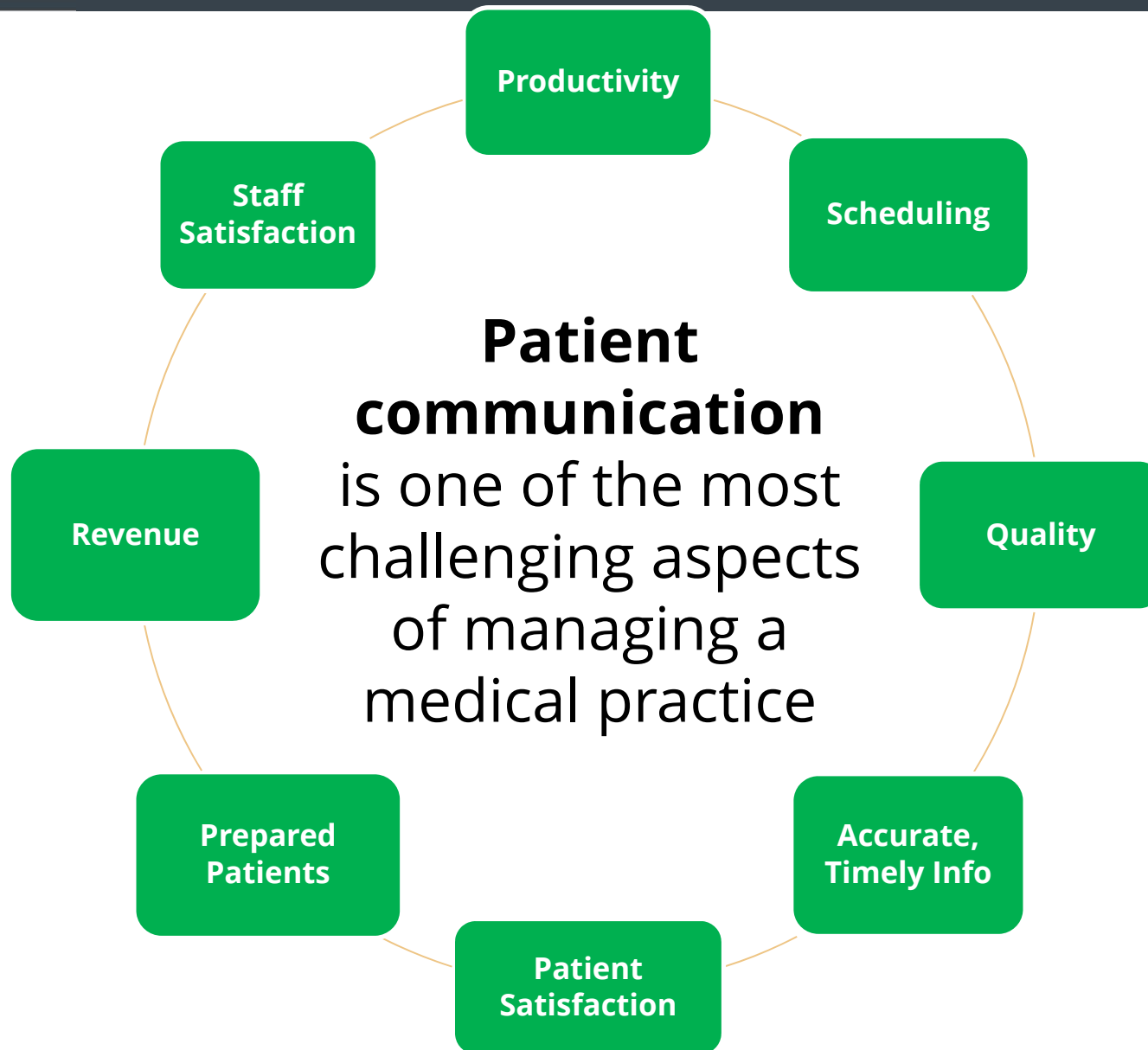
- ▲ Improves practice/patient communication

- ▲ Creates efficiencies – can reduce time spent on non-productive tasks, i.e. waste

- ▲ Can increase staff and physician productivity

# Impact of Inefficient Communication

Physician's Time		
<i>Time</i>	<i>Typical Practice</i>	<i>Ideal Practice</i>
Productive	70%	100%
Wasted	10%	0%
Could delegate	20%	0%



# Improving Communication

- ▲ Phone calls are inefficient for staff and can be a source of frustration to patients.
- ▲ Patient communication practices create issues (inefficiencies, wasted effort, errors, etc.).
  - *Outgoing calls can be problematic*
  - *Busy signals (can't get through, placed on hold)*
  - *Voicemails and "phone tag"*
  - *Incomplete messages*
  - *Extra documentation*



## Patient Phone Encounter (Example)

### **“Worst Case”**

- ▲ Consumes **11** minutes of staff time
- ▲ Consumes **2-3** minutes of physician time
- ▲ May also include other “waste” not easily detected

### **“Best Case”**

- ▲ Consumes **5-7** minutes of staff time
- ▲ Consumes **1-2** minutes of physician time
- ▲ Involves three staff members
- ▲ Involves one physician



# Optimizing the Communication Process

- ▲ Patient portals improve the patient communication “process” and minimizes typical problems:
  - *Ability to route patient questions and requests through the workflow function of the EHR*
  - *Provides physicians with the ability to communicate with patients directly*
  - *Creates more “connected-ness”*
- ▲ Asynchronous communication is more efficient than immediate demands of telephone communication.



# Efficient Communication

- ▲ E-mail communication can be a more efficient form of communication:
  - *Providers and staff can respond at their convenience*
- ▲ Best Practice – designating time either at the start or end of day to respond to routine e-mail messages.
- ▲ Many providers report an increase in personal productivity – and less frustration/stress too!



## Cost-Effective Communication

▲ Patient portals are a 2-way practice-patient communication conducted over the internet that:

- ✓ *Enables patient self-service*
- ✓ *Reduces transaction and data entry costs*
- ✓ *Gathers valuable patient data*
- ✓ *Asynchronous communication*
- ✓ *HIPAA secure messaging*
- ✓ *Reduces practice phone calls*



# Portal Implementation: *Success Story*

## OPPORTUNITY

9,000 active patients

Staff and providers  
overwhelmed by  
patient phone calls

Providers and staff  
both frustrated

Patients frustrated and  
dissatisfied too!

## SOLUTION

Over 5,800 patients  
are enrolled in patient  
portal over a two-year  
period

## OUTCOME

Practice  
makes/receives 60  
fewer calls per day!



# Time is Money

- ▲ Reducing daily call volumes by **60 calls** resulted in saving a total of **95 minutes** of medical assistants' time each day!
- ▲ This is time that can be dedicated to more productive tasks.

## Reducing Cycle Time

- ▲ Think of “cycle time” as the overall process that starts at patient sign-in and ends when patient leaves.
- ▲ Patient sign-in time is a part of overall cycle time - many practices report that new patient registration/sign-in takes 15-25 minutes.
- ▲ Patient sign-in time can be reduced (especially for new patients) – when using a patient portal.

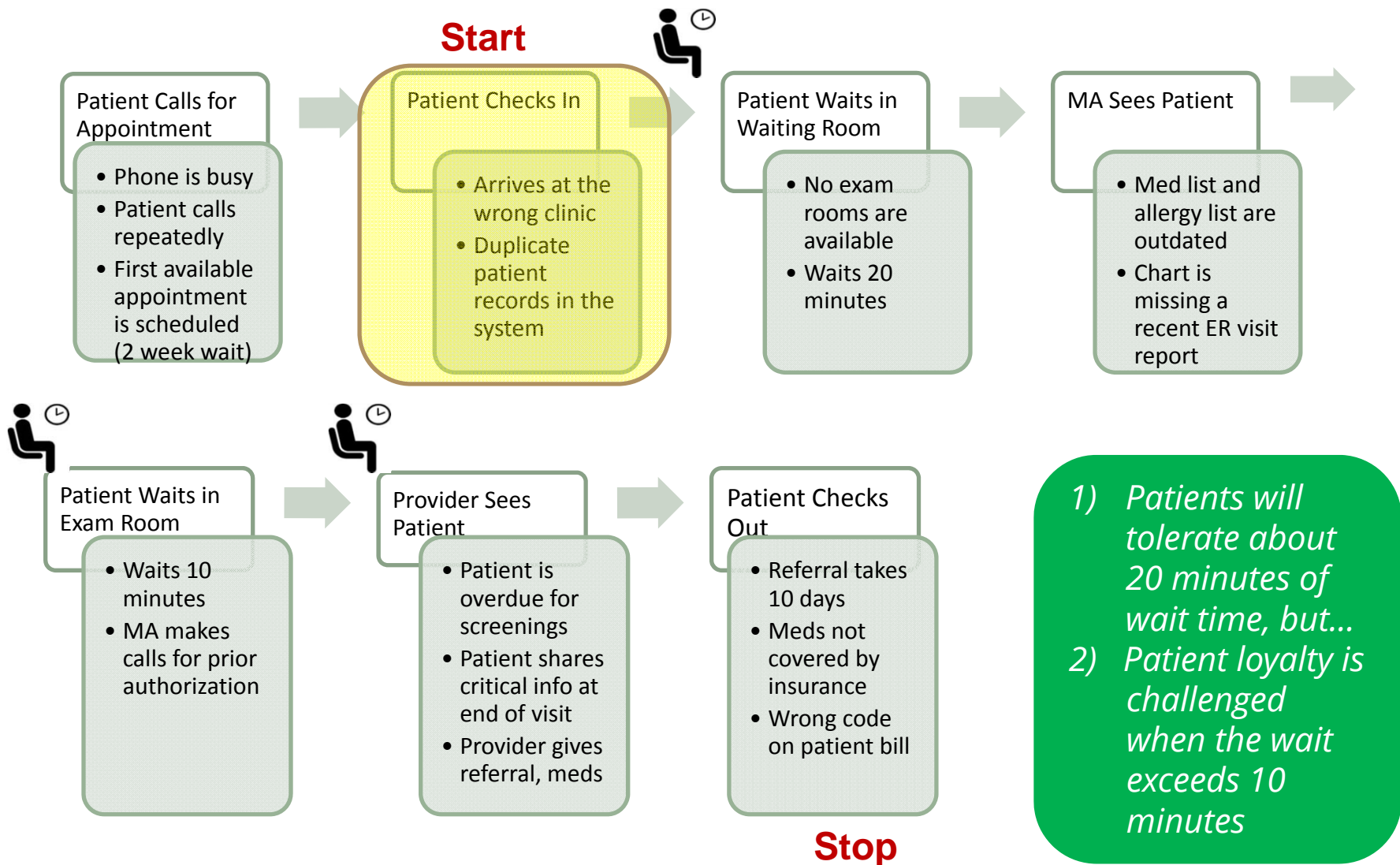
## Best Practice: Patient Preparedness

- ▲ Typically, patients arriving unprepared for appointment often create workflow problems (especially new patients).
- ▲ Portals allow patients to complete their registration online prior to their visit arrival.
- ▲ Patients enter all their demographic, insurance and past medical history.
- ▲ Practices that use portals report that they tend to have fewer unprepared patients.

## Saving Time

- ▲ Consider the average time for new patient sign-in/registration at your clinic.
- ▲ Does it exceed 10-15 minutes – (this is the ideal time for new patient registration and sign-in).
- ▲ Portal use can reduce this time by 50%.

# Typical Patient Visit





# Patient Portals - Common Myths

## MYTH

- ✓ Physicians will spend too much time responding to patient e-mails.

## FACT

- ✓ Providers actually gain more time from efficiencies introduced by patient portal.
- ✓ Decreased phone volume - e-mails can be triaged and routed to appropriate care team member.

# Patient Portals - Common Myths

## MYTH

- ✓ Older patients and lower income patients won't/can't use it.

## FACT

- ✓ A majority of patients favor using an online tool to communicate with providers.
- ✓ Many practices have had success with getting elderly and lower income patients to use patient portals.

# Patient Portals - Common Myths

## MYTH

- ✓ Patients portals are a form of “telemedicine” (i.e. replaces the personal contact).

## FACT

- ✓ Patient portals are effective and proven methods that influence patient behavior similar to other methods of social media that consumers enjoy, but providers and staff need to educate and reinforce the value of self-managed care.

# Other Common Concerns – and Facts

Concern	Fact
Providers will get too many e-mail messages	Providers actually gain more time from the increased efficiency gains that result from deploying a patient portal. Phone volume decreases when portals are used as a patient/provider communication mechanism. E-mails can be routed to a member of the care team – not necessarily the physician
Patients will use messaging inappropriately	There are effective and proven methods that can help influence patient behavior - need to develop a patient portal use protocol that staff consistently communicate to patients – educate and reinforce at each visit “touch point”
Providers will be unable to bill for time spent communicating with patients via the portal	Portals have been shown to decrease both indirect and direct labor costs as less time is spent on tasks such as mailing lab results, phone time used to schedule, answering patient questions, and processing Rx refill requests, etc.
Patients won't adapt or embrace patient portals	A majority of patients favor using an online tool to communicate with providers. Many practices have had success with getting elderly and lower income patients to use patient portals

## Best Practice: Enrollment

- ▲ Provider enrolled 63 patients in first month – at end of 1<sup>st</sup> year, more than 55% of patients were enrolled.
- ▲ Enrollment became part of the rooming process.
- ▲ Created scripts or talking points to communicate the value and benefits of using a portal – message was reinforced at each stage of the visit.

## Benefits of Patient Portals

- ▲ Efficient communication for routine issues:

- *Med clarifications*
- *Lab results*
- *Refill requests*

Simplifying administrative tasks and provides convenience to patients

- ▲ Billing office questions answered without engaging in phone tag.

## Additional Benefits

- ▲ Provides ability to verify patient's insurance prior to appointment.
- ▲ Increases collections for high deductible plans at point of service.
- ▲ Accelerates collections.
- ▲ Reduces A/R with credit card payments.

## Engaging the Patient

- ▲ Errors are reduced when patients enter information.
- ▲ Patient flow improves when patients gather and enter information before arrival.
- ▲ No-shows decrease among “engaged” patients who are more active and connected through patient portals.
- ▲ Fewer transactions means fewer associated costs for staff.

Practices off-load a significant portion of data entry to the patients – who appreciate the convenience!!!



# Something to Think About

How much time does your practice devote to:

- *Scheduling*
- *Processing Rx refill requests*
- *Providing test results*
- *Answering general patient questions*
- *Playing phone tag*

# Enable and Empower Patients

- ▲ Review their medical records
- ▲ View educational materials.
- ▲ Review visit summaries.
- ▲ Obtain return to work/school forms.
- ▲ Receive patient reminders.

## Less Time Spent...

- ▲ Relaying messages back and forth between team members and patients.
- ▲ Working overtime responding to voicemails.
- ▲ Mailing out test results (folding, envelopes, postage – can be time consuming and costly).

## More Than a Technology “Solution”

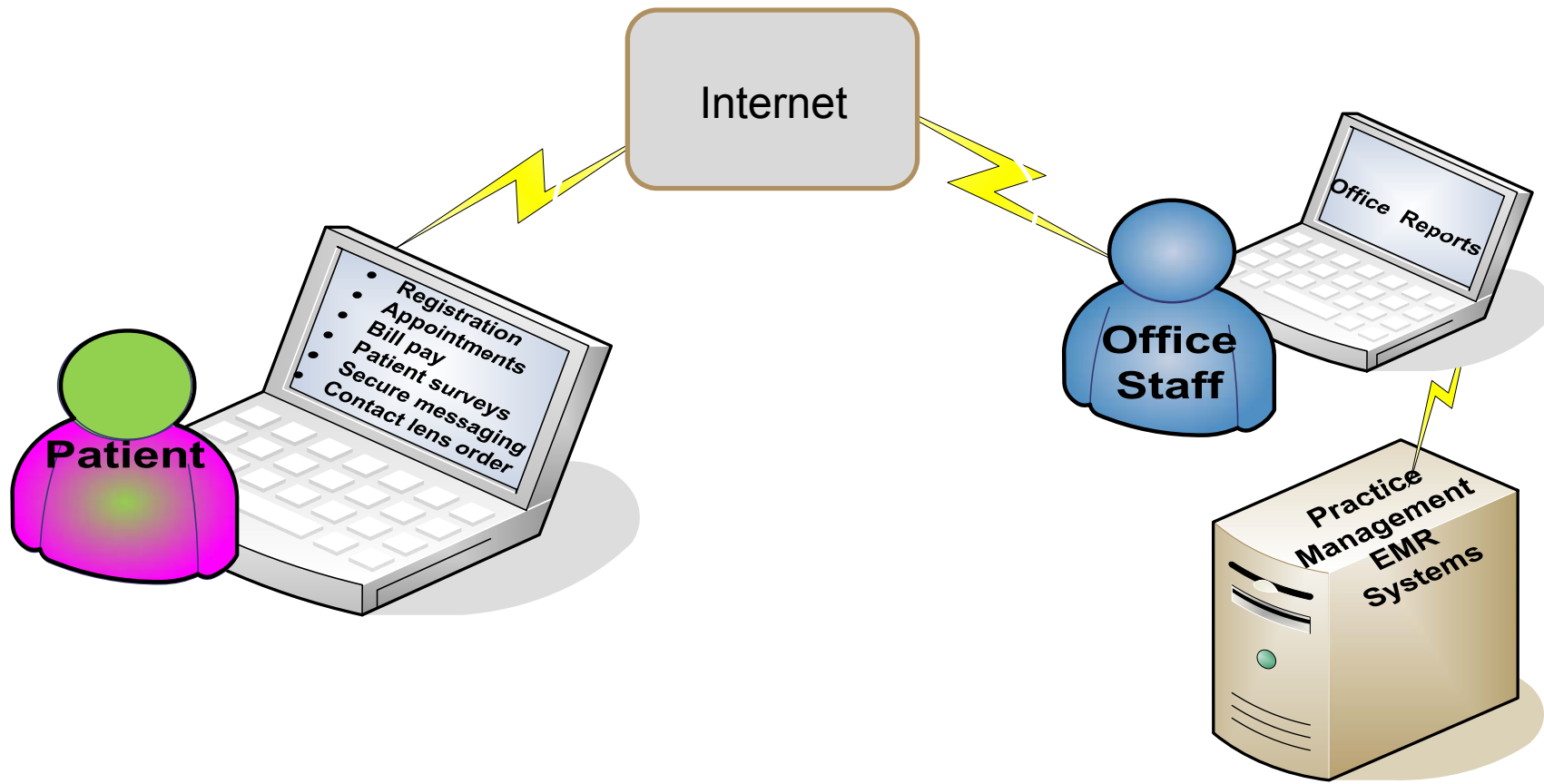
- ▲ Not just a “plug and play” concept.
- ▲ Need a well-defined implementation and workflow/ process.
- ▲ Requires the development of policies and procedures for:
  - *Response time expectations*
  - *Routing*
  - *Enrollment*
- ▲ Standard work – who, what, when, and how.

# Closing Thoughts

- ▲ Rapidly trending toward wider use and more acceptance by practices, providers, and patients (especially driven by Meaningful Use).
- ▲ Increases satisfaction ratings for patient, provider, staff.
- ▲ Streamlines processes and can reduce overall costs.
- ▲ Can drive productivity and operational efficiency.
- ▲ Patients want the convenience that patient portals provide.



# Link the patient to both front-office and back office functions



## How Can M-CEITA Help?

M-CEITA offers subsidized and commercial services to assist with practice transformation. Our Health IT services include:



**Meaningful Use Support**



**Security Risk Assessment**



**Targeted Process Optimization (Lean)**



**Attestation/Audit Preparation**

# Questions?

## **M-CEITA Contact Info:**

[www.mceita.org](http://www.mceita.org)

888-MICH-EHR

[mceita@altarum.org](mailto:mceita@altarum.org)