

# Using Health IT to Engage Patients in their Care: The Role of Providers in Implementing Online Access

*The National Partnership for Women & Families conducted a series of eight interviews in the winter and spring of 2011 to learn about the experiences of physician pioneers in the use of patient portals.<sup>1</sup> Those interviewed practice in Missouri, Massachusetts and Virginia, and the practice settings vary from large, integrated health systems to solo practitioners. Below is a summary of what we learned from those conversations.<sup>2</sup>*

## Modernizing the Purpose and Use of the Medical Record

It is widely agreed that reforming our health care system necessitates fuller engagement of patients and their caregivers. While effective engagement will require multiple tools and techniques, using technology – something most patients and their caregivers use in every other area of their lives – is a critical strategy for connecting patients, their caregivers, and their health care team as partners.

Physicians who are pioneers when it comes to the use of patient portal technology agree that once they are comfortable using a portal, doctors are almost universally happy with it. While we heard unanimously that there will be resistance and skepticism at first, “the general experience has been very positive.” Said one, “Once I started using it, I became a believer, and I now feel quite sheepish about how resistant I was. Anyone who’s got a portal and uses it thinks it’s revolutionary.”

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Much of the resistance from providers when it comes to implementing portals derives from their discomfort with the fact that patients would see records that providers never anticipated they would. “The medical record has never been seen as a patient educational or patient involvement tool,” one physician said, “and so just saying ‘let’s give them access!’ is not the right approach.”

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<sup>1</sup> Throughout this piece, we use the term “patient portal” to refer to a mechanism by which physicians enable patients to have online access to their medical information, as well as some administrative functions such as appointment scheduling.

<sup>2</sup> Interviews were conducted with the following individuals: Robert Pierce, MD; Randall Rickard, MD; Donald Stewart, MD; Richard Winikoff, MD; Richard Perrotti, CMPE, CHISP; Neil Calman, MD, ABFP, FAAFP; Ed Glynn, MD; and Louise Schneider, MD.

Those who use a patient portal began with a commitment to actually change the way they practice medicine in order to provide better care and a better care experience for their patients, all while working more efficiently. **This commitment requires modernization of the concept of the medical record so that it is viewed and used as a collaborative tool.**

Subsequently, this change in purpose will require changes in its use. One physician put it bluntly, “Arguments against the portal criteria in [meaningful use] are short-sighted and based in fiction and delusion.” Correcting misinterpretations of what such use may mean for a practice is essential to engage patients in their care through the use of health IT.

## Providers Reap Significant Benefits From the Use of a Patient Portal

Almost every provider said that the implementation of a portal had resulted in enormous changes for the better. Several providers explained that doctors fundamentally just want to practice medicine, and therefore tend to argue, before implementation, that a patient portal will reduce their hands-on patient time. The physicians we interviewed emphasized the long-term benefit of using a portal, stating that “without the portal, you’re going to spend five times the amount you otherwise would on administrative work. Look at your practice as a whole.”

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The positive changes that practices experience upon implementation of a patient portal often involve increased simplicity and efficiency of administrative tasks. **One physician tracked that before the portal, doctors were spending three to three and a half hours after patient sessions on administrative tasks. With the introduction of a portal, doctors in his practice now spend about 60 minutes on those same tasks.** Another practice cut off all e-mail and phone access after implementing a portal, driving all patient communications through this new technology. That allowed non-physician staff to take care of the majority of the communications, passing along only a small, necessary sub-set to the physician.

According to one interviewee, “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.” Another explained that, “those [providers] who complain the loudest are in the minority. Patients love it. We love it. It was totally worth the time and trouble of setting it up.” Another noted, “Providing [patients with] more information, getting patients more involved, can result in the ability to spend more time and money on *care*.” According to one physician, a patient portal is an “investment that pays off tremendously in saved work down the line.”

One of the most oft-voiced worries about portals is that doctors’ offices will be overloaded with patient communications once messaging capability is offered, because patients will become anxious upon seeing their unfiltered data. Our interviewees agreed that this is a

myth. In their experience, patients having access to their own information is, according to one provider, a “time saver rather than time sink. That’s key to understand. Being able to deliver lab results electronically is worlds easier.”

Fully understanding the technological capabilities of portals is fundamental as well. A number of physicians touted the education component included in many portals. “In our portal,” said one, “if you look at a test and don’t understand it, there’s a little information button you can click on that explains it. If patients have questions, they can be easily reassured on the [portal]. I think in the long-run, it decreases worry and doesn’t increase any communication volume.”

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Another physician mentioned an additional benefit, “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.”

## Patients Reap Significant Benefits From the Use of a Patient Portal

The idea that patients don’t want to or can’t handle their own health information is a “paternalistic approach to what patients can understand and what they want. Any terrifying thing that a patient can do with a portal, they can do with a phone.” One physician reflected, “What actually happened [upon portal implementation] is that patients were relieved to be able to see their information and results.”

Instead of increased anxiety, our interviewees found that patients experience very positive benefits from access to a patient portal. It is empowering and helps engage and activate them in ways that have previously been impossible. “Patients LOVE having access to their data,” said one physician. Not only does this reduce the potential for patient anxiety, but it “fosters asynchronous communication, which is important in everyone’s time-starved lives.”

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For the patients who use the portal, it “activates [them] really well – they like to see their stuff, they’re proud of the fact that they can look at it, and it keeps them more involved in their own care...[The portal] is an important piece in getting patients to care for themselves. By itself it doesn’t do that, but it’s one of the support beams – to transfer ownership of the problem to the patient. [It allows] patients [to care] for themselves.”

It is clear that for both doctors and patients, there is an initial investment of time involved in implementing and using a portal. But the universal selling point is **easier communication**. For physicians, a portal allows doctors to triage response to inquiries by empowering staff to deal with the vast majority of them, selectively involving the doctor only when necessary. And the facilitation of communication with their providers is an **equally compelling selling point for patients**.

## Small Provider Experiences

The small-practice providers we spoke to found implementation of a patient portal to be particularly challenging, since they typically do not have institutional support in doing so. One doctor in a small practice explained that “the hundreds of hours every year that a solo doctor would have to spend to keep everything working [with respect to a patient portal] is really a challenge. If you get the portal up but patients can’t access it, they get upset. That’s not a sign, though, that it’s a bad idea. Just a sign that once the service is offered, you have to have a way to support it. You can’t push a technology to your patients and then have it not work.”

Innovative small practices have found ways to overcome these challenges. According to a doctor in a small husband-and-wife practice, “Getting the team to encourage [use of the patient portal] has really brought it forward in terms of getting patients enrolled and engaged. [Whether or not a patient is enrolled is one] of the routine questions of the staff assistant when she checks people in. There’s a certain set of things we ask her to do – tetanus shot, alcohol screen, do you have [our portal]? We have her explain that it’s a way you can communicate with the office over the internet and view your chart. Would you like to sign up? If they respond positively, she makes a note of it.”

**Small providers have also found that the direct benefits of portals to them can be even greater than for larger practices.** For example, a small practice can derive significant portal-driven savings on something as seemingly small as the cost of stamps.

Resistance to portal implementation, though, is not solely based upon unfounded fears, and there are legitimate concerns as well. As one provider explained, it is true that “physicians as a community don’t use technology enough to enable care. **But the biggest argument isn’t necessarily that the Meaningful Use criteria are too soon or too much work – it’s that doctors feel they aren’t paid for it.**” Physicians explained that a substantial amount of patient care ends up occurring via a portal, such as referrals and lab results transmission, and these services are not reimbursed. We heard that doctors feel resentful of the time they already spend on uncompensated work, and that this is yet another thing they’ll be “giving away for free.” Further, we heard, primary care providers are overworked in general, and a portal forces a reevaluation of the current model of primary care.

As one solo practitioner said with respect to portals, “Our big concern is that we don’t get paid for any of the work we do. There is a perverse incentive not to get patients enrolled, because we get paid in visits. For example, I could’ve probably treated this patient for a third bladder infection – if I deal with it over the portal, the patient doesn’t come in.”

## Achieving Success

**The physicians to whom we spoke overwhelmingly agreed that the primary driver of portal use is personal contact.** Again and again we heard that individual provider to patient communication is what made the difference in whether they used the portal or not. “Providers have to sell this,” said one interviewee. “If [a physician] doesn’t sell it, patients won’t sign up.” Another said, “Without provider encouragement, people are not likely to use a web portal.”

But provider action doesn’t have to be time consuming or complex. We consistently heard that effective provider encouragement can be brief, such as saying something as simple as: “I just ordered your labs – please sign up for [name of portal] online so you can have them immediately.”

There was wide agreement that other engagement mechanisms can and should be used as well, such as cards explaining portal benefits in doctors’ waiting rooms, posters in all exam rooms, and paragraphs in all communications from the providers’ office that tout the benefits of a portal. One provider shared his strategy: “We put a notice about the portal on our website and ads in the newspaper. We put signs on the windows. We trained office staff to prompt every patient when they came in to ask about [their portal].”

In summary, successful implementation of a patient portal can be achieved through many avenues. According to one physician, “The issue of provider engagement with respect to patients enrolling is a nonissue. From a physician time standpoint, basically what I did was give my staff directions. And if we can get to 35 percent patient portal adoption in rural Missouri, I don’t know that it’s difficult to do it anywhere. “

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## Conclusion

In policy debates regarding physician accountability, it is often said that it is not fair to hold doctors accountable for patient behavior. However, it is clear from these interviews that providers can and do impact whether or not their patients use a portal once it is implemented. The physicians we talked with agreed that “it’s not fair to hold a provider responsible for a patient’s overall health. But you can isolate areas where the clinician does have an impact,” and patient engagement through use of a portal is one of them.

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at [www.NationalPartnership.org](http://www.NationalPartnership.org).

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