

Will Patient Portals Open the Door to Better Care?

For many pioneers, an interactive online presence streamlines communications and builds rapport with patients.

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As more people do more of their business on the Internet-making travel arrangements, banking, trading stocks, checking their children's grades, catching up on the news, downloading books and movies, keeping track of their friends and business associates-the day will come when they start to wonder why they have to resort to the telephone to call their doctor.

Some healthcare providers are more than ready for that day, because their patients can already communicate with them online through a patient portal. Those lucky patients are swapping secure e-mail with their physicians, perhaps even scheduling appointments and reading their lab results. A few have access to their full electronic health record and can upload glucose readings or other information to help their doctor keep tabs on them without dragging them into the office.

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Patient portals can save significant money for healthcare providers that adopt them. Providers report various types of savings:

- * 63 cents every time they don't have to mail a lab result (HealthPartners);

- * \$17 every time they can handle a billing query online rather than by phone, and \$7 for every appointment scheduled online (Northshore University Health System); and

- * a 25 percent reduction in the number of patients who have to come into the office for a surgical follow-up visit (Geisinger Health System, for which a reduction in office visits is good news

financially, due to its other role as an insurer for many of its patients). Geisinger also estimates that it averts 12,000 phone calls a month because people can transact business and get their questions answered online.

While providers are reluctant to share how much their portals cost (or have trouble breaking out the cost separately from their EHR expenses), many believe that their projects are well worth the investment, both in hard dollar savings and in patient satisfaction.

Is it time to be thinking about setting up a patient portal? Probably, and without spending a lot of time analyzing return on investment, says analyst Elizabeth Boehm of Forrester Research,

Cambridge, Mass. She studies the role of online services in health care. "It's going to be a cost of doing business," she says. "You wouldn't consider not having a phone system, and the generations that are coming up are going to think it's ridiculous not to be able to communicate via computer." (See charts above and on page 64 for findings from a recent Forrester study on PHRs.)

Other research suggests that patient interest in online access to health care providers is substantial. A study by Harris Interactive and the Wall Street Journal showed that even in 2006, patients were more than ready to connect online with their doctors. Granted, it was an online survey, so the 2,624 people polled already had a computer and an Internet connection, but that pool only continues to grow. More than 75 percent of the respondents wanted to swap e-mail with their doctor, and a similar number wanted electronic appointment reminders. Two-thirds wanted to get their test results online, and almost as many liked the idea of being able to access their electronic health record. More than half would be willing to upload the data from home monitoring equipment to their EHR through a patient portal.

To begin taking advantage of online communication with their patients, many providers start small, with one or two functions. Test results are the lowest hanging fruit for online communication, Boehm says, because the vast majority are normal. There's no need for a personal contact, and the providers' time can be focused on patients whose results demand education, counseling or treatment. "When a personal interaction doesn't add any value, that's the kind of information that can be delivered automatically," she says.

Messaging is another relatively simple way to get started with online patient communication. Some doctors shy away from the prospect of trading e-mail with their patients because there's no way to get paid for the interaction. However, Boehm says that's likely to change in the next few years. Visit-based reimbursement is on its way out, due to pressure to control spiraling costs. "Insurance companies see this as a potential cost-saving opportunity, and sending an e-mail to a patient gives them something to pay you for," she says. Some insurers already pay for "e-visits," including Aetna, CIGNA, and several Blue Cross/Blue Shield plans, and Boehm expects more will do so as they look for ways to cut costs without compromising quality and safety.

For more advanced portals, the combination of EHRs, online patient communication, and clinical decision support systems could lead to dramatic care improvements and cost reductions, Boehm says. For example, a sophisticated system could differentiate between a patient whose statistical risk of breast cancer is so low that she should wait until age 60 to get a mammogram and a patient who should start being screened at 40, and could send more urgent reminders to the latter.

When it comes to the best way to design a portal, Boehm says the healthcare industry is still struggling with the types of standardized online interaction that other businesses have figured out.

"Most people now know to look for a 'search' box in the upper right-hand corner" of a standard Web site, she says. "If you rent a car, you know that the brake pedal and the gas pedal are always in the same place. A certain amount of standardization lets people get things done and find value." Those standards are still evolving for patient portals, and Boehm cautions against rejecting common practice just to be different.

She recommends staying focused on the patient, which seems obvious but isn't always easy

for organizations that have built their processes around the provider. "Patients will use a portal if they can easily get what they need," she says. "If your portal is structured around your internal systems, and as a result is difficult to navigate, you reduce the likelihood that the patient will trouble through it. Instead, they'll pick up the phone and make your staff trouble through it. Put yourself in your patients' shoes and design it from their perspective."

See the following pages for descriptions of half a dozen portal projects undertaken by various health care organizations.

Better care for chronic illness

Geisinger Health System, Danville, Pa.

Type: Integrated health system and health plan

Portal debut: 2002

Over the eight years since Geisinger Health System launched its pioneering patient portal, myGeisinger, it's gone from passive to downright pushy.

"In the early years we were excited just to be able to present a portion of the record to patients, and we thought that if we built it, they would come," says Joan Topper, vice president of information technology optimization. "Recently we've become far more engaged in reaching out through the portal. We'll remind diabetics that they're due for a foot exam and an A1C, or point out to patients that their cholesterol is elevated and we want them to watch a video about it." She says studies have shown that this type of communication makes patients more active and effective in trying to control their chronic conditions.

About 138,000 patients-25 percent of Geisinger's primary care patient base-are signed up to use myGeisinger, and the roster expands by 2,000 patients a month. Topper says many fall into one of three groups: young parents (especially mothers); adult children of elderly parents who use the portal to track their parents' health and care; and people with chronic illnesses. The last group is likely to use the section of the portal where they can record private notes and health data to discuss with their physicians, and they also sometimes enter readings that flow into Geisinger's EHR, clearly marked as patient-recorded data. The health system's EHR vendor, Verona, Wisconsin-based Epic Systems Corp., provides the portal technology.

Patients can also schedule primary care visits online, though not appointments with specialists, where referrals and precertification often come into play. "We are starting to dabble with letting patients schedule specialists if they have an established relationship and are seeing them for a known condition," Topper says.

Topper says that participation in myGeisinger is likely to top out at about 50 percent of the organization's primary care patients. "Not every individual has active conditions that really need management," she says. "If you're healthy and go to the doctor once every two years, there's not a whole lot that you need from a healthcare system."

Making it easy

Northshore University Health System, Evanston, Ill.

Type: Hospital system/owned physician practices

Portal debut: 2004

The physicians employed at Northshore University Health System didn't know quite what to expect when the patient portal, Northshore Connect, first went up in 2004, so they insisted on controlling how and when patients registered for the service. "They wanted to be able to slow it down if the portal became a burden," says A.J. Melaragno, assistant vice president of interactive marketing. By the end of 2009, the portal registered its 100,000th member, about a fifth of the potential half-million patients that the health system considers likely users of the system. Gathering the next 100,000 should go a lot quicker, though.

"The good news is, it never became a burden, and the doctors wanted it to go faster and not be involved," Melaragno says. Now patients can validate themselves online, or through kiosks in waiting rooms, and every billing statement includes information on how to sign up. The pace of registrations has gone from 1,200 a month to 2,500 a week. Of the 700 physicians employed by the system, 400 are using it with their patients, along with a handful of affiliated physicians from the community who use EHR systems from Northshore's EHR and portal vendor, Epic Systems Corp.

Melaragno's priority is making it as easy as possible for patients to get what they need. For example, all test results, normal or abnormal, are automatically released within three days. "It forces the physicians to get back to the patients," on any abnormal results, he says. "From the patient's point of view, it's his test, and he shouldn't have to wait for the results just because the doctor goes golfing on Friday afternoon. The doctors hated it at first, but now they realize it's not so bad. They spend a lot more time messaging, but overall, it's much easier."

Northshore Connect is piloting a disease management program for diabetics that lets them upload glucose readings and notifies them if they're out of the healthy zone. It's also experimenting with social networking, such as giving cancer patients a place to meet online to share information and emotional support.

"People aren't comparing us to other health care organizations," Melaragno says. "They're comparing us to other interactive sites that they're accustomed to."

Simplifying the workflow

HealthPartners, Bloomington, Minn.

Type: Integrated health system and health plan

Portal debut: 2004

When HealthPartners debuted its patient portal in 2004, it got an unexpected dividend: more efficient overall business processes. For example, the organization, which both insures and provides care, wanted to let users schedule appointments online, but the number of possible appointment types throughout its provider network had ballooned over the years to 8,500.

"The question is, how do you simplify something like that enough to put it on the Web?" says Kevin Palattao, vice president of patient care systems. After a major effort, the number of

possibilities was reduced to nine types that patients were allowed to make online, and about 200 for the system overall. That drastic reduction made life easier for both patients and the scheduling staff, who still handle more complex appointments that require scheduling rooms and equipment in addition to people.

The providers themselves were dubious at first that patients would be able to handle something as intricate as scheduling, but they, too, found life easier. "Patients not only chose the correct type of appointment, but they were able to provide us with little bits of information that made it a more productive visit," Palattao says. "A live scheduler would just write 'knee pain' as the reason for a visit, while the patient could use the comment box to explain that he was out jogging and tripped on a curb and sprained his knee and wanted to know how he could get back to jogging as soon as possible. That way, the doctor knows the patient's priorities before he walks in the room. It makes the visit much more personal."

About 30 percent of HealthPartners patients, or 126,000, regularly use the portal. Only about seven percent of appointments are made online. By far the most popular feature is online test results. About 93 percent of results are released to patients and doctors simultaneously. Certain test types, such as HIV and cancer, have results released to physicians first and to patients a week later, to give the physician a chance to contact the patient first if they need to discuss implications and treatment options. HealthPartners has released 8.5 million test results online and "we've had nothing but good feedback," Palattao says.

The latest interactive feature is an iPhone application that lets users locate their nearest clinic, with driving directions and contact information. "You can't get away from the sexiness of the iPhone, so that was our first foray into mobile," Palattao says.

Paying for itself

Infinity Primary Care, Livonia, Mich.

Type: Primary care group practice

Portal debut: 2007

Infinity Primary Care, a 44-physician practice with 11 locations around suburban Detroit, has seen welcome changes in some of its administrative numbers since introducing a NextMD patient portal linked to its EHR, from NextGen Healthcare Information Systems Inc., Horsham, Pa. Phone requests for test results dropped about 30 percent, as did the cost of envelopes and paper. The practice's postage costs were cut almost in half. "It's paying for itself," says I.T. director Leah Canvasser.

The portal lets patients e-mail physicians with routine questions, and request appointments. They receive appointment reminders and can arrange for prescription refills. They receive lab results as well, though abnormal results that require follow-up are also delivered via phone and paper mail. Their physicians can choose the amount of access they have to their charts.

The messaging function has proven to be popular with everyone. "Many physicians have misgivings because they think they'll be inundated, but that hasn't happened," says internist David Steinberger, M.D. "I can answer most of them in a sentence or two."

About 30 percent of Infinity's 100,000 patients have signed up for NextMD, and the practice is

averaging about 10,000 new sign-ups per year. Patients have to contact their physician's office, either in person or on the phone, to register for the service. Steinberger says he expects the registrations to top out at 60 to 80 percent of the group's patients. That's because some people just won't communicate via computer, though for many it's become routine and even mandatory.

"The only thing is, I'm careful not to sign people up who rarely use their e-mail, because once they sign up, that's how I communicate with them," Steinberger says.

Simple but effective

Lifetime Health Medical Group, Rochester and Buffalo, N.Y.

Type: Primary care group practice

Portal debut: 2002

Internist Mark Cohen, M.D. monitors the cholesterol of a globetrotting patient even when he's in London or Singapore. "He gets a test there, I tell him what I want him to do, and he gives the company doc my prescription," he says. Another patient is on active duty in Iraq; when she needed follow-up care from a surgery, she contacted Cohen to schedule an appointment during her two-week leave.

All of this international messaging, and lots more in the immediate vicinity of Rochester, N.Y., goes through the patient portal of Cohen's practice, Lifetime Health Medical Group. It's not particularly fancy, and has gotten less fancy recently because the practice moved the electronic prescribing function from its portal (provided by McKesson Corp. subsidiary RelayHealth) to its EHR system (provided by NextGen Healthcare Information Systems). "All we use it for is messaging," says Cohen, who doubles as the practice's chief of healthcare informatics. But that one function is enough to attract about 12 percent of Lifetime's 100,000 patients (and more than 60 percent of Cohen's own panel). "But that's my big value in this-it's efficient and there are no misses. And the patients love it."

Both patients and physicians are notified via e-mail when they have messages waiting in the portal, so regular mail checking is key to success, along with some common sense. "Two or three times in eight years, a guy types that he's having chest pains or bleeding, and sends the message on a Friday," Cohen says. "You don't check till Monday, and then you say 'Oh, my goodness.' And then you remind them that they're not supposed to use the system that way."

Patient magnet

BJC Medical Group, St. Louis

Type: Multispecialty group practice affiliated with BJC Health Care

Portal debut: 2009 pilot, 2010 roll-out

BJC Health Care grew by acquisition, which puts BJC Medical Group in a diverse information technology environment. Its ambulatory EHR is provided by NextGen, the EHR of another BJC

affiliated group is provided by Allscripts, and the inpatient systems at BJC Health Care's 13 hospitals are, "a variety pack, depending on the hospital," says Amanda Heidemann, M.D. medical director for the group's EHR. The health system uses a self-developed clinical data repository to tie everything together. It also elected to create its own patient portal, now being piloted at three BJC Medical Group offices.

The portal, myBJC, has been in the planning since 2007. Heidemann says the health system sees it as a potential magnet for patients in the St. Louis market, where several large systems compete. The portal draws its information from the clinical data repository, so that the patient can access test results from any BJC facility. "Empowering patients to be part of their health care is one of our big drivers," Heidemann says.

About half the patients seen at the three pilot practices signed up for portal access, which gives them the ability to trade messages with their physicians and check test results. Heidemann says BJC is experimenting to see how quickly it should release results, and currently is releasing most lab results in two days, general radiology in three days, more complex imaging studies and lab tests in a week, and HIV results in 30 days. "We want to give docs a chance to talk with patients" before they see certain results, she says.

Physicians were concerned at first that messaging responsibilities would take up too much time, but that hasn't turned out to be a problem-possibly because the system of patient communication was already relatively efficient before the portal arrived.

"You have to look at the current process for handling these kinds of queries, and understand how the portal may or may not impact the process," Heidemann says. "If you don't understand your own office practice, putting a new technology on it won't make it cleaner or more efficient."

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