Patient Portals: Mythbusters

September 21, 2016

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Dr. McNeill is a graduate of the Brody School of Medicine at East Carolina University, Greenville, North Carolina. He completed his family medicine residency at the Mountain Area Health Education Center (MAHEC) in Asheville, North Carolina, before spending a year working as a physician in New Zealand. Dr. McNeill has served as an information technology (IT) champion for most of his decade-plus career, leading numerous initiatives that include transition from paper records to an electronic health record (EHR), meaningful use, and patient-centered medical home (PCMH) certification. His leadership in IT and his experience as a change agent led him to open his own patient-centric, portal-facilitated practice in 2012. In addition to his practice responsibilities, Dr. McNeill enjoys teaching rotating residents from MAHEC's family residency program and students from the UNC School of Medicine, Chapel Hill. He lectures nationally on patient portal-related topics.

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Learning Objectives

1. Utilize a patient portal to reduce overhead cost by improving workflow.
2. Remove barriers (like complicated phone trees) for patients through portal technology such as real-time scheduling and/or secure messaging.
3. Develop a strategy to use the patient portal to increase provider availability and time per patient visit.

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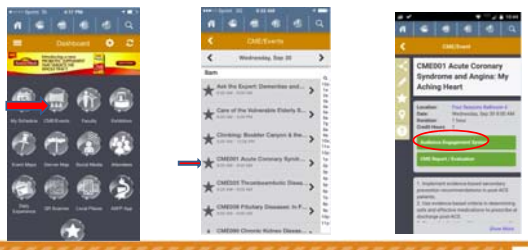
Audience Engagement System

Step 1 Step 2 Step 3



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Presentation Outline

- Background of TFM and why
- Strategies to improve efficiency using the portal
- Strategies to improve and maintain portal use
- Review internal and external data on patient portals and patient care
- Vulnerable populations
- Strategies for big group practices

Practice Overview

- Practice Inception: Sept 2012
- Number of Providers: 1
- NCQA/PCMH Level III
- EHR/Portal: eClinicalWorks (eCW)
- Web-enabled Patients: 93%
- Active Portal Users: 80%
- 2 full-time employees

What this practice model is NOT:

- NOT a boutique, concierge model – there is no monthly fee for this model
- NOT a cash pay, direct primary care model
- All major insurances ACCEPTED
- Adult and child Medicaid ACCEPTED
- Medicare is ACCEPTED

Asheville, NC

Asheville, NC

Asheville, NC

Traditional Practice Issues

Problems with a Typical Office – Toxic to Patients

- Increased employees = high degree of chaos, noisy office
- Overbooked harried physicians
- Patient access problems
- Continuity issues
- Patient-centeredness challenges

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IMP Principles [1]

- ✓ Keep overhead low.
- ✓ Be available to patients…same-day appointments every day, sick patients never turned away.
- ✓ Have time to spend with patients.
- ✓ Be proactive in the management of chronic disease.
- ✓ Measure my quality of care on a regular basis.
- ✓ Gain more control and autonomy.

[1] Brady, John. Introduction to the Principles of The Ideal Medical Practice. Retrieved from http://impcenter.org/wp-content/uploads/2013/07/Introduction-to-Principles-of-Ideal-Medical-Practices.pdf on 1 October 2014.

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Myth #1: "It will create more work"

- Electronic Health Records created more work
- EHRs increase physician burnout
- 2/3 of physicians feel that EHRs decrease efficiency [2]
- EHR use = increased burnout (regardless of satisfaction)

[2] Tait et all, Relationship Between Clerical Burden and Characteristics of the Electronic Environment With Physician Burnout and Profession Satisfaction. Mayo Clinic Proceedings July 2016, Volume 91, Issue 7, 836-848.

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Myth #1: "It will create more work"

"[EHRs] have increased the clerical burden on physicians, altered the patient-physician interaction, and can distract from the more meaningful aspects of medical practice." [2]

[2] Tait et all, Relationship Between Clerical Burden and Characteristics of the Electronic Environment With Physician Burnout and Profession Satisfaction. Mayo Clinic Proceedings July 2016, Volume 91, Issue 7, 836-848.

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Myth #1: "It will create more work"

The Patient Portal is the ideal tool for practice re-design.

- ✓ Easy online self-scheduling by patients
- ✓ Secure messaging: patient questions answered directly by the physician
- ✓ Patient Engagement: web interviews, home biometric monitoring. Easier access to educational materials.

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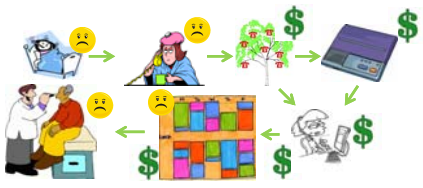
Open Access / Real-time Scheduling

First, the traditional model in all its inefficient glory…



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Open Access / Real-time Scheduling

- Patients have 24-hour access to my schedule
- Schedule an appointment at their convenience
- Same day access every day
- Simplified, easy appointment process. All appointments are one type, 20-minute blocks.
- Walk-ins are welcome

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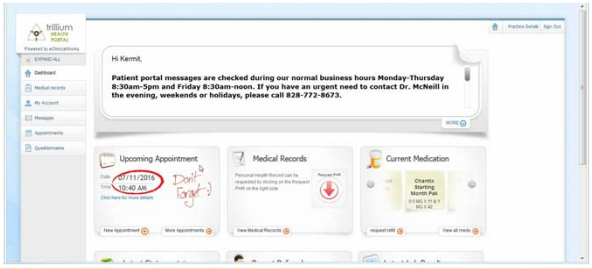
What does Patient Scheduling look like?



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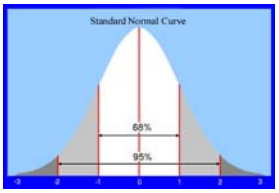
Open Access / Real-time Scheduling

- Mean patient load = 12
- Standard deviation = 3
- 2 standards deviations above the mean: 12 + 6 = 18
- 18 + 2 wiggle = 20
- Group practice considerations



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Secure Messaging

- Patients are trained to send portal messages vs. the telephone.
- Messages come straight to me through the portal. Not routed by staff member.
- They are answered by me (not my medical assistant) within 2 business hours.
- Patients love having this level of access.

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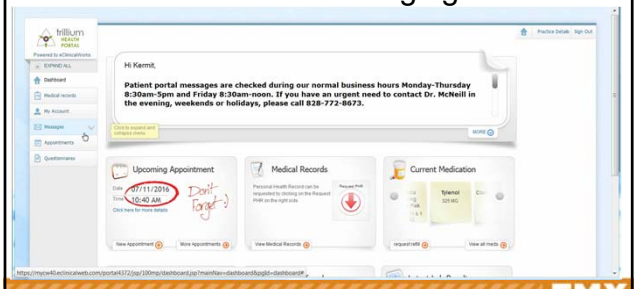
What does Secure Messaging look like?



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Myth #2: "Patients will abuse the secure messaging"

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Secure Messaging

Patient overuse and abuse

- Abuse is uncommon
- 5 - 15 secure messages a day
- Responses should be simple, 1 - 2 minutes for each
- If complicated or not clinically safe ➡ appointment
- Considerate patients are still considerate patients, and challenging patients are still challenging patients

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Myth #3: "It's not safe"

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Secure Messaging

Is it Safe?

- Harvard Medical School publication, Applied Clinical Informatics [3]
- 6 years of portal messages analyzed
- 97% of patient portal messages are read in timely manner
- No evidence of harm that occurred from unread messages

[3] Crotty BH et al. Prevalence and Risk Profile Of Unread Messages To Patients In A Patient Web Portal. Applied Clinical Informatics. 6(2):375-82, 2015.

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Patient Engagement

The Web Interview
Instant Medical History (IMH) / Primetime medical software
http://medicalhistory.com

- Patient interview software [4]
- Branching logic to interview patients, like 3rd year medical student interview
- Helps the patient get his/her thoughts in order and get all his/her concerns out prior to being seen

[4] Bachman J. Improving care with an automated patient history. Fam Pract Manag 2007;14:39-43.

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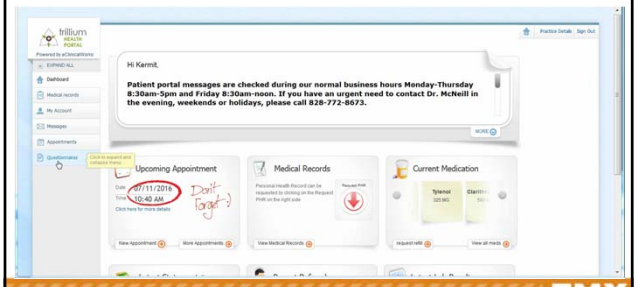
What Does the Web Interview look like?



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What does the output for the doctor look like?

The Web Interview

- Enhances PCMH “huddle”
- Documentation completed
- Improves quality
- Better patient satisfaction
- Allows real-time record completion

Patient Engagement: Other Aspects

- Home monitoring - biometric data
- Automated lab and diagnostic imaging results
- Patient education
- Post-visit care
- Enhanced follow-up
- Enhanced self-care

Myth #4: “My patients are just going to call anyway, so what is the point?”

How do you get patients to actually use this technology?

✓ Business 101.

You get clients (patients) with good salesmanship.

You keep them with good service.

The Sell

New Patient Orientation

- Handouts/posters are ok
- Staff involvement even better
- Nothing beats the physician’s endorsement of use [5]

[5] Irizarry T, DeVito Dabbs A, Curran CR. Patient Portals and Patient Engagement: A State of the Science Review. J Med Internet Res 2015;17(6):e148

The Sell

Make the connection between the patient portal and time and availability.

Good Service

- Same day access every day
- Make scheduling process as simple as possible
- Portal messages returned within *2 business hours*
- Refill requests through portal within 4 business hours
- Focus on the patient, give them more time

Good Service

Make sure there are meaningful things to access on the portal:

- Labs/DI results
- Visit summaries
- Refill requests
- Schedule appointment

The Sell

Set expectations up front

- New patients are accepted ONLY by registering on the portal
- New patient registration through portal is prominently displayed on web page…

http://www.trilliumfamilymedicine.com

The Sell

Make portal use as mandatory as possible

- New patient registration
- Medication refills
- Appointments
- Patient pre-histories / web interviews

So what do patients think?

Myth #5: "No data on improved outcomes"

- 75% of all appointments are scheduled by patients through real-time scheduling
- 3rd next available appointment at TFM is same day 98% of the time
- 5-15 secure messages are answered daily by Dr. McNeill
- Response time is under goal of 2 business hours 98% of the time

Does it Work? The Data…

Annual Portal Activity per 1,000 Patients	
Avg messages sent by patients	2,000
Appts scheduled online	75%
Appt reminders	5,000
Refill requests online	1,500
Avg messages sent by staff/physician	5,000
Lab results published	1,600

Conservative estimates are that we save 10,000 calls annually

Does it Work? The Data…

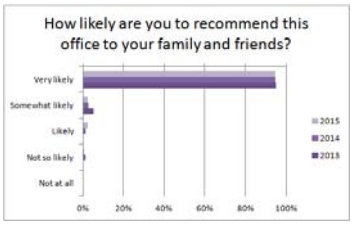
- Break-even point is 6-7 patients/day
- See on average 12 patients/day
- Able to take own call - average 4 calls/month
- Working 8-9 hour days vs. 11 hour days
- Greater autonomy
- Improved job satisfaction
- No significant change in income

Does it Work? The Data…

- Meeting Meaningful Use Criteria is a breeze
- Level III PCMH within first 15 months
- Achieved NC Blue Cross Blue Shield BQPP (Blue Quality Physician Program) status within 18 months of opening

Does it Work? The Data…

- Annual survey: 2013, 2014, 2015
- 95% Very likely to recommend practice



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Does it Work? The Data…

- External Data remains mixed on portal use
- Numerous studies, Portal use = Improved Diabetic Quality Indicators [6,7,8]
- Findings remain despite co-founding variables such social economic class, age, co-morbid conditions

[6] Bishnu D, et al. Use of an Online patient Portal and Glucose Control in Primary Care Patients with Diabetes. Population Health Management. 2016; 19, Number 2: 125-131.
[7] Osborn CY, et al. Understanding patient portal use: implications for medication management. J Med Internet Res. 2013;15(7):e133.
[8] Tenforde M, Nowacki A, Jain A, Hickner J. The association between personal health record use and diabetes quality measures. J Gen Intern Med. 2012;27:420–424.

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Myth #6: "The poor, rural, elderly won't / can't use the portal"

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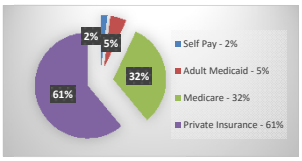
Vulnerable Populations – The Poor, The Rural, The Elderly

Many different patient populations are served

Payer Mix:

- 2% Self Pay
- 5% Adult Medicaid
- 32% Medicare
- 61% Private Insurance



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Vulnerable Populations – Medicaid

- Serious access issues in most communities
- There is a strong desire to use portals
- Smart phone penetration is higher than what you would expect
- Desire and willingness is supported by management literature [9,10]

[9] Schickedanz et al.: Access, Interest, and Attitudes Toward Electronic Communication for Health Care Among Patients in the Medical Safety Net. General Internal Medicine. 28(7):914-20, 2013 Jul.

[10] Sanders MR, Winters P, Fortuna RJ, Mendoza M, Berliant M, Clark L, Fiscella K. Internet access and patient portal readiness among patients in a group of inner-city safety-net practices. J Ambul Care Manage. 2013;36(3):251–259. doi: 10.1097/JAC.0b013e318297029.

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Vulnerable Populations – Medicaid, The Indigent

- NYC FQHC [11]
- Flat Rock NC Health Center [12]

[11] Ancker JS, Barrón Y, Rockoff ML, Hauser D, Pichardo M, Szerencsy A, Calman N. Use of an electronic patient portal among disadvantaged populations. J Gen Intern Med. 2011 Oct;26(10):1117–23. doi: 10.1007/s11606-011-1749-y.

[12] Crane, MD, Steve. Redesigning the Rural Health Center. NC Medical Journal. 2011; 72(3):212-215.

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Vulnerable Populations – The Elderly

- Many elderly will surprise you, they have been e-mailing their kids for years
- Many of our older adults desire to use the portal and are enthusiastic about their use

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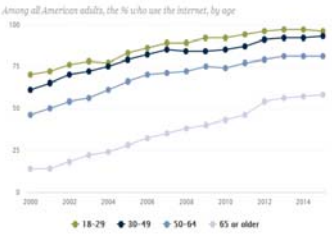
Vulnerable Populations – The Elderly

More and more older adults go online regularly [13]



[13] http://www.pewinternet.org/2015/06/26/americans-internet-access-2000-2015/

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Vulnerable Populations – The Poor, The Rural, The Elderly

- The digital divide still exists
- Some publications suggest that portals can increase health disparities [14]
- 20% of my patients cannot use the portal. Usually are high-risk patients
- Giving them extra time is easier now
- Back line telephone reserved for them, answered by a live person

[14] Smith S. et al. Disparities in registration and use of an online patient portal among older adults: Findings from the LitCog cohort. Journal of the American Medical Informatics Association.22(4):888-95,2015 Jul.

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Myth #7: "My practice will die if I start answering portal messages"

- Doctor Base (private consulting firm)
- Physicians who responded to portal messages had MORE patient encounters, not less [15]
- "Physicians who are open to answering simple questions are thriving" [15]

[15] Raths, D. Are Patient Portals a Valuable Tool or a Time Waster? Medical Economics. 93(4):56, 58, 60 passim, 2016 Feb 25.

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Myth #8: "I'm not getting paid for this"

- True. The reimbursement codes and framework do not exist currently, except for e-visits with some health insurers.
- You could charge but …..
- You have to focus on the savings

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Myth #8: "I'm not getting paid for this"

But, the Merit-Based Incentive Payment System (MIPS) will emphasize the following:

- Quality
- Resource Use
- Meaningful Use
- Clinical Practice Improvement Activities (access, patient engagement, population health management, care coordination)

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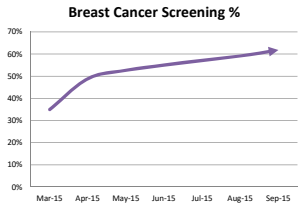
Myth #8: "I'm not getting paid for this"

- Population Health Management
- Breast cancer screening improved significantly



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If you are already on the Dark Side

- ✓ You don't have to start a practice from anew. Any percentage of use pays off.
- ✓ Stop simply responding to mandates.
- ✓ Ask what specifically you would like to improve in your office.

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If you are already on the Dark Side

- ✓ Better communication? *Secure messaging*
- ✓ Improved access? *Real-time scheduling, e-visits*
- ✓ Improved patient self management? *Enhance visit summaries, labs, DI results*
- ✓ Less documentation/improved patient engagement? *Web interviews*

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Portal Use Take-Home Points

- ✓ The patient portal offers numerous opportunities to streamline your office
- ✓ Patients (including vulnerable populations) are not as resistant to them as you think
- ✓ Prioritize salesmanship and good service
- ✓ Have time again to enjoy the patient-physician relationship

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Portal Use Take-Home Points

- ✓ The low overhead, portal-based practice is another model where a small independent office can survive and even thrive
- ✓ This model can work within the traditional insurance system and include Medicare and Medicaid
- ✓ Larger offices can benefit as well – start with what you want to improve

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Family Practice Management March/April 2016 FPM

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Lower Your Overhead With a Patient Portal

Patients connecting with your practice through the Internet require fewer staff and generate lower costs.

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Questions?

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