

Patient Portals: The Good, the Bad, and the Inevitable

Some physicians and patients have been reticent to embrace online portals, but the changing nature of health care will accelerate the process.

In this issue, David Twiddy provides an excellent update on patient portals, “Removing Six Key Barriers to Online Portal Use” (page 26), that focuses on the challenges of portal implementation.

Patient portals are not a new idea. I confess that I’m a fan. I wrote an article in *Family Practice Management* promoting their virtues back in 2008.¹

But uptake has been very slow. Previously, this could be blamed largely on many providers being highly

However, the current state of the art needs work. A big problem is that portals are not standardized and often don’t talk to each other.

Imagine an older patient – a computer literate 71-year-old male who sees a family physician, a dermatologist, an ophthalmologist, an orthopedist, and a urologist, and uses just one hospital. Each provider (including the hospital) uses a unique patient portal linked to a unique electronic health record (EHR). That’s six different portals, six logins, and six different batches of information for the patient to manage. Now imagine how much worse the situation would be for a sicker or less computer-savvy patient.

A patient should only need one portal – a comprehensive one maintained by his or her primary care physician (PCP), who shares data with all those specialists and hos-

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resistant to the technology, but that resistance is being overcome by the threat of not meeting meaningful use (MU) criteria.

Patients, meanwhile, say they want online access to their physicians and their medical records. Yet, ironically, it requires a lot of effort to get them to sign up. You’re doing quite well if you can get 25 percent enrollment.

I often ask patients why they don’t sign up. Some are worried about privacy; others don’t enjoy using computers, forget their passwords, or just don’t see the benefits. They aren’t thinking ahead to that unplanned emergency department visit where a portal would let them pull up their medication, allergy, and problem lists on their phone for the doctor to see. Many patients are simply more comfortable calling to make appointments and leaving messages. Old habits are hard to change.

Yet, if we can get patients to use them, portals have a lot of potential benefits. Allowing patients to access their records can make them more informed. Asynchronous communication can be more efficient. Having a patient write down their concerns in their own words rather than relying on a third party can improve accuracy. Sending test results electronically can be more timely.

pitals, gets timely updates, and is great at keeping records. Considering where we are, we probably need to plan on major patient portal confusion for the next few years.

The Centers for Medicare & Medicaid Services has done much to promote portals with the new MU criteria. But even if those criteria were dropped tomorrow, I don’t think online communication and sharing of information between doctor and patient would become a passing fad.

Look around. With a world molded by the Internet of Everything, where wearable health monitors are just taking hold, where people live, work, and play online, you can bet that health care will follow suit. We will certainly be interacting online more and more with our patients (and their bodily functions) in the years to come. 



Kenneth G. Adler, MD, MMM, Medical Editor
fpmedit@aafp.org

1. Adler KG. Making a case for online physician-patient communication. *Fam Pract Manag.* 2008;15(5):a3-6.