

How Patient Portals Create Value for Patients -- and Fulfill Meaningful Use Requirements

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Medical practices across the nation are recognizing the value of patient portals. The functionalities of portals – test results notification, prescription renewal management, appointment requests, electronic payments and others – add efficiencies that practices desperately need to better manage operational costs while improving patient access and satisfaction. A patient portal also is an essential tool for practices seeking to meet the criteria established in the federal government’s new incentive payment program for electronic health records (EHR).

This white paper seeks to educate medical practices on the value of a patient portal. The paper describes the tangible benefits of a portal, as well as how a portal allows practices to reach the goals of the government’s Meaningful Use criteria for the EHR incentive payment program. (See Figure One: The Value of a Patient Portal.)

Patient Portals: Background

A patient portal looks much like a Web site, but the similarities end there. A Web site offers a static user experience while a Web-based patient portal is a gateway into a medical practice for patients. A portal provides a secure, HIPAA-compliant, two-way communication channel between patients and their health care providers.

Unlike your practice’s office operations, the portal provides convenient, 24-hour, self-service options. It allows patients to handle business and clinical interactions with your practice at their convenience and allows your staff to respond when it suits them.

While the features of portals may vary, the options typically allow patients to complete, manage or communicate with their provider regarding:

- Registration
- Financial clearance
- Medical history
- Appointment scheduling requests and confirmations
- Appointment recalls for preventive and other recommended care
- Specialty referrals
- Test results notification and tracking
- Patient-health care provider communication
- Online bill payment
- Prescription renewal

Regardless of the specific functionalities, patients find value in a well-designed and functional patient portal because they feel like they are participating in their care process and have been given a greater menu of choices. A 2008 survey by the Commonwealth Fund found that 94 percent of consumers rated easy access to their own medical records as either important or very important to them.¹

A patient portal can also streamline access to your practice by offering patients self-serve access to many of the functions and information that they most value from health care providers. A recent survey by the Deloitte Center for Health Solutions found that a large majority of health care consumers (nearly 80 percent) were interested in gaining access, through their physicians, to an integrated medical record containing their test results, physician visits and other information. Three out of four surveyed wanted their physicians to provide online services to schedule appointments, get test results, access medical records and exchange e-mail.² Confirming the attitude of consumers to embrace portals, Intuit Health concluded that 72 percent of consumers would use a tool to help them pay their medical bills, easily communicate with physicians, make appointments, and obtain lab results online.³

Portals can meet all of these patients' needs – and more.

Portal Benefits

A patient portal creates a single, customizable point of access to applications and information, providing tremendous value to patients.

Strengthening physician-patient relationship. A patient portal has great utility in enhancing the physician-patient relationship. Patients have the ability to schedule appointments, look up test results and review personal medical records. Being able to access this information at their convenience helps bond the patient more closely to the practice. It may also solidify the practice as the patient's medical home. Patients using their primary care physician's portal tend to have greater satisfaction with provider communications and overall care than those not using a portal.⁴ Moreover, sustained patient use of a portal appears to remain strong over time, with higher morbidity, middle aged patients making the greatest use.⁵ High-patient utilization of the portal exemplifies how information technology may encourage patients to be more active in their care and may potentially improve outcomes.⁶

Securely sharing information. Nearly nine of ten patients consider it important that physicians be able to access test results electronically and exchange information with other physicians electronically.⁷

Connecting referring physicians. A patient portal can allow patients, as well as referring and consulting physicians, to share information, which promotes collaboration. A portal offers a separate section for referring physicians to check on the status of their patients. This option, which vastly speeds communication flow, has proven popular with referring physicians. For example, Houston-based MD Anderson found that 40 percent of referring physicians in the community were using their patient portal to access personal health information about their patients.⁸ At Michigan Health, a cardiology practice in Ann Arbor, many referring physicians in the community are using its newly introduced portal successfully.⁹

Practice operations cost savings. In addition to satisfying patients, a portal provides the tangible benefits of cost savings to the medical practice. Unlike a telephone, the portal can accept patients' input and provide them with self-selected information and services without requiring the interaction of or response by the practice's staff. When patients who use the portal make requests that require staff action (usually in the form of information gathering and a reply), the portal relieves a measurable amount of telephone demand on staff as well as physicians.

Time is a critical practice resource, especially in the case of providers. Using a portal with the capabilities to handle most patient requests allows the practice to allocate more of this valuable resource into seeing patients, rather than attempting to make real-time responses to incoming telephone requests. A portal adds value to a medical practice by allowing it to shift time as one would with broadcast media via TIVO or a similar digital device. In other words, staff can delineate specific time periods throughout the workday to handle the portal's output; namely, the non-urgent patient requests for information or services.

The cost savings for Atlanta-based Roswell Pediatrics is tangible, according to collections manager Liz Martin: "Setting up payment plans is easy and quick. It gives me peace of mind that the Intuit Health Patient Portal will track the payment terms and notify me if they are not kept."¹⁰

Improving accuracy. A portal can speed the timeliness, as well as improve the accuracy and completeness of forms and other information the practice requires from its patients. Portals allow patients to complete various forms online that were previously handwritten –and simply approve information about demographics, patient medical history, known allergies, insurance coverage, etc. By requiring text entry by keyboard, or the selection of discrete information from checklists, an electronic form reduces handwritten errors and rekeying of information into the medical record or practice management system. Patients appreciate the option to complete forms on a pre-visit basis: Intuit Health's 2010 Financial Healthcare Check-Up revealed that 84 percent of patients would fill out their medical forms online prior to their appointment if they had that option.¹¹

Forms, such as medical history, can be customized to request additional information when needed. For example, a patient who checks "Yes" when asked "Do you smoke tobacco?" would be presented with an additional series of health questions. In the same way, forms can be customized by sex, age, chronic disease status and other factors of importance to the provider.

Electronic forms reduce the time that patients, especially new patients, spend in the practice's reception area. The portal-delivered forms allow front office staff to get a 'head start' on registering patients. The electronic format avoids the need to re-key paperwork, ensuring that the registration information patients provide is legible and importantly, the pre-visit completion of information gives staff time to verify insurance before the day of the appointment.

Interfacing the patient portal with the practice management system (PMS) speeds the flow and improves the accuracy of this information because insurance, demographic and other data the patient provides can populate the proper fields of the PMS without the need for staff to re-enter information, which always introduces the potential for error.

Enhancing access. Requesting appointments online via a patient portal allows patients to select visit times that match their needs. The Deloitte survey found that 72 percent of consumers are interested in using online scheduling. The survey's authors concluded that online scheduling was among the other tools that would prove to be major differentiator between physicians who patients might choose for their care.¹²

Patients requesting appointments online via a portal do so by logging in and selecting from a menu of choices. A practice may display available appointments by provider, time slot, clinical session and/or day of the week. This flow of information introduces a significant efficiency for the practice: staff can shift the processing of appointment requests to time slots in their work schedule, rather than being constantly interrupted to schedule appointments in real time. An additional value of appointment requests is that the system helps automate patient reminders, which, again, reduces the time pressures on practice administrative staff as well as all but eliminating missed calls and the ever frustrating 'phone tag.'

Transparency. With Americans demanding faster, more personalized services from all industries, the patient portal provides the health care industry – historically, not a consumer-centric industry by any measure – new tools to respond to this trend. A portal allows even the smallest medical practice to offer self-service options and information sharing on the same level as the largest health system might provide online to its patients.

As patients are given more responsibility for their own health care costs, practices must provide both cost efficiencies and quality in order to compete. Portals offer the transparency expected by a new breed of health care consumers who demand value and access.

Forester Research analyst Elizabeth Boehm, who researches the role of online services in health care, concludes: "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."¹³

Meaningful Use and Patient Engagement

Recognizing the intrinsic values of a well-designed, multi-functional patient portal, the federal government has honed in on portals in its meaningful use rules. Four of the 25 criteria, of which 20 are required by eligible professionals in order to demonstrate meaningful use of their EHR in Stage 1, focus on services that practices would be hard-pressed to provide without a patient portal.

The Meaningful Use requirements stem from the American Recovery and Reinvestment Act, which was signed into law in February 2009. The Act, also known as the HITECH Act, laid out an incentive plan for eligible health care professionals to receive up to \$63,750 per eligible professional to implement a certified EHR. But implementation isn't sufficient – the government also outlined extensive rules related to meaningfully using it.

While the government's program is voluntary, disregarding it has a price. Incentives for not participating begin in 2015, with a one percent reduction in Medicare payments. The decreases rise by one percent per year, up to five percent.

From the outset, one of the government's health care policy priorities was patient engagement. Yet, it's also one of the most difficult to achieve. "Patient engagement is probably the most complex area of the Meaningful Use and Standards Rule," says health care blogger John D. Halamka, MD, MS, Chief Information Officer of Beth Israel Deaconess Medical Center and Chief Information Officer at Harvard Medical School.¹⁴

According to the Centers for Medicare and Medicaid Services (CMS), the Stage 1 Meaningful Use criteria explicitly focuses on engaging patients and families, as well as electronically capturing health information; using that information to track key clinical conditions; implementing clinical decision support tools; and reporting clinical quality measures and public health information.¹⁵ Furthermore, in the HITECH ACT, the government requests the Health Information Technology Policy Committee to consider: “self-service technologies that facilitate the use and exchange of patient information and reduce wait times.”¹⁶

Although the details of Stages 2 and 3 are yet unknown, CMS has made it clear that the criteria will have higher engagement thresholds. Looking to the future, the time is now to engage patients.

It is of note that the Office of the National Coordinator of Health Care Information Technology (ONC) – charged with creating protocols to certify EHRs as qualified for the incentive program – prioritizes the value of patient engagement. The agency declares that, with the help of health care information technology, physicians will have... “A way to securely share information with patients and their family caregivers over the Internet...This means patients and their families can more fully take part in decisions about their health care.”¹⁷

Finalized in July 2010, four of the Meaningful Use criteria are related to patient engagement – two are required criteria from the ‘core set,’ and two are optional criteria that eligible professionals may select from a menu. All four can be achieved by a patient portal. (See Figure Two: Meaningful Use Patient Engagement Criteria.)

Patient Engagement Criteria One: Electronic copy of health information

Physicians and other eligible professionals are required to provide patients an electronic copy of their health information, upon request. To meet the objective, more than 50 percent of patients who request an electronic copy must be provided with it, within three business days. The only information the provider is required to distribute is that which exists “electronically in or [is] accessible from...” the EHR.¹⁸ Delivery options, according to CMS, may include a patient portal, personal health record (PHR), secure email, CD-ROM or a USB drive. For the purposes of meeting this requirement, it applies only to patients and their agents, not third party requests. Health care professionals may withhold information that would cause harm to the patient or another individual.

Patient Engagement Criteria Two: Clinical summaries

The objective is to provide clinical summaries, referred to as ‘after-visit summaries’, to patients for each office visit. CMS defines an ‘office visit’ as any patient encounter for concurrent care, transfer of care, consultant or telehealth. The after-visit summary must be provided to at least 50 percent of patients within three business days of the visit. No charge can be made to the patient for providing the summary.

Unlike the criteria for health information electronic access discussed below, this objective applies regardless of whether the patient requests the information or not. Delivery options, according to CMS, may include a patient portal, PHR, secure email, CD-ROM, a USB drive – or, in contrast to other criteria, a printed copy. A paper copy, in fact, is required if the patient requests

it. As with the health information criteria, the provider may withhold information that would “cause substantial harm to the patient or another individual,” the CMS rule states.¹⁹

Patient Engagement Criteria Three: Appointment recalls

This criterion, one of the 10 menu-based criteria from which eligible professionals need to choose five, is to send reminders to patients for preventive/follow-up care. Referred to as appointment recalls, eligible professionals may choose the nature and frequency of the recalls, but more than 20 percent of all unique patients 65 years old or older or five years old or younger must be sent an ‘appropriate’ reminder during the EHR reporting period. Professionals who don’t treat either age group are exempt from this criterion.

Eligible professionals may select the method of transmitting the recall and even the format. The only limits on the format of the appointment recall are HIPAA requirements and any other federal, state or local regulations that may apply.

Patient Engagement Criteria Four: Timely access to health information

Calling for providing patients with timely electronic access to their health information, this criterion is measured by providing electronic access to health information for more than 10 percent of all unique patients. The request must be fulfilled within four business days of the information being updated in the EHR, not within four business days of the patient’s most recent visit.

This criterion – one of the menu-based criteria, of which five are required – sounds very similar to the ‘copy of health information’ criterion discussed above. CMS explains that the difference between electronic access and an electronic copy is that a patient with electronic access can obtain the information at any time while a patient must affirmatively request an electronic copy from the physician. “It was our intention,” further clarifies CMS in the Final Rule, “that this be information that the patient could access on demand such as through a patient portal or PHR.”²⁰ For clarity, CMS says that at a minimum, the timely access to health information must include laboratory test results, problem lists, medication lists, and medication allergy lists.

To achieve the outcomes established by CMS related to patient engagement, careful planning is in order. As stated in the guidelines, practices can provide patients with electronic media that stores their record. Implementing such a process – handing every patient a thumb drive, for example – is an option, but it’s arguably unrealistic. Consider that the physician must completely document the encounter, and that an electronic copy must be securely saved onto the drive and handed to the correct patient before he or she walks out the door. Otherwise, patients will have to be scheduled to return for their drive or it will have to be mailed to them. Although this protocol is certainly possible, the staff time to put it into action will be significant, and asking patients to return will be considered an imposition, not a benefit. Delivering the information on a thumb drive would mean either purchasing a new drive for each transaction, or re-using a previously distributed thumb drive. Using a drive that the patient provides serves as a final option, but obviously introduces the risk of viruses into the practices’ computer systems.

A portal eliminates all of these challenges related to distribution: when the record is complete, it can be securely accessed by patients at their convenience. If performed for all patients,

meeting the provision requirements related to the Meaningful Use measures will be achievable. A portal also automatically tracks and stores all of these data transmissions and provides an auditing option, something that individual electronic storage devices inherently do not.

Action Plan

The government's incentive payment program commences January 1, 2011. Eligible professionals who wish to qualify for the incentives available for 2011 participation must have their certified EHRs in place by October 1, 2010.²¹ Don't wait until it's too late to participate. If not achieved by 2015, reductions by way of Medicare reimbursement commence. While the Meaningful Use criteria may appear overwhelming, and the timeline drastically short, a methodical approach can lead to successful participation.

For those practices using an EHR, many of the meaningful use criteria may already be operational. While many practices have optimized the internal utilization of the EHR, extending the value to patients is critical to meeting Meaningful Use. For practices still in the planning stages of an EHR implementation, engaging patients from the initiation is essential.

It's certainly helpful to adopt a portal in conjunction with your practice management and EHR systems, but interfacing or even having these management systems isn't necessary to start taking advantage of a portal's functionality. If upgrading technology is in your future, a portal offers an excellent opportunity to ease your practice into automation.

With a multitude of functions available – and so many patients eager to use them – Web-based patient portals are poised to become a standard feature of medical practices. Now may just be the right time for you to explore one for your practice.

Figure One: The Value of a Patient Portal

- Enhance patient access
- Improve practice operations
- Reallocate staff resources
- Enhance relationships with patients
- Engage patients in their own medical care
- Improve the quality of patient care
- Securely share data
- Connect with referring and consulting physicians
- Boost revenue
- Manage the administrative aspects of patients with high-deductible health plans
- Reduce registration-related insurance denials
- Shrink bad debt
- Meet federal criteria for 'meaningful use' of an EHR

Figure Two: Meaningful Use Patient Engagement Criteria

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request

Measure: More than 50% of all patients of the eligible professional (EP) who request an electronic copy of their health information are provided it within 3 business days

Exclusion: Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period

Objective: Provide clinical summaries for patients for each office visit

Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days

Exclusion: Any EP who has no office visits during the EHR reporting period

Objective: Send reminders to patients per patient preference for preventive/follow-up care

Measure: More than 20% of all unique patients 65 years old or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period

Exclusion: Any EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology

Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP

Measure: More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information

Objective: Any EP that neither orders nor creates any of the information listed (lab results, problem list, medication lists, medication allergies)

Source: 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule. Accessed September 21, 2010: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

¹K.H. How, A. Shih, J. Lau, C. Schoen. Public Views on U.S. Health System Organization: A Call for New Directions. The Commonwealth Fund. August 2008. Accessed Sept. 23, 2010: <http://www.commonwealthfund.org/Content/Publications/Data-Briefs/2008/Aug/Public-Views-on-U-S--Health-System-Organization--A-Call-for-New-Directions.aspx>

²Deloitte 2008 Survey of Health Care Consumers. Deloitte Center for Health Solutions. Accessed Sept. 21, 2010: http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_chs_ConsumerSurveyExecutiveSummary_200208.pdf

³Intuit's 2010 Financial Healthcare Check-Up.

⁴C.T. Lin, L. Wittevrongel, L. Moore, et al. An Internet-Based Patient-Provider Communication System: Randomized Controlled Trial. *Journal of Medical Internet Research*. 2005 Jul-Sep; 7(4): e7. Accessed Sept 28, 2010: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1550679/>

⁵D. Carrell, J.D. Ralston. Variation in Adoption Rates of a Patient Web Portal with a Shared Medical Record by Age, Gender and Morbidity Level. AMIA Annual Symposium Proceedings. 2006: 871. Accessed Sep. 28, 2010: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839457/>

⁶A.F. Chou, Z. Nagykaladi, C.B. Aspy, J.W. Mold. Promoting Patient-Centered Preventive Care Using a Wellness Portal: Preliminary Findings. *Journal of Primary Care and Community Health*. July 2010. 1: 88-92. Accessed Sept. 22, 2010: <http://jpc.sagepub.com/content/1/2/88.full.pdf+html>

⁷Ibid. K.H. How et al. Commonwealth Fund.

⁸M. Merrill. Patients, referring docs at MD Anderson making good use of Web portal. *Healthcare IT News*. July 6, 2010. Accessed Sept 22, 2010: <http://www.healthcareitnews.com/news/patients-referring-docs-md-anderson-making-good-use-web-portal>

⁹Intuit Health. Michigan Health Embraces Patient Portal Technology. News Release: August 24, 2010. Accessed Sept. 22, 2010: <http://www.medfusion.net/docs/Michigan%20Heart%20Embraces%20Patient%20Portal%2017-10F.pdf>

¹⁰Collections manager Liz Martin, Roswell Pediatrics, Atlanta, Georgia

¹¹Ibid. Intuit Health's 2010 Financial Healthcare Check-Up.

¹²Ibid. Deloitte 2008 Survey of Health Care Consumers.

¹³As cited in "Will Patient Portals Open the Door to Better Care?" *Health Data Management*. March 1, 2010.

¹⁴J. D. Halamka. Life as a Healthcare CIO. Accessed Sept 23, 2010:

<http://geekdoctor.blogspot.com/2010/07/meaningful-use-and-standards-rule-faq.html>

¹⁵42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule. Accessed 21, 2010: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

¹⁶U.S. Congress. Title XIII—Health Information Technology. Public Law 111-5-Feb, 2009. 42 USC 300jj–12. Sec. 3003. HIT Policy Committee. Subtitle A—Promotion of Health Information Technology. (C) (ii)

¹⁷Office of the National Coordinator for Health Information Technology. Web page. Accessed Sept. 21, 2010: http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204

¹⁸42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule. Accessed September 21, 2010: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

¹⁹42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule. Accessed September 21, 2010: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

²⁰42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule. Page 44356. Accessed September 21, 2010: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>

²¹Eligible professionals choosing to participate in the EHR incentive payment program available through Medicare must demonstrate 90 days of meaningful use in 2011; Medicaid participants must be adopting, implementing and/or upgrading to a certified EHR in 2011 to qualify for the incentives available through Medicaid.