Patient portals: Essential, but underused by physicians

How physicians can find ways to leverage patient portals to increase patient satisfaction and service

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On April 29, 2015


Primarily because of meaningful use stage 2, more and more physicians are using patient web portals to communicate and share records with patients and for a variety of other functions. Stage 2 requires eligible professionals to send secure messages to at least 5% of their patients and to have the same percentage of patients “view, download or transmit” their electronic records. Patient portals are currently the main mechanism for practices to achieve these goals.

To get patients to enroll in your portal, advises Michelle Holmes, a principal with ECG Management Consultants in Seattle, “you should use the parts of portals that will result in higher levels of customer service. That includes appointment and refill requests, lab results, health maintenance reminders, visit summaries, tracking and graphing vital signs, and secure messaging.”

Doug Hires, executive vice president of Santa Rosa Consulting, believes that consumers care more about portal features such as appointment and refill requests than they do about viewing their records. “Some vendors have built in the ability to do an online consult that physicians could be paid for,” he notes. “There are some really nice and robust features about access that patients respond more to than seeing their records. If physicians are myopic and just respond to view-download-transmit, they’re not going to get as much excitement out of their patient base.”

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In a fee-for-service environment, however, the use of portals for communicating with patients, delivering results and refilling prescriptions online can reduce visit volume. Thus it is not surprising that portals tend to interest physicians more in markets where value-based reimbursement is growing faster than they do in mainly fee-for-service markets, Holmes says.

Nevertheless, as government and private payers place greater emphasis on value-based payments, physicians will find that portals can help them manage population health. At some point, online
communications will become an indispensable part of healthcare, whether they’re conducted through portals or some other modality.

Here are some facts about portals, how they can be used, and how they can make your practice more efficient. If you think beyond the parameters of meaningful use, the results might surprise you.

Portal basics

A patient portal is a secure website that can interface with an EHR. It serves as a 24/7 access point for patients and can provide two-way communications between patients and practices, including providers, care teams, and administrative staff.

Most of the major EHR vendors now offer portals, although not all of them have developed their own products. In addition, there are a number of standalone portals that can work with EHRs.

Comparing “tethered” portals that work with only one EHR to standalone portals, Wren Keber, MBA, manager of clinical integration for The Camden Group, a Los Angeles-based healthcare consulting firm, says that vendor-sponsored portals are more likely to have good two-way integration, but they have less functionality and are less customizable than standalone portals. Portals attached to different EHRs used by multiple providers can be confusing to consumers and annoying to log on to. But while standalone, third-party portals can theoretically be connected with multiple EHRs, Keber recalls one such product that “crashed and burned” in a multispecialty group that used diverse EHRs.

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Portals can be used to send educational materials and preventive and chronic care alerts to patients. Although less common, some practices use portals for online bill paying, telehealth, health risk assessments, or filling out forms. Bill paying features, which can be patient-pleasers, are more common on standalone portals, Hires says.

Health risk assessments can be useful in evaluating the needs of new patients, notes Holmes. In addition, they can be used to monitor changes in the health situations of established patients, she says.
Holmes estimates portal costs in the range of $30-$40 per provider per month, on average. Some vendors charge a fee per patient per month.

Partly to compensate for this extra cost, some practices charge patients for viewing their own records on the portal. Consultants say this is counterproductive, however. “If you’re trying to drive portal adoption, either for patient engagement or for meaningful use purposes, charging for a service is a hard way to win,” Keber says.

Pros and cons of portal service

Consultants say that certain portal features, especially refill and appointment requests, can reduce the number of phone calls to the practice and increase administrative efficiency. In addition, some providers find that it’s easier to respond to a secure message on a portal than to return a phone call.

Alethea Turner, DO, of Desert Ridge Family Physicians in Phoenix, says that the 10-doctor practice acquired a portal in 2010 to improve its efficiency and increase patient access. Before the portal arrived, she says, answering patient phone calls took up a lot of time for receptionists, medical assistants, and physicians. The portal has enabled physicians to respond to online messages whenever it’s convenient for them, with each message taking one to five minutes to answer. Other staff members handle online communications that don’t require a doctor’s input, she notes, and patients can book their own appointments during certain blocks of time.

More than 12,000 patients have enrolled in the portal, and each physician gets a fair number of messages, Turner says. Yet she hasn’t found this to be a burden.

“Surprisingly, the email has lightened the load, and it has really improved the quality of care, both for the patients and the doctor,” she notes. “It improves rapport and it opens up dialog with the patient.”

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David Boles, MD, who leads a 12-provider family practice in Clarksville, Tennessee, purchased a portal early in 2014, partly to prepare for meaningful use. “Being able to communicate with patients like that has been beneficial and will be even moreso in the future,” he says.
However, the practice staff has not been pushing portal enrollment too hard because the website has been down several times. Meanwhile, the group has been expanding patient access as part of its patient-centered medical home activities.

“We have so much access already that when adding another type of access, we want to do it slowly,” he says. “It’s another thing we have to keep up with.”

Boles’ group is using the portal to send patients visit summaries and educational materials. In addition, it accepts refill and appointment requests and delivers lab results on the portal.

However, Boles is not keen on patients getting refills and results online instead of coming into the office. “When we see patients for chronic care management, we’re trying hard to get them the amount of medication they need,” he says. If people can order refills on the portal, they might skip a necessary follow-up appointment, he adds.

As for results, he says, providers can post them on the portal with a note. “That’s increasing slowly over time,” he says. “But our goal is to have labs done a couple of days before the visit and talk about the lab results when we see the patient. If it’s someone you’re working up for an acute problem, they need a follow-up appointment, because we’re not paid for the work unless they’re in the office.”

Results quandary

Beyond their fee-for-service incentives, physicians face a quandary in dealing with lab results in the online world. Clearly, patients must be called about abnormal results with serious health implications. Normal results can be posted on a portal, but which ones, and when and how?

Holmes recalls that one medical group debated over which results to auto-release to the portal and which required physician review first, along with a note explaining the results. Eventually, they decided to release everything, except for HIV and other sensitive results, “because we found most patients were more educated than we were giving them credit for,” she says.

Nevertheless, she adds, the postings were accompanied by online education material that explained, in patient-friendly language, what it meant when results were out of range.
Other practices haven’t gone that far. Turner’s group, for example, sends secure messages to patients explaining their lab results. If the patient requests the actual data, the practice will post those, too. But the providers don’t do it automatically, because it might confuse some patients, she says.

Texting vs. portals

Even as a growing number of physicians acquire portals, however, the websites are becoming outmoded in certain ways.

For example, Seth Eaton’s eight-provider practice in Laurel, Maryland, has had a portal attached to its EHR since 2006. But the providers now text patients more often than they communicate with them through the portal.

“We still routinely send out messages on the portal,” Eaton says. “But we feel the portal has lost functionality because people prefer text messages. So we text everybody. The portal is useful for patients who want to make appointments, ask for referrals, or ask a question.”

At this point, 90% of the practice’s patients have a portal account, he notes, but only a third of those have used the portal in the last year or two. One “functional problem” with the portal, he notes, is that patients must remember a logon and a password to use it.

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The texts that Eaton and his colleagues send patients are not secure, but they have no protected health information in them. “We text people to call back for more information, to make appointments, or to tell them their lab results are normal,” he says.

One-way texting is less feature-rich than the two-way secure messaging system on the portal, but it’s more reliable, he adds. “When we’re trying to reach people, we text them to call back, and they call back. When you send something out on a web portal, you have no idea if anyone’s going to see it.”

The practice still posts lab results and record summaries on the portal, and the providers still use it to exchange secure messages with patients. Approximately 100 messages come in each day, many of them
about refills, referrals, and appointments. Eaton himself gets about five messages with clinical questions each day, and he finds this communication method more efficient than playing telephone tag.

Nevertheless, the group is using text messages more and more, including automated texts to bring people into the office for preventive and chronic care. Eaton still values portals, but acknowledges that most consumers are obsessed by their mobile phones. “Web portals are so 20th century,” he quips.

A moving target

The experience of Eaton’s practice underlines the fact that portals and other types of health IT are evolving rapidly.

For example, the recently-released proposed rule for 2015 certification of EHRs requires vendors to build application programming interface (API) capabilities that will allow patients to access their electronic records via third-party online tools. These new EHRs are supposed to be available by 2017 and must be used in 2018 for meeting the proposed meaningful use stage 3 criteria. At that point, portals may no longer be needed to share records with patients.

That doesn’t necessarily mean, however, that portals will no longer be valuable. Neither APIs nor texting can deliver all of today’s portal capabilities. In addition, portals may be integrated more into care management than they are today, and they may also be used increasingly in telehealth. Already, Hires says, at least one portal vendor offers telehealth functionality. It’s also possible that remote monitoring data may flow into portals, where it can be sifted before some of it goes into EHRs.

Given the current state of health information technology, portals can help practices provide more access to patients while creating some administrative efficiencies. They will undoubtedly become more important as more revenue becomes value-based. But bear in mind that how you use your portal may change as new technologies are developed and become available.

4 steps to get more out of your patient portal

Meet patient priorities
To achieve measurable, beneficial patient portal use, it is important that patients experience greater ease in gaining access to the health information they need through the portal.

Building a portal that patients will find useful and that meets their needs requires three components. Patients need to be able to request a service through the portal, obtain information about their health, either by asking their physician a question or reviewing information, and submit information or data that the practice requests.

**Integrate the portal into your workflow**

Before implementing the portal, verify that the practice workflow will interface effectively with the portal.

Assign staff to respond promptly to email inquiries, upload patient information into the portal on a timely basis if the EHR is not capable of automatically linking the information, and monitor the status of the appointment schedule. Delays in responding to patients over your patient portal is one of the easiest ways to discourage patients from using the service. It will defeat one of the primary reasons patients use the portal: the ability to connect directly with their physician or other provider.

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One of the key ways to incorporate portal use into the routine practice workflow is to simply use it. For example, follow up patient phone calls with an email that contains the link to the patient portal.

**Identify patients who will reap the most benefit**

Examine your patient panel and identify patients who can most benefit from communication with the practice through the portal. These are patients who:

- are being treated for chronic conditions;
- are receiving significant testing and/or concurrent care from other specialists;
- are involved with self-monitoring and reporting of health status;
- have a spouse, children or care taker assisting with their care management;
- are undergoing complicated on-going treatment such as chemotherapy; or

- are in the recovery process associated with significant trauma or extensive treatment.

**Promote the portal**

Every encounter your practice has with a patient should include outreach on using the patient portal. To do this, your front-office staff and providers must work together.

It’s important that every employee who discusses the portal with patients shares a consistent message. It can be helpful to develop a script of important points for employees that cover the benefits of using the portal. It’s critical to include physicians and other providers in this effort, since their use of the portal will be key to obtaining patient buy-in.