# Patient Portals: the Gateway to Patient-Centered Care and Meaningful Use

by Gena Cook



With the introduction of the HITECH Act and Meaningful Use regulations, many physicians are on the fast track to implement electronic health record (EHR) technology by 2015. With HITECH, providers who implement an EHR and meet the Meaningful Use criteria have the ability to receive up to \$44,000 in stimulus payments (or \$63,750 if they treat Medicaid patients). The time is now, because after 2012, the stimulus payments decrease. And by 2015, Medicare reimbursements start to decrease, which can have a large impact on an oncology practice with a population of Medicare patients.

ealthcare reform, whether it's HITECH, changes mandated under the Affordable Care Act, or implementation of ACOs, will have a large impact on patients. One of the federal government's healthcare policy priorities is to use technology to increase patient engagement in the healthcare process. The theory is that patients will need to be a part of the care model to truly transform the healthcare system and to improve care quality and efficiency. That's why HITECH, and ACOs for that matter, will require doctors to give patients electronic access to their own healthcare information and to engage patients in their care. If patients have a role, they can improve care coordination and be an active participant in their healthcare. Simply put, they can ask better questions and provide better feedback to their healthcare team, which should lead to improved care and reduced costs.

Patient portals can be the gateway to both patient engagement and patient access to their health information. The requirements for engaging patients in their care will increase as the stages of Meaningful Use are finalized and rolled out. For example, in Stage 1, doctors are required to give a subset of their patients timely electronic access to their health information, clinical care summaries of their office visits, and specific educational resources on their disease using certified technology. The proposed requirements in Stage 2 and 3 require doctors to provide more patients with their health information and clinical summaries, but also to provide engagement tools such as online secure messaging and tools that involve patients in their care.

#### More than Just a Log-in Page

At a minimum, a patient portal is a web-based entry point for patients to access their electronic health records via a secure user name and password. Patient portals can also be used as:

- An online registration system
- A communication platform for secure messaging, social networking, and support groups
- A financial platform for patients to review their financial responsibility and pay bills
- A library for patient educational materials
- A tool for engaging patients in their recovery process via helpful care management tools.

Some of these features will be necessary to meet the Meaningful Use criteria, while others build on the potential that Meaningful Use seeks to encourage by offering patients improved care using modern technology while making the healthcare system more efficient.

If implemented correctly, a patient portal has the potential to streamline an oncology practice and make the care delivery process more efficient. For example, using secure messaging to make appointments provides a more convenient and efficient way for patients and staff to connect, minimizing some of the back and forth phone calls and messages often required to schedule appointments today. Providing electronic access to labs and clinical summaries, and asking patients to complete information online eliminates the need to mail out hard copy paper work and the associated postage costs. These basic examples illustrate how community cancer centers can implement simple processes to save staff time and resources.

#### **What Patients Want**

At the most basic level, patients want their doctor to provide personalized, specific instructions and information so they can best manage their care. Today, in the Internet age, 83 percent of Internet users go online looking for health information.<sup>1</sup> Patients use Google and come back to providers with dozens of pages of information—much of which may not be relevant to their disease or specific situation. Then patients want more time with providers to explain why the information that they spent hours sourcing isn't relevant to them. It's a frustrating cycle that's serving no one well. The right technology can end this cycle.

Patients want convenience. They want to order a prescription refill or make an appointment when it's convenient for them, during their lunch hour or after work hours. In the coming years, a patient portal will become the delivery mechanism to provide patients with electronic access to their health information, their labs, and clinical summaries of their care, allowing patients to become smarter and putting an end to the frustrating cycle of self-diagnosis using the Internet. In fact, a 2008 survey by Deloitte Center for Health Solutions showed that 71 percent of patients were interested in gaining access, through their providers, to an integrated medical record that combines their test results, doctor visits, and other information.<sup>2</sup>

Patients want respect. They want to matter. They want to know providers care. By giving patients access to robust tools, personalized information, and their own health information, providers have the ability to demonstrate to patients that they matter. Even better, providers will be able to spend more quality time with patients.

#### **Provider and Programmatic Benefits**

With increased use of patient portals, the patient-doctor relationship will be altered, as portals provide an opportunity to have a more informed and engaged patient. Instead of patients searching the Internet and finding un-vetted health information, patients will have access to provider-prepared, personalized information related to their diagnosis. Providers can use their patient portal to engage patients in their care. For example, providers can ask patients to record any

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## Case Study 1 The Challenge

The Center for Cancer and Blood Disorders (CCBD) in Fort Worth has 20 physicians and 100 healthcare professionals across 11 locations in North Texas. The Center had already implemented an EHR, and needed a patient portal to satisfy the government's Meaningful Use patient engagement objectives. CCBD

wanted a solution built specifically for oncology practices that would integrate with their existing internal systems, improve operational efficiencies, and have the flexibility to grow and adapt to upcoming ACO and medical home care model needs.

#### **The Solution**

CCBD implemented a patient portal in March 2011. They had a strong web presence with their existing website, and opted for a portal that was branded to their clinic and provided additional functionality to their site with no development needed on their end. The technical implementation process consisted of simply adding a link to the portal on their home page.

In the short term, portal features, such as online patient registration, are helping CCBD solve the Meaningful Use objectives while also saving time and money. In the long term, additional features, such as patient symptom and side effect tracking tools, will be used to help patients manage side effects to avoid hospitalizations, an important part of ACO and medical home care models.

When new patients receive a diagnosis, the portal becomes personalized to them based on their condition.

treatment-related symptoms and track side effects, and then providers could more easily intervene when patients need help to better manage side effects and possibly minimize hospitalizations. A portal is an opportunity to change both how providers communicate with their patients and the expectations of both parties so that providers can deliver efficient quality care.

Cancer programs in both private practice and hospital settings face an ever-changing, complex world filled with new regulatory and legislative requirements that create an increasing administrative burden and make the difficult job of providing excellent patient care even more challenging. Healthcare reform, specifically HITECH, is focused on leveraging technology to reduce costs and increase efficiency. At the same time, implementation of ACOs and the new American College of Surgeons (ACoS) Commission on Cancer (CoC) standards require clinics and hospitals to deliver programs around nurse navigation, survivorship, and advanced directives. All of these initiatives will require healthcare professionals to provide additional services to patients, including copies of their health information. Many will require the use of technology. Understanding how providers can leverage a patient portal to engage patients provides opportunities to meet regulatory requirements, expand services, and provide better patient care more efficiently.



Patient-specific education materials are automatically delivered electronically based on diagnosis, reducing the workload for clinic staff. This feature is also a Meaningful Use requirement.

#### **Implementation & Adoption**

Although internal leadership supported the implementation of a patient portal, the change in workflow for front office staff proved challenging at first. The practice has seen incremen-

tal improvements each month as staff has become more familiar with the new system. The lesson learned: ensure that patient management system (PMS) integration happens before launch, which would prompt staff to send invitations to new patients to register via the website as soon as they're entered into the PMS system. Without integration, staff had to enter patient contact information into the portal and send the invitations manually.

#### **Benefits**

Physicians now have earlier access to patient information and can review a patient's medical history prior to the first appointment. The clinic is saving time and money on printing and mailing costs, offsetting a large portion of the system fees. Satisfaction surveys show that 85 percent of patients agree or strongly agree that registering online from home was better than filling out paper forms.

CCBD recently upgraded to the certified version of their EHR and is now working on connecting it to their certified patient portal. Once completed, CCBD will increase operational efficiencies even more by reducing duplicate data entry and will be prepared to attest for the Meaningful Use incentives in 2012. **9** 

#### **Patient Portals at Work**

Patient portals have been in existence for the past decade. Some EHR vendors provide patient portal modules as a part of their service and numerous stand-alone companies provide patient portals to clinics and hospitals. The features and functions of patient portals available in the market today vary widely. Some portals provide read-only information and require healthcare professionals to provide patients with authentication keys. Other portals are more "self serve," and allow patients to authenticate and then pull down their information. Over the past decade, portals have focused on transactions within healthcare: online appointment and prescription requests, bill pay, and secure messaging. With the advent of HITECH, more portals will provide connections to EHRs to allow patient to access their health information using emerging standard formats: CCD (Continuity of Care Document) and CCR (Continuity of Care Record).

#### What Does it Cost?

The costs of implementing a patient portal can vary. For community cancer centers, portal vendor purchase, implementation, and training costs range from \$5,000 to \$100,000 in the first year depending on if you purchase a system or subscribe to a SaaS (Software as a Service) offering. Ongoing yearly maintenance or subscription costs also vary and can be any-

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# Case Study 2 The Challenge

Hematology & Oncology Consultants, P.A., is a medical oncology practice with six oncologists and two locations in Orlando, Fla. Although the practice does not currently have an EHR, physicians knew they needed a patient portal to meet the government's Meaningful Use patient engagement objectives and qualify for the EHR incentives. The practice decided to start with a patient portal first. Physicians wanted a cost-effective, intuitive solution that would improve their new patient registration process,

offer patients easy access to their electronic health records, and capture patient information in a structured database that could integrate with their future planned purchase of an EHR system.

#### **The Solution**

The practice implemented a patient portal in October 2010. Developed specifically for oncology practices, the web-based portal was branded to their clinic and transformed their basic website into a patient-centered, online extension of their care model. New patients now register online through the practice's website prior to their first appointment, and have access to a broad set of cancerspecific tools and resources to engage them in their care.

#### **Integration & Adoption**

Integration and the staff training process took less than a month. Three weeks after launch, the entire practice had switched over to the new workflow. Clinic leadership made it clear that the new system was mandatory to adopt as part of their eventual plans to satisfy Meaningful Use. To align staff goals with clinic goals, the practice awarded personal incentives for staff members who

where from \$1,500 to \$5,000 per physician or more. Other additional costs of interfacing between the EHR and practice management system need to be considered as well and can range from a few thousand dollars to thousands of dollars. Some EHR vendors bundle the portal with their overall offering so it's important to shop around and understand the costs and various options to make an informed decision.

As we all know, implementation and adoption can be two very different challenges. Implementing a system has technical and financial implications, but actually adopting the system within a program and its patient base is even more important. Once a community cancer center has made the financial decision, it must provide the leadership to coordinate buy-in from staff to change work processes to ensure successful adoption. It's important to ask vendors not only about their implementation and training costs, but how the system is currently being used within their customer base. Ask for references and to speak directly to their current customers to understand how the system is viewed and used by their patients and staff.

In the coming years healthcare providers will need to



registered the most patients with the new system.

The online registration system allowed clinic staff to have more control over the new patient intake process because staff now had access to information they didn't have before. Staff can see the percentage of forms that have been completed, and follow up with patients before their appointment to have forms completed. These features have resulted in more legible, complete, and accurate health and insurance information, and have helped speed up the insur-

ance verification and eligibility process for the practice.

As part of the implementation process, the practice updated its registration forms. One lesson learned: involve physicians early in the process to get their input and approval. Because this didn't happen up front, the practice had to update the registration forms again after launch to satisfy the physicians. Fortunately, the webbased platform allowed these changes to be made quickly.

#### **Benefits**

Implementing a patient portal has reduced costs for the practice by eliminating the need to print and mail new patient registration packets, a cost savings of \$100 per doctor, per month. To date, 90 percent of the practice's patients are registering via the website and portal, and in post-implementation surveys, 90 percent of patients agreed or strongly agreed that going through the online registration process was better than filling out paper forms. Hematology & Oncology Consultants, P.A., is now better prepared for EHR implementation and the practice has met many of the objectives necessary for Meaningful Use.

provide patients with electronic access to their health information and tools to engage in their care. Some of the requirements are already mandated—for example, the Stage 1 Meaningful Use criteria—some are yet to be revealed. But it's not too early to start thinking about how *your* community cancer center will evolve to meet these new requirements. It's an opportunity to rethink how you interact with patients, what services you may want to provide that may change your relationship with patients in a meaningful way, and how technology can help you provide even better quality care. Patient portals provide the opportunity for your providers and program to become more efficient while expanding services to patients, which ultimately should improve patient care and increase patient satisfaction.

Gena Cook is CEO of Navigating Cancer, a leading provider of web-based oncology-specific patient portals.

#### References

<sup>1</sup>Pew Research Center. Generations 2010 Report. December 2010. <sup>2</sup>Deloitte Center for Health Solutions. Survey of Health Care Consumers, 2008.