Portal Me: Providers’ Perspectives on Secure Messaging and PGHD for Care Coordination

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Conflict of Interest

Kathy A Nieder, MD
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Has no real or apparent conflicts of interest to report.
Agenda

1. Provider Satisfaction with Portals & Secure Messaging
2. Too Many Portals – What Can You Do About It?
3. Patient Portals – Preparing for the Data Flood
Learning Objectives

• Explain how to incorporate patient engagement into the clinical workflow

• Analyze what tools are appropriate for each population so that care continuity can be built into management of that population

• Describe the culture change to using patient engagement technology to transform practice
Value Suite **STEPS™**

- Improve service quality and patient satisfaction through easy access, data translation, and unified experience.
- Help patients & physicians make collaborative treatment decisions using shared PGHD.
- Ensure data accuracy and timeliness and use portal messaging for key results and better physician accessibility.
- Use tips for promoting patient portal enrollment using teachable moments.
- Manage incoming large-volume PGHD with other care team members.
1. Provider Satisfaction with Portals & Secure Messaging

2. Too Many Portals – What Can You Do About It?

3. Patient Portals – Preparing for the Data Flood
This is not the portal you are looking for.
Dr. Harold G Eskinde
Burnout Among US Physicians

Change between 2011 - 2014

ALL MDS
45.5
51.3
54

PCPS
51.3
52.5
63

Mayo Clin Proc. 2015;90(12):1600-1613
Time spent with each patient as of 2015

Source: Medscape © Statista 2015
Instant Poll #1
Do You Hear: “My doctor won't respond to portal messages”?

a) Occasionally

b) Sometimes

c) Never
Wants

• a Mint™-like interface for patients that integrates into every provider’s electronic patient chart

• Smart data that is meaningful, actionable and comprehensible by the patient

• The ability to have real-time and asynchronous conversations across a portal (secure messaging when on call and asynchronous on the portal)
1. Provider Satisfaction with Portals & Secure Messaging

2. Too Many Portals – What Can You Do About It?

3. Patient Portals – Preparing for the Data Flood
#### Making Sense of the Portals Soup

<table>
<thead>
<tr>
<th>Tethered Portals</th>
<th>Stand-alone portals / Portal integration platforms</th>
<th>HIE-sponsored portals</th>
<th>Niche portals offering bedside and other interactive patient services</th>
<th>Personal Health Records (PHRs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In broad terms, a tethered portal refers to a solution that is tied to a vendor EHR system and an individual organization or a practice.</td>
<td>Also called “untethered portals”. More likely to be EHR-agnostic, independent offerings.</td>
<td>Untethered solutions offered by private, statewide, or regional HIEs to their respective networks of providers and participants.</td>
<td>Interactive solutions that provide functionality for education, entertainment, satisfaction surveys, service requests etc.</td>
<td>Platforms offering an independent location for patients to store, control, and manage their health information, and to make parts, or all, of it available to various providers as they see fit.</td>
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Instant Poll #2
How Often Do You Hear Complaints About “Too Many Portals”?

a) Often
b) Sometimes
c) Rarely
d) Never
Should the Patient Need a Portal for Portals?

I met a patient recently who has **advanced cancer**. She accesses care from **multiple providers** in **multiple organizations**. The various **EHRs remain isolated and unsynchronized**. She can access some of her records online, but she must **log into six separate portals**. After each encounter, she **sends messages to five other physicians requesting they update the data** in their EHR."

*Tim Burdick, former CMIO of OCHIN, in his testimony at an ONC hearing*

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**Nick Dawson** @nickdawson · Nov 14

I have mychart accounts with 4 health systems. All are sending me flu shot reminders. I’ve had a flu shot. None let me update the record.
Many Reasons Contributing to Complexity
Examples of Provider-Specific Situations Leading to Portal Sprawl

1. Use of separate portals for inpatient and outpatient settings

2. Additional portals with special functionality for disease-specific conditions

3. Payer-sponsored tools made available through ACO arrangements with health plans

4. Non-consolidation of patient-facing solutions after M&A to maintain separate identities

5. Availability of specialty solutions from homecare, extended care, LPAC, and other care settings, etc.
What this Means for Patients (and Providers)

Uncertainty about which portal to visit and the accuracy and timeliness of the information contained therein.

Need to learn to navigate multiple portals—each of which might look and function differently—often failing expectations of easy access and unified experience.

Data inconsistencies such as multiple instances of self-reported data; consent issues.

Exacerbates challenges of chronic care management and multi-morbidity care coordination across various settings of care.

Source: Wilkins, S. (@Healthmessaging). "Why is pt portal use so low? Maybe it’s because pts.have too many & they don’t play well together #HIT #HIMSS #EHR" Tweet. Date: 09/30/2014. https://twitter.com/Healthmessaging/status/516977568308970624
Patient Portal Market Overview

Tethered Portals

Stand-alone portals / Portal integration platforms

HIE-sponsored portals

Niche portals offering bedside and other interactive patient services

Personal Health Records (PHRs)

*Allscripts™*  
*INFLUENCE HEALTH*  
*Indiana Health Information Exchange*  
*getwell:)network*

*Cerner*  
*medfusion*  
*KHIN*  
*Oneview*

*Epic*  
*RelayHealth*  
*MyKeyCare*  
*SOFI health*

*Microsoft HealthVault™*  
*PicnicHealth*
Four Approaches for Integration

**Common Landing Page**
Create a single, master landing page for all portals under overall branding with common credentialing and authentication SSO or reverse proxy.

**Master Portal**
Build a consolidated/master/special portal that takes input from all other systems, including EHRs and HIEs.

**HIE-Based Portals**
Use an HIE-based portal that consolidates patient data from all network participants.

**Synchronized Portals**
Synchronize the data to ensure all portals have a more comprehensive view of the patient record.
# The Pros and Cons

<table>
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<tr>
<th>Approach</th>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td><strong>Master Landing Page</strong></td>
<td>• Least expensive and most achievable approach in short term</td>
<td>• Doesn’t solve the under-the-covers integration of patient records</td>
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<td></td>
<td>• Creates a central starting point for online access and provides a single sign-on platform</td>
<td>• Does not provide patients with a common look and feel</td>
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<td>• Allows for launching common features and common marketing</td>
<td>• May lead to some confusion and frustration for patients because a complete view of their record may not be available in any of their portals</td>
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<td>• Best approach if you have separate EHRs with tightly tethered portals</td>
<td></td>
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<tr>
<td><strong>Master Portal</strong></td>
<td>• Popular approach for large organizations</td>
<td>• Can be expensive and time consuming to build or implement</td>
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<td>• Provides a common view to the patients</td>
<td>• Data normalization can be challenging</td>
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<td>• Tends to reduce the types of interactions patients can have to the lowest common denominator</td>
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<td>• Will not fully replicate the rich experience of tethered portals</td>
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<td><strong>Synchronized Portals</strong></td>
<td>• Enables each partner to have their own portal while still providing the patient with all the relevant information</td>
<td>• Does not resolve issues with multiple logins or patients having to learn to navigate multiple portals</td>
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<td>• Requires significant data integration</td>
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<td>• Complexity increases as more partners are added</td>
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<td><strong>HIE-Based Portals</strong></td>
<td>• Establishes a portal with connectivity across the network</td>
<td>• Potential challenges with patient matching and flow of information</td>
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<td>• Providers can share patient participation credit for MU by contribution to shared portal</td>
<td>• Absence of full integration with EHRs limits functionality</td>
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<td></td>
<td>• It is less expensive; sharing of common functionality and portal costs rolled into participation fee make it affordable</td>
<td>• Creating reports for MU attestation can be a challenge</td>
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Master Landing Page

Create a single, master landing page for all portals under overall branding with common credentialing and authentication SSO or reverse proxy.

Master Portal

Build a consolidated/master/special portal that takes input from all other systems, including EHRs and HIEs.

Synchronized Portals

Synchronize the data in the backend EHRs to ensure all portals give access to the complete patient record.

HIE-Based Portals

Use an HIE-based portal that consolidates patient data from all network participants.
Resurgence of the PHR
Promising Solution to Address Portal Fragmentation?

Adoption has lagged due to various reasons, but provider and consumer attitudes continue to evolve. PHR platforms improving in functionality—offer features that were lacking in the early versions.

**Action Items:**

1. Continue to explore other ways to consolidate portals, but stay abreast of PHR market.

2. Consider building necessary capabilities for integrating with PHRs to exchange and update patient records and provide other customer service aspects as desired by patients.
Instant Poll #3
Do You Think a Patient Managed Portal (PHR) Is a Usable Approach?

a) Yes
b) No
c) I have no opinion
Key Considerations

Critical Factors to Evaluate When Integrating Portals

Patient-specific Considerations

- How will the patient authenticate to use the websites?
- How will the patient’s records be integrated?
- How will the patient access website features and functions?

Provider-specific Considerations

- Level of integration: Different circumstances call for different solutions
- Strategy: Planning for long term but remaining flexible in the near term
- Privacy and Security: You can only be as secure as the weakest link in the network
The Road Ahead
“Perfect Storm” Creates Tremendous Opportunity

Market Factors
- Evolving standards such as FHIR®
- Emerging API Ecosystems
- Meaningful Use (Stage 3)
- Interoperability Consortia

Consumerism and Awareness
- #DataIndependenceDay
- Vocatus Project

Evolving Industry Standards
Rising Consumer Focus
1 Provider Satisfaction with Portals & Secure Messaging

2 Too Many Portals – What Can You Do About It?

3 Patient Portals – Preparing for the Data Flood
Open the door
Use email?
Portal me. ...really.
Anticipate the flow
PGHD
Patient-Generated Health Data
Show me
Most recent Trend
What’s normal?
9/5/15 160/68 - Pulse 68  Saturday afternoon
9/6/15 142/59 - Pulse 61  Sunday morning
9/8/15 137/60 - Pulse 68  Tuesday
9/9/15 135/61 Pulse 60
9/10/15 129/57 Pulse 70  Thursday
9/11/15 129/59 Pulse 69  Friday
9/12/15 139/66 Pulse 63  Saturday
9/12/15 140/67 Pulse 66  Saturday
9/13/15 155/70 Pulse 70  Sunday
9/14/15 130/55 Pulse 70  Monday
9/15/15 139/67 Pulse 72  Tuesday
9/14/15 119/53 Pulse 75  Wednesday
9/17/15 126/60 Pulse 74  Thursday
9/18/15 131/67 Pulse 68  Friday
9/19/15 139/63 Pulse 63
9/21/15
Show me you care
Interpret
Show gratitude
Manage the flood
Visualize

BP measure Key
- Office/hospital BP
- Home BP - confirmed
- Home BP - not confirmed

HCTZ 25
lisinopril 10 20
Act like a team
Let it become second-nature
Broader care teams
Instant Poll #4
What Services Can Patients Request Without Physician Orders?

a) Mammography

b) Influenza vaccine

c) Colonoscopy

d) None of the above
Take orders from patients
Sail on
Coordinate care

- Standardize
- Centralize
- Simplify
Summary: Benefits Realized for the Value of Health IT

Improve service quality and patient satisfaction through easy access, data translation, and unified experience.

Help patients & physicians make collaborative treatment decisions using shared PGHD.

Ensure data accuracy and timeliness and use portal messaging for key results and better physician accessibility.

Use tips for promoting patient portal enrollment using teachable moments.

Manage incoming large-volume PGHD with other care team members.
Questions and Contact Information

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