

# PORTAL IMPLEMENTATION

ENGAGING PATIENTS IN THEIR HEALTH CARE

CHARLES KITZMAN, MMI

CIO - SHASTA COMMUNITY HEALTH CENTER - REDDING, CA

SEPT 2015





Shasta Community Health Center  
a californiah<sup>+</sup>center



FQHC open since 1988 in Redding, CA

37,000 Unduplicated patients – 135,000 Annual Visits

Live on NG since 2007, Portal since 2011

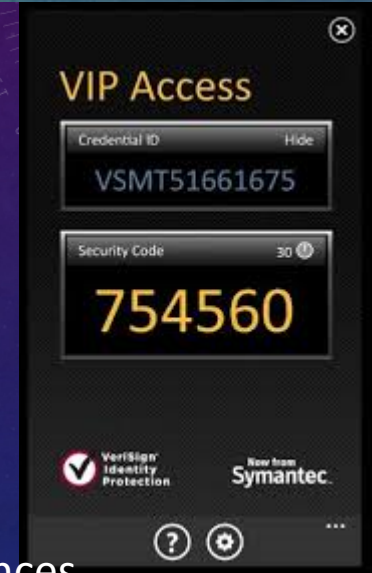
NEXTGEN  
HEALTHCARE

Primary Care – Pediatrics – Behavioral Health – Homeless  
Program – Early Intervention Services (Ryan White) – Various  
Specialties - Residency



## OTHER HIT SYSTEMS

- IMO Diagnosis and Procedural Lookup
- UpToDate – Evidence Based Clinical Decision Support
- Epocrates – Clinical Support Applications
- Claim Remedi – Revenue Cycle Management
- Symantec VIP Access for Electronic Prescribing of Controlled Substances
- SSRS – Run many of our own reports for quality, performance monitoring, data validation and integrity
- NextGen EHR Connect – Mobile MD HIE Pilot



# Timeline and Numbers

- Went live Oct 2011 – Phased Approach
- Communications→Refills→Appointments→PHR  
→Interactive Forms→ Bill Payer
- 29182 Enrollees (Including Declinations)
- 2455 Super Users >3 uses since signing up
- > 30K messages handled
- 3836 Rx refills requested
- 4291 appointment requests



# Benefits

## ☐ Meaningful Use

- Electronic access to health records

## ☐ Patient Centered Medical Home

- Patient -centered health IT and analytic tools

## ☐ Health Reform

- Strategic differentiator for patient engagement


## ☐ Patients:

- Conveniently view personal health information
- Request / schedule appointments
- Communicate securely with providers
- Links to credible info

## ☐ Clinics Providers:

- Administrative efficiencies (less calls)
- Push routine tasks to care team
- More time for critical patients

## ☐ Patients:

- "Digital Divide" 
- Literacy
- Language
- Privacy concerns

## ☐ Providers:

- Potential for added work
- Lack of reimbursement
- Inappropriate use by patients
- Liability for security breaches

# Drivers

# Barriers



# TESTING THE WATERS



- \* Perceptions were way off!!! Pre-project patient surveys indicated a 65% willingness to use a portal for contacting the health center.



- \* Work | Home | Public Library | Family | Friends



## FUNDING

- Licensing, Time, Talent, Training

\*Give your conscience an alibi!! - “MU will cover it.”



# THE GODS SMILED DOWN UPON US

- Selected for PPI project
- 1 of 3 cohorts
- Extremely *Valuable* Experience
- TONS of Resources
- Website Available
- <http://www.chcf.org/patient-portals>
- Jim Meyers DrPH, MHA, FACHE

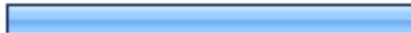





# ARE YOUR PATIENTS READY?





- We **surveyed** our patients to check readiness/willingness to use technology to communicate with Health Center.
- Use leading questions instead of Yes/No type questions
- Focus on access to not ownership
- Predetermined that if >50% of our patients were willing to use it, we'd move ahead.



### 1. Do you have a computer that you can use for personal matters? (Check all that apply)




		Response Percent	Response Count
At Home		59.2%	319
At Work		11.7%	63
Other Places		29.5%	159
I do not have access to a computer		21.0%	113
answered question			539
skipped question			0

### 2. If you use a computer at some other place, where is it? (Check all that apply)




		Response Percent	Response Count
Friend or neighbor		41.8%	102
School		22.5%	55
Library		41.8%	102
Somewhere else		30.7%	75
answered question			244
skipped question			295





### 3. Does the computer have a printer you can use? (Check all that apply)

		Response Percent	Response Count
At Home		61.3%	244
At Work		14.1%	56
Other Places		40.5%	161
answered question			398
skipped question			141



### 4. Does the computer have Internet access? (Check all that apply)

		Response Percent	Response Count
At Home		69.6%	296
At Work		13.6%	58
Other Places		39.5%	168
answered question			425
skipped question			114



### 5. If you have Internet access, what type is it?

		Response Percent	Response Count
"Dial Up" telephone modem? (usually slower)		15.7%	60
"Highspeed" such as DSL, cable, or Clearwire? (usually faster)		87.1%	332
answered question			381
skipped question			158






## 6. What do you use this computer for? (Check all that apply)

		Response Percent	Response Count
Email		87.8%	339
Websurfing (Looking at Internet sites for information)		78.2%	302
Other (please specify)			108
answered question			386
skipped question			153

## 7. Would you be willing to use a computer to contact the health center for appointment requests, medication refills and to send messages to your clinician?




		Response Percent	Response Count
YES		68.2%	318
NO		31.8%	148
answered question			466
skipped question			73

## 10. If you used NextMD Patient Portal in the past 6 months, what is your overall rating of it?

		Response Percent	Response Count
Poor		6.8%	3
Fair		11.4%	5
Good		15.9%	7
Very Good		29.5%	13
<b>Excellent</b>		36.4%	16
answered question			44
skipped question			4








## 11. Did using NextMD Patient Portal save you a call to the SCHC in the past 6 months?

		Response Percent	Response Count
Yes		80.4%	37
No		15.2%	7
I did not use NextMD Patient Portal in the past 6 months		4.3%	2
answered question			46
skipped question			2








## 18. In general, how would you rate your overall health?

		Response Percent	Response Count
Poor		12.8%	6
Fair		29.8%	14
Good		29.8%	14
Very Good		23.4%	11
Excellent		4.3%	2
answered question			47
skipped question			1



## 22. What is the highest grade or level of school that you have completed?

		Response Percent	Response Count
8th grade or less		0.0%	0
Some high school, but did not graduate		2.1%	1
High school graduate or GED		21.3%	10
Some college or 2- year degree		53.2%	25
4- year college graduate		14.9%	7
More than 4- year college degree		8.5%	4
answered question			47
skipped question			1



## LANGER STUDY

- Convincing argument that technology more readily available to safety net patients than previously realized.
- Work, Libraries, Friends, other public means
- Prevalence of mobile technology moving forward



# WHAT DO PORTALS DO???

- Basic Communication (messaging to staff)
- Appointment Requests
- Medication Requests
- Patient Education/Symptom Checker
- Bill Pay
- PHR (Personal Health Record) – Download/Transmit
- Easy one-way document transfer from Health Center → Patient
- Email addresses less likely to change than phone number or physical address



# VARIOUS APPROACHES TO ROLLOUT

- Big Bang – All providers - All Sites – All patients
  - Only viable with tremendous amounts of up front planning and training
  - Arguably the most difficult approach
- Targeted Populations
  - Diabetics/Ryan White – Patients familiar with their health conditions
  - Get use and feedback. Helpful for developing processes/making improvements
- Phased Pilots
  - Department by department
  - Allows for analysis of patient variety (Pediatrics vs. Adult Primary Care etc)
  - Also helpful in developing processes/making improvements



# WE TRIED EVERYTHING

- Summer Interns
  - Tried doing the enrollment and orientation in lobby, hallways, before and after apt, even in the exam room. Discovered Lobby was best and working with small groups helped efficiency.
- Portal Coordinator Position
  - .5 FTE position. Used veteran front office worker
  - In all routing groups to serve as 'air-traffic controller'
  - Made her point of contact for any support issues with portal
- Bribes
  - Never underestimate the impact of free stuff on human behavior
  - Duffle bags - Our patients responded. Sure it's gimmicky, but it worked
- Targeted Populations
  - You want to find folks who know a bit about their health. HIV, DM , AntiCoagulant
  - Target folks who call a lot. Nervous new mothers, etc



# PATIENT ADVISORY GROUPS

- If you don't do them, **START**.
- Balance gender and ages.
- Use CHCF website materials for facilitation
- Record the meeting – Transcribe
- Let them help you set your agenda



# PHASING IN FUNCTIONALITY

- Process Matters – Don't rush it. Start small and get good procedural documentation created. Scale up when you have good processes.
- Pick a functional piece of the portal to try first. Pt. Advisory will help you pick.
- Communications, Appointments, Refill Requests, PHR, Payment of Invoice.
- Create a cross-disciplinary group and meet weekly to discuss rollout and how it's going, review and improve procedural documentation.
- Develop reports to track things important to measuring success of the rollout.
  - Cycle times, Enrollment #, Usage statistics etc

Home > NextMD Utilization > NextMD Cycles

Start Date 5/1/2014 End Date

1 of 1 100%

### NextMD Cycles

Responder	Responses	Avg Cycle Time
Hunt, Kimberly	46	0 day(s) 07:47:00
Stoute, Landi	17	0 day(s) 16:24:00
Speed, Brenda	15	0 day(s) 08:03:00
Johnson, Kristi	8	0 day(s) 08:27:00
Selbo, Tracy	6	0 day(s) 17:24:00
Melger, Jessica	3	1 day(s) 07:32:00
Hendrix, Myra	3	0 day(s) 05:34:00
Roach, Ann	2	1 day(s) 17:38:00
Villalobos, Joe	2	0 day(s) 06:52:00
Stewart, Christine	2	0 day(s) 00:34:00
Valentine, Jonathan	1	0 day(s) 20:18:00
Kitzman, Charles	1	0 day(s) 02:55:00
Tancreto, Gail	1	0 day(s) 02:18:00



PCC	# Newly Enrolled	# New Enrollees That Logged In	Total Logins By New Enrollees	# All Portal Pts That Logged In	Total Logins By All Portal Pts
Alatorre PA-C Megan	2	0	0	26	84
Ascherman FNP Harold	2	0	0	29	117
Austin MD Christine	3	0	0	1	2
Ballard PA-C Anna	0	0	0	13	29
Bosworth MD Jeffrey	0	0	0	21	50
Botcharnikova PA Larissa	2	1	2	6	27
Bratton-Sandoval PA-C Dorothy	0	0	0	0	0
Canton DO David	0	0	0	0	0
Choudhry MD Sara	0	0	0	4	26
Cooper PA-C Elisabeth	1	0	0	12	36
Cuff DO William Ward	0	0	0	4	9
Davainis MD Paul	1	1	1	13	38
Dugan MD Sean	1	1	1	1	1
Gamboe PA-C Robert	1	0	0	17	60
Grover DO Rhett	1	1	3	3	12
Gunn MD David	0	0	0	3	3
Heard MD Laurence	2	1	1	29	92
Hill CPNP Patricia	1	0	0	0	0
Knickerbocker DO Pamela	3	0	0	7	17
Lode MD George J	1	0	0	0	0
Lupeika MD Debra	0	0	0	20	156
McClure MD Jill	5	1	1	28	105
McMullin MD Douglas	3	3	6	37	156
Monie MD Herbert	0	0	0	0	0
Mooneyham MD Amanda	0	0	0	3	4
Morgan MD Elizabeth	0	0	0	0	0
Porter MD Elaine	1	0	0	2	3

Shasta Community Health Center		73.55 % (4397 / 5978)	9.89 % (591 / 5978)
☐ Shasta Community Health Center	Alatorre PA-C, Megan   NPI: 1568870988	67.3 % (457/679)	8.54 % (58/679)
	Ascherman FNP, Harold   NPI: 1235150988	78.92 % (468/593)	9.44 % (56/593)
	Bosworth MD, Jeffrey   NPI: 1407840895	72.9 % (226/310)	16.45 % (51/310)
	Choudhry MD, Sara   NPI: 1023225521	82.4 % (103/125)	8.8 % (11/125)
	Davainis MD, Paul   NPI: 1255340568	80.83 % (253/313)	14.7 % (46/313)
	Gamboe PA-C, Robert   NPI: 1396012654	70.23 % (512/729)	5.9 % (43/729)
	Heard MD, Laurence   NPI: 1215040100	82.57 % (379/459)	8.06 % (37/459)
	Khan MD, Imran   NPI: 1861514531	86.32 % (164/190)	20.53 % (39/190)
	McClure MD, Jill   NPI: 1790839355	77.96 % (382/490)	14.9 % (73/490)
	McMullin MD, Douglas   NPI: 1487681185	78.37 % (308/393)	14.76 % (58/393)
	Schock FNP, Julie   NPI: 1043332521	61.61 % (321/521)	4.22 % (22/521)
	Tasista DO, Melissa   NPI: 1447273974	77.53 % (390/503)	10.34 % (52/503)
	Villalobos MD, Joe   NPI: 1770502445	64.49 % (434/673)	6.69 % (45/673)

## ENROLLMENT VS USE

- You can't engage patients with disengaged employees
  - Educate – Unify message – Get *everyone* involved
- Attitude is Everything – Believe in the lasting utility of the tool
- **Think beyond Meaningful Use**
- Be careful what you incentivize – Enrollment without Use = Nothing
- Everyone can help with enrollment/Providers most helpful with use
- PCMH efforts can be integrated into your approach. Ex. Pre-Visit Planning



# HANDLING MINOR CONFIDENTIALITY

- Federal and State law incongruent = Minefield
- Two choices - Manage it or don't. Your practice should dictate the answer
  - Heavy to Pediatrics/Pediatric department = Manage it
- Some Practices choose not to enroll anyone under 18
- Diligent management of process to make sure risk is handled properly
- Outline SCHC approach – one option.

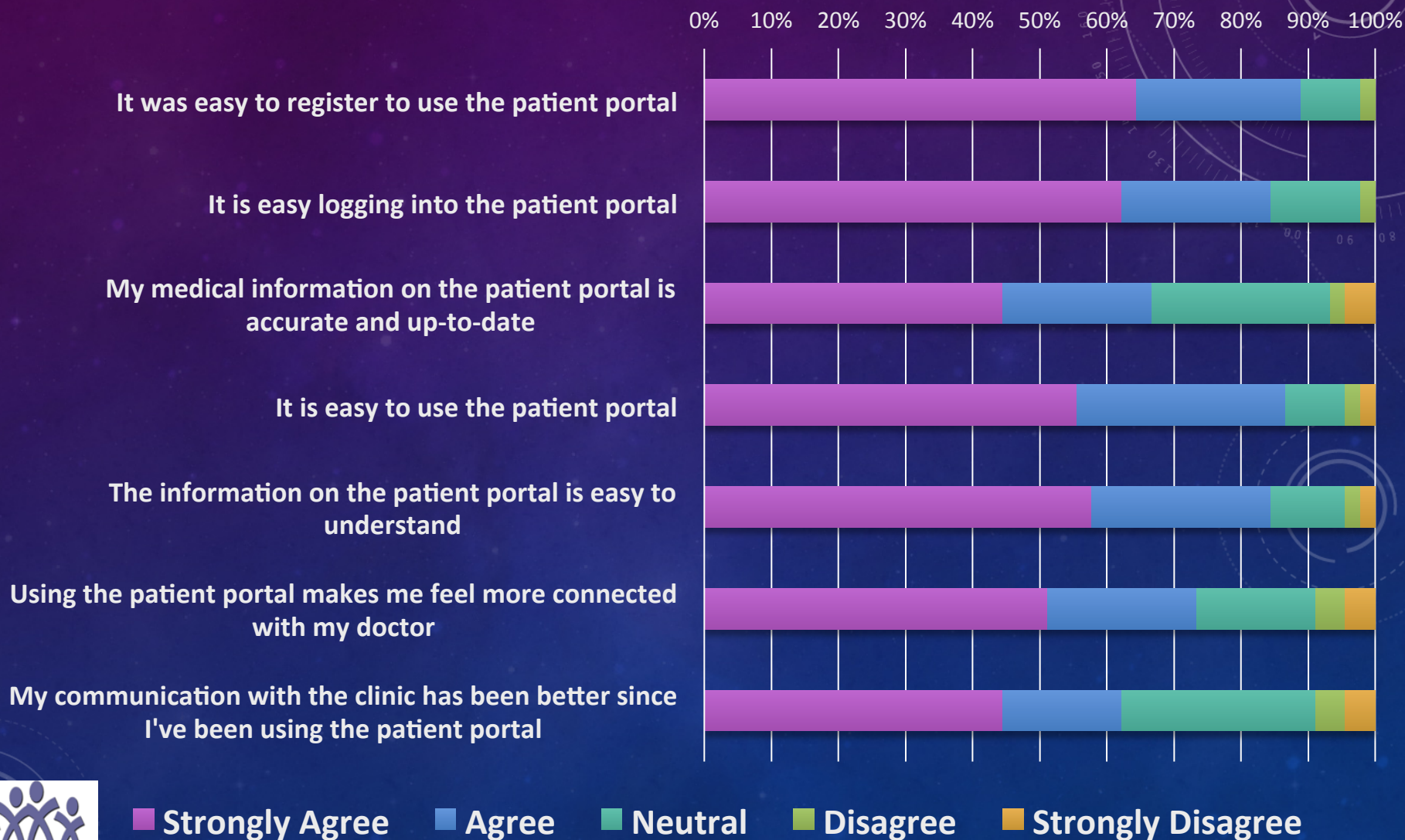


# WORKFLOW

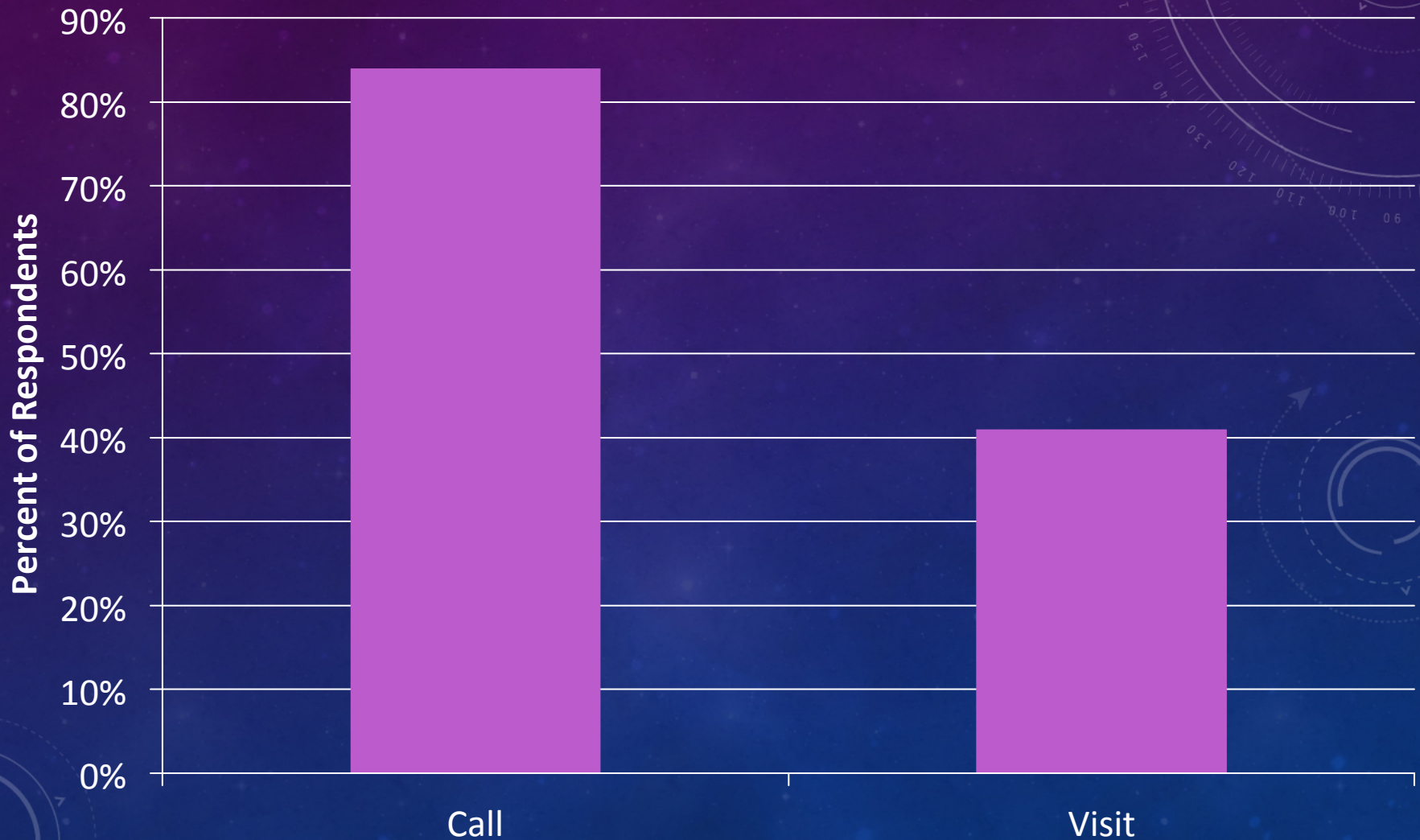
- Who manages what?
- Avoid passing the buck – Set it up as an efficient service
- Let staff handle the messages they are most qualified to manage
- Routing tables – part of the configuration – careful consideration
- Management is difficult – need to have process for communicating staff moves.



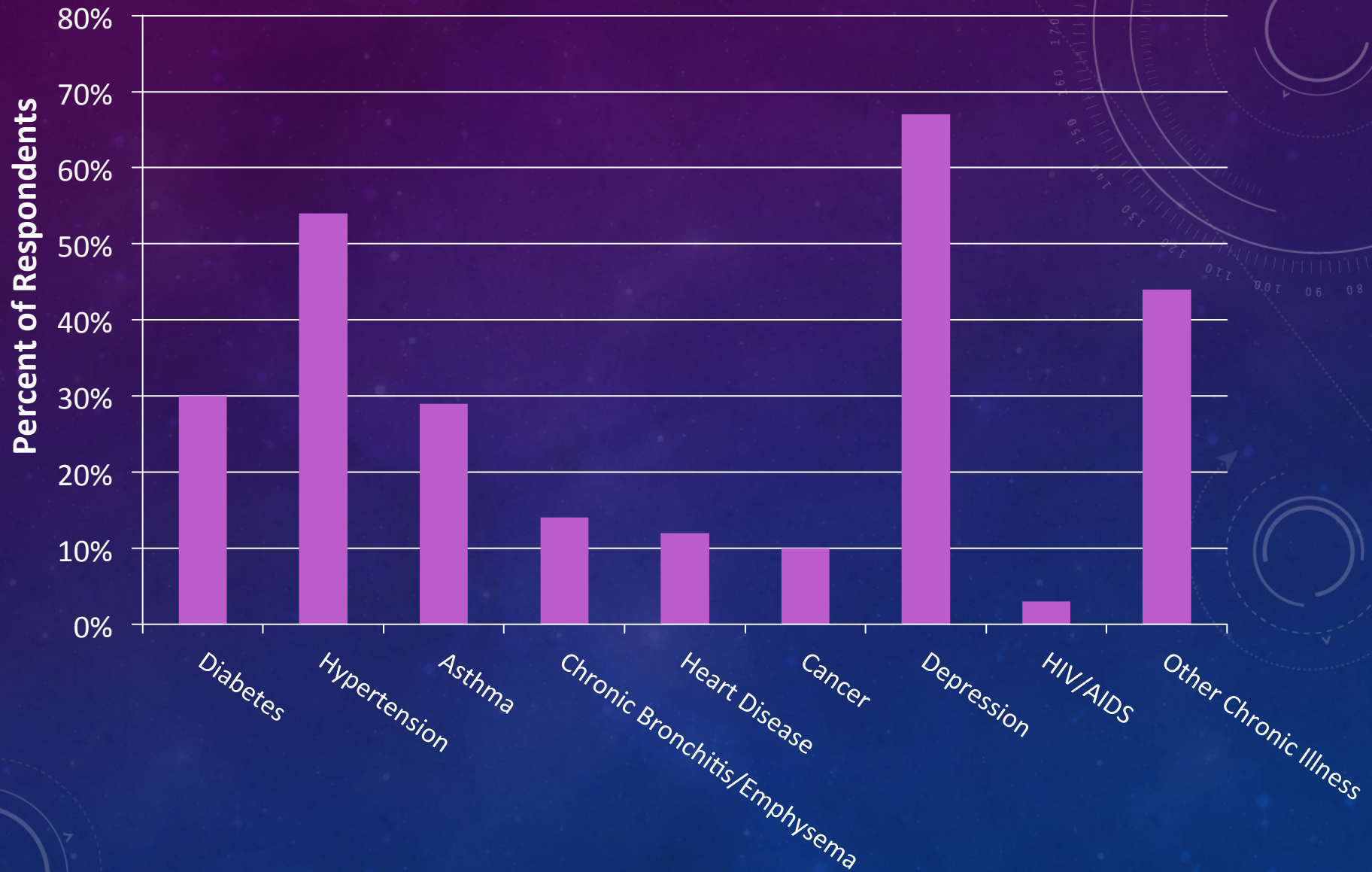
# PATIENTS' OPINIONS ABOUT PATIENT PORTAL USE SHASTA



# Percentage of Patients Reporting that Patient Portal Saved a Call or Visit to Clinic



# Patient Self-Report of Chronic Illness



# PATIENT CONCERNS ABOUT USING THE PATIENT PORTAL – OVERALL THEMES



Can't remember password

Downtime

Design issues

Would rather talk to someone

Health records are not up-to-date or incomplete or missing information

Timely response of staff to messages

Confidentiality/Security with using internet/Disclosure of information to third parties

Test results not posted

Not comfortable using computers

## OTHER ENGAGEMENT STRATEGIES

- Start with Employees – find value added for them. If they aren't engaged, they can't help. They can also poison the well if they aren't properly educated.
- Use every chance to promote portal – Pt Newsletters, front office, in the exam rooms, website, call center, lobby monitors, buttons, outbound letters etc
- Force folks onto it – make things mandatory.
- Use incentives for staff – PTO – paid lunch – Casual Day etc



# COMPETITIONS

- Departmental teams
- Individuals
- Pods/Clinical Teams



# EVERYONE ISN'T GOING TO BE EXCITED



- Technology sometimes flies in the face of what folks see as their 'real job'
  - Nurses like feeling connected to patients. Inter-personal point of care or even a phone call is more 'personal' than email messaging.
  - Truth is that portal allows for **one-to-many** communication strategy which is both more efficient and allows for HCO's to manage more patients effectively.
  - Peer endorsement is probably all you need to mitigate this. Find someone to do the convincing for you.



# FUNCTIONALITY BASICS – WHO BENEFITS ?

- Patients
  - Portal can be better than phone
  - Save a trip to Health Center
  - Self Triage (Education)
  - Manage PHR – record keeping
- Staff
  - Much more efficient than phone
  - Helps with time management
  - Can reach out to many patients at once
  - Reduces Risk - HIPAA

# OPPORTUNITY BASICS – WHO ELSE?

- Intermediate Care Facilities
- Home Health Professionals
- Nursing Homes
  - Participation Agreements/Consent
  - Employees need to have charts in the system
  - Set up as Caregivers – Process for reconciling employees and patients
  - Very popular with early adopters



# LIMITATIONS



- Patients can't send attachments to Health Center
- Patients can't update their demographic information
- No analytics beyond capturing message details in database
  - Entry points, exit points, Pt Edu sections accessed
- Portal information updates are often slow or broken



# PARTICIPATION ACTIVITY – PROMOTING USE

10 minutes

Break into groups by title –  
Execs, Operations, Finance, IT/  
Informatics, Quality

3 Strategies for Promoting Use  
of Portal

Nominate a spokesperson

Share Results/Discussion



# MARKETING

- Engage your Providers. They are the most influential member of the team.
- Exploit your Weaknesses – we added a message when folks were on hold for more than 30 seconds
- Everyone can mention it, especially call center and triage who often get complaints about wait times etc



# MARKETING - POSTERS



# MARKETING - MAGNETS



## ANDERSON FAMILY HEALTH & DENTAL CENTER 2801 Silver Street, Anderson, CA 96007



**HOURS** | Mon-Fri 8am-12pm & 1pm-5pm  
Medical - (530) 378-0486  
Dental - (530) 365-3147 Ext. 3

**AFTER HOURS NURSE ADVICE LINE**  
(530) 246-5710 and Press 1

**URGENT CARE CLINIC - SCHC**  
1035 Placer St. Redding, CA

**HOURS** | Mon-Thurs 5pm-8pm  
Sat 9am-1pm  
(530) 246-5710 Option 3

Go online to request or cancel an appointment, email your clinical team, view lab results or request a prescription refill at [www.shastahealth.org/hc](http://www.shastahealth.org/hc).



## SHASTA COMMUNITY HEALTH CENTER 1035 Placer Street, Redding, CA 96001



**HOURS** | Mon-Thurs 8am-8pm  
Closed, first Tues of every month from 8am-9am  
Fri 8am-5pm  
Sat 8am-1pm  
Medical - (530) 246-5710

**AFTER HOURS NURSE ADVICE LINE**  
(530) 246-5710 and Press 1

Go online to request or cancel an appointment, email your clinical team, view lab results or request a prescription refill at [www.shastahealth.org/hc](http://www.shastahealth.org/hc).



## SHASTA LAKE FAMILY HEALTH CENTER 4215 Front St. Shasta Lake City, CA



**HOURS** | Mon-Fri 8am-12pm & 1pm-5pm  
Medical - (530) 276-9168  
Dental - (530) 276-9129

**AFTER HOURS NURSE ADVICE LINE**  
(530) 246-5710 and Press 1

**URGENT CARE CLINIC - SCHC**  
1035 Placer St. Redding, CA

**HOURS** | Mon-Thurs 5pm-8pm  
Sat 9am-1pm  
(530) 246-5710 Option 3

Go online to request or cancel an appointment, email your clinical team, view lab results or request a prescription refill at [www.shastahealth.org/hc](http://www.shastahealth.org/hc).



# MARKETING - VIDEO PATIENT



# MARKETING - VIDEO - PROVIDER



# A NOTE OF CAUTION

- Upgrades – Can break functionality – report it quickly – Try to message patients when you know something isn't working properly.
- Monitor Portal traffic for content– Standardize messaging where you can
- Many platforms allow for aliasing. Can be helpful with employees who don't want to share their names



## MOTIVATION VIA POLICY



- Appointments made via portal off hours are addressed before calls made during operational hours
- We will only fill schedule 2 medications if requested via portal – give preference/faster
- Bribes still work - \$50 grocery giveaway etc



## GENERAL OBSERVATIONS

- Patients use the portal appropriately
- Deliberate form of communication
- Though it isn't *supposed* to be for urgent matters.....
- Analyze the patient cohort against clinical averages for compliance and quality.



# ADDITIONAL LESSONS LEARNED

- **Providers hold the greatest sway in convincing patients to participate – involve them early in the promotional piece.**
- **Portal is arguably the most attractive means by which to engage patients in their own health care decisions. Coupled with mobile technology, it will be an integral part of the health care delivery system moving forward.**

**Build and maintain trust in the platform by exceeding customers expectations. Respond quickly to their concerns.**

**Patient advisory groups are a helpful way to gauge both the willingness of patients to use the tools and the functionality they are more likely to exploit.**

- **Use your data to guide messaging through portal. Ex. Solicit feedback based on things you can determine simply by virtue of using an EHR. Ex. Patient education messaging to patients by diagnosis or checking in on patients who were recently prescribed a new medication etc.**



# POST IMPLEMENTATION STRATEGIES

Monitoring/Reporting/Feedback

Find/Promoting Value

Steering Traffic to Portal

# CYCLE TIMES – SERVICE LEVEL

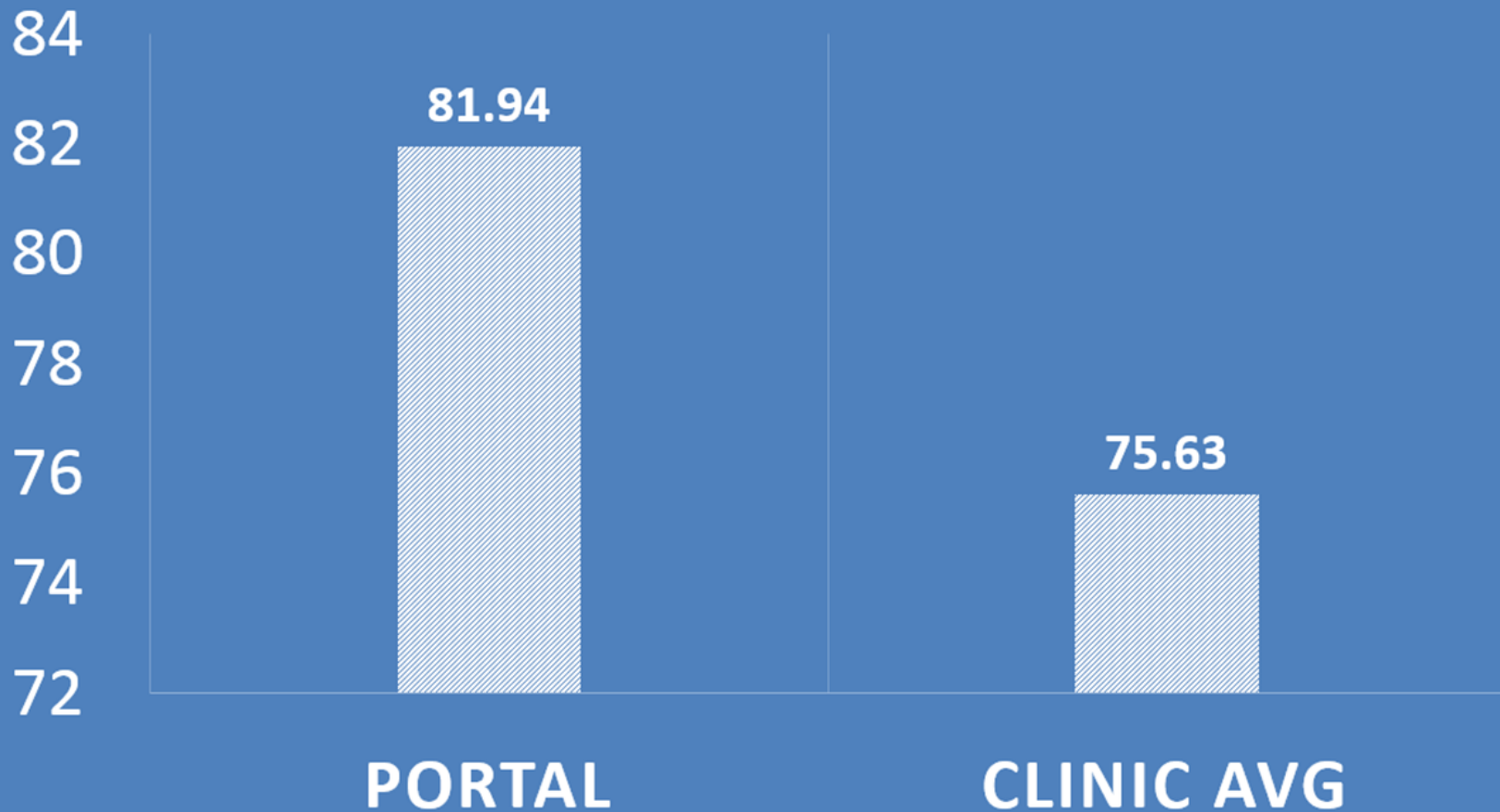
ARE WE MEETING OUR PLEDGE TO THE PATIENT?  
IS OUR VOLUME STEADY OR INCREASING?  
ARE NURSES ANSWERING MORE OR LESS  
THAN SCRIBES?  
ANY OUTLIERS?  
AUTOMATE REPORT TO DISTRIBUTE WEEKLY

## NextMD Cycletimes Responses Sent on 5/1/2015

Responder	Responses	Avg Cycle Time
Ballard, Anna	2	4 day(s) 04:59:00
Peterson [LVN], Rachel	2	3 day(s) 01:04:00
Hendrix [RN], Myra	10	2 day(s) 11:39:00
Choate [VC], Jacqueline	4	2 day(s) 06:09:00
Speed [RN], Brenda	15	1 day(s) 22:56:00
Amstutz [SCR], Brett	3	1 day(s) 07:10:00
Kitzman [ADM], Charles	88	0 day(s) 23:10:00
Stewart [RN], Christine	12	0 day(s) 23:07:00
Downing [MA], Trevor	1	0 day(s) 19:21:00
Birmingham [SCR], Kylie	2	0 day(s) 19:14:00
Valentine [RN], Jonathan	1	0 day(s) 17:48:00
Leet [VC], Irma	1	0 day(s) 17:17:00
Manteiga [SCR], Tabitha	1	0 day(s) 12:46:00
Hunt [RN], Kimberly	60	0 day(s) 12:16:00
Johnson [LVN], Kristi	26	0 day(s) 10:04:00
Villalobos, Joe	7	0 day(s) 10:00:00
Cable [RN], Tina	1	0 day(s) 07:28:00
Stoute [SUP], Landi	9	0 day(s) 06:53:00
Howard [RN], Lori	1	0 day(s) 00:39:00

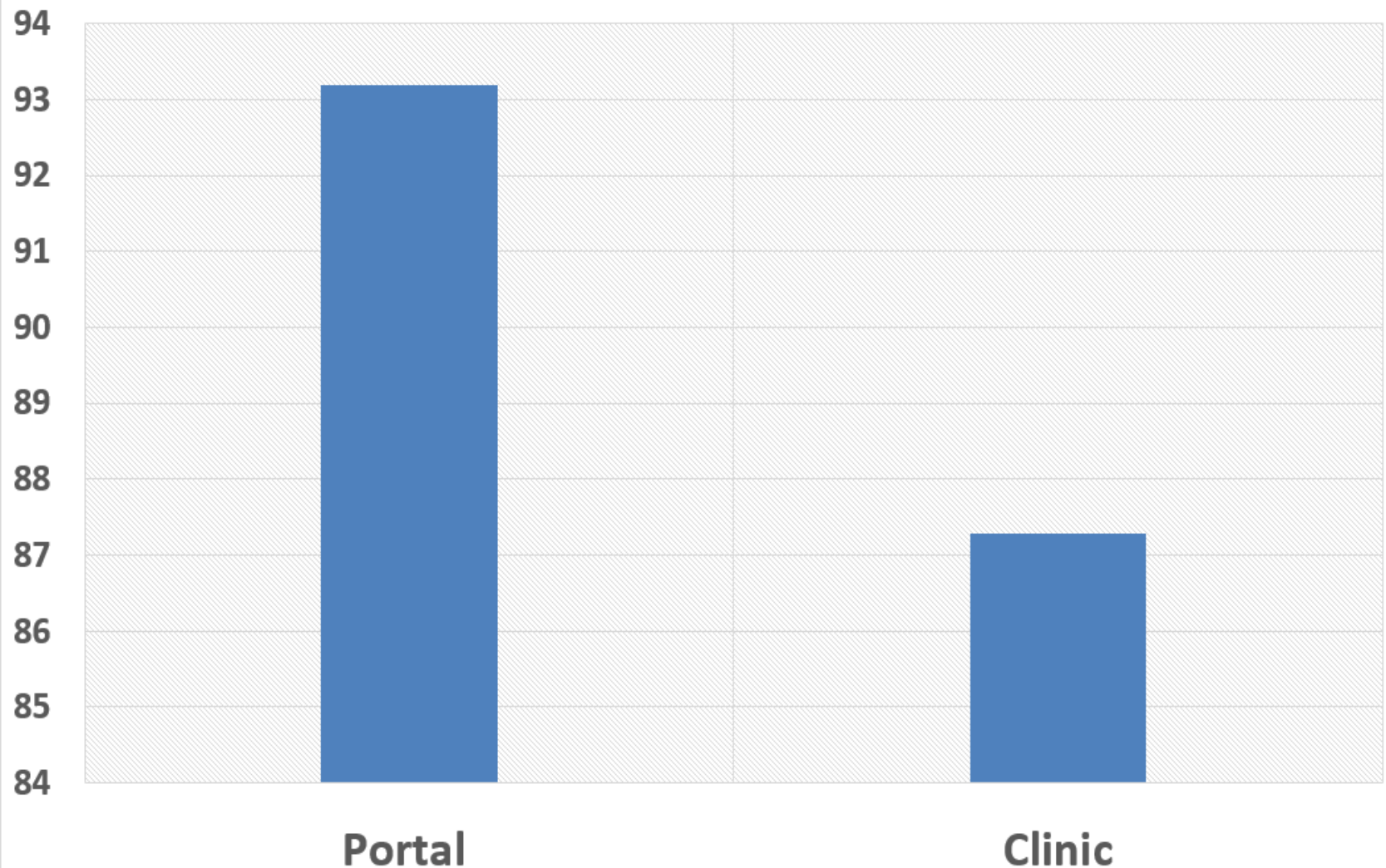
# FINDING VALUE

## LAB COMPLIANCE PORTAL COHORT VS. CLINIC AVERAGE BIGGER IS BETTER



## **% Kept Appointments**

### **Requests through Portal vs. All Other Means**



# TIPS FOR ROLLOUT

- Patient Advisory Boards – Pre and Post Rollout
- Marketing – Posters – Buttons – Website – Summer Students
- Bribes – gimmicky but can work – tie to utilization not enrollment
- Providers most helpful – Show the value



# MORE PRACTICAL ADVICE

- Use canned responses for the consistency/efficiency:
- Receipts –
  - Your concern is being reviewed by the clinical team. Someone should be reaching out to you shortly. Kind Regards, -SCHC
  - Hello and thank you for using Shasta Health Connect - your patient portal. The soonest I can get you in to see [Provider Name] is [Date and time]. I have reserved this appointment for you. Please arrive 15 minutes early to your appointment to increase the chances of being seen on time. We look forward to seeing you at your next appointment. Sincerely, -SCHC
- Find ways to encourage patients to use/reuse portal – Ex. New medications, changes in dosage, splints and Ortho devices, etc.
- Schedule 2 Medication requests (Ex Norco change from 3 to 2)



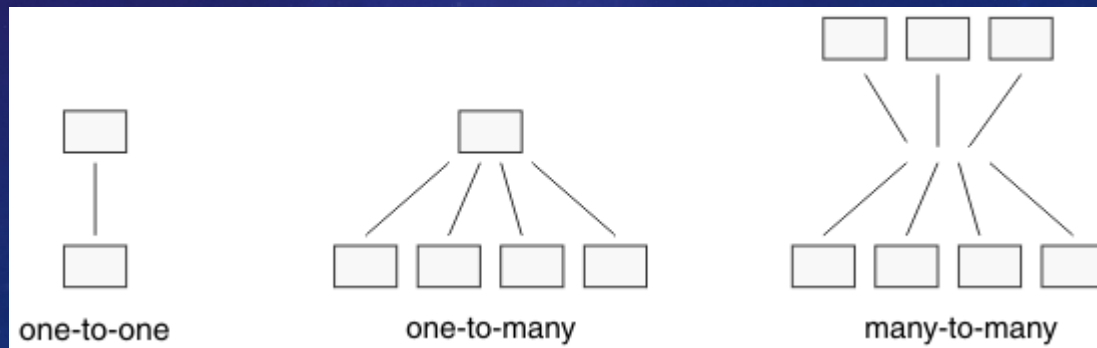
## ADDITIONAL STRATEGIES FOR PORTAL USE

- \*Patient Plan Creation and Auto-Posting to Portal
- Normal Lab Result Letters
- Missed Appointment Reminders
- New Medication Surveys
- Lab Compliance Reminders
- Promote Portal as Service
  - Exceed your promised service
  - Make portal the best choice



# POPULATION HEALTH AND PORTAL

- 15<sup>th</sup> Century delivery system – One patient at a time
  - Not sustainable – Too costly – Wasteful – How much time tracking down patients?
  - Destroy the one-to-one paradigm in favor of One-to-Many
  - Group visits, Portal messages that target populations, Edu classes
  - Most EHR's support this functionality natively or through the use of registries.
- Payment reform should be driving CHC's toward Population health management



## POTENTIAL POPULATIONS

- AntiCoagulant (Coumadin/  
Warfarin)
- Diabetics
- EIS Ryan White
- Parents of Children with  
ADD/ADHD
- New Moms

# POTENTIAL PROCESSES

- FTCA Tort Claims Tracking Requirements  
*Referrals, Labs, Diagnostics, Hospitalizations*  
ALL can benefit from Portal Use
- Immunization Reminders
- Normal Lab Letters
- Patient Education Class Calendars
- Appointment Reminders
- New Medication Status

## EXAMPLE – Normal Lab Result Automation

	NGP903825	C difficile, Cytotoxin B			5/5/2015 1:40:00 PM	5/11/2015 10:57:08 AM	5/11/2015 1:41:37 PM
	NGP879912	TSH			2/9/2015 10:40:00 AM	5/11/2015 10:58:39 AM	5/11/2015 1:40:33 PM
	NGP905632	CBC w/diff			5/12/2015 10:40:00 AM	5/13/2015 4:52:26 PM	5/14/2015 1:29:21 PM
	NGP899912	Lipid Profile			4/21/2015 2:40:00 PM	5/12/2015 6:42:24 AM	5/12/2015 1:35:00 PM
							10
Villalobos MD Joe	NGP893707	Hgb A1c with MBG Estimation / Lipid Profile / Comprehensive Metabolic Panel / TSH W/reflex To Free T4. / CBC w/diff			3/30/2015 3:20:00 PM	5/11/2015 8:02:18 AM	5/11/2015 1:38:56 PM
	NGP902747	TSH W/reflex To Free T4. / Lipid Profile / CBC w/diff / Comprehensive Metabolic Panel / Hgb A1c with MBG Estimation			4/30/2015 3:00:00 PM	5/13/2015 8:39:49 PM	5/14/2015 1:28:16 PM
	NGP898710	Testosterone,Free and Total			4/16/2015 3:40:00 PM	5/12/2015 1:16:06 PM	5/14/2015 1:28:09 PM
	NGP903621	Hep C Ab / Chlamydia/N. gonorrhoeae DNA, SDA / RPR, Rfx Qn RPR/Confirm TP-PA			5/4/2015 4:43:18 PM	5/12/2015 3:36:19 PM	5/14/2015 1:29:04 PM
	NGP902913	HIV Ab			5/1/2015 8:50:00 AM	5/11/2015 4:19:06 PM	5/12/2015 1:35:14 PM
							5
Vo DO Trang	NGP905760	Chlamydia/N. gonorrhoeae DNA, SDA			5/12/2015 2:20:00 PM	5/14/2015 12:01:33 PM	5/14/2015 1:28:22 PM
							1
Vo MD Tho Mai	NGP904978	Urine Dipstick			5/8/2015 2:40:00 PM	5/8/2015 4:14:08 PM	5/11/2015 1:36:15 PM
							1
Total							90

# Lab Compliance

## Alatorre PA-C Megan

3/30/2015	NGP893709	Urinalysis With Reflex Culture
3/24/2015	NGP891728	Lead, HGB
3/6/2015	NGP887322	Pap + HPV
3/6/2015	NGP887323	Alcohol, Barbiturates w/medMatch, Basic Drug Screen W/o MedMatch
4/24/2015	NGP901024	CBC, No Differential/Platelet, Comprehensive Metabolic Panel, TSH, ANA, Sed rate, Rheumatoid Factor
4/24/2015	NGP901025	Hemoglobin A1c
4/2/2015	NGP894976	CBC w/diff, Comprehensive Metabolic Panel
4/13/2015	NGP897293	CBC w/diff, Comprehensive Metabolic Panel, TSH W/reflex To Free T4.
3/6/2015	NGP887455	CBC w/diff, Comprehensive Metabolic Panel, Lipid Panel
3/3/2015	NGP886109	Liver Fibrosis
4/27/2015	NGP901532	H. pylori Stool Ag, EIA
4/16/2015	NGP898602	OBSTRETRIC PANEL W/CULT
3/24/2015	NGP891825	OVA AND PARASITES X3
4/8/2015	NGP896524	CBC w/diff, Comprehensive Metabolic Panel, TSH W/reflex To Free T4.
3/20/2015	NGP891198	TSH W/reflex To Free T4., CBC w/diff, Comprehensive Metabolic Panel
3/20/2015	NGP891199	Lipid Panel
3/18/2015	NGP890497	Iron/TIBC
4/15/2015	NGP898375	Comprehensive Metabolic Panel, CBC w/diff, Lipid Panel

# GUIDELINES

- If you can write a report to target a group of patients for any criteria, it's a group you can communicate with all at once. ONE-TO-MANY
- Feeding info to portal can help “set the hook” - gives patients the feeling they've been missing out.
- Health maintenance protocols and help you get patients tucked in, manage care in between visits. Ex. Labs, Diagnostics etc.
- Disease Management Protocols can do the same thing. Ex. Report on population of DM patients who have not had Diabetic retinopathy, foot exam, etc.



## SOME RUMBLINGS YOU SHOULD BE AWARE OF

- Meaningful Use Stage 2 Modification Rule (Sept 2015??)
  - Relaxes some of the pressure on Portal implementation (Possibly)
  - Ignore it and forge ahead – MU 3 still has lofty engagement goals
- Pay attention to future iterations of your Portal
  - New tools – Texting – Mobile Optimization



# ADVICE/TAKEAWAYS

- \* Engage employees before trying to engage patients
- \* Route messages using existing workflows
- \* Establish trust in the system by answering ASAP/Portal as Service
- \* Compare tools and challenge vendors – Dynamic Tool
- \* Engage clinicians to help promote the product – Opinion leaders
- \* Monitor and analyze for trends/build canned responses/provide feedback
- \* Identify populations that you can target and keep them engaged
- \* Promote One-to-many communication wherever you can
- \* Think beyond Meaningful Use



THANKS FOR LISTENING

QUESTIONS???? DISCUSSION

Charles Kitzman, MMI

[Ckitzman@shastahealth.org](mailto:Ckitzman@shastahealth.org)

LinkedIn

530.246.5955