Patient Portals: Background
CP3 Toolkit: Expanding Access

The following is adapted from a December 6, 2016 presentation by Charles Kitzman, Chief Information Officer at Shasta Community Health Center. In the presentation, he addresses the role that various technologies can play in supporting population health.

Background on Patient Portals

• How Portals Work
  o Uses Patient email as point of contact
    ▪ Less likely to change than a physical address/phone
    ▪ Notifications are sent to email prompting patient to visit the portal
  o Functionality = Basic communications, medication refill requests, appointment requests, forms, patient education
  o Can send documents created by EMR/Scans through portal Try to make the phone ring less Move toward data capture/patient engagement

• Set Expectations
  o Respond within 2 business days
  o Keep communication methods congruent
  o Can request but not make appointments
  o Establish trust in the tools by exceeding expectations
  o Solicit input via surveys and advisory groups

• Obstacles
  o How to manage minor confidentiality
  o Promoting use/make it attractive
  o Issues with user security (nurse)
  o Lack of analytics from vendor
  o PHR updates
  o Staff Engagement

• Considerations
  o Slow climb/be patient; even the best systems take time
  o Expect greater mobile device integration in the future
  o Providers carry most weight in promoting the tool
• Advice/Takeaways
  o Route messages using existing workflows
  o Establish trust in the system by answering ASAP/Service Model
  o Compare tools and challenge vendors
  o Engage clinicians to help promote the product
  o Monitor and analyze for trends/build canned responses