



Patient Portals: Background

CP3 Toolkit: Expanding Access

The following is adapted from a December 6, 2016 [presentation](#) by Charles Kitman, 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
 - 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
 - Functionality = Basic communications, medication refill requests, appointment requests, forms, patient education
 - Can send documents created by EMR/Scans through portal Try to make the phone ring less Move toward data capture/patient engagement
- Set Expectations
 - Respond within 2 business days
 - Keep communication methods congruent
 - Can request but not make appointments
 - Establish trust in the tools by exceeding expectations
 - Solicit input via surveys and advisory groups
- Obstacles
 - How to manage minor confidentiality
 - Promoting use/make it attractive
 - Issues with user security (nurse)
 - Lack of analytics from vendor
 - PHR updates
 - Staff Engagement
- Considerations
 - Slow climb/be patient; even the best systems take time
 - Expect greater mobile device integration in the future
 - Providers carry most weight in promoting the tool



- Advice/Takeaways
 - Route messages using existing workflows
 - Establish trust in the system by answering ASAP/Service Model
 - Compare tools and challenge vendors
 - Engage clinicians to help promote the product
 - Monitor and analyze for trends/build canned responses