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What Is the Value of a Patient Portal?

Last night I booked plane tickets for a college visit through the United app on my phone. Next, I made dinner reservations to celebrate my husband's birthday using OpenTable, a portal embedded into the restaurant's Web page. Then, I transferred rent money to my son at University of Colorado via the Chase app on my phone. All these tasks took about 6 minutes, while I was lounging in front of the fireplace. It's no wonder that many of our patients are no longer willing to sit on hold for our call center staff when booking an appointment or to wait 2 weeks for an office visit to discuss MRI results. Yet many physicians complain that a patient portal is yet another unfunded mandate that increases their workload. Does a patient portal enhance the patient experience or simply add unpaid work to the doctor's day?

A patient portal provides secure access to portions of the patient's digital health record and is most commonly linked to an electronic health record system. Practices can choose to implement various functions of a portal including scheduling, online bill payment, and secure physician-patient messaging. First used by a few large health systems in the late 1990s, patient portals are rapidly becoming mainstream, in part because of advancing care information (formerly meaningful use) regulations.

Beyond those requirements, another good reason to employ a portal is that growing numbers of our patients expect online access. In an era when travel, banking, email, personal fitness, and traffic conditions are managed or monitored on mobile devices, patients increasingly demand digital solutions in health care. A portal can allow patients to make appointments, check lab tests, and pay bills at their convenience, not ours. These transactions can be done 24/7, not just when our phone lines are free and when our operators aren't on lunch break. A 2013 Accenture survey on patient engagement reported that 77% of patients value the ability to book, change, and cancel appointments online.¹

A patient portal could (in theory) save money for a practice in reduced staffing costs related to patient scheduling. One solo practitioner estimated that he cut office phone calls by 10,000 per year and decreased staffing by half when he implemented a portal that allowed patient scheduling.² Still, because of the wide diversity of age and digital skills among

ophthalmology patients, most practices will opt to provide both human-assisted and electronic scheduling methods.

Some portal options require staff and/or physician responses. This makes ophthalmologists nervous, particularly the thought of responding to patient questions. Will physicians have dozens of messages to respond to during the day—yet another task for which we aren't paid? What about the needy patient who might contact us many times a day? Will additional staff be needed to answer questions and refill medications? It's easy to imagine a trained technician responding via a computer or a mobile device to the routine questions that our call centers now triage.

Robert Wachter, chair of the Department of Medicine at UCSF and author of *The Digital Doctor*, compared the digital transformation of medical systems to the building of the transcontinental railroad. The rails coming from the west and from the east didn't meet until Congress mandated the junction point at Promontory, Utah, launching a revolution in travel and westward expansion. Dr. Wachter predicted that once our digital systems are integrated, further health care innovation will ensue. I suspect that once patient portals are widely implemented, they will spur changes in how we interact with patients. For now, we can choose the functions of a patient portal that make sense for our own practice—and, moving forward, our patient, physician, and practice communications will be increasingly digital and increasingly interactive.



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1 www.accenture.com/_acnmedia/Accenture/Conversion-Assets/DotCom/Documents/Global/PDF/Industries_11/Accenture-Consumer-Patient-Engagement-Survey-US-Report.pdf. Accessed Nov. 17, 2016.

2 McNeill SM. *Fam Pract Manag*. 2016;23(2):21-25.