Patient Portals, Part 1:
First Steps for Your Practice

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Why implement a patient portal? For practices with a website, a portal could be the next logical step. It can improve practice efficiency by allowing patients to go online to schedule appointments, preregister, pay bills, review information from their charts, and receive educational materials—all activities that otherwise would be done over the phone or in person during the office visit. And for practices that are moving on to Stage 2 of the federal meaningful use (MU) program for electronic health records (EHRs), a patient portal provides a means for satisfying the "patient electronic access" objective (see "Portals and EHR Meaningful Use").

This article is the first in a three-part series that will 1) discuss the benefits of a patient portal and offer tips for the planning and implementation process, 2) provide an in-depth look at features you should consider incorporating into a portal, and 3) suggest ways you can get patients into the habit of using your portal.

Benefits of a Patient Portal

Staff will spend less time on data entry. When you consider that registration information must be provided by every patient, you quickly realize the enormous amount of time your office staff spends entering that data into your computer system. Enabling your patients to submit this information through a patient portal dramatically improves efficiency and allows a practice to focus more on direct patient care.

You can focus on the patient, not on the registration process. "One of the most significant improvements we have experienced with the introduction of our patient portal has been the amount of time that we get to spend with a patient," said Denise Fridl, COT, COE, who is her practice's chief performance officer. "If patients have already submitted their registration information prior to their visit—rather than spending 10 minutes answering a technician's questions—we can spend more quality time talking to them about why they are here for an appointment."

Staff will spend less time on the phone with patients. "We now ask our patients to contact us through our portal to schedule appointments, which has decreased our phone time tremendously," said Janna Mullaney, COE, COT, OCS, chief operations officer at her practice.

"We reduced our phone staff by half a position since the introduction of our

Portals and EHR Meaningful Use

With 2014 just around the corner, practices that are moving on to Stage 2 of the federal meaningful use (MU) incentive program must prepare to meet the new requirements. Part of this preparation should include implementing a patient portal as a means for satisfying core objective 7, which gives patients electronic access to their health information. For instance, measure 2 of this objective requires that more than 5 percent of patients view their health information online, download it, or transmit it to a third party.

Be prepared to adjust workflow. Ms. Woodke said that her practice is reviewing ways to encourage patients to access the portal. This may involve changes in workflow. Who, for example, will be responsible for giving patients the access information that is needed to obtain electronic versions of their clinical visit summaries? If scribes are assigned that role, then they'll need to be trained to do that.

To learn more about objective 7, go to www.eyenet.org/archives and see the EHR supplement that accompanied November's *EyeNet.*

patient portal," said Ms. Fridl. "Prior to the portal, six people were assigned to answering phone calls; we currently have five-and-a-half full-time employees who perform the task of responding to patients because one person has been reassigned to responding to patients' e-mails, which she can manage much quicker than communicating with a patient by phone." Measuring call volume before and after implementation of your portal will help you assess improvements in efficiency.

Get Prepared for a Portal

Start early. It takes considerable time to introduce your patients to the features available through your portal—and even longer to get them into the habit of using it regularly. "We knew that we had to embrace this new technology as part of the MU requirements and did not want to wait until the last minute to begin implementation," said Ms. Mullaney, whose practice introduced the first feature of its portal in 2011.

Collect e-mail addresses. "We have been using a 'contact management lead program' on our website," said Ms. Mullaney. This program made it easy to collect e-mail addresses when patients sent electronic messages. And having patients' e-mail addresses gave the practice a great start when it was time to start promoting the patient portal.

Train your staff. If the portal's vendor offers training, you should take advantage of that opportunity. "In our practice, we selected a group of super-users, who designed our portal program and consulted with our vendor during the process. After that, several of us participated in a vendor-sponsored course that certified us as proficient in the software. The training enables us to manage the portal and answer queries from our patients," said Ms. Fridl.

Get staff to see the portal from the patients' perspective. "We signed our employees up for the portal and showed them how the secure messaging works and how easy it is for them to navigate through their own chart,"

said Ms. Mullaney. By experiencing firsthand how the patients would benefit from this new resource, staff members could better understand why the practice was implementing a portal. "Rather than them seeing it as just something else that we were requiring them to do, this really helped with our staff's transition," she said.

Get staff to appreciate the business perspective. "We also wanted our staff to understand the business benefits of introducing a portal, so we analyzed the costs involved with each operational duty of the office," said Ms. Mullaney. "For example, an appointment request by telephone costs the practice about $1.04, but when [an appointment is] booked through the portal, the cost is fractional—only about 8 cents. Likewise, when we receive a payment by mail, someone has to open the envelope, scan the check into the banking system, prepare and make the deposit, and post it into the system. Each of these steps costs us money. If a patient makes a payment through the portal, our cost is about 1 cent." Making these advantages meaningful to your employees helps to solidify the significance of the change and encourages them to embrace the new patient portal.

Going Live

When your patient portal goes live, should you roll out multiple features all at once or implement one component at a time?

The big bang approach. "We built our templates, integrated each of the components, and made all of our features live at one time, which worked really well for us," said Ms. Fridl.

A more gradual approach. "We have 22 providers and 160 staff members within our practice, so new projects can be very challenging to coordinate," said Ms. Mullaney. "We wanted to approach this slowly by giving our patients an opportunity to look at their demographic data online and send us secure messages. We later added features like prescription requests, records release, online bill pay, and patient access to medication lists."

A balancing act. "I suggest balancing it between providing features that attract patients to the portal—such as the ability to make online payments—while not turning on so many features that you cannot manage them well," said Joy Woodke, COE, OCS, a practice administrator.

The MU clock is ticking. "However, if a practice is just starting this process and wants to meet the [Stage 2] MU requirements next year, they might not have enough time to slowly activate the components; they might have to start with the clinical aspects first and then turn on additional features later," said Ms. Woodke. No matter how you choose to approach portal integration, beginning the process as soon as possible is essential for satisfying core objective 7 of Stage 2 during the 2014 reporting period, which will be a calendar quarter.

Usability Is Critical

Patient portals must be user friendly to sustain continued patient use. If your practice's portal is not intuitive or if it is too cumbersome to move through the options, you'll find your patients will avoid using it. "Our portal is provided by one of several third-party vendors that work directly with our EHR vendor," said Ms. Woodke. "I like the fact that I do not have to use or stay with a specific portal if it is not user friendly or cost-effective. The feedback that I want from patients is that the portal is easier than expected to use. However, if we find that the portal becomes too expensive, does not offer the options that we want, or does not provide the features in a way that our patients can use it efficiently, I can switch to another vendor." ∎

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