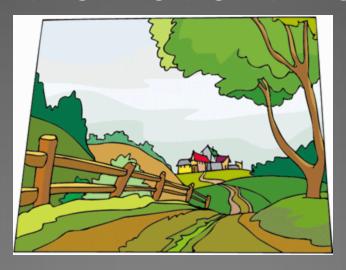
The Path to the 5% Maximizing Patient Engagement with the Patient Portal



NHCHC Washington DC
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AGENDA

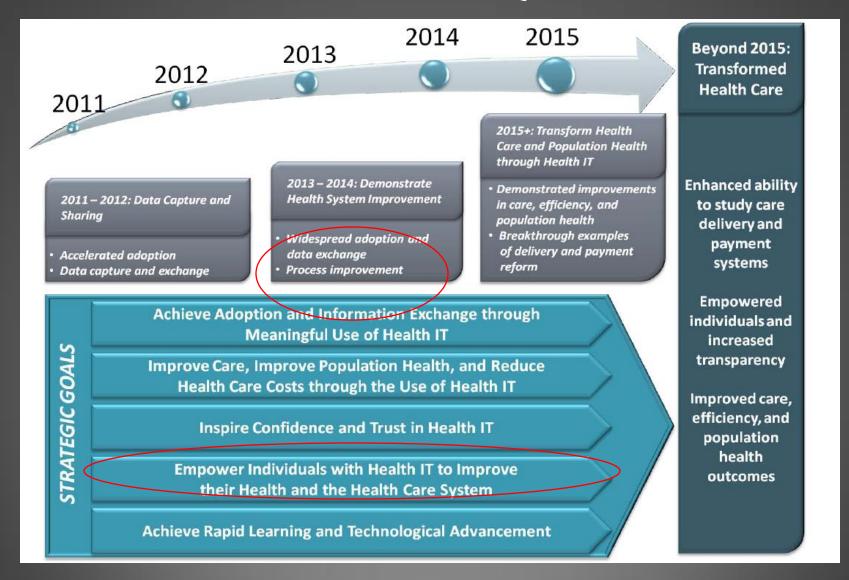
- Review of Meaningful Use Stage 2 Requirements
- Pre-work Ahead of Implementation
- Essential Functionality of the Patient Portal
- Policies and Procedures
- Workflow
- Sample Project Plan
- Questions

THE SPIRIT VS. THE LETTER

Meaningful Use

Use of the EHR to improve patient care

WHERE ARE WE IN THE QUEST FOR MU?



CHRONIC CARE MODEL

The Care Model for the **Office Practices & Outpatient Setting Domain**





Care that is patient-centered, safe, timely, effective, equitable, efficient, and a health care system and workforce that is vital.





Stage 2 Meaningful Use Requirements

Provide Patients with the ability to view online, download and transmit their health information

Treater information								
What this measure requires	 More than 50% of all unique patients are provided online access to their health information within 4 business days after the information is available to the EP More than 5% of all unique patients view, download or transmit to a third party their health information 							
What that means for you	Not only do you have to provide online access to health information for over half of your patients, you also have to make sure that more than 5% of your patients actually access the online health information you have made available							
Are you excluded?	If you do not order or create any of the required information, except for "Patient name" and "Provider name" and office contact information. You can also be excluded if your practice is in an area with low broadband availability.							

Stage 2 Meaningful Use Requirements

Use Secure Messaging to Communicate with Patients

What this measure requires	A secure message was sent using the electronic messaging function of CEHRT by more than 5% of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.
What that means for you	Certified EHR technology will contain the capability to send secure messages between you and your patients. In order to meet this objective, you have to make sure that more than 5% of your patients actually use this capability by sending you a secure message.
Are you excluded?	You can be excluded if you have no office visits during the reporting period. You can also be excluded if you practice in an area with low broadband availability.

USABILITY & BARRIERS







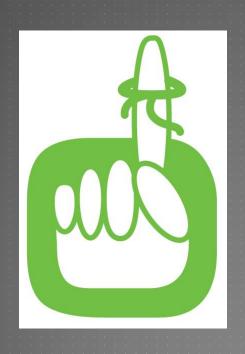
questionnaires Access acheduling Problem demographics EducationResources Secure medications email billing insurance Test results Allergies

- Patient-centered" Patient Profile
 - Use Plain Language Principles





FONT SELECTION AND REMINDER ICONS



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ESSENTIAL FUNCTIONALITY OF THE PATIENT PORTAL

- ✓ Communication
- ✓ Portable Health Record
- Appointment Scheduling
- ✓ Bill Payment
- Enter, update Past Medical, Surgical and Social History

ESSENTIAL FUNCTIONALITY OF THE PATIENT PORTAL

- Enter, update Registration Information
- ✓Initial Patient Access and Ongoing Support
- Mobile Application
- **√**Cost
- ✓ User Interface

CONNECTING THE DOTS: TIPS FOR LAUNCHING THE PORTAL

- Ask patients
- Identify provider champions
- Develop policies and procedures with user input
- Phase in the portal rollout
- Educate and train providers and staff
- Develop a marketing campaign
- Make it everyone's job to encourage using the portal
- Minimize potential loss of patient interest
- **Educate patients**

POLICIES AND PROCEDURES

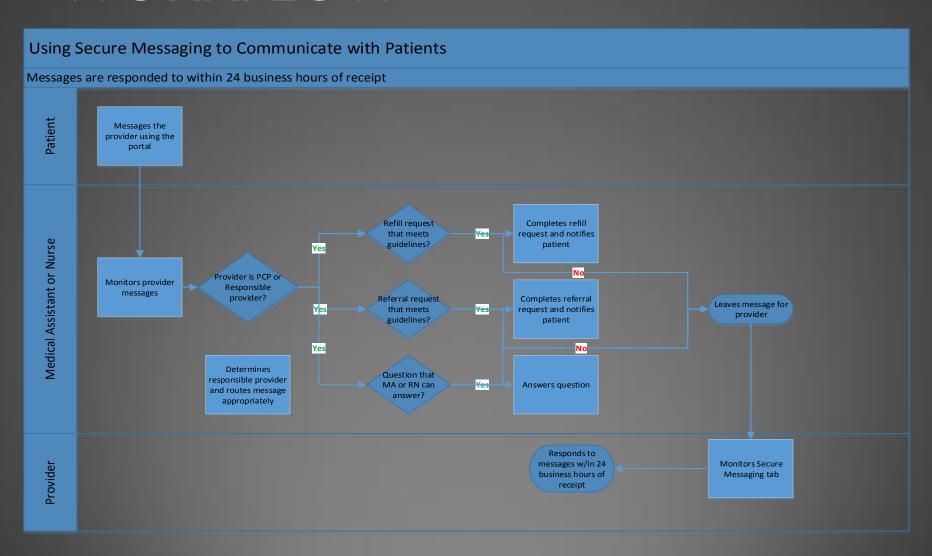
- Restrictions or limitations
- Guidelines and security
- Portal consent form
- Adolescent patients

SAMPLE PROJECT PLAN

ID	ID Task Name Days to Go Live	Days to Go Live	Mar 2014													
		15	16	17	18	3 19	20	21	22	23	24	25	26	27	28	
1	Identify Provider Champion and Convene Steering Committee	Go Live minus 120 days														
2	Convene Patient Advisory Groups	Go Live minus 90 days														
3	Purchase, install, configure	Go Live minus 90 days														
4	Develop Policies and Procedures	Go Live minus 60 days														
5	Develop Patient Marketing Materials	Go Live minus 60 days														
6	Design Provider and Staff Training	Go Live minus 30 days														
7	Deliver Provider and Staff Training	Go Live minus 7 days														
8	Go Live	Go Live														
9	Post Go Live Support and Revision	Go Live plus 30 days														

Task **Organization Decision List ROLLOUT** How will you rollout FMH to your patients? (Ex. Phased Rollout) Will you rollout to employees first? REGISTRATION Who will send out the patient invites? (Front Desk Staff/IT Staff/EHR Staff) What will you use as the 'Patient Security Code'? (default is last 4 digits of the patients social) Will you allow patients to request connection versus you sending them an invite? Who will manage these requests? Who will manage/monitor the patient invite report for expired or undeliverable invitations? Will you allow parents to have access to their childs record? At what age is a child considered a protected minor in your state? ORGANIZATION > SERVICES > RELEASE SETTINGS After a result (normal/abnormal) is reviewed by a provider, when should we release them to the patient (in days)? After a document is finalized when should we release them to the patient (in days)? Should we delays problems (conditions)? When should a patient receive an appointment reminder? When should the patient invitation expire (in days)? **ORGANIZATION > RESULT TYPES** Are there lab results that you want to block?

WORKFLOW



Your Family

FLU SHOTS

now available anytime



It's time for your Annual Physical

Log on to our Patient Portal today to schedule your next appointment. Keeping up with your annual appointments means staying healthy for you and your family.

We look forward to seeing you!

Your Doctor, MD

Sign up for our Patient Portal today & check-out all the features!



appointment reminders to your cell or email



pay your statements online



decrease in-office walt time, complete your forms online



secure comunication between you & your provider

RESOURCES

- ▶ Portal exclusion information http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_7_PatientElectronicAccess.pdf
- Osborn, C. et al (2011) <u>Journal of the American Medical Informatics</u> <u>Association</u>. MyHealthAtVanderbilt: policies and procedures governing patient portal functionality http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3241162/
- National Learning Consortium: How to optimize patient portals for patient engagement and meeting meaningful use requirements.
 http://www.healthit.gov/sites/default/files/nlc_how_to_optimizepatientportals_f
 or_patientengagement.pdf
- California Healthcare Foundation. Measuring the impact of patient portals.
 http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/M/PDF%20MeasuringImpactPatientPortals.pdf
- California Healthcare Foundation: Patient Portal Resource Page focused on Safety Net http://www.chcf.org/patient-portals

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