Strategies to Increase Patient Portal Utilization at Riverside University Health System

Thursday, May 27, 2021
12-1pm

Recording Link

Housekeeping

Please stay on mute if you're not speaking, and save questions for designated Q&A

Chat in questions at any time

Feel free to leave your video off during the meeting, but you're encouraged to turn it on when you're asking a question

This meeting is being recorded for those who can't attend live

Materials will be sent out after the meeting

Agenda

Time	Topic	Lead(s)
5 min	**Welcome and Introductions**	Zoe So Thuy-Ann Le
2 min	**Announcement: Patient Portal Active Use Improvement Guide and Resource Toolkit**	Thuy-Ann
40 min	**Strategies to Increase Patient Portal Utilization at Riverside University Health System**	Melissa Taylor, BS, RN-BC Kathleen Lima, DO Evelyn Garcia
12 min	**Q&A**	All
1 min	**Wrap-up & Announcements** • Post Event Survey	Zoe

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Introduction

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California Health Care Safety Net Institute
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Coming Soon

- Patient Portal Active Use Improvement Guide and Resource Toolkit
  - A Step-by-Step Guide and Set of Resources to Successfully Increase Patient Portal Active Use
- Proven processes and tools to guide patient portal deployment efforts
- Developed in collaboration with Jim Meyers, DrPH

Strategies to Increase Patient Portal Utilization at RUHS

Melissa Taylor, BS, RN-BC, Clinical Informatics Officer, RUHS Informatics Team

Kathleen Lima, DO, RUHS Pediatric Clinic Director

Evelyn Garcia, Healthcare Administrative Manager

Strategies to Increase Patient Portal Utilization at RUHS

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Kathleen Lima, DO – RUHS Pediatric Clinic Director

Evelyn Garcia – Healthcare Administrative Manager

Agenda

- Introductions

- The Value of the Patient Portal

- MyChart Adoption at RUHS

- Assessment & Recommendations

- Key Takeaways & The Road to Process Improvement

- Clinic Spotlight: RUHS Pediatric Clinic

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Do patient portals improve health outcomes?

"While the evidence is currently immature, patient portals have demonstrated benefit by enabling the discovery of medical errors, improving adherence to medications, and providing patient-provider communication, etc."[4]

- Significant association between portal use and health outcomes was not observed in some studies [2,4,20] but was observed in others [54]
- Patient portals facilitated discovery of EMR errors by patients [24,26,30,54-56] [4]

What are some ways portals improve the patient & provider experience?

- Improved adherence to medication [3,9,39,43,52,57]
- Improved patient satisfaction [3,29,30,39,45]
- Enhanced patient-provider communication [6,30,40,43,52]
- Improved patient safety [6,26,52,55]
- Reduced patient uncertainty and anxiety [3,24,36]
- Increased patient engagement [6,19,24,30,41,43,45,51,52] [4]

What are some of the biggest barriers to patient portal adoption?

- Lack of appropriate training [33]
- Doubt of the portal's usefulness [38]
- Lost passwords [38,39]
- Difficulties in using portals [16,33,34]
- Anxiety associated with viewing personal medical information [38]
- Data security and privacy concerns [34,40]
- Lack of encouragement from providers [3,40] [4]

Leveraging the Patient Portal

- Patient portals are primary tools for engaging patients as partners in their healthcare, **but only if patients enroll and use them.** [1]

- Portals provide patients with unprecedented transparency into health information, which evidence suggests can **prevent medical errors, increase shared decision-making, and improve health outcomes.** [2]

- It takes more than marketing and promotion to increase enrollment, it takes **broad culture change**. [1]

MyChart Activation Rates
Maricopa Integrated Health System

Goal

9%

30%

45%

15 months

"One of the first things we did was try to figure out why. Is it our unique population? We're a county hospital, a safety net healthcare system and we have some challenges. We have a lot of different languages patients are speaking, we have socio-economic disparities that we try to be attune to. Was it technology-related? We really focused on the ambulatory sector, we did some deep dives, we did lots of observations, we got into the clinics, we talked to a lot of people and we talked to patients," he says.[3]

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SMART

To understand how to set and measure the right goal

Evidence-Based

To create workflows and goals based on best practices for enrolling patients

Culture Change

To identify collaborators across departments to support normalizing portal use as standard care

Objectives

Increase Access To Care
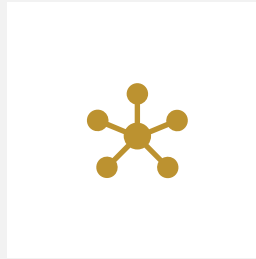
Staff, Provider & Patient Engagement

Close Care Gaps in Underserved Populations
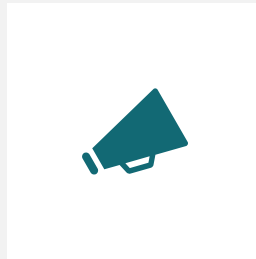
Promote LEAN Strategies
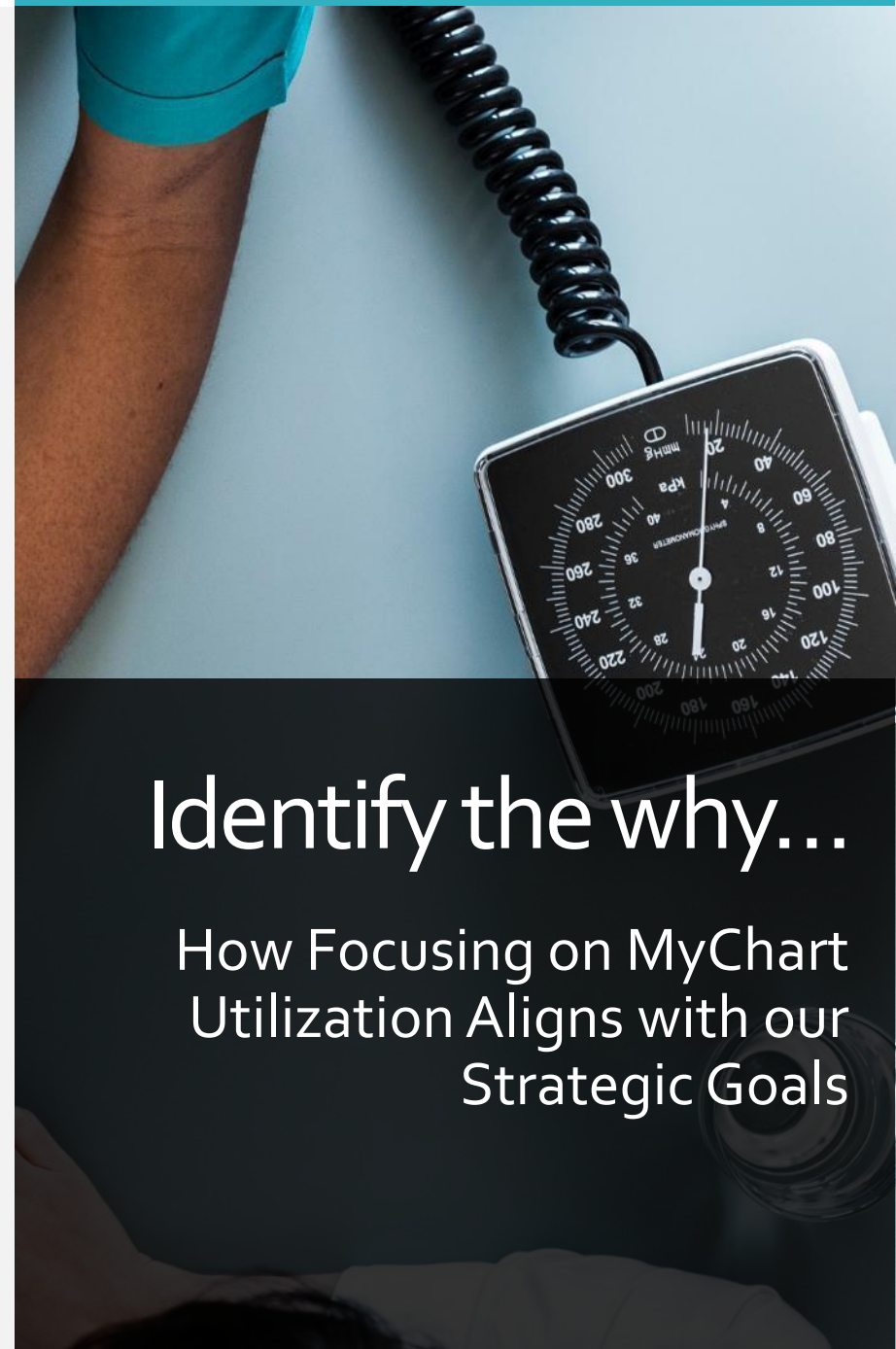
Identify the why…

How Focusing on MyChart Utilization Aligns with our Strategic Goals

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Barriers Deep Dive – *Gemba* – July 2020
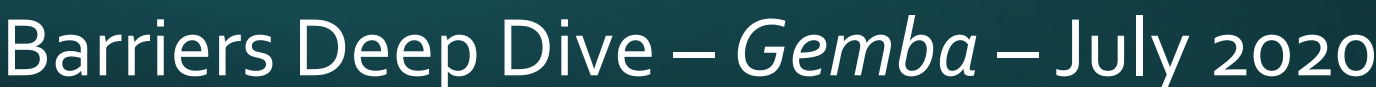
Corona CHC – Lessons Learned
Assessment / Opportunities

Person-based

Staff & provider encouragement and support of patients to sign up for MyChart; technology support for patients

Tool-based

Metrics & data; user security; system enhancements & features; training tools & elbow-to-elbow

Task-based

Rooming workflows, schedule utilization; rescheduling practices; outbound calls

Environment-based

Public Wifi, signage and marketing; huddles & staff awareness, healthy competition

Organization-based

Cultural adoption, change management; Web-presence, pull (not push) mentality

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Identify Key Metric Baselines

Overall RUHS MyChart

Activation Rates (Ambulatory)

% of Patients with Scheduled Visits that are Active on MyChart
2020 Stats Q1-Q3

COVID19 and the rush to Telehealth

January 2020

24%

May 2020

34%

October 2020

39%

March 2020
iPads & MyChart
video visits
deployed to clinics

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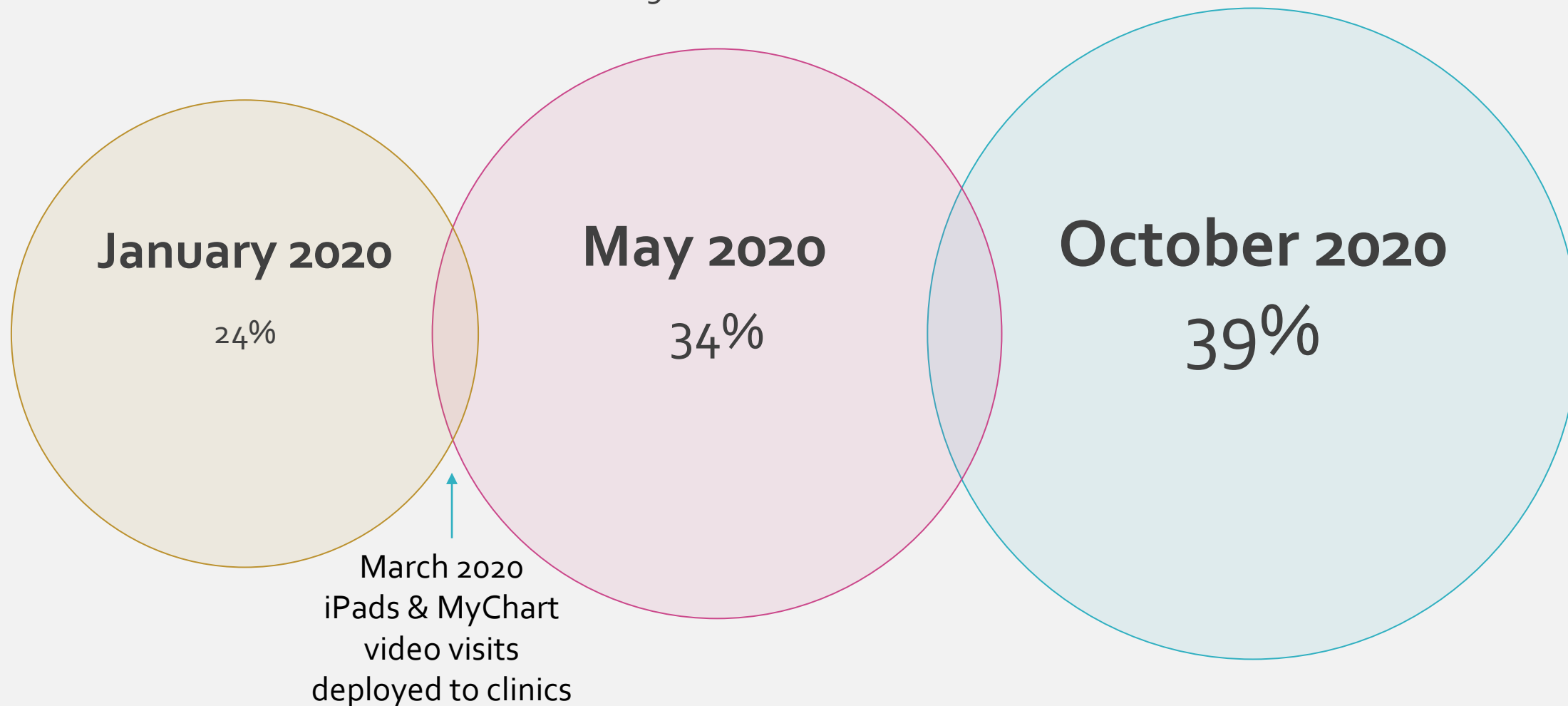
MyChart Activation status for completed Virtual visits

131 (4%)
220 (6%)
1794 (50%)
1425 (40%)

MyChart Status
- Pending Activation
- Activated
- (Blank)
- Patient Declined
- Inactivated
- Non Standard MyCh...
- Activation Code Gen...
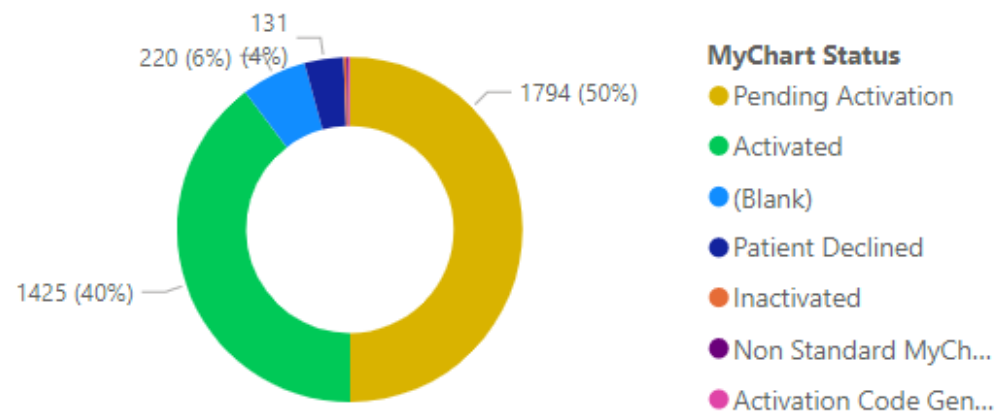
Cycle Time (minutes) by Specialty

● Check-in to Rooming ● Rooming to Physician ● Physician to DC

Specialty	Physician to DC	Rooming to Physician	Check-in to Rooming
Psychiatry	17	13	22
Family Medicine	16	13	21
Internal Medicine	16	12	21
Orthope... Surgery	21	9	19
Dental General Practice	16	13	19
Emergency Medicine	17	11	19
Podiatry	17	14	17
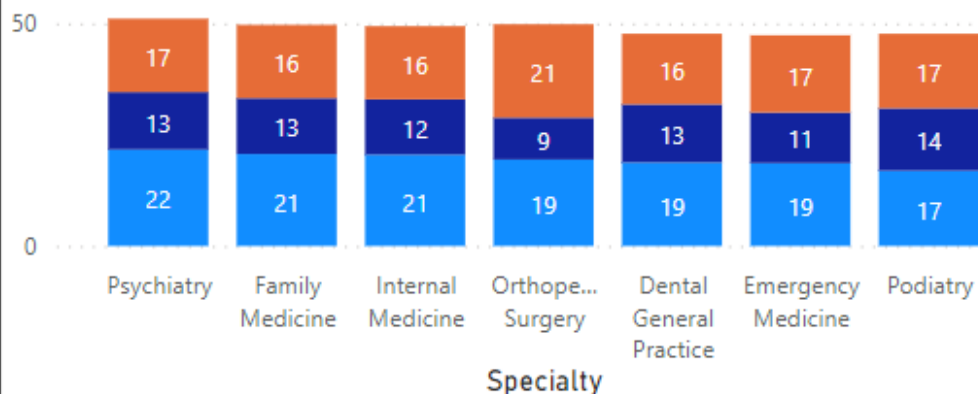
Checkin to DC (minutes) by Month of Service

(Months: January, February, March, April, May, June, July, August, September)
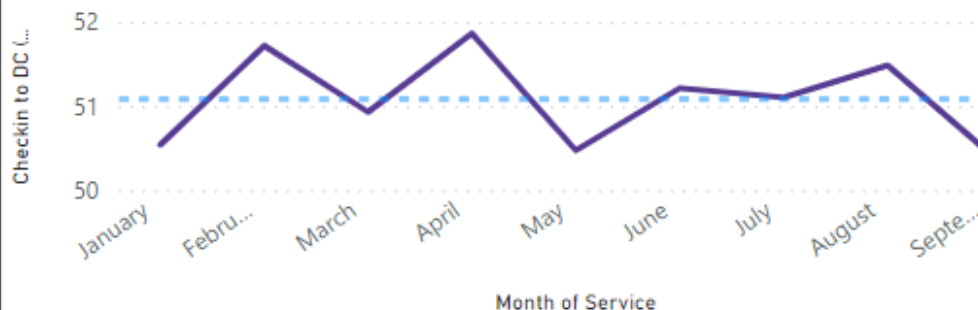
Corona CHC: Completed

Type of Virtual Visits

Telehealth 32%
Phone 68%

MyChart activation rate by Month

COVID Peak
Corona Site Visits

(Enc Month: March, April, May, June, July, August)

Top Diagnoses

18%
15%
14%
8%
8%
6%
5%
5%
4%
3%
3%
3%
3%
2%
2%

Primary ICD10 Description
- Essential hypertension
- Special screening examination fo...
- Special screening examination fo...
- Type 2 diabetes mellitus without...
- Encounter for contracted services
- ERRONEOUS ENCOUNTER--DIS...
- ADHD (attention deficit hyperact...
- Encounter to discuss test results
- Immunization due
- Suspected Covid-19 Virus Infecti...
- Moderate episode of recurrent ...
- Anxiety
- Type 2 diabetes mellitus without...

Identify Key Metric Baselines

Corona CHC

Activation Rates (Ambulatory)
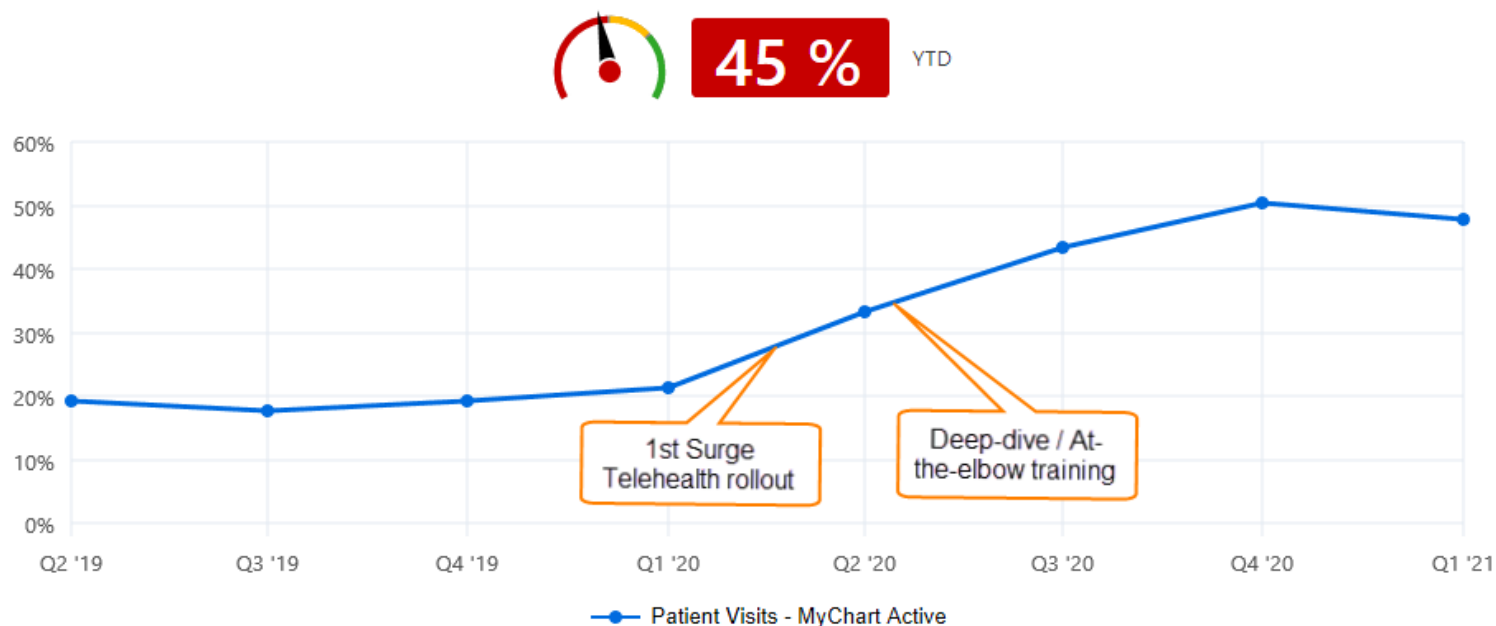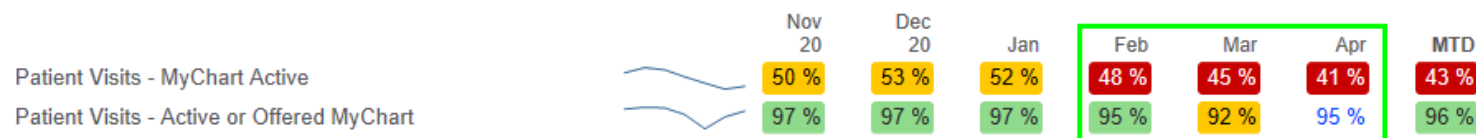
"If you build it, they will come."

(Just a Few) Key Features

Effort to increase enrollment/utilization will result in better patient engagement & long-term time-savings for Operations.

MyChart Messaging
The primary method for communicating with our patients; questionnaires & patient-entered data
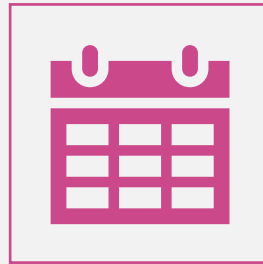
Self-Scheduling
Direct & Open; reduced burden on call center

Fastpass
Automated waitlist & access to specialty care

Access to Results &Records
Reduced calls to clinics; Adult and Pediatric proxy

Medication Refills
Provider productivity and patient satisfaction
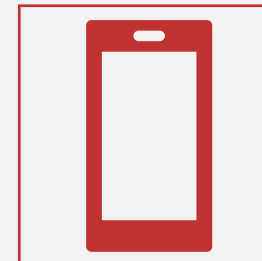
Telehealth
Access and convenience for patients; safety and reduced strain on resources

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Marketing Efforts

Virtual Care

Your healthcare provider is ready to see you
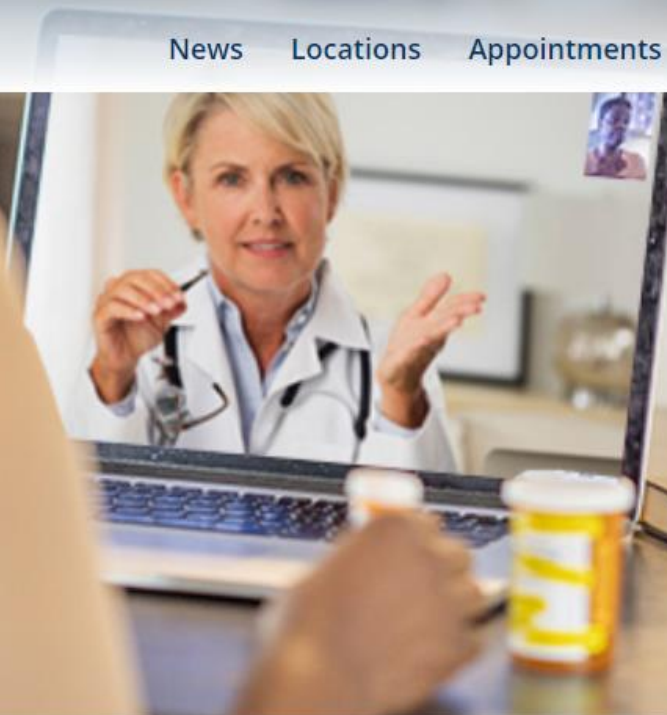
What is Virtual Care (Telehealth)?

Telehealth appointments are virtual visits with your physician via a smart phone, tablet or computer. During the appointment, you will see and hear your physician or specialist and be able to ask questions just as you would at the doctor's office.

Primary and specialty care physicians can provide care and treatment for many conditions via telehealth.

Billing and insurance coverage for telehealth is the same as for an in-person medical appointment. You may be billed your standard co-pay for a visit.

Video Visit: How To

Develop patient-facing materials to encourage engagement & support staff efforts to activate their patients easily & consistently

Develop Scripting for each role in the workflow (front desk, clinic support, providers) to optimize consistency

MyChart Activation
Key Workflow Recommendations

- **Implement 4-touch workflow approach to signing up patients for MyChart**:
  - *Central Scheduling**
  - Front Desk Support Staff
  - Clinical Support Staff
  - Providers

- **Activation "gold standards":**
  - Scheduling/**Front Desk → Instant activation link (maximize)**
  - Clinical Support (during rooming process) → In-Clinic sign-up, Instant activation
  - Provider emphasis during patient encounter → closes the loop by informing patient how MyChart can enhance communication and follow-up; trigger Clinical Support to finalize enrollment via in-clinic sign-up prior to check-out

*Compliance considerations / patient identification over the phone

Path to Process Improvement: Metrics

MyChart Utilization

Summary Level: Service Area   Service Area: RUH SERVICE AREA

MyChart Ambulatory Activation

45 % YTD
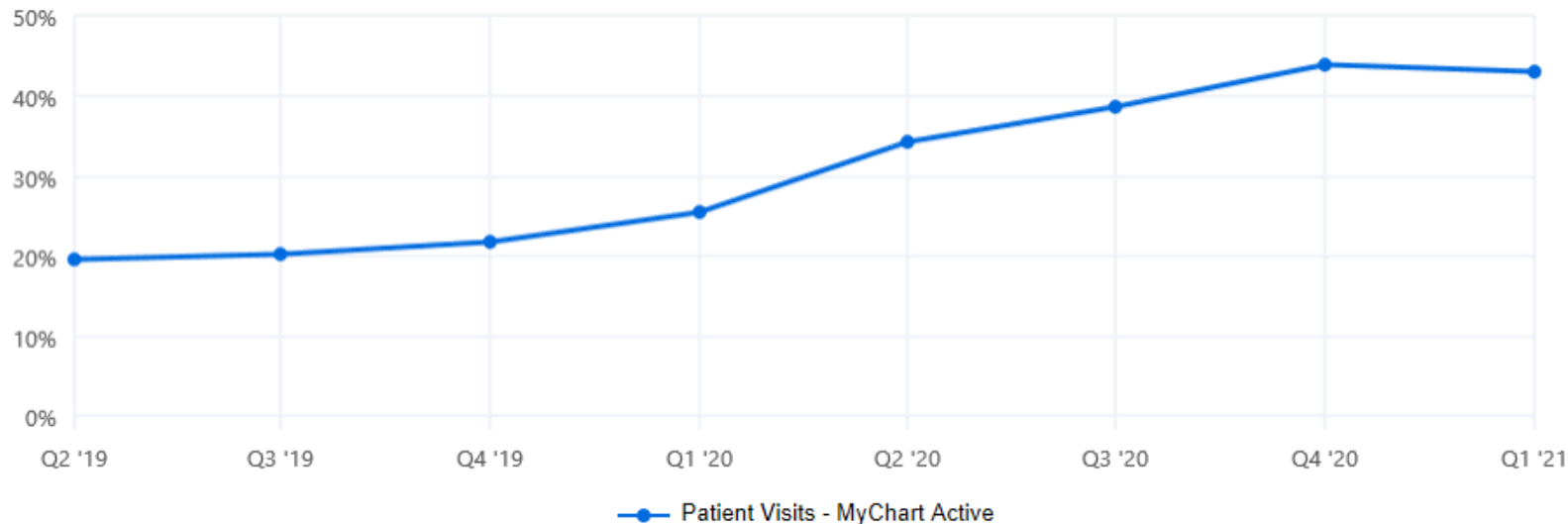
Overall RUHS MyChart Activation Rates (Ambulatory)

Path to Process Improvement: Metrics

MyChart Activation Trends

	Nov 20	Dec 20	Jan	Feb	Mar	Apr	MTD
Patient Visits - MyChart Active	45 %	47 %	46 %	43 %	42 %	47 %	47 %
Patient Visits - Active or Offered MyChart	93 %	94 %	95 %	94 %	93 %	95 %	96 %
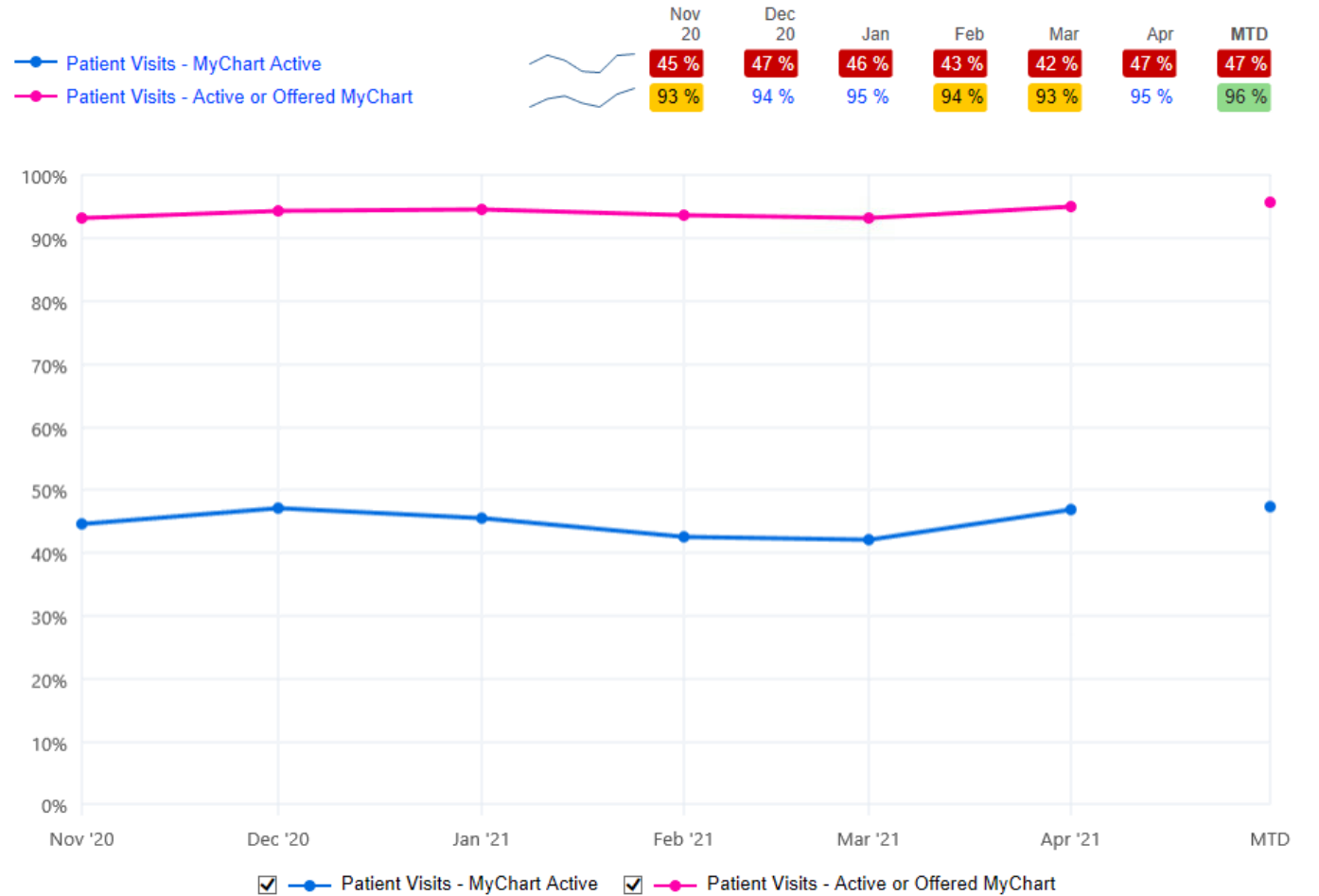
Overall RUHS MyChart Offer Rate (Ambulatory)
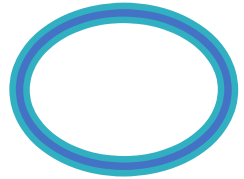
Driving Outcomes Next Steps…

- ✓ Partner with key operational stakeholders
- ✓ Establish access for key stakeholders to relevant, valid data
- ✓ Identify key metrics, baselines and set measurable Clinic/Department-specific goals focusing on MyChart Activation and Utilization
- ✓ Align on standard activation workflows using 4-touch approach & best practice activation methods, develop scripting
- • Deliver training to Superusers, Nurse Coordinators (functionality, scripting, dashboards)
- • Empower superusers and leaders to drive efforts (LEAN – "pull not push") = Access to meaningful real-time data; embed MyChart performance in the culture of operations
- • Clinic-by-clinic deep dives to provide training on activation workflows and functionality
- ✓ Measure and communicate progress regularly

RUHS Pediatric Clinic Spotlight: MyChart Efforts

Kathleen Lima, DO

Evelyn Garcia

RUHS Pediatrics Clinic

- First intervention
  - Rooming staff create instant activation code
  - Log in for patient in the room on the computer (locked to other locations/chart)
  - Family signs up while waiting for doctor.
  - Chose non-WCC visits and not for adolescents

  - Was working slowly but then COVID and move.
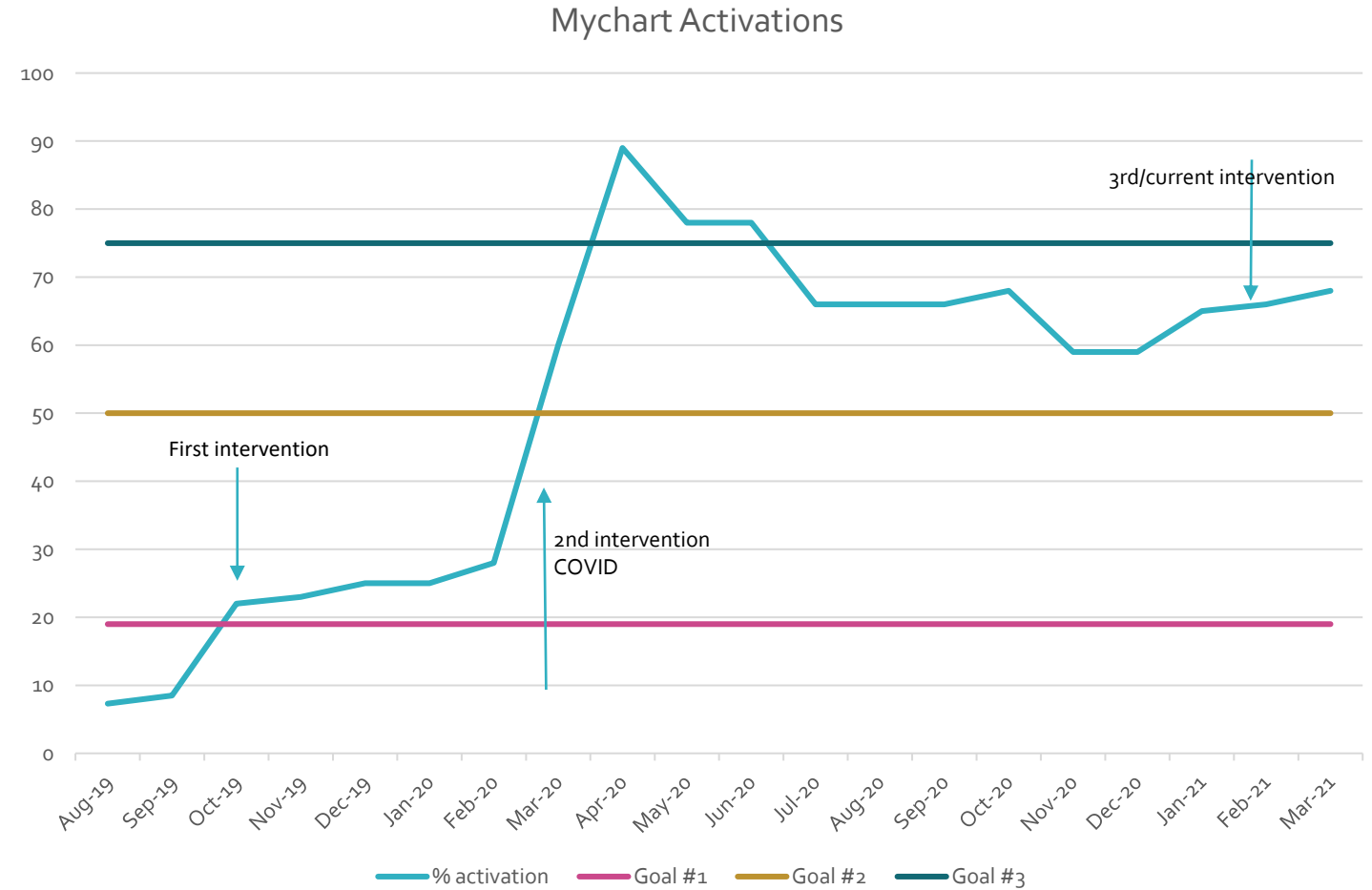 - Some issues with students/providers coming in before family was done.

- Second intervention
  - COVID!!
  - All in for telehealth within Mychart
  - Avoided using Zoom or Doximity
  - All hands on deck – all staff can generate the code. All staff able to help sign a patient up.
  - Often done at the time of the video visit

  - Worked VERY well but not sustainable as volume and in person picked up.

- Third intervention
  - OA on phones doing reminder calls have a goal to sign up 5 non-activated patients per day.
  - This is in progress

  - Main issue is teens – need to offer in private to allow them to decline parent proxy.
  - Plan for room computer visual cue so the provider asks.

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RUHS Pediatric Clinic: MyChart Activations

Mychart Activations

Legend: % activation — Goal #1 — Goal #2 — Goal #3

Annotations on chart:
- First intervention
- 2nd intervention COVID
- 3rd/current intervention

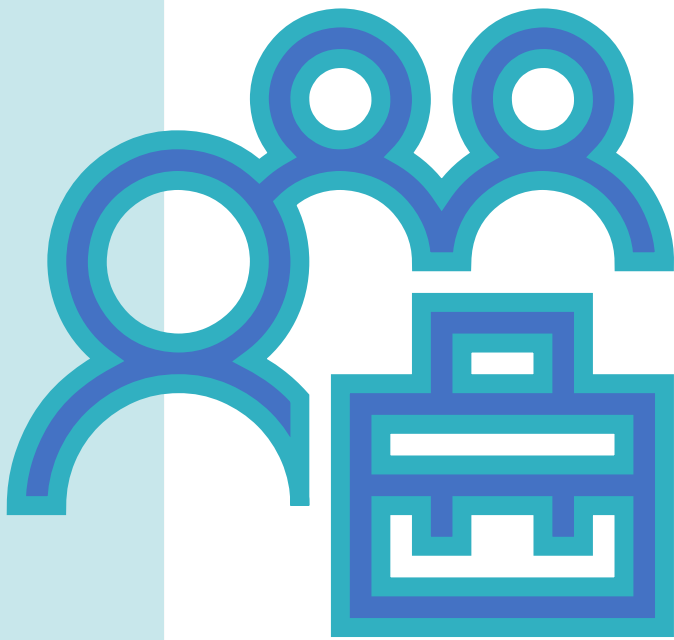# Balance Measures

- In Basket management
  - More communication to keep up with
  - Need updated policies

- Direct scheduling

Resources

1. S. Trent Rosenbloom, MD MPH FACMI, Terrell Smith, MSN RN, SHSMD and Vanderbuilt University: A Game Plan for Increasing Patient Portal Enrollment, https://www.shsmd.org/system/files/media/file/2019/08/Con4_Game_Plan_Increasing_Enrollment.pdf

2. Lisa V Grossman, Ruth M Masterson Creber, Natalie C Benda, Drew Wright, David K Vawdrey, Jessica S Ancker, Interventions to increase patient portal use in vulnerable populations: a systematic review, *Journal of the American Medical Informatics Association*, Volume 26, Issue 8-9, August/September 2019, Pages 855–870, https://doi.org/10.1093/jamia/ocz023

3. Heather Landy, https://www.hcinnovationgroup.com/population-health-management/article/13028952/one-health-systems-journey-to-improve-patient-engagement

4. Dendere R, Slade C, Burton-Jones A, Sullivan C, Staib A, Janda M. Patient Portals Facilitating Engagement With Inpatient Electronic Medical Records: A Systematic Review. J Med Internet Res. 2019;21(4):e12779. Published 2019 Apr 11. doi:10.2196/12779

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Wrap-up

SNI Link

safetynetinstitute.org/member-portal/

Slides and recording from this session will be posted on SNI Link, our members-only portal.

Check out SNI Link for the latest offerings, learning materials, and member-submitted resources.