

Patient Portals Beyond Launch

DJ Curran

Topics

- Brief Background
- Leadership and Guiding Principles
- Feature Selection
- User Recruitment
- Day-to-Day Operations

Patient Portals

Medical Information

- Health Summary

 - Health Issues

 - Allergies

 - Immunizations

 - Medications

 - Health Maintenance

- Health Records

 - After Care Summaries

 - Test Results

- Communication

 - Messaging

 - Automated Processes

 - Medication Renewals*

 - Health Reminders*

Practice Management

- Billing

- Payment

- Scheduling

- Demographics

Proxy Access

- Adult to Child

- Adult to Adult

EHR Timeline



Foundation for the Future

Engagement

Analytics

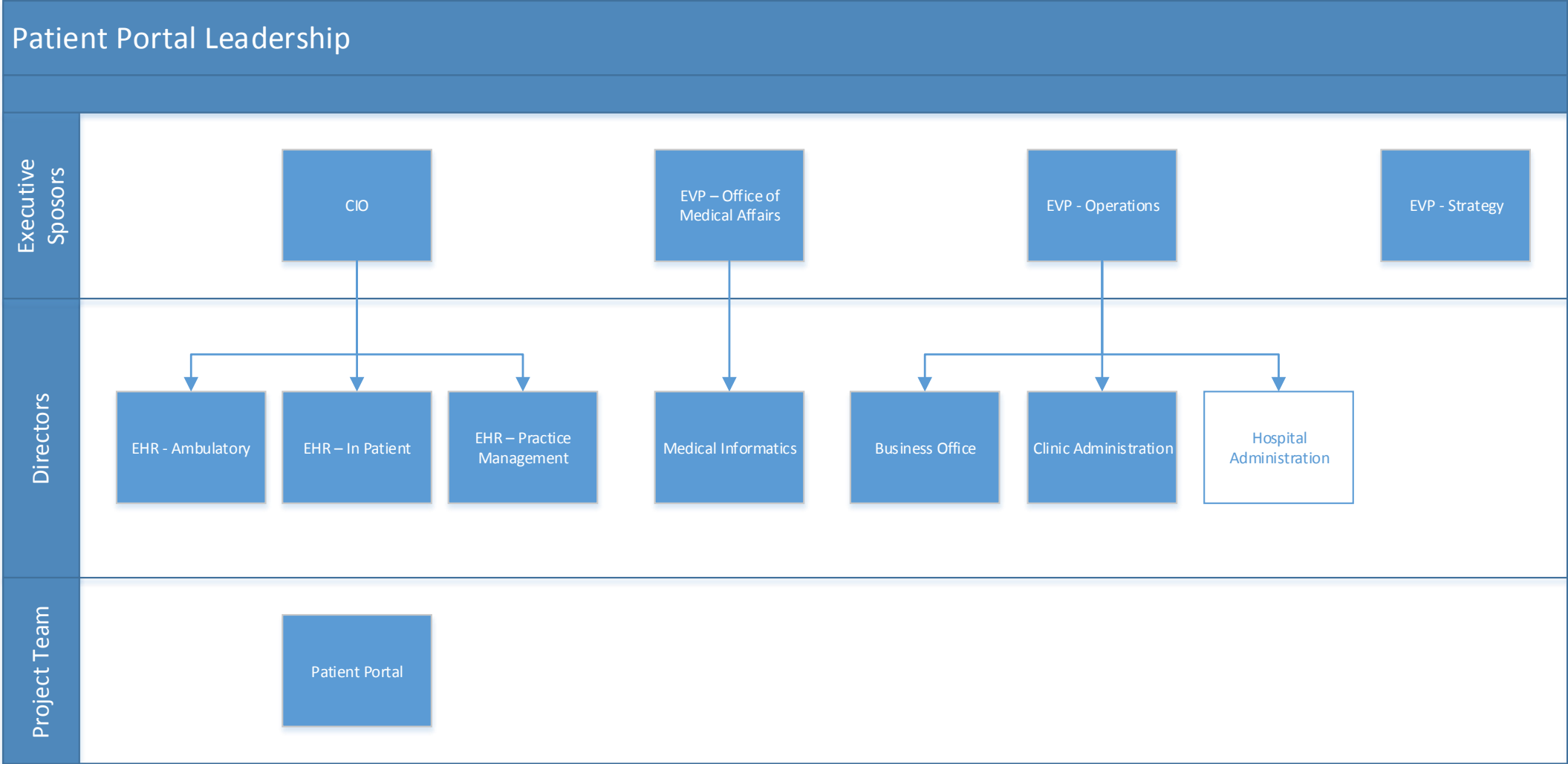
Telehealth

Practice Management

Clinical

EMPI

Portal Leadership Structure



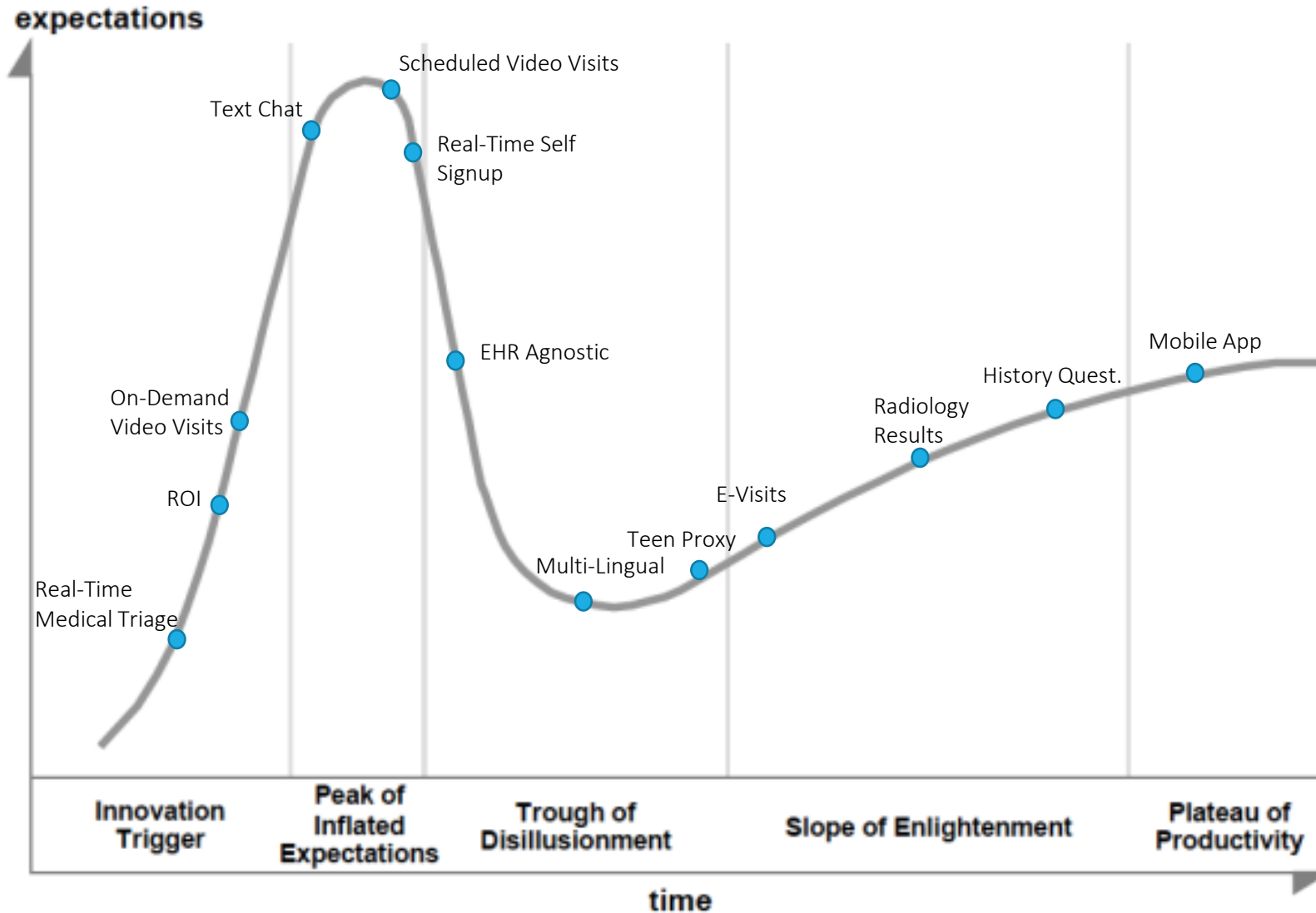
Guiding Principles

- It's the Patient's record
- Use the Patient's preferred communication medium
- Future of care

Features

- Basics
- Balance “New & Cool” with “Strategic”
- Prioritize
- Constant Improvement

Evaluate Features



Mainstream Features

- Health Summary
- Medical Information
 - Test Results
- Billing
- Proxy
 - Adult to Adult
 - Adult to Child

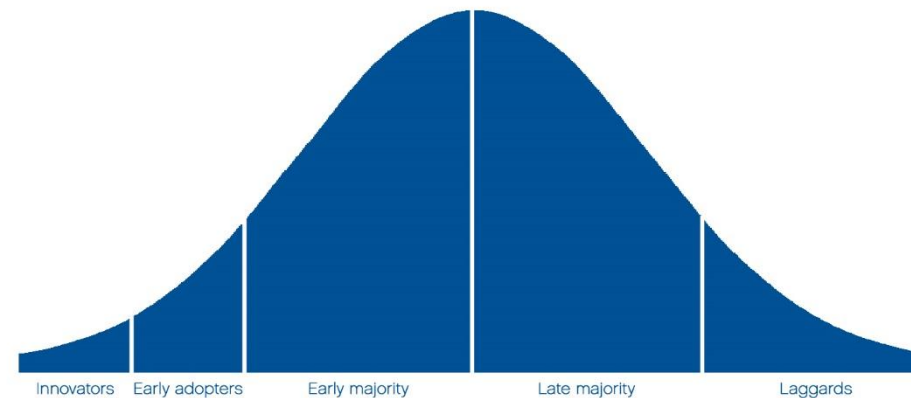
Prioritize

- Automation & Convenience
 - Patients or Staff
- Number of Impacted Users/Patient
 - Good: Quantitative measure
 - Bad: Exclude great champions
- Competition
- Organizational Priorities

New Features

- No feature will:
 - Replace physician’s medical expertise
 - Cause mass staff retirements
 - Create more work than existing processes, models, workflows
- Patients don’t “rush” to try new features

Technology Adoption Lifecycle



The Technology Adoption Lifecycle was developed by Joe M. Bohlen, George M. Beal and Everett M. Rogers at Iowa State University built on earlier research conducted there by Neal C. Gross and Bryce Ryan.

Process

- Goal: 3 New Features per Quarter
- Training – Analysts/Staff/Support Desk
- Employee Pilot/Communication
- Quiet Launch
- Semi-Annual Newsletter

Recruitment

- Mailing activation codes to patients proactively
 - <10%
 - Estimated cost \$2.50/letter
- “Kiosk” PCs in waiting room
 - <5%
 - “Worried I’d be in the middle when they called me”
 - “Is this why I was supposed to show up early?”
- Activation codes on “After Visit Summaries”
 - 10%~ Ambulatory; <1% Hospital

Recruitment cont.

- Post rooming workflow
 - 40%+; message delivery key
 - Flexible based on provider timeliness
- Self Service Request
 - Removes in-person visit as trigger or requirement

Day-to-Day Operations

Provisioning

- Account requests
- Proxy account requests
- Expiring Proxy notification

Portal Support

- Categories
 - ID/Password/Locked Account
 - Account Creation Request/Issue
 - Test Results Availability
- 24/7
 - 30% of contacts outside business hours
 - About 1% of population calls each month
- Phone and email

Patient Survey

- Supporting Measurement ROI
- Feature Feedback (Marketing)
- Future Feature Prioritization
- Notes:
 - High response rate: 18-20%
 - Support volume spike

Summary

- EHRs and Patient Portals function in symbiosis
- Leadership from all IDN functional areas leads to success
- Feature implementation methodology is key
- Launch is just the beginning
- Remember the portal is for the patient

Thank you!
Questions?

DJ Curran

Product Manager

dcurran@pdsit.net

pdsit.net/healthcare

