Improving the Enrollment and Utilization of the Patient Portal within the Family Health Center

Cohort #21 Team 3
Meet the Team

• Primary Team Participants
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• Department Sponsors
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Background

- A comprehensive patient portal integrated into the regular process of primary care can increase patient-centered care, improve patient activation, enhance the delivery of both age and risk factor based services, and promote utilization of personal health record.  

- Increasing patient activation is an intermediate outcome of care that is measurable and linked with improved outcomes.

- Those with higher patient activation scores were more likely to perform self-management behaviors and report higher medication adherence, report higher patient satisfaction, higher quality of life scores, and higher physical and mental functional status.

- After disease severity and demographic characteristics are controlled, highly activated patients had lower rates of costly hospitalizations and ER visits.

- After controlling for severity of condition, demographics, or health risk score even the sicker patients can make a difference in their cost of care by being involved in their health management.
Aim Statement

To increase the patient's utilization of the patient portal within the FHC to 20% by December 31st, 2017.
People Factors
(Education, Training, Credentials)

- Patient has no email
- Incorrect Patient email at registration
- Pt concerned being bombarded with emails
- Pt disregards emails

Process, Policies,

- Pt does have FMH app
- No Internet Access
- Pt not re-inforced to use portal
- Lack computer literacy

Equipment, Machines

- Lack Standardization of registration process
- Lack provider re-enforcement

Workflow
(Education, Training, Credentials)

- Medical Records cannot match due to incorrect info.
- Account created but never used
- Email entered into invite incorrectly
- Registration did not hand back card

UHS has not instructed patient on steps to sign up
- Patient has no knowledge/incentive to sign up
- UHS did not market portal to patient
- Low usage of Follow My Health Patient Portal

- E-mail could go to spam
- Staff doesn't have WOW to sign up
- Hard to standardize enrollment due to different mobile devices
- E-mail account for patients blocked on internal network
Planned Interventions

1.) Standardizing/streamlining the enrollment process done by the registrars.

2.) Optimizing the use of tablets and PCs.

3.) Getting all of the clinic providers to promote enrollment and utilization of the portal.

4.) Assistance from the Promotores.
How will we know a change is improvement?

- We will monitor the total number of portal users per week to measure ENROLLMENT.
- We will monitor the number of secure health messages (SHM) sent per week as a way to measure UTILIZATION.
Implementation

- 10/09/2017
- Implementation limited to Cordova and Palacios panels only
- Registrars, Medical Assistants (MAs), and Providers given scripts
**Registrar Script**

**Ask Patient:**
- "Are you enrolled in FollowMyHealth?"
- "¿Usted está inscrito en FollowMyHealth?"

**Enrolled?**
- Yes
  - **Encourage Utilization:** "It’s a great way to view your health information including health issues, medications, lab results, get refills, and send messages your providers.”
  - "Es buena manera de ver información acerca de su salud incluyendo su historial médico, resultados de laboratorio, lista de medicamentos, solicitar rellenos de medicamentos, y enviar mensajes a los proveedores."

- No
  - **Initiate Enrollment Process**
  - **Write on med rec sheet:** "NOT ENROLLED"

**Write on med rec sheet:** "ENROLLMENT STARTED/COMELETE"

**Check to see it patient is a portal user**
- Yes
  - **Encourage Enrollment:** "It’s a great way to view your health information including health issues, medications, lab results, get refills, and send messages your providers.”

- No
  - **Ask Patient:** "Would you like to enroll?" "¿Le gustaría inscribirse?"

**If amenable to enrollment proceed to next step**
- **Ask Patient about barriers to enrollment:** "Why not?" "¿Por qué no?"

**Proceed with enrollment**
Results so far...

- Overall 3.8 increase

[Graph showing data with a yellow line at 18.5% and a red line at 14.7%]
Modification and Expansion of Implementation

- Resistance from MAs about Ipad availability and increased workload
  - Six additional Ipads provided
- Enrollment by providers proved to be time consuming and interfered with provider workflow.
- Several changes made to initial intervention strategies
- New intervention strategy developed and applied to entire clinic.
12/04/2017: Signs place in patient rooms and Promotores now assisting with enrollment.
Continuous Improvement Results so far…

- Continuous Improvement of 5.7
Return on Investment

- The Patient Activation Measure (PAM®) Survey
  - The PAM survey measures patients on a 0–100 point scale and places patients into one of four activation levels along an empirically derived continuum.
  - In an analysis of more than 30,000 patients, Hibbard et al found that those with the lowest activation scores, that is, people with the least skills and confidence to actively engage in their own health care, incurred costs that averaged 8 to 21% higher than patients with the highest activation levels, even after adjusting for health status and other factors.
  - Each point increase in PAM score correlates to a 2% decrease in hospitalization and 2% increase in medication adherence.

![Exhibit 2: Predicted Per Capita Costs of Patients by Patient Activation Level](image-url)
Next Steps

- Increasing communication between patients and providers
- Assessing compliance within portal users
- Assessing rate of ER visits, hospitalizations, and readmissions
Maintaining the Gains

- Troubleshooting current issues with the patient portal
- Connecting patient registration with enrollment
- Continue encouraging enrollment via the front desk/registration
- Encourage clinic staff and providers to promote the portal
References

1 Zsolt Nagykaldi, PhD, Cheryl B. Aspy, PhD, Ann Chou, PhD, MPH, MA, and James W. Mold, MD, MPH. Impact of a Wellness Portal on the Delivery of Patient-Centered Preventive Care. *JABFM* March–April 2012 Vol. 25 No. 2


Thank You