BEYOND MEANINGFUL USE: Patient portal adoption strategies to engage and partner with patients
RULES FOR SESSION

• This is a participatory session.

• Sitting, looking bored is not an option.

• Have your smartphones out and ready. There will be text polling throughout the presentation.

• You are encouraged to participate!

• Be prepared to volunteer and ready to talk.
Which response most closely resembles how you are feeling right now?

This has been a great day! I cannot wait to learn more!

This session looks like fun!

My feet hurt! Glad to be sitting down!

I have been sitting all day! Hope this is worth sitting some more!

Keeping my spirits up so I can avoid road rage later

OMG, I hope my boss doesn't catch me napping!
LEARNING OBJECTIVES

1. List the strategies and tactics that are most effective for patient portal enrollment.
2. Describe the motivators for patients to enroll.
3. Illustrate the effectiveness of talking points and scripting for patient engagement.
4. List follow-up activities that demonstrate the on-going value of portal utilization with the patient.
History of Meaningful Use and Patient Portals
STAGES

What it really means: At least 50% of the patients seen need to have an electronic record and a patient portal needs to exist, but there is no requirement that patients use it.

What it really means: At least 50% of the patients seen need to have an electronic record, a patient portal needs to exist, and now at least 5% of the patients must have used the portal at least once.

Objective: The Eligible Professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Measure 1: For more than 80 percent of all unique patients seen by the EP:
- The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
- The provider ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider’s certified EHR technology (CEHRT)

Measure 2: The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

What it really means:
Quit paper charts!
Use a portal that can be accessed using a smartphone
Invest in a different EHR that can do this for you.

Why must I live this meaningless life?
FEATURES OF QUEENSCARE HEALTH CENTERS

• OCHIN Epic EHR
• MyChart Patient Portal
• 5 health center site in Los Angeles
• Approx 25,000 unique patients
• Over 105,000 patient visits per year
• 200 staff in direct service to our patients
• Services include: Primary care 0-99, dental, optometry, Ob/Gyn, podiatry, clinical pharmacy, nutritional services, enrollment, staff lunches, and a great place to work!
STAFF INITIATED ENROLLMENTS BY MONTH
JANUARY 2018 - JANUARY 2019

Total Registration Monthly

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PATIENT PORTAL ADOPTION RATE
DECEMBER 2017-DECEMBER 2018
Figure 1: Percentage of OCHIN Patients with Active OCHIN MyChart Accounts

- OCHIN’s 2018 Goal: 26%
- OCHIN Collaborative Performance: 21.5%
- QueensCare Health Centers: 39.5%

Source: OCHIN Epic Patient Portal Adoption, 1 Year Lookback

ACTIVE PORTAL ACCOUNTS COMPARED TO OCHIN COLLABORATIVE DECEMBER 2017 - DECEMBER 2018
PATIENT INVOLVEMENT AND ENGAGEMENT
Reasons patients give us for not enrolling in patient portals
WHO CAN ENROLL?

IS IT ONLY THE PATIENT?

• Caregiver
• Family member
• Parent of a child (up to 11 years old in CA)
• Adolescent (if you CEHRT will support)
• Facilitate gaining permission from the patient
WHO AT YOUR CENTER?

Everyone!
PATIENT PORTALS ADD VALUE - PROVIDERS

• Improve Care
  – Patients can approve information online including
    • Demographics, allergies, insurance and medical history
    • Forms can be filled out using the portal if configured

• Balancing Costs
  – Patients access information independently reducing burden on office staff and providers
    • Scheduling, rescheduling, lab results, prescription refills, treatment plan details
    • Condition specific interactive education

PATIENT PORTALS ADD VALUE - PROVIDERS

• Private, structured and direct communication
  – Patients feel safe discussing embarrassing and difficult topics via the portal
  – Improves outcomes

• Handling Workflows
  – Sensitive information automation such as record sharing, report creation and transmission to other caregivers
  – Patients can facilitate information sharing – reducing burden on staff in favor of other duties

PATIENT PORTALS ADD VALUE - PATIENTS

• Constant Connection
  – Patients feel connected directly to the provider and supported especially the frail and burdened with chronic disease.
  – Patient-oriented and intuitive portals increase communication channels for 2 way messaging, email, video chat and virtual visits.

• Staff Guidance
  – Training staff to speak to the value of the portal is essential
  – Initial time to educate the patient on the portal returns investment by reduced long-term burden on the practice and makes the patient a more efficient consumer.

• Bi-directional
  – Add value through regular messaging, AVS, medication instructions, lifestyle encouragement, immunization and recall reminders. Condition patients to expect to interact via the portal.

who?  where?
when?  how?
what?  why?
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<td>D.</td>
<td>5 minutes</td>
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<td>E.</td>
<td>More than 5 minutes</td>
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</table>
WHAT DID WE TRY AT QHC?

Portal Adoption 1.0
Do you have internet access? MyChart gives you online access to and control of your medical record.

- Manage your appointments
- Request prescription refills
- Access your test results
- Communicate with your doctor
- Keep track of immunizations
- Pay bills online

Ask about MyChart today!
Some cost 😞

Easy to get!

Easy to post!

Nobody paid attention!

Mid-2016
PASSIVE ENROLLMENT AND POSTCARDS

Asking patient to enroll
Sending Postcards
Ineffective!
Mid-2016
VENDOR FEEDBACK

• OCHIN Study and Report
  – Patients more likely to access patient portal through a smartphone!

• Thought at QHC:
  Ah Ha! NOW THAT MUST BE THE SECRET SAUCE!
SMARTPHONES FOR PATIENTS

• Question: How do we make sure our patients have smartphones? We certainly cannot afford to buy them.

• Answer: California Lifeline wireless telephone service = free smartphone

• Strategy
  - Partner with vendor to provide smartphones

• Tactic
  - Have vendor set up in front of the health centers and offer smartphones to all patients.

Winter 2016 - 2017
SMARTPHONES FOR PATIENTS

• Question: How do we make sure our patients have smartphones? We certainly cannot afford to buy them.

• Answer: California LifeLine = free smartphone

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  – Partner with vendor to provide smartphones

• Tactic
  – Have vendor set up in front of the health centers and offer smartphones to all patients.

Winter 2016 - 2017
STRATEGY REMODEL

Demolish and leave up just one wall – Permits not required!
HYPOTHESIS: IF WE ENROLL THE PATIENT AS PART OF THE VISIT, THEY WILL ACCEPT ENROLLMENT.
PILOT PROJECT

• K.I.S.S. Method.

• One-Week Trial
  – Embed a Patient Advocate with a 3 provider care team and have the MAs direct the Patient Advocate to the exam rooms either during or after a visit to go over the patient portal and enroll patients.

• Questions to answer:
  – Will patients enroll, and at what frequency?
    • Yes, 80% conversion rate
  – Can 1 Patient Advocate support 3 providers?
    • Yes, the ratio is perfect!
<table>
<thead>
<tr>
<th>Strategy #1</th>
<th>Strategy #2</th>
<th>Strategy #3</th>
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</thead>
<tbody>
<tr>
<td>Make the patient portal enrollment part of the 2018 enrollment process.</td>
<td>Make patient portal enrollment an all-hands activity.</td>
<td>Actively enroll patients at the point of care.</td>
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</table>
**STRATEGY #1 - MAKE THE PATIENT PORTAL ENROLLMENT PART OF THE 2018 ENROLLMENT PROCESS.**

<table>
<thead>
<tr>
<th>Tactic #1</th>
<th>• Create a script, step by step process, and FAQs; make it easy.</th>
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<tbody>
<tr>
<td>Tactic #2</td>
<td>• Train all staff to introduce the patient portal as part of the 2018 enrollment process.</td>
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<tr>
<td>Tactic #3</td>
<td>• Encourage and monitor enrollment and reception staff to enroll patients upon arrival or during enrollment meeting.</td>
</tr>
<tr>
<td>Tactic #4</td>
<td>• Provide enrollment information to the patient after enrollment.</td>
</tr>
</tbody>
</table>
STRATEGY #2 - MAKE THE PATIENT PORTAL ENROLLMENT AN ALL-HANDS ACTIVITY

Tactic #1
- Train all staff how to enroll a patient into the patient portal.

Tactic #2
- Make data available to all staff about who is enrolling patients and how many.

Tactic #3
- Encourage providers to discuss the portal as: A communication tool that adds value to the visits.

Tactic #4
- Train call center staff to introduce the patient portal over the phone and facilitate enrollment or encourage enrollment during the visit.
STRATEGY #3 - ACTIVELY ENROLL PATIENTS AT THE POINT OF CARE. (MOST EFFECTIVE)

<table>
<thead>
<tr>
<th>Tactic #1</th>
<th>• Hire and train specific staff for enrolling patients into portal.</th>
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<tbody>
<tr>
<td>Tactic #2</td>
<td>• Download daily schedule reports of patients that have not yet enrolled on the patient portal.</td>
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<tr>
<td>Tactic #3</td>
<td>• Embed portal enrollment staff with care teams with a ratio of no more than 1:3 providers and interact with MA staff to enroll patients in the exam rooms.</td>
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<tr>
<td>Tactic #4</td>
<td>• Monitor conversion rates and adjust staffing or redeploy staff when volume of non-enrolled patients is lower.</td>
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DEMONSTRATION

- English
- Spanish
# MyChart Script Quick Reference Guide

For QHC team members

## 1. MyChart Registration before the Visit

Before completing check in, complete patient’s MyChart Registration

“Hello my name is [Employee Name], I am a(n) [Employee Title] for QHC. As part of your enrollment with QueensCare Health Centers, I’d like to assist you with your MyChart registration.”

**Patient Concern:** “What is MyChart?”

**Employee Response:** “MyChart is an easy, confidential way to access your medical information online.”

<table>
<thead>
<tr>
<th>MyChart allows patients to:</th>
<th>Communicate with their health care team</th>
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<tbody>
<tr>
<td>COMMUNICATION</td>
<td>View portions of their electronic health record</td>
</tr>
<tr>
<td>MYCHART</td>
<td>Request prescription refills/Request Appointment/Cancel Appointments</td>
</tr>
<tr>
<td>ALLOW</td>
<td>Receive lab results electronically</td>
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</table>

## 2. MyChart Registration after the visit

Before completing check out, complete patient’s MyChart Registration

“Our E.H.R shows us that you have not registered for MyChart yet. I am able to assist you. May I have your date of birth?”

**Patient Concern:** “I am concerned that my information will be accessed by someone I do not want to have access”

**Employee Response:** “MyChart is completely confidential and secure. Only you are able to access your chart with a confidential username and password of your choice. If you would like to set up an adult or child proxy, for someone else to have access, I can assist you with that.”

| Suggested username: | Patient’s first name and year of birth |
Sign Up for our Patient Portal today!

*Healthcare through your computer or mobile phone*

- 24/7 access to doctors
- make appointments
- get lab results
- refill prescriptions
- and more!

Visit: https://mychart.ochin.org

Username: ____________________________
NEW CHALLENGES AND NEXT STEPS

• Challenges:
  – Fewer patients not enrolled coming into health centers
  – More staff are involved and Patient Advocate staff do not have enough patients to enroll
  – Patients are enrolled, but may not be using the portal
  – Who addresses portal inquiries (questions, medication refills, appointment requests, etc?)

• Next Steps
  – Text Message Enrollment!
QUESTIONS?