



## **Engaging Patients via Portals - Major Focus of Meaningful Use in 2014**

Since its inception, Meaningful Use has focused primarily on the provider community. Beginning in 2014 however, it will begin to directly involve patients through portal technology. All participants in the program (regardless of which stage they are in) will need to implement a patient portal in 2014. The Health Information Technology for Economic and Clinical Health (HITECH) Act, the architect of Meaningful Use, intended it to ultimately improve the quality and coordination of healthcare. Engaging patients in their own care, by providing access to health information and communication with their providers, is a cornerstone for accomplishing this goal. Implementing portal technology will change the way patients interact with their physicians, require an investment in time and money to implement and holds substantial promise for greater practice efficiency and improved patient satisfaction.

The new Meaningful Use measure to, “provide patients electronic access”, will be a new core measure in Stage 2 of the program. It will also be required of Stage 1 participants and will be effective for both stages beginning in 2014. The measure states that eligible providers (EP) must, “provide patients the ability to view online, download and transmit their health information”. Eligible Providers must provide fifty percent of all unique patients seen within a reporting period “access” within four business days of when the information is available to them. Additionally, Eligible Providers in Stage 2 must have five percent of all unique patients actually “view, download, or transmit” their health information. This aspect of the rule puts much more responsibility on the practice to achieve adoption by its patients.

The term “access” is defined as patients possessing all the “necessary information” to view, download or transmit their information. “Necessary information” can include instructions on how to access/register for the portal as well as information such as user names and passwords.

The amount of information that must be available to patients electronically is substantial. The following are the data elements that must be included: “patient name, provider's name and office contact information, current and past problem list, procedures, laboratory test results, current medication list and medication history, current medication allergy list and medication allergy history, vital signs (height, weight, blood pressure, BMI, growth charts), smoking status, demographic information (preferred language, sex,

race, ethnicity, date of birth), care plan, including goals and instructions, and any known care team members, including the primary care provider of record...”

In 2014, the patient portal will replace two Stage 1 measures. These include the requirement to provide patients with an electronic copy of their health information upon request and the menu set measure to provide patients timely access to their health information within four business days. The portal will also offer an alternative delivery method for other measures such as providing a summary of care document after an office visit and patient education.

Another Stage 2 measure with a significant impact on patients which will likely be met using a patient portal is secure messaging. A secure message must be sent by five percent of unique patients seen by each EP. It is defined as any electronic communication between a provider and patient that ensures only those parties can access the communication. Although this can be provided via an email or the electronic messaging function of a personal health record (PHR), patients will likely prefer a single point of access to the practice and the patient portal will best meet this preference.

The experiences over the past decade of several healthcare organizations using these technologies indicate that patients enjoy the convenience they provide. Features most often used by patients include viewing lab results, scheduling appointments, use of secure messaging with providers, and prescription refills. The improved communication resulting from a portal has been documented as improving disease management for patients with chronic illness such as diabetes. Portals have also been seen as a factor in improving the relationship of patients with their physicians. Among the common concerns that patients have however, are worries about their personal information being available online.

Some physicians are also finding that a patient portal can create office efficiencies and more satisfied patients. Instead of multiple missed phone calls and correspondences, information that is needed by both the patient and the physician is available at the convenience of each, speeding up the entire interaction.

Although patient portal products have significant variations in functionality, to meet Meaningful Use, they must be certified and therefore have all the required capabilities. Most practices will likely opt for using the portal module provided by their electronic health record system (EHR) vendor. There are a variety of reasons for this, including the integration cost of using a third party system. Most EHR vendors charge an additional fee for use of their portal module.

As Meaningful Use moves forward into Stages 2 and 3, there will be an increasing focus on engaging patients in their own care with the ultimate goal of improving clinical

outcomes. Considering that personal responsibility has long been identified as an important factor in the quality of one's health, patient portals may in time become one of the most effective tools in improving the health of the nation.

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