

Patient Portal in Your Orthopedic Surgery Practice: You Can So Do This

Jennifer A. O'Brien, MSOD

On initial consideration, the patient portal portion of Meaningful Use (MU) might seem:

- Daunting
- More appropriate for primary care practices than for orthopedic surgery practices
- Just another government requirement with no real practical application
- Too much work for not enough reward
- Unnecessary for your [pick one: elderly, boomer, pediatric, rural, tertiary-care, small-town] patient population
- Like another dreaded change

But contemplate traveler's checks, phone booths, floppy disks, and inpatient ACL repairs for a few nanoseconds and realize that patient portals in orthopedic surgery practices are also:

- Inevitable
- Beneficial in ways you have not imagined
- A big implementation that will take time, thought, and process design
- Giving practices an edge over less accessible competitors
- Expected by patients

One of the best parts of this particular governmental prompt is that most of the hard work of implementation does not personally involve you, the orthopedic surgeon. In fact, there are only 3 easy things you need to do: Read this article and then give it to your practice manager; be supportive and positive as your staff designs, learns, and completes the implementation; and encourage patients to participate in this secure, confidential access to the practice.

If you do not complete evaluation-and-management documentation on the day of a patient visit, or within 24 hours after it, you will need to add a fourth item to your to-do list: Start making your operational adjustments now

so that, by the time implementation begins, your patient records will meet the basic requirements of the patient portal portion of MU.

What Is a Patient Portal?

Think of a patient portal as a secure, confidential, virtual foyer to your practice—one that is integrated with your electronic health record (EHR) and electronic practice management (EPM) systems. In the portal, a patient can initiate and complete a number of actions and transactions.

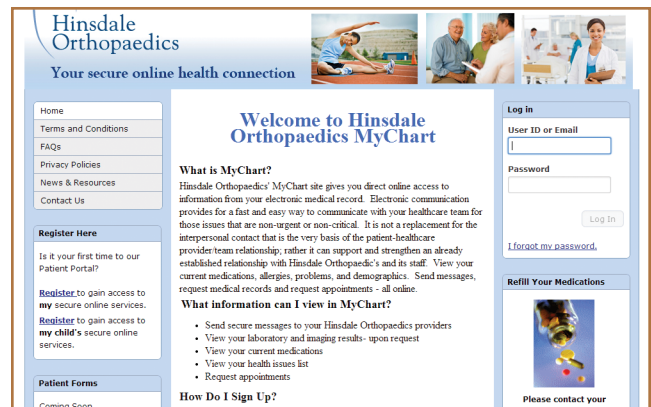


Figure. Screenshot of patient portal MyChart on Hinsdale Orthopaedics website (<http://www.hinsdale-orthopaedics.com>).

The practice, however, decides which services and information the patient can access (Figure). Practices that have successfully implemented a patient portal offered only some functions and services at the beginning, and added others after gaining experience. Here is a list of some service areas and functions that practices may make avail-

Jennifer A. O'Brien, MSOD, finds her previous experience as executive director of a 20-plus physician orthopedic surgery practice is abundantly helpful in her current work as a practice management consultant and educator with KarenZupko & Associates.

Address correspondence to: Jennifer A. O'Brien, MSOD, KarenZupko & Associates, 625 North Michigan Avenue, Suite 2225, Chicago, IL 60611 (tel, 312-642-5616; fax, 312-642-5571; e-mail, jobrien@karenzupko.com).

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able to patients through their portal (* indicates MU Core Requirement):

Schedule

- View future appointments
- View appointment history
- Schedule appointments
- Request appointments
- Reschedule appointments
- Cancel appointments
- View appointment availability

Personal Health Record

- Enter or modify personal or demographic information*
- Submit/upload medical history
- Obtain test results
- Complete medical intake questionnaire
- View medical record*
- Request copy of medical record
- Access clinical summary [see definition in Box] of office visit*
- Consent forms

Messaging

- Ask a provider a question and receive a response

Prescriptions

- View prescription history
- Request prescription renewal

Account

- View account
- Make a payment
- Ask a billing question and receive a response
- Automate recurring payments

The privacy and security of your patient portal, and its integration with your EHR and EPM systems, set it apart from, for example, e-mailed inquiries to scheduling, billing, or a provider. These e-mails are like phone messages—they sit in a separate system and must be imported into patient records. By contrast, portal-based messages and actions enter the EHR or EPM system directly, prompt responses, and are automatically recorded in the system—no need to add notes to charts or import data or messages. Having a patient portal means realizing previously unimaginable operational efficiencies and time savings for your staff, along with ease, convenience, and enhanced service for your patients.

If you have ever had a morning visit with a patient—say, an elderly patient with a joint replacement, or a teenager with a sports injury—and then later in the day had a caretaker with a HIPAA (Health Insurance Portability and Accountability Act) release call for details about the visit (because he or she could not be there for it), you will be pleased to know that patient portals eliminate the need for this type of

follow-up call. Patient and caretaker can access and review the patient's clinical summary through the portal.

Orthopedic Practices With Experience in Patient Portal Implementation

A number of orthopedic practices have implemented a patient portal (or a portion thereof), and 3 were generous in sharing their time, wisdom, and experience for this article: Tallahassee Orthopaedic Clinic (TOC) in the midsize city of Tallahassee, Florida; Orthopaedic Center of Central Virginia (OCCVA) in the more rural Lynchburg, Virginia; and Hinsdale Orthopaedics (HO) in a large suburb just west of Chicago, Illinois. What these practices learned will help you achieve a smooth implementation process and realize the same gains and benefits they and their patients do.

Operational Impact

Kelby Tardi of TOC noted some operational enhancements: "Through our portal, new patients are able to conveniently submit their medical history information online ... [which] allows our staff to push the patient's responses from the portal into their electronic chart. The information then appears as discrete data in the patient record." TOC's portal virtually eliminated patient paperwork overnight, and has since freed up resources allocated to entering new patient history.

Another positive operational change for both practice and patient involves telephone calls. Patients are no longer limited to contacting practices during office hours, and they sidestep the whole process of being put on hold, leaving a message, hoping it gets to the right person, being transferred, waiting for a call back, and then missing the return call and having to start all over again. Through the portal, patients make non-urgent inquiries and requests, and staff respond when they are not in clinic or serving other patients—thereby avoiding interruptions and giving

Clinical Summary—Defined

The Centers for Medicare and Medicaid Services (CMS) defines *clinical summary* as an "after-visit summary (AVS) that provides a patient with relevant and actionable information and instructions containing the patient name, provider's office contact information, date and location of visit, an updated medication list, updated vitals, reason(s) for visit, procedures and other instructions based on clinical discussions that took place during the office visit, any updates to a problem list, immunizations or medications administered during visit, summary of topics covered/considered during visit, time and location of next appointment/testing if scheduled, or a recommended appointment time if not scheduled, list of other appointments and tests that the patient needs to schedule with contact information, recommended patient decision aids, laboratory and other diagnostic test orders, test/laboratory results (if received before 24 hours after visit), and symptoms." Please see *Eligible Professional Meaningful Use Core Measures: Measure 12 of 13 in Helpful Links* for more information.

everyone their undivided attention.

I recently experienced this as a patient registered on my physician's portal. My doctor had given me a medication and mentioned I might not like a possible side effect. Sure enough, I experienced the side effect and didn't like it. That evening, from the convenience of home, I sent him a secure message, through the patient portal. The next day, I received his nurse's response—they had sent my pharmacy an order for an alternative prescription.

Implementation and Training

While patients love the portal once they start using it, all 3 practices described employee buy-in and training as the first step in building patient registration and participation. Barbie Hayes shared the challenges and successes OCCVA had: "We implemented our portal in January 2012, but it was a slow start. We invested more resources during the summer of 2012 to educate and register patients for our portal. Being an early adopter of a patient portal in our small community was challenging. Educating patients about why it is important and how it would be beneficial to their health was not easy, but, once more practices implemented their portal, it became easier. We also found that patients were very reluctant to give us their e-mail addresses, and it took a while for us to gain their trust." OCCVA realized early on that its employees were the key to implementation. Hayes continued, "We enrolled all of our employees as patients so they could gain a better insight into what the patients would see when utilizing the portal. This experience allowed them to better market the portal to our patients when explaining why it was important. We also did classroom training to review the benefits of the system with our team."

HO, which began patient portal implementation on January 1, 2014, also noted employee training and development as essential. David Kanzler shared, "Training material consisted of a written manual with all potential workflows, screenshots, and step-by-step instructions to eliminate confusion and reduce phone calls. A training video was created as a single-source training to reduce trainer-to-trainer confusion, misguidance, and inconsistencies. Each applicable staff member went through an hour training session with an additional hour for practice scenarios."

Increasing Patient Portal Registration

All 3 practices emphasized the importance of employees becoming involved right from the start. The practices shared other creative, thoughtful ways of helping employees and patients become active portal promoters and users. Ideas contributed by the 3 practices include:

- System of rewarding appointment scheduling staff for enrolling patients
- Patient portal reference on telephone hold message
- Retail gift-card raffles for patients who register on the portal
- Attractive information signs in reception areas and examination rooms
- PowerPoint presentation projected in sitting area

- Registration through designated computers in lobby
- Prominent portal feature on all the practice's website pages
- Promotion through practice's social media presence

Support

Patient portals require process support and technical support for staff, physicians, and patients. Remember, for every action performed in a software program, an automatic record is made of that action on a computer or online. Your patient communication responsibilities as a physician do not change with modality, but there is an automatic record of everything your office and the patient do in the system, and that record is retrievable in the event of an inquiry. For example, if a clinical assistant accesses a patient message, the system records identifying details about that

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access event. Be sure cross-training and cross-coverage are built into your operational procedures and policies. In EHR and EPM systems and patient portals, there is no "I never got the message."

Patients need support, too. All 3 practices interviewed for this article emphasized the importance of making at least one staff member accountable and available for patient questions and assistance regarding the portal.

Reports

One of the many benefits of most automated systems (EHR, EPM, patient portal) is the data in the system's aggregate reporting. Toggling from a day of surgical cases and clinic visits to the overarching perspective needed to make business and strategic decisions for the practice can be very difficult for physicians. Reports and data help. "We track our portal usage on a monthly basis and provide usage reports at the physician board meetings," said Kelby Tardi of TOC. David Kanzler of HO noted similar benefits of data and feedback: "Our system gives us the ability to run custom voting polls to increase satisfaction and to see the requests and need of our patients ... [letting] our patients' decisions run our enhancement requests." Kanzler shared the results of the first HO poll:

Which of our online services do you find most useful?

- Send a message to my doctor 4%
- Pay my bill 13%

- Request my appointment 13%
- Request my test results 70%

**Which feature would you like to see next?
(enhancement-option poll)**

- Request my medical records 74%
- Check boxes instead of typing 13%
- Send a message to billing 8%
- Consent forms online 5%

Responses to this enhancement-option poll led HO to implement the request-for-medical-records feature, which subsequently received positive patient feedback. Kanzler said, "Most people love the ease of requesting records to be sent to them and the time saved [over] making a phone call, getting transferred, and avoiding hold time."

Conclusion

Although the patient portal portion of MU is geared more to primary care than to orthopedic surgery, and implementation and promotion take coordinated thought, time, and effort, you can prevail in this endeavor. The benefits that a portal brings to patients and practice operations will become abundant and apparent. At some point in the not too distant future, patient portals will be like cell phones and GPS (Global Positioning System) devices. You will wonder what you ever did without them.

Helpful Links

These links provide general information, including definitions, requirements, and guidance for getting started with your patient portal.

Using Patient Portals in Ambulatory Care Settings

<http://www.healthit.gov/sites/default/files/measure-tools/nlc-using-patient-portals-ambulatory-care-settings.docx>

Eligible Professional Meaningful Use Core Measures:

Measure 12 of 13

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/13_Clinical_Summaries.pdf

Eligible Professional Meaningful Use Menu Set Measures:

Measure 5 of 10

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/5_Patient_Electronic_Access.pdf

Providing Clinical Summaries to Patients After Each Office Visit: A Technical Guide

<http://www.healthit.gov/sites/default/files/measure-tools/avs-tech-guide.pdf>