



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

Health Center

Cohort #21 Team 3

Meet the Team

- Primary Team Participants
 - Tatiana Cordova, MD- Assistant Professor/Cinical
 - Stephanie Mabry, LVN- Family Health Center Clinic Manager
 - Miguel A. Palacios, MD- Assistant Professor/Clinical
- Ad Hoc Team Member
 - Shane Warnicke, Executive director of East Region
- Facilitator
 - Edna J. Cruz, M.Sc., RN, CPHQ, CPPS
- Department Sponsors
 - Ramin Poursani, MD- Family Health Center Director
 - Mark Nadeau, MD, MBA, FAAFP- Residency Program Director

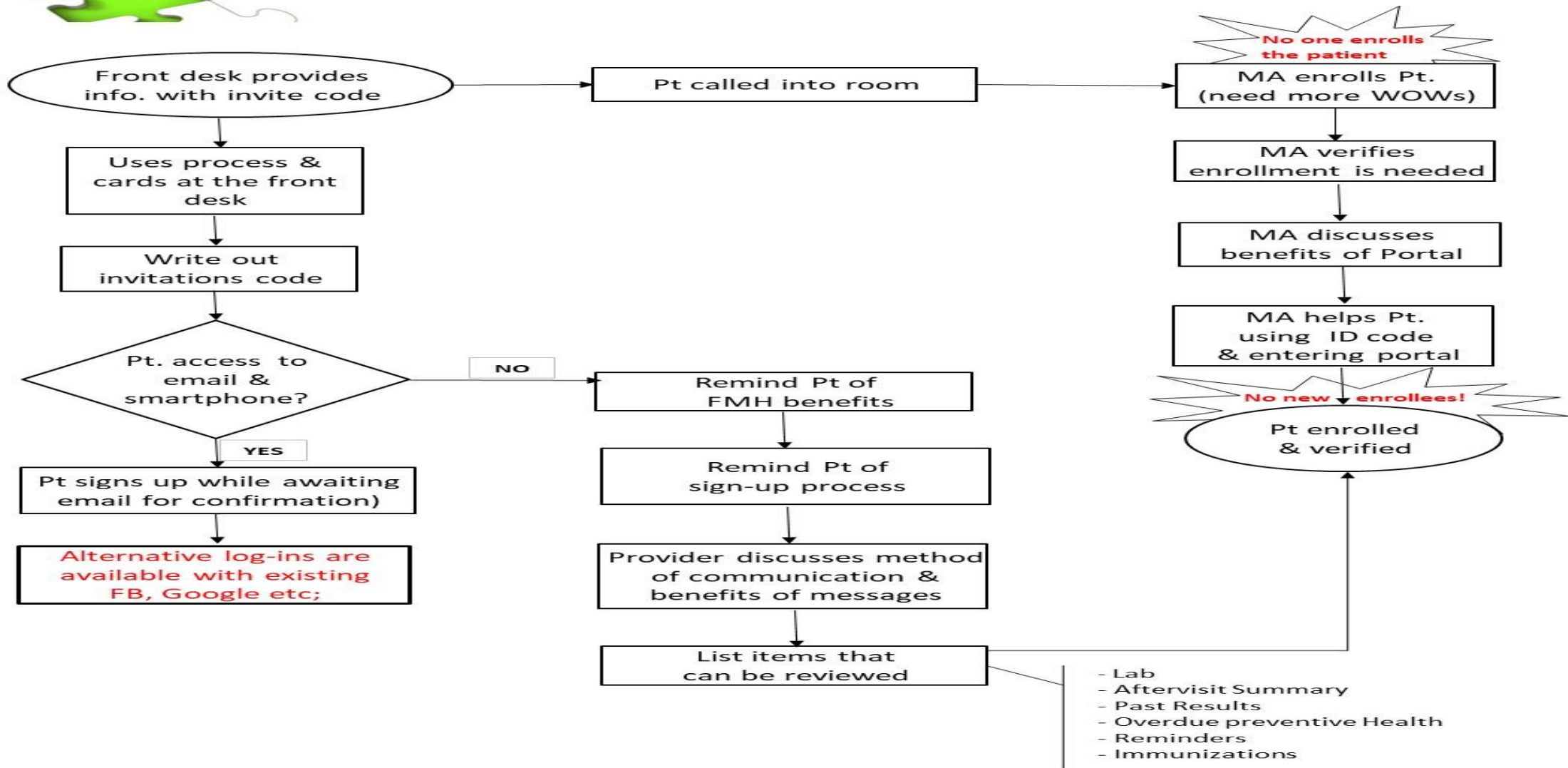
Background

- 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. ¹
- Increasing patient activation is an intermediate outcome of care that is measurable and linked with improved outcomes ²
- 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 ³
- After disease severity and demographic characteristics are controlled, highly activated patients had lower rates of costly hospitalizations and ER visits ²
- 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. ⁴

Aim Statement

To increase the patient's utilization of the patient portal within the FHC to 20% by December 31st, 2017.

Work Flow Diagram





CAUSE & EFFECT

Causes

Effect

People Factors
(Education, Training, Credentials)

Process, Policies,

Patint has no email → Pt does have FMH app

Incorrect Pt email at registration → No Internet Access

Pt concerned being bombarded with emails → Lack computer literacy

Pt disregards emails → Language Barrier

UHS has not instructed patient on steps to sign up

Patient has no knowledge/incentive to sign up

Pt not re-inforced to use portal

UHS did not market portal to patient

Low usage of Follow My Health Patient Portal

Medical Records cannot match due to incorrect info.

Account created but never used

e-mail could go to spam

Staff doesn't have WOW to sign up

Hard to standardize enrollment due to different mobile devices

Lack Standarization of registration process

Email entered into invite incorrectly

Registration did not hand rack card

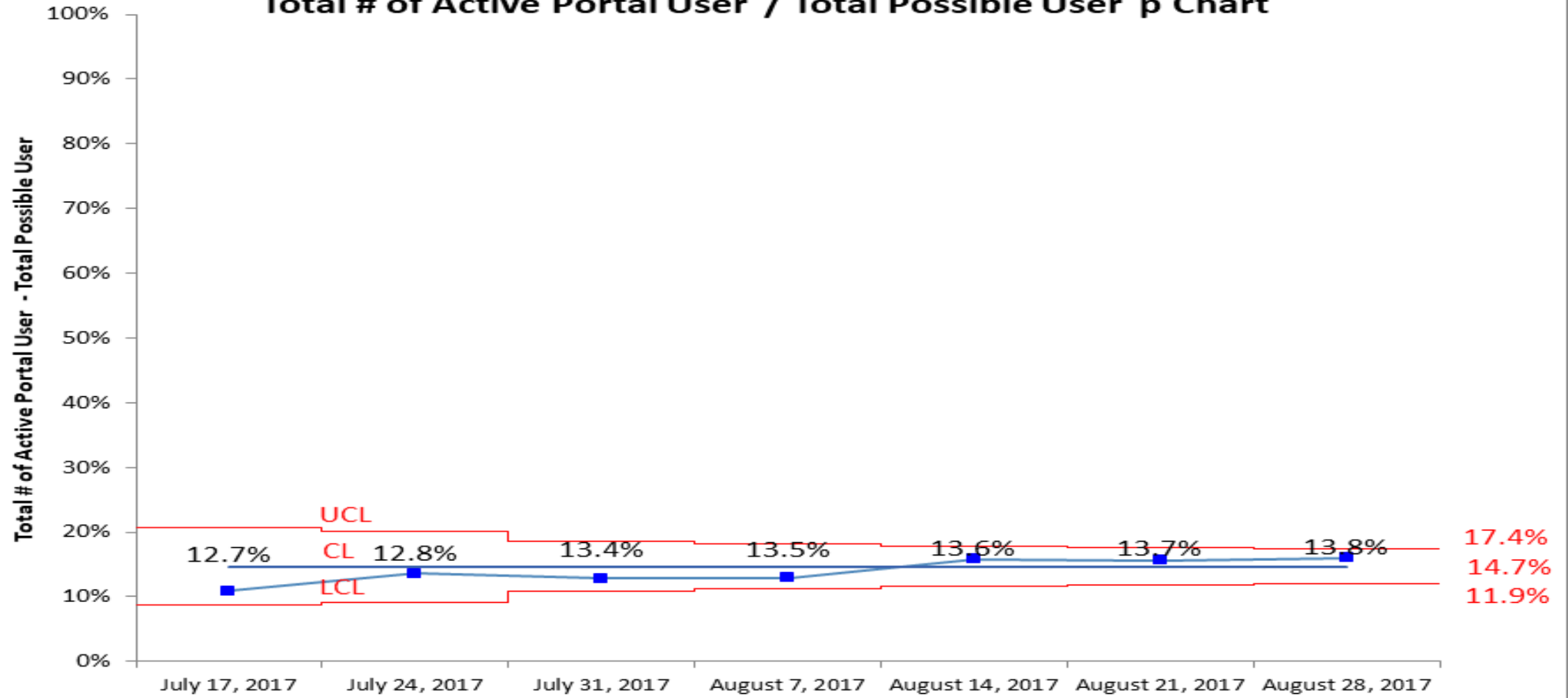
Lack provider re-enforcement

e-mail account for patients blocked on internal network

Workflow
(Education, Training, Credentials)

Equipment, Machines

Family Health Clinic Total # of Active Portal User / Total Possible User p Chart





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?

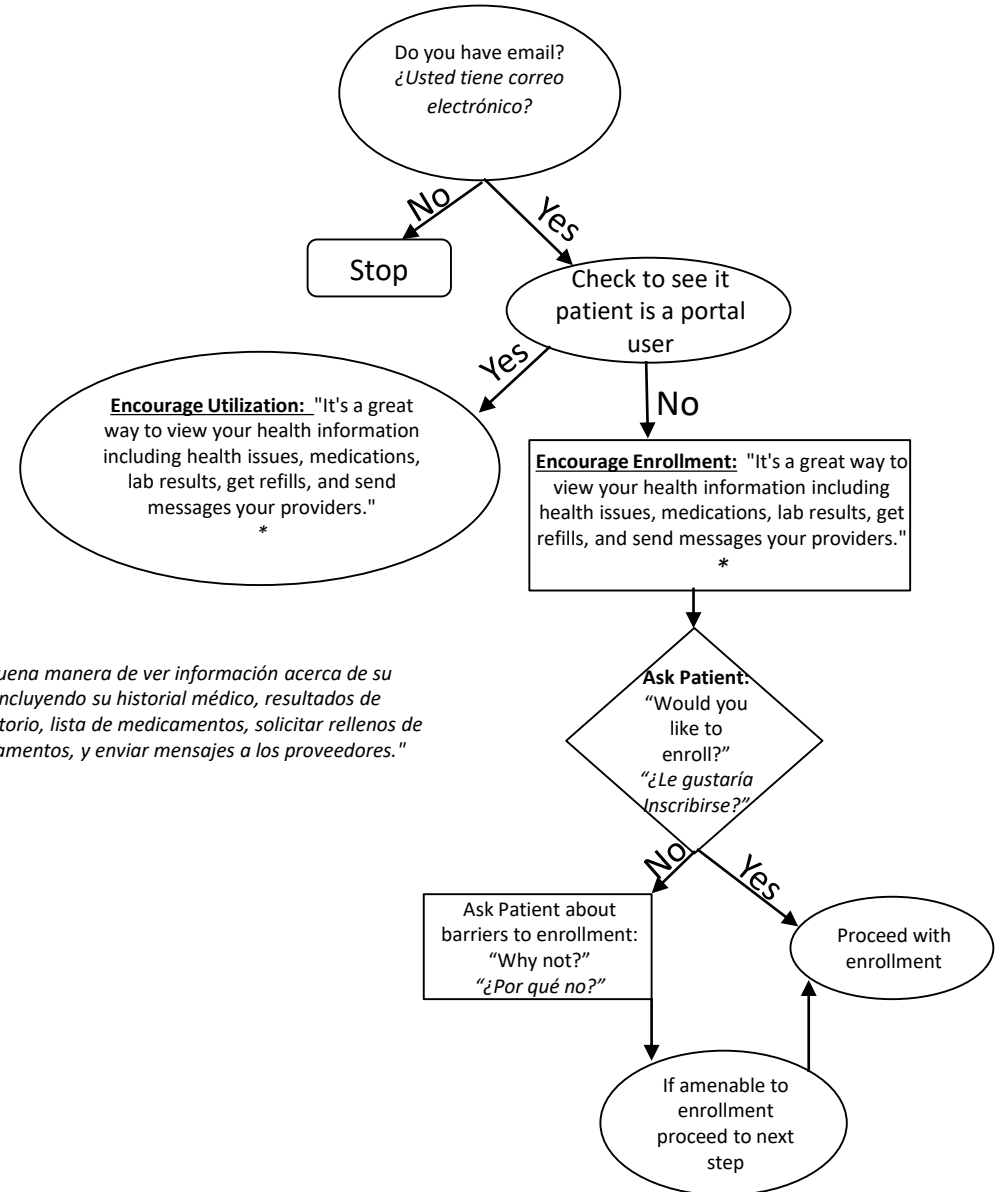
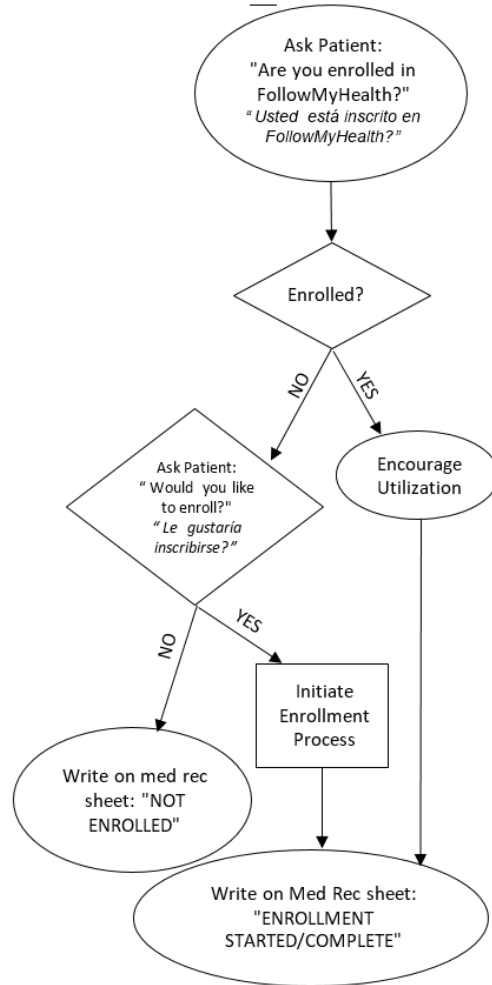
- We will monitor the total number of portal users per week to measure ENROLLMENT.
- We will monitor the number of secure health messages (SHM) sent per week as a way to measure UTILIZATION.



Implementation

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

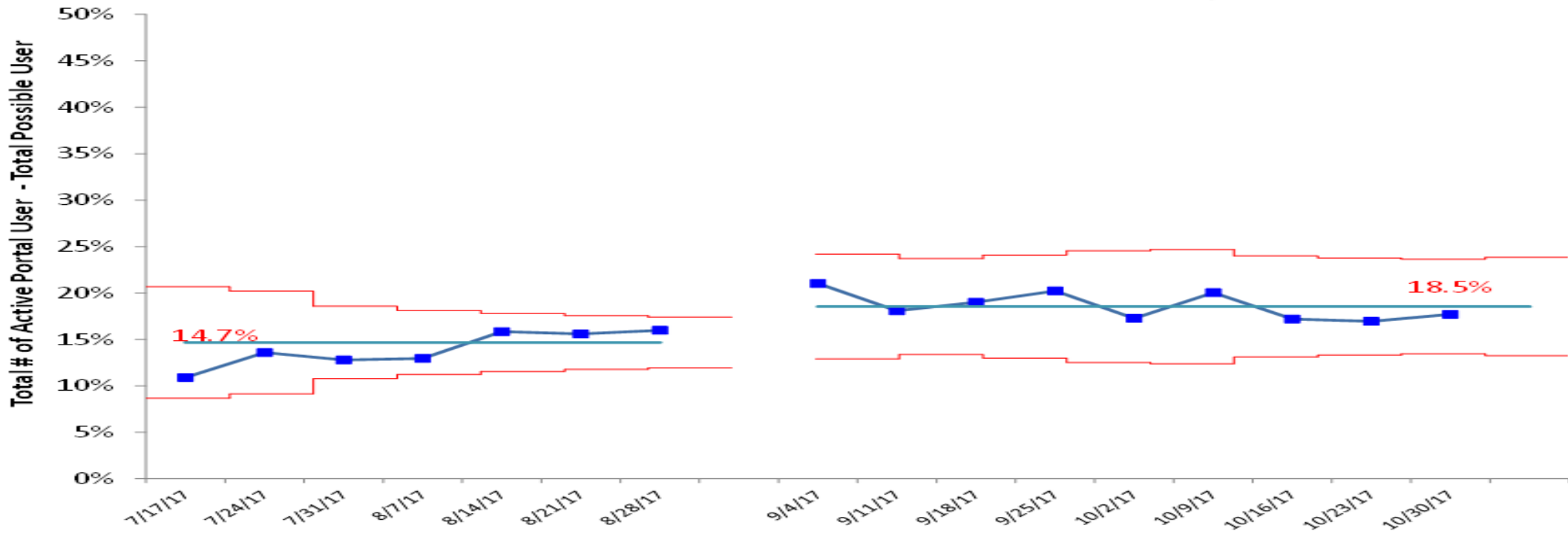
Registrar Script





Results so far...

**Family Health Clinic
Total # of Active Portal User / Total Possible User p Chart**



- Overall 3.8 increase



Modification and Expansion of Implementation

- Resistance from MAs about Ipad availability and increased workload
 - Six additional Ipad 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.

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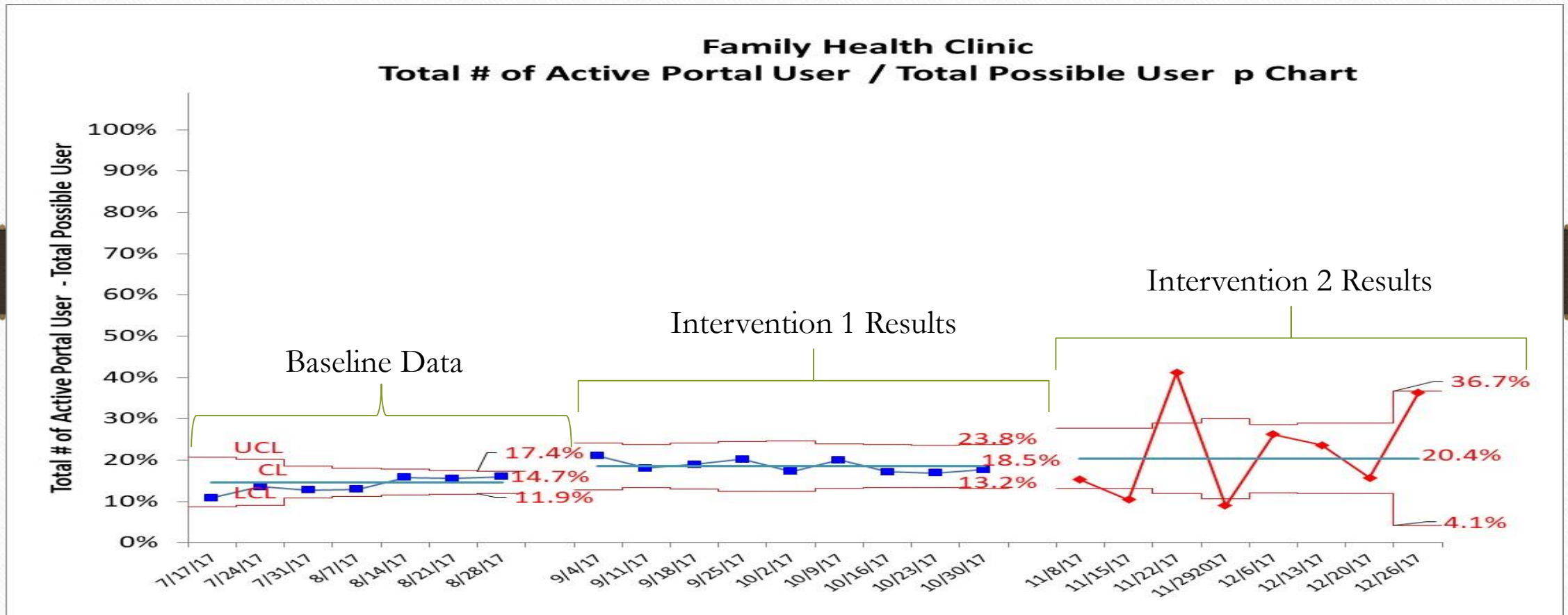
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Continuous Improvement Results so far...



- 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.



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EXHIBIT 2

Predicted Per Capita Costs of Patients by Patient Activation Level

2010 patient activation level	Predicted per capita billed costs (\$)	Ratio of predicted costs relative to level 4 PAM
Level 1 (lowest)	966**	1.21**
Level 2	840	1.05
Level 3	783	0.97
Level 4 (highest)	799	1.00

SOURCE Judith H. Hibbard, Jessica Greene, and Valerie Overton, "Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' Scores," *Health Affairs* 32, no. 2 (2013): 216–22. **NOTES** Authors' analysis of Fairview Health Services billing and electronic health record data, January–June 2011. Inpatient and pharmacy costs were not included. PAM is Patient Activation Measure. **p < 0.05

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
- ² Judith H. Hibbard and Jessica Greene. What The Evidence Shows About Patient Activation: Better Health Outcomes And Care Experiences; Fewer Data On Costs. *Health Affairs*, 32, no.2 (2013):207-214. doi: 10.1377/hlthaff.2012.1061
- ³ David M. Mosen, PhD, MPH, Julie Schmittdiel, PhD, Judith Hibbard, PhD, David Sobel, MD, MPH, Carol Remmers, MPH, Jim Bellows, PhD. Is Patient Activation Associated With Outcomes of Care for Adults With Chronic Conditions? *J Ambulatory Care Management*, Vol. 30, No. 1, pp. 21–29
- ⁴ Judith H. Hibbard, Jessica Greene and Valerie Overton. Patients With Lower Activation Associated With Higher Costs; Delivery Systems Should Know Their Patients' 'Scores'. *Health Affairs* 32, no.2 (2013):216-222. doi: 10.1377/hlthaff.2012.1064

A digital tunnel of binary code (0s and 1s) receding into the distance, creating a perspective effect. The text "Thank You" is overlaid in the center in a bold, black, sans-serif font. The entire image is framed by a white border and set against a light brown background.

Thank You