Patient Portals and Quality of Care: Improving Patient Engagement with Electronic Health Records

Project Team

This study is led by an interdisciplinary team of researchers at The Children's Hospital of Philadelphia's (CHOP) PolicyLab and the Center for Biomedical Informatics (CBMi), in collaboration with the American Academy of Pediatrics (AAP) and the AAP's Pediatric Research in Office Settings (PROS) Network. Funding was provided through a grant from the Agency for Healthcare Research and Quality (AHRQ).

Background

One of the major goals of recent federal legislation is to increase patient engagement through electronic health records (EHRs) to improve quality of care. The federal standards developed to improve use of EHRs, collectively referred to as Meaningful Use (MU), set standards for provider use of EHRs. Often, patients and families interact with their EHRs through a portal – an electronic interface that allows a patient to share health information and preferences with their provider. The portals can also be used as a way for patients to engage in electronic discussions with their providers, including shared decision-making.

In 2016, the Centers for Medicare and Medicaid Services will issue a third stage of MU guidance, known as MU3. This study was funded to better understand how to support the implementation of patient portals capable of improving outcomes for children with chronic conditions, in this case asthma.

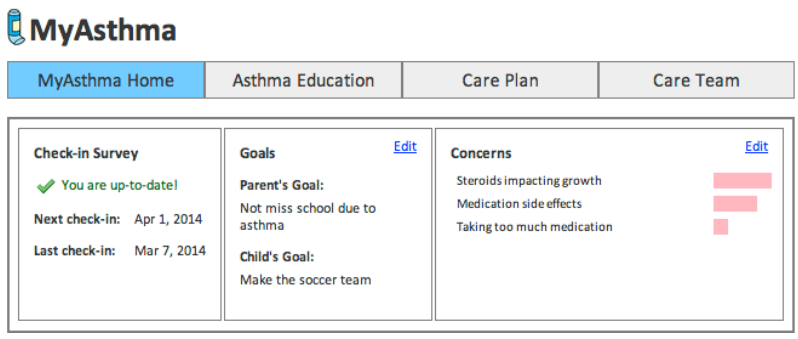

Figure: The patient's visual after a parent uses a patient portal to input health information.

WHAT WILL IT MEAN FOR PRACTICE & POLICY CHANGE?

1. Understanding under what circumstances and to what extent patient portals are likely to be successfully adopted by patients and their families in pediatric primary care.
2. Learning how patient portals may influence the effectiveness of pediatric healthcare delivery, including the impact of portals on workforce issues.
3. Developing policy recommendations for MU incentives that promote sustained use and overcome barriers to adoption of patient portals.

Questions Driving Our Study

1. What level of portal use and what child, parent, and practice characteristics were associated with using portals?
2. How does portal use impact pediatric clinical care?
3. What organizational characteristics influence portal implementation?
4. How might incentives and supports be structured to promote adoption, sustained use, and clinical benefit of portals?

What We Are Doing

- We're working with two types of portals at primary care offices across the country that have high percentages of Medicaid enrollment (greater than 20%).
- Using these two different portals, we'll work with primary care offices to engage patients who have asthma and their families.
- We'll try different approaches to engaging patients and track their subsequent use, looking to identify and compare the best ways of reaching out and engaging people in using EHRs, including understanding the role of patient, clinical team, and health system characteristics in influencing adoption of patient portals.

Study Methods and Purpose

MU3 prioritizes families submitting patient-generated health information to improve their outcomes. Patient portals – online healthcare applications that allow patients to interact and communicate with their healthcare providers- offer an ideal tool to achieve this goal, but the feasibility of using portals and the impact of use on clinical care across diverse pediatric practice settings has not been established. Focusing on pediatric asthma among primary care practices with significant Medicaid enrollment (greater than 20%), this study will directly address critical knowledge gaps and to inform MU3 policy and practice implementation.

The purpose of our study is to understand the real-world use of patient portals. The study is focused on healthcare providers from CHOP's practice network using MyChart EHR system and health care providers using multiple distinct EHRs in the AAP's ePROS practice-based research network. Families with children ages 6-12 who have asthma are contacted and asked to use an asthma portal to document their child's asthma symptoms, preferences, and goals. By reviewing and analyzing the content of the patient portals, we will gain valuable insight for creating policies that encourage families to use their patient portal and how best to implement these systems to improve outcomes for children and families.

FUNDING

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PolicyLab

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