

***Using Mobile and Web Technologies to Improve Patient Engagement in Low-Income Populations***  
**Webinar - August 25, 2015**

<b>Questions addressed on the webinar</b>
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- Can you discuss how you handle parental access on the portal for minors aged 12-18?
  - o At Ravenswood, we do not allow portal access for minors or their caretakers between the ages of 12-18. We run a report monthly to expire any portal accounts for patients turning 12 the following month.
- What are the ongoing challenges of the “digital divide” on the adoption of patient portals and texting?
  - o For our population (East Palo Alto), even basic computer literacy and lack of internet/email usage is an issue. Until access and education to digital resources is addressed, including improvement on the availability of translated online content, it will continue to be a struggle for our patients to utilize all of the technology that is available.  
In addition, we should make certain we best leverage the tools patients have at their finger tips (i.e. text enabled phones). If we are designing solutions that require internet or smart phones, this may not provide the right access points for patients. In addition, patients will need more hand holding to get comfortable with the new applications and using email.
- Does texting add more burden to the physicians?
  - o We have learned from our 9 teams participating in an array of use-cases (from appointment reminders to chronic care management), that it actually removes the burden from staff and physicians by automating reminders and allowing other staff to be able to manage responses. In some cases the process of canceling appointments is automated and eliminates follow-up phone calls and visits.
- How do you actually send text messages to the patient? Is it through a centralized portal?
  - o In most of the applications, there is a centralized portal that allows users to establish the criteria, the messages, the frequency and the type of messages. This is typically automated and allows organizations to track who received messages, who responded, and act upon the information.
- For entities that contract with private providers (such as specialists) who are not eligible for grants, what advice would you offer to help them implement these technologies?
  - o There are many resources available to help providers get started with texting programs. You can check out the Texting Toolkit at <http://www.careinnovations.org/knowledge-center/texting-for-better-care-toolkit/> as well as review the lessons from the evaluation report about how to get started. Texting programs are extremely affordable and typically pay for themselves rather quickly (depending upon the use-case for your application).
- Did you consider incentivizing patients to enroll in the patient portal or text messaging programs?

- We did not implement a separate incentive program for our patients to enroll in our portal, other than to highlight benefits to their quality of care and communication with their care team.  
We have seen one team provide incentives for patients to download an app for a solution. They found the Safeway cards to be most effective but did not sustain this for the long run.
- Have you been able to assess the benefits of using patient portals and text messaging both for the patient and for staff?
  - Nothing formal has been done, but anecdotally we've seen less wasted time and energy in our communication with patients by utilizing portal messaging. We would like to run a survey in the near future asking patients if they were able to skip an in-person visit entirely because they received the answers and information they needed from their doctor through the patient portal.
  - In our "Texting for Better Care Program" our teams saw positive outcomes from their test programs. There were improvements in patient experience, increased access to appointments and care (by opening up additional slots for cancelled appointments), streamlining staff workflows and saving time by reducing phone calls and unnecessary appointments, and an increased interest in engaging in new and other technology approaches. Other studies completed by groups like KP have shown that as a result of virtual care, almost half (49%) of all recorded encounters between PCPs and patients were able to occur virtually (16% by phone and 33% by secure email).

<b>Questions not addressed on the webinar</b>
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#### General

- Can you talk about the current state of integration and interoperability between patient-centered technology solutions and clinical information systems?
  - Assuming the term "clinical information systems" refers to our electronic medical records and internal databases, there remains much work to be done as far as integration with the patient portal. Speaking about the NextGen portal product specifically, simple things such as upcoming appointments still cannot be viewed on the portal unless the appointment was actually made \*from\* the portal.
  - There is also much more work to be done to better integrate stand-alone patient technology solutions into existing Electronic Health Records. Many of the EHR vendors make it challenging to integrate these solutions into EHRs, while other vendors are starting to build their own texting, patient portals, and other products that may eliminate the need for certain types of existing patient technology solutions in the future.
- Less than half of low-income Californians have internet access: how can we ask the other half to use patient portals when they may not have computers or the ability to access information online?

- That's a major sticky area in our attempt as safety net providers to meet the requirements for meaningful use. Thankfully, at least for the enrollment measure, CMS has expanded the definition of offering access to allow us to count patients who have no email or decline access as part of the numerator.
- Though this is an important point, many do have access to internet-enabled phones or computers through their family members, friends, or public places like libraries, schools, and cafes. However, it will continue to be critical to identify creative ways to support Californians in getting better access to the internet.
- Do you have any recommendations on how to measure the level of patient engagement/activation? Are there any specific tools that have been used?
  - We're still determining how to do this with our portal product; because our portal is hosted by NextGen, we do not have access to a lot of the usage data we would like, such as number of logins by the patient. We are only using proxy measure, currently, such as the number of messages sent and received, to gauge level of patient engagement.
  - Many organizations are measuring patient experience through surveys like CG-CAHPS and other standard patient experience surveys. However this isn't the same as patient engagement and very few tools exist (outside the Patient Activation measure) that really address this issue. Blue Shield of California Foundation is currently developing a free patient engagement tool for safety net providers to track their performance and progress in this area. Preliminary testing will begin next year.
- Please share your thoughts regarding the idea of patients being able to access all of their Electronic Medical Records through their mobile devices rather than using those devices only for texting?
  - The more ways we can provide patients with access to their own data, the better. For this purpose, mobile devices are especially useful, given that access to computers is still a challenge for many low-income Californians. However, it is important to ensure that all interactions with the EMR are secure – no matter the tool used for access.
- Do you think that providers could decrease the number of face-to-face patient visits if they were not constrained by pay-per-service being tied to an in-person visit with a billable provider? If so, what portion of traditional primary care face-to-face visits do you think could be replaced with these alternative touches? If not, why do you think face-to-face care would not change?
  - Yes, absolutely. Many appointments made by patients can probably be avoided if we are able to communicate rapidly and effectively with them as a care team. By providing time for the care team to work on messaging and panel management, in a capitated payment model, I believe we can improve clinical outcomes and be more efficient than requiring patients to come in for a face-to-face appointment for all of their questions and needs.

#### Portal

- Did you ultimately stay with the volunteer portal enrollment model and why?

- Yes, we are currently using the volunteer model because of the freedom it provides to our staff (MA's and front desk) to do their other work. We're exploring working in partnership with our local university to see if there are undergrads or med students interested in filling this role on a more consistent basis.
- Technology-wise, computer and internet access may be the greatest issue for implementation of the patient portal. Was it addressed and if so how?
  - We are fortunate to have a relationship with the Stanford University Health Library system, which has provided a space within our facility for 4 computer stations, internet access, and a full-time librarian to give patients and anyone in the community access to and help with the portal.
- Has Ravenswood been able to identify and/or assess the benefits for patients and staff in using the portal?
  - Right now we're focused on enrollment and process measures. The next phase will be addressing improving portal usage and looking at clinical outcomes. Shasta Community Health Center has done some great work at correlating active portal use with improved measures, such as blood pressure control.
- Have any of the participants engaged in user-centered design with patient/consumer input?
  - At Ravenswood, we have not yet. With the NextGen portal product, we don't have a voice in the website or mobile app design.
  - Many of the teams participating in CCI's texting program did engage with patients/consumers to get their input on design. A number of teams have also been working to gather input from patients about how to more meaningfully engage with the portal. This is an area where we all have more to do to shift from focusing on meaningful use to meaningful engagement by patients.

#### Text Messaging

- Which software was used for texting? And does the software interact with EMR or portal software?
  - There are a variety of products used for texting. Across our 9 teams, they used 7 or 8 different systems. Some of the systems interface with the EMR while others do not. It's difficult to generalize about the specific solutions.
- How do you keep track of the text information in the patients' records and/or EMR?
  - Again, there is a lot of variability in how this works. Some EMR systems are now offering their own texting programs that interface directly with the EMR, while other systems are able to achieve integration after some considerable work. The majority of systems are still stand-alone.