



Podiatric Medicine and the Patient Portal

Here's how podiatrists are dealing with increased access to medical records.

BY MARK TERRY

The 2009 American Recovery and Reinvestment Act (ARRA) incentivized adoption of electronic health record (EHR) software via the HI-TECH Act. Essentially, any "Eligible Provider" can receive up to \$44,000 over a four to five-year period by using "Certified EHR technology" and meeting Meaningful Use (MU) objectives. Stage 1 of Meaningful Use, which more or less ran from 2001 to 2012, provided 15 core objectives and five out of 10 menu objectives that had to be met by providers in order to meet MU standards. Stage 2, running from 2013 to 2014, had another set of requirements.

There are four MU measures that a patient portal can help meet:

- Timely electronic access to changes in health information
- Electronic copies of health records
- Clinical summaries after each office visit

- Patient-specific education resources

So... What's a Patient Portal?

The HealthIT.gov website defines a patient portal as "a secure online

which may include:

- Recent doctor visits
- Discharge summaries
- Medications
- Immunizations
- Allergies

A patient portal is a secure online website that gives you convenient 24-hour access to your personal health information and medical records.

website that gives you convenient 24-hour access to your personal health information and medical records—called an Electronic Health Record or EHR—from anywhere with an Internet connection."

Features vary greatly from one patient portal to another, but generally include:

Securely viewing and printing part of a patient's medical record,

• Most laboratory results
Other potential features available are:

- Exchanging secure e-mail with healthcare providers and staff
- Requesting prescription refills
- Scheduling non-urgent appointments
- Checking patient benefits and coverage

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- Updating patient contact information
- Making payments

Dr. Joyce allows patients to access their past medical history that they've provided the practice, their medication list to determine if it's accurate, and lists of allergies.

- Downloading or completing intake forms

Some of the Health Information

There are advocates for providing patients with access to every bit of their health information and letting them sort it out. Most physicians tend to be skeptical of that. Annette Joyce, DPM, of Freedom Foot & Ankle (Eldersburg, MD) has been using an EHR for about five years with a patient portal for about the last two or three.

She points out that the physician can decide what the patients are allowed to see. "They can access lab results, but I personally don't want them to access it because



Dr. Joyce

I'm not confident they can interpret that. I want to be the person going over those test results with them."

So Dr. Joyce allows patients to access their past medical history that they've provided the practice, their medication list to determine if it's accurate, and lists of allergies. "But you have to be careful with HIPAA," she said, "and whom you might be giving access to. I don't want patients to have access to lab results or their chart notes. That's what patients need a physician for—interpretation. Without that interpretation, the test isn't meaningful. To me, it's a large gamble to tell a patient to go ahead and look at your test results and call me if you have questions. That's just not how we should be

practicing medicine as a society."

David Davidson, DPM, of Podiatry Affiliates (Amherst, NY), has a similar, though slightly more flexible approach. He says, "We have set

it up that lab reports, pathology reports, surgery, MRI reports, etc., will go to the patient directly via the portal if we choose to do so."

Dr. Davidson points out that they make a determination if they believe, for whatever reason, that a patient wouldn't be able to handle the information. Some of those are clear-cut. "For example, if a pathology report indicated a malignancy, I certainly wouldn't let that go to the patient via the portal. I want that to be (between) just me and the patient. That's the doctor's decision."



Dr. Davidson

But Davidson does indicate that some patients are very knowledgeable about their own healthcare and have the education and insight to receive most of their own medical in-

formation. "Some people really want to know what their blood sugar is, or their uric acid level, if they have gout. We know our patients reasonably well and know which ones can handle the information, but we're certainly not sending it out to everyone."

that, though. Kristy Drabek, Davidson's Office Manager, says, "When you sign up for the portal, patients can't see our notes or our triages. When we do send a lab result, the doctor can attach a note to it and say, for example, your sugar is a little high, to help them understand. There's a note tab on our patient portal that allows the inclusion of a specific note."

Larry Kosova, DPM, of Family Podiatry Center (Naperville, IL), who is a strong advocate for the type of functionality in patient portals that lets patients make appointments and send messages, is significantly more skeptical about allowing patients access to case notes and lab results. He notes that he has used speech recognition software for years and attempted to take those notes in front of the patients, so they could actually hear his comments as he made them.

"Every single time—we're going back 15 years now—I tried to do this in front of a patient and the patient would stop me and say, 'Well, I meant this, or I needed this...' and it was stuff that had nothing to do with what they came in for. I had the cases of, 'Well, my cousin in Louisiana had the same thing...' after hearing me dictate their issue. I think that with patient portals and patients having access to some of the notes, this kind of syndrome is really going to take off."

On the other hand, Dr. Kosova does indicate that where it's most useful is when patients come in and hand him, for example, their cardi-

"If a pathology report indicated a malignancy, I certainly wouldn't let that go to the patient via the portal."—Davidson

ology report or their vascular report from a different physician and ask him to explain it to them. "So I call the doctor's office and tell them to please do a better job explaining things to their patient. Another possibility is where a patient needs the lab results to go to another office and the

There's a bit more nuance than

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office forgot to give it to them; that's very useful."

Meeting Meaningful Use and Patient Adoption

Meaningful Use of electronic health records, and ultimately patient portals, was designed, as its name suggests, for healthcare providers to invest in health information technology and use it in a meaningful way. To incentivize this, the government set up the EHR Incentive Program. It has a number of steps and a smorgasbord of items that need to be met in order to receive the financial incentives.

The measure that seems to be tricky for podiatric physicians to meet is a loose description of 50% adoption of the patient portal. A few of the specific requirements say: "More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days." And: "More than 50% of all patients who are discharged from an eligible hospital or emergency department and who request an electronic copy of their discharge instructions are provided it at discharge." And: "Clinical summaries provided to patients for more than 50% of all office visits within 3 business days."

Other components require 10%: "More than 10% of all unique patients seen by the eligible professional are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the eligible professional's discretion to withhold certain information."

Ten percent may or may not be easy to achieve. However, getting 50% seems to be a significant challenge. David Santopietro is the Business and Technology Manager for Frank J. Santopietro, DPM's podiatric medical practice (Brookline, MA). He says, "Part of Meaningful Use is to have 50% of patients accessing the patient portal. That is something I am finding far harder to achieve than I first thought."

There appears to be a consensus

on that point. Dr. Joyce, somewhat ruefully, points out that her practice had "44% last year. That was very close. Honestly, because of that difference, we didn't meet Meaningful Use. When you think about the dynamics of your practice, if you have an elderly or older population, they don't want to give out an email address. They don't have an email or they don't understand the idea of

portal, whether they had received the letter and accepted it or declined it. "It really is useful to know that patients already have been asked, have signed up, and don't need to be asked again."

It's probably useful to remember that patient portal utilization in order to receive the incentive payments may be questionable. Dr. Davidson admits that they adopted a patient

"A lot of podiatric physicians and general practitioners aren't bothering with Meaningful Use."—Kosova

giving it out to doctors. For patients who don't give you their email or don't want to, it's really hard to get to 50%."

She points out that there are ways to get around that, such as actually printing the patient records out and handing the patients those records that day. Of course, that creates more work for the staff, which defeats at least one of the objectives of electronic health records and health information technology.

Dr. Davidson commented that at his own physician's practice, the nurse hands the patient a computer and has you sign up for the portal. "They were getting about 90% sign-up. Whether the patients are using it or not, I don't know. Our own practice isn't that strict, nor do we have the time to have patients sign up in the office."

In order to get significant levels of compliance with patient portals, practices will need to constantly provide reminders and encourage their patients to sign up. As mentioned, for an elderly patient population, there may be no email sign-up or higher levels of discomfort with providing personal information online. That may change over time, but at the moment, it can be a real challenge. Drabek does point out that one of the small but useful functions of the system Podiatry Affiliates uses is that it provides information on the screen indicating whether the patient has signed up for the patient

portal because of Meaningful Use requirements. "It's expensive. Everything's resulting in more money from us. It's an expense, but Meaningful Use is why we do it. It gives you the ability to give patients a lot of information if you want to."

Dr. Kosova, however, points out that a lot of podiatric physicians and general practitioners aren't bothering with Meaningful Use. "As far as getting the government money, in my mind, a lot of doctors were doing it for that alone. I you have ten doctors in a practice, it's a lot of money. But if your practice is only one or two doctors, you would almost—almost!—break even. It was more headache than it was really worth. I used to lecture people: Do not do this for the money. If you really need the extra \$15-\$18,000 this year, you shouldn't be doing this anyway."

A Gentle Reminder

In theory, at least, all of this adoption of health information technology, EHRs, and patient portals is supposed to improve healthcare, increase efficiency, decrease costs, and improve patient engagement with their own health. That's probably

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Dr. Kosova



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worth keeping in mind while you're being hammered with apparently urgent demands to adopt EHRs and patient portals.

But what happens if you don't? Well, as HealthIT.gov says, "If Medicare eligible professionals, or EPs, do not adopt and successfully demonstrate meaningful use of a certified electronic health record (EHR) technology by 2014, the EP's Medicare physician fee schedule amount for covered professional services will be adjusted down by 1% each year. The adjustment schedule is as follows:

2014—99% of Medicare physician fee schedule covered amount

2015—98% of Medicare physician fee schedule covered amount

2017 and each subsequent year—97% of Medicare physician fee schedule covered amount.

"If less than 75% of EPs have become meaningful users of EHRs by 2018, the adjustment will change by 1% point each year to a maximum of 5% (95% of Medicare covered amount)."

Although patient portals are not exactly required, the levels of patient engagement are required, and it is believed that patient portals are the way to increase pa-

tient engagement. Dr. Davidson says, "As far as I'm concerned, I think in the rapidly changing field of healthcare, when we talk about patient care, we need to involve the patient more and more. I think the patient portal does allow for that. It gives them access to parts of the records

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that we wish them to have. We can send them lab reports or any kind of reports we get for their care if we think it's going to be helpful to them. I think it also gives the patient a little closer connection to the doctors and the doctor's staff, where the patient can communicate more directly with staff. I think that's the most value that I see of having the patient portal set up for us."

Beyond Personal Health Information: Education & Marketing Opportunities

Meaningful Use aside, it's that "patient engagement" aspect that has recently expanded the whole concept of the portal. The uses of patient portals—and thus the benefits of such programs to both physicians and patients—have recently fanned out in a number of different directions, especially in their ability to provide educational resources and marketing opportunities.

Jack Zhang, founder and CEO of CaerVision, says, "From a practice perspective, a portal is really servicing three components: One, to advertise to get new patients; two, to communicate with existing patients to get them engaged; and three, to provide the information necessary for patients to make healthy changes. Those are the three components that we observe as critical components for any practice, any specialty."

From the patients' perspective, says Zhang, "it's really about getting to know the doctor if they don't know the doctor, and also believing in the doctor. Different reviews, referrals, and recommendations, then to be able to make an appointment with the doctor. And then to be able to review some of the health information."

The ability of portals to offer patient education is surely one of their primary benefits. Although available online on some portals, other approaches are within the office itself—in the waiting room and even in the examining rooms. With CaerVision's innovative MyPodPortal program (www.MyPodPortal.com), for example, you can control what video content is shown on the screen in the waiting area through a simple-to-use web portal that installs on pre-existing desktop or laptop computers. In exam rooms, utilizing the same educational content from

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the reception area, you can even pick and choose which videos you want individual patients to see.

Dr. Joyce's practice began utilizing a program of this type recently. "It provides information, and patients who are waiting in the examining room for the doctor to come in can access educational materials regarding podiatry. For example, a patient with heel pain can access information about orthotics or heel pain, things like that."

A secondary (or maybe not so secondary) application is to advertise and market products that the practice is selling. Michelle Geller, the Office Manager of Geller Foot Clinic (Southfield, MI), says, "We are in the process of developing a slide for some product lines we sell, whether nail polish, lotions, and creams. Those slides are easy to develop."

Geller says that they also have ongoing slide shows in the patient rooms and in the lobby. "Patients like it because it's very educational. We can customize the topics and switch them in the rooms at any point. A lot of topics we've selected are with our patient base. For example, we have a slide specifically on gout regarding foods and

of any Internet-related product or service."

Keep in mind when choosing a patient portal for your practice that many of your patients, especially if you have a younger patient population, will want to access the portal using their phones. Interestingly, the patient portal utilized by Davidson and Podiatry Affiliates has tabs on the home page that allow users to choose between desktop or tablet viewing.

"Everyone now wants to use a smartphone for accessing their email, everything, social media," says Joyce, "so we are going to get to the point where we can access our medical records via smartphones, or make appointments via smartphones."

As the technology progresses, I hope we have secure channels to make appointments and appointment reminders, and even for texting patient reminders as well. I think that would be useful technology." **PM**



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treatment. The patient in the room had gout and we watched the slide together."

Less commercial educational materials can be valuable as well. "I would love to see one," says Joyce, "that allows me to have my own content regarding the practice, things I want patients to know about my practice. For example, that we're closed the 4th of July Holiday for two days, or news about an upcoming event, or something pertinent to podiatry." Dr. Joyce finds these are well received. "The patients like it and we can educate them in the office by using the portal for education and marketing. It's a great use of the technology."

Mobile's Where It's At

It's no secret that computing is increasingly mobile—laptops, tablets, and especially smartphones. Patient portals have varying degrees of applicability for mobile devices (especially smartphones). Zhang says, "The concept needs to be looked at from a forward-looking perspective of where and when people access their medical information. In the past, people turned on their computers for blocks of time to access their portals. But now it's fragmented. They could be on a bus, at home, wherever. In today's world mobile applicability is an essential element