

# Patient Portals

## An Underused Resource for Improving Patient Engagement



*Bengisu Tulu, PhD; John Trudel, MD; Diane M. Strong, PhD; Sharon A. Johnson, PhD; Devi Sundaresan, MS; and Lawrence Garber, MD*

The potential of patient portals to improve patient engagement and health outcomes has been discussed for more than a decade. The slow growth in patient portal adoption rates among patients and providers in the United States, despite external incentives, indicates that this is a complex issue. We examined evidence of patient portal use and effects with a focus on the pulmonary domain. We found a paucity of studies of patient portal use in pulmonary practice, and highlight gaps for future research. We also report on the experience of a pulmonary department using a patient portal to highlight the potential of these systems.

CHEST 2016; 149(1):272-277

**KEY WORDS:** patient engagement; patient portals; personal health records; pulmonary

Patient portals are personal health record (PHR) systems tethered to a health organization's electronic health record (EHR) system. They allow patients to track their medical history, access their medical records, and communicate with their health-care providers, and in some cases, they record patient-entered data. The rate of patient portal adoption by patients and physicians has been slow in the United States despite their increasing availability due to meaningful use incentive requirements related to EHRs.<sup>1,2</sup> Although the patient portal market is expected to boom between 2012 and 2017 as a result of providers trying to meet incentive requirements in the United States,<sup>3</sup> surveys examining the adoption of patient portals indicate that only one-third of patients with access to a patient portal use it.<sup>4</sup> The reasons for slow growth are likely complex, but engagement and commitment

from both patients and providers are arguably important factors in accelerating adoption rates.

We wanted to understand how specialists and their patients use patient portals. Many studies have evaluated the use of patient portals in general; by primary care physicians; or for specific chronic diseases, such as diabetes,<sup>2,5,6</sup> but it is unclear how much work has been done to evaluate the use of patient portals by specialists. We chose pulmonologists as representative specialists because they commonly treat both acute and chronic illnesses with a diversity of interventions and order a wide variety of tests, the results of which need to be communicated to the patient. These characteristics are common to varying degrees with other medical and surgical specialists who would be expected to promote the value of patient portals.

**ABBREVIATIONS:** EHR = electronic health record; PHR = personal health record

**AFFILIATIONS:** From the Robert A. Foisie School of Business (Drs Tulu, Strong, and Johnson), Worcester Polytechnic Institute; and Reliant Medical Group (Drs Trudel and Garber and Ms Sundaresan), Worcester, MA.

**CORRESPONDENCE TO:** Lawrence Garber, MD, Reliant Medical Group, 630 Plantation St, Worcester, MA 01605; e-mail: [Lawrence.Garber@ReliantMedicalGroup.org](mailto:Lawrence.Garber@ReliantMedicalGroup.org)

Copyright © 2016 American College of Chest Physicians. Published by Elsevier Inc. All rights reserved.

**DOI:** <http://dx.doi.org/10.1378/chest.14-2559>

We first reviewed the literature for studies on the use of patient portals or PHRs for pulmonary conditions or by pulmonologists to support patient engagement. We focused on patient portals used specifically for patient engagement because we believe that engaged patients participate more actively in their health-care management and related decisions and gain the

most value from portals. Next, we analyzed patient portal data in a multispecialty group practice to determine how pulmonologists and their teams use portal technology. This article thus summarizes the current knowledge regarding the use of patient portals by pulmonologists and determines gaps that future research should address.

## Materials and Methods

Figure 1 illustrates the literature review strategy. We determined two sets of search key words—one focused on capturing relevant articles about patient portals and the other focused on capturing articles about pulmonology—and combined the resulting search phrases with the term “patient engagement.” The literature review was conducted between July and December 2014, and the results consider articles published before July 2014.

We started the literature review by searching for a given set of key words (Fig 1) anywhere in the text using Google Scholar. The combinations of the three key word sets identified in Figure 1 generated 317 unique results. Next, we conducted a relevance review of abstracts for all 317 articles. An article was considered potentially relevant if it satisfied either of the following conditions: (1) the abstract mentioned a study about the use of PHRs or patient portals

for patients with chronic conditions or (2) the abstract mentioned the use of PHRs for pulmonary conditions. The abstract reviews identified 23 potentially relevant articles. We conducted full-text reviews of the 23 articles to better assess level of relevance and to categorize findings. To ensure that we did not miss any relevant publication, we implemented the same literature review strategy in PubMed. PubMed queries returned only four results, with two being unique hits. One of these was included as one of the aforementioned 23 articles from Google Scholar, whereas the other was identified as irrelevant based on review of the abstract.

To illustrate the use of patient portals by pulmonologists and how their use compares with that by physicians in general, we conducted a review of messages in a patient portal used by a large multispecialty group practice in the northeastern United States. The analysis focused on the messages handled by the pulmonologists and their teams in this practice.

## Results of the Literature Review

Among the 23 articles reviewed, only one fully satisfied the relevance criteria.<sup>7</sup> The authors argued that to realize

the benefits of PHRs for self-management of a complex chronic disease like COPD, either the patients need to have high levels of health literacy or the PHR system

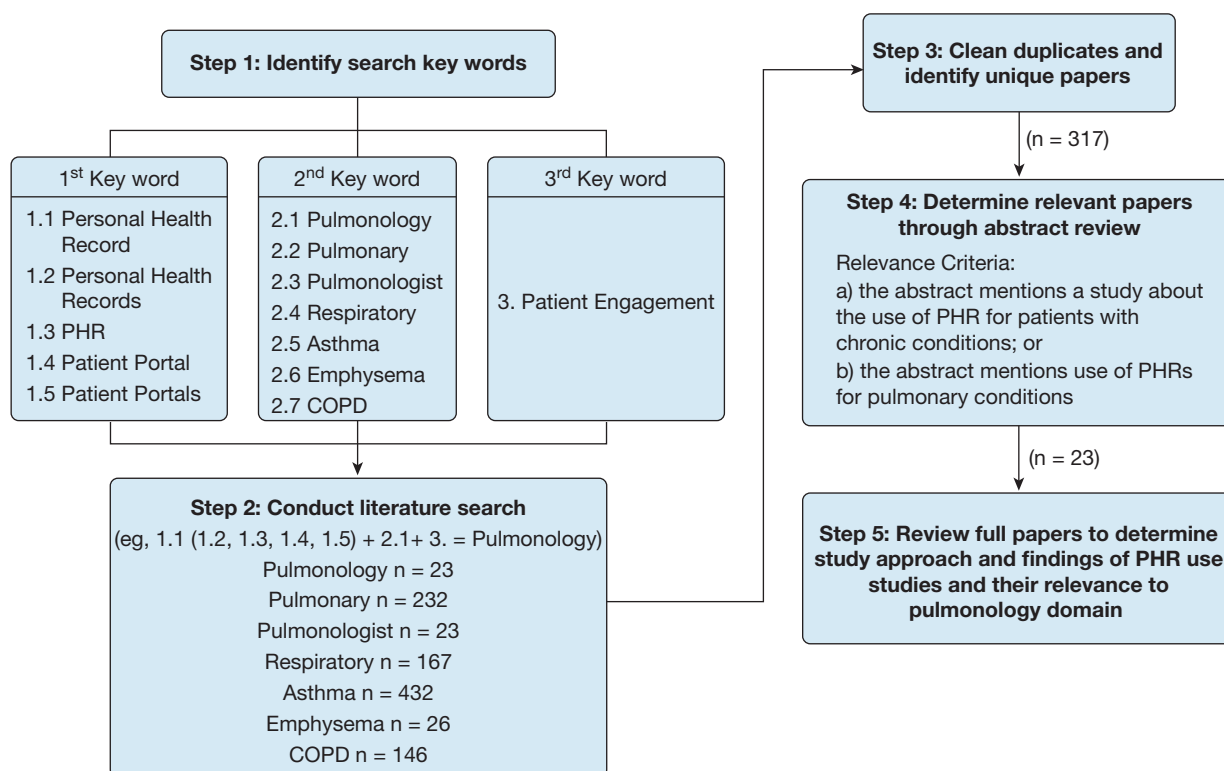


Figure 1 – Literature review strategy. PHR = personal health record.

Download English Version:

<https://daneshyari.com/en/article/5953051>

Download Persian Version:

<https://daneshyari.com/article/5953051>

[Daneshyari.com](https://daneshyari.com)