

Coaching Small Primary Care Practices to Use Patient Portals

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THE INNOVATION

Patient portals allow both patients and clinicians to share information such as test results, visit summaries, and correspondences. Solo and small primary care practices, however, are challenged with limited resources and with electronic health records (EHRs) that have limited patient portal capabilities. In our project, practice transformation coaches provided one-on-one coaching to these practices to effectively implement patient portals, allowing integration of patient and family feedback into patient-centered care delivery and quality improvement. As a result of these tailored coaching sessions, patient portal use by practice sites increased from 8% to 75% over a 12-month period.

WHO & WHERE

The Garden Practice Transformation Network focused this initiative on solo and small primary care practices having a total of 176 primary care physicians and practitioners representing 21 practices and 25 Federally Qualified Health Center sites in Maryland.

HOW

Through one-on-one coaching with physicians and office staff, we were able to improve patient feedback integration into quality improvement. Coaches began working with practices by increasing awareness of the functional capabilities of a patient portal and the value of engaging their patients in their health

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care. If a practice was reluctant to spend the funds necessary for the patient portal to become active with 2-way communication capabilities, coaches discussed return on investment with the practice.

Coaches assisted agreeable practices by communicating with the practice's EHR vendor to ensure the 2-way communication capability was active and that the vendor provided additional technical assistance. Coaches also assisted practices in becoming familiar with their patient portals' capabilities and disseminating training materials on patient portal use to their patients. Coaches supported practices in developing new workflows to triage messages to physicians and staff for effective care coordination by connecting new or existing e-mail accounts to their patient portals.

Practices were able to successfully use the patient portal for conducting outreach, answering questions, scheduling appointments, refilling medications, delivering immunization reminders, promoting preventive care, and managing chronic disease. Patients were able to communicate with their primary care clinicians through a 24-7 secure portal, request appointments and medication refills, and access their health records. In addition, patients had a communication channel to provide feedback on their practice experience, making them feel respected and heard. Feedback from patients helped practices make quality improvements and engage patients as partners in their care.

LEARNING

Solo and small primary care practices benefit from one-on-one coaching including return on investment conversations to use patient portals in patient engagement. Implementing and optimizing patient portals required practice buy-in and workflow reorganization. A key lesson we learned is that coaching solo or small practices in optimal patient portal use provides a unique opportunity to engage patients as partners in their health care.

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