

POSTS MADE IN AUGUST 2012

[THROUGH THE LOOKING GLASS: PORTALS KEEP PATIENTS ENGAGED!](#)

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There has been a lot of discussion about the implementation of electronic health records. In an **update**, posted on this blog in January 2012, I wrote that by the end of 2011, nearly 57% of all physicians were using some type of electronic health record with more coming onboard every week.

For health providers to meet the Stage 2 Meaningful Use standards, set out in the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act of 2009, the transfer of patient data from paper files into electronic files is required. Patient Portals enable that online access.

A Patient Portal is a secure HIPPA-compliant two-way communication channel between patients and their health care providers. It is an interactive way that patients can directly participate in their care by managing such tasks as scheduling appointments, requesting prescription refills, tracking their medical appointments, accessing their lab tests, paying their bills.

It is also a platform, available 24/7, that enables patients and providers to engage in two-way discussions via email or e-visits. This secure messaging feature, that keeps patients engaged and in touch with their health providers and health issues, is reason enough to encourage increased use of portals.

A survey conducted by the **Deloitte Center for Health Solutions** in 2012, revealed that nearly 80 percent of patients are interested in gaining access to their medical information and in actively participating

in their care via patient portals. The **Deloitte** research reveals that three out of four health consumers surveyed want their physicians to provide online services to schedule appointments, get test results, access medical records and exchange e-mail.

Portals have specific benefits to both providers and patients, including:

Portals provide a communication channel easily accessed and usable, that is otherwise unavailable. This results in a stronger, more trusting relationship between a physician and a patient.

Patients like portals and studies have found sustained use of portals over time encourages patients to be more active in their care.

Portals allow patients, physicians and consulting physicians (specialists) to share information which promotes collaboration.

Portals are one way that providers can quickly and easily provide clinical summaries of a patient encounter (after visit summaries) which in Meaningful Use Stage 2 must be made available to patients after each office visit.

Portals have been found to provide tangible cost savings and efficiencies to medical practices by reducing the amount of telephone time that medical office staff must spend responding to patient calls by allocating specific time slots to reviewing portal messages.

Portals enable practices to post forms that patients can fill out online to improve both timeliness and accuracy of this information. These forms can also be customized to solicit specific detail from patients.

We know that people are already online doing their banking, booking their travel, managing their investments and meeting and talking with friends and business associates. It is an obvious next step that patients will use portals to eliminate the communication barriers that

have been typical of medical practice for generations. This will engage patients and enable providers to have a more open and participatory relationship with patients.

RETAIL AND WORKPLACE HEALTH CLINICS OFFER PATIENTS CHOICES

In my last blog post I talked about the severe shortage of physicians over the next decade. One way this problem will be addressed is through the establishment of more retail and workplace health clinics. Although physicians may balk about these clinics replacing the traditional doctor/patient relationship, they unfortunately cannot clone themselves. Patients have to go somewhere to get care when the wait time to see a doctor is untenable or they have a minor emergency that must be addressed immediately, and their physician is not available.

Workplace and retail clinics fulfill those needs, with qualified nurse practitioners who are fully trained to handle many of the basic care needs of individuals. The clinics offer extended evening and weekend hours, provide care on a walk-in basis, and, with the digital tools now available to most healthcare providers, they can communicate a summary of key issues directly back to a primary care physician.

By the end of 2012 nearly 70 percent of large and very large employers will offer some type of workplace health care. Clearly it is better for employees to have this care available through work where they can access not only basic care, but high quality prevention and wellness programs, monitoring of chronic conditions, physical therapy, nutrition counselling, and, in many companies, state-of-the-art fitness centers. These services improve the health of employees, result in less absenteeism, better productivity and higher employee satisfaction. They make it easy for an employee to get critical screenings like mammograms, blood pressure and blood sugar checks, and maternity care. Although not without issues and

concerns, particularly regarding the privacy of an individual's health information when treated in a workplace clinic, they are, nevertheless, a win/win for employees and employers in this era when there are simply not enough physicians.

Millions of individuals who do not work for large companies, and who have had increasing difficulty finding a primary care physician, are turning to retail clinics for their basic health needs. These include such health concerns as: colds, coughs, ear aches, cuts, bruises, stomach complaints, flu-related symptoms, and strep throat. There are over 1,300 retail clinics located in pharmacies, strip malls, and in grocery chains. Those numbers are growing by approximately 10% annually.

In 2014, federal health legislation mandates that broader health coverage must be offered to more than 30 million Americans. Retail clinics are working hard to attract these consumers by expanding and offering new services such as: management of chronic conditions, setting of broken bones, and counselling on various conditions and addictions such as smoking cessation. The clinics are subject to oversight by government health agencies who set the quality standards and safety practices that they must follow

Among the key players in the retail clinic space are: CVS Caremark, Walgreen, Wal-Mart and Safeway. Several have an affiliation with a local hospital so they can refer individuals with more serious issues for treatment.

Insurers are also supporting retail clinics because a trip to a retail clinic is generally less expensive than a visit to the doctor's office. Many insurers will reimburse patients for retail clinic visits; some are opening their own retail clinics or are aligning with existing clinics to offer this option for basic care.

Although the benefits of retail and workplace clinics align with the goals of healthcare reform — increasing access and reducing cost, — and these clinics help to address the severe shortage of physicians, particularly primary care physicians, the landscape is very murky. There are many logistical, quality and accountability issues to be worked out. Communication of information from a clinic visit to an individual's personal physician or specialist needs to happen so that all of a patient's information is available at the point of care. Once again there is an opportunity and a necessity for patients to be involved in overseeing their care so that they are receiving the best that is available. It is a challenge that will go on for many years.

[PHYSICIAN SHORTAGE REQUIRES NEW PATIENT CARE MODELS](#)

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A recent New York Times story ("*Doctor Shortage Likely to Worsen with Health Law*", July 28, 2012), reported a severe shortage of physicians in the US, not just in primary care, but in every specialty, except for plastic surgeons and dermatologists. The story included predictions from the Association of American Medical Colleges (AAMC), who estimate within 10 years there will be more than 91,000 fewer physicians than we need, approximately 45,000 primary care physicians and 46,000 surgeons and other specialists.

<http://www.ama-assn.org/amednews/2010/10/11/prsb1011.htm>

What's concerning is the following patterns that we see continuing for quite some time:

The number of graduates going into medicine continues to shrink.

Thousands of doctors are retiring.

The Affordable Care Act reforms are bringing millions of new patients into the health care system.

The baby boomers continue to age and require more services.

Many of these patients will not be able to find a doctor in a location or at the time they need care. As a result they will seek care options outside the conventional doctor's office including: retail clinics and pharmacies, work site clinics, home based care and the emergency room. One in ten patient care visits for non-emergency concerns currently take place in the emergency room and in settings outside the doctor's office and that trend is not changing any time soon.

The Times article pointed out that patients get care, but, the process is often slow and difficult, with people driving long distances and experiencing long waits to see a doctor. They also overuse emergency departments of hospitals for routine matters. Patients are also delaying care, resulting in more serious conditions that require more complex treatment.

<http://www.nytimes.com/2012/07/29/health/policy/too-few-doctors-in-many-us-communities.html>

New patient care initiatives by the private sector are evolving to address this problem including: the proliferation of retail and work site clinics, the expansion of home-based care, the increasing use of telemedicine to address physician shortages in remote areas, and more home and virtual physician visits. Additionally, time-pressed primary care practices are using interdisciplinary teams to serve their patient populations.

The model of care has shifted from a physician at the center of care to the patient at the center of care surrounded by a new cadre of providers including nurse practitioners, physician assistants, health educators, nutritionists, and social workers, who handle basic care and collaborate with the physician when there are more complex issues.

According to the California Health Foundation, a quarter to a third of all large employers (those with a workforce of 1,000 workers, or more)

have on-site clinics in their workplace. These clinics tend to provide basic health services and wellness and prevention programs for employees. They spur early diagnosis that will prevent complications and lower the cost of care by offering screenings, immunizations, treatment of workplace injuries and chronic disease management.

Retail clinics are also spreading, to serve patients who have an income and are not candidates for federally subsidized health clinics. The retail clinics offer a viable alternative to the long wait and inconvenient hours of primary care physicians. Nurse practitioners provide the care at the majority of these clinics and when they function correctly, all findings and notes are sent on to the patient's primary care doctor to ensure continuity of care. Wal-Mart, CVS and Walgreen dominate the retail clinic markets. They are well positioned to offer the basic health services needed by this population and approved by employers and health plans.

The California Healthcare Foundation study also found that more health consumers are assuming increased clinical and financial responsibility for their care by engaging in self-care, seeking health information online, and relying on home remedies and over the counter drugs. This model includes physicians house calls and e-visits. The adoption of broadband and wireless communication technologies enable the movement of clinical data, and images and make it easier for patients to find care in non-traditional ways that do not include a personal visit to the physician's office.

Efforts to resolve physician shortages include the opening of new medical schools and expanded class sizes in existing schools, and the establishment of more residency positions to train doctors, funded by grants from the Department of Health and Human Services. All of these programs help, but are too little, too late. The bottom line is that we are going to be hard pressed to serve our vast population in the United States without a complete restructuring of the system. This will require lots of work by e-patients who understand that there is much to

be gained for themselves and their families when they consider all care delivery options available to them, beyond the physician/patient standard of care that has been the model up to now.