



Patient Portal

Section Contents


- BCBSM patient-centered medical home patient portal criteria
- Tool 12-1 — Patient portal resources
- Tool 12-2 — Sample Internet-based communication policy and procedure
- Article — WSJ, The Doctor Will Text You Now
- Article — AAFP, Online Communication With Patients: Making It Work

Patient Portal

Overview: The purpose of the initiative is to implement a patient portal system that will allow providers to manage and interact with their patients online. The patients will be able to access their medical records online, and the provider will be able to send reminders and health care literature, and conduct e-Visits.

These Blue Cross Blue Shield of Michigan criteria pertain to the patient portal initiative:

Criteria

Met 

- 12.1 Available vendor options for purchasing and implementing a patient web portal system has been evaluated
- 12.2 Physician organization or practice unit has assessed liability and safety issues involved in maintaining a patient web portal at any level and developed policies and procedures that allow for a safe and efficient exchange of information
- 12.3 Ability for patients to request and schedule appointments electronically is activated and available to all patients
- 12.4 Ability for patients to log and/or graph results of self-administered tests (e.g., daily blood glucose levels) is activated and available to all patients
- 12.5 Providers are automatically alerted by system regarding self-administered patient data that indicates a potential health issue
- 12.6 Ability for patients to participate in e-visits is activated and available to all patients
- 12.7 Providers are using patient portal to send automated care reminders, health education materials, links to community resources, educational web sites and self-management materials to patients electronically
- 12.8 Patient portal system includes capability for patients to create a personal health record and is activated and available to all patients
- 12.9 Ability for patients to view test results electronically is activated and available to all patients
- 12.10 Ability for patients to request prescription renewals electronically is activated and available to all patients
- 12.11 Ability for patients to graph and analyze results of self-administered tests for self-management support purposes is activated and available to all patients
- 12.12 Ability for patients to have access to view registries and electronic medical records online that contain patient personal health information that has been reviewed and released by their provider and/or practice is activated and available to all patients

12.0 Patient Web Portal

12.1

Available vendor options for purchasing and implementing a patient web portal system have been evaluated

Guidelines:

- Assessment of vendor options may be conducted by PO or Practice Unit.

12.2

PO or Practice Unit has assessed liability and safety issues involved in maintaining a patient web portal at any level and developed policies that allow for a safe and efficient exchange of information

Guidelines:

- Safety issues may include prohibiting electronic communication for emergency situations, etc.
- All messages exchanged must be secure and HIPAA compliant.

12.3

Ability for patients to request and schedule appointments electronically is activated and available to all patients

12.4

Ability for patients to log and/or graphs results of self-administered tests (e.g., daily blood glucose levels) is activated and available to all patients

Guidelines:

- Option should be available to patients, recognizing that not all patients will choose to use these tools.

12.5

Providers are automatically alerted by system regarding self-reported patient data that indicates a potential health issue

Guidelines:

- "Flags" may be set using customized parameters for individuals based on their care needs.

12.6

Ability for patients to participate in E-visits is activated and available to all patients

Guidelines:

- POs and/or Practice Units have developed and implemented protocol for responding to patient messages/requests for e-visits in a consistent and timely manner (e.g., a triage system), using structured online tools.

12.7

Providers are using patient portal to send automated care reminders, health education materials, links to community resources, educational websites and self-management materials to patients electronically

12.8

Patient portal system includes capability for patient to create personal health record, and is activated and available to all patients

Guidelines:

- Content of personal health record may be defined by PO/Practice Unit, within context of patient portal system.

12.9

Ability for patients to review test results electronically is activated and available to all patients

12.10

Ability for patients to request prescription renewals electronically is activated and available to all patients

12.11

Ability for patients to graph and analyze results of self-administered tests for self-management support purposes is activated and available to all patients

Guidelines:

- Option should be available to patients, recognizing that not all patients will choose to use these tools

12.12

Ability for patients to have access to view registries and/or electronic medical records online that contain patient personal health information that has been reviewed and released by the provider and/or practice is activated and available to all patients

Independent Patient Portal Vendors Compatible with many EMRs

		MedFusion (and Medem)	Connect IQ	CareConverge	RelayHealth
General Information					
1.	Vendor web site	www.medfusion.net	www.kryptiq.com	www.careconverge.com	www.relayhealth.com
2.	Corporate headquarters and contact information	<i>Cary, NC 919-882-2841 David Ledwith</i>	<i>Hillsboro, OR 503-906-6265 Kyle Bradley kbradley@kryptiq.com</i>	<i>New York, NY 888-567-4471</i>	<i>Atlanta, GA 877-744-9681 Charles Newell</i>
Patient Portal Features					
3.	New patient intake forms	X	X	X	X
4.	Appointment requests	X	X	X	X
5.	Appointment reminders	X		X	X
6.	Medication refills	X	X	X	X
7.	Online office visits	X	X	X	X
8.	Patient bill payment	X	X	X	X
9.	Patient lab results	X	X	X	X
10.	Patient test results	X	X	X	X
11.	Personal health record	X	X	X	X
12.	Referral requests	X	X	X	X
13.	See statements	X	X	X	X
14.	Compatible with the following EMRs:	Connects with multiple EMRs, has over 40 EMR/PM partners	Allscripts eClinicalWorks GE Healthcare Microsoft Sage Software Paper Practices	Any EMR that works off of HL-7	Any commercial or custom-built EHR such as: Greenway Centricity Epic

KLAS offers ratings, reviews and impartial validation on patient portals at www.klasresearch.com.

The Certification Commission for Health Information Technology, a private, 501(c)3 nonprofit organization, certifies companies for electronic health information. A list of certified products is at www.cchit.org.

EMR Vendors with a Patient Portal

		NextMD	Allscripts	emrexperts	Cerner PowerWorks	CureMD
General Information						
1.	Vendor web site	www.nextgen.com	www.allscripts.com	www.emrexperts.com	www.cerner.com	www.curemd.com
2.	Corporate headquarters and contact information	<i>Horsham, PA 215-657-7010</i>	<i>Chicago, IL 800-334-8534</i>	<i>San Jose, CA 877-693-6748 Chris Ferguson</i>	<i>Kansas City, MO 800-927-1024</i>	<i>New York, NY 212-509-6200 Bill Hashmat</i>
Patient Portal Features						
3.	New patient intake forms	X	X	X	X	X
4.	Appointment requests		X	X	X	X
5.	Appointment reminders		X	X	X	X
6.	Medication refills	X	X	X	X	X
7.	Online office visits		X	X	X	X
8.	Patient bill payment		X	X	X	X
9.	Patient lab results	X	X	X	X	X
10.	Patient test results	X	X	X	X	X
11.	Personal health record		X	X	X	X
12.	Referral requests	X	X	X	X	X
13.	See statements		X	X	X	X

KLAS offers ratings, reviews and impartial validation on patient portals at www.klasresearch.com.

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[Return to Previous Page](#)

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Computers

Online Communication With Patients: Making It Work

Find out what it takes to communicate successfully with patients online - and get reimbursed for it.

Joseph E. Scherger, MD, MPHCovered in *FPM* Quiz

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The Internet has transformed the way most service industries interact with their customers, and it's likely to have the same effect on health care. Despite growing interest in online communication with patients, physicians' concerns about reimbursement issues, time demands and privacy have prevented many from trying it. The first article in this series discussed the availability of newer, more secure options for online communication with patients which may change that. (See "[Want to learn more?](#)") This article describes ways to overcome other barriers to online communication with patients by examining the reimbursement options available for this type of care and how to successfully integrate online communication into practice.

Reimbursement options

Although a number of physicians, especially those in fee-for-service practices, cite reimbursement concerns as a major impediment to online communication, it can be handled in ways that increase practice efficiency and reimbursement:

Spend less time on the phone. Routine appointment scheduling, prescription refills, billing inquiries, test results and the discussion of common symptoms are abundant in a busy practice but are generally not reimbursed, and they contribute greatly to practice overhead in terms of the personnel time involved and the cost of multiple phone lines. Providing care over the telephone means other office work is interrupted, but providing care online is done at the mutual convenience of both parties. Communicating online also saves documentation time, since the information needs

only to be saved rather than written down as would be the case with a telephone service. Even if a practice doesn't charge for online communication with patients, the money saved by reducing telephone services would be enough in itself to warrant use of online communication.

Charge your patients. In some cases, physicians may be able to bill patients' insurance companies for online communication. Several years ago, Blue Shield of California and First Health began paying \$20 to \$25 for "e-visits" for certain chronic illnesses, and now Aetna, UnitedHealth, ConnectiCare and other Blue Cross Blue Shield plans have started pilot programs.¹ Some payers will reimburse a fixed amount, such as \$25 per communication, and others will allow the physician to collect a patient co-payment for the service (\$10 to \$20). Since a physician may be able to handle 20 to 30 online communications per hour, this type of reimbursement would be substantial in a fee-for-service practice.

The money saved by reducing telephone services would be enough in itself to warrant use of online communication.

However, Medicare, Medicaid and some other payers do not allow physicians to bill patients for this service under the terms of the physician's contract with the payer. Consequently, some primary care physicians have opted out of health insurance altogether and instead charge up-front online service fees in cash-only practices.

The hassles of billing patients for each online communication can be avoided by charging the patient a monthly or annual fee for the use of online services. Some online communication vendors, such as RelayHealth (<http://www.relayhealth.com>) and MyDocOnline (<http://www.mydoconline.com>), provide the option of billing patients directly for any online communication between the physician and the patient. In my experience, most patients do not abuse online communication, so charging a monthly fee (to a credit card or checking account) of \$20 per individual or \$30 per family is quite feasible for the practice and affordable for the patient. Indeed, these figures are more than the per-member-per-month fees that most capitated managed care plans pay us for comprehensive care! A practice might also offer discounted annual fees of \$200 to \$300 payable up-front.

A final note about the cost of online communication: Appropriately replacing visits with online communication actually makes great sense in a capitated environment, where the incentive is to carefully manage the costs of care. Perhaps the mutual convenience of online communication for patients and physicians will give rise to a resurgence of capitation in primary care - hopefully with better results.

Setting guidelines

Online communication is limited in its clinical usefulness since the appearance and voice of the patient are absent. There is no opportunity for a physical examination and no assurance when the physician will receive the message and when the patient will receive the physician's response. To provide quality patient care with online communication, physicians must set strict guidelines and ensure that patients consent to them and understand them clearly. They should be included in the practice brochure, on the practice Web site and perhaps even on the back of each physician's business card.

Daniel Z. Sands, MD, MPH, has pioneered the appropriate use of online communication with patients and played the lead role in developing the American Medical Informatics Association's


"Guidelines for the Clinical Use of Electronic Mail with Patients" (available at http://www.amia.org/pubs/other/email_guidelines.html). Here are some of the key guidelines:

- Do not use online communication for urgent matters.
- Establish an explicit turnaround time for messages (e.g., one to three days).
- Have an explicit privacy policy for messages that is agreed upon and signed by the patient. (This can be included in the Health Insurance Portability and Accountability Act Notice of Privacy Practices form.)
- Decide which types of transactions will be permitted online (e.g., prescription refills, appointment scheduling, sharing of test results, communicating symptoms and chronic disease information).
- Inform patients of the proper identification and completeness required with any online communication.

WANT TO LEARN MORE

The first article in this two-part series ("[Communicating With Your Patients Online](#)," March 2004, page 93) reviewed the current options for online communication with patients: regular e-mail, Web-based messaging and integrated online communication.

Bringing back the joy

At first, online communication with patients may seem like a cumbersome intrusion into the routine practice of medicine, but once physicians and patients become comfortable with it, mutual satisfaction seems inevitable. For patients, online communication will allow them to connect with their personal physicians from the comfort of their homes. And for physicians, this personal connection with patients, done whenever and wherever the physician wants, may bring the joy of closeness with patients back into the practice of medicine. 

1. MacDonald K. Online patient-provider communication tools: an overview. Oakland, Calif: California HealthCare Foundation/First Consulting Group; November 2003.

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WSJ.com

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The Doctor Will Text You Now

Patients Visit With Their Physicians Online as More Insurers Begin Paying for Digital Diagnoses

By ANNA WILDE MATHEWS

Jane Rust woke up early one day last year and discovered that her left eye was red, swollen and itchy. So she logged on to her family doctor's Web site and typed a message describing her symptoms and asking what to do.

By mid-morning, the 61-year-old homemaker received an online response from her doctor with a diagnosis—conjunctivitis, or pink eye, probably contracted from a child in her Sunday-school class—and a prescription to pick up at the pharmacy. “I didn’t have to disrupt my day,” says Ms. Rust, who lives in Readyville, Tenn. “It’s much more efficient.”

This year, 39% of doctors said they’d communicated with patients online, up from just 16% five years earlier, according to health-information firm Manhattan Research, a unit of Decision Resources Inc. So far, the most common digital doctor services are the simplest ones, like paying bills, sending lab results and scheduling appointments. But patients like Ms. Rust are also using computers to deal with issues that usually require a trip to the doctor’s office.

Though the number of physicians doing formal digital visits is still small, the practice of online care has grown as more health insurers begin paying doctors for treating patients virtually, albeit at a lower fee scale than for traditional in-office appointments. Among companies that now cover digital visits are [Aetna Inc.](#) and [Cigna Corp.](#), as well as Blue Cross Blue Shield plans in states including Florida, Hawaii and North Carolina. [WellPoint Inc.](#) and [Humana Inc.](#) are trying it in parts of the country, and may expand their coverage.

“If this service is valued, and there is payment for it, we will see many more primary-care physicians doing it,” says Ted Epperly, a doctor in Boise, Idaho, who is president of the American Academy of Family Physicians. Dr. Epperly offers online visits to his patients, but currently just 3% of the physician group’s members do. That low participation rate, however, doesn’t reflect the widespread use of less-formal digital tools like email to communicate with patients.

Minneapolis-based Fairview Health System, a hospital and clinic operator, started offering digital visits around 18 months ago after it negotiated payments from some insurers with a large presence in the local market. About 85% of the digital visits between Fairview doctors and privately insured patients are now covered.

Doctors who offer digital visits say they generally are most effective for treating mild, simple conditions, often when patients are too busy or too far away to come to the office. Ailments most frequently treated online include sinus problems, cold and flu symptoms, urinary infections, and coughs. Other common conditions are back pain and sleep issues.

Louis Petrillo, 57, a psychologist in Westfield, N.J., says he regularly turns to his family’s doctor, Robert Eidus, for

online advice about his frail 90-year-old mother, who finds office visits difficult. His son who is away at college also used an online visit when he had sinus problems. "I can get into his virtual office anytime," says Dr. Petrillo. He feels the online care works well largely because Dr. Eidus knows his family members' regular health complaints.

But physicians typically won't treat certain conditions through online advice, particularly chest pain or other symptoms that may signal an emergency. Some state medical boards have rules that limit the use of digital visits, including requiring that doctors see patients in person before prescribing drugs. Even with minor ailments, many physicians will offer digital advice only to regular patients, for liability reasons and also because they feel that in-person visits are important to discuss broader health issues.

Insurers that cover digital visits often require the use of certain technologies or formats, in part to meet federal privacy requirements but also to ensure that a digital visit is legitimate. Companies say they had initial concerns that doctors might seek to boost their revenue by making excessive use of online communications, or classifying quick emailed messages as reimbursable visits. But so far that hasn't happened, insurers say. Health plans also generally require that online visits be initiated by patients.

One format, offered by companies including McKesson Corp.'s RelayHealth and Medfusion Inc., requires patients to fill out interactive questionnaires that automatically generate follow-up queries based on the symptoms they initially describe. The answers go to the patient's doctor, who typically responds within a day. Another type of digital doctor visit is more like secure email, with patients typing up a free-form message, often sent through a special Web site. Physicians often follow up with questions and then a written response within 24 hours. Medem Inc.'s Online Consultations follows this format.

Another option is live online visits, using technology from companies such as American Well Corp. The firm has created an encrypted setup for real-time interaction between doctors and patients, using Web video, live chat or a phone conversation connected through a secure computer system. OptumHealth, a unit of UnitedHealth Group Inc., is rolling out the American Well system nationally.

Daniel Nishikata, 28, of Pearl City, Hawaii, says he likes being able to get real-time care fast and late at night, when he's often awake because he works the graveyard shift at a pharmacy. One Sunday at 2 a.m., Mr. Nishikata logged on to the American Well system sponsored by his insurer, nonprofit Hawaii Medical Service Association, which provides Blue Cross Blue Shield coverage. The system allows patients to communicate with doctors who are on call. Through the online visit, for which he owed a \$10 co-pay, Mr. Nishikata got a renewal of his sleep-drug prescription, which he picked up the following Monday morning.

When an insurer doesn't pay for online visits, some doctors are asking patients to pay around \$20 to \$35—far less than an in-person visit. The lower rate reflects the fact that digital visits typically are less demanding and require less of a doctor's time.

The reduced rate appeals to patients like Shellie Kemp, 30, of Port St. Lucie, Fla. Ms. Kemp lost her banking job last year, and she has no health insurance through her work as a substitute teacher. Her husband has a high-deductible plan. When the couple came down with flu-like symptoms recently, Ms. Kemp filled out online questionnaires for both of them about their symptoms. Their doctor, Lisa Rankin, responded by prescribing antibiotics. The Kemps were charged \$30 each. "It gives you a chance to have your doctor treat you, and it's affordable," says Ms. Kemp.

Doctors also use digital communication to track patients with chronic conditions like diabetes who can regularly send in their blood-sugar readings. Shawnda Johnson, an Oakland, Calif., pediatrician with the big nonprofit Kaiser Permanente, has used its secure email to monitor a patient she had diagnosed with attention-deficit disorder. Instead of bringing him in to the office, the boy's parents would regularly send updates about his condition. Dr. Johnson adjusted his medication dose based on the feedback.

Conditions that may be ambiguous don't lend themselves to online diagnosis. Some doctors say they won't diagnose complaints such as vertigo and ear aches without an exam. Melissa Gerdes, a family doctor in Whitehouse, Texas, won't treat abdominal pain in an online visit. "How are you supposed to tell a bladder infection, or appendicitis, or an aneurysm?" she says. "There are too many different potential causes for pain in the belly area."

Of course, patients can't always tell what's urgent. Gynecologist James R. Frede, who practices in Wailuku, Hawaii, grew concerned about six weeks ago when a patient, during a live online conversation with him, described serious abdominal pain that left her curled up in bed. She'd recently learned she was pregnant. Dr. Frede, worried that her symptoms could signal an ectopic, or tubal, pregnancy, urged her to get to an emergency room. Dr. Frede met her there and confirmed that she did have the condition. The woman was treated and recovered.

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