

Patient portals

Practical guidelines for implementation

The Royal New Zealand College of General Practitioners
and the Ministry of Health's National Health IT Board

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Acknowledgments

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- Midlands Health Network
- Compass Health
- Medical Council of New Zealand
- Office of the Privacy Commissioner
- Canadian Medical Association

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Introduction

Patient portals signal a change in the operation of general practices and have the potential to allow patients and general practice teams to interact in a more meaningful way. The goal of patient portals is to broaden the engagement between patients and their general practice to create better patient outcomes.

Evidence to date finds that most patients are enthusiastic about having the opportunity to access their health records online and use services such as booking visits or requesting repeat prescriptions.

Some health professionals could be concerned that patients may be confused by medical jargon or that practices might be bombarded by patients commenting or seeking additional information. Feedback from GPs suggests portals do not change the level of contact patients have with their practice and that making health information and services available online can reduce the number of phone calls and text messages between patients and practices.

Purpose of this guide

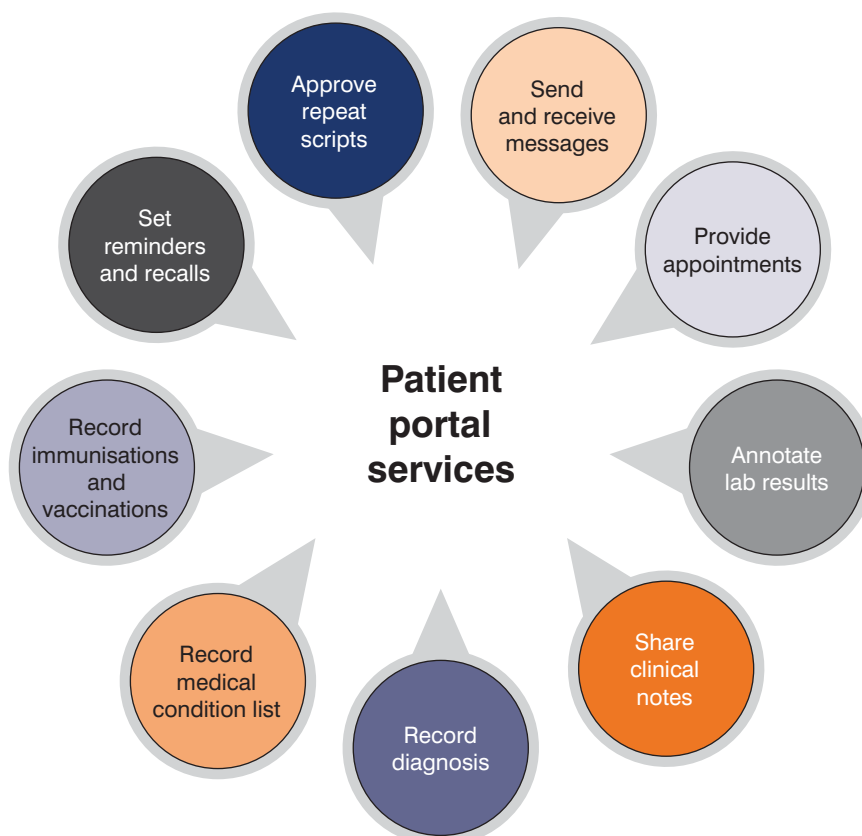
The purpose of this guide is to:

1. Increase awareness and provide information for practices about patient portals.
2. Provide guidance for practices that are keen to offer portals to their patients.

What is a patient portal?

Patient portals give patients online access to their health information and enable them to manage aspects of their own health care.

The diagram shows the services that general practices can offer patients through a patient portal:



General practices are not required to offer all services immediately. Many practices have offered a few services to a small group of patients at first and then gradually increased both the services being offered and the number of patients who could access those services.

For example, some practices offered 50 patients access to the portal when it was first introduced. Once practice teams gained a greater understanding of the impact of the portal on their workflow, they widened the registration.

Patient portal benefits

Enhanced experience between patients and practices

Many patients find a patient portal enhances their experience of their general practice. Patient portals give convenient access to health information. Your patients may find it easier and faster to articulate their issues or questions in a secure message delivered through a portal than in a phone call, especially as many of these questions arise out of normal working hours.

Encourages patient empowerment and self-care

Portals are a proactive tool that enable your patients to play a greater role in managing their own care. Portals can start to create a patient-centric view of the patient/practice interaction.

Greater accuracy of patient information and patient records

Giving patients access to their medical records and personal information, and the ability to suggest corrections, can improve the accuracy of your database.

Patient portals can also offer the following benefits to practices:

- save time for practice staff
- enable GPs to focus on the patients who most need face-to-face appointments
- reduce phone calls and phone tag
- reduce paperwork
- improve safety by patients being able to view a written record of clinical instructions
- provide 24/7 access for patients without extending practice hours
- reduce 'no shows' by enabling patients to schedule appointments at a time to suit them.

Challenges

There can be challenges in introducing a patient portal into a practice. The table below suggests solutions to some of the issues of concern to practices.

Issue	Solution
Uncertainty about how processes, notifications and charges will change once a portal is introduced	Engage the general practice team in reaching agreement on business decisions
Inappropriate use of the portal by some patients (for example, over-use of the messaging function)	Early adopters have found that most patients use the portal appropriately. Rather than restricting access, practices have chosen to deal with any inappropriate use on an individual basis. If appropriate, your portal may allow you to disable access at an individual patient level. This is rarely necessary.
Interruptions to workflow while staff and patients learn to use the portal	Ensure practice staff are given appropriate training on the new system and understand the processes involved in the new way of working. Setting clear terms and conditions will help to reduce unnecessary queries from patients

Steps to introducing a portal

STEP 1:	Ask your PHO about its patient portal strategy and engage with your support networks.
STEP 2:	Decide which services the portal will offer and which patients will be invited to register.
STEP 3:	Agree a portal contract with the patient management system vendor (the PHO may have already contracted an agreement).
STEP 4:	Undertake a privacy impact assessment individually or in conjunction with the PHO (see page 6).
STEP 5:	Map out the workflow of current services, such as ordering a repeat prescription (see Appendix I: Mapping workflow processes).
STEP 6:	Decide whether patients will be charged for online transactions and, if so, what to charge for each service.
STEP 7:	Decide which members of the practice team will receive enquiries for each service. Access can be role-based or assigned to individual members of the general practice team.
STEP 8:	Decide how to let patients know that the practice plans to introduce a portal.
STEP 9:	Complete the technical installation of the portal.
STEP 10:	Recruit patients.
STEP 11:	Review the impact of the portal on your business and decide on a strategy to expand.

Training

Vendors install the patient portal software and ensure it integrates with each practice's patient management system.

Practices should discuss staff training with vendors.

Ensure training reaches all staff, including casual and locums, is an important point to incorporate when introducing new electronic services.

Important decisions

Key clinical decisions

For each patient portal service, your practice should determine a process to be followed and decide who will receive each notification.

Service	Decisions
Booking appointments	<ul style="list-style-type: none">How many appointments will be available for online booking, and at what times?Will there be control or approval of appointment times or will bookings be fully automated?Will all GPs in your practice make some appointments available online?Will patients be able to book to see a practice nurse?What will the terms and conditions for booking be?
Repeat prescriptions	<ul style="list-style-type: none">Who will receive repeat prescription requests?What will the fee be?How quickly will requests be responded to?
Messages	<ul style="list-style-type: none">Who in the practice will receive messages?Will patients be permitted to choose who receives their messages?Will there be a fee based on complexity or length?When will a message become an online consult?How quickly will requests be responded to?
Health summary	<ul style="list-style-type: none">What optional health information will you make available to patients and from what date?
Lab results	<ul style="list-style-type: none">Who will release lab results?Will lab results be annotated before release?Do you need to standardise lab result comments and or provide the patient with interpretation of comments/abbreviations?Are there some lab results, such as HIV results, that will not be posted?How quickly will lab results be available online?
Recalls	<ul style="list-style-type: none">What activities could patients be recalled for?Under what criteria will patients be recalled?

Privacy and confidentiality of health information

For both patients and health professionals, it is vital that privacy and confidentiality of health records is maintained. Each PHO/network or practice group considering implementing portals will need to work through a Privacy Impact Assessment.

Additional information on the potential impacts that a portal may have on the 12 rules contained in the Health Information Privacy Code 1994 can be found in the companion document [Patient access to general practice electronic health information and interaction with their health care team via patient portals](#), Dr Susan Wells, RNZCGP; July 2014.

Security, registration and authentication

Patients need to know their information is kept secure and private. Security includes technical elements and the human or process elements.

Practices already have measures in place to ensure patients' information is held securely and accessed appropriately by the practice staff. Portal processes are usually the same but should be reviewed by practices to make sure health information remains secure.

It is imperative there is a robust system that authenticates that the right patient has access to the right record.

Patients can register for a portal by providing an email address so they can be sent a login and password. The process is similar to signing up for online banking or Trade Me. Practices will need to authenticate patients by sighting and registering them the first time.

Patients should protect their portal password in the same way they would protect an internet banking password. They can choose to authorise access to a family member or caregiver, and are responsible for what information they share and who they share it with.

An audit trail shows who has accessed the portal to give patients certainty that their information has been seen only by authorised staff or by authorised family members or care givers.

Recommendations on common issues

Below is an outline of key implementation considerations for patient portals. Understanding these issues will assist you to meet the requirements around patient portals, as well as providing enhanced service delivery outcomes for your practice team and your patients.

These recommendations include guidance, suggestions and further considerations that can be taken into account to maximise engagement with the portal.

Uptake and use of portals

Informing patients about patient portals

- Fully inform patients about portal use including security of information, risks, benefits and implications.
- Provide important information (such as not sharing your password and who the health information may be shared with) up front during the registration process, with more detail available elsewhere (e.g. on a webpage/brochure).

-
- Inform users of the process to follow if they have security concerns about their records (e.g. someone has their password).
 - Tell patients that portals are voluntary and opt-in, and that they can opt out at any time. Keep records confirming that you have given patients this information. Also record any consent patients have given.
 - Clearly advise patients that portals should not be used in an emergency. Patients who plan to use the portal for health monitoring should be informed of what actions to take if their values exceed the parameters – for example, if they have an excessively high blood pressure reading.

Online communication

- Set clear expectations with the patient regarding portal communications.
- Establish reasonable response times. Different enquiries may warrant different response times and should include consideration of practice closure times.
- Publicise response times through various channels and include instructions regarding emergencies or urgent situations.
- Automatically acknowledge receipt of communications and indicate the protocol for your practice's response.
- Limit the time required to read and respond to patient communications by encouraging/requiring limited text from patients, focusing communications on single or simple issues and encouraging/requiring practice visits for complex matters.

Records

Writing clinical records

- The need for clinical accuracy in health professional communications may involve highly technical information. While accuracy should not be compromised, health information will be of most use to patients if it is clear and as straightforward as possible.
- Always assume the patient will have access to what you write. This is good clinical practice and applies regardless of whether or not the patient has access to an electronic record.

Correction of records

- Portals can help ensure health information is accurate and complete, which is an important part of providing quality care.
- Patients should be advised to contact their general practice if they find their notes are inaccurate or incomplete.
- Health professionals have an obligation to amend incorrect information. If you believe it is inappropriate to correct an inaccuracy, you must attach a note to the patient record outlining the request, the patient's view about what the correct information is and the subsequent refusal.
- Patients should be able to communicate directly through the portal to ask for corrections or additions to the source data.

Patients contributing to record

- Any data provided by the patient that forms part of their records should be distinguishable from clinical notes.
- Future options may allow:
 - patients to enter their own data into assigned patient-populated fields in the portal
 - telemonitoring with wireless devices that automatically upload data to the patient's medical record.

Test results

Laboratory results

- Practices should establish a clear process for treating laboratory results. The process should cover notifying patients of results, establishing reasonable timelines around when patients can expect to receive the information and noting how or if the information will be released to the portal.
- Whatever process is adopted, patients should be given realistic expectations about when the information will be available and when they will be able to respond.
- Health systems differ in their approach to giving patients access to their laboratory results. Different approaches include:
 - releasing information on the portal as soon as it is received
 - releasing information on the portal after a health professional has screened it and written a note beside it ('annotate and release')
 - a combination of the above options depending on the test and the patient.

Access

Data the health professional wishes to keep confidential

- You can withhold information by making a judgement call on whether it is appropriate to be uploaded to the portal.
- Patients still retain the right to request and access their complete health information held by their general practice under the Privacy Act 1993 and Health Information Privacy Code 1994.

Patients sharing their records with others

- Advise patients of the possible consequences and their responsibilities if they share access to their online health information with family or other caregivers.
- If an abusive relationship is suspected, discuss the potential risks of registering for a portal with the patient.
- Alternatively, consider giving patients a way to grant another person access by using a separate login and password. Authorisation most commonly occurs for caregivers or family members of older persons. The patient should have the ability to withdraw permission at any time.

Child access to health records

- All individuals, including children, have the right of access to their own health information (Rule 6 of the Health Information Privacy Code 1994).
- If a child makes a request for information, via a portal or otherwise, the practice is obliged to consider the request as they would for an adult. Considerations include:
 - the GP may use discretion about the appropriateness of the information to be uploaded
 - it might also be appropriate to ensure someone is able to assist the child in interpreting the information and to answer questions
 - general practices may refuse to give access if, in the doctor's judgement, the disclosure of the information would be against the child's interests.

Parent/guardian access to health records

- For children under the age of 16, a parent or guardian may request access to the child's health information. The portal can facilitate that access. Considerations include:
 - as with any request for access, general practices are obliged to take reasonable precautions to ensure the person making the request is properly authorised to obtain the information
 - in the case of very young children, access may be granted unless there is a reason to withhold the information from a parent as a representative of the child
 - judgement should be exercised where older children in particular do not wish their parents to know sensitive personal information.
- Matters to consider in withholding information might include:
 - the nature of the health information (e.g. sensitive and personal information or information about someone else)
 - the child's health condition
 - whether access would harm the child's physical or mental health
 - the views of the child
 - the reason for accessing the information
 - the rights of access that the parent has as the child's representative
 - the child's living arrangements
 - the relationship between the child's mother and father and any custody arrangements.
- Once children turn 16, their parents or guardians have no special right to access their health information. One consideration is:
 - GPs may give health information to a principal caregiver or near relative where it is not practical or desirable to get the patient's permission (e.g. if the patient is very unwell or not competent) and the patient has not vetoed the disclosure.

Promoting your portal to your patients

Patient participation

Patients can access a portal on devices such as smartphones, laptops, tablets or PCs. With an email address and internet access, patients can access a portal from anywhere and at any time.

Ways to raise awareness of portals include:

- when a patient rings for an appointment or repeat script
- when patients request their lab results by phone
- when patients request information by email
- sending letters to patients
- offering flyers in the waiting room
- displaying posters in waiting rooms and offices
- recording an audio messages on the on-hold function of the practice's phone
- posting an update on the practice website.

The National Health IT Board (NHITB), in conjunction with Compass Health, has developed publicity material to help general practices promote portals to their patients. This material includes posters and hand-outs that practices can add their logo to before printing. (See <http://healthitboard.health.govt.nz/patient-portals>)

We encourage you to use this to avoid duplication of effort and promote a consistent approach.

Feedback from patients and GPs

“If you can navigate around Facebook or Trade Me, you’ll be fine with a patient portal. I can just log on, see all of my medications and tick the ones that need renewing, press ‘send’ and then pick up the script from my doctor’s office. If I need to ask my GP a question, I can just send a message instead of having to phone his office, leave a message and wait for him to ring me back. This is a lot easier.”

Blair Polly, patient

“With streamlined processes and better visibility to patients, we have seen a number of improvements. One that is particularly pleasing is the ability of the portal to facilitate straightforward administration tasks, such as booking appointments, which frees up front line staff to focus on other, often revenue generating, activities.”

Dr John Morgan

“It’s easy to use, gives patients a lot more control over their health care and frees our staff from a number of administrative tasks. We’re also seeing some clinical benefits.”

Dr David Thompson

“Rural families are benefiting from being able to access their information and consult online remotely without having to leave their farm and travel into town. In particular, given that the often long hours on their farms often don’t coincide with usual business hours, the portal enables them 24/7 access.”

Dr Brendon Eade

“Don’t be afraid to start simple. For example, you could introduce appointment bookings first and then introduce other services when you have established robust workflow.”

Dr Bev Nicholls, Nelson GP

“Patient portals support the concept around an enrolled patient with a regular practice, rather than intermittent, itinerant episodic care.”

Dr Karl Cole, Auckland GP

eHealth Ambassadors

The NHITB has appointed seven eHealth Ambassadors to assist general practices that are planning to introduce a patient portal. They are:

Ambassador	Area	Email
Dr Bev Nicholls	Marlborough/Nelson	bev.nicolls@nmdhb.govt.nz
Dr Richard Medicott	Wellington	richard.medlicott@ibmc.co.nz
Dr Damian Tomic	Hamilton	damian.tomic@waikatodhb.health.nz
Dr Brendon Eade	Te Aroha	brendon@health-tearoha.co.nz
Dr Andrew Miller	Whangarei	Andrew@bushroad.co.nz
Dr Karl Cole	Auckland	karl.cole@procare.co.nz
Dr Sue Wells	Auckland	s.wells@auckland.ac.nz

Further information

Other sources of information about patient portals include:

- PHOs
- Patient management system vendors
- Sarah Hoyle, Principal Advisor, National Health IT Board: sarah_hoyle@moh.govt.nz
- The Royal New Zealand College of General Practitioners: +64 4 496 5999
- [Patient access to general practice electronic health information and interaction with their health care team via patient portals](#), Dr Susan Wells. RNZCGP; July 2014.

APPENDIX I

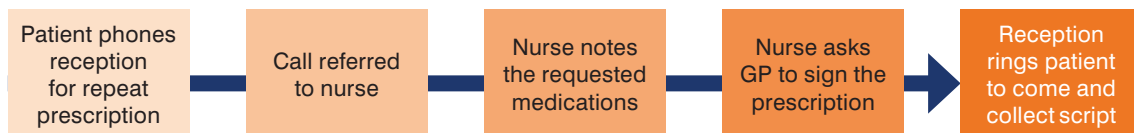
Mapping workflow processes

Mapping workflow processes before and after the introduction of a portal can be a useful way for practices to understand the portal's impact.

It can also help the practice to make decisions about how to manage services, such as whether to make some portal services role-based. Repeat scripts, for example, might be sent to an inbox for all GPs rather than to a specific GP's inbox.

The two diagrams below illustrate how workflow processes for managing a request for a repeat prescription might change with the introduction of a portal.

Workflow process for dealing with a repeat prescription request before introducing a portal:



These processes may require multiple phone calls and/or a text message if the nurse is unable to take the patient's call immediately and has to try to contact the patient at a more convenient time. The above steps may need to be repeated if a patient forgets a medication.

Workflow process for dealing with a repeat prescription request via a portal:

