

Streamlined, sustainable, resource friendly improved patient portal enrolment in an academic resident continuity clinic -QI made simple



Kochar, GS^{1,2}; Stewart, SA^{1,2}; Comfort, BW¹; Rhudy, CS¹; Lowry, BN^{1,2}; Gibson, CA¹; Shankweiler CM¹; Broxterman, JT^{1,2}

¹Department of Internal Medicine, University of Kansas Medical Center; ²Internal Medicine Residency Program, University of Kansas Medical Center

Background

- Residents at the University of Kansas Medical Center rotate on a “3+1” curriculum. The residents are split into four cohorts or “firms,” each designated by a different color. During inpatient rotations, there can be a delay in clinic result communication.
- Data has shown that improved patient access to their electronic record improves clinic workflow, patient satisfaction and provider satisfaction.
- Our aim was to significantly increase patient portal enrollment in our resident continuity clinic by implementing a quality improvement intervention that is sustainable, reproducible, and at no added cost.

Innovation

- Prior to project initiation, nurses were informed of project goals at a standard pre-existing meeting. Reminders were placed on computer monitors as a prompt for rooming nurses to discuss patient portal sign up.
- After the typical rooming process, prior to leaving the room, nurses opened a secure sign up portal on the computer, allowing the patient an opportunity to sign up while waiting for the physician.
- The primary end-point was to significantly improve patient enrollment.

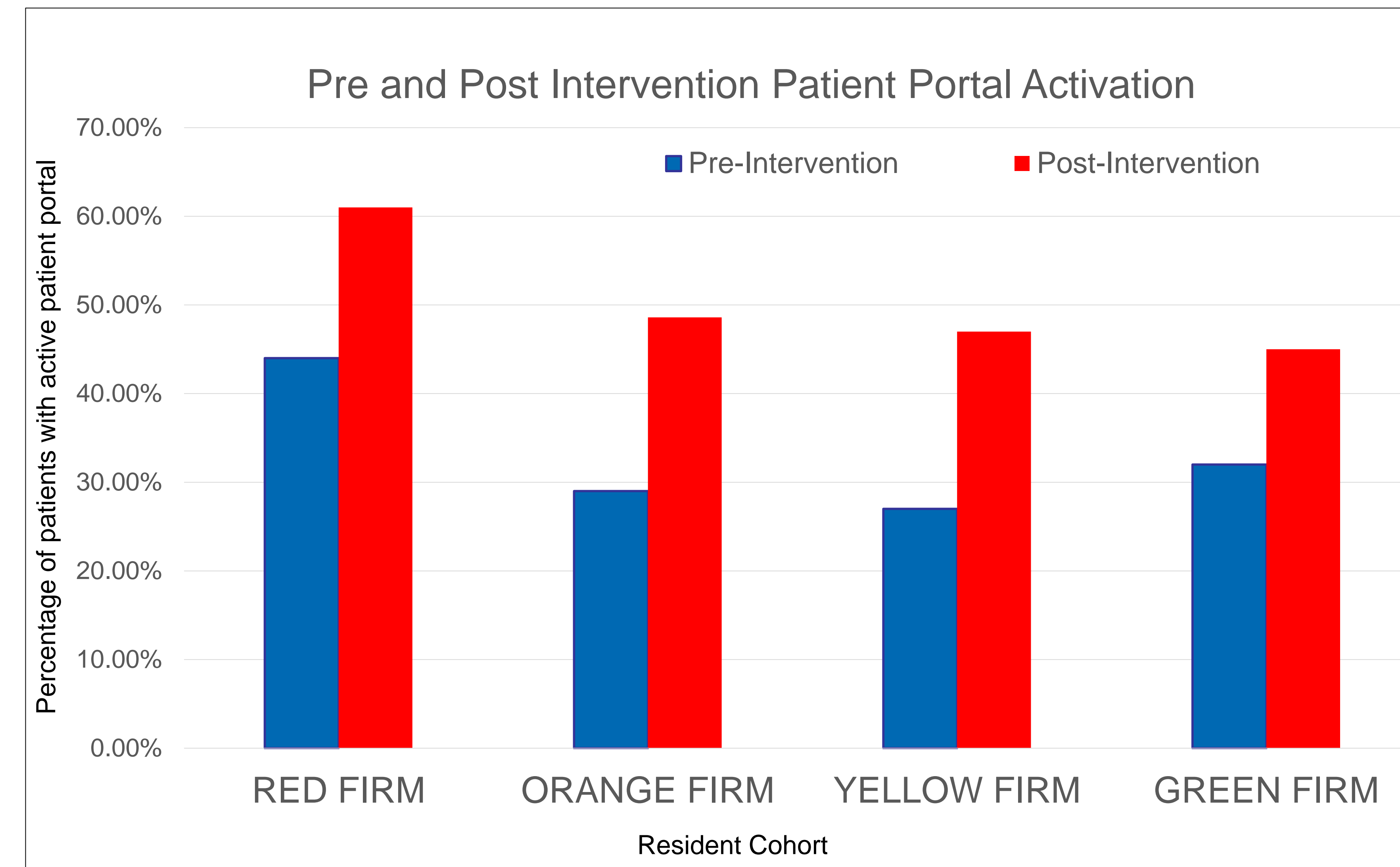


Figure 1: Patient portal activation, pre and post intervention



Figure 2: Reminder prompting nurses to discuss patient portal signup

Results

- After the four week intervention, data was analyzed using an independent samples t-test to compare pre- and post-portal usage. There was a significant difference pre intervention vs post intervention, $t(3.16)$, $p < 0.005$.

Discussion

- Electronic medical records with patient portals allow physicians prompt, secure, and immediate communication of results with patients.
- Our quick, low-cost, and simple intervention demonstrated a significant increase in our desired outcome.
- Our main study limitation was patient scheduling in resident clinic. As with every clinic, patient cancellations, additions, and reschedules were challenges to our data collection and study patients were not identical in pre/post assessments. Despite this limitation, we were still very successful with our project aim.

Future Directions

- Future direction will be to continue to assess patient portal access and sustainability of the intervention. Ultimately, it is our goal to assess whether improved patient portal access leads to improved nursing workflow for timely result communication in an academic resident continuity clinic practice.
- Future PDSA cycles include measurement of time stamped data for all resident panels, and educating residents on MyChart sign ups.

References

1. Irizarry T, DeVito Dabbs A, Curran CR. Patient Portals and Patient Engagement: A State of the Science Review. J Med Internet Res. 2015 Jun 23;17(6):e148. doi: 10.2196/jmir.4255.
2. Wildenbos GA, Peute L, Jaspers M. Facilitators and Barriers of Electronic Health Record Patient Portal Adoption by Older Adults: A Literature Study. Stud Health Technol Inform. 2017;235:308-312. PubMed PMID: 28423804.
3. Fix GM, Hogan TP, Amante DJ, McInnes DK, Nazi KM, Simon SR. Encouraging Patient Portal Use in the Patient-Centered Medical Home: Three Stakeholder Perspectives. J Med Internet Res. 2016 (Nov 22); 18(11):e308.
4. Schickedanz A, Huang D, Lopez A, Cheung E, Lyles CR, Bodenheimer T, Sarkar U. Access, interest, and attitudes toward electronic communication for health care among patients in the medical safety net. J Gen Intern Med. 2013 Jul;28(7):914-20.
5. Osborn CY, Mayberry LS, Wallston KA, Johnson KB, Elasy TA. Understanding Patient Portal Use: Implications for Medication Management. J Med Internet Res. 2013;15(7):e133.