



# Online Patient Portals: If You Build It, Who Will Come?

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## BACKGROUND

- Patient portal technology has been rapidly adopted by health care providers
- Portals enable asynchronous communication and can extend care delivery beyond office visits
- Portals embedded in electronic health records (EHRs) can prompt service use and potentially engage patients in supporting health behaviors and decision making
- Ability to do so depends upon both who uses portals and how they use them

## RESEARCH OBJECTIVES

- Identify subgroups of patients who may be at risk of being left behind as reliance on portals for access and engagement increases
  - Determine patient and other factors associated with portal use/non-use
  - Identify portal functionalities commonly accessed by portal users and determine whether disparities in functions accessed exist by patient and other characteristics

## STUDY DESIGN

### Setting

- Retrospective cohort design
- Integrated health system serving Detroit, MI and surrounding suburbs

### Participants

- N=20,282 primary care patients
- 18 years or older
- Insured
- ≥ 1 visit to primary care between 4/13 – 5/14

### Data Sources

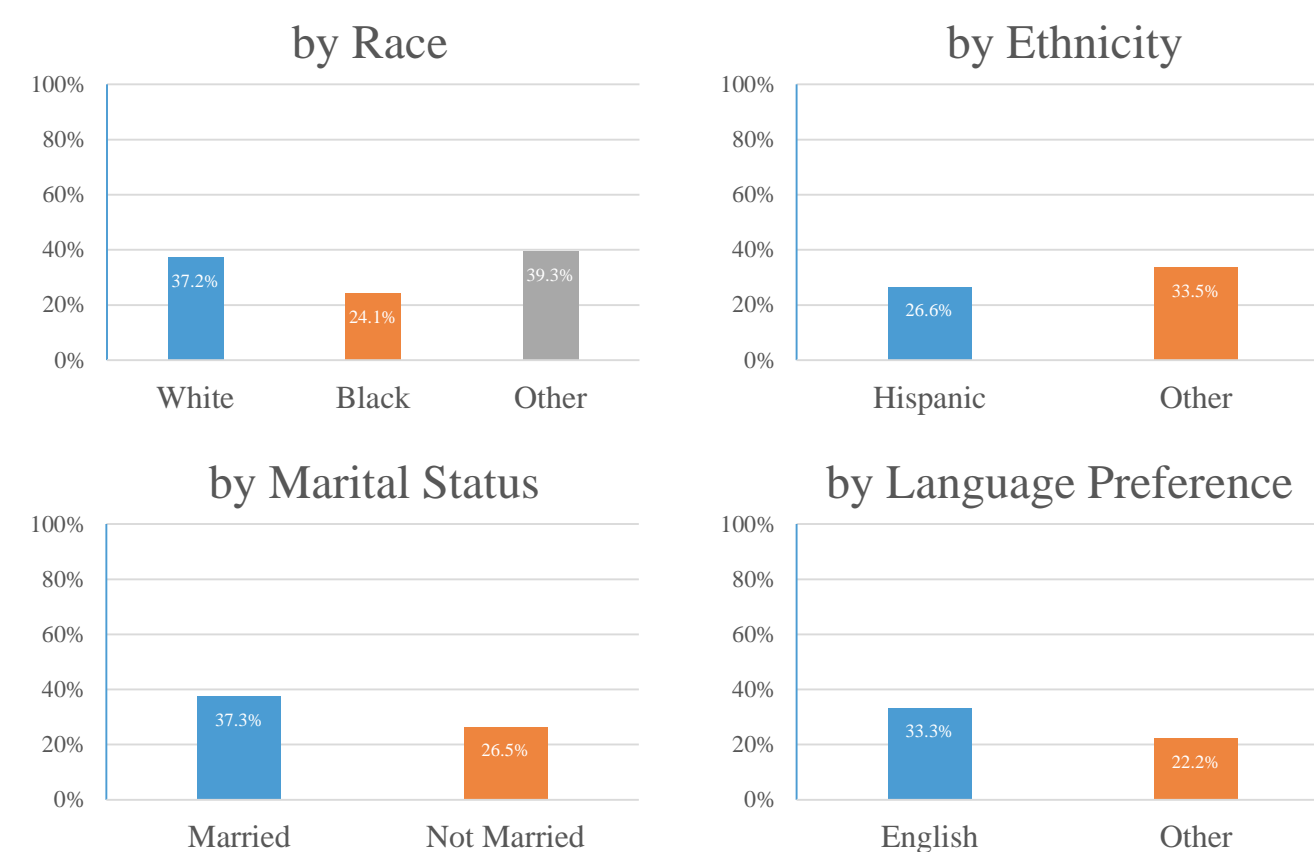
- EHR repository for patient-level socio-demographic characteristics, comorbidities, service use and portal access
  - Age, gender, race and ethnicity
  - Language preference
  - Marital Status
  - Charlson Comorbidity Score
  - Primary care visit use
- Health System administrative records for clinic-level characteristics
  - Location (urban/suburban)
  - Size (number of primary care physicians)
  - Onsite medical teaching
- Online survey administered to primary care physician and nursing staff between July and September 2014 used to derive clinic-level measure of positive team culture
  - Previously validated Clinician Staff Survey (Jaen et al, *Ann Fam Med* 2010) used to assess perceptions of positive team culture
  - Response rate
    - 63% [n=119] Physician
    - 76% [n=165] Nursing Staff

### Primary Outcomes

- Portal user defined by 1+ online sessions
- Portal features accessed defined by user “clicks” in four functional areas:
  - Messaging
  - Appointment Management
  - Visit and Admission Summaries
  - Medical Record Access and Management
- Categorized individual features accessed by whether data viewing vs. data viewing + data input feasible
  - Interactive Function

- Within 18 months of portal implementation, 33% had activated account
- Most users had accessed portal multiple times
  - 92% accessed portal at least twice
  - 86% accessed portal at least 3 times

## Percent Portal Users by Socio-demographic Characteristics (N=20,282)



## Sample Characteristics by Activation Status

	All N=20,282	Non-users N=13,661	Users N=6,621	p-value
<b>Socio-demographic Characteristics</b>				
Age (sd)	68.7 (14.7)	70.1 (14.7)	65.7 (14.1)	<.0001
Female Gender (%)	60.4	61.8	57.7	<.0001
Race (%)				<.0001
White	65.4	61.7	72.9	
Black	30.0	34.1	21.6	
Other	4.6	4.2	5.4	
Hispanic Ethnicity (%)	1.7	1.9	1.4	0.0137
Currently Married (%)	58.0	54.0	66.0	<.0001
Non-English Language Preference (%)	1.7	1.9	1.1	<.0001
<b>Health &amp; Healthcare Use</b>				
Charlson Comorbidity Score (sd)	1.3 (1.8)	1.3 (1.7)	1.3 (1.8)	0.3909
Health Maintenance Visit (%)	27.5	24.6	33.6	<.0001
Number Primary Care Visits (sd)	1.9 (1.6)	1.9 (1.6)	1.9 (1.6)	0.9709
<b>Clinic Characteristics</b>				
Urban Location (%)	11.1	13.1	6.8	<.0001
No. Primary Care Physicians (sd)	9.5 (4.5)	9.4 (4.5)	9.7 (4.4)	0.0001
Onsite Medical Teaching (%)	32.6	33.9	29.7	<.0001
Clinician Reported Team Culture (sd)	73.6 (6.7)	73.3 (6.4)	74.3 (7.1)	<.0001

## FINDINGS

### Logistic Regression Results: Activation Status

	Estimate	95% Confident Limit
<b>Socio-demographic Characteristics</b>		
Age		
Less than 50 years	1.20	1.06 – 1.35
50-69 years of age	1.00	Reference
70 years and older	0.48	0.44 – 0.52
Female Gender	1.03	0.96 – 1.12
Race		
White and other	1.00	Reference
Black	0.50	0.46 – 0.56
Hispanic Ethnicity	0.63	0.47 – 0.84
Currently Married	1.55	1.44 – 1.67
Non-English Language Preference	0.43	0.31 – 0.59
<b>Health &amp; Healthcare Use</b>		
Charlson Comorbidity Score <sup>1</sup>	1.04	1.02 – 1.07
Health Maintenance Visit	1.39	1.27 – 1.52
Number of Primary Care Visits <sup>1</sup>	1.08	1.05 – 1.10
<b>Clinic Characteristics</b>		
Urban Location	0.90	0.53 – 1.51
Number of Primary Care Physicians	1.02	0.98 – 1.07
Onsite Medical Teaching	0.91	0.57 – 1.47
Clinician Reported Team Culture <sup>1</sup>	1.02	1.00 – 1.05

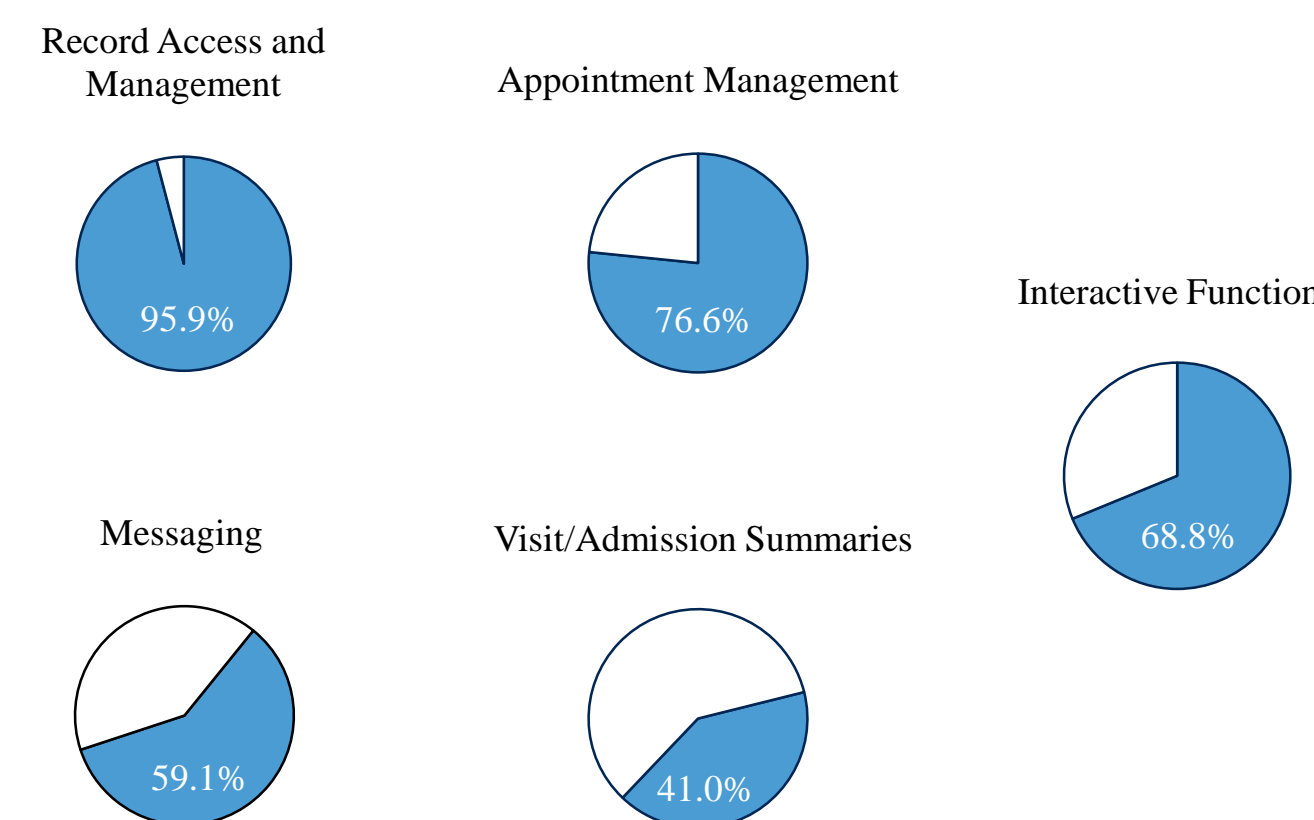
<sup>1</sup>Estimates for continuous variables represent a 1-unit increase; a change of 1 Charlson score point, 1 primary care visit, and 1% team culture score.

### Logistic Regression Results: Type of Use

Parameter	Record Access and Management		Appointment Management		Messaging		Visit/Admission Summaries		Any Interactive Feature	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Socio-demographic Characteristics</b>										
Age										
< 50 years	0.68	0.44-1.07	0.86	0.70-1.06	1.12	0.93-1.35	1.34	1.12-1.61	0.82	0.68-0.99
50-69 years		Reference		Reference		Reference		Reference		Reference
≥ 70 years	0.79	0.55-1.12	0.82	0.70-0.95	0.63	0.56-0.72	0.79	0.69-0.89	0.75	0.65-0.86
Female Gender	0.96	0.69-1.33	0.87	0.76-1.01	0.87	0.78-0.99	0.96	0.85-1.08	0.87	0.76-0.99
Race										
White and other		Reference		Reference		Reference		Reference		Reference
Black	0.57	0.39-0.83	0.70	0.59-0.84	0.78	0.67-0.91	0.91	0.78-1.06	0.84	0.71-0.99
Hispanic Ethnicity	2.11	0.29-15.38	0.71	0.41-1.23	0.95	0.58-1.56	1.03	0.64-1.66	0.85	0.51-1.43
Currently Married	1.13	0.81-1.58	1.08	0.93-1.25	0.90	0.80-1.03	0.90	0.80-1.02	1.05	0.91-1.20
Non-English Language Preference	0.35	0.12-0.99	0.53	0.29-0.96	0.64	0.37-1.11	0.74	0.42-1.30	0.73	0.41-1.30
<b>Health &amp; Healthcare Use</b>										
Charlson Comorbidity Score <sup>1</sup>	1.03	0.93-1.13	1.09	1.04-1.14	1.08	1.04-1.12	1.06	1.03-1.10	1.06	1.02-1.11
Physical Exam	1.10	0.77-1.59	1.21	1.03-1.42	0.93	0.81-1.06	1.04	0.92-1.19	1.08	0.93-1.24
Primary Care Visits <sup>1</sup>	1.09	0.97-1.23	1.25	1.19-1.33	1.15	1.10-1.20	1.09	1.05-1.14	1.19	1.13-1.24
<b>Clinic Characteristics</b>										
Urban Location	1.43	0.71-2.87	1.29	0.95-1.76	1.03	0.79-1.33	1.03	0.80-1.33	1.10	0.83-1.45
Number of PCPs	1.00	0.96-1.05	1.04	1.02-1.06	1.02	1.00-1.04	1.00	0.98-1.02	1.02	1.01-1.04
Medical Teaching Site	0.94	0.62-1.41	0.86	0.71-1.04	0.92	0.78-1.08	1.09	0.93-1.27	0.93	0.79-1.11
Team Culture <sup>1</sup>	0.98	0.96-1.01	1.00	0.99-1.01	1.00	0.99-1.01	0.99	0.98-1.00	1.01	1.00-1.02

<sup>1</sup>Estimates for continuous variables represent a 1-unit increase; a change of 1 Charlson score point, 1 primary care visit, and 1% team culture score. PCP= Primary Care Physician

## Portal Functions Accessed (N=6,621)



## CONCLUSIONS

- Portals have ability to reach large number of patients, particularly those already engaged with a primary care provider
- Socio-demographic and other disparities found not only between portal users and non-users, but also in terms of features assessed by users
- Without purposeful intervention, portal technology may exacerbate known disparities

## POLICY IMPLICATIONS

- Our findings underscore the opportunities and challenges that patient portals present
- Online portals have the potential to extend care beyond the confines of traditional office visits, but inattention to who uses portals may exacerbate known disparities in health care access and outcomes
- As subsequent stages of Meaningful Use are considered, it is imperative that both the reach and impact of patient portals continues to be considered