Finding the Meaning in "Meaningful Use" of Electronic Health Records

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Abstract

Widespread use of EHR's in the United States is inevitable but conversion to them is not an easy task. The Health Information Technology for Economic and Clinical Health Act (HITECH) authorized by Congress and the Obama Administration allowed for incentive payments through Medicare and Medicaid when providers adopt EHR's and demonstrate "Meaningful Use". Implementation of EHR can lead to significant improvements in care. The meaningful use rule strikes a balance between acknowledging the urgency of adopting EHRs to improve our health care system and recognizing the challenges that adoption will pose to health care providers[1].

Past research shows that patients are interested in being active participants in their medical care electronically[2]. We decided to look at the barriers that may be preventing our patient population from utilizing the electronic resources available to them. The barriers that we identify may lead to process improvements that optimize enrollment.

Therefore, we hypothesized that in our population of patients, there is a systematic limitation to patient enrollment at the time of check-in or check-out during the patient clinical visit.

What is WebView?

Our clinical precepting site at the Turley Family Health Center provides a no-cost internet based patient portal site in partnership with WebView/McKesson for the use of its established patients. The patient portal is designed to enhance patient-physician communication and is an easy and convenient way for patients to communicate with their primary care physicians.

WebView allows patients to ask questions that do not require a lot of discussion, request prescription refills, request referral and appointment scheduling and make billing/insurance inquiries. Patients are able to view most areas of the medical record including test results (labwork and radiology) as they are received in the EHR.

Upon enrollment, it is made clear through a signed agreement that WebView is a partnership between the provider and the patient and there are responsibilities on both ends. It is not intended for emergencies and may not be checked on weekends. Participants understand that any communication through the portal becomes part of the medical record. The goal is to have at least 10% of patients enrolled in WebView.

Methods

Surveys were administered during March and April 2012 at the Turley Family Health Center, a residency-based clinic in Clearwater, Florida. After being roomed by the Medical Assistant, but before being seen by the physician, the medical students verbally administered the survey. Verbal consent was given by the patient or the patient's parent/guardian if applicable. A total of 29 surveys were completed. Data was analyzed once surveying was completed utilizing Excel.

Results

Table 1. Demographic Information (n=29 surveys done)	
Sex*	
M	11
F	16
Age Range*	
0-18	4**
19-40	6
41-60	10
>61	7
Language Spoken at Home	
English	27
Spanish	4
Ethnicity	
White	17
Asian	1
African American	4
Hispanic	6
Other	1
* Two Respondents declined to give age or sex;	
** Guardians were surveyed for those under 18yo.	
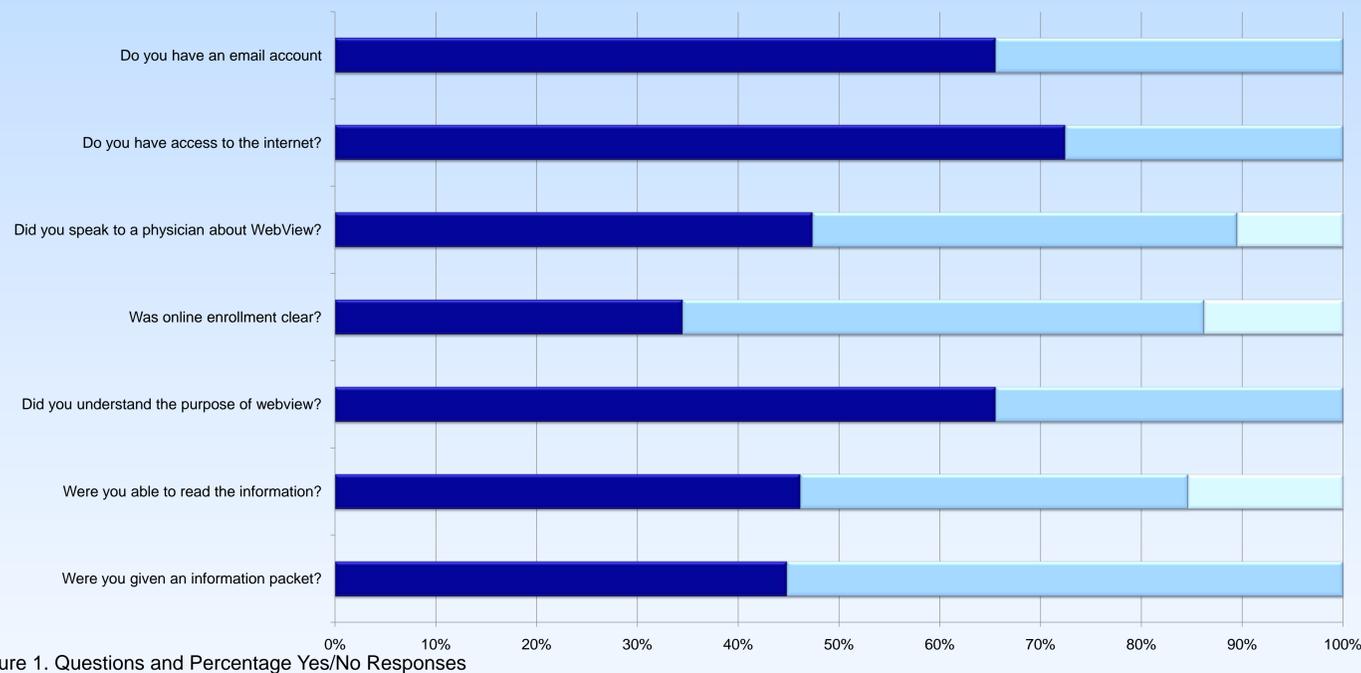
Figure 1. Questions and Percentage Yes/No Responses

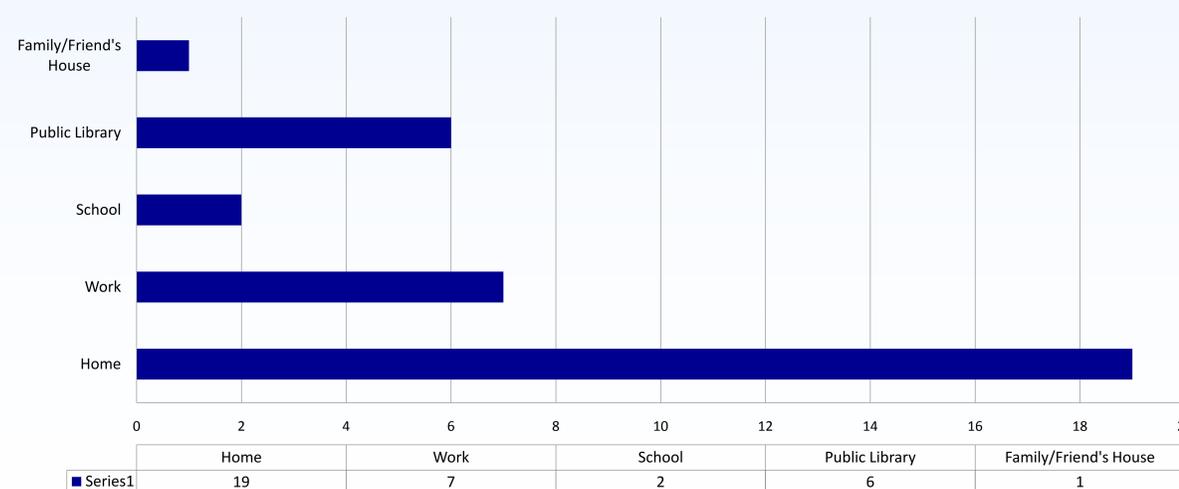|	Home	Work	School	Public Library	Family/Friend's House
Series1	19	7	2	6	1

Figure 2. Types of Respondent Internet Access

Discussion

The demographic information indicated in Table 1 shows that over half of the respondents were female at 55%. Most of the respondents were in the age range of 41-60. Most spoke English predominantly in the household and described their ethnicity as being White. These demographic data represent a small sample of the patient population in our clinic. Figure 1 shows that 72% of the respondents have internet access but only 55% of patients had been offered WebView at any previous or current clinic visit. This is our first area of targeted improvement. Of those patients who were offered WebView upon check-in, 45% were then provided with the written packet containing enrollment information (Figure 1). Surprisingly, about 66% of the patients surveyed felt they understood the purpose of WebView (Figure 1). This represents a higher percentage than those who were offered enrollment. It is also shown that over half of the respondents did not feel the enrollment process was made clear through either verbal or written means. Most patients surveyed did not have a chance to speak with their physician about WebView (Figure 1.) The majority of surveyed patients have access to the internet at their home (Figure 2).

There are several limitations to our study. Our sample size of n=29 is not large enough to draw an accurate picture of the factors reducing patient participation but did identify a possible communication issue with the front desk staff offering services to patients at check-in or check-out. There was a selection bias as surveys were only given to patients who came to the clinic and were not sent to all Turley patients. Therefore this sample may not be entirely representative of our patient population.

Conclusion

Our data support our hypothesis that in our population of patients, there is a systematic limitation to patient enrollment at the time of check-in or check-out.

We feel improvements can be made through front desk staff participation and provider follow-up. This could start with offering incentives to the front desk staff to increase the occurrence of patients being offered WebView upon check-in. It is essential that patients understand the purpose of WebView and their provider's investment in the relationship. We believe that patients will be more likely to actively participate in their health care electronically if they discuss the benefits with their physician. Future action research should involve implementing the proposed mechanisms for change and evaluating whether these methods are effective at increasing the percentage of patients enrolled in WebView after six months.

References

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