

## MyLVHN Enrollment Project

Alexandra Printz MS

USF MCOM- LVHN Campus, [Alexandra.Printz@lvhn.org](mailto:Alexandra.Printz@lvhn.org)

Richard S. MacKenzie MD

Lehigh Valley Health Network, [Richard.MacKenzie@lvhn.org](mailto:Richard.MacKenzie@lvhn.org)

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# MyLVHN Enrollment Project

Alexandra Printz and Dr. Richard Mackenzie (Mentor)

Lehigh Valley Health Network, Allentown, PA

## Introduction

Patient portals (PPs) have shown potential to improve health outcomes and increase follow-up adherence. Also, PPs contribute towards meaningful use requirements if the patient (pt) utilizes the tool. Provider networks have found pt enrollment and utilization of PPs to be a challenge. To determine barriers to MyLVHN, the LVHN portal, this project was designed with a focus on improving transitions of care from the emergency department (ED).

## Problem Statement

In adult patients (pts) presenting to the ED with a chief complaint (CC) of shortness of breath (SOB) who are assisted with MyLVHN enrollment prior to discharge from the ED, is pt follow-up improved at 30 days post discharge?

## Methodology

Primary intervention was a prospective cohort study designed to enroll ED pts into MyLVHN. Pt inclusion criteria: 1. English speaking 2. Age 19 or older 3. CC of SOB or other related CC 4. No acute distress (NAD) 5. Pt internet access 5. Pt able to consent. Cohort 1 had no intervention, Cohort 2 enrolled pts into MyLVHN, and Cohort 3 provided education only. Target enrollment was 125 pts in each cohort. A 30-day post- retrospective chart review was designed to compare cohorts. Early termination of intervention one occurred due to low enrollment, resulting in a modified methodology, which follows. Intervention two were semistructured qualitative interviews of ED pts focused on access to care, pt care interactions, barriers to care, and PPs. Themes were identified. Pt inclusion criteria: 1. English speaking 2. Age 19 or older 3. NAD 4. Pt able to consent.

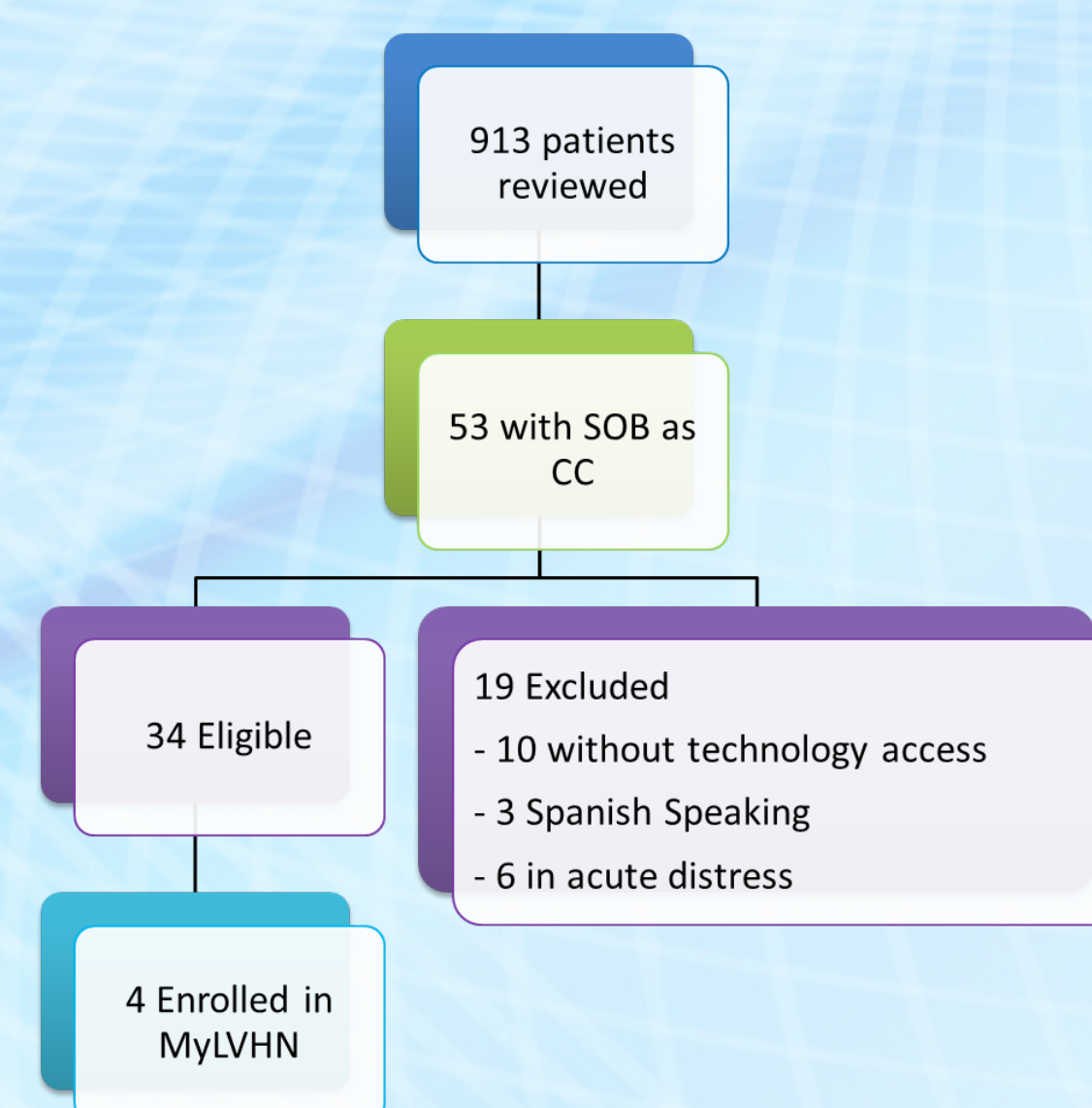
### 1. MyLVHN Screen Shots



## Results

913 pts reviewed, 53 pts with CC of SOB, 34 pts met inclusion criteria and 4 agreed to enroll in MyLVHN. No enrolled pts utilized their MyLVHN account at 30-days post discharge. Early termination of intervention one occurred due to low enrollment, as stated above. Intervention two was implemented to investigate low pt enrollment. 94 pts were interviewed. 89% reported good access to healthcare, 92% reported being insured, and 82% had communicated with their PCP (Primary Care Physician) before coming to the ED. Major themes of 'good access to healthcare' included: 1. Timely attention 2. Prescriptions easily filled 3. Access to home healthcare 4. Insurance coverage. Major these of 'the most difficult barrier to healthcare' included 1. Long wait in office 2. Poor pt-doctor communication 3. Transportation 4. Difficulty scheduling. Pts reported interest in using PPs as a communication tool with their provider.

### 2. Patient Screening and Enrollment Outcomes for Primary Intervention



### 4. Patient Opinion of Patient Portals from First Intervention



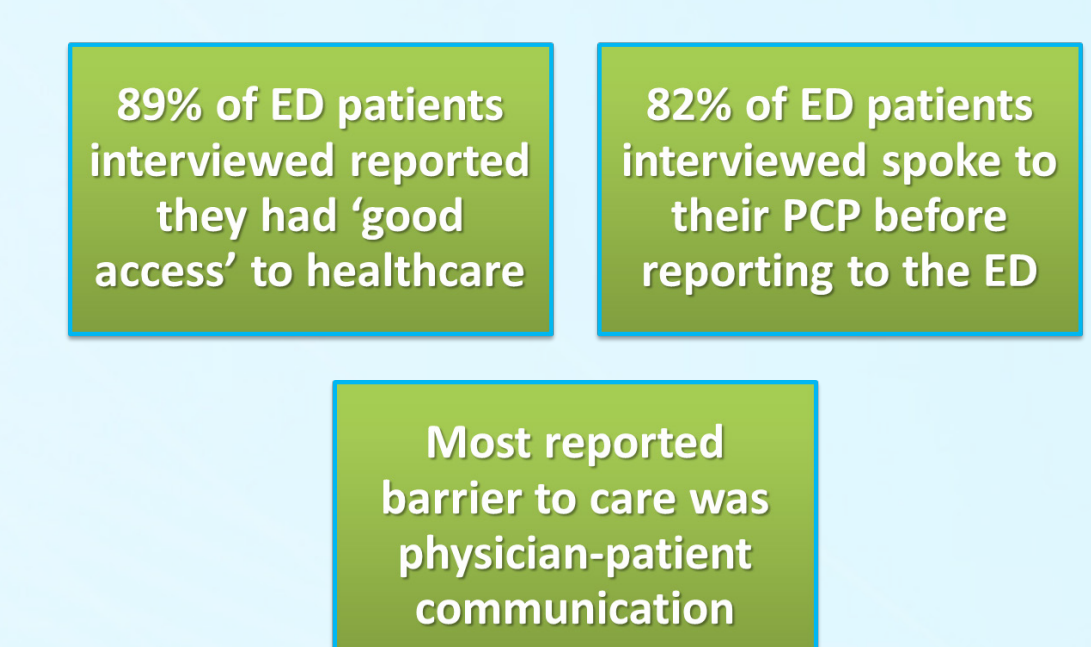
### 3. Sample of Interview Script Used Secondary Intervention

Hello, my name is Alexandra Printz. I am a senior medical student working with the department of emergency medicine. I am not part of the team treating your medical problem today. I would however like to ask you some questions about your access to healthcare. It is not required that you speak with me today. The information will be protected and confidential. Our conversation will be used to improve the care that we provide to patients both in the emergency room and throughout Lehigh Valley Health Network.

1. Do you think that you have good access to your healthcare? Y/N
2. What does access to healthcare mean to you?
3. How do you access your healthcare?
  - a. Prompt: For example, how do you make appointments with your doctor? How do you get your prescriptions refilled?
4. What is the most difficult part of getting access to your healthcare?
  - a. Prompt: For example, areas of access are things like being able to get a message to your doctor or talk to him/her, get prescriptions, get to the doctor, have insurance.
5. Did you call your physician before coming to ER today? Y/N/I don't have a PCP  
  - a. If yes:
    - i. Did you speak with anybody?
      1. If yes:
        - a. Who did you speak with?
        - b. What did they advise?
6. Do you have computer, tablet, or smartphone access to the internet? Y/N
7. Would it be useful to you to use your computer, tablet, or smartphone to communicate with your doctor?
8. What is your understanding of a patient portal?

*Patient portals are secure ways that patients can use the internet to access and manage their own medical records. Patients can log into a secure, password-protected site to look at their upcoming appointments, bills, and test results. Also, patients can use the portal to message their provider, get prescription refills, and make or cancel appointments.*
9. Do you think that a patient portal is something you use? Y/N  
  - a. Why/Why not?

### 5. Results from Second Intervention



## Conclusions and Future Implications

MyLVHN Enrollment Project was designed to understand the pt perception of PPs and potential impacts on health outcomes. Our original intervention's inclusion criteria were too narrow, enrollment was inadequate, and intervention one was terminated. We learned that in a narrow population, approximately 1 in 9 pts approached would enroll in a PP. This information can be used in the design of interventions on small populations. Intervention two provided an understanding of pt values and also helped redefine ED pts. Pts reported wanting more direct communication with their providers. The most anticipated feature of PPs was 'text messages' with providers. By leveraging pt values we can better design PP intervention studies and improve utilization of PPs. Most interviewed pts were insured, had communicated with a provider before being sent to the ED, were happy with their access to care, and were not in acute distress. In the future, studying the referral patterns of PCPs to the ED will help determine reasons for ED visits in the insured, non-acute population.

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