Patient Portals and Meaningful Use: Using Portals to Meet the Patient Access Objectives

By Lisa A. Eramo

The stage 1 meaningful use criteria do not require that eligible providers (EPs) and eligible hospitals (EHs) create patient portals, but portals may be the best option for meeting certain stage 1 patient access and electronic communication-related provisions. Portals may also be mandatory in the near future, says Warwick Charlton, chief medical officer and vice president of general management for Intuit Health. "Meaningful use stages 2 and 3 are coming soon, and they are going to have much more patient and family engagement provisions and criteria," he says. "These criteria will also have higher thresholds."

For now, however, portals can help providers with the following stage 1 meaningful use requirements:

Timely online access. EPs must be able to provide patients with timely online access to their health information (i.e., within four days of updating the information in a certified EHR). This access must include-at a minimum-lab results, a problem list, a medication list, and an allergy list. The Office of the National Coordinator for Health IT says the purpose of this objective is to ensure patients have the ability to access their health information "when they see fit to do so."

Electronic copies of health information. When patients request an electronic copy of their health information (including-at a minimum-diagnostic test results, a problem list, a medication list, a medication allergy list, a discharge summary, and procedures), EPs and EHs must be able to provide this information within three business days. Although ONC doesn't specify a method by which individuals must receive an electronic copy, it does list a patient portal as an "acceptable mechanism."

Clinical summaries. EPs must be able to give patients clinical summaries for office visits within three business days of those visits. This information must include-at a minimum-diagnostic test results, a problem list, a medication list, and a medication allergy list. The clinical summary may be provided electronically, although ONC doesn't require this in stage 1.

Electronic copy of discharge instructions. When patients request an electronic copy of their discharge instructions, EHs must be able to provide it at the time of discharge.

Other requirements. In general, EPs and EHs can use portals to meet other stage 1 meaningful use criteria, such as being able to provide patient-specific education resources. In the ambulatory setting specifically, portals can also be used to generate patient reminders for preventive or follow-up care-yet another stage 1 meaningful use criteria.

The HIM Challenges for Portals

One challenging aspect of portal design is that stage 1 meaningful use criteria do not provide in-depth requirements. Experts say this leaves many questions on the table for providers trying to work with vendors to design portals.

"There's discretion on the part of the EP or EH in terms of how the provider will operationalize this, and it does prompt more questions," says Meg McElroy, MBA, RHIA, of Ascension Health. For example, providers must determine what specific types of lab results they will include for viewing in the portal. Ultimately, this should be a joint decision made by HIM, clinicians, and legal counsel, she says.

"These questions are hard and open for interpretation," says Kelly McLendon, RHIA, president of Health Information Xperts. Because of this, and in looking ahead to future requirements, some providers may choose to use definitions related to health information exchange (HIE), he says. For the purposes of HIE, ONC defines "diagnostic test results" and "clinical information" as "all data needed to diagnose and treat disease, such as blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, and pulmonary function tests."

When deciding what to include in the portal, it's helpful to understand what information is-and isn't-separately protected under HIPAA and other state and federal regulations, says McElroy. For example, not all types of communicable diseases require additional protection. However, an organization may choose to be more restrictive depending on its patient population, she adds.

"The document security set-up within the portal drives what would be visible to patients without their having to provide additional information," says McElroy. "Ensure that your legal counsel and compliance department are on the same page as to how the portal will work."

Organizations must also address other potential HIM challenges, says McLendon. For example, EPs and EHs must address how they will handle the three-day meaningful use time frame requirement for electronic copies of health information as it relates to the 30-day time frame that physicians have to complete records. Patients shouldn't have access to information that physicians haven't completed and signed off on, he says.

"I think what's going to happen is that patients will get access to items as they're completed and available," he adds.

Note Important Data Standards

ONC specifies that any information provided to patients in an electronic medium must be in human readable format and in accordance with Continuity of Care Document or Continuity of Care Record standards.

Portal vendors should be able to articulate how data in your clinical systems-which are typically stored in a discrete format-can be exported to an image for patient viewing, notes McLendon.

Other data standards referenced in the stage 1 meaningful use final rule primarily refer to readying data for HIE down the line, says McElroy. Choosing a certified portal vendor or certified EHR vendor that offers similar functionality will ensure that these data standards are met, she adds.

"All of the certifying bodies ensure that portal vendors meet the privacy and security requirements as well as the data standards required by meaningful use," adds Charlton.

HIM professionals should work with their IT departments to test the portal's functionality and perform a mock readiness review to ensure the portal can meet each relevant meaningful use objective, says McElroy. During the review, send patient data out of a test system to the portal. Questions to consider when reviewing the data include:

- How does it display?
- Can information easily be downloaded?
- Is certain information made visible and other information kept hidden?
- How does a corrupted document flow to the portal and display for viewing?

Portal Issues to Consider

Organizations should ask the following questions when implementing a patient portal:

If your organization is contracting directly with an independent portal vendor, **is the vendor certified in terms of the specific functionality your organization is seeking?** Certification will ensure that data standards are met. For example, on the Certification Commission for Health Information Technology Web site (http://www.cchit.org/products/onc-atcb), providers can check off various applicable certification criteria (e.g., timely access and electronic copy of health information) to find a vendor that suits their needs.

What's the vendor's process for patient activation (i.e., patient adoption)? "Even if a vendor is certified, it doesn't mean that it can give you the type of utilization you need in order to get [incentive] payments," says Charlton. Vendors should be able to articulate a process for recruiting patients as well, he adds.

Providers should also have a plan in place to market the portal, McElroy says. Advertising on your Web site, sending out a mailing, and asking members of the discharge planning team to encourage patients to sign up for the portal are each viable

options, she adds. Organizations should also identify what role HIM will play in terms of raising patient awareness of the portal.

What is HIM's involvement with the overall portal initiative? "The HIM leadership team needs to be actively involved in the portal design and serve as the gatekeeper for enrollment," says McElroy. Important questions that HIM should ask include:

- What information will the portal show?
- What measures will be put in place to ensure user authentication, privacy, and security?
- How do meaningful use requirements compare with those related to record completion, HIPAA, and other regulations?
- Does the portal include the proper release of information and HIPAA disclosures about what patients can-and can't-expect to access via the portal?
- Which department (e.g., HIM or IT) will handle portal-related inquiries?

Editor's note: For general information and to check whether a particular patient portal vendor is certified, access the certified health IT product list on ONC's Web site at http://onc-chpl.force.com/ehrcert/CHPLHome.

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