

Power of Patient Access

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by Jill Burrington-Brown, MS, RHIA

As health information moves online, a debate has developed about whether patient access to medical information improves outcomes and patient satisfaction. Two recent studies indicate that patient access can both boost satisfaction and empower patients to take greater control of their healthcare.

An Online World

A Harris Interactive poll from December 2003 found that more than 69 percent of all adults in the United States (146 million) have access to the Internet.¹ Among online adults, 90 percent say they would like to e-mail their doctors and 56 percent say that e-mail access would influence their choice in doctors.²

Physicians, however, were less enthusiastic as a group. They expressed concern that e-mail isn't reimbursable; that it requires typing (a secretarial duty); that the volume would be overwhelming; and that patients might e-mail regarding critical conditions, such as chest pain, when they should call immediately.

The University of Colorado Hospital recently conducted two studies examining physician-patient interaction using Web-based tools. The studies reported on use of the Web site My Doctor's Office and the online medical record System Providing Patients Access to Records Online.

My Doctor's Office

In 2003 the University of Colorado Hospital conducted a study of My Doctor's Office (MDO), a secure Web site for patient-physician messaging and administrative requests. Patients from the General Internal Medicine Clinic were recruited for the study. Half received access to MDO, while the other half received the usual care. Patients with access to MDO could message securely and directly with their physicians and request appointments, prescription refills, and referrals. (There was no increase in clinic staffing to manage the system.) Patients logged into the system and were able to choose from the menu shown in "Online Options," below.

Online Options		
Front Desk	Consultation	Health Resources
<ul style="list-style-type: none"> • Appointments • Personal Information • Insurance • Referrals • Preferences 	<ul style="list-style-type: none"> • Messages • Medications 	<ul style="list-style-type: none"> • My Health Connection • University of Colorado Hospital • WebMD Home & News • HealthFinder • MedLinePlus

Patients using My Doctor's Office were offered selected front-desk and consultation services, as well as links to online health resources.

At the end of the study, patients were given a survey to measure their satisfaction. The results are shown below in "More Access, Greater Satisfaction."

More Access, Greater Satisfaction			
Patient Concern	My Doctor's Office	Control Group	Difference
	% Rating Service as Very Good	% Rating Service as Very Good	

	or Excellent (n = 175)	or Excellent (n = 166)	
Appointment scheduling	55%	31%	+24
Prescription	64%	45%	+19
Referrals	63%	42%	+21
Messaging to doctors	55%	31%	+24
Overall communication	44% ("Better" or "a lot better")	12% ("Better" or "a lot better")	+32
Overall care from the clinic	59%	48%	+11

Source: Lin, Chen-Tan. "What Do Patients Want? Studies of Patient-Centered Information Technology." Presentation at HIMSS Annual Meeting, February 14, 2005.

Patients given access to MDO were significantly more likely to be happy in all areas studied. The majority (81 percent) reported that using MDO saved them a phone call to the clinic; nearly a third (31 percent) indicated that the service saved them a visit to the clinic.

Even more surprising, nearly half of the patients using MDO said they would be willing to pay to use it. Patients reported a willingness to pay \$4.10 on average for each completed message exchange, according to Chen-Tan Lin, MD, senior medical director at the University of Colorado Hospital.³ While the study could not show if the care delivered was actually better, Lin thought it fair to say that the increase in satisfaction with patient-physician communication increased the perception that care delivery was better.⁴

As to the participating physicians, the study found that they received one clinical message per day per 250 patients. "This refutes physician's concerns of an incoming 'deluge' of messages," notes Lin.⁵ In addition, more than two thirds of participating physicians noted that using MDO was not a drain on their time and, in some cases, decreased time spent on the telephone.

SPPARO

The second study evaluated the experiences of patients and physicians in a clinical trial of System Providing Patient Access to Records Online (SPPARO), an online medical record.⁶ A total of 107 patients were included in a randomized, controlled trial conducted for one year in a specialty clinic for congestive heart failure. Patients in the intervention group received electronic access to their medical record, a guide to heart failure, and a secure messaging system. The medical record included clinical notes (dictated by the providers after every visit), laboratory reports, and echocardiogram reports, all generated during the study period.

The results of the study were gathered in written questionnaires and semistructured interviews. Physicians and patients completed the questionnaires before and after the trial period, and members of both groups were interviewed at the conclusion of the trial.

Differing Expectations, Closer Outcomes

At the start of the study 89 percent of patients believed they would be more empowered by having online access to their information. Only 43 percent of physicians agreed. Instead, the majority of physicians (71 percent) thought that online access would cause patients to worry more. Only 5 percent of patients expected that outcome. Physicians also expected patients would be offended and confused by their records.

At the conclusion of the test, nearly three in four patients (74 percent) reported that access to their records had proven empowering. Overwhelmingly, they supported patient-accessible records (90 percent) and reported interest in reading their records in the future (85 percent). Forty percent also said they would prefer an edited record that was easier to understand.

The study changed physicians' minds. At its conclusion, all participating physicians thought patients had been empowered by receiving access to their medical information. Moreover, all were in favor of giving patients direct access to their test results and clinical notes in the future.

Tracking the Benefits

In interviews conducted at the conclusion of the trial, patients discussed ways in which SPPARO had improved their healthcare experience. The system improved coordination of care by allowing patients to replace lost medications while traveling, check test results while on vacation, and provide copies of test results to consulting physicians. Patients also appreciated being able to access instructions to refresh their memories. Using SPPARO imparted to patients greater responsibility for their healthcare.

Patients did note that the clinical notes could be difficult to understand. They reported that they clarified information with medical professionals in their families, as well as medical references.

Physicians reported that the SPPARO project did not take as much of their time as they had anticipated, nor did it appear to affect their workflow or relationship with their patients. Physicians who thought SPPARO would change their documentation practices found that it did not. Several added information to their notes for their patients' understanding but did not feel that it added to their workload.

"The most significant finding was that patient access to their records did not result in lawsuits, a deluge of phone calls or messages, or otherwise demonstrably anxious patients. Instead, this generated tremendous loyalty from our patients," reports Lin.⁷

The physician group was divided at the end of the study on whether to continue to allow patient use of SPPARO, citing use of resources versus actual benefit to patients. The health outcomes of the study showed no difference in congestive heart failure symptoms or mortality, number of clinic visits, or number of hospitalizations.

Lin believes that advancing technology will yield more positive results. "First generation patient portal comprise an online communication system and direct access to records. The next generation of patient portals should also allow patients to see how their health status meets national guidelines, should include disease-specific behavior modification, and a patient-friendly view of their own medical data. These advanced portal might provide greater incentive for those patients to achieve behavior change, leading to improved health outcome. We're excited about moving this field forward."⁸

Notes

1. Taylor, Humphrey. "More Than One-Third of Internet Users Now Have Broadband." January 14, 2004. Available online at www.harrisinteractive.com/harris_poll/index.asp?PID=432.
2. Harris Interactive. "Many Patients Willing to Pay for Online Communication with Their Physicians." Press release, April 11, 2002. Available online at www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=446.
3. Lin, Chen-Tan. "What Do Patients Want? Studies of Patient-Centered Information Technology." Presentation at HIMSS Annual Meeting, February 14, 2005.
4. Ibid.
5. Lin, Chen-Tan. E-mail to author. March 22, 2005.
6. Earnest, Mark, Stephen E. Ross, Loretta Wittevrongel, Laurie A. Moore, and Chen-Tan Lin. "Use of a Patient-Accessible Electronic Medical Record in a Practice for Congestive Heart Failure: Patient and Physician Experiences." *Journal of the American Medical Informatics Association*, 11 (2004): 410–17.
7. Lin, e-mail.
8. Ibid.

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