

# AMR Patient Portal

ONC Certified HIT 

**ICSA**labs  
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EHR Module - Ambulatory

**2014 -**

The business benefits of:

**EHR-Integrated Patient Portals**

A requirement for Meaningful Use.

A necessity for Patient Engagement.



**A**t a very high view, “Patient portals facilitate the exchange of information between patients and physician practices. What was once considered a nice option for your EHR is becoming a necessity thanks to Meaningful Use Stage 2 criteria. Unfortunately, not all patient portals offer the same features.” We believe this is well-stated by Ron Sterling, a HIMSS Book of the Year author and nationally recognized EHR expert.

To Ron’s statement, we would add “data-capture capabilities, or user-comforts and value-adds that invite involvement and genuine interest from the patient: can you say patient engagement?”

Let’s be frank. EHR/EMR companies—virtually any business, for that matter—are primarily concerned with their costs; compliance roadblocks; market conditions; and their customers—the doctors/hospitals. Eventually, subsequently, an executive interest is shown in the patient; but it’s not their first contemplation. This seems counter intuitive—and rightly so, for at the most basic measure, all the industry is in place to serve ‘the patient’.

The mandate criteria under Meaningful Use Stage 2 has placed ‘the patient’ firmly and rather squarely in front of the eyes of every C-level suite in healthcare. Patients are no longer a silent partner in their healthcare: they are empowered to be a major

component in how healthcare moves ahead; and a considerable variable in the rise—or fall—of the EHR and EMR companies that serve the very doctors they see.

## » 2014

### Patient Portals an EHR necessity.

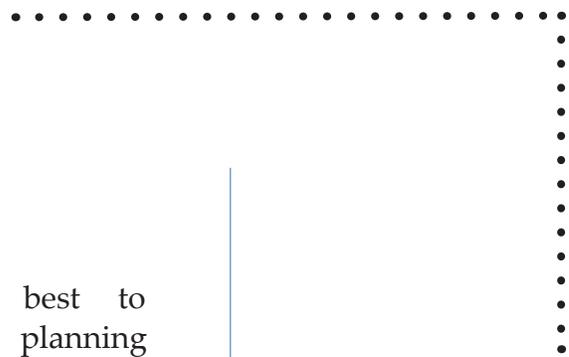
“Patient portals are a convenience under Meaningful Use Stage 1, and a necessity under Meaningful Use Stage 2.”

Ron Sterling, Author  
Keys to EHR/EMR Success

### Why the focus on patient engagement?

“Leonard Kish [author and a healthcare industry thought-leader] aptly called patient engagement the blockbuster drug of the century for its profound impact on improving outcomes. Combining patient engagement with other proven approaches such as choice architecture can further improve health outcomes. Evidence is overwhelming that healthcare providers who engage with their patients and caregivers have dramatically better outcomes. Further evidence of patient engagement moving mainstream has come in during the first month of 2013 from government, academia and industry.”

David Chase, Avado  
The 7 Habits of Highly Patient Centric Providers



**When** considering how best to approach internal planning for selection of your patient portal partner, or evaluating whether or not the need is clear, let's break it into six segments: Revenue Enhancers, Cost Reducers, Efficiency Improvers, Market Expanders, and Future Compliance Planning.

**REVENUE ENHANCERS**

Your choice in Patient Portal Solution provider should open doors previously closed to your sales staff. It should be capable of becoming a measureable asset in your EHRs/EMRs feature- and function-arsenal of offerings; generating a tangible return to your company's bottom-line. Patient portals will only progress and mainstream demand only increase. The portal should come to you already-certified for MU-2 and be well positioned to navigate whatever curves lay in wait for MU-3 and beyond. If these very initial boxes are not checked; you will need to continue your search.

**COST REDUCERS**

With integration, your EHR/EMR benefits in the seamless data- and workflows experienced during every use by your customers; translating to reduced strain on your admin, support, and IT staff. EHRs/EMRs who have built their own portal--or those who have interfaced with a third-party provider will still need to carry the burden of patient-facing customer service within their EHR/EMR. Whereas integrating with the right partner will include this specialized and expanding level of HIPAA-compliant services—allowing your company to remain focused on the clinical services of your software.

**FACT:**

Patients don't buy EHR software. Doctors and Hospitals do.



**FACT:**

Those same decisions ultimately, and directly, affect the patient.



**QUESTION:**

Will your EHR/EMR meet the evolving needs of your customer *and* their patients... simultaneously?

## EFFICIENCY IMPROVERS

An integrated patient portal permits vital information to be exchanged and updated during the patient visit, at the time of charting completion. This represents data complexity in its most convenient form for both user (Doctor) and ongoing accuracy for patient-side viewing and interaction. Versus an interfaced option which does not typically afford both the push and pull of data in a real-time environment.

Additionally, a quality integrated patient portal affords on-demand reporting options for the direct benefit of the clinician, hospital and or practice. Whether for internal audit procedures, attestation reporting generation, or marcom initiatives, there's no question that integration is the way to ensure long-term value and use for the life of the EHR/EMR relationship and beyond.

## MARKET EXPANDERS

The data-management and depth of capabilities associated with interfaced patient portal options are often limited, non-existent, or siloed and inflexible. This is due to the lack of bi-directional dataflow and data capture; a significant restraint of interfacing that you'll not experience with an integrated patient portal of quality.

Now, if EHR/EMR customers (doctors/hospitals) are not seeking advancement in data-handling capabilities and will not be communicating with their patients outside the four walls of the office; committing to the interface option is certainly viable.

If, however, doctors and hospitals *are* keeping an eye on future market-share and related goals—and, today, communication abilities within their EHR/EMR is not a 'nice to have'; it's an 'essential must-have' to survive in this industry—then once again, the option must be integration.

## FUTURE COMPLIANCE PLANNING

Not to scare some, but, it's never too early to think and form a plan for compliance mandates on the horizon. Now is not the time to rest on laurels and 'wait and see' what position your competition takes in the handling of patient data and the accessibility of that same data to your clinical markets.

This is the time when you decide a path that determines if your EHR/EMR will be a market-leader or bandwagon-rider in the eyes of your customers.

Unlike integrated solutions, today's interfaced patient portal options simply will not give EHRs/EMRs the comprehensive infrastructure and flexibility necessary to approach, let alone fulfill, the requirements ahead.

While it's obvious that Meaningful Use Stage 2 criteria clearly identify the advantages of including a patient portal in the EHR/EMR; Meaningful Use Stage 3 proposed criteria and overall direction just about ensures that the sheer data-complexity, -shareability, and industry-wide interoperability that only exists in the depth, breadth, and scope of an integrated patient portal solution.



**Without** seamless integration between core clinical functions and the EHR or EMR systems, the value of the patient record is severely limited.

At each step of the evolution, these electronic records systems can provide significant incremental value to patients, clinicians and administrators (see Figure 1 and Figure 2). As health systems evolve their IT enablement infrastructures, value creation shifts from building capabilities for internal stakeholders on EMRs and EHRs to building tools for patients. These patient-facing tools will allow consumers to increase their involvement in their own healthcare. Today, the nation is re-structuring it's approach to the gathering and accessibility of patient data. However, gaps in information exist across care settings (e.g., primary care), regions and core functionality (e.g., structured patient charts).

**LET'S LOOK:** .....  
 at an overview of the flow and associated benefits of integrated patient portal data and it's varying stages

Figure 1 of 2.

	<b>1 - No Integration</b>	<b>2 - Manual Integration</b>	<b>3 - Basic Information Shared</b>
<b>IT capabilities driving value</b>	<ul style="list-style-type: none"> <li>Few disparate IT systems across the healthcare systems</li> <li>Nonstandard data across the system</li> <li>Records are kept on paper.</li> </ul>	<ul style="list-style-type: none"> <li>IT infrastructure exists at facilities; no integration across system</li> <li>Data must be transferred manually (e.g., phone, fax)</li> <li>Records are kept on local EHRs/EMRs</li> </ul>	<ul style="list-style-type: none"> <li>Summary patient data is available only across the siloed network (e.g., data tied to the EHR/EMR that generated the patient's record only)</li> <li>Records are kept on an EHR/EMR</li> </ul>
<b>IT value added</b>	<ul style="list-style-type: none"> <li>Requires little IT investment</li> </ul>	<ul style="list-style-type: none"> <li>Historical data available for system-level analysis, but requires significant effort to consolidate and standardize data.</li> </ul>	<ul style="list-style-type: none"> <li>Limited real-time data is available for system-level analysis, enabling more tailored resource planning and population analytics</li> <li>Quality of care increases because physicians see summary patient data from different care settings, enhancing decision making</li> </ul>

Source: McKinsey Analysis

**NOW, LET'S SEE:**  
 an overview of integrated patient  
 portal data in advanced states of  
 readiness and capability.



Figure 2 of 2.

	<b>4 - Patient-centric information</b>	<b>5 - Advanced Patient-centric care</b>
<b>IT capabilities driving value</b>	<ul style="list-style-type: none"> <li>IT systems are increasingly integrated</li> <li>Granular patient data is available with some automated analytics</li> <li>Records are kept on or accessible through patient-facing portal.</li> </ul>	<ul style="list-style-type: none"> <li>IT systems are integrated and allow bi-directional data transfer</li> <li>Real-time, predictive health analytics</li> <li>Records are kept on or accessible through an advanced integrated patient portal that offers multiple tools to interact with multiple providers</li> </ul>
<b>Integrated value added</b>	<ul style="list-style-type: none"> <li>Granular real-time data enables detailed analysis to improve resource planning and population analytics</li> <li>Improved coordination across care settings, but must be done manually</li> <li>Improved quality of care by providing full patient information (e.g., drug interactions) and enabling evidence-based medicine</li> <li>Ability to measure system/clinician performance</li> </ul>	<ul style="list-style-type: none"> <li>Real-time analytics are increasingly automated, allowing for greater capacity balancing and predictive analysis of population trends and population health</li> <li>Increases ability to coordinate across the healthcare continuum, enabling customization of patient-care plans</li> <li>Quality of care improves because system detects potential conditions, sends alerts or notifications based on full patient context and history (full disease and preventative health management)</li> </ul>

Source: McKinsey Analysis

**GOING FORWARD,  
 YOU MUST BE SURE.**

Will your EHR/EMR meet the  
 evolving needs of your customer  
*and* their patients...simultaneously?