



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State

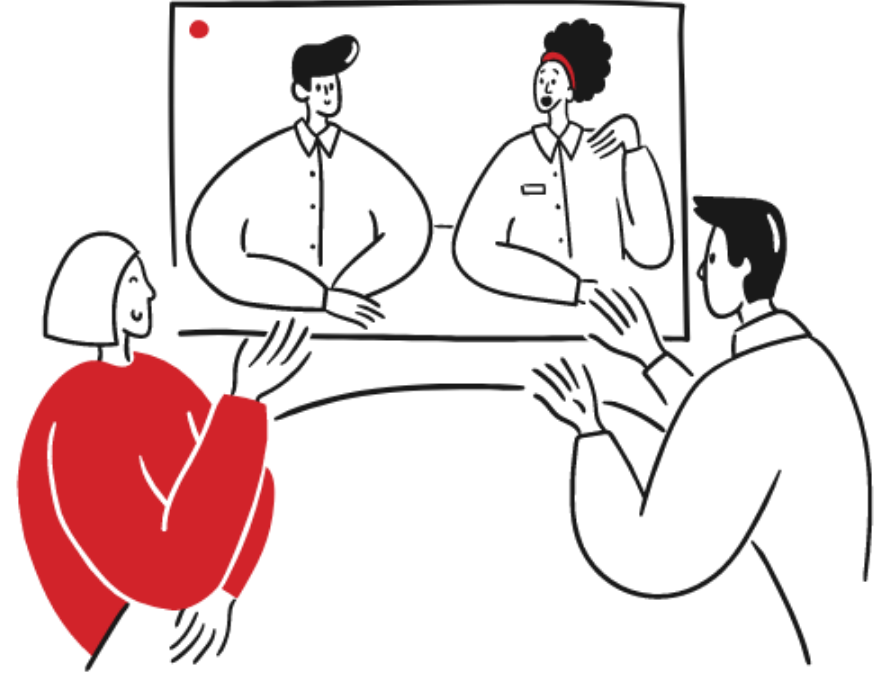
CHCANYS NYS-HCCN presents

Patient Experience: Engaging Patients to be Partners in Their Health Care

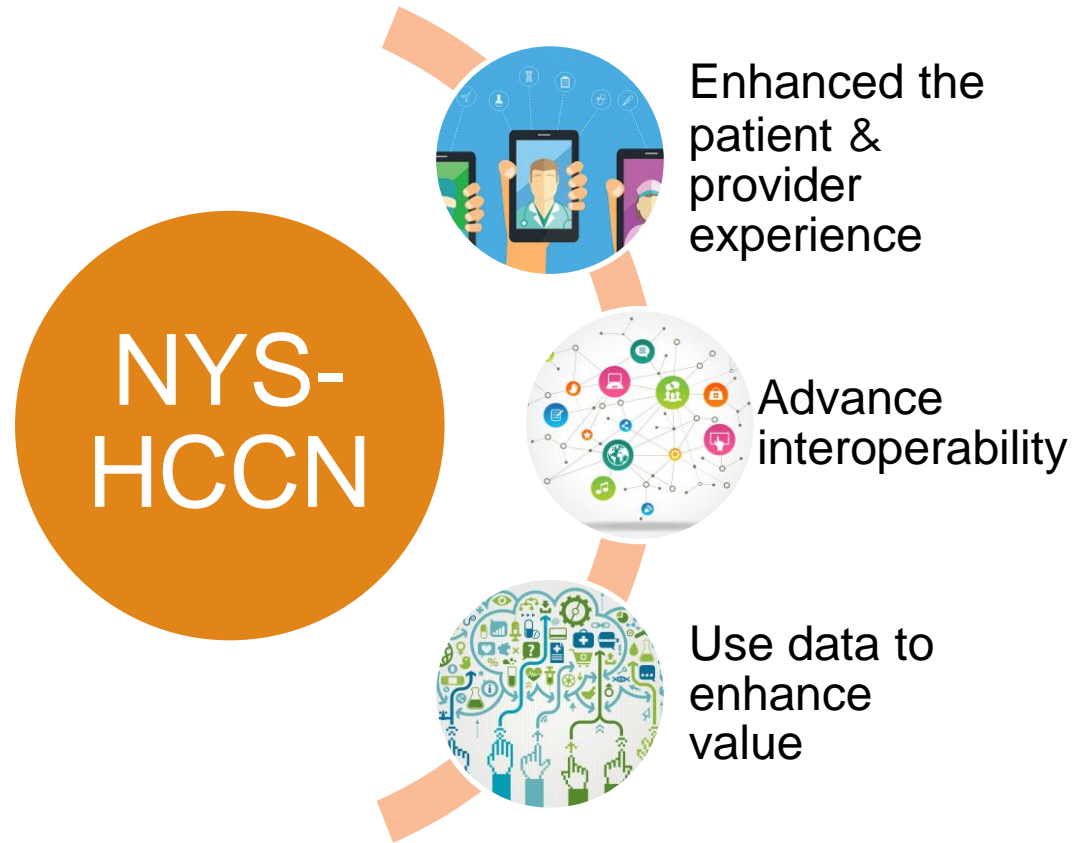
Day 1 – June 2, 2021

Zoom Guidelines

- You have been muted upon entry. Please respect our presenters and stay on mute if you are not speaking.
- Please share your questions in the chat. CHCANYS staff will raise your questions to our speakers and follow up as needed if there are unanswered questions.
- The workshop is being recorded.



The New York Statewide Health Center Controlled Network



Agenda

- Dr. Judy Hibbard on Patient Activation
- Helen Oscislawski on Information Blocking
- Dr. Jim Meyers on Patient Portal Enrollment & Use





The Case for Engaging Patients: Research Findings and Real-World Examples

Judith H. Hibbard, DrPH

Health Policy Research Group, University of Oregon



The Case for Engaging Patients: Research Findings and Real World Examples

Judith H. Hibbard, DrPH
Health Policy Research Group
University of Oregon

disclosure statement

Judith Hibbard is a consultant to and equity stake holder
in Insignia Health

Agenda

1. What does it mean to be a engaged activated consumer/ patient?
2. What is patient activation and why measure it?
3. Evidence that PAM (Patient Activation Measure) is linked with behaviors, health, utilization, costs
4. How are health care delivery systems using PAM measurement to improve care?



An activated consumer:

- Has the knowledge, skill and confidence to take on the role of managing their health and health care

First insights.....

- Full range of activation in any population group
- Demographics tend to account for 5% to 6% of PAM score variation



Why Measure?

To tailor your efforts to patients' individual needs

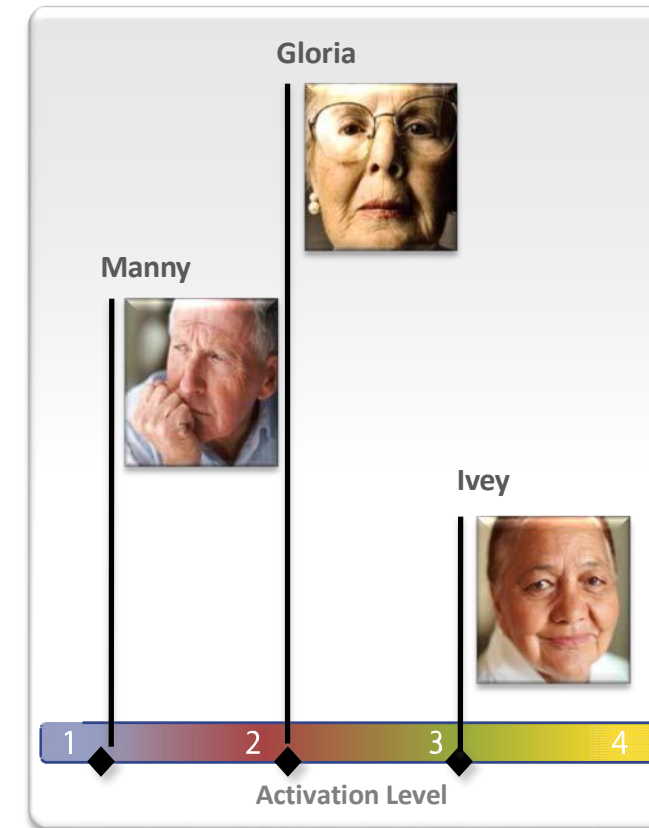
To know if you are making progress on supporting patients

To more effectively and efficiently use your resources to support populations of patients

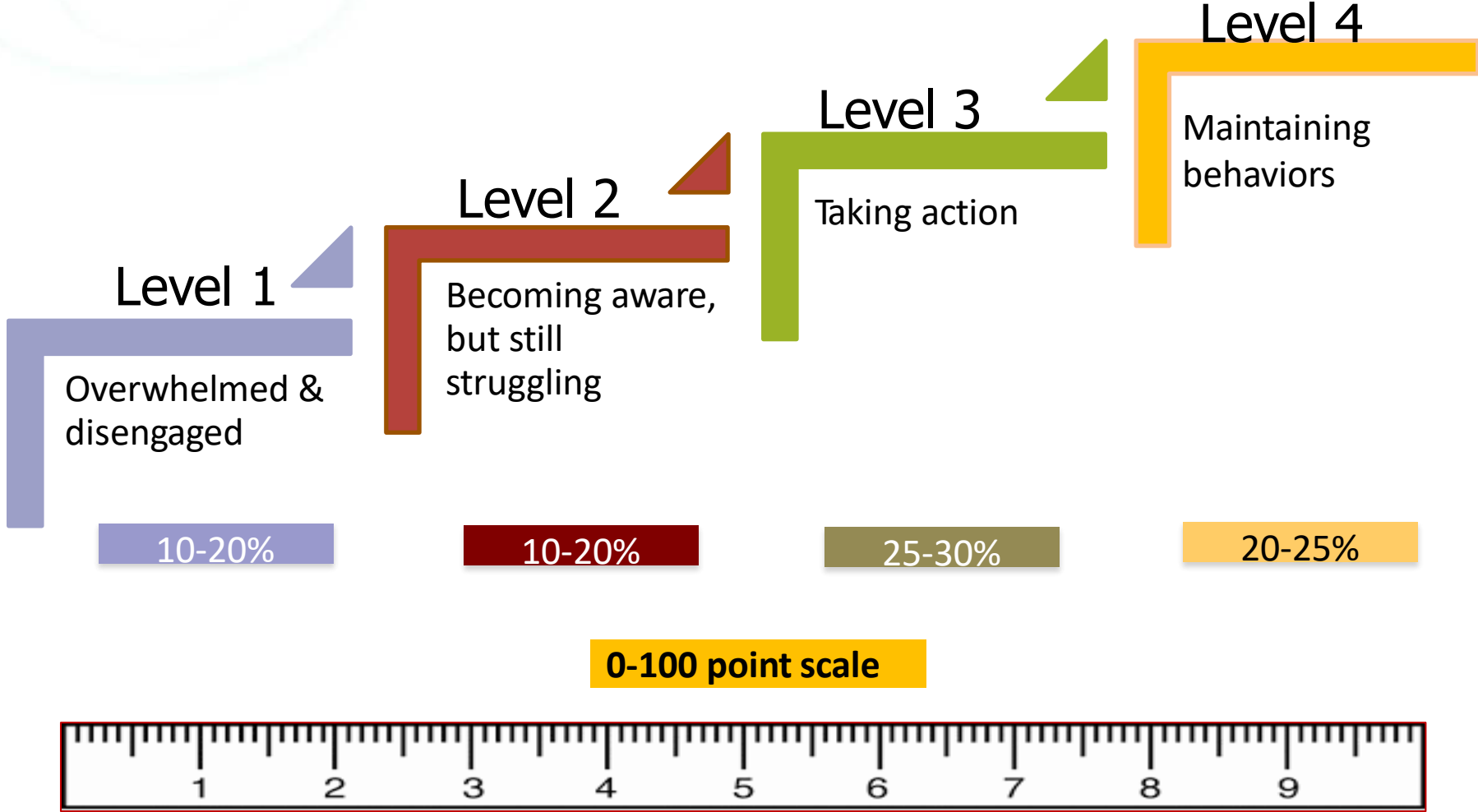


Activation Measure Items

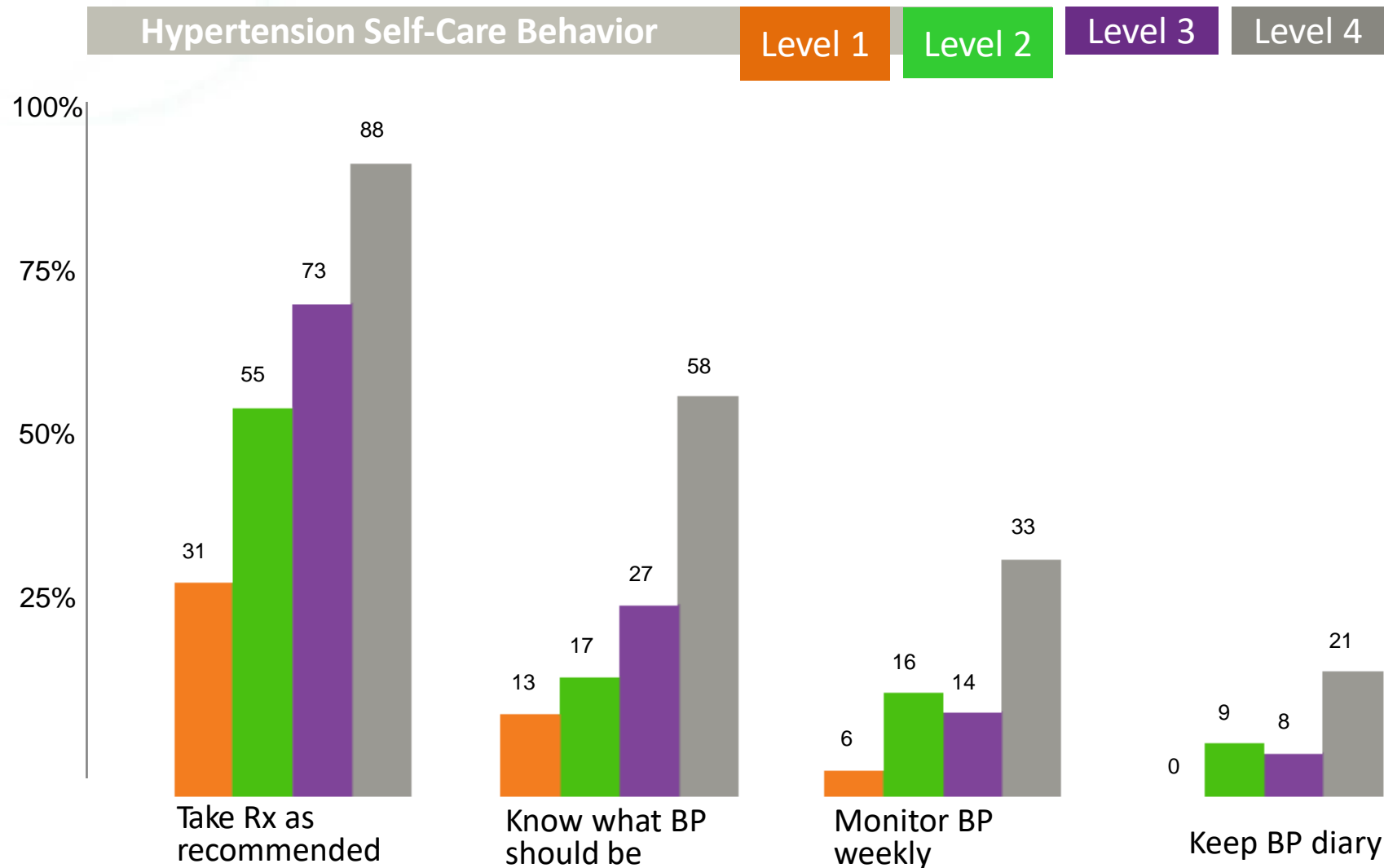
1. When all is said and done, I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
2. Taking an active role in my own health care is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3. I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5. I am confident that I can tell a doctor concerns I have even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6. I am confident that I can follow through on medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8. I know how to prevent problems with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9. I am confident I can figure out solutions when new problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A



Activation is Developmental



Activation and Behavior



Source: US National sample 2004

Insights: PAM and Health Behavior

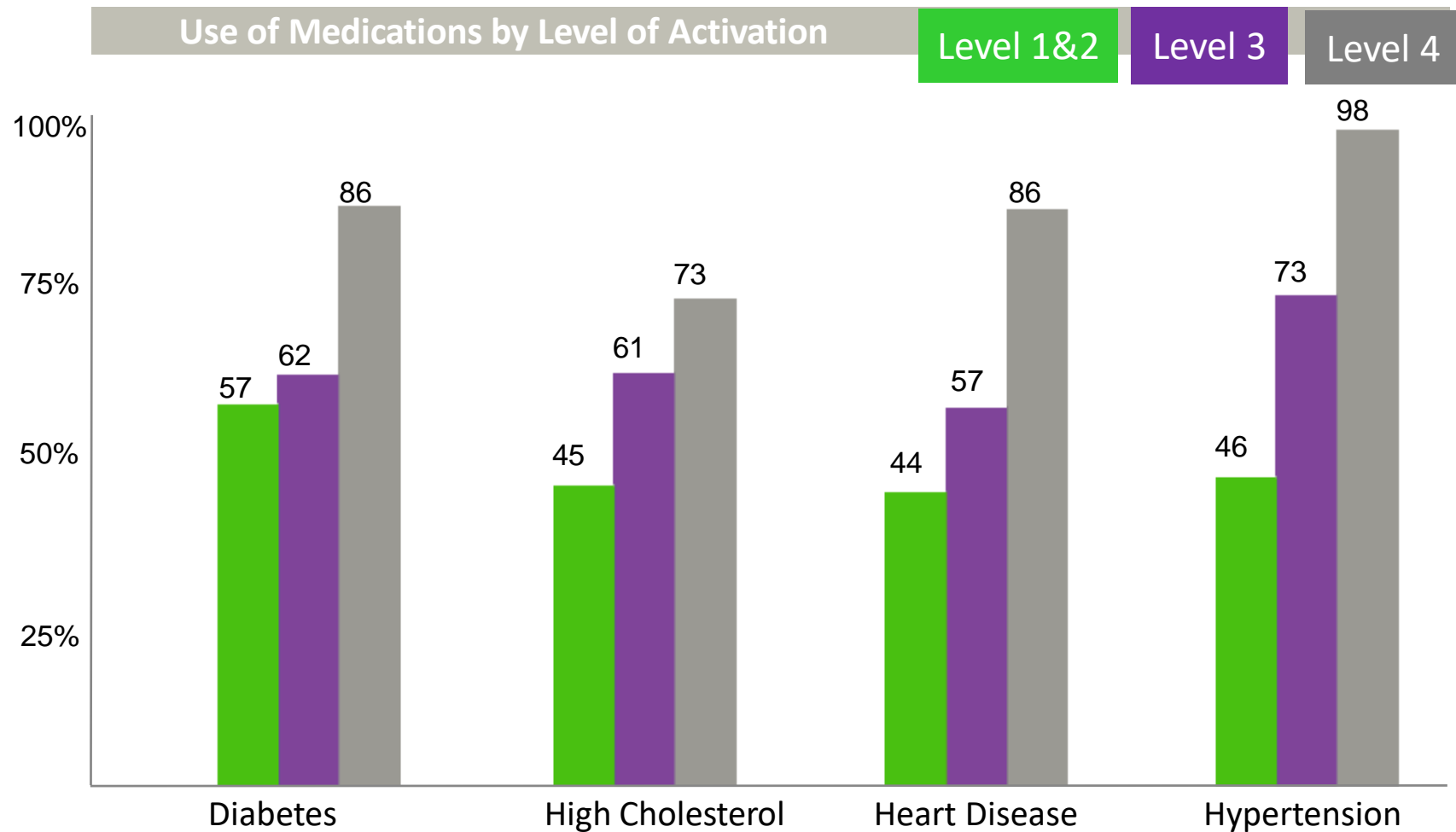
1. Only the most activated patients engage in many key self-management behaviors
2. Focusing on more complex and difficult behaviors might discourage least activated
3. Start with behaviors more feasible for patients: increases a person's experience of success



Over a Decade of Research Shows that the PAM Is a Good Predictor of:

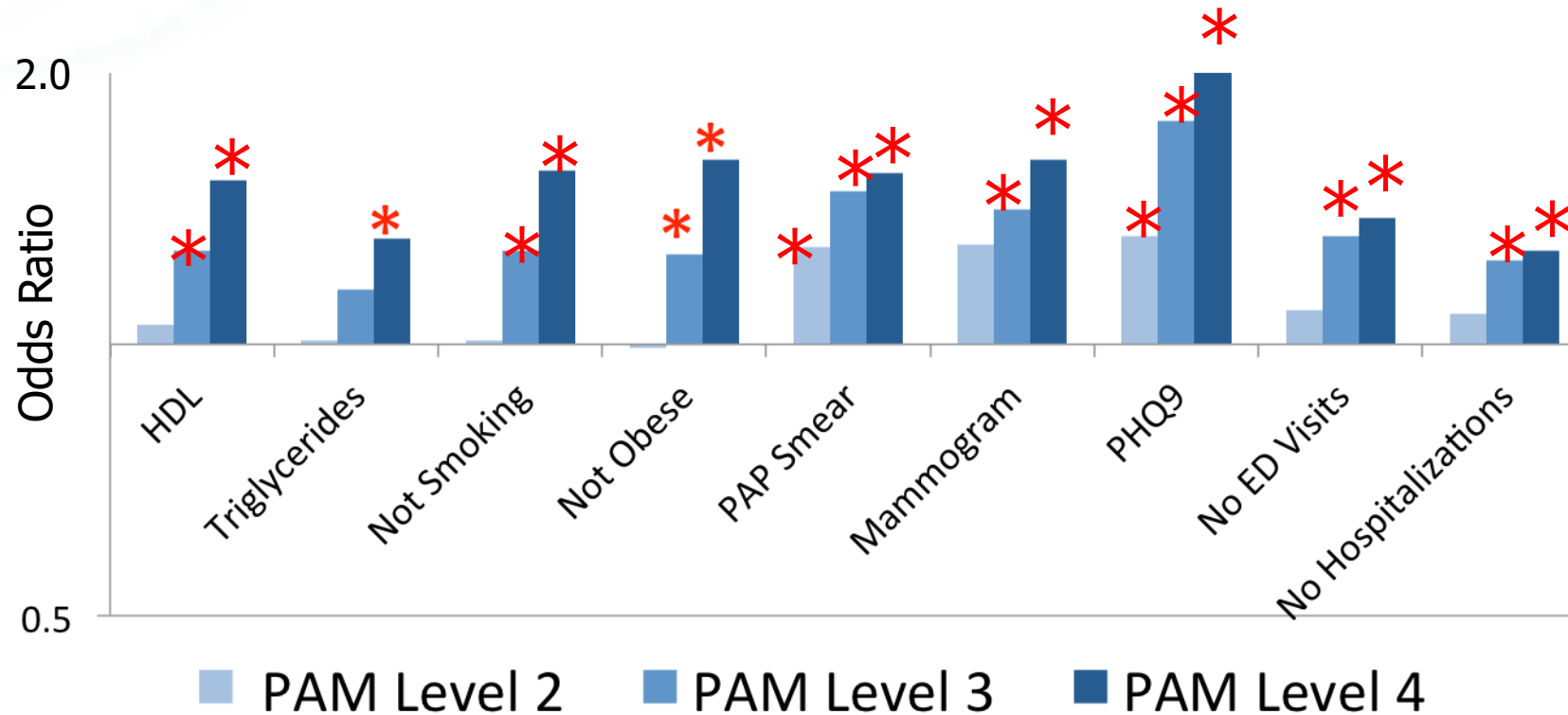
- Most health behaviors
- Many clinical outcomes
- Health trajectories
- Overall costs
- Unnecessary costly utilization
- These findings hold true after controlling for demographics and health status
- Results are found across populations and within condition specific groups

Activation is not disease specific: Medication Adherence and patient activation level



Impacts of Being Engaged are Enduring:

PAM in 2010 Predicts Outcomes 2 Years Later: Odds Ratios



Models included controls for age, sex, number of chronic conditions, income, and percent of care that was received in-network. * Significantly different from PAM Level 1 at p<0.05 Health Affairs Mar 2015

Does PAM work with disadvantaged populations?

- Used in Medicaid programs in 20 states
- Studies with low income & low literacy populations show PAM is predictive of behaviors
- A large study in the UK shows that PAM is predictive of clinical outcomes among disadvantaged populations as it is with more advantaged groups.



Less Activated Patients have Higher Total Healthcare Costs

- After controlling for demographics and health status, **\$1987 per patient annual cost differential** between those patients who stay high in activation and those who stay low in activation over time. **That represents a 31% difference.**
- A study of high-cost patients showed similar results: when patients go up 3 levels in PAM, costs come down 22%.

Greene J, Hibbard JH, Sacks R, Overton V, Parrotta C. **“When Patient Activation Levels Change, Health Outcomes and Costs Change Too.”** *Health Affairs*. March 2015.
Lindsay, A et al, **Patient Activation Changes as a Potential Signal of Changes in Health care costs.** *Journal of General Internal Medicine* 2018

Using PAM for Population Health Management

Key Opportunity

Redefine risk assessment to include
the risk that the patient will **not**
engage



Examples of how delivery systems are applying Activation Strategies

PAM Tailored care pathways (mammograms)*

Extra help for less activated patients (patient portal; trained MA)*

Segmenting populations (cancer care): person-mediated support vs. electronic supports#

*Fairview Health System

#Anthem



Less Activated Patients More Vulnerable to the Development of Diabetes

- New study shows progression of illness is faster among less activated diabetes patients
- Less activated are more likely to develop pre-diabetes in a 3 year observational study

Sacks R, Hibbard JH, Greene J. Does Patient Activation Predict the Course of Type 2 Diabetes?: A longitudinal study. *Patient Education and Counseling*. January 2017.

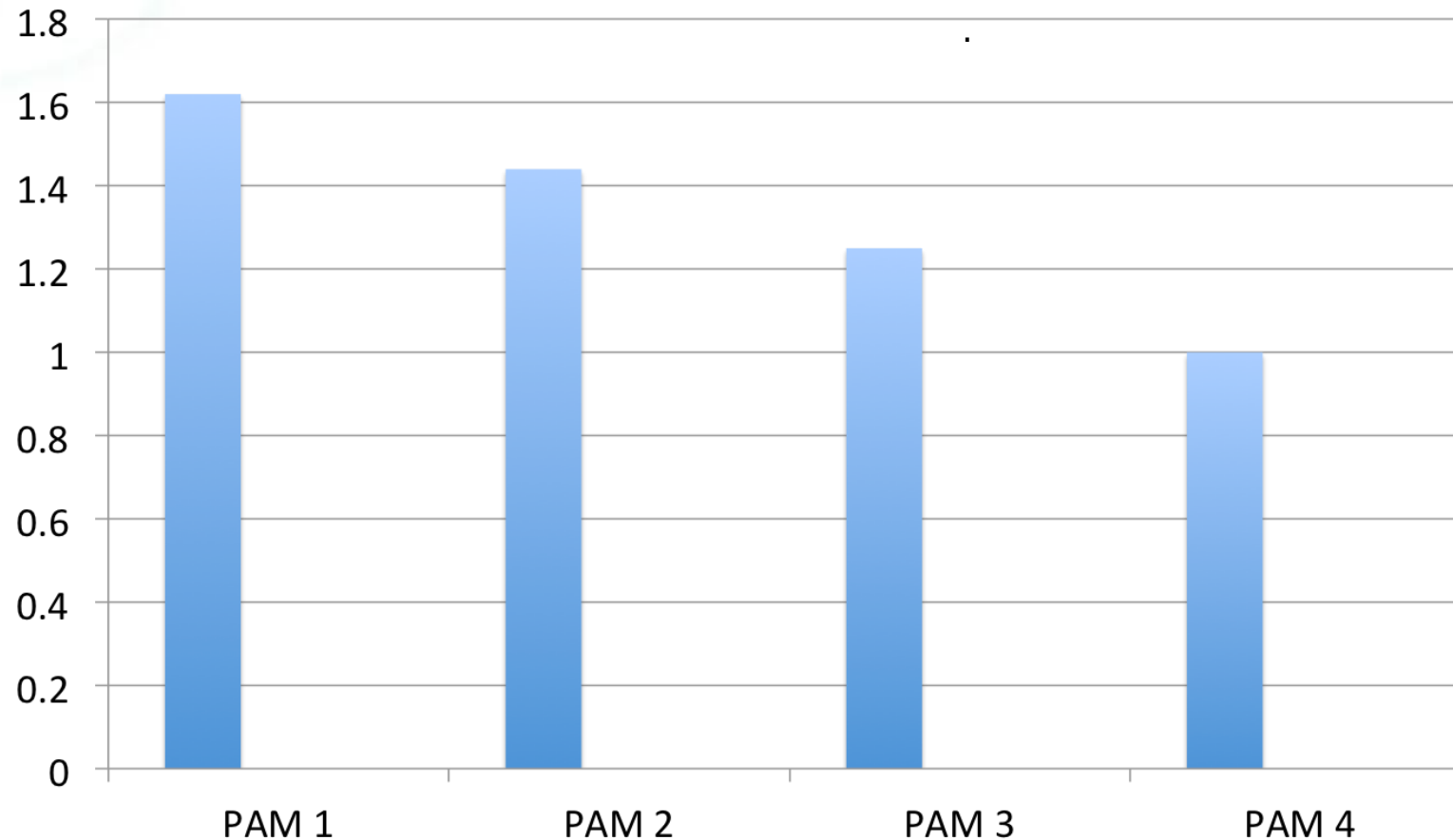
Avoidable ED and Hospital Utilization

Does PAM level predict this type of costly utilization that could have been prevented?

First time PAM has been examined in relationship to ACS utilization

Hibbard J, Greene J, et al "**Improving Population Health Management Strategies: Identifying Patients Who Are More Likely to Be Users of Avoidable Costly Care and Those More Likely to Develop a New Chronic Disease.**" *Health Services Research*. August 2016

Odds of Avoidable Hospital Use by PAM Level – 1 Year Later



Multivariate analysis controlled for age, gender, income, risk and depression

Why would less activated patients have more avoidable hospitalizations and ED visits?

- Less likely to recognize “red flags”
- More likely to ignore symptoms
- Less likely to know what to do to handle symptoms

Among **High Risk Patients**-- a Baseline PAM score Predicted Costly Utilization 1 year later

- Among high risk patients hospital costs were 62% higher among those at PAM level 1 as compared to PAM level 4—Even when the risk score was controlled for.

Hibbard JH, Greene J, Sacks R, Overton V, Parrotta C. **“Adding a Measure of Patient Self-Management Capability to Risk Assessment Can Improve Prediction of High Costs.”** *Health Affairs*. March 2016

Implications:

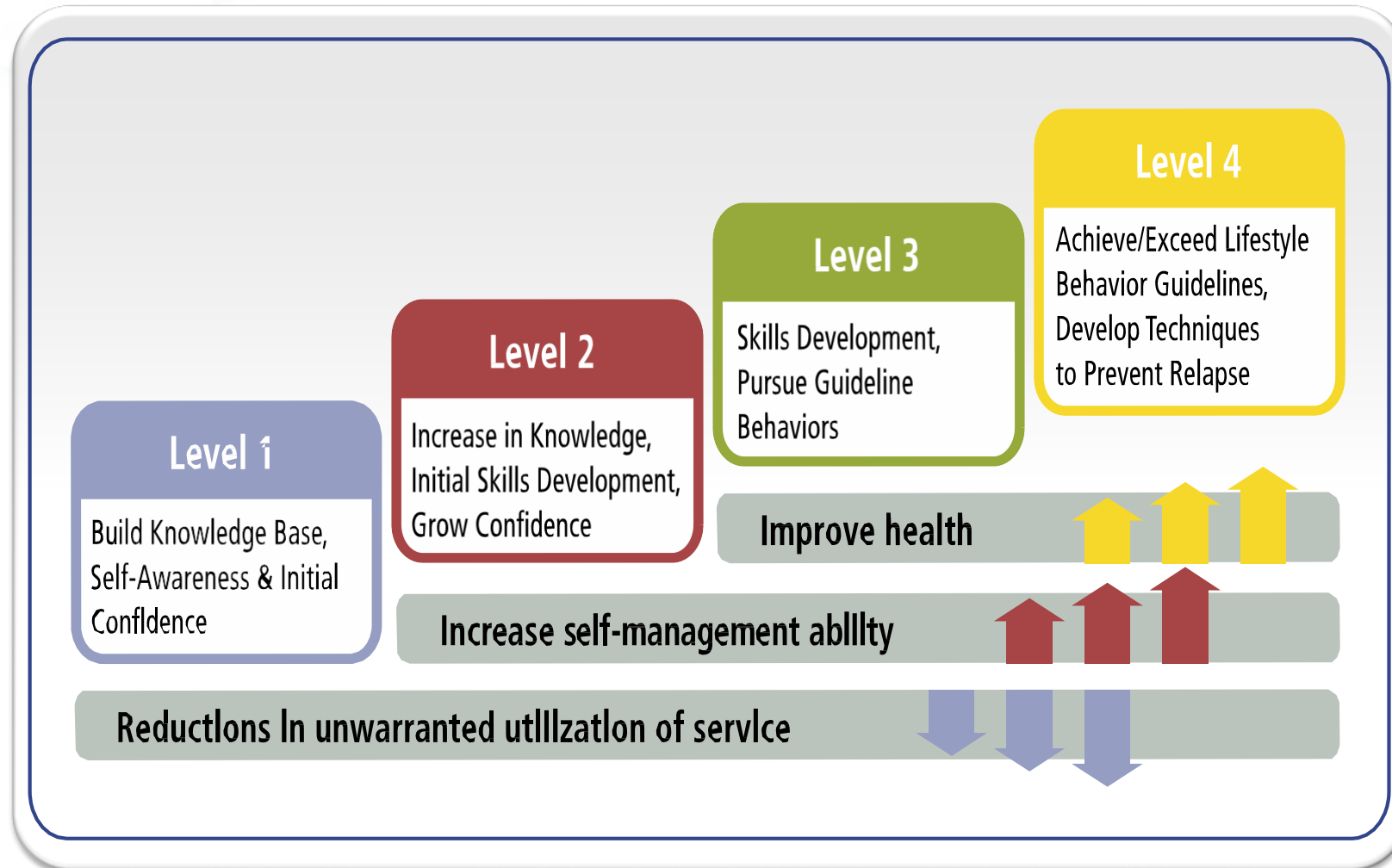
Use PAM as a Measure of Risk

- Redefining risk measurement—to include the risk that the patient will not do their part in the care process
- And that lower activated patients are more likely to develop chronic disease and allow their illness to progress faster

It is possible to increase PAM scores?

- This means meeting patients where they are
- Tailoring support to the patient's level of activation has been successful in increasing activation and improving outcomes
- Less activated patients need more support for gaining confidence and learning new skills

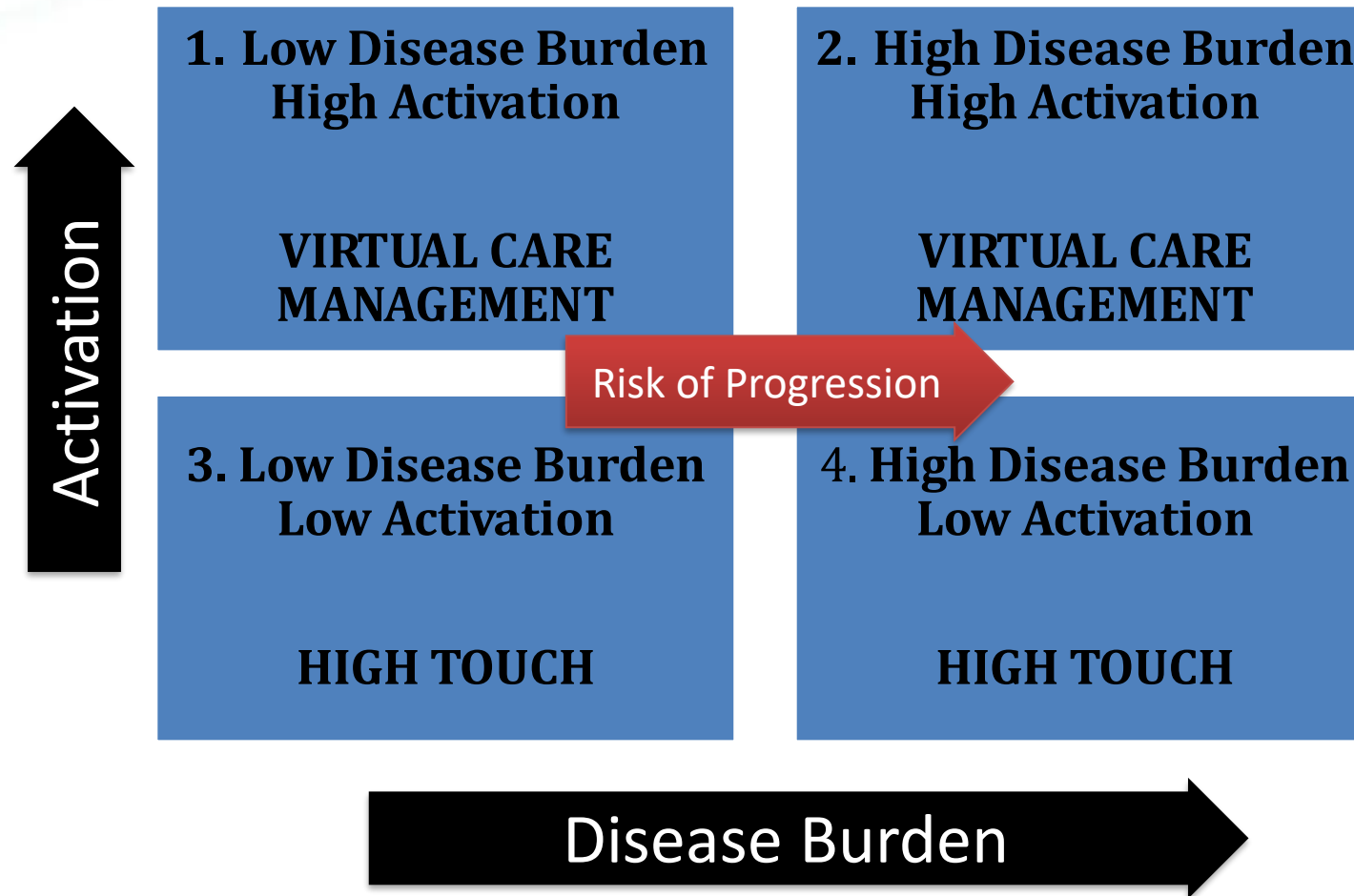
Tailoring Support to the Patient's Activation Level



Innovative Delivery Systems

- PAM score is a Vital Sign
- Tailored coaching/ support
- Using PAM as a measure of risk, along with clinical risk measures to manage patient populations
- More efficient use of resources: target those who need more help
- Used as an intermediate outcome of care measure
- Used as a way to assess provider performance

FIGURE 1. MODEL OF POPULATION HEALTH MANAGEMENT FOR PRIMARY CARE



Summary

- Its all about meeting patients where they are.
 - By understanding patient activation levels, it is possible to:
 - tailor for and segment patient populations in order to better target those who who need more support
 - Target resources more efficiently
 - Ultimately improving outcomes, patient experience, and reducing costs.

Q&A



A moderator will now bring questions forward from the chat





Information Blocking Rule and Patient Portals

Helen Oscislawski, Esq

Founder & Managing Partner, Attorneys at Oscislawski LLC.



Information Blocking Rule and Patient Portals

presented to

CHCANYS

Helen Oscislawski, Esq.

June 2, 2021



Attorneys at
Oscislawski LLC

About Helen O.

Helen is selected to the **2020 & 2021 “Super Lawyers®** list for Health Care Law in New Jersey. The Super Lawyers list is issued by *Thomson Reuters*. Her firm was also included on the 2018, 2019 and 2020 **“Best Law Firms” in Health Care Law**, Princeton, New Jersey list issued by *Best Lawyers*. Links to a description of the selection methodologies used by the organizations issuing these lists can be found [here](#).

Helen is a corporate and regulatory attorney whose practice for over the last 20 years has focused almost exclusively on advising and representing clients in the health care industry. She is the founding member of **Attorneys at Oscislawski LLC**, a progressive and forward-thinking law boutique providing high-quality and cost-effective legal representation to its clients. Helen cemented her reputation as a prominent privacy and health information technology attorney through decades of developed experience and working hand-in-hand with C-suite executives and in-house general counsels on how to structure and manage complex data-sharing arrangements in compliance with applicable federal and state laws. She is known to many **as a “go to” attorney** for legal guidance and advice on **HIPAA; 42 CFR Part 2; Breach Notification laws**, as well as **state laws regulating the access, use and sharing of medical, health and genetic information**.

Helen also has substantial experience with helping her clients navigate legal issues when responding to ransomware attacks, data breaches, OCR complaint and audit letters, and return/sanitization of patient data. In 2008, New Jersey Governor Corzine appointed Helen to the New Jersey Health Information Technology Commission to fill the seat designated by statute for **“an attorney practicing in this State with demonstrated expertise in health privacy.”** * In 2010, she was reappointed to NJ-HITC by Governor Christie and tapped to serve as **Chair of the Privacy and Security Committee**. As a trusted advisor on these issues, Helen currently represents some of the most cutting edge and sophisticated organizations in the nation.

Before founding her own firm, Helen was a health care attorney with a national law firm for almost a decade where she counseled all types of clients on a wide range of legal matters. Helen is admitted to practice in **New Jersey** (since 1999) and **Arizona** (since January 2020).

Helen can be reached at helen@oscislaw.com or **609-385-0833 ext.1**.

* Statutorily defined at N.J.S.A. 26:1A-137(a)2).



“Actors”

3 Categories of Actors

“Health Care Providers”

“Health Information Networks” and
“Health Information Exchanges”

“Health IT Developers of *Certified* Health IT”

Health Care Provider

Public Health Service Act (42 U.S.C. 300jj)

- Hospitals
- Skilled Nursing Facilities
- Nursing Facilities
- Home Health Entities
- *Other* Long Term Care Facilities
- Health Care Clinics
- Community Mental Health Centers
- Renal Dialysis Facilities
- Blood Centers
- Pharmacies
- Laboratories
- Ambulatory Surgical Centers
- **FQHCs**
- Rural Health Clinic
- Covered Entities under 42 U.S.C. 256b
- EMS Providers
- Group Practices
- Pharmacists
- Physicians
- Practitioners
- **Therapists**
- Providers operated by or under contract with the Indian Health Service or by an Indian tribe, tribal organization, or urban Indian organization
- ***Any other category*** of health care facility, entity, practitioner, or clinician ***determined appropriate by the HHS***

www.healthit.gov/cures/sites/default/files/cures/2020-08/Health_Care_Provider_Definitions_v3.pdf

Health Information Networks and Health Information Exchanges

And individual or entity that ***determines, controls***, or has the ***discretion to administer*** any requirement, policy, or agreement that permits, enables, or requires the use of any technology or services for ***access, exchange, or use of EHI***:

- Among *more than two* “**unaffiliated**” individuals or entities that are enabled to exchange EHI with each other;

and

- That is for a **treatment, payment, or health care operations**

Developer of Certified Health IT

An individual or entity

-- other than a health care provider that self-develops health IT for its own use –

➤ That ***develops*** or ***offers*** health information technology

and

➤ Has *one or more Health IT Modules **certified*** under a program for the ***voluntary certification*** by ONC's Health HIT Certification Program

Penalties: *Health Care Providers*

“Shall be referred to the appropriate agency to be subject to *appropriate disincentives*”

Penalties: *HIE/HIN & Health IT Developers*

- May not exceed **\$1,000,000 per violation**
- Such determination **shall** take into account factors such as the ***nature*** and ***extent*** of the information blocking and ***harm*** resulting from such information blocking, including, where applicable:
 - the number of patients affected
 - the number of providers affected
 - the number of days the information blocking persisted

ONC Portal For Reporting Info Blocking

<https://inquiry.healthit.gov/support/plugins/servlet/desk/portal/6/create/67>

Report information blocking



Report Information Blocking

In your submission, please consider including information that will help us understand the concern(s) you are reporting. Examples of information that would be particularly helpful would include, but not be limited to:

- Person or entity that requested access, exchange, or use of electronic health information (EHI)
 - Role of person/entity (e.g., patient, health care provider, health information network/exchange (HIN/HIE), health IT developer of certified health IT)
 - Date and time of request
 - Location of requestor (city, state)
- Type of EHI requested (e.g., lab result, medical history, diagnostic images)
- Type/purpose of request (e.g., patient request to access his/her records; health care provider request to export patient records from a different health care provider)
- Health IT being used by the requestor (e.g., system and version)
- Person or entity that denied/did not fulfill the request to access, exchange, or use EHI
 - Role of person/entity (e.g., health care provider, HIN/HIE, health IT developer of certified health IT)
 - Date and time the request was denied/not fulfilled
 - Location of person/entity (city, state)
- Health IT being used by the person or entity that denied/did not fulfill the request to access, exchange, or use EHI (e.g., system and version)
- Reason/response provided for why the request to access, exchange, or use EHI was denied/not fulfilled
 - Date and time the request was denied/not fulfilled
 - Date and time the reason/response was provided to the requestor
- Any additional information that may help us understand your concern(s)

Additional Considerations:

- If you believe that a [HIPAA covered entity](#) or [business associate](#) violated your (or someone else's) health information privacy rights or committed another violation of the HIPAA Privacy, Security or Breach Notification Rules, please file your complaint directly with The HHS Office for Civil Rights.
- As specified by the Cures Act, information blocking claims and information received by ONC in

Create

Report information blocking

Do you wish to remain anonymous to ONC?

- Yes
 No

First Name

Last Name


Email Address

Description



- In order to keep your personal information as protected as possible, we encourage you not to send us any information in any medical record or designated record set that can be used to identify you or others and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment or health care payment.
- We also encourage you not to send ONC any of the following identifiers: home address, social security or other national identification number (such as an insurance card number), passport number, IP address, driver's license number, credit card numbers, date of birth, birthplace, genetic information, login name, screen name, nickname, or handle, fax number, medical record numbers, health plan beneficiary numbers, device identifiers and serial numbers, biometric identifiers, including finger and voice prints, and full face photographic images and any comparable images (such as a MRI or x-rays).

Attachment (optional)

 Drag and drop files, paste screenshots, or browse

Create

“Information Blocking”

Very Broad Definition

45 C.F.R. 171.103(a)(1)

"Information blocking means ***a practice*** that —
... is *likely* to ***interfere with*** access, exchange, or
use of electronic health information ..."

(*unless the practice is required by law or an exception applies*)

There are two different knowledge standards ...

Knowledge Standard

Health Care Provider: *Knows*

45 C.F.R. 171.103(a)(3)

“If conducted by a health care provider, such provider *knows* that such practice is unreasonable and is likely to *interfere with*, access, exchange, or use of electronic health information . . .”

Knowledge Standard

Health IT Developer, HIE/HIN: *Knows* or *Should Know*

45 C.F.R. 171.103(a)(2)

“If conducted by a health information technology developer, health information network or health information exchange, such developer, network or exchange *knows*, or *should know*, that such practice is *likely* to *interfere with* access, exchange, or use of electronic health information . . .”

Examples of Information Blocking

ONC Preamble:

*“The following hypothetical situations illustrate some (though not all) of the types of practices described above and which **would implicate** the information blocking provision . . .”*

Proposed Rule 42 Fed Reg. 7424, 7519 (March 4, 2019).

Disabling Patient Portals

Although an EHR developer's **patient portal** offers the capability for patients to directly transmit or request for direct transmission of their EHI to a third party, the developer's customers (e.g., health care providers) ***choose not to enable this capability.***

Delaying Access

www.healthit.gov/curesrule/resources/information-blocking-faqs

A health care provider has the capability to provide **same-day access to EHI** in a form and format requested by a patient or a patient's health care provider, but **takes several days to respond**.

Q: Are actors (for example, health care providers) expected to release test results to patients through a patient portal or application programming interface (API) as soon as the results are available to the ordering clinician? *1/15/2021*

While the information blocking regulations do not require actors to proactively make electronic health information (EHI) available, once a request to access, exchange or use EHI is made actors must timely respond to the request (for example, from a patient for their test results). Delays or other unnecessary impediments could implicate the information blocking provisions.

In practice, this could mean a patient would be able to access EHI such as test results in parallel to the availability of the test results to the ordering clinician.

Please review the other questions under this heading for more information.

EIGHT EXCEPTIONS

Subpart B: *Exceptions that Involve NOT Fulfilling requests:*

- 1. Preventing Harm**
- 2. Privacy**
- 3. Security**
- 4. Infeasibility**
- 5. Health IT Performance**

Subpart C: *Exceptions that Involve Procedures for Fulfilling request:*

- 6. Content & Matter**
- 7. Fees**
- 8. Licensing**

Exception #1: *Preventing Harm*

- ❑ Actor **must** hold a *reasonable belief* that the practice will *substantially reduce* a risk of harm.
- ❑ Actor's practice **must** be *no broader than necessary*.
- ❑ Actor's practice **must** satisfy *at least one* condition from each of the following categories:

- **Type of Risk**



- Based on *exercise of professional judgement of licensed health care professional* ;

OR

- *Arise from data* that is known or reasonably suspected to be misidentified or mismatched, corrupt due to technical failure, or erroneous for another reason.



- **Type of Harm** – HIPAA analysis

Making “Harm” Determinations

Who is the Requestor?	Does the EHI Reference Another Person?	Required Standard of Harm	Who Determines Harm
Legal Representative (including “personal representative” under HIPAA).	No	Reasonably likely to cause substantial harm to the patient or another person	Individualized determination of harm by licensed health care professional who has a current or prior clinician-patient relationship with the patient ¹
Patient or Legal Representative	YES	Reasonably likely to cause substantial harm to such other person referenced in the EHI	Individualized determination of harm by licensed health care professional who has a current or prior clinician-patient relationship with the patient
Patient	No	Reasonably likely to endanger the life or physical safety of patient or another person	Individualized determination of harm by licensed health care professional who has a current or prior clinician-patient relationship with the patient - OR - Arises from Data suspected to be misidentified or mismatched, corrupt due to technical failure, or erroneous for another reason
Any other requestor who has a “ legally permissible ” right to access, use or exchange the EHI	N/A	Reasonably likely to endanger the life or physical safety of patient or another person	Individualized determination of harm by licensed health care professional who has a current or prior clinician-patient relationship with the patient - OR - Arises from Data suspected to be misidentified or mismatched, corrupt due to technical failure, or erroneous for another reason



Comparing the Harm Standards

What Qualifies as “Substantial Harm”?

“Substantial harm” would have to be *serious* in nature. Otherwise, the licensed health care professional *would be permitted* to consider substantial physical, emotional, or psychological harm when making a determination to withhold access under the substantial harm standard. The federal government **will** defer to the professional judgement of the health care professional in making a determination that “substantial harm” is reasonably likely.

What Qualifies as “Endangering Life or Physical Safety”?

The most commonly cited example of “danger to the life or physical safety” of a patient or another person is when such patient exhibits **suicidal** or **homicidal** tendencies. Specifically, if a licensed health care professional determines that an individual exhibits such tendencies and that permitting inspection or copying of some of the individual’s EHI is *reasonably likely* to result in the individual committing suicide, murder, or other physical violence, then the health care professional may deny the individual access to that information.

Under this standard, a licensed health care professional would **NOT** be permitted to deny access based on the *sensitivity* of the health information or the potential for causing *emotional* or *psychological* harm.

Delaying Lab Results

*“[W]e are not persuaded that **routinely** time-delaying the availability of broad classes of EHI should be recognized as excepted from the information blocking definition under this exception . . .”*

- ***No evidence*** that ***routinely*** delaying EHI availability to patients in the interest of fostering clinician-patient relationships ***substantially reduces danger to life or physical safety of patients or other persons*** that would otherwise routinely arise from patients’ choosing to access the information as soon as it is finalized.
- **Unless applicable law prohibits** making particular information available to a patient electronically before it has been conveyed in another way, **deference should generally be afforded to *patients’ right to choose*** whether to access their data as soon as it is available or wait for the provider to contact them to discuss their results.

Exception #2: *Privacy*

- ❑ ***Precondition not satisfied:*** If an actor is **required by a state or federal law to satisfy a precondition** (such as a patient consent or authorization) prior to providing access, exchange, or use of EHI, the actor may choose not to provide access, exchange, or use of such EHI if the precondition has not been satisfied under certain circumstances.
- ❑ ***Health IT developer of certified health IT not covered by HIPAA:*** If an actor is a health IT developer of certified health IT that is not required to comply with the HIPAA Privacy Rule, the actor may choose to interfere with the access, exchange, or use of EHI for a privacy-protective purpose if certain conditions are met.
- ❑ ***Denial of an individual's request for their EHI consistent with 45 CFR 164.524(a) (1) and (2) of HIPAA:*** An actor that is a covered entity or business associate may deny an individual's request for access to his or her EHI in the circumstances provided under 45 CFR 164.524(a)(1) and (2) of the HIPAA Privacy Rule.
- ❑ ***Respecting an individual's request not to share information:*** An actor **may** choose not to provide access, exchange, or use of an individual's EHI if doing so fulfills the wishes of the individual, provided certain conditions are met.

Exception #3: *Security*

The practice must be:

- ❑ *Directly related to* safeguarding the confidentiality, integrity, and availability of EHI;
- ❑ *Tailored* to specific security risks;

and

- ❑ Implemented in a *consistent and non-discriminatory* manner.

Exception #4: *Infeasibility*

- ❑ ***Uncontrollable events***: Actor cannot fulfill the request for access, exchange, or use of EHI due to a natural or human-made disaster, public health emergency, public safety incident, war, terrorist attack, civil insurrection, strike or other labor unrest, telecommunication or internet service interruption, or act of military, civil or regulatory authority.
- ❑ ***Segmentation***: Actor cannot fulfill the request for access, exchange, or use of EHI because the actor cannot unambiguously segment the requested EHI.
- ❑ ***Infeasibility under the circumstances***: Actor demonstrates through contemporaneous written record or other documentation its consistent and non-discriminatory consideration of certain factors that led to its determination that complying with the request would be infeasible under the circumstances.

Exception #5: *Health IT Performance*

- a) Maintenance & Improvements
- b) Assured level of performance
- c) Practices that “Prevent Harm”
- d) Security-related Practices

Exception #6: *Content & Manner*

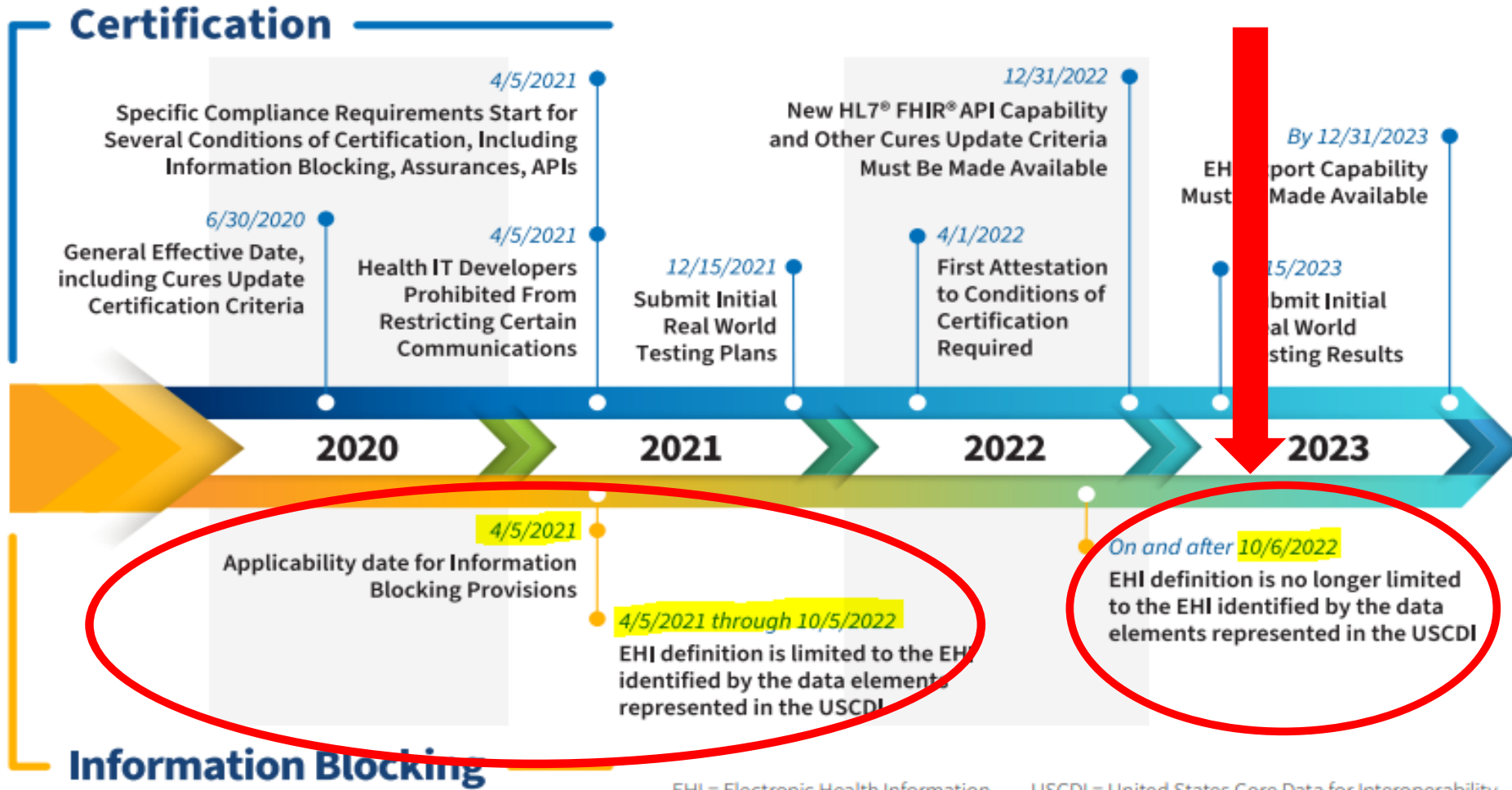
➤ Content

- Actor must ***only*** respond to a request to access, exchange, or use EHI identified by the data elements represented in the **USCDI standard** – now through **October 5, 2022**
- Actor **must** respond to a request to access, exchange, or use of **FULL EHI** (defined in § 171.102) – now by **October 6, 2022**

➤ Manner

- Actor **may** fulfill a request in an **alternative manner** when:
 - Technically unable to fulfill the request in any manner requested; or
 - Cannot reach agreeable terms with the requestor to fulfill the request.
- If alternative manner used, such fulfillment must comply with the order of priority described in the manner condition and must satisfy the Fees Exception and Licensing Exception, as applicable

Information Blocking and the ONC Health IT Certification Program:
Extension of Compliance Dates and Timeframes in Response to the COVID-19 Public Health Emergency Interim Final Rule



















USCDI Standard = United States Core Data for Interoperability

USCDI V1 | Draft USCDI V2 | Level 2 | Level 1 | Comment

Visit: www.healthit.gov/isa/united-states-core-data-interoperability-uscdi

Please reference the **USCDI version 1 document** to the left for applicable standards versions associated with USCDI v1.

 Allergies and Intolerances Represents harmful or undesirable physiological response associated with exposure to a substance. Substance (Drug Class) Substance (Medication) Reaction	 Health Concerns Health related matter that is of interest, importance, or worry to someone who may be the patient, patient's family or patient's health care provider. Health Concerns	 Procedures An activity that is performed with or on a patient as part of the provision of care. Procedures
 Assessment and Plan of Treatment Represents a health professional's conclusions and working assumptions that will guide treatment of the patient. Assessment and Plan of Treatment	 Immunizations Record of an administration of a vaccination or a record of a vaccination as reported by a patient, a clinician, or another party. Immunizations	 Provenance The metadata, or extra information about data, that can help answer questions such as when and who created the data. Author Time Stamp Author Organization
 Care Team Member(s) The specific person(s) who participate or are expected to participate in the care team. Care Team Member(s)	 Laboratory Tests Values/Results	 Smoking Status Classification of a patient's smoking behavior. Smoking Status
 Clinical Notes Composed of both structured (i.e. obtained via pick-list and/or check the box) and unstructured (free text) data. A clinical note may include the history, Review of Systems (ROS), physical data, assessment, diagnosis, plan of care and evaluation of plan, patient teaching and other relevant data points. Consultation Note Discharge Summary Note History & Physical Imaging Narrative Laboratory Report Narrative Pathology Report Narrative Procedure Note Progress Note	 Medications Medications	 Unique Device Identifier(s) for a Patient's Implantable Device(s) A unique numeric or alphanumeric code that consists of a device identifier (DI) and a production identifier (PI). Unique Device Identifier(s) for a patient's implantable device(s)
 Goals An expressed desired health state to be achieved by a subject of care (or family/group) over a period of time or at a specific point of time Patient's Goals	 Patient Demographics First Name Last Name Previous Name Middle Name (including middle initial) Suffix Birth Sex Date of Birth Race Ethnicity Preferred Language Current Address Previous Address Phone Number Phone Number Type Email Address	 Vital Signs Physiologic measurements of a patient that indicate the status of the body's life sustaining functions. Diastolic blood pressure Systolic blood pressure Body height Body weight Heart Rate Respiratory rate Body temperature Pulse oximetry Inhaled oxygen concentration BMI Percentile (2 - 20 years) Weight-for-length Percentile (Birth - 36 Months) Head Occipital-frontal Circumference Percentile (Birth - 36 Months)
	 Problems Information about a condition, diagnosis, or other event, situation, issue, or clinical concept that is documented. Problems	

Exception #7: Fees

- **Meet the basis for fees condition.** Fees a Hospital charges must:
 - Be based on **objective and verifiable criteria** that are uniformly applied for all similarly situated classes of persons or entities and requests;
 - Be **reasonably related** to the Hospital's costs of providing the type of access, exchange, or use of EHI; and
 - **NOT be based on** whether the requestor or other person is a **competitor**, **potential competitor**, or will be using the EHI in a way that **facilitates competition** with the actor.

- Exception does not apply to:
 - Fee based in any part on the **electronic access by an individual**, their personal representative, or another person or entity designated by the individual to access the individual's EHI;

 - Fee **to perform an export** of EHI via the capability of certified Health IT.

Exception #8: *Licensing*

- Negotiating a License Condition
- Licensing Conditions
- Conditions relating to Interoperability Elements

*Must begin license negotiations with the requestor **within 10 business days** from receipt of the request and negotiate a license **within 30 business days** from receipt of the request.*

WHITEPAPER: Patient Portals

Patient Portals & HIPAA's "Right of Access"

The HIPAA Privacy Rule guarantees patients with a "right of access"¹ to their protected health information, including in electronic format, (collectively, "PHI") maintained by a health care provider in one or more "designated record sets."² This includes a right of the patient, or her/his personal representative, to inspect and/or obtain a copy their PHI, as well as to direct the health care provider to transmit a copy of the patient's PHI to a specific person or entity. A patient has the right to access her/his PHI regardless of whether the information is maintained in paper or electronic format, locally or remotely, or where the PHI originated.

Ever since the HIPAA Privacy Rule went into effect on April 14, 2003, health care providers have been obligated to satisfy this "right of access" requirement. Historically, patients have been directed to submit their written request to the provider's medical records office or health information management (HIM) department to have it processed. However, after the Centers for Medicare & Medicaid Services (CMS) rolled out its EHR Incentive Program in 2011 (a.k.a. "Meaningful Use"), patient portals slowly proliferated when later stages of CMS' Meaningful Use program required providers to make at least certain electronic health information available to the patient through a portal. The Information Blocking Rule (IBR) has magnified HIPAA's "right of access" requirement even further by making it legally impermissible to "interfere with" a patient's request to access, exchange or use her/his electronic health information.³ Such "interference" could include anything from a health care provider deliberately *preventing* a patient from accessing her/his EHI, to taking action that *materially discourage* such access. In any case, where patients and their legal representatives can request access to their EHI through a patient portal, health care providers must comply with the Information Blocking Rule.

What Information Must be Available on the Patient Portal?

From April 5, 2021 through October 5, 2022, health care providers will be held accountable under the IBR only for impermissible interference with a patient's access to United States Core Data for Interoperability (USCDI). USCDI is described as "a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange."⁴ For USCDI version 1, this includes: allergies and intolerances; assessment and plan of treatment; care team members; clinical notes (including, consultation notes and discharge summary notes); H&P; imaging narratives; laboratory report narratives; pathology report narratives; procedure notes; progress notes; goals; health concerns; immunizations; laboratory tests, values & results; patient demographics; problem lists; procedures; provenance (i.e., author time stamp and author organization); smoking status; unique device identifiers for a patient's implantable device; and vital signs).⁵ Beginning on October 6, 2022, health care providers must comply with the IBR with respect to all EHI.⁶

WHITEPAPER: Patient Portals

One frequently asked question (FAQ) about patient portals is whether a health care provider is required to proactively make USCDI/EHI available through patient portals. In January 2021, ONC responded to this FAQ as follows:

"There is no requirement under the information blocking regulations to proactively make available any EHI to patients or others who have not requested the EHI."⁷

However, in a separate FAQ, ONC also points out the following:

"While the information blocking regulations do not require [health care providers] to proactively make electronic health information (EHI) available, once a request to access, exchange or use EHI is made actors must timely respond to the request (for example, from a patient for their test results). Delays or other unnecessary impediments could implicate the information blocking provisions. In practice, this could mean a patient would be able to access EHI such as test results in parallel to the availability of the test results to the ordering clinician."⁸

Most recently, on March 19, 2021, ONC published a new FAQ offering the following examples of types of practices that would likely be considered an interference under the IBR:

"It would likely be considered an interference for purposes of information blocking if a health care provider established an organizational policy that, for example, imposed delays on the release of lab results for any period of time in order to allow an ordering clinician to review the results or in order to personally inform the patient of the results before a patient can electronically access such results (*see also* 85 FR 25842 specifying that such a practice does not qualify for the "Preventing Harm" Exception).

To further illustrate, it also would likely be considered an interference:

- where a delay in providing access, exchange, or use occurs after a patient logs in to a patient portal to access EHI that a health care provider has (including, for example, lab results) and such EHI is not available—for any period of time—through the portal.
- where a delay occurs in providing a patient's EHI via an API to an app that the patient has authorized to receive their EHI.⁹

In light of the foregoing, health care providers must evaluate the following questions in connection with their patient portals:

1. Does the portal allow the patient (or her/his legal representative) to electronically request specific EHI to be provided either via the portal?

Patient Portals & IBR

- **Scope of EHI**
 - USCDI subset only until 10/5/2022
 - NO obligation to proactively “push” all data
- **Timing**
 - Impermissible delays
 - “Harm” is a very high bar
- **The “Request”**
 - Portal
 - HIM
 - FHIR, Apps, other mechanisms
- **Infeasibility**

Questions?

Need sample policies & documentation tools to comply with
Information Blocking?

visit our compliance library: www.legalhie.com/membership

DISCOUNT CODE: **LEGALHIE060221**



Attorneys at
Oscislawski LLC

Helen Oscislawski, Esq.
Principal, Attorneys at Oscislawski LLC
helen@oscislaw.com
609-835-0833





Maximizing Post-COVID Patient Portal Value: A Toolkit, Resources, and Success Stories to Share

Jim Meyers, DrPH

Owner, Meyers Health Consulting





Maximizing Post-COVID Patient Portal Value: A Toolkit, Resources and Success Stories to Share

Jim Meyers, DrPH

Safety Net Patient Portal
SME Consultant and Senior Leader
Coach
jim@meyershealthconsulting.com

Survey Q

1

If you were to guess...how many times has your organization tried a patient portal enrollment campaign or push?

- a. Never. We don't have a patient portal
- b. Once – when we turned it on
- c. 2-3 enrollment pushes
- d. 4 or more enrollment pushes

Survey Q

2

If you asked your PROVIDERS, what patient portal feature do they think has the highest value? (choose all that apply)

- a. Most providers don't really know all the portal functions
- b. Secure messaging
- c. Medication refills
- d. View medical records (meds list, AVS, chart notes, immunization records, allergy list, etc)
- e. View Lab Results
- f. Send pictures and documents back and forth
- g. Send education materials
- h. Make, see or cancel appointment

Survey Q

3

If you asked your PATIENTS, what patient portal feature do they think has the highest value? (choose all that apply)

- a. Most patients don't really know all the portal functions
- b. Secure messaging
- c. Medication refills
- d. View medical records (meds list, AVS, chart notes, immunization records, allergy list, etc)
- e. View Lab Results
- f. Send pictures and documents back and forth
- g. Send education materials
- h. Make, see or cancel appointment

**Please put at least one “ah ha” in
the chat box after seeing these
survey results**

AGENDA

Part

1

- Share and Discuss a Redeployment Toolkit

Part

2

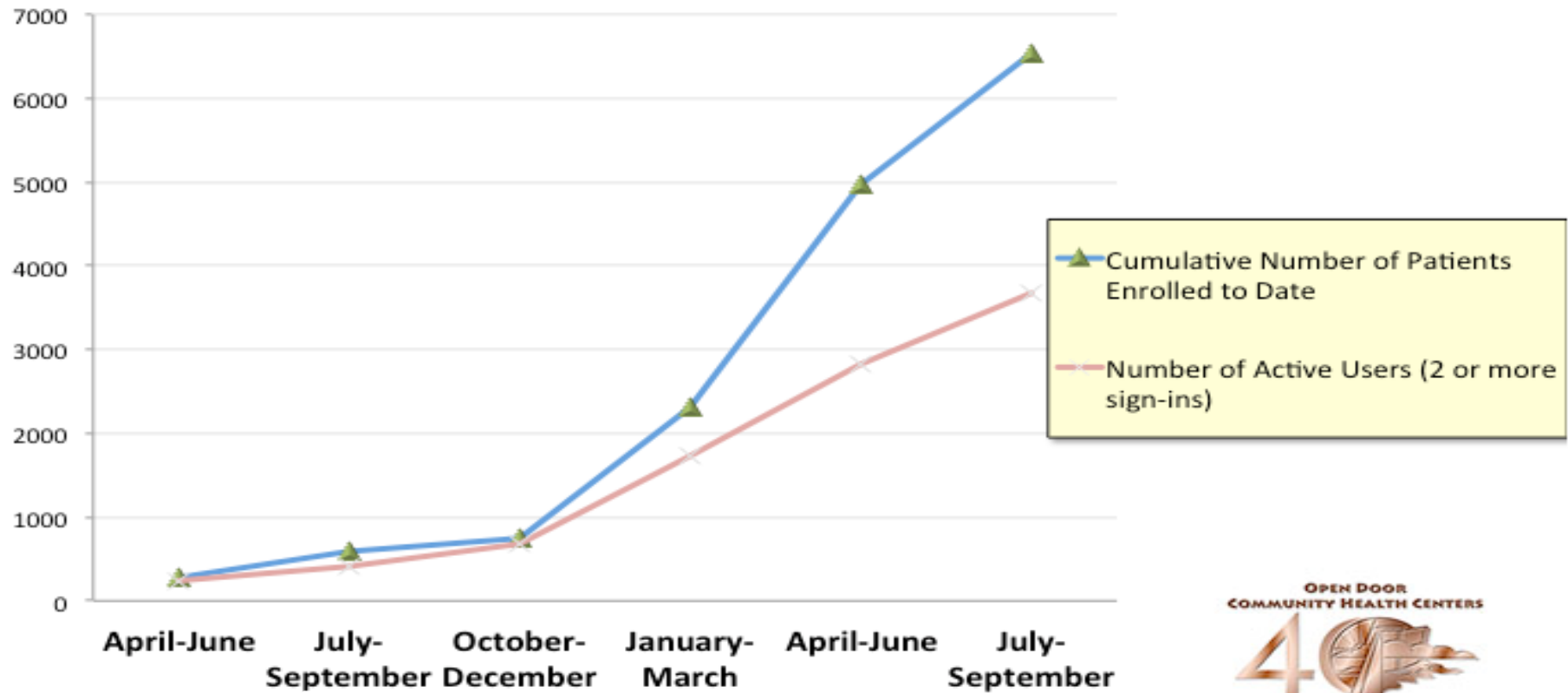
- Share and Discuss Examples of High Value Innovations That are Working in the Safety Net

Open the Toolkit

Focus:
High Provider Value –
High Patient Value

Goal:
**Drive up active use to the
point that portal-related
tasks are seamlessly
integrated into care
processes**

Portal Enrollment and Active Use





MyChart Activation Rates Maricopa Integrated Health System

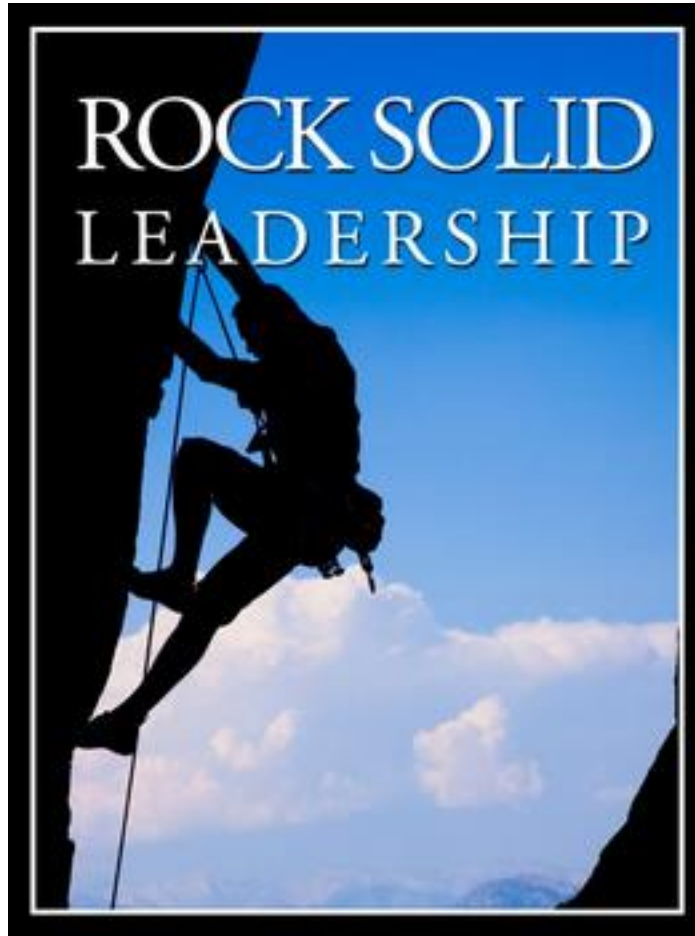


“One of the first things we did was try to figure out why. Is it our unique population? We’re a county hospital, a safety net healthcare system and we have some challenges. We have a lot of different languages patients are speaking, we have socio-economic disparities that we try to be attune to. Was it technology-related? We really focused on the ambulatory sector, we did some deep dives, we did lots of observations, we got into the clinics, we talked to a lot of people and we talked to patients,” he says.³

Six Keys to Portal Redeployment Success

1. *Strong Leadership*
2. *Focus on What Really Drives Portal Use*
3. *Focus the Marketing*
4. *Staff Engagement*
5. *Supportive IT*
6. *Comprehensive Metrics*

1. Strong Leadership



Dedicated team
leadership

Multidisciplinary
Deployment Team

Detailed strategic
planning and
participatory
execution

Accountability

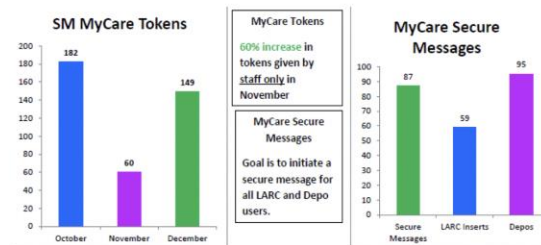
Best Practices



Planned Parenthood California Central Coast

• 3 Key initiatives for successful implementation

- Strategic Workshop
- MyCare Portal Re-Launch
- Monthly Dashboards



Sarah's SM Team

Native American Health Center

Valerie Arnold, Health Information Systems Project Manager
Eulalia Valerio, Director of Member Services

Team Impact: Each team member brought different areas of knowledge and consideration to our portal planning, with emphasis on our Members

Golden Valley Health Centers

Sheena Truong

Training and Project Coordinator
Golden Valley Health Centers

Spreading Innovations Outcome Webinar

Keep pushing for the goals, even when there are setbacks because the result of hard work and commitment is worth it to the Team and to your staff.

2. Focus on High Value for the Providers and High Value for the Patients



Learn From Your Providers

“What is it about the portal that you love – that makes it worth the clicks”

“ What is it that your patients would love about the portal – to overcome the enrollment/password reset/clicks hassle?”



"It's a simple stress test—I do your bloodwork, send it to the lab, and never get back to you with the results."



Dr. Anshu Abhat

Patient Portal Team

Leader
Los Angeles Department of Health
Services

“It was important that our first step in redeploying the patient portal was to ask our providers what they wanted most from the portal.”

Learn from Your Patients



“Our patients value getting their vaccine records without having to come into the clinic.”

Long Valley Health Center



“We learned that just getting people logged on is a significant barrier.”

San Francisco Health Network



Patient Surveys

Patients are interested in the portal and have access to the internet

- 167 patients surveyed across DHS sites this year
- 73% report access to the internet
- 65% have not heard of MyWellness
- 16% report being enrolled in MyWellness
- 81% report being interested in enrolling in MyWellness

Survey Non-English Language Users

- Need user-friendliness and correct language on portal pages
- Engage trusted cultural connections – promotoras, family support structures
- Engage specific uses – migrant worker father on heart medication...
- Marketing should reflect the target community

Virtual Patient and Family Member Feedback Group

**WHAT
DO YOU
THINK?**

- Board Members who are patients
- Patient and Family Advisory Council Members
- Ask new enrollees

Best Practices



Target High Value Uses

- Opening “Live-Scheduling” feature – we are very excited to expand this to other clinic locations



Secure Messaging

- Maintaining contact with our patients from our High School clinic while they were on Summer Break

3. Focus The Marketing

Dedicated and Responsive Marketing Support



Los Angeles County Department of Health Services
MyWellness Patient Portal

MyWellness Marketing & Communications Roadmap

This document provides a framework for marketing and communications to patients to achieve the following objectives:

- Create awareness and understanding of the benefits of MyWellness
- Motivate patients to enroll in MyWellness to manage their health care activities
- Build acceptance and confidence in using MyWellness to manage health related activities

Target Audiences

- Ambassador and Patient Advocacy Groups - Provide instructions, educational materials, assistance in setting up MyWellness accounts to patients.



**Dedicated
Marketing
Name for Portal**



Targeted Marketing



Check your records online using the new MyWellness Patient Portal / **Revise su expediente en línea con el nuevo Portal de paciente MyWellness**

- ✓ Medications/Medicamentos
- ✓ Lab results/Resultados de laboratorio
- ✓ Message your care team/Mensaje de su equipo de salud
- ✓ Request appointments/Solicitar una cita
- ✓ Request medication renewals/Solicitar renovación de medicamentos
- ✓ Update your contact information/Actualizar su información de contacto

Ask your healthcare team today. Pida hoy su equipo de atención médica.



DeKalbCounty.gov/MyWellness



SAVE TIME, ENROLL TODAY

1. Accept the e-mail invitation sent to you by your medical team to create an account. Or send email at hit@mywellness.com

2. Once you create an account, download the HealthLife app or log in on a web browser to access MyWellness Patient Portal.

Log-in Support: Call (877) 621-8014

Note: Record your PIN in a safe place. You will need your PIN to activate your account.

AHORRE TIEMPO, INSCRÍBASE HOY

1) Acepte la invitación por correo electrónico enviada a usted por su equipo médico para crear una cuenta.

2) Una vez que haya creado una cuenta, descargue la aplicación HealthLife o inicie una sesión en un navegador web para acceder al Portal de Pacientes MyWellness.

Ayuda para iniciar sesión en línea: Llame al (877) 621-8014

Nota: Guarde su número de identificación personal (PIN) o clave en un lugar seguro. Necesitará su clave para activar su cuenta.

YOUR HEALTH, IN YOUR HANDS

- Get lab results
- Read provider notes
- Make appointments
- Refill prescriptions
- Message your provider

Use the MyWellness Patient Portal and take control of your health.

SU SALUD, EN SUS MANOS

- Obtenga resultados de laboratorio
- Lea notas del proveedor
- Programa citas
- Surfa recetas
- Envíe mensajes a su proveedor

Use el Portal de Pacientes MyWellness y tome el control de su salud.

2018-2019

Outgoing	Incoming
Abdulla, Amer	Abdelkarim, Ayman
Cheng, Andrew	Beraoukhim, Shiela
Do, Huy	Beverly, Joshua
Fujikawa, Kelly	Bier, Michael
Joe, Esther	Ibrahim, Michael
Kahlon, Jason	Koh*, Simeon
Kuo*, Michael	Gisi, Catherine (Kulaga)
Lau, Bryan	Larson, Spencer
Lin, Emily Mary	Peterson, Michael
Lo, Jessica	Rudenko, Ivan
Mann, Sarah	Tai, Nguyen* Dan
Megowan, Nichelle	Thomas, Maxwell
Nguyen*, Thuc-Quyen	Yoon*, Kevin
Pham, Long	Yu*, Eric
Sikavi, Cameron	Morgan, Anna
Yang, Theresa	Salek, Azadeh

*Name absent
 Bidy, Edna
 Chon, Raymond
 Akid, Ivy
 Nie, Pingting

For OHS Time Reporting Policy Nos. 810 and 810.001, a timesheet must be submitted for every employee. Supervisors are responsible for ensuring the accuracy and approval of timesheets by the established web-based deadline noted below.

Employee's Deadline	Supervisor's Deadline	Holiday	Priority								
January Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	February Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	March Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	April Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	May Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	June Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	July Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	August Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	September Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	October Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	November Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	December Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

NOTE: Timesheet Corrections received by Payroll Services by 5 pm on Supervisor's Deadline will be processed during the normal deadline. Those received after 5 pm will be processed the next deadline.



Best Practices

Vaccine Sites

Encouraging
Posters



Need a Simple Way to Get Your Vaccine Documentation?

Never play phone tag with your doctor again. Connect to our FREE Patient Website and get your vaccine documentation online 24/7! You can also:

- Request or Change Appointments
- Safely Email Your Doctor
- View Lab Results
- Request Prescription Refills
- View Medical Records

Sign Up Today!
For more information ask the front desk or go to longvalleyhealth.org

LONG VALLEY HEALTH CENTER

iPhone

Android

Vaccine Sites

How To Enroll Guide



Healow User Guide

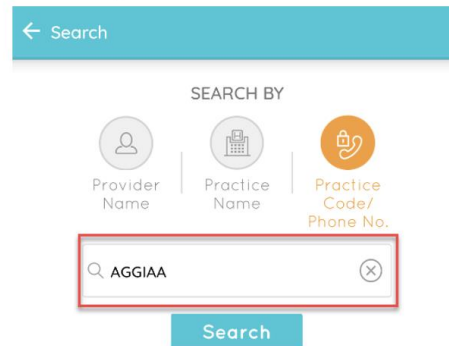
How to Install Healow on Your Smart Phone

- Prior to using the app, you must have an active Patient Portal account with username and password. Ask any CommuniCare team member for assistance.

- Download the HEALOW app from the app store (iTunes or Google Play)



- 1. Open the HEALOW app**
 - Tap on search by Practice Code
 - Enter code: **AGGIAA**
 - Tap on Search



- 2. Select the practice**

- 4. Read the Terms of Use Agreement**

- Tap I agree to the terms & conditions

TERMS OF USE AGREEMENT

Ownership and Purpose of Application:

The Healow application (the "Application"), powered by eClinicalWorks, is owned and operated by eClinicalWorks, LLC ("ECW"). The Application's purpose is to provide a secure network that will assist patients in managing their medical records, prescriptions, doctors' appointments and other healthcare related items from their mobile phones or tablets in order to assist them in obtaining improved quality, safety, and efficiency of care. The Application will interact with Healow.com and other websites and portals owned and operated by ECW or its affiliates (the "Sites").

Terms and Conditions:

This Terms of Use Agreement ("Terms of Use")

I agree to the terms & conditions

- 5. Create a PIN**

Foothill Community Health Center (FCHC) HEALTH CONNECT



Receiving Your Appointment Reminders Has Never Been So Easy

Connect to our FREE patient website. It's fast, easy and you never have to listen to on hold music again!

- Review upcoming appointments
- Safely Email Your Doctor
- View Lab Results
- Request Prescription Refills
- View Medical Records and after visit summaries

Sign Up Today!

For more information ask the front desk or go to:
<https://health.healow.com/foothillclinic>



Solicitar Su Cita Nunca Ha Sido Más Fácil.

Es rápido, fácil y nunca tendrá que escuchar música en espera otra vez!

- Revise sus próximas citas
- Envíe un correo electrónico seguro a su médico.
- Vea los resultados de laboratorio.
- Solicite relleno de medicamento.
- Vea los expedientes médicos y el resumen de su visita

¡Inscríbese hoy!

Para más información pregunte en Recepción o visite la página web:
<https://health.healow.com/foothillclinic>



4. Staff Engagement



- **The biggest impact we've seen from this solution:**
- Focus on the “low hanging fruit”, determine what the practice does most consistently and apply portal technology to assist in existing workflows.
- Get a provider onboard early, having our CMO onboard with Patient Portal yielded increased utilization quickly.
- “Quick Vids”, record basic portal function workflows and make those recordings available to staff utilizing patient portal.

Best Practices

Kick-off ALL STAFF Meeting



- Show Short “Why Portal” Video at ALL STAFF Meeting
- Show each portal function – walk through using the portal
- Ask providers what function they would like to use more

Innovative Clinical Champions





LA DHS Enrollment Competition

Around DHS

MyWellness Patient Portal Enrollment Competition Kicks Off

By Damiyah McKell and Ismael Chinchilla

On November 1, 2018, DHS kicked off a department-wide MyWellness Patient Portal enrollment competition for staff. MyWellness Patient Portal is a website and mobile app that allows patients to take control of their health. Patients are able to use MyWellness to:

- Schedule appointments
- Refill prescriptions
- Message their provider and medical team
- View lab and radiology results
- View provider notes

When staff help patients sign up for the portal, lines in our waiting rooms can be reduced since so many routine actions can be handled online. This will help us improve direct care for the patients in our clinics, ER's and hospitals.

The competition is as follows: Staff invite patients to register for the MyWellness Patient Portal during any stage of their hospital and clinical visit (Intake, Clinical, Pharmacy, Labs etc.). Once patients receive the email, they can register online and start managing their health.

The competition will last for three months from November 2018 to January 2019. At the end of every month, the service team with the highest number of enrollments will be rewarded with a celebratory party: a Pie Party in November 2018, a Tamale Party in December 2018 and a Pizza Party in January 2019. The persons with the highest individual number of enrollments in November 2018, December 2018 and January 2019 will be featured in a marketing campaign (three separate winners).



The impact of MyWellness Patient Portal is already being felt. "I recently had a patient avoid an ER visit by managing their asthma by using the portal. My patients have wonderful family caregivers who communicate with the clinic via the portal. My patients love being able to see their lab results and read my notes. I personally save time by messaging patients through the portal instead of relying on repeated phone calls and voicemails," said Dr. Anshu Abhat, Director of Digital Patient Engagement.

For more information on how to enroll patients or the competition visit: bit.ly/patientportalsharepoint. For specific questions on how to enroll patients or the competition details email: maketing@dhs.lacounty.gov or call (626) 525-5333.

**PIPER – Eisner’s Patient Portal
Eisner Pediatrics & Family Medical
Center**

Joey Torres
IT Director

Eisner Pediatrics & Family Medical Center

Starbucks Gift Card for
staff member team with
highest enrollment





You Rock!

THANKS FOR ROCKING THE PATIENT PORTAL!!!

PIZZA PARTY
DR. HUDSON & DR. LAM'S
HEALTH CARE TEAM!
EACH TEAM HAS MET OR SUPRAPPED THE
PATIENT PORTAL GOAL!

WHEN: MONDAY – DECEMBER 7TH FROM 12:15 TO 1:30
WHERE: MAIN BUILDING – CONFERENCE ROOM

BE THE NEXT TEAM AND WIN A FREE LUNCH!



Virtual Provider and Staff Feedback Group

**WHAT
DO YOU
THINK?**

- Portal Champions
- IT Help Desk – Call Center
- Mix of MA/RN/Front Desk

5. Supportive IT



The State of the Digital Divide
and Implications for Patient
Outreach

Courtney Rees Lyles, PhD

Approaching health tech as an IT solution will fail. Needs to be integrated across clinic workflows and approached as a shift in care delivery. Usability challenges and language barriers remain.



Challenges and Solutions

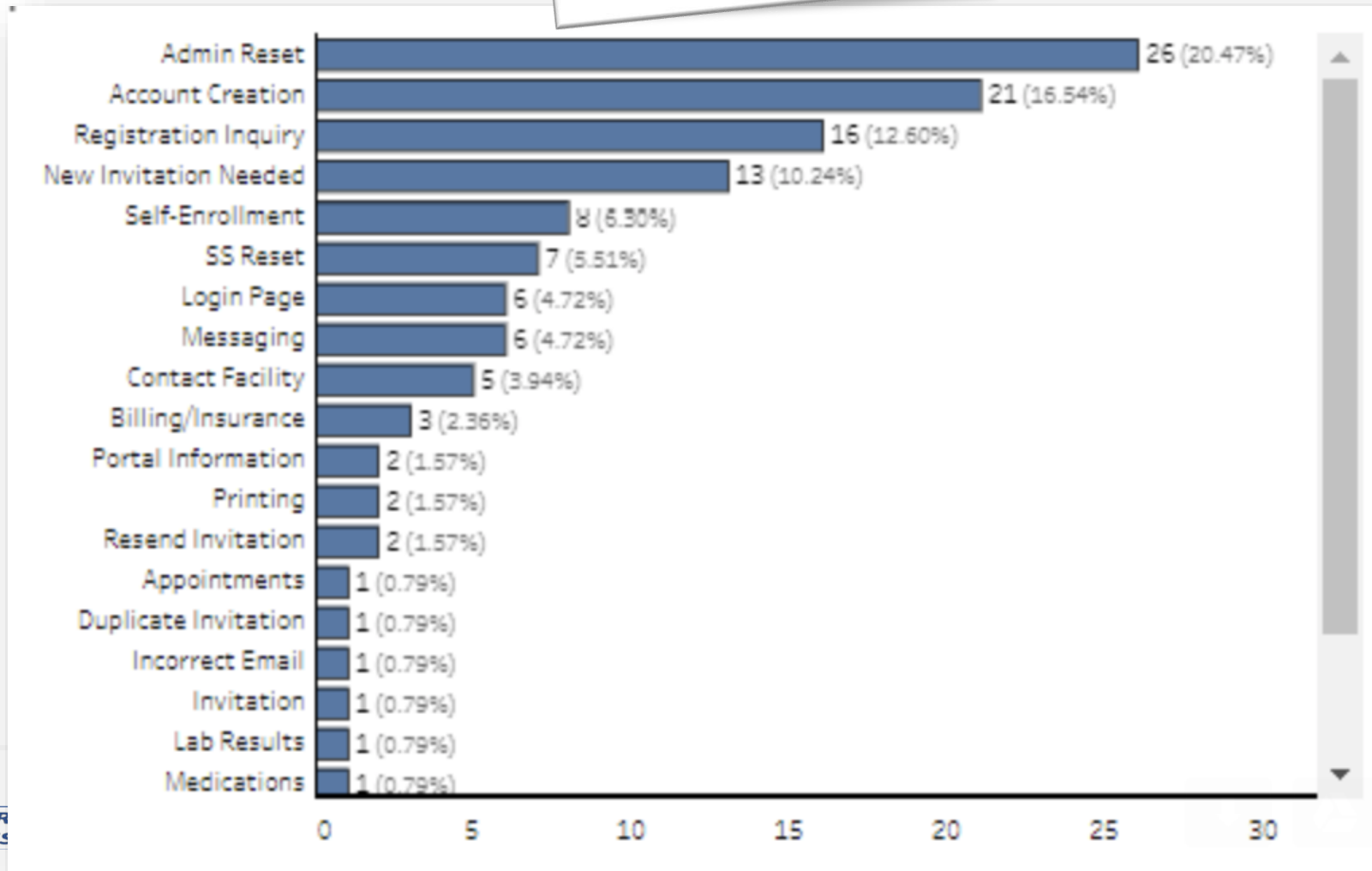
- **Our biggest challenge in this last year:**

Texting Vs Patient Portal

- Portal is better positioned for clinical discussion regarding care.

Best Practices

Portal Help Desk Report





nt List Discharge Dashboard Census Task List

Collection PM Conversation Community Patient Education

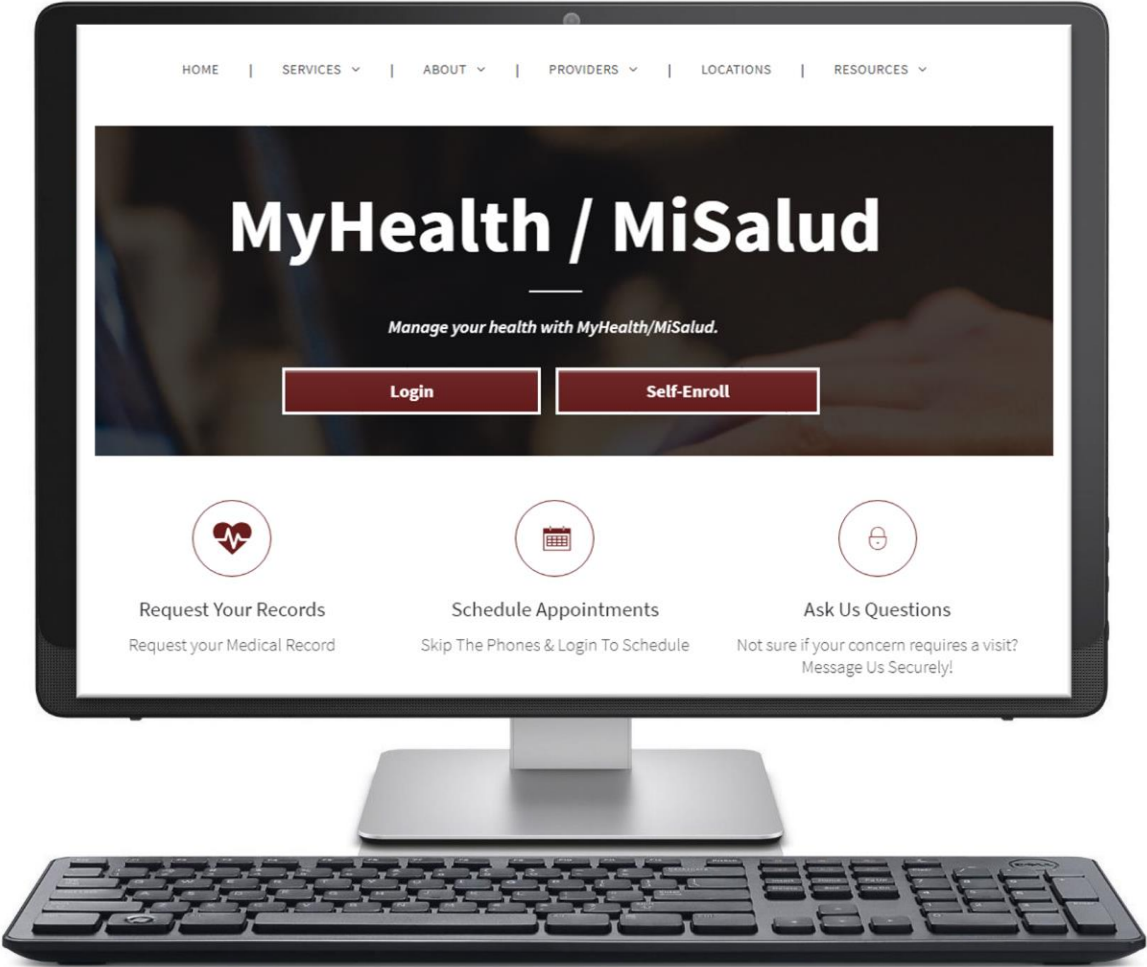
10/1963	MyWellness: Yes	Code Sta
ears		Hold Stat
ale		Isolation:

b Summary X MedCalc X Urgent C

Visit Note Visit Charges



Customized Web Landing Page





Call for an Appointment **Medical:** 707.559.7500
Dental: 707.559.7602

Wellness Group Medical Visits

Careers

Newsletter Signup

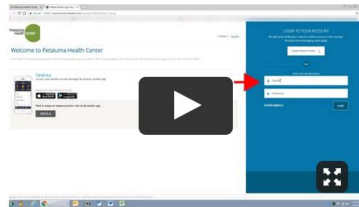
Donate Today

Patient Portal

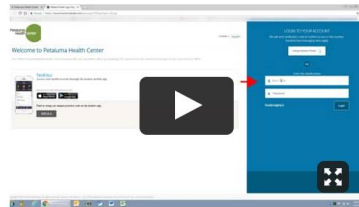
Using the Patient Portal

Your Visit ▾ Services ▾ Our Doctors & Providers Locations ▾ About Us ▾ NP & PA Residency Program Volunteer [Español](#)

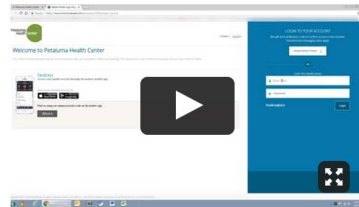
Using the Patient Portal



How to Activate the Patient Portal



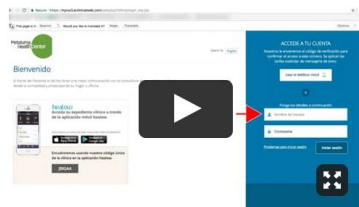
How to Schedule An Appointment on the Patient Portal



How to Send Your Provider a Message on the Patient Portal



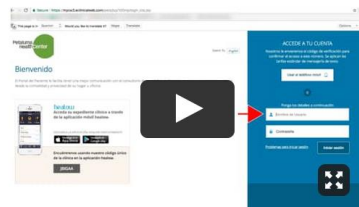
Welcome to the Patient Portal at Petaluma and Rohnert Health Centers from Petaluma Health Center on Vimeo.



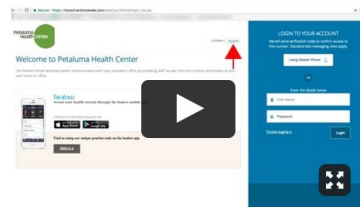
Cómo Pagar su Factura en el Portal del Paciente



Cómo Enviar un Mensaje a su Médico en el Portal del Paciente



Cómo Programar Una Cita en el Portal del Paciente



Cómo Solicitar un Repuesto de Medicamento en el Portal del Paciente

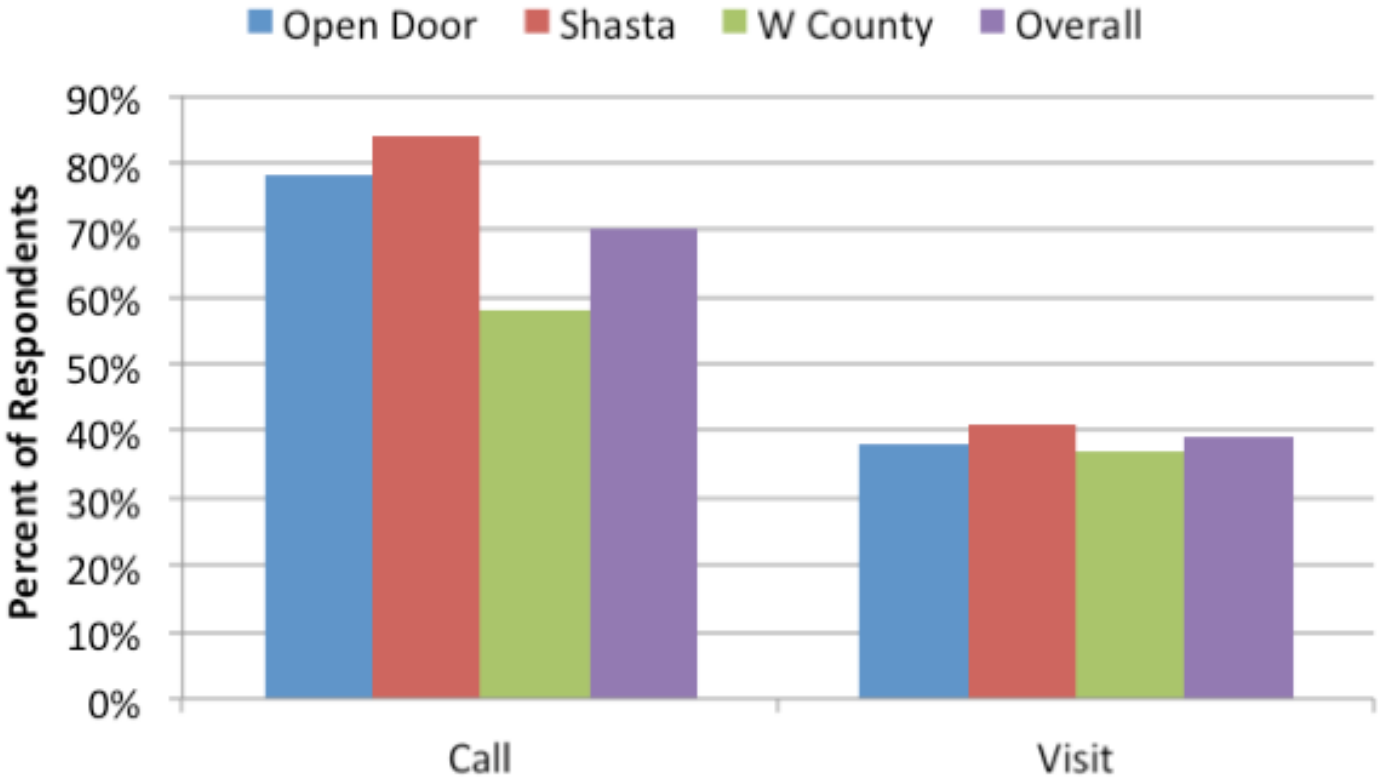
6. Comprehensive Metrics

La Clinica de La Raza

Kevin Baxter
Director of Meaningful Use
La Clinica de La Raza

To impact any change in enrollment numbers, regular reporting to the clinics is necessary.

Percentage of Patients Reporting that Patient Portal Saved a Call or Visit to Clinic



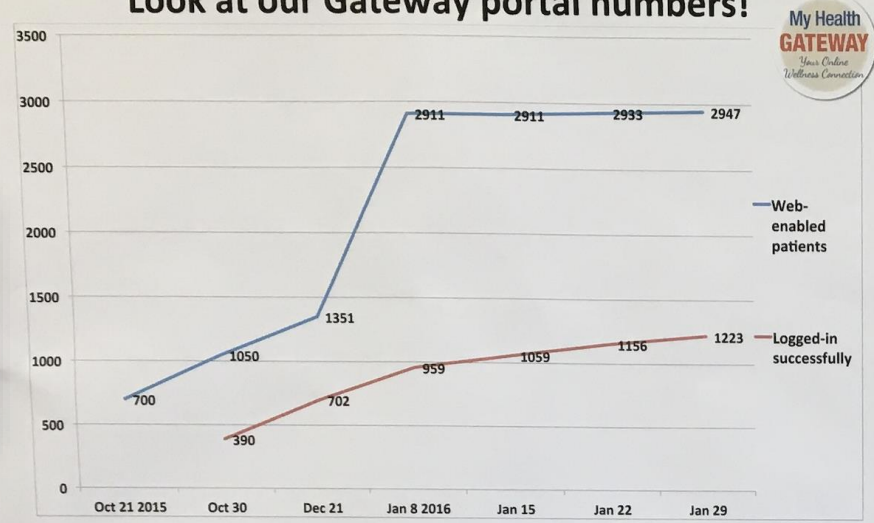
“High Value” Data? How much the patient portal saved unnecessary visits and calls!?

Best Practices



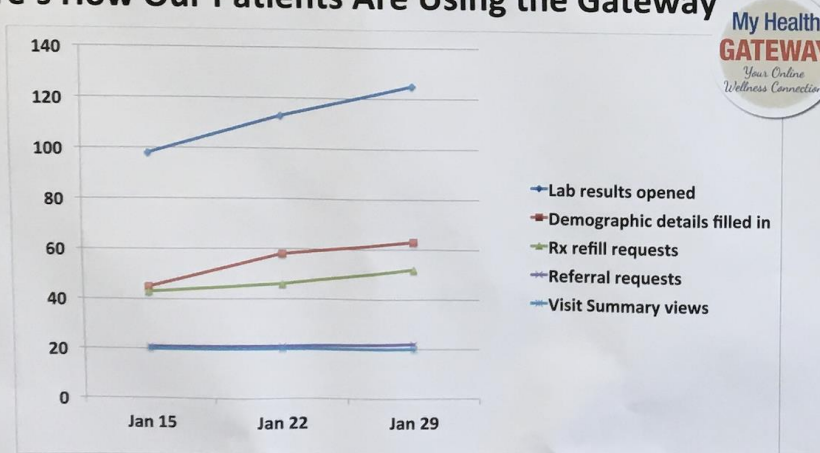
Simple
—
Tape
On
Wall

Look at our Gateway portal numbers!

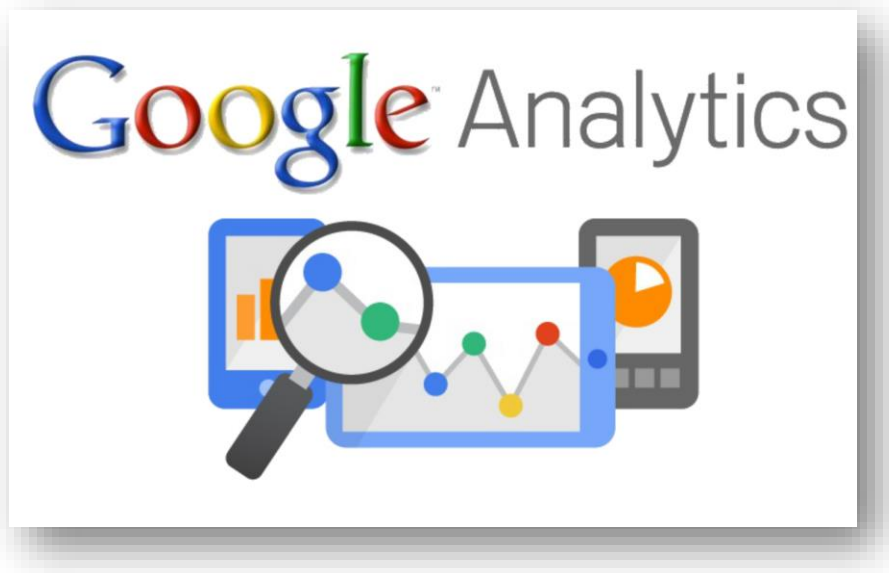


Help us get to 4,000 enabled and 1,500 logged-in by Feb. 29!

Here's How Our Patients Are Using the Gateway

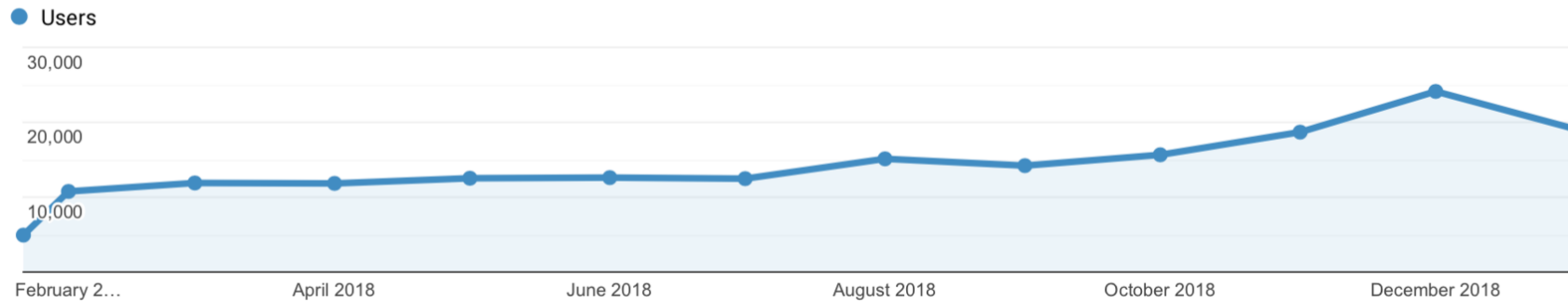


The Gateway reduces phone calls and paper, improves patients' access to their health information, and saves time for everyone



Comprehensive Metrics

Overview



Users
145,392



New Users
142,906



Sessions
367,070



Number of Sessions per User
2.52



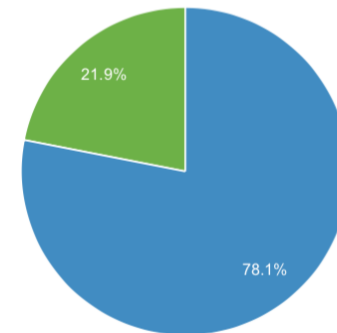
Pageviews
2,006,275



Pages / Session
5.47

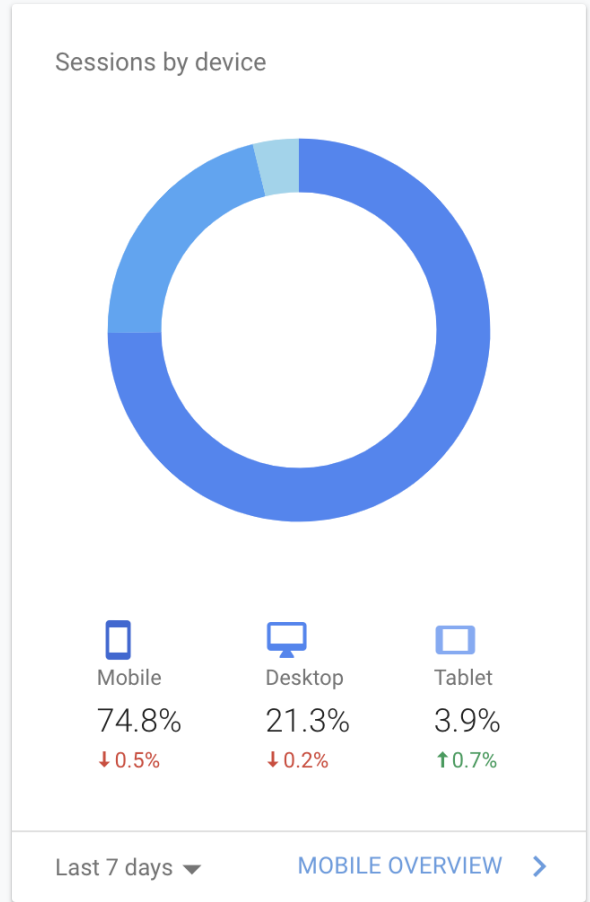


■ New Visitor ■ Returning Visitor

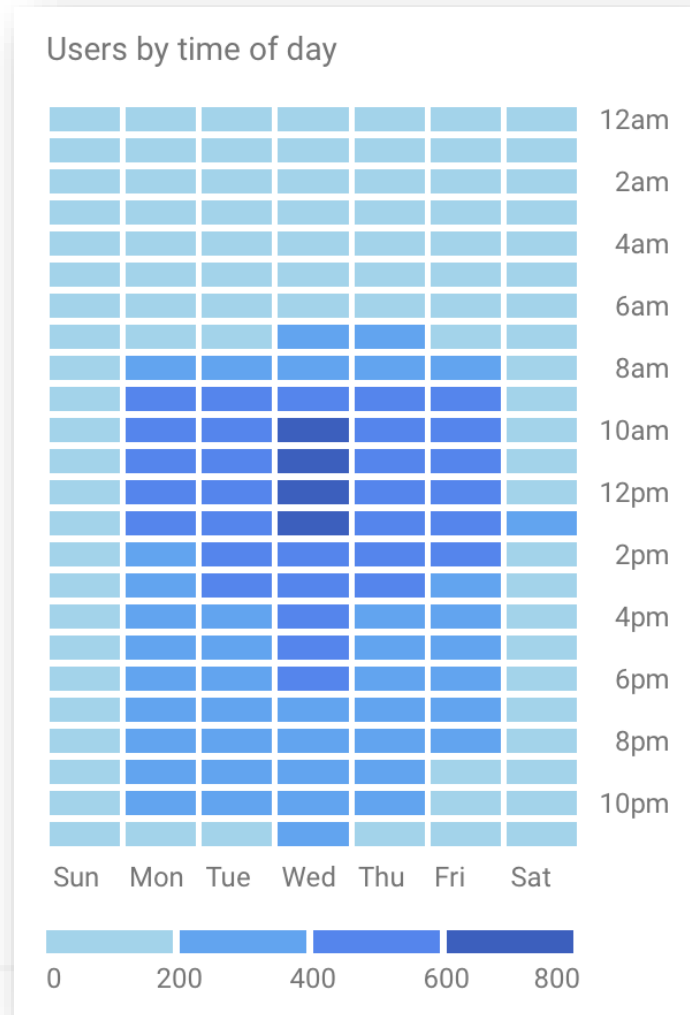


How Users Access The Portal

What are your top devices?



When Is The Portal Used?





+61%

**Views In
Lab Results**

+46%

**Views in
Health Records**

+73%

**Views in
Appointments**



**Quadrupled the number of patients
reading their provider's notes online**



Decision Points

Decide

Wait

- Unsure of board/senior leader support versus other projects
- Unknown EHR vendor options
- Looking at other secure communications platforms - texting?
- Other?

Start Portal Enrollment and Active Use Improvement Project

- Supports a known Telehealth plan
- EHR vendor options are useful
- Known specific patient engagement use
- Board/Senior leader optimism and support for project and team



LA DHS Patient Portal Redeployment:

LA DHS: “Patient Portal is the Foundation for Secure Patient Engagement in the Digital Age”





“Purposeful” Redeployment Strategy

- Senior Leader Push
 - Engage Providers – Champions Helped Build Simple Training Toolkit
- Survey and Site Visit
- Strategic Planning Senior Leader Meeting – Everyone Voted on Top Action Items
- Program Management Tracking Tool - Clear Action Item Owners
- Marketing Support for Top Action Items
- Top 5 Action Items:
 - Start Live Scheduling
 - Put Lifestyle Reminders (ELM, etc) on Portal
 - Make User Experience for Spanish-primary speakers easier
 - Allow Phone Numbers to Be Used To Enroll
 - Develop Process to Send Appointment Reminders

How do I get providers/staff to want to use it?

Senior Leader “Bump”



Director's Desk
Christine B. Grady, MD
Director

This issue of the Pulse highlights our phenomenal performance on PRIME metrics. As a result of our collective work, our patients have higher rates of compliance with preventive health services such as colorectal, cervical, and breast cancer screening. They also have their medication lists reconciled at each encounter, have greater access to palliative care services, and have improved control of chronic diseases and their risk factors, such as high blood pressure, diabetes and tobacco use. I am especially grateful to the 25 individuals who have

served as leaders of one or more PRIME measures. Your creativity and dedication will have a lasting impact on the health of

Please join the challenge to enroll our patients in the DHS Patient Portal. Using the Portal, patients can check up on their lab and radiology results, communicate with their provider and health team, refill prescriptions, reschedule appointments, among other functions. This is a great way for patients to receive information and services they need right from their homes. Please encourage the patients you interact with to enroll today!

Finally, please find time this holiday season to celebrate the people you work with. Celebrate the talents and dedication of your staff. Please be generous in sharing with one another the ways in which you appreciate the contributions everyone makes. To each of you, I want to wish you and your family all the best this holiday season!

In This Issue

- DHS Specialty Care Forum: Hearing from the Front Line
- MyWellness Patient Portal Enrollment Competition Kicks Off



Please join the challenge to enroll our patients in the DHS Patient Portal! Using the Portal, patients can check up on their lab and radiology results, communicate with their provider and his/her team, refill prescriptions, reschedule appointments, among other functions. This is a great way for patients to receive information and services they need right from their homes. Please encourage the patients you interact with to enroll today!

DHS Specialty Care Forum: Hearing from the Front Line

News
By S. Monica Sosa, MD

The Department of Health Services (DHS) Specialty Care Initiative hosted a Specialty Care Forum with 70 clinicians in attendance on November 8, 2018 at the Marriot Courty in Alhambra. The forum is one of several approaches the Specialty Care team is implementing to improve the experience of primary care providers using eConsult to get feedback from front line clinicians. The providers hailed from the Community Partner clinics that serve My Health LA patients, primary care clinics and specialty clinics. The forum was sponsored by grant funding from the Blue Shield of California Foundation.

The meeting allowed for networking between primary and specialty care providers who discussed the eConsult platform, management of complex patients, as well as best practices and workflow. Presenters included Dr. Paul Gibsony (Associate Chief Medical Officer), Dr. Monica Sosa (Director of Specialty Care), Dr. Stan Deka (Director of eConsult), Nancy Cayasso-McIntosh, MPH (Analyst for Specialty Care Improvement Initiative), Sheri Dui (Director of the Office of Patient Access) and Myra Garcia, RN (Manager of Specialty Care Linkage Unit).

As a snapshot, DHS performs between 67,000-70,000 specialty care visits monthly. The majority of specialty visits by volume take place at LAC-USC Medical Center, followed by Harbor-UCLA Medical Center, Olive View-UCLA Medical Center and MLK Outpatient Center. Over 18,000 eConsults are requested each month with a median initial response time from our specialty reviews of 24 hours. This rapid turnaround time allows primary care physicians to get immediate assistance on next steps for evaluation for their patient or management guidance. The specialties that receive the highest volume are ophthalmology, gastroenterology, orthopedics and obstetrics-gynecology with over 1,000 eConsults submitted per month.

eConsults are generated from DHS and Community Partners, as well as Convictional Health, Department of Mental Health and Department of Public Health providers.

The Office of Patient Access (OPA) discussed the significance of restructuring made to the Specialty Linkage and scheduling process, which has improved access to appointments and reduced backlog. In fiscal year 2017-2018, the unit handled 1,915,574 calls. The team of 38 are each part of a specialty team for scheduling, which includes Surgical, Medicine, Ancillary Women's and Pediatrics. This division allows the staff to become subject matter experts and understand the nuances of obtaining patients within a certain specialty. The phone lines are open Monday through Friday from 7:30 am to 3:30 pm and staff also make follow-up calls every other Saturday. The OPA has found creative, innovative solutions to the large volume of calls required to manage eConsult scheduling and



(See FORUM on page 3)



Listen to Your Providers

“What is it about the portal that you love – that makes it worth the clicks”

“ What is it that your patients would love about the portal – to overcome the enrollment/password reset/clicks hassle?”

How do we identify value to providers and staff to make patient engagement part of their processes?

Listen to the Patient - Focus Groups

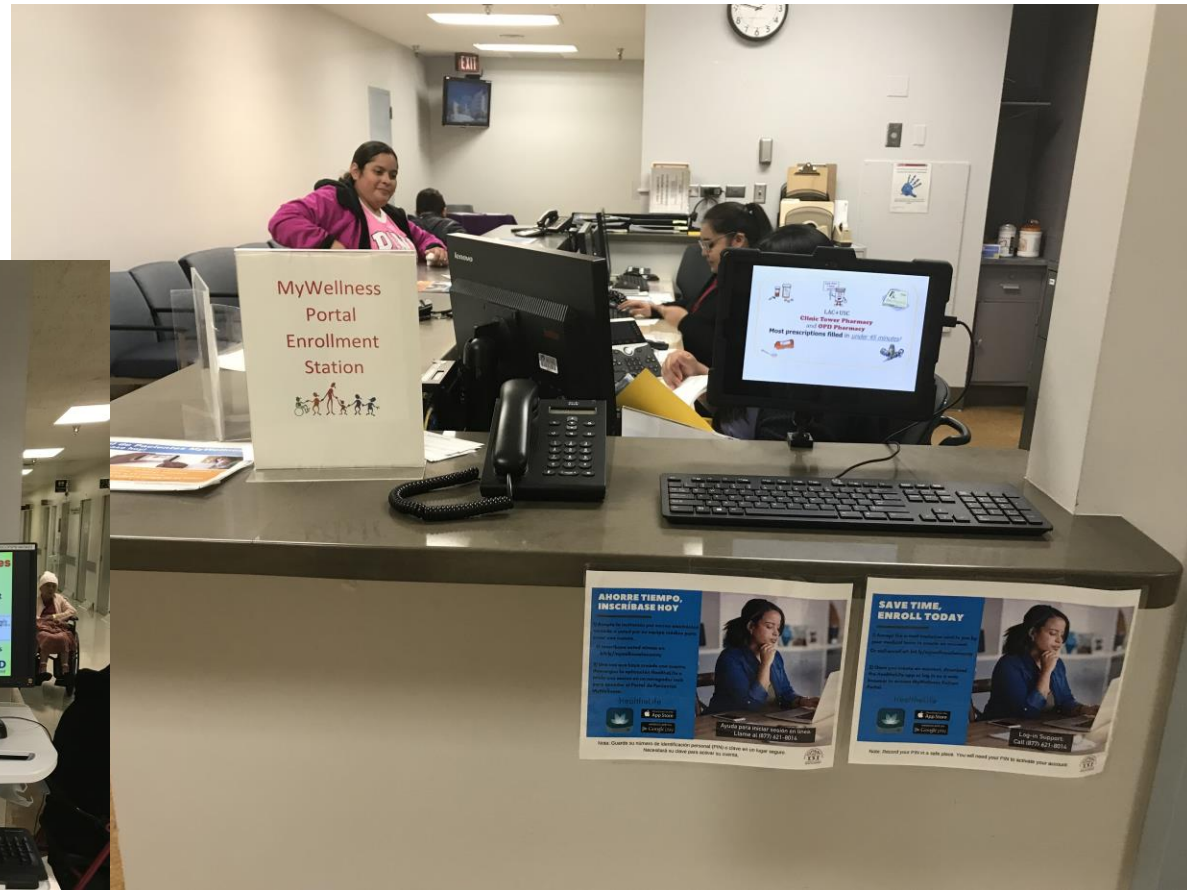
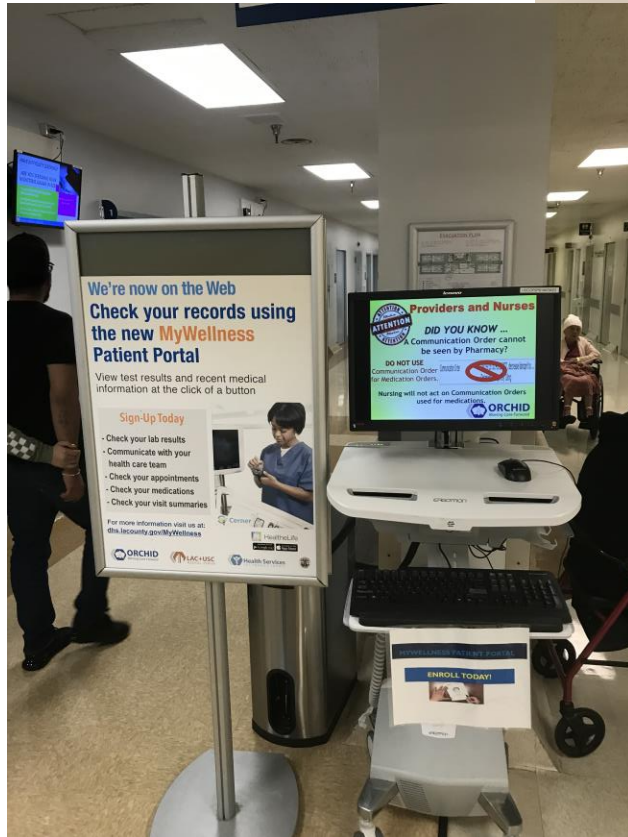
- Focus groups at Harbor-UCLA and Mid-Valley (Dr. Alejandra Casillas)
 - English and Spanish speakers
- "My appointment letter came 2 days after my scheduled first oncology appointment. It would be great to see appointments on the portal."
- "I waste time on Facebook. I would rather be checking on my health just like I check my bank account."

Listen to the Patient - Surveys

Patients are interested in the portal and have access to the internet

- 167 patients surveyed across DHS sites this year
 - 73% report access to the internet
 - 65% have not heard of MyWellness
 - 16% report being enrolled in MyWellness
 - 68% report being interested in enrolling in MyWellness

IT Support




Telehealth Workflows Include Patient Portal Enrollment

B. Patient prepares for video televisit



Infograph Given at Vaccine Site

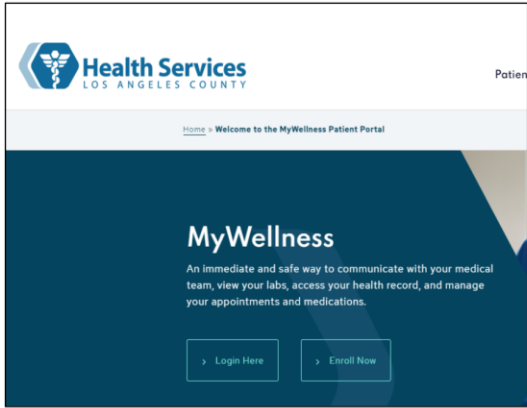


MyWellness Patient Portal

SAVE TIME – SELF-ENROLL TODAY!

Step 1: Go to <http://dhs.lacounty.gov/mywellness>


Step 2: Click on "Enroll now"



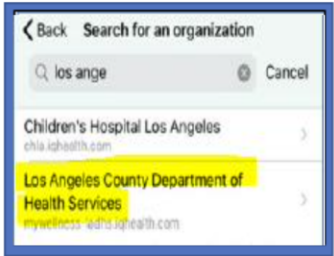
You will need the following information to enroll:

1. First and Last Name: _____
2. Date of Birth: ____/____/____
3. Medical Record Number OR email address listed in your medical record: _____

HealthLife App

Step 3: Once you successfully complete the enrollment process, and create your account. The next step is to download the **HealthLife** mobile app. The app is available for both iOS and Android/Google. 

[App Store](#) [Google Play Store](#)



Under "Search for Organization", be sure to select "**Los Angeles County Department of Health Services**"

Note: If you prefer Spanish, you must select Spanish as your preferred language on the website. Log out and re-log into the mobile app for the language preference to be applied.

Enrollment and Active Use

WHAT WE'VE ACCOMPLISHED

Doubled the number of active users



**Enrolled
Patients**



**Monthly
Active Users**



**Use
Mobile**





Quotes From Staff After 6 Months

- *Providers are starting to really like it – it saves time and increases the quality of patient care!*
- *Providers report more comprehensive visits with portal users*
- *Providers report portal patients participate more in shared decision-making*
- *Saves time for everyone – major reduction in admin task time/calls*

Q&A



A moderator will now bring questions forward from the chat



Please share your feedback using the survey link in the chat, the QR code below, or the link in the follow up email!





Continue the Conversation

The second part of this virtual workshop is taking place tomorrow **Thursday, June 3 from 12:00 – 2:15 pm**

We hope to see you then!



