Are Meaningful Use and Patient Portals

Going the Way of the Dinosaur?

Or Are They Simply Being Enhanced as CMS Transitions From Patient Access to Engagement and Outcomes?

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February 2016

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> The Centers for Medicare & Medicaid Services (CMS) developed Meaningful Use (MU1, 2 and 3), in one respect, "to keep us all honest"—to ensure not only that providers create, use and make accessible to patients their electronic health records (EHRs), but that patients actually use them, as well.

Now comes news that CMS will be **taking Meaningful Use in a new direction**, one that focuses more on patient care and outcomes. In January, CMS Acting Administrator Andy Slavitt told the J.P. Morgan Healthcare Conference in San Francisco that:

> *"Now that we effectively have technology into virtually every place care is provided, we are now in the process of ending Meaningful Use and moving to a new regime culminating with the MACRA implementation. The Meaningful Use program as it has existed, will now be effectively over and replaced with something better."*[1]

MACRA is the newly passed **Medicare Access and CHIP Reauthorization Act of 2015**, a law that uses care quality, cost and clinical practice improvements to determine Medicare reimbursements to hospitals and physicians.

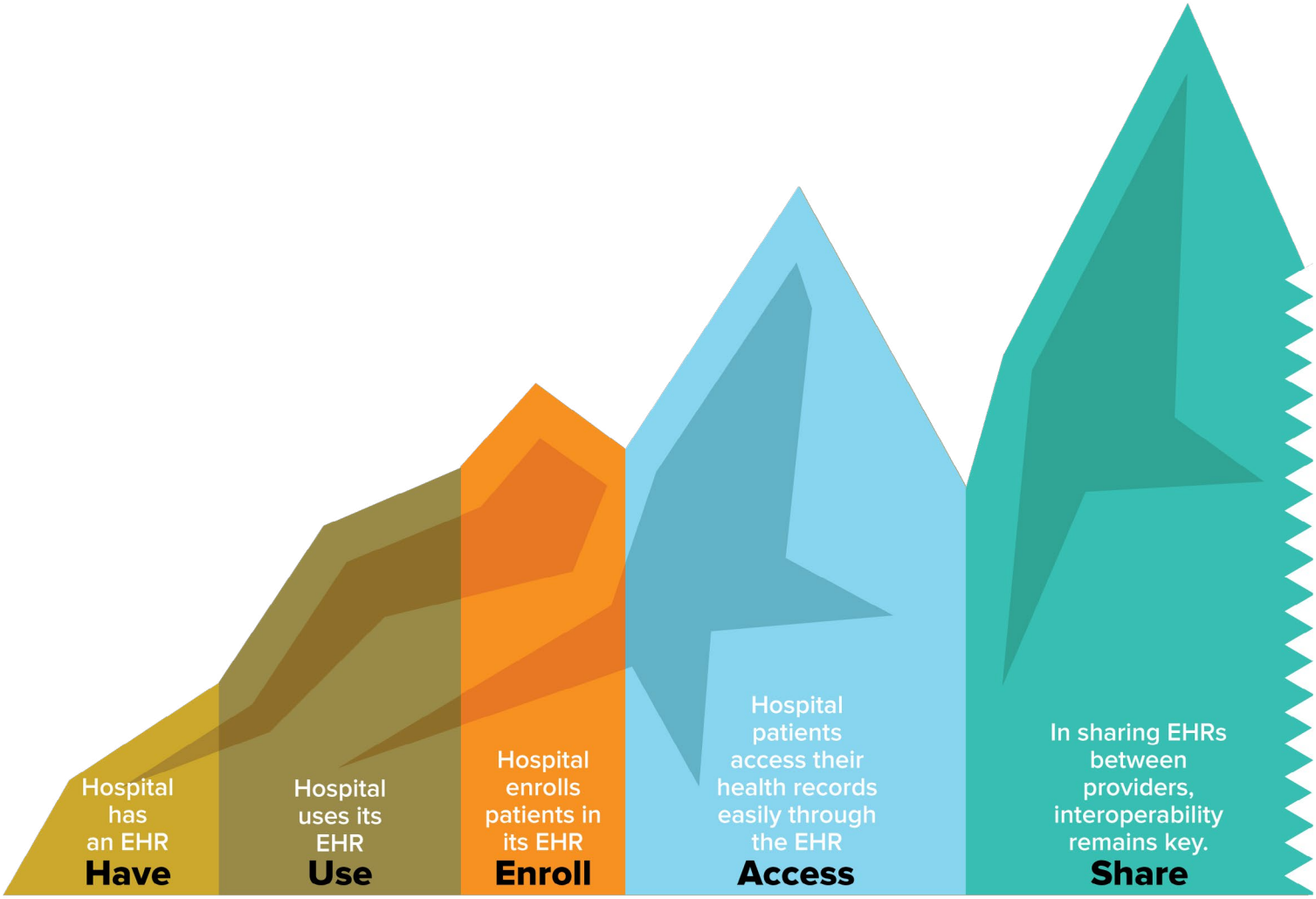
It's a whole new ballgame for providers who've spent the last five years trying to meet MU requirements (and avoid CMS reimbursement penalties) by getting patients more proactively involved in their healthcare through online access to EHRs.

But does MACRA signal an end to Meaningful Use itself? And what will become of patient portals—CMS's early prescription for engaging patients by giving them online access to their medical records—as well as bidirectional communication with their providers?

[1] "Andy Slavitt Puts Meaningful Use on Ice; Read His J.P. Morgan Speech Transcript," *HealthCare IT News*, Jan. 13, 2016: http://www.healthcareitnews.com/news/andy-slavitt-puts-meaningful-use-ice-read-his-jp-morgan-speech-transcript

The Evolution of Electronic Health Records (EHRs)

As one MU stage has advanced to the next, providers have continued a long, painful march beyond merely having EHRs and toward proving increasingly advanced use of the technology.



Is all of the work toward Meaningful Use dead in the water while we await a new CMS program to coincide with the goals of MACRA?

The answer lies both in the evolution of Meaningful Use and in the vision CMS now has as MACRA begins to take center stage.

What a Patient Portal Could Do

A patient portal is a secure online website that gives patients convenient 24-hour access to their protected health information from anywhere with an Internet connection.

Are Patient Portals Working?

Patient portals—websites allowing patients to easily and securely access their EHRs and even communicate with their providers—were one of the big recommendations of MU2 in 2012.

CMS promoted portals as a way for patients to access their EHRs and for providers to demonstrate that their patients were actually doing this, calling the portal "a powerful platform for increasing access, empowering patients, supporting care between visits and improving health outcomes."[2]

By 2015, 62% of U.S. hospitals had instituted some sort of patient portal, in many cases created by their EHR vendor.[3]

But while portals initially seemed promising, they've hit some serious roadblocks. The biggest is one that any new website, app or digital connection must overcome: They must be easy to use, right from the start.

Consumers of technology are tough critics who won't return if a first encounter with a new online offering isn't great. Portals must deliver on the promise of being meaningful, relevant and of high value. Indeed, they have to be worthwhile enough to warrant a *first* visit, let alone a return one.

But when a developer isn't accustomed to building an application or website for a particular audience (in this case, patients), "building it" sometimes has very little to do with whether "they will come." What if, for example, portals presented health data the way consumers are used to seeing data elsewhere in their daily lives, as described by Thomas Goetz in Wired magazine's TEDMed Talk.[4]

Watch the TED Talk, "It's time to redesign medical data" now. →

A further complication is the imperative of patient privacy. A portal must be protected and secure. All of these factors have created obstacles to portal use.

Consider the challenges raised in the following three examples, one for each of the three years most portals have been in use:

[2] "Using Patient Portals in Ambulatory Care Settings," National Learning Consortium Fact Sheet: https://www.healthit.gov/sites/default/files/measure-tools/nlc-using-patient-portals-ambulatory-care-settings.docx

[3] "Optimizing Patient Portals – Part 1," HIMSS, Jan. 27, 2015: http://blog.himss.org/2015/01/27/the-status-of-patient-engagement-technology-from-implementation-to-optimization-in-2015-part-1/

[4] "Thomas Goetz: It's Time to Redesign Medical Data," TedMed, October 2010: https://www.ted.com/talks/thomas_goetz_it_s_time_to_redesign_medical_data?language=en

■ Mayo Clinic had great success signing up patients—about 240,000, in fact—for a portal it introduced in 2010. By 2013, however, it was clear that signing up did not equate to portal use. In a 2013 blog post about Mayo's experience, Steve Wilkins, MPH, described it this way:

> *"... They are having a hard time getting more than 5% of all the patients who registered with the patient portal to actually use it. You see in order to meet Stage 2 Meaningful Use requirements, and enjoy the benefits that come with meeting this criteria, people actually have to use the portal to access their own health information. You just can't build a portal and in Mayo's case have fewer than 12,000 unique patients actually use it."*[5]

■ Xerox's **5th annual survey on EHR use** published in 2014, found that "a majority of Americans (64%) do not currently use online patient portals." According to the survey, 35% of patients not using portals said they didn't know they were available and 31% said their physician had never talked with them about it.[6]

→ **Ironically, this survey also found that 57% of those not using portals would be more interested and proactive with their healthcare if they had online access to their medical records.**

■ In a 2015 blog series on portals The Advisory Board Company reported that portal adoption is highest (at 35%) among patients ages 30–39. Most other age groups have adoption rates of 20% to 32%.

→ **Whether or not 35% is a reasonable expectation, much more needs to be done to bring usage among all ages up to this high. And even then, 65% would still not be using portals.**[7]

[5] "If You Build a Patient Portal, Why Won't They Come," by Stephen Wilkins, MPH, KevinMD.com, April 13, 2013: http://www.kevinmd.com/blog/2013/04/build-patient-portal.html

[6] Annual Xerox EHR Survey, Dec. 16, 2014: http://news.xerox.com/news/Xerox-EHR-survey-finds-Americans-open-to-online-records#

[7] "The Truth About Patient Portal Use," The Advisory Board, July 20, 2015: https://www.advisory.com/research/medical-group-strategy-council/practice-notes/2015/july/the-truth-about-patient-portal-use

In other words, three years into MU recommendations for patient portals, no one is calling them a resounding success. Hospitals and healthcare practices have invested tremendous amounts of time, money and effort into developing portals, learning how to use them and trying to get patients to use them, too. For their part, patients have not found portals to be very easy to access or valuable when they do.

Furthermore, with different hospitals and healthcare practices all offering their own portals, patients may be confused or overwhelmed. Which portal makes sense to use? Are any of them worth using? For some patients, the answer remains a resounding "No."

While this might all sound like a death knell for portals, there's more to the story.

Enter the API

As Meaningful Use moved to Stage 3 (MU3) in 2015, CMS added APIs (application programming interfaces) as an alternative way for patients to access their EHRs. An API is a set of programming protocols for accessing a software application online. By inputting specific information, patients can use an API to see, download and share their health information. CMS noted that this approach:

- Is more flexible than current patient portals
- Allows patients to receive their health information "from multiple [healthcare] providers and potentially incorporate all of their health information into a single portal, application, program or other software"
- Would free hospitals up from separately purchasing and implementing patient portals[8]

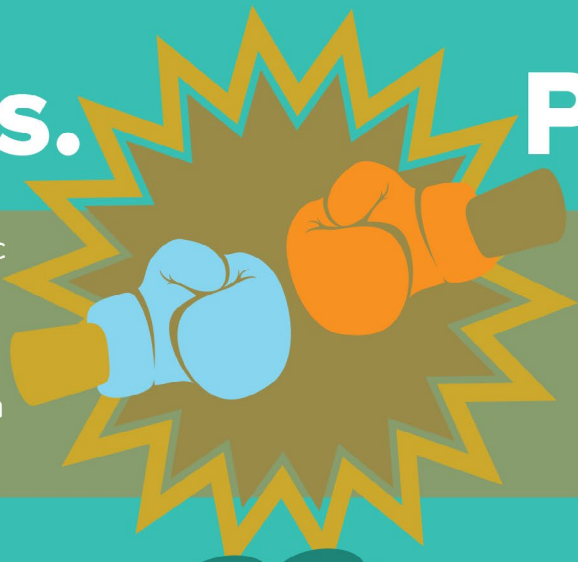
MU3 requires that, beginning in 2018 (with an option to voluntarily start in 2017), providers allow for patient access to EHRs in the 4 ways detailed in the "API vs. Portal" infographic and that more than 80% of unique patients be able to "access that information within 48 hours of its availability to the eligible provider and 36 hours of its availability to the provider for an eligible hospital."

The bottom line here is that some patient portals may indeed go the way of the dinosaur because patients don't find them valuable, while others will flourish because they've found the "right formula" to attract patients and keep them coming back.

[8] "Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017," *Federal Register*, Oct. 16, 2015: https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications

API vs. Portal?

During the first public comment period for MU3, there was a huge "hue and cry" about APIs in relation to patient portals.



Many wanted to know what role APIs would play.

"Are APIs the same as portals?" ... "Are APIs replacing portals?" ... "Are APIs in addition to portals?"

CMS responded carefully—but firmly—before declaring APIs a part of MU3:

> *This proposed Stage 3 objective for Patient Electronic Access is not a 'patient portal' versus 'API' requirement or a requirement to support two patient portals. Instead, this proposed objective is supporting ...*

4 Basic actions that a patient should be able to take:

View their health information.

Download their health information.

Transmit their health information to a third party.

Access their health information through an API.

> *We also believe that these actions may be supported by a wide range of system solutions, which may overlap in terms of the software function used to do an action or multiple actions.*

Source: https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications

Here's a wonderful example of a portal far from becoming extinct:

■ **HealthEast Care System** used an API to incorporate patient education into its portal and create "MyPregnancy Tracker," engaging patients, improving patient outcomes and building brand loyalty in the maternity service line.

→ **In a 2016 blog post, HealthEast Chief Medical Information Officer Todd Smith, M.D., said:**

"By integrating our MyPregnancy Tracker with the patient education system, we're using digital health technology to ensure that patients get the health information they need from us. Plus, we're overcoming the most common challenges of patient portals."[9]

In just 5 months (Oct. 2015 – Feb. 2016), 968 unique maternity patients viewed HealthEast's valued patient education a total of 13,860 times.

An End to Meaningful Use?

As providers worried over the failure of portals, CMS's Slavitt made waves with his January speech—leading many to wonder: Is it curtains for Meaningful Use, too?

CMS will detail a new direction for Meaningful Use over the next few months (beginning in late March). Guiding these changes, Slavitt says, are the following themes:

- **A move from rewarding providers for technology use** toward patient outcomes.
- **Allowing for EHR technology built around an individual practice's needs,** rather than government needs, and for user-centered technology that supports physicians, rather than distracts them.
- **A requirement for open APIs,** "to even the playing field for start-ups and new entrants" and allow for apps, analytic tools and connected technologies to move data in and out of an EHR securely.
- **A full embrace of interoperability,** with the goal of "pointing technology to fill critical use cases like closing referral loops and engaging a patient in their care."[10]

[9] "Patient Portal 2.0: How HealthEast Gets Meaningful Engagement From a Patient Portal," UbiCare.com Blog, Feb. 18, 2016: http://blog.ubicare.com/patient-portal-2.0-how-healtheast-gets-meaningful-engagement-from-a-patient-portal

[10] "Andy Slavitt Puts Meaningful Use on Ice; Read His J.P. Morgan Speech Transcript," HealthCare IT News, Jan. 13, 2016: http://www.healthcareitnews.com/news/andy-slavitt-puts-meaningful-use-ice-read-his-jp-morgan-speech-transcript

Keep in mind, however, that MU3's regulations are required for all hospitals and providers in 2018. Slavitt's remarks don't mean Meaningful Use is dead in the water. In a blog he co-authored with Karen DeSalvo, Acting Assistant Secretary for Health in the U.S. Department of Health and Human Services, after his attention-grabbing speech, Slavitt made it clear that MU requirements remain in effect as CMS transitions the program to one that works under MACRA, which will be phased in from now through 2021:

> *"We encourage you to look for the MACRA regulations this year; in the meantime, our existing regulations—including Meaningful Use Stage 3—are still in effect."*[11]

With Meaningful Use (1, 2 and 3), CMS is on the verge of achieving its goal of assuring that the majority of hospitals and practices now have established and are using EHRs, and many are even on their way to making them accessible to their patients via APIs and other means, including some portals. "Easy access and higher usage" by any of these means are still works in progress, but the requirements are clear and will be met.

> This is an evolution, not a story of extinction. The key now is to make Meaningful Use meaningful. This will be achieved through patient engagement and improved outcomes and impact, not simply access. This may take time, but it will be worth it because, as we at UbiCare say, it's about ***"making us all better."***

[11] "EHR Incentive Programs: Where We Go Next," by Andy Slavitt and Karen DeSalvo, The CMS Blog, Jan. 19, 2016: https://blog.cms.gov/2016/01/19/ehr-incentive-programs-where-we-go-next/

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