

# **Increasing Health Portal Utilization To Enhance Care Coordination in a Cardiac Ambulatory Clinic**

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## **Background and Significance**

- ☐ Enhancing care coordination processes within the healthcare system is key to improving outcomes in high-risk populations such as those with heart disease (The Advisory Board Company, 2010).
- ☐ Healthcare technologies such as patient health portals is one example of how care coordination models can enhance patient care outside of the hospital setting.
- ☐ Addressing this issue is important because patient participation in the health portal actively engages them in their care and improve overall outcomes.
- ☐ Patient Health Portal "A secure online website that gives patients convenient 24-hour access to personal health information from anywhere with an Internet connection. Using a secure username and password, patients can view their health information."
- ☐ Getwell Network "An Interactive Patient Care (IPC) delivery model that allows healthcare providers to engage patients and families in their care." Getwell serves as the platform for the health education video space in the My Carolinas patient portal.

HealthIT.gov (2015). https://www.healthit.gov/providers-professionals/ fags/what-patient-portal

Getwell Network (2015) http://www.getwellnetwork.com/company

## Problem

- ☐ Invitation rate average was approx. 72% GOAL=50% (Q4/14)
- ☐ View, Download, and transmit was approx. 6.2% GOAL=5% (Q4/14)
- ☐ Secure Message was approx. 1.4% GOAL=5% (Q4/14)
- ☐ Cardiac clinic inconsistently underperforming overall among meaningful use standards

## Intervention

 Develop and implement a nurse led educational demo for cardiac patients to learn how to sign on. activate, and navigate their My Carolinas health portal.

## Intervention

## **KEY ACTIVITY** Assign patient education video for patient to view prior to day of procedure and after hospital discharge between Oct. 2015 and Jan. 2016.

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- ☐ Educate at least 30% of eligible cardiac patients on how to access and use their health portal prior to appointment discharge
- ☐ Ten percent of study patients would view their assigned education video in their health portal prior to day of procedure and 30-days post hospital discharge
- ☐ Increase utilization of health portal by 5% in cardiac patients who were educated on the use of the patient portal one-month following hospital discharge
- ☐ Increase utilization of health portal by 5% in all cardiac office patients seen from October 2015 to January 2016

## Methodology

## Design

☐ Iowa Model of Evidence Based Practice To Promote Quality Care

## Collection

☐ Data collected by RN then entered in Red Caps

☐ Cardiac Nurse Navigator Ambulatory Clinic

- ☐ English speaking adults between 18-75 years of
- ☐ Patients who had internet access

## Table 1. Demographic Characteristics

Sex		
Male	7(36)	
Female	12 (63)	
Race		Outcome 1=MET
White		Outcome 1-ME1
Black	3(15)	
Hispanic American	1(5)	
Other	1(5)	Li requericy or
Payer Status		
Medicare	8 (42)	educating
Medicaid	3 (15)	caacating
Private Insurance	5 (26)	a Davida La con a 40 a co 4 a
Tricare	3 (15)	eligible patients
Highest Level of Education		ongibio pationito
Less than 12 <sup>th</sup> grade	4(21)	about the health
High school	5 (26)	about the nearth
Some college	4(21)	
Bachelor's degree	4(21)	portal using the
Master's degree	1(5)	portal using the
Doctorate degree	1(5)	, ,
Number Living in Household		education
l person	5(26)	Guucation
2 person	11 (57)	
3 person	3 (15)	demo.
Procedure Classification		
Cardiac	14 (73)	01 000/
Peripheral Vascular	5 (26)	- Goal 30%;
Internet Access		
Yes	14 (73)	- Outcome 73%
No	5 (26)	- Oulcome 13%
Device Type		
No device	4(21)	
Computer	11 (57)	
Smartphone	12 (63)	
Tablet	5 (26)	
Library access	2(10)	

## Table 2. Patient Portal Utilization

## Outcome 2= MET

- ☑ Frequency of health portal utilization by patients who received the intervention (educational demo) in the navigator office. Goal 5%
- Outcome 36% used portal feature post hospital discharge.

## Outcome 3=MET

- ☑ Frequency of health video compliance in health portal pre and post intervention.
- Goal 10%
- Outcome 16% reported viewing assigned video prior to procedure day, 18% reported viewing their video after hospital discharge.

### Outcome 4=MET

- ☑ Frequency of health portal utilization by patients in the cardiology office based on Meaningful Use metrics view, download, or transmit of information.
- VDT Timely-Invitation Goal 50%: Pre-Intervention 93% Post Intervention 92%
- VDT Goal 5%: Pre-Intervention 12% Post Intervention 16%



## Lessons Learned

- □ Consistent communication with key players before and during project implementation
- □ Role reversal ☐ Length of time
- □ Everyday unexpected changes
- ☐ Provider engagement
- □ Competing priorities □ Culture of readiness
- Staffing and patient ☐ Consistent and reliable technology infrastructure

volumes

## **Keys to Success**

- □ Family members involvement
- ☐ Quick, easy access to sign-up
- □ Personal devices owned by patients
- ☐ Patient health video features
- □ Hands-on/one-on-one portal instructions
- □ Controlled/outpatient

## Sustainability in System

- ☐ Get results to major key players
- ☐ Re-evaluate culture after new leadership
- ☐ Re-evaluate resources and cost factors
- ☐ Continued engagement with technology projects that support the health portal initiative
- ☐ Modify and test on a different population using updated technology
- ☐ Health system strategic goal

### Conclusion

- ☐ Health portals are essential to engaging patients in their care
- ☐ Patients need a reason to use their health portals.
- ☐ Finding successful tactics is key to increasing health portal utilization.
- ☐ Usability and technology integration is key to maximizing the use of health

## **Contact Information**

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