HIE Patient Engagement Case Study: University of Washington Medicine

University of Washington Medicine is a public entity including the following: UW School of Medicine (serving the states of Washington, Wyoming, Alaska, Montana and Idaho), Harborview Medical Center (Level 1 trauma and burn center), Northwest Hospital and Medical Center, Valley Medical Center, UW Neighborhood Primary and Urgent Care Clinics, University of Washington Medical Center and Airlift Northwest (serving Washington, Alaska, Montana, and Idaho). In addition, UW Medicine is one of three partners in the Seattle Cancer Care Alliance (SCCA).

For this case study, Brynn Foster-West, Project Manager and EpicCare Program Operations from the University of Washington Medical Center Ambulatory Care Division responded to questions about the UW Medicine experience with patient engagement and patient portals.

What patient engagement techniques can you share?
Specific to patient portal access, there are at the very least instructions about signing up for portal access printed on the exit information given to the patient at the end of the visit.

Depending on the providers, there may be more ways that they are engaging patients, including having the patient sign up for access to the portal by the medical assistant (MA) at the end of the patient intake process. The clinics that do this have the highest percentage of patient use of portals.

How is it different to engage the younger generation versus older generations?
For the Millennial generation (born 1982-2004), there has to be a specific reason for them to access a patient portal. If they have no specific need to access their health information or the need to schedule an appointment, message the doctor or refill a prescription, they won’t use the portal. However, anecdotally the older generation, particularly the elderly or those caring for them, seem to be the most likely to use the portal to access their health information.

UW Medicine also has a pediatric clinic and finds these patients to have high barriers to use of a patient portal. This is due to the complexities of parental access and may also be due to the perceived urgency by parents about their child’s healthcare needs. Parents may become frustrated when they lose access to their children’s medical records when they reach a certain age; due to state law in Washington they lose access to their child’s UW Medicine portal when the child turns 13. In terms of other population segments, in Seattle there is a high population of the homeless and indigent. UW Medicine has found that a patient portal is the preferred contact

method for the homeless who expressed a preference. The homeless have no home address and often cannot keep a cell phone secure even if they are able to obtain one. Access through the portal at a library may be the only way they can receive messages and results.

**Are you partnering with state agencies, offices, or school districts to educate patients about HIE?**
At this time, there is no need to do so since we do not have a state HIE that actively exchanges patient information.

**How much is privacy a concern?**
Privacy, in regard to health information and who will see it, is specifically relevant to certain populations at UW Medicine. For example, in the Sexual Assault and Trauma Center it is an issue with patients who want to be sure their information does not fall into the wrong hands. Mental health information is also a concern because it is impossible to separate the relevant parts of the primary care records such as medication lists that are shared with other physicians.

Our feedback from Millennials indicates that they are more cynical of the healthcare industry as a whole. However, we do not feel that our patients are worried about privacy of health information per se. We find that patients are more concerned about specific information being accessible to places like work or insurance companies.

**Is there feedback around the user interface that patients use?**
Not specifically. UW Medicine has two different patient portals: Epic for the outpatient clinics and Cerner for inpatient facilities. There is a higher volume of patients accessing the patient portal among outpatients but it is unknown if this is due to patients not needing it after they are discharged from the hospital or because they try and find the patient portal user interface too difficult. There is no system for family members to check on the patient status while they are hospitalized, which makes the patient portal less useful since this functionality does not currently exist.

**Is there consistency of information? What information could be used to engage patients?**
The UW Medicine patient portal implementation is currently not a primary means of engagement. Instead, it is a means to provide the patient with access to their information and to send secure messages to their provider. UW Medicine prefers to engage the patient directly via nurse-staffed help lines and direct contacts.

**What kind of education is provided to the patients about the patient portal?**
It varies across the organization. Some clinics only mention the portal to patients and print out the message for access on the post-visit paperwork following the initial appointment. Other clinics provide education via providers and staff. There is more value for the primary care providers to have patients use secure messaging, but making time for answering questions is a barrier here and nationally.

**Summary:**
In summary, the University of Washington Medicine is a network of hospitals and outpatient clinics that work in two different medical record systems: Cerner for patients who are
hospitalized for treatment and Epic for patients who use one of the nearly 200 primary and specialty clinics. They have two vastly different experiences with regard to patient engagement and electronic health information.

Things that have contributed to successful patient engagement at UW Medicine include:

- Patients’ need for information or means to contact providers (primary care).
- Provider engagement in the process of signing up patients for the patient portal.
- Length of time the patient portal has been in place in the particular segment of the network.
- Change management policies and procedures were executed prior to portal implementation.

Things that have been barriers to patient engagement at UW Medicine:

- Patient concerns for privacy.
- Inability of systems to be able to allow choice of what is included in patient portal access vs. what is not.
- Provider buy in and participation in getting the patients on board.
- Preference of some healthcare organizations and doctors is to use person-to-person contact instead of electronic media (i.e. a patient portal) as a bridge.

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