Data Snapshot: Keeping Patients in the Know

Background

The topic of patient access was front and center at HIMSS18 with the announcement of the Trump Administration's MyHealthEData initiative. This initiative plans to promote patient electronic health record (EHR) access. It is believed that increasing access, engaging patients, and providing patient-centered care will lead to improved outcomes. Technology's use has the potential to change patient behaviors and enable patients to become active participants in their healthcare. Events studied show how patients can interact with the information received—specifically diagnostic results—to enable timely and accurate care. These events depict the potential risk when diagnostic results are unavailable for patients and conversely what occurs when patients are able to inquire about diagnostic results contained in their patient portal.

Events Reviewed

Below are events from the ECRI Institute PSO (modified to preserve confidentiality) that reflect the importance of results notification via a patient portal. In some instances, this provides a double-check and in others, it enables opportunities for additional inquiries.

- A child presented to her provider with symptoms that warranted a urinalysis. The test was performed and resulted. However, the provider was not notified of the abnormal result. The child’s symptoms persisted, leading to an emergency department (ED) visit two months later. While in the ED, the child’s mother was informed of the previous abnormal urinalysis. The child’s kidney infection had been left untreated for two months.
- The pathology report of the patient’s biopsy done in January confirmed a melanoma. The pathology report was not reviewed by the provider until August when the patient returned for a routine follow-up visit. The patient had not been notified of the result and had not been treated.
- A patient recently discharged from the ED accessed her patient portal. She discovered that the computerized tomography (CT) scan done during her recent admission identified a liver lesion that was not visible on a CT scan done 6 months earlier. The patient called the hospital to report the incident. She also made a follow-up appointment with her provider.

Contributing Factors

As seen in these events, sometimes processes fail. However, patients with access to their diagnostic test results by means of a portal can provide a valuable double check, not only ensuring that information is reported, but also that follow-ups and treatment are available. Such double checks allow for accurate and timely evaluation, which leads to more timely and safer care.

What do patients need to do to be active participants in their healthcare?

1. Information must be uploaded to their portal
2. Information must be correct and timely
3. Patients must have portal access and be alerted to the availability of new information
4. Patients also need to review and query anything that they see, taking a proactive approach in their healthcare

Lessons Learned
Providers are changing the way they engage and communicate with patients. Today's technology can provide patients with easy access to their medical records. Using technology to communicate diagnostic results directly to patients, families, and caregivers has the potential to decrease delayed or missed diagnosis. However, careful consideration should be given to the use of patient portals.

- Ensure the portal is available on both computers and handheld devices
- Provide access to educational material via the portal
- Provide patients or their caregivers with access to an explanation of test results from the results screen
- Ensure patients have direct, easy access to human support
- Provide personalized or contextual information to help patients know what to do in response to results
- Develop local policies and procedures
- Evaluate patients' portal experience
- Consider consolidating portals


Sec §4006 of the [21st Century Cures Act](https://www.warehousing.com/article/25/4/4689172) states that patients should be able to access, control, and share their health information as they choose. As we strive to achieve this by expanding the use of the patient portals, a few things to consider are interoperability across systems, providing patients with a single portal that can consolidate all of their information regardless of which provider was seen or which health system they are affiliated with, and ensuring the security of the communications between patients and their providers.

**Important Announcements**

*Partnership Issues the Safe Practice Recommendations for Developing, Implementing, and Integrating a Health IT Safety Program*

The Partnership’s Health IT Patient Safety Workgroup, chaired by Patricia P. Sengstack, DNP, RN-BC, FAAN, of Vanderbilt University, has finalized its recommendations for health IT safety programs. The recommendations and implementation tools are available at [www.ECRI.org/safepractices](http://www.ECRI.org/safepractices).


*Partnership News*

- **ECRI Committed to Building National Health IT Safety Collaborative**
- Get involved - Participate in the *Partnership’s* workgroup Clinical Decision Support for Drug-Allergy Interactions. The focus of this workgroup is drug-allergy interactions. The workgroup will take a multi-pronged approach, with input from a multi-stakeholder group, the goal is to derive optimal recommendations for capturing and transmitting information in order to ensure the right information is presented to the right person, in the appropriate CDS intervention format at the most appropriate time in the workflow. The kick-off meeting is Thursday April 26, 2018* at 12:00 to 1:00 p.m. ET. The workgroup will meet thereafter on May 17, June 21, July 19, August 16, and September 20, at 12:00 to 1:00 p.m. ET. If you would like to participate, contact us at hit@ecri.org. *Note time change for kick-off meeting*
- We are excited to announce the *Partnership* for Health IT Patient Safety is collaborating with HIMSS Electronic Health Record Association (EHRA) on a joint Safe Opioid Prescribing Project. The workgroup held its first meeting on April 3, 2018 and will continue to meet monthly from May to September.
- Attend the ECRI Institute PSO Webinar April 19, 2018, 1:30 to 2:30 p.m. ET: Health IT Safe Practices – Embedding HIT into your Safety Program. **Register here.**

**SAVE THESE DATES in 2018 for Partnership Meetings**

**Expert Advisory Panel**

David W. Bates, MD, MSc
Kathleen Blake, MD, MPH
The Partnership for Health IT Patient Safety gathers stakeholders quarterly. Three of these quarterly meetings occur via web conferencing and the fourth is the annual in-person meeting. The remaining Partnership meeting dates are:

- April 24, 2018
- July 24, 2018
- In-person meeting October 24, 2018

Mark your calendars because we hope to see you there!

Pascale Carayon, PhD
Tejal Gandhi, MD, MPH
Chris Lehmann, MD
Peter J. Pronovost, MD, PhD
Jeanie Scott, MS, CPHIMS
Patricia P. Sengstack, DNP, RN-BC, CPHIMS
Hardeep Singh, MD, MPH
Dean Sittig, PhD
Paul Tang, MD, MS

The Partnership for Health IT Patient Safety is sponsored through funding from the Gordon and Betty Moore Foundation.

Collaborating Organizations

Need to Submit an Event?
Partnership participants can submit events through your membership portal.

If you need assistance, please contact us at hit@ecri.org.

Get in Touch with the Partnership
Do you have questions about any of these articles? Get in touch with us today by e-mailing hit@ecri.org. If you wish to submit information for this publication, please submit items for the Update using the subject line "Partnership Update" to hit@ecri.org.