



The portal to value-based reimbursement

By Chelsea Rice | April 11, 2017

Key Stat

80

percent of DTC Family Health & Walk-In patients are active portal users

It's not surprising that DTC Family Health & Walk-In, a primary care clinic in a suburb of Denver, Colorado, was an early adopter of the patient portal a decade ago. DTC stands for "Denver Technology Center." This is a community primed to solve problems with digital tools.

And DTC's patient portal, which seemed at the time to be a simple way to reduce the volume of office calls, is now a vital tool in addressing a broader

Key Takeaways

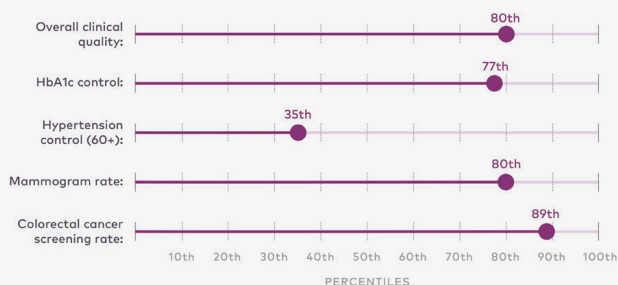
- 1 All staff and patients use the portal
- 2 Urgent messaging shouldn't flow through the portal. Anything else is fair game.
- 3 Patient requests will get a response within 24 hours.

challenge: Managing the shift in reimbursement from fee-for-service to pay-for-performance.

When researchers analyzed performance on key quality metrics across the athenahealth network of 88,000 providers, DTC emerged as one of the most successful practices, topping its peers in controlling diabetes and ensuring that at-risk patient groups are up-to-date on cancer screenings.

DTC Family Health is a top performer on key quality metrics

Key preventive care and screening metrics



Much of that success, DTC leaders believe, stems from their use of a patient portal.

The promise of portals

Across healthcare, patient portals are viewed as a way to enable patient engagement. In reality, portals haven't yet fulfilled that promise. Though the federal government has encouraged portal adoption through mandates such as Meaningful Use, just 32 percent of patients nationwide actually sign up for portals, according to the athenahealth network.

At DTC, in contrast, as many as 80 percent of patients visit the portal within 30 days of their appointments. What has made the difference, practice leaders and researchers say, is a set of deliberate strategies that encourage patients, staff, and physicians alike to use the portal to maximum effect.

"Many providers view portals as a box to check – either for Meaningful Use or because they think patients expect them – and don't derive a lot of value from it," says David Clain, manager of physician performance research at athenahealth.

But forward-thinking practices like DTC, says Clain, build workflows around the technology: publishing lab results, setting up systems to respond quickly to secure messages, and having deliberate conversations with patients about how and why portals can help them.

"Really smart providers think about what they want to accomplish for patients – like better health or faster access – and then fit the portal to those objectives," Clain says.

At DTC, patient retention, quality outcomes, and portal adoption are interlocking aspects of building an optimal medical home structure, says Timothy E. Dudley, M.D., one of the practice's physicians. In the pursuit of preventing ER visits and unnecessary, costly care, he says "we're very interactive with their patients and push them to be interactive with us."

Rules of engagement

Portal adoption is so important to DTC's clinical workflow that their front desk automatically creates portal accounts for new patients unless they specifically opt out. And staff at all levels are expected to engage with the system.

"No ifs, ands, or buts about it," says Dudley.

Through the portal's secure messaging, the practice has been able to streamline its scheduling process, significantly reducing unnecessary appointments and increasing timely preventive care.

Timely responses are a priority: The practice promises that patients will get an answer to their questions within 24 hours – no matter what time they logged it. Usually, someone responds within a few hours.

"If they have a quick question, we'd rather put it out while it's a tiny little campfire than a forest fire. So we tend to be very proactive," says Dudley.

Triage protocols establish who is most appropriate to respond to various types of inquiries. Even over the weekends, physicians and staff check messages to address patients' concerns. But an all-hands-on-deck approach distributes the burden and prevents provider burnout, Dudley says.

And if a patient comes into the office with a minor issue that could have been addressed on the portal, a physician will sit with the patient and walk through the digital system.

“Sure, it can be burdensome to doctors, but back in the day, when you had 30 charts on your desk with yellow sticky notes saying, ‘Call Mrs. Jones,’ ‘Call Mr. Smith,’ you probably didn’t like that either,” Dudley says. “We all have to learn to communicate in new ways to take good care of patients, and drive down the cost of healthcare so that we all ultimately still have jobs – and the country doesn’t go broke.”

The payoff

As DTC has shifted more of its contracts to outcomes-based reimbursement, the portal has helped, laying the foundation for the practice to become an advanced primary care medical home on the Comprehensive Primary Care Plus (CPC+) plan, a multi-payer payment reform initiative under the Centers for Medicare and Medicaid Services.

The portal helps patients access clinicians – and stay engaged in their care – by asking questions about lab results, inquiring about prescriptions, or seeking advice about tackling health conditions at home. And DTC can see and track every communication with a patient, essential to reporting and reimbursement.

“We live and die by our data, and patient engagement is a huge part of success in a program like that,” says Dudley. “Now the portal is just a cost of doing business – a tool you need to survive in a value-based contract.”

Indeed, as more compensation is tied to performance on quality metrics, providers are becoming acutely aware of ways that keeping patients motivated, engaged, and active in their own care can improve clinical outcomes.

“In terms of patient engagement, doctors will whine, ‘I told the patient to take their blood pressure drugs.’ Oh yeah? Good for you. But you only see the patient a couple of times a year. Do you think that’s really what it takes to get someone to take a drug for the rest of their life?” says Dudley. “The short answer is, ‘No.’”

Data analysis by Stewart Richardson, David Clain, and Erica Granor. Chelsea Rice is a staff writer for athenaInsight. Follow her on Twitter @ChelseaRice.

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