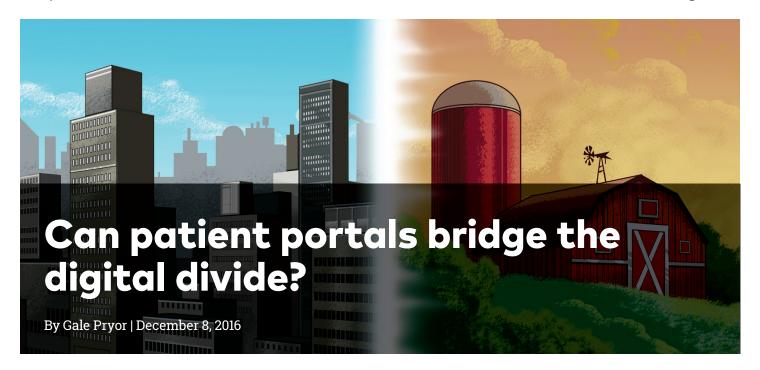


Today's data. Tomorrow's healthcare.



Patient portals are an easy way for patients and physicians to stay in touch in between visits. That's why they are a key tool for building patient loyalty, reducing staff workloads, and increasing revenues and patient engagement.

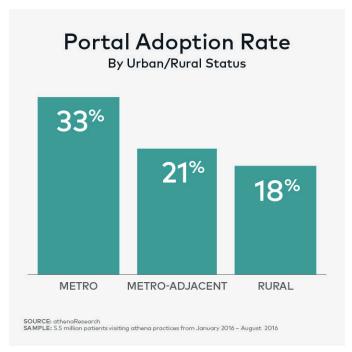
They could also be an aid for managing population health — but only if patients in need of services actually use their portal accounts.

Across cities and towns, that's beginning to happen. Of 4.8 million urban patients on the athenahealth network who had doctors' visits between January and August 2016, 33 percent were registered on their physicians' portals.

But outside of urban areas, it's a different story: Just 18 percent of rural patients across the network use a portal.

## The broadband gap

The broadband gap — a disparity in internet access between urban and rural regions — is one explanation.



As of 2015, 64 percent of rural homes have internet access, compared to 74 percent of urban households.

Because the ability to get online correlates with increased income and lower unemployment, the Federal Communications Commission is working to reduce the gap.

Patients who live in the remaining "dead zones" — rural regions with no internet access — will not have a direct, convenient connection to their doctors and health records anytime soon. Nor will they benefit from population health services that rely on patient portals.

Yet this is a population with high rates of chronic illness and addiction — the very patients that would most benefit from a 24/7 communication channel with their providers.

## Is poverty a greater barrier?

Even in areas where wired or wireless access is available, rural patients may not be able to take advantage of it. As practice manager for OhioHealth O'Bleness Hospital Athens Medical Associates Obstetrics and Gynecology in Appalachian Ohio, Pam Born, RN, is familiar with patients' day-to-day challenges in her economically deprived region.

"Homes that do have access may still be poverty stricken," she says, "and cannot afford the services or the computer hardware."

And even patients with computers at home, she says, are "often suspicious of our request for their email address."

The practice has considered placing a laptop in its office, in order to help patients register for the portal and to show them how it works. But "staff would need to watch it," Born says, since a high rate of addiction-driven behavior among their patients has already led to thefts of office equipment.

Born says patient portals could make a big difference for patients who often lack cars and access to public transportation, and therefore struggle to get to faceto-face appointments.

"Being able to communicate off site with them would be very helpful," Born says.

In addition, many of her patients lack stable housing — but, unlike their physical addresses, their email addresses don't change often. If her patients could be

reached online, Born says, "it would be easier to 'find' them to communicate important information."

Mobile access to patient portals is increasing and offers a potential work-around. But while even the poorest of Born's patients tend to have cell phones, there's a catch.

"Cell phone service may be accessible via phones that utilize 'cards' such as the phones you might purchase from Wal-Mart," says Born. "But the data is limited and patients may only be able to afford one card a month."

So although they may be able to text, they're unlikely to spend precious data logging into a patient portal.

Like many of the rural poor, Born notes, her patients could benefit from healthcare's intensifying focus on improving population health — if they could also share in the nation's technological bounty.

She advises physicians and technology developers to keep the divide in mind. "The type of situations that patients are in," she says, "may be very different than what you experience in your lives."

Gale Pryor is a senior writer for athenaInsight.

Illustration by Arik Roper.

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