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Patient Portal Communication and eVisits

The COVID-19 pandemic dramatically transformed the health care delivery system, increasing the use of the electronic health record and patient portal. This surge in patient-initiated portal messages has overwhelmed health systems and providers. The American Medical Association (AMA) states that "physicians today receive 57% more patient portal messages than they did prior to the pandemic".[i] Although electronic communication may offer patients an alternative to face-to-face and telehealth visits when clinically appropriate, health care systems struggle to manage these communications effectively. Increasingly, payers are acknowledging this shift and classifying in-depth messages as eVisits. eVisits are billable medical encounters that require medical decision-making and at least five minutes of the provider's time over a seven-day period. **eVisits include both patient portal messages involving medical decision making (medical advice messages) and condition-based questionnaire exchanges (structured eVisits)**. The AAMC and Vizient surveyed health systems to understand how they are leveraging patient portal communication, including medical advice messages and structured eVisits. This data snapshot highlights survey results and presents strategies for managing patient portal communication.

Patient Portal Communication Survey Results (n = 40 organizations)

Patient Portal and EHR Overview

- 40 health systems responded
- 3 different electronic health records
- 51-75% of patients signed up for patient portals

Data Collected by organizations on patient portal communication

Category	Percent
Volume by clinic	83%
Volume by provider	78%
Volume by specialty	73%
Time to complete	73%
Turnaround time	73%
Routing	38%
Patient characteristics	38%
Patient satisfaction	25%
Staff satisfaction	23%
Provider satisfaction	23%

SERVICES OFFERED IN THE PATIENT PORTAL:

- Medical advice messages — 100%
- Structured eVisits — 57%
- Scheduling — 93%
- Medication refill — 100%

Routing and Response

Patient portal communication may be initially directed to individuals or groups different from the care team member who ultimately responds.

Medical Advice Messages	Structured eVisits
Most messages are routed to a clinical pool and then responded to by: • Patient's established physician • Nurse	Most structured eVisits are routed to a clinical pool and then responded to by: • Patient's established physician or advanced practice provider (APP) • Centrally managed pool of physicians • Centrally managed pool of APPs

Provider Compensation

Health systems are increasingly compensating providers for clinical and administrative tasks associated with the patient portal.

Legend: ■ Structured eVisits ■ Medical Advice Messages (categories: RVUs, None; x-axis 0%–80%)
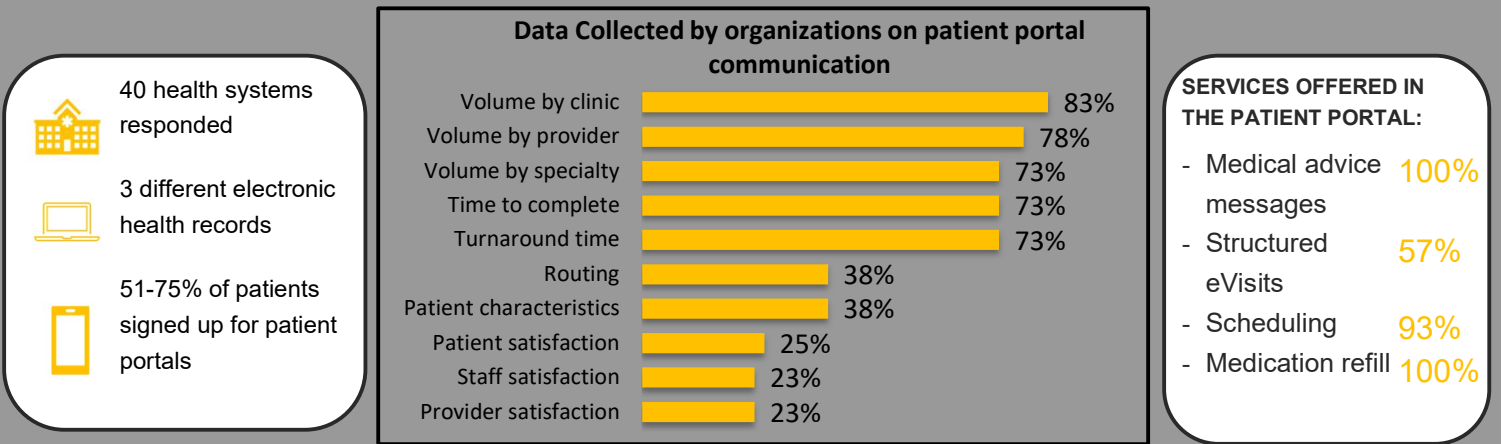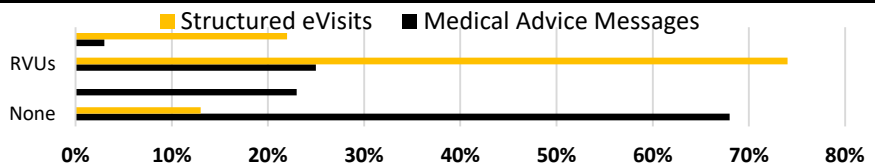
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AAMC and Vizient Data Snapshot

Billing

Motivations to Bill for eVisits	Challenges with Billing eVisits
• Source of revenue and compensation for providers • Increased and timelier access • Work is equivalent to visit medical decision making and should be billed accordingly.	• Lack of reimbursement • Potential risk of increasing health inequities • Incomplete payer coverage • Managing patient perception • Developing policies and procedures • Provider engagement and workflows • Technical limitations

Medical Advice Messages	Structured eVisits
25% (10/40) of health systems are billing for medical advice messages • Only **0.5-3%** of these messages meet the billing criteria	**65%** (15/23) of health systems offering structured eVisits are billing • The decision not to bill is usually short-term with systems likely to re-evaluate

Staff and Provider Perceptions

Medical Advice Messages	Structured eVisits
"Important triage, access, and care coordination mechanism." *"It is very dependent on individual providers. Some embrace it and find it useful, others dislike it because it is an additional task without additional compensation or time to complete."* *"Huge contribution to burnout and added work after work that was unpaid until we billed. Most would prefer they just went away."*	*"This is another care option available to patients that is useful to providers and easy for them [to] respond to, given the information is given to them when the templated questionnaire is completed by the patient."* *"Low volume, narrow uses now that video visits are a better option for many needs, often need to be redirected to synchronous encounter, low reimbursement, especially compared to video visit."* *"Questionnaires are too rigid and not very helpful."*

Strategies for Improvement

Through the survey and interviews with health systems, the following strategies were identified to help organizations successfully manage patient portal communication.

Patient Engagement

- Enhance patient portals with resources and tools to empower patients in managing their health. Seek feedback through surveys and patient and family advisory committees (PFAC) to identify areas for improvement and align with patient preferences and needs.
- Prioritize health care equity and assess risks of increasing health care disparities when using patient portals for care delivery. Collect data to measure and address inequities.
- Communicate why patients may receive a bill for portal services and emphasize the value these services bring to their care.
- Educate patients about appropriate portal usage, expected response times, and alternative contact methods for urgent matters (e.g., dedicated phone line or instructions for seeking immediate care if needed).

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Workflows

- Design EHR workflows to route messages to pools of team members for triage rather than directly to providers.
- Simplify the patient portal interface to allow for key services such as messaging, medication refills, scheduling, and billing inquiries.
- Create workflows to easily convert eVisits to a different visit type (e.g., telehealth or in-person visit) as needed.
- Streamline the billing documentation process, including mechanisms to accurately and easily track the time spent.
- Adapt to time-based billing requirements, utilizing electronic tracking of time while acknowledging it may not fully capture the cognitive work involved.

Care Team Engagement

- Engage the care team to work at the top of their license by routing messages to appropriate team members based on message type, avoiding direct routing to providers. Tie message pools to specific providers and clinics (rather than a specialty centralized pool). Design clear decision trees and workflows for proper handling of messages.
- Implement compensation models for providers accounting for the additional time spent on inBasket work, regardless of eVisit billing.

Technology

- Explore leveraging artificial intelligence (AI) to appropriately route messages and assist care teams in drafting responses.
- Implement automated filtering to remove "thank you" responses and similar messages to reduce inBasket clutter.

Health systems use various tactics to manage the overwhelming volume of patient portal messages. eVisits are part of a broader strategy to provide high quality patient care in a sustainable care model. Patient portal communication must be continuously improved through assessment and adaptation based on evolving patient needs, feedback from care teams, and technological advancements. A successful strategy around patient portal communication can provide value for both patients and providers, fostering a more patient-centered, efficient, and sustainable approach to care delivery.

For more information or questions related to the CPSC, contact CPSCsupport@vizientinc.com. For additional information on the AAMC/Vizient access programs and resources, contact Meaghan Quinn at mquinn@aamc.org or Courtney Furrow-White at courtney.furrowwhite@vizientinc.com.

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1. [i] Zarefsky, Marc. (2023, February 3) *What's adding to doctor burnout? Check your patient portal inbox*. AMA https://www.ama-assn.org/practice-management/digital/what-s-adding-doctor-burnout-check-your-patient-portal-inbox accessed on 8/15/24