Patient Portals: How can they impact primary care?

Patient portals are becoming more prevalent, as healthcare providers, payers, and patients become more comfortable with their use. A 2017 survey found that 82% of patients reported having logged into their provider’s patient portal at least once – a drastic change from a similar 2013 survey, which found only 5% of patients had done so (1). A recent study funded by the Patient-Centered Outcomes Research Institute, Interactive Personal Health Records: Use of a Web-Portal by Patients with Complex Chronic Conditions, explored the characteristics of patients with chronic diseases who used a patient portal, their reasons for doing so, and how that impacted their use of healthcare services (2). Taking that a step further, we apply those findings and predict the impact portal use may have specifically on primary care.

What is a patient portal?

A patient portal is a secure online site that provides patients with 24/7 access to their personal health information from anywhere with Internet connectivity. While there are patient portals used purely for scheduling and reminder purposes, we exclude those from what we are discussing here. The patient portals we are referring to allow patients to view upcoming and past appointments, medications, lab results, immunization records, and more. Some portals also include the ability to securely message with clinicians, request prescription refills, schedule appointments, or make payments (3). Patients with chronic or long-term health problems must often coordinate their care across different doctors in multiple locations; portals may be especially helpful for these patients (2).

Results of patient portal use study

Interactive Personal Health Records: Use of a Web-Portal by Patients with Complex Chronic Conditions, led by Mary Reed, DrPh, at the Kaiser Family Research Institute, found that patient portal users tended to be younger, white, and more comfortable with Internet technology. Individuals who used the portal reported that it was convenient, helped them manage their care, and get health information. They also had more doctor visits, but less emergency department and preventable hospital visits than non-users. Common reasons for not using the portal included a preference for receiving care in person or via phone, a lack of computer access, or uncertainty about what the portal provided. Patients who did use the portal were likely to say that it was a convenient way to get health information and manage their health care.

Implications for primary care

PCPCC defines the primary care medical home as patient-centered, comprehensive, coordinated, accessible, and committed to quality and safety. It has become a widely accepted model for how primary care should be organized and delivered throughout the health care system and is a philosophy of health care delivery that encourages providers and care teams to meet patients where they are, from the most simple to the most complex conditions (4).

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PCPCC encourages members of the primary care community to consider the role that patient portals could play in their practice and in improving the health of their patients.

**About the Patient-Centered Primary Care Collaborative**

Founded in 2006, the Patient-Centered Primary Care Collaborative (PCPCC) is a not-for-profit, multi-stakeholder membership organization dedicated to advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home. Representing a broad group of public and private organizations, PCPCC’s mission is to unify and engage diverse stakeholders in promoting policies and sharing best practices that support growth of high-performing primary care and achieve the “Quadruple Aim:” better care, better health, lower costs, and greater joy for clinicians and staff in delivery of care.

**About the Eugene Washington PCORI Engagement Award Program**

The Eugene Washington PCORI Engagement Award program aims to include patients, caregivers, clinicians, and other healthcare stakeholders in the research process. The goal is to support projects that build communities prepared to participate in patient-centered outcomes research (PCOR) and comparative clinical effectiveness research (CER), as well as to serve as channels for disseminating study results. The Capacity building Award provides support for projects that aim to develop infrastructure and partnerships to disseminate PCORI-funded research results. These projects may focus on building the knowledge, competencies, and abilities of patients and other stakeholders so that they may become meaningful partners in research.

**Resources:**


Thus, primary care clinicians and the patient-centered medical home serve as the nucleus of care for patients with chronic diseases, their families, and caregivers. A 2015 study found that “insufficient care coordination can increase the costs of chronic disease management by more than $4500 over three years” and decrease patient adherence to recommendations (5). The *Use of Patient Portals* study results imply that making patient portals available and encouraging their use, particularly among patients with chronic diseases, can enhance care coordination and communication with primary care clinicians, and help better manage chronic conditions. In turn, this could result in healthier and more satisfied patients with reduced healthcare costs.

Barriers to portal use remain. The study did not examine how best to encourage patients (particularly older adults or minorities) to use the patient portal or address inequities in Internet access and level of comfort with technology. Nor did it directly prove that the differences in healthcare services were due to portal use, as the research team simply looked at health records to determine the relationship between portal use and use of healthcare services.