

Why Most of Your Patients Aren't Using an Online Portal, and What You Can Do About It

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ABSTRACT

Online portals that provide patients with secure access to their medical records and provider communication can improve health care. Yet new technologies can also exacerbate existing health disparities. We analyzed information about 2,325 insured respondents to the nationally representative 2017 Health Information National Trends Survey to examine characteristics of portal nonusers and reasons for nonuse. Sixty-three percent reported not using a portal during the prior year. In multivariable analysis, we found that nonusers were more likely to be male, be on Medicaid, lack a regular provider, and have less than a college education, compared to users. Similar disparities existed in who reported being offered access to a portal, with nonwhites also less likely to report being offered access. Reasons for nonuse included privacy concerns and the desire to speak directly to providers, both of which indicate the important role of the doctor-patient relationship.

KEYWORDS: disparities, health information technologies, portals, privacy

Patient portals, the online tools that offer patients access to their medical records, test results, and online scheduling and secure messaging with their providers, have the potential to improve healthcare delivery. Previous research shows that patients become more engaged in their own health and healthcare when using a portal,^{1,2} and better adhere to appointments and treatment.^{3,4} Portals can also be good for providers because they can reduce workload and rescheduling time when they enable patient online scheduling.^{5,6}

Yet despite significant federal investments to encourage portal adoption,⁷ most of your patients are probably not using them.⁸ Worse still, there is evidence of disparities in portal use. For example, some studies have found that older patients are less likely than younger patients to use a portal.⁹ Other studies show that racial and ethnic minorities, patients with lower income or less education, as well as those with public insurance, all use portals less often than privately insured, higher income, more educated, and white patients.^{10,11} Disparities in access to a portal risk widening existing health and healthcare disparities.

Patients may not be using portals for a variety of reasons. Some reasons for non-use are technological, like lack of access to the Internet.¹² Other patients are concerned about privacy,¹³ while still others are worried that using a portal might diminish their relationship with their doctor.¹⁴

Another important barrier to portal use is lack of time for doctors to discuss them with patients.¹⁵ Lack of encouragement from physicians, as well as subtle differences in provider communication that indicate lack of support, can reduce patient interest in using portals and increase disparities.¹⁶

Given the evidence about real benefits of portal use, and also concerns about disparities, we set out to find out who isn't using patient portals, and why not. Using data from the nationally representative 2017 Health Information National Trends Survey, we found that 63 percent of adults who were insured and made a healthcare visit during the 12 months prior to the survey said they had not used a portal during the preceding year.¹⁷ Even more problematic, we found that nearly half of insured patients say they were not offered a portal by their provider. Nearly all of the portal users (95%) recalled being offered access, but most of those not using a portal said they were not offered access to one (59%). However, being offered access does not guarantee patients will use it; about 2 in 5 of those who were offered access did not use a portal.

Despite the overall low level of portal use, we still found evidence of disparities, by education, insurance type, and to some extent by race and ethnicity. Specifically, men, members of racial or ethnic minority groups, Medicaid recipients, and patients without a regular source of care, were all less likely than their counterparts to be offered access to a portal.

In addition to asking about portal use, the survey asked respondents who said they were not using a portal about 5 possible reasons they were not using one. Patients with Medicaid or Medicare insurance were more likely than those with private insurance to say they were not using a portal because they preferred to speak directly with their doctor. These patients may be worried about misunderstanding information online or they might be concerned that using a portal could interfere with their relationship with their doctor. The survey did not probe further about why patients gave one of the five reasons so more research is needed to understand the underlying concerns. Doctors should

reassure patients that the portal won't change anything about their relationship or their care.

Other patients said concerns about privacy and security of online portals were the reason they weren't using one. Patients who were 40 or older, and some racial and ethnic minority groups, were more likely to say privacy and security concerns were the reason they weren't using a portal. We know from other research that privacy concerns can affect patients' relationships with physicians, including limiting what they share with their doctors and their level of trust,^{13,18} so these concerns are important beyond portals.

Finally, and in contrast to some previous research, there were no group differences in reporting that technological barriers were a reason for not using a portal, indicating that disparities in portal use are not because of difference in access to basic technology infrastructure. Instead, the "digital divide" between advantaged and disadvantaged groups today is likely related more to differences in knowledge, skills and comfort in using technology.^{19,20}

To ensure that new tools like patient portals benefit all patients and do not exacerbate disparities, it is crucial that doctors and other healthcare providers talk about them with patients. Patients need to be offered a portal with helpful information about how to access it. But even more important, providers must be open to discussing patient concerns about privacy, and about how the portal will and will not change the vital relationship between doctor and patient.

Such interventions require recognition that providers' communication with patients takes time – an extremely scarce resource in clinical practice today. So payers must also recognize and appropriately value the time providers need to spend with patients.

In addition, federal incentives to support the uptake of new technologies like patient portals should be targeted toward supporting disadvantaged patients, instead of the current incentives, which simply require getting any 80% of the patients in your practice to use a portal. The current design of incentives can end up benefiting higher resourced patients more than others.

Finally, for patients to want to use portals, the portal tools must be secure, usable and indeed useful. That means technology designers must have patient needs at the center of their design, and policymakers must set standards for systems to be secure and usable at the same time. With such changes, portals could actually deliver on their promise to improve health care and even help to diminish existing health disparities.

Through ongoing and careful monitoring of who is and who is not using new technologies, and interventions to address why not, we can ensure that technological innovations like portals deliver care improvements while not exacerbating health disparities.

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