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ANNUAL SURVEY IT SUPPLEMENT BRIEF #1
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TRENDWATCH

Expanding Electronic Patient Engagement

Hospitals' and health systems' ongoing prioritization of health information technology (IT) tools continues to expand patients' ability to engage with their providers, access their health data, and interact with the health care system electronically. It also allows providers to more readily communicate across settings of care, supporting greater care coordination. In a patient-centered, value-driven care model, the ability of patients to interact and engage with both their health data and the health care delivery system electronically is a key driver of high-quality health care.

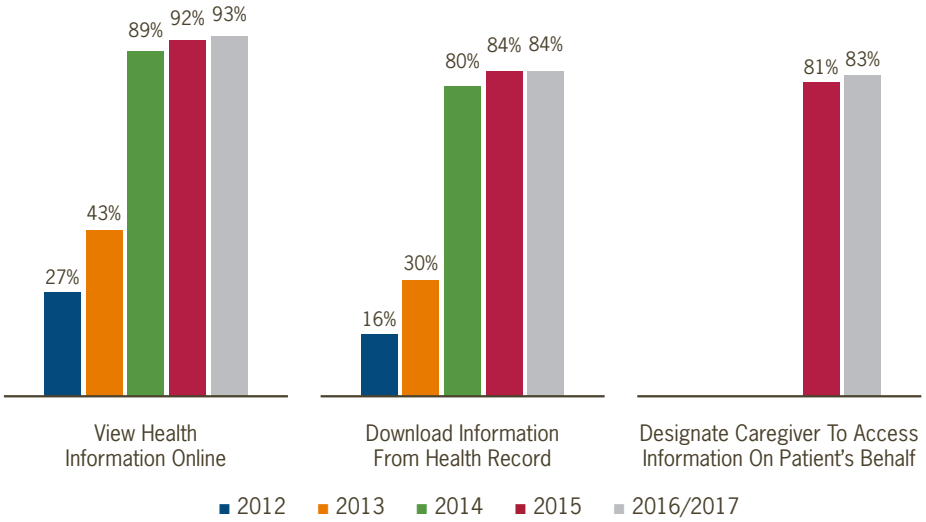
This is the first in a series of issue briefs highlighting data from the 2016 AHA Annual Survey Information Technology Supplement for community hospitals collected November 2016 – April 2017.[1] This brief focuses on the state of patient's access to and engagement with their health data through health IT. Results are grouped into three categories of activity: accessing health data, interacting with health data, and obtaining health care services.

Accessing Health Data

The vast majority of hospitals and health systems give patients the ability to access their electronic health records (EHRs). Ninety-three percent of hospitals and health systems enable patients to view information from their health record online, up from only 27 percent in 2012. Eighty-four percent allow patients to download information from their health record, up from only 16 percent in 2012. And 83 percent enable patients to designate a caregiver to access health information on the patient's behalf, a slight increase over 2015 (the first year the question was included in the AHA survey).

Over 90% of hospitals provide patients online access to their health information.

Chart 1: Accessing Health Data,* 2012-2016/2017



*The question about hospitals providing the ability to patients to designate a caregiver was added in 2015.

While all hospitals and health systems have increased patients' access to their health information, a greater percentage of large hospitals (i.e., those with 300 or more beds) report that patients can view and download their health information and designate a caregiver to access their information than small hospitals (those with fewer than 100 beds).

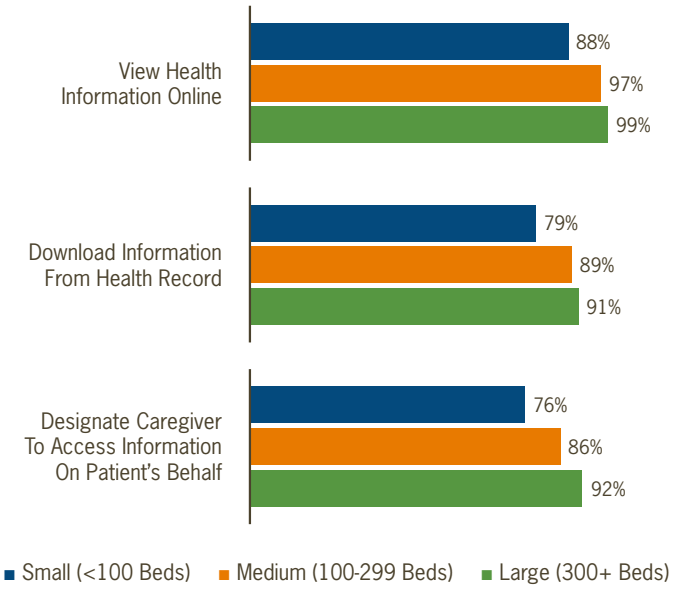
Interacting with Health Data

Many hospitals and health systems are moving beyond mere access to provide patients with the ability to interact with their health data using health IT. Seventy-three percent of hospitals and health systems give patients the ability to electronically transmit summaries of care to a third party, up from only 13 percent in 2013 (when the question was first asked). Seventy-nine percent of hospitals and health systems enable patients to electronically request an amendment to update or otherwise change their health record, up from 32 percent in 2012. Thirty-nine percent of hospitals and health systems allow patients to submit patient-generated health data (PGHD) to their health records, up from 8 percent in 2012.

As with access, more large hospitals than small hospitals reported that they give patients the ability to interact with their health record. Eighty percent of large hospitals enable patients to electronically transmit summaries of care to a third party (such as a specialist physician after a referral), compared to 67 percent of small hospitals. Eighty-eight percent of large hospitals enable patients to electronically request an amendment to update or otherwise change their health record, compared to 74 percent of small hospitals. Fifty-three percent of large hospitals enable patients to submit PGHD to their health records, compared to 30 percent of small hospitals.

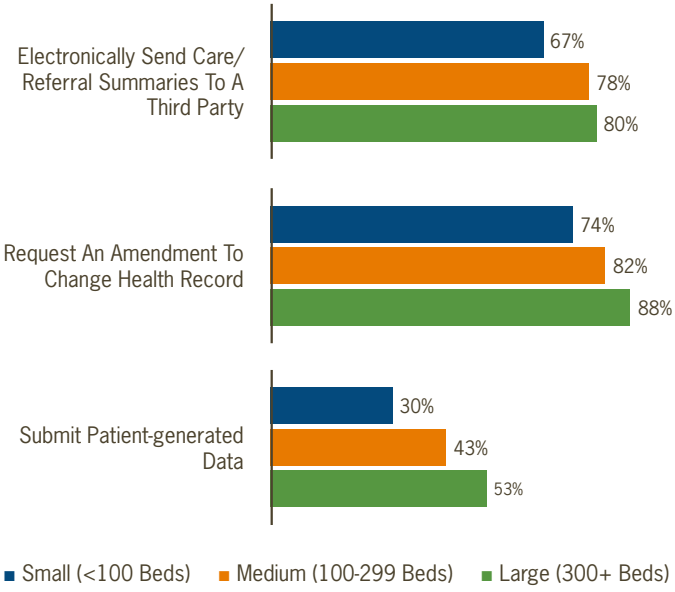
Hospitals with 100 or more beds are more likely to offer online access to health information.

Chart 2: Accessing Health Data, by Bed Size 2016/2017



Large hospitals are more likely to support functionality for interacting with their health data.

Chart 3: Interacting with Health Data, by Bed Size, 2016/2017

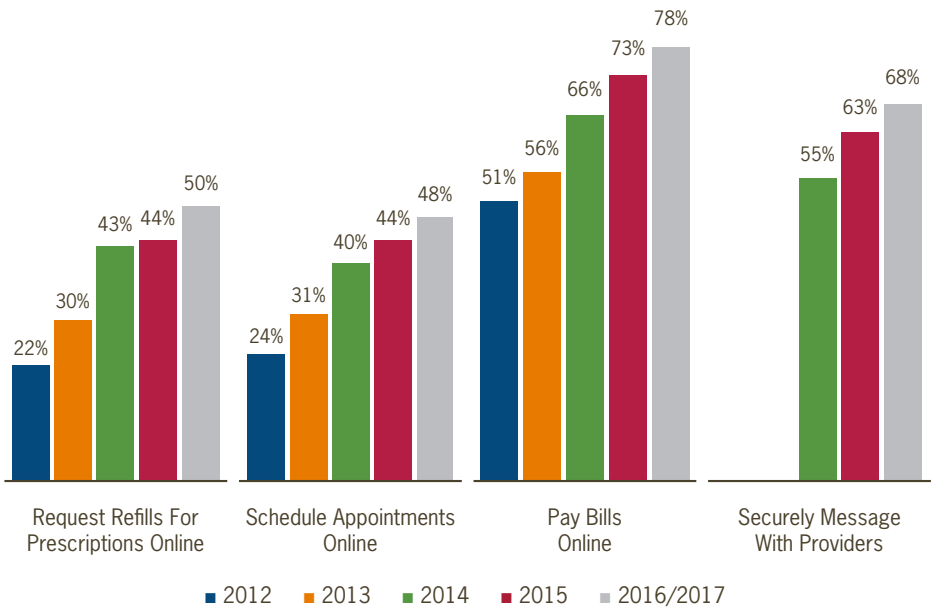


Obtaining Health Care Services

As the functionality enabled by health IT has expanded, many hospitals and health systems have taken advantage of that capacity to enable patients to electronically conduct administrative activities associated with receiving health care. Some functions, such as secure messaging and appointment scheduling, provide additional convenience for ambulatory services, while other services, such as online bill pay also are available for inpatient episodes. Fifty percent of hospitals and health systems allow patients to request refills for prescriptions online, up from just 22 percent in 2012. Sixty-eight percent give patients the ability

The ability to obtain health care services online has expanded rapidly in the last five years.

Chart 4: Obtaining Health Care Services, 2012-2016/2017



to schedule appointments online, up from 37 percent in 2012. Eighty-seven percent of hospitals and health systems have a system that allows patients to pay their medical bills online, compared to 70 percent in 2012. Finally, 68 percent allow patients to send messages to their providers securely through the EHR, up from 55 percent in 2014 (the first year that question was included in the survey). Electronically enabling these activities enhances access to care as well as patient engagement.

Large hospitals and health systems are more likely to indicate that their systems give patients the ability to request prescription refills online, schedule appointments online, pay bills online, and securely message with providers.

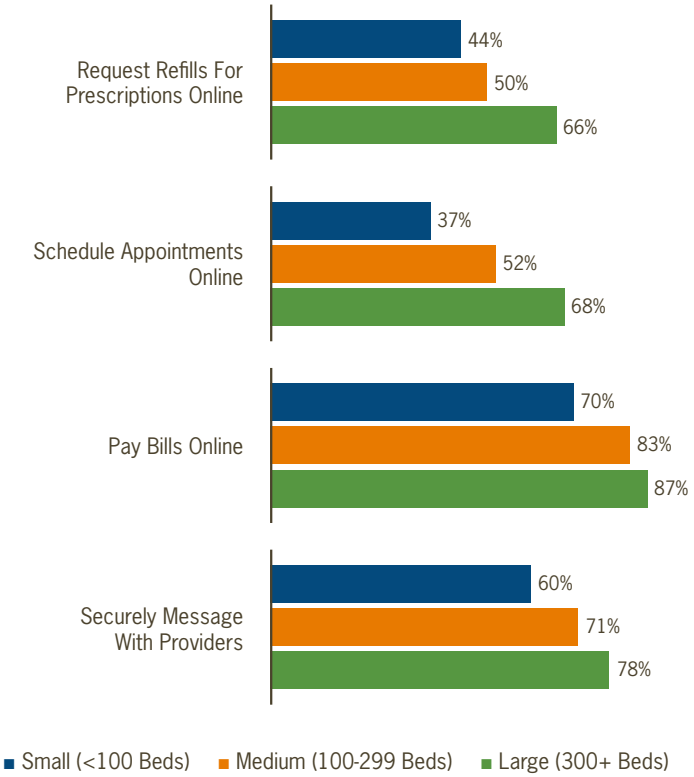
Looking Ahead

As the health care system continues to evolve, patient access to and interaction with their EHRs will continue to grow. Hospital and health systems will continue to invest in the required capabilities and collaboration across the health care system.[2] Particularly, rural and critical access hospitals (CAHs) are likely to continue to expand these capacities as new care delivery and payment models that are more dependent on access to data and patient engagement become more prevalent. However, the ability of rural hospitals and CAHs to enhance their health IT capabilities may be challenged by payment penalties associated with failure for meeting meaningful use standards.

The percentage of hospitals and health systems that use health IT to conduct

The largest hospitals are currently much more likely to support online scheduling and drug refills.

Chart 5: Obtaining Health Care Services, by Bed Size, 2016/2017



activities related to a health care visit or ongoing care also has increased since 2012. More sophisticated systems allow patients to obtain health care services through an online patient portal, conduct activities such as requesting prescription refills, schedule appointments, pay bills, and securely message their health care providers. These activities support a patient-centered health care system in which patients are partners with their health care providers and share in decision-making.

In short, electronic patient engagement will continue to grow as hospitals and health systems continue to expand and refine their health IT systems and patient expectations for electronic interactions rise. Prior research has shown that health IT adoption and sophisticated use is associated with greater use of pre-established medical protocols and higher patient satisfaction. Moreover, hospitals and health systems in later stages of EHR adoption and use are realizing greater benefits than those in the early stages.[3]

The results from AHA's Annual Survey and IT Supplement show that hospitals and health systems are enhancing the sophistication of their health IT systems in ways that engage patients in their health care. This results in improving patient access and interaction with their health data, and facilitating the delivery of health care services.

POLICY QUESTIONS

1. What types of support would encourage small and rural hospitals and health systems to continue to make investments in health IT?
2. What are the implications of the disparities in health IT capabilities between large, medium, and small hospitals/health systems?
3. As the use of health IT continues to expand, how should vendors support hospitals with new consumer-oriented capabilities? Are there additional IT-related capabilities that would prove mutually beneficial to hospitals and health systems, providers, and patients? What might those encompass?
4. What are some of the barriers to continued adoption of consumer-oriented health IT capabilities? How might they be mitigated?

Sources

1. Community hospitals are defined as all nonfederal, short-term general, and other special hospitals. Excluded are hospitals not accessible by the general public, such as prison hospitals or college infirmaries.
2. J Adler-Milstein, MF Furukawa, J King, AK Jha. Early Results From the Hospital Electronic Health Record Incentive Programs. Am J Manag Care. 2013;19(7):e273-e284.
3. J Adler-Milstein, J Everson, SY Lee. EHR Adoption and Hospital Performance: Time-Related Effects. Health Serv Res. 2015 Dec;50(6):1751-71. doi: 10.1111/1475-6773.12406.

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