

Patient Portal Update



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The use of patient portals has become commonplace in the field of healthcare. During and after the COVID-19 shutdown, this form of electronic patient engagement increased in popularity and usage. Physicians and providers quickly realized the time- and cost-saving benefits, as well as the ability for all communications to be entered directly into the EHR.

While patient portals have proven to be a tremendous tool for patient interaction, relying only on electronic, passive delivery can increase risk if not properly used. Over-reliance on electronic communication can lead to missed notifications, lack of follow up, poor patient engagement, and claims of abandonment and malpractice.

Physicians and providers cannot rely solely on a patient portal to deliver important, urgent and/or sensitive information. Information that has high-risk consequences for the patient requires active confirmation that the patient receives and understands the information. Moreover, hearing this type of important information directly from their physician or provider, rather than reading it in an email, further strengthens the patient's trust and confidence in the healthcare professional. Portals are intended to enhance, not replace, the direct interpersonal relationship. For important, urgent, and/or sensitive information, a personal phone call or in-person visit remains the recommended method of delivery to ensure the patient receives and accurately understands the information, including the

treatment plan going forward.

There are other situations in which it is not appropriate to rely solely upon the portal for communicating with the patient. For example, termination of the professional relationship with a patient, should be done in the form of a formal, written notice, and be sent via Certified and First Class mail.

The primary concerns relating to the delivery of important information via electronic communication, such as portals, emails, and texts are 1) Did the patient receive the information, and 2) Did the patient accurately understand the information? Although usage of patient portals has increased in recent years, a significant number of patients are not accessing the portal information. Reasons can vary from lack of computer/device or internet access to reluctance on the part of the patient. If they have trouble accessing the portal because they forgot their password or have technical difficulty, they may give up, assuming “my provider’s office will call me if it’s something important.” Additionally, merely because someone in the household accesses the portal does not mean the patient received the information. Portals should be accessible via login only, which typically includes an individual password, but that does not ensure that patients don’t share their login information with others. For these and other reasons, additional forms of communication should be utilized. This is not to say the portal should not be used – it should simply not be the sole method of communicating important, urgent and/or sensitive information.

When communicating important information, such as abnormal test results or radiographic studies requiring follow-up, a multi-pronged effort on the part of the physician/provider to contact the patient must be used until either contact is made with the patient or all reasonable avenues have been attempted. SVMIC generally recommends two (2) phone calls and three (3) letters if possible, to contact the patient in these situations (in addition to the portal). Ideally, the phone calls should be made on separate days and at varied times during the day. The first letter should be sent to the patient’s last known address via First-Class mail. If there is no response to this letter, two (2) more letters should be sent, one (1) via First-Class mail and one (1) via Certified Mail – these are the same letters sent two different ways. The reason for sending the same letter by two different methods is the certified letter can be used to establish the patient is at the address regardless of whether the patient accepts it or rejects it. Since a First-Class letter cannot be rejected, once it is established the patient is at the address, there is a presumption that the addressee receives the First-Class letter. The bottom line is that the practice needs to make multiple and varied attempts to contact the patient to convey the type of important information we are discussing in this article.

It is important that if the patient was a referral, the referring physician/provider be notified. This can be done by copying them in the letters. Equally important is that all efforts made to contact the patient be documented in the medical record including times and dates of calls, whether a voicemail message was left, copies of all letters and postal responses scanned and conversations with referring physicians/providers.

If the consequences to the patient are significant if they do not receive follow-up care, the practice should contact the Emergency Contact identified by the patient or possibly ask the local authorities to perform a welfare check on the patient.

Patient portals are a valuable tool for enhancing communication and sharing information. But they are not to be used as the sole method of communication in every situation. If you have a concerning situation that involves difficulty contacting a patient to deliver important, urgent, and/or sensitive information, please speak with one of our Claims Attorneys.

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