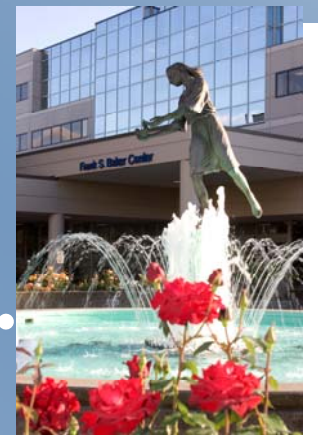
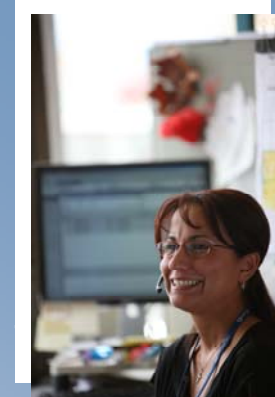


# MultiCare

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## BetterConnected



# Redefining Patient Access

**Cherbon VanEtten**

*Enterprise Epic Analyst III*

*CHITA Forum*

*January 28, 2009*

# *Agenda*

- Beyond regulatory requirements
  - Patient empowerment
  - Information seeking behavior
- Considering the patient
  - Chronic condition prevalence
  - Health literacy status
- Redefining what access means
  - The real definition of access
  - Factors influencing access
- Strategies for achieving “access”

# *Access to information empowers the patient and engages them in the care process.*

	<b>Community Health Center Patients (n = 295) No. (%) in agreement</b>	<b>Academic Primary Care Clinic Patients (n = 306) No. (%) in agreement</b>	<b>P value</b>	<b>All Patients (N = 601) No. (%) in agreement</b>	<b>All Physicians (N = 564) No. (%) in agreement</b>	<b>P value</b>
Would improve understanding of medical conditions	263 (90)	249 (82)	.01	512 (86)	220 (40)	< .001
Would improve understanding of doctors' instructions	258 (89)	230 (76)	< .001	488 (83)	290 (53)	< .001
Would improve patient adherence	255 (90)	216 (72)	< .001	471 (81)	257 (47)	< .001
Would prepare patients for visits	253 (86)	243 (80)	.04	496 (83)	209 (38)	< .001
Would be reassuring	258 (90)	257 (85)	.06	515 (88)	260 (47)	< .001
Would increase patients' sense of control	263 (91)	252 (83)	.003	515 (87)	388 (70)	.001
Would increase trust in doctors	242 (83)	223 (75)	.02	465 (79)	279 (52)	< .001
Would increase patient satisfaction	254 (89)	244 (82)	.01	498 (85)	240 (44)	< .001
Patients would identify errors in the medical record	231 (83)	253 (85)	.55	484 (84)	177 (32)	< .001
Number of expected benefits, mean (SD)	7.9 (2.0)	7.1 (2.6)	< .001	7.5 (2.3)	4.2 (3.0)	< .001

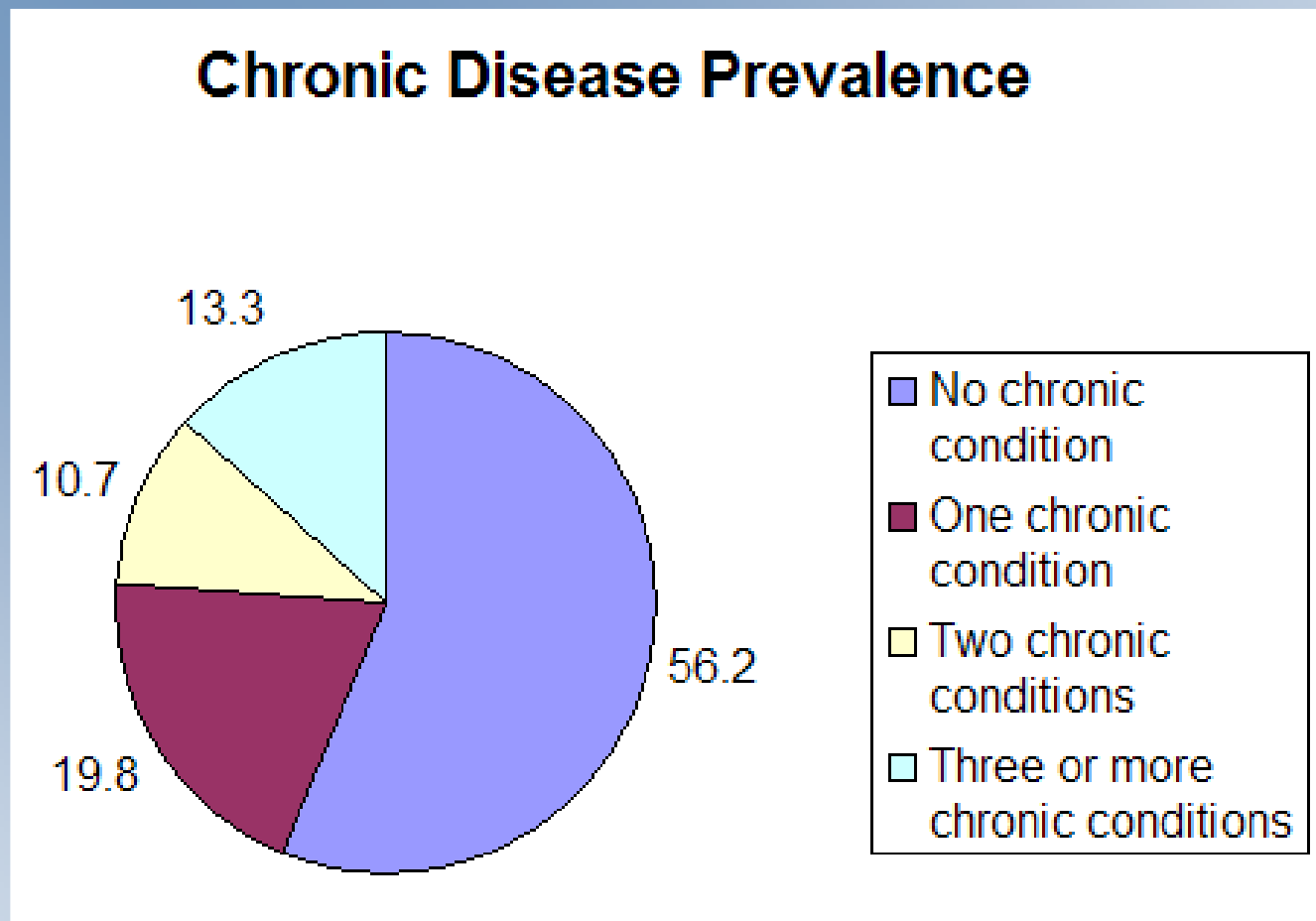
*Provider perception that access will increase worry is not a perception held by patients.*

	<b>Community Health Center Patients (n = 295) No. (%) in agreement</b>	<b>Academic Primary Care Clinic Patients (n = 306) No. (%) in agreement</b>	<b>P value</b>	<b>All Patients (N = 601) No. (%) in agreement</b>	<b>All Physicians (N = 564) No. (%) in agreement</b>	<b>P value</b>
Lab and x-ray reports would be confusing	146 (50)	109 (36)	< .001	255 (43)	421 (76)	< .001
Doctors' notes would be confusing	130 (44)	84 (28)	< .001	214 (36)	274 (49)	< .001
Would increase patient worry	84 (29)	68 (22)	.07	152 (26)	448 (81)	< .001
Would cause offense or embarrassment	55 (19)	29 (10)	< .001	84 (14)	248 (45)	< .001
Would increase questions between visits	198 (69)	142 (47)	< .001	340 (58)	385 (70)	< .001

# *Patients are seeking health information.*

<b>Internet Activities</b>		
<p>According to our February-March 2007 survey, 71% of American adults use the internet.</p> <p>Here are some of the things they do online:</p>	Percent of internet users who report this activity	Most recent survey date
Send or read e-mail	91	February-March 2007
Use a search engine to find information	91	December 2006
Search for a map or driving directions	86	December 2006
Look for info on a hobby or interest	83	February-March 2007
Look for health/medical info <sup>1</sup>	80	August 2006

*“More than 40% of patients have at least one chronic illness, accounting for nearly two thirds of all medical expenditures.”*



*“Only 12% of adults have Proficient health literacy.”*

**Table D2-1. Estimates and standard errors for Figure 2-1. Percentage of adults in each health literacy level: 2003**

Literacy level	Percentage
Below Basic	14 (0.5)
Basic	22 (0.4)
Intermediate	53 (0.6)
Proficient	12 (0.5)

NOTE: Detail may not sum to totals because of rounding. Standard errors are in parentheses. Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this table.

SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

*Defining Patient Access:  
presenting data in a way that supports the  
patient's use of their health information.*

Access according to Merriam – Webster

“freedom or ability to obtain or **make use** of something”

Access	Not Access
<b>High Cholesterol</b>	<b>Mixed Hyperlipidemia</b>
<b>High Blood Pressure</b>	<b>Benign Hypertension</b>

## *Questions to consider when assessing whether “access” has been provided?*

- Can the content be understood?
- Does the format promote usability?
- Is the content accurate?
  - Pyper et al (2004) “70% of patients found at least one error or omission”
- Did you ask the patients?

## *Strategies for addressing low health literacy*

- Use plain language wherever possible
  - Put the most important information first
  - Break complex information into understandable chunks
  - Use simple language and define technical terms
  - Patient friendly diagnoses
  - Use active voice
  - Definition documents
- Involve patients in the process
  - Check for understanding
- Aim for clarity and simplicity
- Get involved in promoting health education in schools
- [www.health.gov/communication/literacy/quickguide/Quickguide.pdf](http://www.health.gov/communication/literacy/quickguide/Quickguide.pdf)

# *Strategies for addressing usability.*

- Electronic

- Font: 11 – 14; sans serif

- Contrast

- Dark text on light background or vice-versa

Low contrast decreases legibility

High contrast increases legibility

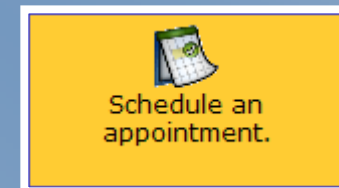
- Avoid patterned backgrounds

- Meaningful icons and patterned lines

- Navigational Aids

- Site map

- Breadcrumb trail



# *Strategies for addressing usability.*

## ■ Paper

- Font: 11-14 pt; serif for blocks of text; sans serif for headings; familiar fonts like Times New Roman

- Letter spacing

Letters too close together are hard to read.

L e t t e r s t o o f a r a p a r t a r e h a r d t o r e a d .

- Line spacing (leading)

If you have small type sizes, increase the leading to increase legibility. This text is at the default leading.

If you have small type sizes, increase the leading to increase legibility. This text has extra leading.

## *Strategies for addressing content accuracy & completeness*

- Concurrent and closed chart review
- Well designed functionality and workflow
- Culture of accountability
- Closely monitor duplicate MRN stats

## *Strategies for involving the patient.*

- Focus groups
  - MultiCare conducted 2 focus groups and let the patients prioritize which features and functionality they most desired.
- Discount usability testing
  - 6 to 7 users is enough
  - Usability testing methods
    - Think aloud or cognitive walk through
    - Surveys
- Follow up phone calls or electronic surveys
  - Did the information provided meet your information need.

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Name	sex	Dob	age	Adm Date	unit
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**You Were Diagnosed With**

**CHEST PAIN NOS [786.50]**

**CONTINUE these medications which have NOT CHANGED**

Medication	Details	AM	Noon	PM	Bedtime
pantoprazole (PROTONIX) 40 MG OR TBEC	Take 1 Tab by mouth once daily Do not crush or chew. Qty: 30 Refills: 0				
	Comments:				
TRIMETHOPRIM-SULFAMETHOXAZOLE 800-160 MG OR TABS	Take 1 Tab by mouth one time only Qty: 90 Refills: 2				
	Comments:				
Oxycodone HCl 5 MG OR CAPS	Take 5 mg by mouth every 6 hours as needed Qty: 80 Refills: 0				
	Comments:				