Catherine Beckman sat in the University of Colorado Hospital Transplant Clinic’s waiting room the morning of April 7. She had arrived at 7 a.m. and done her pre-appointment testing, including getting poked for blood in all-too-familiar lab draws. During similar visits during most of the 22 years since Beckman’s heart transplant, she might have whiled away the gap between testing and her appointment by paging through a months-old magazine.

Instead, she had her eyes on her iPhone. One after the next, her test results landed on the screen. By the time she was called for her appointment with transplant cardiologist Joann Lindenfeld, MD, Beckman had nearly as much information about her basic state of health as the physician herself.

That’s the idea of My Health Connection, UCHealth’s name for the patient portal into the Epic electronic health record (generically known as MyChart). The portal came with Epic – in 2011 at UCH; in July 2013 at UCHealth North (Poudre Valley Hospital and Medical Center of the Rockies) and in November 2013 at UCHealth South (Memorial Hospital). It’s been long enough now to conclude that empowering patients with direct digital access to their medical records – and, via email, to their doctors – has been a good thing for them. For those doctors, though, it’s a bit more complicated.

**Playing QB.** Beckman, 60, is a health care expert, both by training – she has a master’s degree in health care administration – and by experience. In addition to the heart transplant, she is a breast cancer survivor. If it weren’t for the patient portal, she said, “I’d have to carry around three bankers’ boxes of medical records everywhere I went.”

Access to the records themselves is just one of My Health Connection’s benefits, Beckman said. Among other features, the tool lets her email her physicians directly. The response time is generally within the 48 hours of a typical callback, and there’s the added benefit of an audit trail. She learned years ago, she said, that “physicians manage to the chart,” and so she put questions and communications in writing, which for years meant sending faxes, she said. The patient portal’s combination of up-to-date information and physician communication means Beckman can quarterback her own care. For patients with a complicated medical history, that’s really important, she said.

“You get to the point that you’re your own case manager,” Beckman said. “You often see more specialists than you do a primary.” That could be changing, she said: having recently moved from Colorado Springs to Fort Collins, she is seeing internal medicine physician Robert Juhala, MD.

“Beyond email, Dr. Juhala communicates with me electronically when he writes his comments directly on particular diagnostic tests...
whose pathology results may be arriving piecemeal to MyChart,” Beckman adds.

**Tag no more.** Carl Miller, UCHealth’s director of Patient and Family Centered Care, had a heart transplant at UCH 13 years ago this month. He echoed Beckman’s take on My Health Connection. For him, the ability to view test results and make appointments online has been valuable, as has been the portal’s tools to let him generate graphs to see trends in test results, such as his cholesterol levels, over time. But paramount, he said, has been the ability to connect directly with physicians.

“You don’t play phone tag anymore,” he said.

If one of his physicians – his endocrinologist, his cardiologist, his primary care doctor, or other specialists he may on occasion see – prescribes him something new or different, he sends quick notes to the others to make sure they’re on board with the change.

“I’ve had situations where one will say, ‘I don’t think you should do this,’ then conferred, and come up with an alternative they felt better about,” Miller said.

Miller’s primary care physician, CT Lin, MD, is a fan of patient access to medical records. In addition to seeing patients one day a week, Lin serves as UCHealth’s chief medical information officer. There’s not much hard data to support the anecdotal sense that patients like these portals, he said, but his own 2005 study did provide some of it. Lin and colleagues measured patient satisfaction among those using a portal called My Doctor’s Office. Lin found that “patient satisfaction increases 25 percent just by turning on an online conversation,” he said.

**Rising adoption.** The portal’s popularity with patients – not to mention the internal marketing, in particular at UCH – has driven solid uptake. The My Health Connection user count has risen from 17,658 who visited in September 2012, when the Epic team started tracking it, to 48,750 patients checking in during the month ending March 14.

Adoption varies somewhat depending on where in UCHealth one is. The data from mid-March show University of Colorado Hospital’s primary care practices leading the way, with about half of patients participating. Patient adoption of My Health Connection varies, ranging from about 27 percent of Seniors Clinic patients who visited from mid-February to mid-March up to 61 percent of Women’s Integrated Services in Health (WISH) Clinic patients.

Matthew Mimnall, a UCHealth Epic analyst and My Health Connection expert, estimated that about 30 percent of UCH patients activate My Health Connection. If that seems low, consider that only about half of UCHealth patients report having email addresses.

At UCHealth North and South, percentages are perhaps in “the high teens” but they will probably increase as word-of-mouth among patients and providers continues to take hold, Mimnall said. Recent numbers underscore the point. The week ending April 6, UCHealth saw a total of 754 new patient-portal signups, a number consistent with those of recent weeks.

New features on the way will only help. In the next couple of weeks, Mimnall said, My Health Connection users will be able to click on their diagnoses and get more information courtesy of the federal MedLine database.

From mid-February to mid-March up to 61 percent of Women’s Integrated Services in Health (WISH) Clinic patients.

**Physician fears.** The bigger question is on the physician side, particularly among those who, in addition to seeing patients and keeping up with Epic’s charting demands, are now finding more and more emails from patients in their inboxes, which can mean more work.

In the fee-for-service world of UCHealth, physicians also wonder if they’re cannibalizing their own business as patients skip visits and do what amount to asynchronous online consultation.

Catherine Beckman, a UCHealth patient, says My Health Connection has helped her work with her physicians to manage her care.

**Continued**
That all can happen, Lin said. But often, emails are less additional burden than they at first appear. That’s because many patients emailing questions would otherwise be calling the office for help. With email, there’s no phone tag, and Lin can answer them “at midnight or on the weekend.”

“Most physicians, after they use the system for a while, realize that it does save time on the telephone,” he said. “And the vast majority of patients are very respectful — they just send questions like, ‘Sorry to bother you, but I wondered if these side effects are related to the drug I just took.’”

When emails asking more complicated questions hit his inbox, Lin suggests the patient make an appointment, and they usually do, he said.

The patients involved aren’t necessarily just trying to avoid a copay. Beckman said she recently messaged her oncologist and got a response back from a nurse saying the question was too complex to handle via email. Beckman agreed and made an appointment.

“As patients, we have to learn how to actually use this form of communication while being cognizant of doctors’ time.” Beckman said.

Nurse help. Amber Sieja, MD, an internal medicine physician with the University of Colorado School of Medicine, said a physician’s take on the patient portal can depend on one’s role. Like Lin, Sieja spends eight hours a week in clinic. For her, the three to eight messages her patient pool generates is manageable, and their asynchronous nature a bonus.

“You can be in a meeting and email a patient, but you can’t go talk on the phone,” she said.

But full-time clinicians could be seeing 25 priority emails from patients a day, she said. At national conferences about electronic medical records, experts advised physicians to check email between patients, Sieja said. But if you’re stacked up with complex cases with 20-minute appointments during which everything from depression screening to blood-test results and eating habits are on the agenda, “there’s no way,” she said.

Some practices are channeling emails first to nurses, who answer what they can and forward others on to physicians. AF Williams

Family Medicine Clinic at Stapleton used this approach at first, said Corey Lyon, DO, the clinic’s medical director. But the nurse pool was forwarding more than 90 percent of the emails to the providers anyway, he said.

“So over a year ago, we changed our system to have the messages go directly to the provider,” Lyon said in an email.

The providers didn’t complain about extra emails after the switch, he said, probably because they were getting most of them anyway. That may change as adoption continues to rise, he said.

“I do see our volume of [My Health Connection] messages growing a bit, and do suspect at some point, we will have to re-evaluate our process,” Lyon said. “We are able to see what the providers’ response times to messages are, and if that time is growing, then that will be a good indicator that the providers will need help in addressing patients’ questions.”

One thing clear among physicians, however, is that patients value the services. Sieja called it the biggest boon to patient satisfaction she’s seen in years. Lin mentioned how one patient who accesses the system via mobile phone told him, “I like having you in my pocket.”

For Beckman, My Health Connection is ultimately about empowering patients like her.

“I think over time, as people start using it, they’ll recognize ways to get more out of a doctor’s visit and be less powerless in that doctor’s visit, and be better prepared,” she said. “Because you know what that doctor knows as your basic starting point.”