Want better health information technology? Ask patients how they want it

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Hopes are high that health information technology will support care between office visits, boost efficiency and convenience, and help patients lead healthier lives. An evaluation in the April *Health Affairs* suggests how to make the most of this new approach: Routinely ask patients how they like it and what they want.

"It's crucial to ask patients whether the [health information technology](#) they use is meeting their needs promptly and appropriately and honoring their values and preferences," said lead author James Ralston, MD, MPH, an associate investigator at Group Health Research Institute and an internist at Group Health Cooperative.

Group Health was an "early adopter" of health information technology that directly engages patients online. By 2003, Group Health patients could use its Web site to: exchange secure e-mail with their health care providers; schedule office visits; get after-visit summaries and medication refills; and see parts of their electronic health record (EHR), including test results, medications, and immunizations. Since then, the integrated [health care system](#) has kept improving its health information technology based on surveys of randomly selected patients every two years.

Dr. Ralston used those biennial surveys as part of an evaluation of Group Health's use of health information technology. He found patients were highly satisfied with the technology, and they were most satisfied with the services they used most often: reviewing test results, requesting

medication refills, exchanging secure e-mail with providers, and reviewing after-visit summaries.

By the end of 2009, 58 percent of Group Health's adult patients had registered for access to online services, and that percentage keeps rising. And of every 10 times that Group Health patients consulted with their primary care team, three times were through secure e-mail, two were over the phone, and five were in person.

The Stimulus (American Recovery and Reinvestment Act) of 2009 included incentives for medical systems to adopt EHRs if they use them "meaningfully." Accordingly, in 2011, the Centers for Medicare and Medicaid Services (CMS) will start paying incentives to providers and hospitals that show "meaningful use" of EHRs. But current meaningful-use criteria don't include any assessment of patients' experience.

"Based on our evaluation, we strongly urge policy makers to include measures of patients' experience when setting criteria for meaningful use of health information technology," Dr. Ralston said. "Because of concerns about disparities in access to care, especially the 'technology gap,' patients must be able to communicate with providers in the way they need or prefer, whether in person, over the phone, or through secure e-mail."

At Group Health, patients can connect with their health care providers in whichever way they prefer. And providers are paid on salary for caring for a group of patients, not reimbursed for each visit and procedure they do. By contrast, most U.S. providers are paid for each procedure and office visit—but not for connecting with their patients by e-mail or phone.

"That's why the United States also needs payment reform," said Dr. Ralston's co-author Matthew R. Handley, MD, Group Health's associate

medical director of quality and informatics.

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