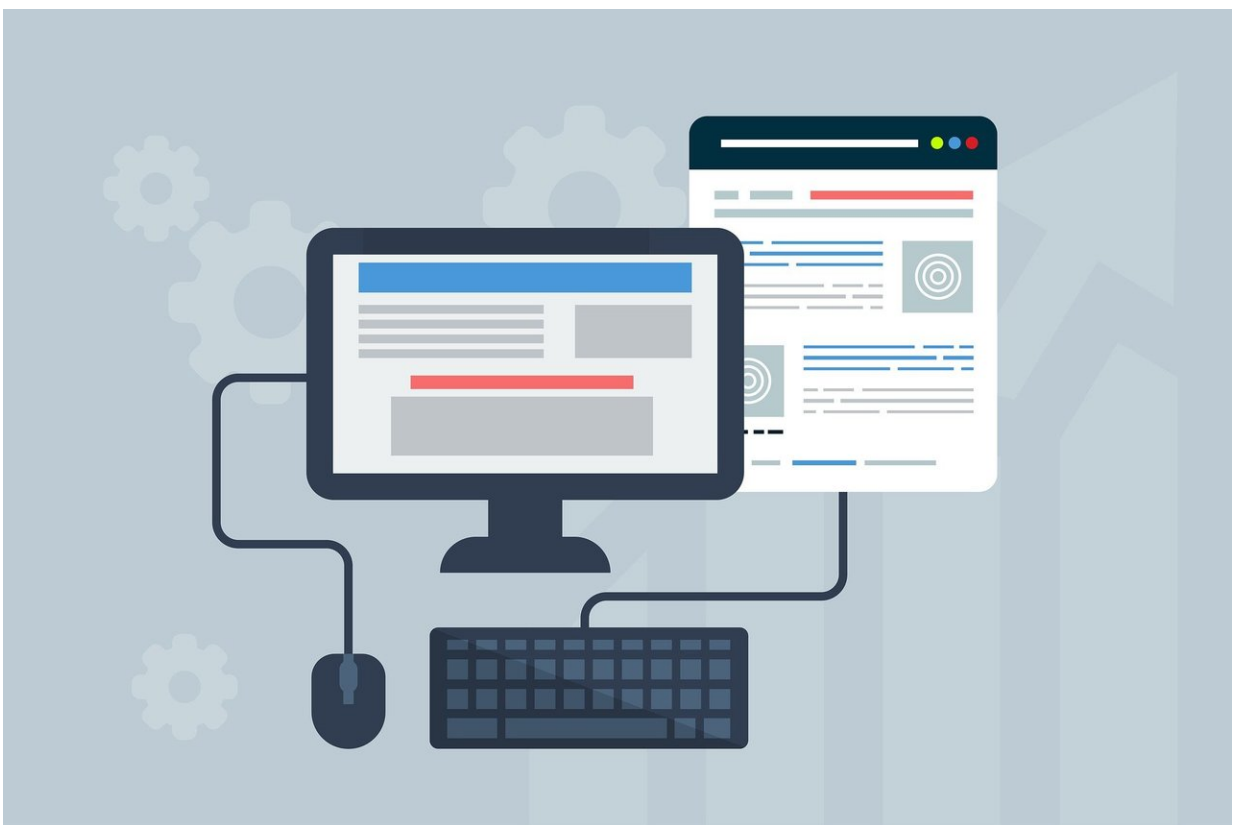


New study finds in-person training can increase inpatient portal use and improve patient satisfaction

September 13 2022



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Hospitalized patients who receive hands-on training on how to access their personal health information via a secure online patient portal or

have access to more advanced portal functions are more engaged in their health care and have higher patient satisfaction rates, according to a study from The Ohio State University College of Medicine.

The research findings, published in the journal *JAMA Network Open*, suggest health care institutions can have a positive effect on patient care and the patient experience while in the hospital by investing in patient portals and teaching patients how to use them.

"Inpatient portals empower patients by giving them access to clinical data such as test results, information about their care plan and a way to communicate with doctors and nurses," said Ann Scheck McAlearney, distinguished professor in the Department of Family and Community Medicine, executive director of the Center for the Advancement of Team Science, Analytics, and Systems Thinking in Health Services and Implementation Science Research (CATALYST) and associate dean for Health Services Research at Ohio State College of Medicine and The Ohio State University Wexner Medical Center. "Portal use supports a patient-centered care model where patients are more engaged and knowledgeable about their health care and feel valued as patients."

The "High Tech and High Touch" clinical trial offered two levels of training, in-person training delivered by a study team member or video tutorials, and two levels of patient portal functionality, all functions or limited functions. Patients were randomly placed in one of four groups: full technology and in-person training, full technology and video training, limited technology and in-person training and limited technology and video training.

The full technology portal allowed patients to access 10 functions including the ability to order food on demand, tutorials, patient education resources, care schedules, messaging with care providers and the outpatient portal. The limited technology portal allowed patients to

access three functions—the ability to order food on demand, tutorials and patient education resources.

The in-person training by a technology navigator involved reviewing the available functions and supervising and providing feedback to patients as they navigated tasks using the portal. The alternative training option of video tutorials only provided an overview of available portal functionality based on whether the patient was given a full technology or limited technology portal.

"We found that patients who received personalized training accessed the portal more often and were more likely to be classified as comprehensive users than patients who only watched training videos," McAlearney said. "Similarly, patients who had access to all functions in the inpatient portal used the devices more than patients with limited function access."

The clinical trial took place December 2016—August 2019 at six hospitals at Ohio State Wexner Medical Center with a shared electronic health record platform. More than 2,800 patients 18 years of age and older who identified English as their preferred language participated.

Future patient portal research will include the "Better Birth Outcomes Through Technology, Education and Reporting" study that will examine opportunities to use patient portals to collect sensitive information from patients about social determinants of health that can be shared with providers and guide interventions to improve maternal and infant outcomes and increase health equity.

The study was led by McAlearney and conducted through CATALYST. Co-authors include: Daniel Walker, Naleef Fareed, Sarah MacEwan, Jennifer Hefner, Gennaro Di Tosto, Alice Gaughan, Lindsey Sova, Laura Rush, Dr. Susan Moffatt-Bruce, Dr. Milisa Rizer and Timothy Huerta.

More information: Ann Scheck McAlearney et al, Effect of In-Person vs Video Training and Access to All Functions vs a Limited Subset of Functions on Portal Use Among Inpatients: A Randomized Clinical Trial, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.31321](https://doi.org/10.1001/jamanetworkopen.2022.31321)

Provided by The Ohio State University

Citation: New study finds in-person training can increase inpatient portal use and improve patient satisfaction (2022, September 13) retrieved 13 May 2024 from <https://medicalxpress.com/news/2022-09-in-person-inpatient-portal-patient-satisfaction.html>

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