

Interpreting Test Results for Patient Access to Electronic Health Information

[Burda]

Welcome to the 4sight Health Roundup podcast, 4sight Health's podcast series for healthcare revolutionaries. Outcomes matter, customers count and value rules. Hello again, everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, December 7th, Pearl Harbor Day. Let's never forget, no clever transition after that. On today's show, we're gonna talk about patient access to their own medical information through patient portals or through digital health apps. Is patient access growing and for whom to tell us what's happening in the market? Are Dave Johnson, founder and CEO of 4sight Health, and Julie Murchinson partner at Transformation Capital. Hi, Dave. Hi, Julie. How are you guys doing this morning, Dave?

[Johnson]

Well, Dave, really interesting that you're highlighting Pearl Harbor Day. We live in a house that was built in 1900, and right off the main entrance, there's a, a little library that probably was a greeting room, you know, back in 1900. But I often think that somebody listened to FDR's Pearl Harbor speech in that room. So that was certainly just a red letter day in American history, and we obviously rose to the occasion and makes me wonder often now given our challenges, whether we'll have the same ability to, to rise to our challenges. So thanks for mentioning that.

[Burda]

Yeah, no, of course. Thank you. Julie, how are you?

[Murchinson]

I'm actually in our nation's capital with my friends from NCQA and last trip of the year, so that feels weird, but very good.

[Burda]

<Laugh>. Yeah. Yeah, you've been on the road a lot this year. Thank you. Now before we talk about patient access to health information, let's talk about your latest adventures with portals and apps. Dave, do you have any stories you'd like to share?

[Johnson]

You're tweaking me, Dave. I, I know you are <laugh>. I'm, because I just wrote a long article about the perils and possibilities of healthcare apps where I contrasted a horrible MyChart experience at Northwestern versus an incredible one medical app experience that managed to piss off a lot of people at Northwestern, even though the real villain in the story was epic. So if people really wanna know my portal stories go to the website and read the article.

[Burda]

Interpreting Test Results for Patient Access to Electronic Health Information

<Laugh>. Yeah, it's a good one. Thank you. Julie, how about you? Are you getting what you want from your portals and apps?

[Murchinson]

Well, I actually recently had an experience myself over Thanksgiving with my son, who is 17, about to be 18. Had, was really horrendously sick with cough and respiratory stuff. And I consulted with my friends at Plush Care, which is acquired by Accolade, but a former partner of Transformation capitals. And I was actually really struck by searching for a visit and how they presented physicians and the information they presented about physicians, and then the physician availability and the fact that, you know, you had to put in your state and that they were licensed to treat you in the state that you were in. It was just, it was all so fluid until the moment I had to admit that he was 17 <laugh> and realize that, oh, it's actually hard to get a peds appointment virtually. So then I went to CVS, and my experience at CVS was much less personal in terms of what it took to make an appointment at a minute clinic. 'cause Of course, I couldn't figure out the virtual peds in there either. But the, I have to say, the minute clinic experience was amazing, like really great. And they upsold his flu shot, so we got him a flu shot. Like the whole experience was fantastic. So two very different experiences, but so consumer oriented in terms of how I was treated, and I loved it.

[Burda]

Things are starting to face the right way. I'll just say this about my patient portal. It certainly makes it easier to pay an overdue balance than it is to refill a prescription or send a note to my Doctor

[Johnson]

<Laugh>, right?

[Burda]

Priorities, or as you like to say, Dave, revenue cycle. <Laugh>. Okay. Let's talk about patient access to health information thanks to three new studies. Count 'EM three. The first is a data brief from HH S'S Office of the National Coordinator for Health Information Technology or ONC. It said 73% of patients were offered online access to their medical records by their provider or insurer in 2022. That's up from 59% in 2020. 57% of patients their medical records through their portals in 2022. That's up from 38% in 2020. The second is a study published in JAMA Health Forum. It's a finer cut of the ONC data from the ONC. It said 81% of white patients were offered online access to their medical records by their provider or insurer in 2022 compared with 73% for black patients and 62% for Hispanic patients. 70% of white patients access their medical records through their portals in 2022 compared with 60% for black patients and 57% for Hispanic patients. The third is a study published in the British Medical Journal. It looked at the activation rates of the National Health Service app in the UK by different patient

Interpreting Test Results for Patient Access to Electronic Health Information

characteristics. It said the more socioeconomically depressed the patient population was, the less likely it was to activate and use the NHS app. Dave, what's the good news, bad news here, and what can we do from a policy perspective to improve electronic access to health information for all patients?

[Johnson]

The good news obviously is that use rates are up, more payers and providers are offering online access to health data. It's up 59% to 73% between 20 and 22. That's 24% in two years, not insignificant. The jump in patients accessing data is up at an even greater percentage from 38% to 57% between 2020 and 2022. So let's not skip over this increase too quickly. It's more evidence of how quickly the US and healthcare in particular are acclimating and shifting into a true digital economy. That's a good thing. We're also now big picture trying to increase access to healthcare data in poorer and less educated community. That's a more difficult challenge, but it's not impossible as the industry has demonstrated with its approach to dual eligible populations. More on this shortly. It would be interesting to know what percentage of digital access occurs via MyChart Epic's patient portal, <laugh>, the one I referenced earlier with my own experience. I bet that percentage is high. And that's unfortunate because MyChart, this is a technical term, sucks. Still largely point solutions and links to other sites, certainly not the consistent tailored non-obtrusive and easy to navigate solutions consumers enjoy in premium retail encounters like the ones Julie was just describing. Providers, if you're listening, move beyond the Epic platform to engage customers. Keep the EHR, but build your own interface like Baylor Scott and White One Medical and Sharp have done to engage your customers. Just get it done. Now shifting gears. Here's the thing about medically underserved communities in America. The system doesn't really care about them at all. Certainly doesn't care about their care access digital otherwise, unless they're paid for it. Again, I offer the dual eligible program as evidence of this unfortunate reality. So let me get more concrete. We have to stop being stupid about how we spend healthcare resources, particularly in low income and rural communities. I've just written a long article for the HFM magazine that Foresight Health will distribute next week on revitalizing healthcare and health services on Chicago's south side, a very medically underserved community. The policy solution I suggest is for the state of Illinois to stop spending hundreds of millions of dollars each year to prop up failing safety net hospitals. And there are a lot of 'em. Instead, the state and other payers should redirect monies to build state-of-the-art, community health networks, the types of health networks that people need today, not keep funding these antiquated hospitals built, you know, 50 to 70 plus years ago those networks would have fewer hospitals. We don't need as many, but far more clinics, a uniform, EHR, great mental health services and coordinated care delivery. The new program should also include hiring an army of Southside residents to become health coaches, nutritionists, therapists, aids, and other healthcare professionals. At 30 years, Chicago has the biggest death gap in the country. Instead of tolerating this obscene reality, let's become a

Interpreting Test Results for Patient Access to Electronic Health Information

national model for how to provide inner city health and healthcare services the right way. Great things will follow. I promise. I'll also step off my soapbox right now.

[Burda]

<Laugh>, there's a lot to say about government in Illinois. I'll just leave it at that. Thanks Dave. Julie, any questions for Dave?

[Murchinson]

I have a question here that might get dangerously close to, you know, meaningful use style approach and technology. But what's the quality angle for you here and how information should be shared with patients? We have patient reported outcomes, but if patients can't understand the information, how are they supposed to even take action?

[Johnson]

I would prefer to see the government shift and put more focus on outcomes, don't abandon meaningful use, but put more focus on outcomes. And I think that's really what you're talking about in terms of a quality angle focusing on how do we actually make populations healthier not just how do we communicate with them more effectively. If we get the incentives right, we should be able to drive them to really achieve better population health for all communities particularly the, the poor, rural and urban communities I was talking about earlier.

[Burda]

Yeah, like we say at 4sight, health outcomes matter, right? Julie, what's your take on the study findings? Are you surprised, not surprised? And what can we do from a market perspective to improve electronically access to health information for all patients?

[Murchinson]

So I looked at a few different angles here. According to the ONCs data on patient use of medical records and portal access, 90% use those to view test results. So 90% are viewing test results. 70% of those are viewing clinical notes. So first, have you guys ever tried to read your test results and interpret them? I mean, it's that they have like the,

[Burda]

I've failed at that.

[Murchinson]

Right? It's hard. And I love LabCorp requests and whoever's like red, yellow, green. So maybe as a consumer you might understand that that's bad, but I mean, like, it's slightly better than, and the clinical notes, especially those that are included for billing purpose, which are, you know, a hundred percent, they're not translated for you. So what do they mean? What should you do

Interpreting Test Results for Patient Access to Electronic Health Information

about 'em? And most of the scaled tools today, like Dave talked about, epic, are hard to use and inaccessible to a wide range of reading levels. And, you know, epic's made for clinicians and billers. So there are obvious limitations to consumer usability. They're clunky. They take a lot of screens and clicks. So, you know, a lot of the tools today are really focused on the consumer. And there are several tools attempting to use gen ai, especially in the last six months, to create more understandable information for the consumer with more accessible language and breaking down that medical jargon into human speak. You know, one of our partners Vital is doing this masterfully, I would say. And, you know, not to say that Epic isn't also applying some of these tools with their nuance or other AI partnerships, you know, the technologies that are really focusing on the consumer and what the consumer needs I think are gonna win in this game. We're also seeing a different movement in terms of fewer point solutions and more platforms. That's what customers are calling for. And this would allow the consumer to potentially do more than one thing at a time. So, you know, what if you could learn about your lab result and be prescribed a med for pickup or delivery on the spot, and know that your health plan's covering that med, and what if you were given a coupon for a handful of OTC or supportive, you know, nutrition food supplements right there on the spot, and you could use that virtually or in the store. I mean, there are definitely folks like Walgreens and others who have tried a lot of this in the past. So this is not new thinking, but think about the one-stop shop you could do by just looking in a lab result. You should be able to make a follow-up appointment right there if needed. What if you could share your result with a family member 2000 miles away and even help connect them into your care plan, depending upon what that result says? What if you could make a request for home care or DME or anything that might be offered to you to take care of what that diagnosis or what that lab result says? It's like buying a flight and then being offered deals on a rental car or hotel room, right? Or booking a hotel or being offered a hotel partner experience while you're at the destination. I mean, consumers have less patience. They want more one-stop shopping. And if it sounds like that's more of a, you know, a, a haves and have nots focused argument on the haves, I totally disagree. We, everybody, today, everybody needs time savers and useful coupons and much greater convenience. And, you know, I think there's a lot here that could help drive that.

[Burda]

I think with all the online shopping that's happening now because of the holidays, it just reinforces how far behind healthcare really is, right? Thanks, Julie. Dave, any questions for Julie?

[Johnson]

Well, Julie, first off, I, I love your last point there that we should resist the arrogant conclusion that lower income people can't be digitally native in how they interact with the marketplace. It's absolutely the wrong conclusion. So thank you for highlighting that. And I really like your discussion of Gen ai, and this does strike me as a made for gen AI application.

Interpreting Test Results for Patient Access to Electronic Health Information

I'm working on a paper with Eric Larsson of TowerBrook, and Eric is of the opinion that gen AI in and of itself is actually something of a commodity, and that the real beneficiaries of that capability to do, you know, the massive data aggregation and analysis that that Gen AI offers are gonna be incumbents that control the massive data sets. Do you agree with that conclusion? And if so, what does it say about how healthcare data will become more customer and consumer friendly going forward through these, you know, breakthrough technologies that are now out there?

[Murchinson]

it's an interesting perspective because I don't know that I would label it as the incumbents, but I would say that any large scaled provider of care, deliver of services, even payer of services who can use gene AI well and help use it as a way to engage a patient in, to be, to be more facile, to make decisions about their health in coordination or on our, on their own will win. I agree with him in saying that j AI is almost like any other tool. And then you could say any other commoditized tool or technology that any company can use, right? Any company can use it. So it's really a matter of how they use it and how do we use it for purpose? And again, I'll come back to vital, you know, they really help patients understand where they are in a care journey in the ER or in the hospital. And to know that this lab is referred to for you, what this lab test means, when the result comes back, what it means, how it should be interpreted by you, your ability to do something with it, or interact with the doctor through that technology. It's, there's nothing special about the fact that Vital is using Gene AI to dumb down the language. It's about what then vital allows really that health system to do, to help the patient, you know, be more engaged or connect with the doctor or whatever it is. So, I, I agree with him, I think in that way.

[Burda]

Patient education is where it's at. Thanks, Julia. My 85-year-old mother has a patient portal. She didn't know you could use it to refill a prescription, no one told her and she spent hours calling her doctor to get a refill, I showed her where on her portal she could order. Thanks, Julie. And thanks, Dave. Now let's talk about other big news that happened this past week. Julie, anything else that piqued your attention?

[Murchinson]

I'll just say there's been a lot of M&A activity in the last few weeks, not just the rumors about Cigna and Humana's merger and HCSC potential assistance there but NextGen was acquired by Toma Bravo, Surescripts and Virgin Pulse have both made acquisitions. There's been a bunch of smaller things happening. So I think as we get towards the end of the year, and you start to see some of these companies who have big balance sheets or are running outta money, there's a lot of action coming.

[Burda]

4sight Health Podcast
December 7, 2023

Interpreting Test Results for Patient Access to Electronic Health Information

If you're in the due diligence business, this is a, a boom time. Dave, what other news should we know about?

[Johnson]

Well, you know, we've been talking about portals today, and that's got me thinking about Warp Drive and Star Trek and, and portals to other universes. And April 5th, 2063 is the day Treche celebrate as first human contact with Vulcans and the invention of the Warp Drive. And I find myself wondering if we aren't gonna start celebrating November 30th, 2022, which was the launch date for chat GPT-3 as the equivalent technology breakthrough day at some point in the future when Gen AI has completely changed all our lives.

[Burda]

Dave, that's 2063, you said?

[Johnson]

Yeah, it's in the future.

[Burda]

Okay. Yeah. So I'll be, I'll be 103, so I'll still be here thanks to my patient portal. <Laugh>. Thanks Dave. And thanks, Julie. That is all the time we have for today. If you'd like to learn more about the topics we discussed on today's show, please visit our website@4sighthealth.com. And don't forget to tell a friend about the 4sight Health Roundup podcast. Subscribe now and don't miss another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.