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Clinical Portals: A Win for Providers

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In today's healthcare environment, clinicians must have the right data where and when it is needed, whether at the patient's bedside, a physician's office or in a home office. Currently, however, most providers' data is spread across many disparate systems, with limited integrated access.

To meet this challenge, some hospital organizations are striving to integrate these disparate products, which can be a formidable and painful task. Other organizations have implemented clinical portals as a preliminary step toward integration. Clinical portals allow physicians and staff to access disparate data through a portal which – to the physician – appears to be an integrated tool.

A recent KLAS study on Clinical Portals shows that (1) portals can interface with numerous disparate and non-integrated systems, (2) portals are well accepted by physicians and (3) portals are relatively quick to implement.

ACCESSIBILITY OF INFORMATION

While hospitals with portals most often use the systems to allow physicians access to clinical test results, there are many additional results an organization can view. Most portals interface with laboratory, transcription, radiology, PACS images, pharmacy orders, patient census and registration data. As one can see from Figure 1, providers use portals to interface with a wide range of applications.

According to providers, the most critical portal uses for a physician are (1) reviewing laboratory results and (2) reviewing and signing transcriptions. Not surprisingly, then, 100% of organizations in the study allow access to clinical results through the portal, and 76% and 74%, respectively, allow electronic signature and transcription capabilities.

After a portal implementation, providers also appreciate the fact that their back-end system can be changed without impacting the user. Most importantly, portals

appear to offer the seamless integration providers are looking for – long before the actual systems integration may have occurred.

PHYSICIAN USE AND ACCEPTANCE

In addition to accessing data at the office and during back-end system changes, physicians can access information from a home office. Any computer with Internet access can be used to log in. Many of the hospitals interviewed mentioned that portal use was highest after 5 p.m. and in the late evening, as doctors accessed the system to reduce the daytime load and review transcriptions prior to signing.

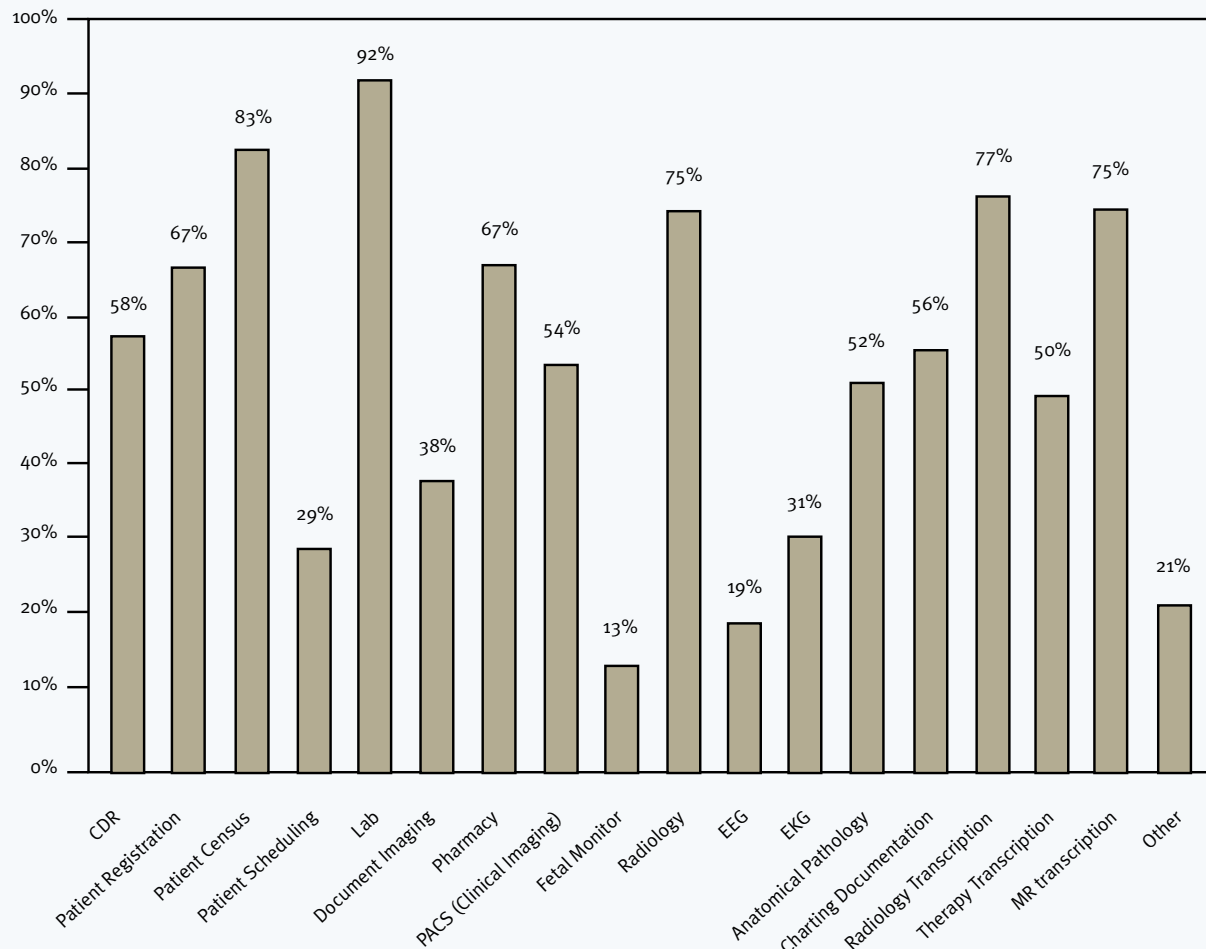
Providers frequently mention that physicians are accepting of portals – once the portals are implemented. In fact, many providers report a *very* high rate of physician acceptance. One CIO exclaimed, "For the first time in my career, a physician came in my office and thanked me for something." Several HIT executives are reporting similar reactions from their physicians.

One provider shared the following experience:

"One of our long-time specialty physicians was a critic of computers and had no intention of ever using one in any aspect of his life. He spent the time over a weekend looking at the portal and working with it because we forced him to have access. He came back after the weekend and bragged to our board about how the portal, in such a short time, had changed his life. The transformation was nice to see, especially coming from someone who had been a staunch critic."

Many providers anticipate an easier move to CPOE because their physicians are so accepting of their clinical portal. Often, portals are implemented by hospitals for that very purpose: to move smoothly to CPOE. Organizations want to habituate the physician to utilizing

Figure 1. Applications integrated into portal



computerized results and making updates by computer. One provider explains, “We will be looking at CPOE in 2006. Currently, we are trying to get our physicians more and more accustomed to using the PC through the portal.” Another provider reports, “[The portal] has been very successful in getting physicians to really use the system. This in turn has greatly helped move our CPOE effort forward.”

SPEED OF IMPLEMENTATION

Compared to many systems, clinical portals are reported to be relatively quick to implement. As shown in Figure 2, of the providers KLAS surveyed, 36% were live after only 1–3 months, 32% after 4–6 months, and 20% were fully implemented after 7–9 months. This is significant, considering hospital CPOE implementations typically take much longer.

In addition, most providers report a fairly positive post-implementation experience with clinical portals. Fifty-one percent of survey respondents indicated that they experienced no capacity or performance issues. Of those experiencing difficulties, response time (16%) and network

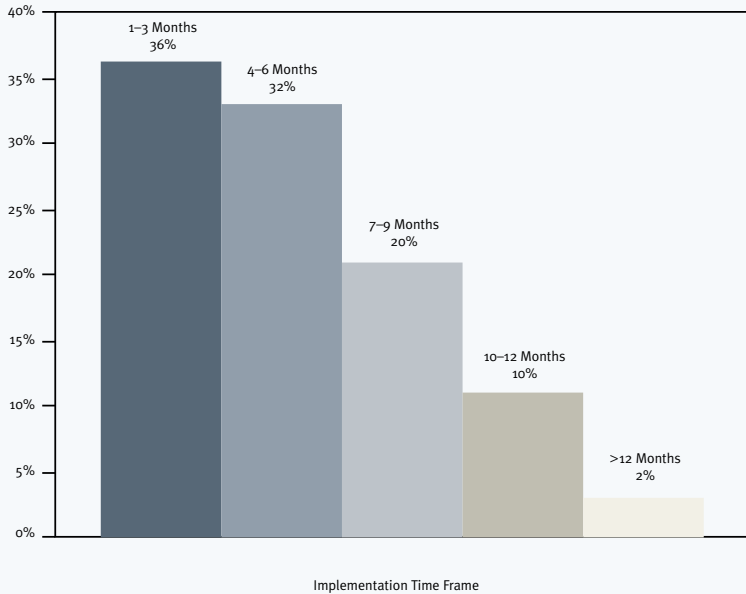
issues (11%) were the most frequent complaints.

ADDITIONAL LESSONS LEARNED:

For organizations considering a clinical portal implementation, providers have furnished additional facts and tips:

1. The more data acquired, the greater the desire for access. Usage will not only increase for physicians, but will also significantly increase among other clinicians desiring access to clinical information.
2. Electronic signature for transcription might be considered the most important “baby step” to getting physicians to enter data and move to CPOE.
3. Other clinician usage is higher when portal access is made easily available to physician office staff.
4. Access to the portal can either be Web-based, Web-enabled or Citrix-based. The physician is not concerned with technology, but simply wants easy access to the data from anywhere. Where providers had remote Citrix access, they reported no significant difference in ease of use, look and feel, or maintenance and support between local and remote access.

Figure 2. Implementation time frame



5. There are philosophical decisions to be made by any organization that implements a clinical portal. Some want a simplified view of the data for referring and outreach physicians (infrequent users) with a more customized Web view as the answer. Others want the same view regardless of usage, while some would use both options. Each organization will need to find the right solution for their users.
6. While calculating ROI is outside the scope of KLAS studies, the majority of providers report satisfaction with the cost and ROI of their clinical portal. Citing such factors as 50% reduction of in-house support (compared to a previous system), 40% reduction of paper records, overall reduction of medication errors and a reduction in mistakes and duplicate testing, providers generally feel their return on investment is assured.
7. Clinical portals are the only logical way to bring together disparate hospitals and ambulatory facilities into RHIO's. It does not require infrastructure or major implementations to share data.

While a small percentage of providers report dissatisfaction with their portal, the large majority of providers recounted positive experiences during the KLAS clinical portals study. Organizations reported that portals offer a short implementation time, high physician acceptance and a wide range of interfacing possibilities. One provider summarized, "This is one of the applications that our doctors tout the most when I ask them about things that make their lives easier. We love having universally available information."

ABOUT KLAS

KLAS, founded in 1996, is the only research and consulting firm specializing in monitoring and reporting the performance of healthcare's information technology (HIT) vendors and products. Our senior management staff and advisory board average 25 years of healthcare information technology experience.

How We Serve the Healthcare Industry:

KLAS, in concert with thousands of healthcare executives, CIOs, directors, managers and clinicians, has created a dynamic database of information about the performance of (HIT) vendors. The KLAS database represents the opinions of healthcare executives, managers and clinicians from over 4,500 hospitals and 2,500 clinics on more than 500 different

products. The information is continually refreshed with new performance evaluations and interviews daily. The KLAS database is dynamically and effectively used by:

- Healthcare organizations, to align expectations with a vendor's actual performance, to assist in strategic planning and contract negotiations and to validate decision processes
- Vendors, to monitor their performance in comparison with competitors
- Consultants, for current performance information on a specific company or product
- Healthcare investment firms, to evaluate publicly traded HIT company performance and trends or the competition for a new entrant

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