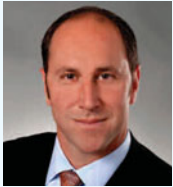




# Electronic Patient Portals: Access or Anarchy?



The “path of least resistance” is a physical property that represents an object’s tendency to choose a direction of flow that least impedes its forward momentum. No other healthcare entity has better captured this principle than urgent care. In traditional health systems, patient flow is infamously disrupted by obstacles—some regulated, some self-imposed, some unavoidable. These “flow disrupters” are the very reason urgent care exists.

Consider this: Nothing we offer in urgent care is unique to our setting. Everything we do is already available elsewhere within more established healthcare settings. The emergency department, the primary care office, and the occupational medicine clinic collectively offer all of the services we do in urgent care. The only reason we survive is our ability to offer a path of least resistance. Every avoidable barrier to entry has been thrown aside in an effort to drive superior access, greater convenience, and an exceptional user experience. In an increasingly competitive environment, our failure to find creative and innovative “access enhancers” will spell our demise. Not only is the urgent care landscape more crowded, but the more traditional health systems are finally recognizing the critical role access and convenience plays in consumer decision-making. The well-honed principles of retail business now have a permanent place in the strategic planning of every healthcare entity intent on surviving the decade intact.

To succeed in the future, urgent care operators must continue to innovate in access, convenience and user experience. The electronic age creates the most obvious opportunity, but it is fraught with landmines. How can we expand access while limiting risk?

Option 1 is Patient Portals. Drs. Christopher Notte and Neil Skolnik (*Family Practice News*; [http://www.familypracticenews.com/index.php?id=2633&chash=071010&tx\\_ttnews\[tt\\_news\]=137687](http://www.familypracticenews.com/index.php?id=2633&chash=071010&tx_ttnews[tt_news]=137687)) recently examined this very question, as summarized here.

**Goals:** Open the electronic chart so patients can view their records and address the inherent consumer hunger for information and control.

**Risks:** Anxiety over management of sensitive information without the benefit of context and counseling and fear of medical liability. For example, mental health issues and substance abuse concerns could be interpreted negatively. Nuance is often required to effectively manage this type of communication and often missing

from the written word. Another risk involves fear of medical liability. Access to the record theoretically exposes error and missed or delayed diagnoses, exposing the physician to a perceived Pandora’s Box.

**Strategy:**

1. Decide what to make accessible through the portal. While a patient always has the right to request his/her complete medical record, the portal can keep some components behind the curtain.
2. Be aware of how the record may be viewed, which should drive appropriate sensitivities without compromising care.
3. Document effectively to manage liability. A physician should already be documenting as if his or her note is later going to be read by a plaintiff’s attorney. The known transparency that a patient portal represents holds a physician accountable for good documentation on every visit.
4. Enable open access to lab and x-ray results, which may actually lower liability because patients are now empowered to ask questions about abnormal findings.
5. Make medical records viewable to patients. Studies have shown high satisfaction rates and higher perceived quality when this occurs.

The decision to open a patient portal should not be taken lightly and the issue of security and protecting privacy were not discussed here. But in an era of increasingly stiff competition and consumer demand for control over individual healthcare, urgent care operators can ill afford to be stagnant. Innovation around access, convenience, and user experience is our defining contribution to healthcare and we must continue to identify with our patients in these ways to succeed in a rapidly changing landscape. In future columns, I will explore other innovative options that support this strategic position. ■

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