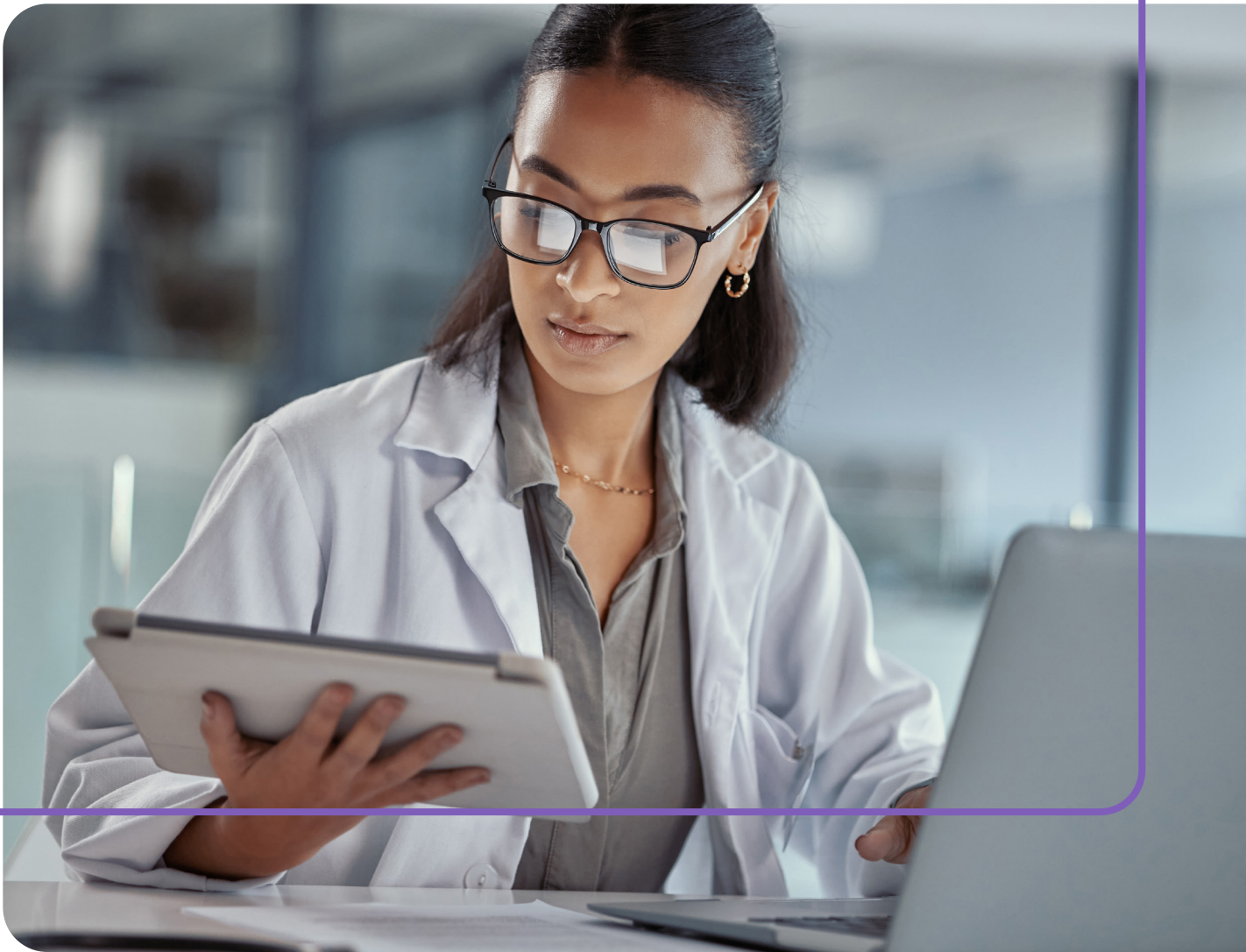


To bill or not to bill

Managing the portal message surge



The COVID-19 pandemic dramatically transformed the healthcare delivery system, increasing the use of the electronic health record (EHR) and patient portals for physician and patient communication. This surge in patient-initiated portal messages has overwhelmed many health systems and their care teams. The American Medical Association notes that “physicians today receive 57% more patient portal messages than they did prior to the pandemic.”¹

Only 25% of survey respondents reported billing for medical advice messages whereas 65% reported billing for structured eVisits.

Patients are utilizing portals to seek medical advice, request prescription refills, ask questions about their health conditions, and more. As usage continues to grow, healthcare organizations are increasingly recognizing the importance of investing in and improving their patient portals. By providing patients with secure access to their health information, online appointment scheduling, secure messaging, and other interactive features, healthcare organizations can empower patients to take an active role in their healthcare journey, enhance patient satisfaction and improve operational efficiency.

Further, payers are acknowledging this shift and classifying in-depth messages as eVisits. eVisits are billable medical encounters that require medical decision-making and at least five minutes of the provider’s time over a 7-day period. eVisits include both patient portal messages involving medical decision making (medical advice messages) and condition-based questionnaire exchanges (structured eVisits), with pre-written questions that once answered, are routed to a clinician to determine whether a patient, for example, has COVID-19 or the flu.

However, the increase in these types of interactions presents both opportunities and challenges for healthcare organizations. On one hand, the surge in patient portal messages reflects a growing demand for convenient and timely communication between patients and healthcare providers. On the other hand, the influx of messages can pose challenges for healthcare organizations in terms of managing the volume, ensuring timely responses, appropriately compensating physicians and clinicians for time spent on responses and maintaining high-quality patient care.

In this era of patient-centered care, healthcare organizations can prioritize and invest in improving their patient portals to deliver enhanced patient experiences, foster stronger patient-provider relationships and ultimately achieve better healthcare outcomes.

The Association of American Medical Colleges (AAMC) and Vizient reviewed survey responses from 40 health systems with facilities across 24 states to understand how they are leveraging patient portal communication, including medical advice messages and structured eVisits. This white paper highlights those results and offers insights and strategies for effectively managing patient portal communication to ensure patients utilize this new method of care delivery while also enabling organizational efficiency and capacity.

Patient Portal Communication Survey Snapshot (n = 40 organizations)

- 40 health systems across 24 states responded to the survey
 - Varying levels of patient engagement with the patient portal. Of the health systems queried, the majority responded 51-75% of their patient population is signed up to access the patient portal
- Communication via a portal relies on the patient’s electronic health record (EHR)
 - Three different EHRs with distinct workflows were noted in survey results
- Nearly all respondents reported that their portal offered medical advice messages, scheduling services and medication refill services. Only 57% offered structured eVisits, most commonly for clinical conditions such as cough/flu, pink eye, and rash. (Figure 1)
- Patient portal data varied across survey respondents (Figure 2)
 - The majority of respondents collect data related to message volume by clinic, provider and specialty as well as turnaround time and time to complete the message
 - Roughly 25% of respondents provided answers regarding patient-, provider- and staff satisfaction with the portal
- Staffing and compensation for clinical and administrative tasks associated with the patient portal varied with 74% providing relative value units (RVUs) for structured eVisits whereas 68% offer no staff compensation for work specifically related to medical advice messages. (Figure 3)

Figure 1: Services offered in patient portal

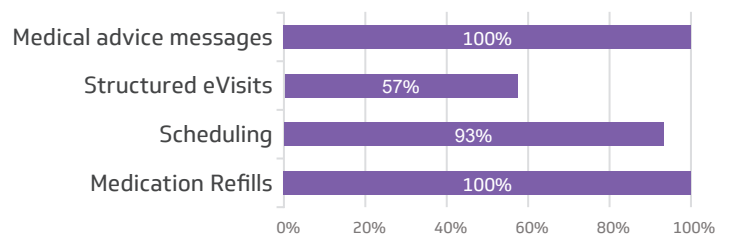
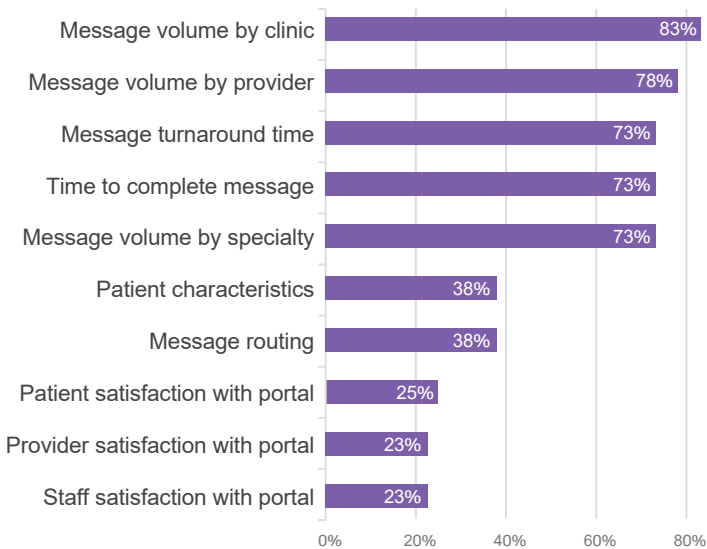


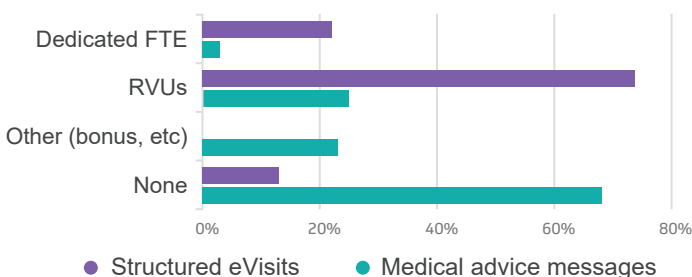
Figure 2: Patient portal communication data collected by organizations



Provider compensation

Health systems are increasingly compensating providers for clinical and administrative tasks associated with the patient portal.

Figure 3: Provider compensation



RVUs are used by health systems and organizations as a standardized measure of the value of the medical services provided and are commonly used to compensate physicians. By earning RVUs for eVisits, providers ensure that the time and clinical expertise spent are appropriately recognized and compensated. In addition, RVU compensation can enable providers to allocate their time more efficiently and reduce unnecessary in-person visits while also increasing patient access to care.

Implementing a process for billing

With the expanding use of patient portals, providers are increasingly spending more time on work outside of traditional, in-person billable visits. There are several reasons why health systems may consider billing for these services and allowing providers (physicians, nurse practitioners, physician assistants) to earn RVUs for doing eVisits and responding to messages.

However, data from the survey shows that only 25% of respondents reported billing for medical advice messages and 65% for structured eVisits with respondents offering various reasons and challenges related to billing decisions.

Process for billing for portal communications

Medicare Part B and most major insurers have reimbursement policies to cover eVisits or patient-initiated online evaluation and management (E/M) conducted via a patient portal. These visits utilize non-face-to-face billing codes for patient-initiated digital communications requiring a clinical decision that typically would have been provided in the office. These interactions require medical decision-making and at least five minutes of the provider’s time over a 7-day period. Survey participants reported only .5-3% of medical advice messaging are meeting the criteria for billing.

Patient portal services are covered in all types of locations (including the patient’s home), and in all regions of the country and can be a cost-effective alternative to in-person visits, especially for routine check-ups, follow-up appointments, or minor health concerns. For patients who may have difficulty traveling to a healthcare facility due to geographical distance, physical limitations, or transportation challenges, eVisits improve accessibility to healthcare services.

Additionally, by reducing the need for physical infrastructure and staff resources, healthcare providers may be able to offer eVisits at a lower cost compared to traditional in-person visits. As more patients adopt eVisits, health systems should develop processes that includes all regulatory guidelines required for patient billing and compensating clinicians for these services in order to establish a sustainable model that recognizes the provider work involved in this method of care delivery.

Implementing a billing system for patient portal messages may lead to dissatisfaction among some patients. Patients may perceive it as an additional financial burden or an unexpected cost, especially if they are accustomed to using the patient portal for free. Patients who are cost-conscious may hesitate to send messages or seek clarification on their health concerns, which can result in a lack of necessary communication and potentially compromise the quality of care. It’s important for healthcare organizations to effectively communicate the reasons for implementing the billing system, explain the costs for using the platform, and highlight the value it brings to patient care.

CPT² Codes and G codes applicable for eVisits

Practitioners who may independently bill Medicare or a private insurer for E/M visits (for instance, physicians, nurse practitioners, and physician assistants) can bill the following codes for e-visits:

Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days

Length of time	CPT ² code
5-10 minutes	99421
11-20 minutes	99422
21 or more minutes	99423

Clinicians who may not independently bill for E/M visits (for example, physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can provide eVisits and should bill the following codes to Medicare:

Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days

Length of time	CPT ² code
5-10 minutes	G2061
11-20 minutes	G2062
21 or more minutes	G2063

There are also CPT codes for use by clinicians who do not have E/M within their scope of practice codes (CPT codes 98970—98792). The Centers for Medicare & Medicaid Services (CMS) has given them a status indicator of invalid and has not assigned RVUs since CMS established its own G codes (described above) to bill these visits. However, they could be adopted for use by private payers.



Strategies for Improvement

The ever-increasing use of patient portals for medical advice, prescription refills and eVisits present both opportunities and challenges for healthcare organizations. The surge in patient portal messages reported by survey participants reflects a growing demand for convenient and timely communication between patients and healthcare providers. However, the influx of messages poses challenges for providers in terms of managing the volume, ensuring timely responses, and maintaining high-quality patient care.

Through the survey and interviews with health systems, the following strategies were identified to help organizations successfully manage patient portal engagement and workflows regardless of current practices related to billing.

Patient Engagement

- Utilize surveys and patient and family advisory committees (PFAC) to identify areas for improvement and additional resources that could be added to align with patient preferences and needs.
- Proactively address common barriers to utilization due to socioeconomic inequities such as access to technology, digital and health literacy, available language interpretation services, cultural sensitivities and financial constraints.
- Proactively communicate why patients may receive a bill for portal services and emphasize the value these services bring to their care (e.g., disclaimer message on portal that they may be charged for messages meeting certain criteria).
- Educate patients about appropriate portal usage, expected response times, and alternative contact methods for urgent matters (e.g., dedicated phone line or instructions for seeking immediate care if needed).

Workflows

- Design EHR workflows to route messages to pools of team members for triage rather than directly to providers. (Figure 4)
- Simplify the patient portal interface to better direct patients to the appropriate workflow and limit options to key services only, such as messaging, medication refills, scheduling, and billing inquiries.
- Create workflows to easily convert eVisits to a different visit type (e.g., telehealth or in-person visit) as needed.
- Streamline the documentation process to align with time-based billing requirements by utilizing electronic tracking of time while acknowledging it may not fully capture the cognitive work involved.

Care Team Engagement

- Design clear decision trees and workflows to enable the care team to work at the top of their license based on message type, by responding directly, routing messages to appropriate team members, or directly engaging a physician when appropriate.
- Implement compensation models for providers accounting for the additional time spent on inBasket³ and portal communication work, regardless of eVisit billing.

Technology

- Explore leveraging artificial intelligence (AI) to appropriately route messages and assist care teams in drafting responses.
- Implement automated filtering to remove “thank you” responses and similar messages to reduce inBasket clutter.

Figure 4: Routing and response

Patient portal communication may be initially directed to individuals or groups other than the care team member who ultimately responds.

Medical Advice Messages	Structured eVisits
Most messages are routed to a clinical pool and then responded to by: <ul style="list-style-type: none">• Patient’s established physician• Nurse	Most structured eVisits are routed to a clinical pool and then responded to by: <ul style="list-style-type: none">• Patient’s established physician or advanced practice provider (APP)• Centrally managed pool of physicians• Centrally managed pool of APPs

Patient portal communication must be continually improved through assessment and adaptation based on evolving patient needs, feedback from care teams, and technological advancements. Healthcare organizations must establish efficient workflows, allocate appropriate resources, and implement effective triage systems to address the increasing number of patient portal messages. Additionally, providers and staff may need additional training to effectively navigate and prioritize messages, ensuring that patient needs are met in a timely and satisfactory manner.

By proactively addressing these challenges and leveraging patient portal messaging as a valuable communication tool, healthcare organizations can enhance patient engagement, improve care coordination, and deliver more patient-centered care.

Contributors

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References

1. Zarefsky, Marc. (2023, February 3) What’s adding to doctor burnout? Check your patient portal inbox. AMA <https://www.ama-assn.org/practice-management/digital/what-s-adding-doctor-burnout-check-your-patient-portal-inbox> accessed on 8/15/24
2. CPT is a registered trademark of the American Medical Association (AMA) and AMA content is copyrighted by the AMA.
3. inBasket is a term for messaging inboxes within the EHR that can include provider-to-provider communications, patient messages and results.



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