

What doctors want patients to know about using a patient portal

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An online patient portal is a website that is used to access personal health information. The [patient portal](#) is helpful for patients to keep track of their medical visits, test results, billing, prescriptions and insurance, among others.

Yet patient portal inbox messages have risen by 157% since 2020, according to a [study published in JAMIA](#), serving as an added burden on physicians and their care teams. Knowing how and when to use the patient portal can help improve patients' outcomes and could lighten the workloads that contribute to [physician burnout](#).

The AMA's What Doctors Want Patients to Know™ series provides physicians with a platform to share what they want patients to understand about today's health care headlines.

In this installment, three physicians took time to discuss what doctors want patients to know about what to keep in mind when using the patient portal. They are:

- Marie Brown, MD, an internist in Chicago and director of practice redesign at the AMA.
- [Kevin Hopkins, MD](#), a family physician and primary care medical director for Cleveland Clinic Community Care.
- [Christine A. Sinsky, MD](#), vice president of professional satisfaction at the AMA.

Schedule appointments in the portal

“The No. 1 reason to use the patient portal is to schedule an appointment,” said Dr. Brown. “If we do our job right, we empower the patient with all the information they need and they don’t have to ask us for anything in the interim.”

“Limit the use of the patient portal to very simple transactions,” said Dr. Sinsky. “Things that you might expect one of the team members—the medical assistant or nurse on the team—would be able to answer for you.”

“If you anticipate that the doctor will need to use medical judgment, it is oftentimes best to have an appointment either in person or virtual,” she said.

Messages should be short

If a patient portal message is longer, perhaps “more than 100 characters—it needs an appointment,” said Dr. Brown.

“It is probably useful to think of using communication through the portal in a way that you might use” text messaging, said Dr. Sinsky. “Use it for something very brief, and you acknowledge that you can’t communicate things like tone and there can’t be a good back and forth.

“It’s as if the physician is blindfolded, so they’re not able to see you and see all those other diagnostic clues that they would ordinarily use in helping you with your care,” she added.

Only one message is needed

“I have lots of patients where they’ll be requesting a refill on their medicine—they’ll send us an electronic refill request and they’ll call the office,” said Dr. Hopkins.

“Then they’ll call their pharmacy who will send us a request and now we’ve got three messages to look at for the same thing,” he said. This “bogs the system down and makes us less efficient.”

Patients often believe “that they’re doing us a favor or themselves a favor by making sure they communicate that they need this, but when you do it three different ways it actually creates confusion and delay,” Dr. Hopkins added.

“If you need a prescription refill, contact your pharmacy rather than contacting your physician through the patient portal,” said Dr. Sinsky. “Start with a pharmacist first. There is an efficient pathway for pharmacists to get reauthorization of a prescription.”

Allow 72 hours for a response

“One of the important causes of physician burnout and in leaving practice is what has become the overwhelming volume of inbox messages,” said Dr. Sinsky. “Patients don’t usually know that their primary care physician may be spending two hours every night on inbox work, and yet they may not want to unnecessarily contribute to more of that work.”

“Just like you wouldn’t expect to get a clear answer on a complicated problem, you should also not expect to get urgent questions answered via the portal,” she said.

“Realistically, responses may take a day or two, but it could take up to three days and it might be longer. At the Cleveland Clinic, ours is 72 hours,” said Dr. Hopkins. “We’re looking at these messages in between seeing patients or at the end of the day or sometimes on the evenings and weekends when we’re not in the office.”

Expect brief replies from your doctors

“The average time spent per patient portal message is 2.32 minutes. And if you’re an active, busy doctor, you might get 20 to 40 of these a day,” said Dr. Hopkins. “For a lot of people, it’s probably even higher because of the increases that we’ve seen and then the sheer number of people who are communicating electronically because of the pandemic.”

Additionally, “don’t misinterpret brevity as a lack of care and concern. We’re just trying to get through our day, like everybody else,” he said. “If I can write three words instead of a paragraph, that’s what I’m going to do and that’s what I’d prefer my patients to do on their end.”

A care team member may respond

For patients, “the message that they send should go to the doctor’s team, not directly to the doctor,” said Dr. Brown. “The doctor is seeing patients face to face and when they’re in the office and want the undivided attention of the doctor, the patient doesn’t want to be distracted by the doctor doing other things.”

“The idea is that a medical assistant or some other member of the team is looking at those inboxes, triaging them,” she said. “If something needs to be addressed by an MD or DO, it will be escalated to them.”

About 75% of patient portal messages are ones “that can be answered by the office staff—whether it’s a simple logistical question about an upcoming or past appointment or it’s asking what the fax number is, or inquiring about what to do with their blood pressure medicine,” said Dr. Hopkins. A member of the care team will “look at the chart and if they can figure it out, then they’ll just respond.

It is “a relatively small percentage of messages that actually find their way to the doctor,” Dr. Hopkins added. “This is something to be used for communication with their care team, not just the physician.”

Don’t interpret test results

“The key is to trust that if a lab result is abnormal and needs to be addressed, we will contact you,” said Dr. Brown.

“Oftentimes, the results get released to the patient’s MyChart account at the same time they’re sent to their doctor,” Dr. Hopkins said. “Chances are patients are going to see them before the doctor does, so don’t try to interpret your own test results.”

“Give us some time to get back to you on that. If there are things that you don’t understand, it’s perfectly fine to ask questions,” he said. “Just because you can view your test results doesn’t always mean you should, because if you don’t know how to interpret them, it

creates confusion and unnecessary stress.”

Results may be discussed at next visit

“For nonemergent labs, we’d like to discuss them when we see the patient next,” said Dr. Brown. “If they’re normal, the team will send an automatic notice that the laboratory is normal.”

“If you did your labs and you’re going to see the doctor within a week, the doctor would prefer that we talk about it when we see you face to face,” she said.

“The patient portal is really to reach the team—perhaps you need a referral for a physician in another specialty, or you might have a question about a lab,” said Dr. Brown. “But if you have an appointment coming up, it’s always helpful to write all those questions down and the doctor would prefer to answer those questions face to face when we have scheduled, dedicated time to do so.”

An appointment may be better

“If you would like to see your doctor in person, you have every right to do that,” said Dr. Sinsky. “You can usually call the appointment desk and make that appointment without slowing the process down by going through the patient portal.”

“If you have any kind of complicated questions, you will likely get a clearer, more satisfying answer through an appointment—whether it’s a virtual appointment or an in-person appointment,” she said, adding that “your physician is going to be a better diagnostician—they’re going to do a better job of accurately diagnosing your concern—if they’re able to see you in person.”

Update your medication information

Patient portal messages have skyrocketed since 2020. These messages often fall under “the patient medical advisory request category, which are the more time-consuming inbox

messages,” said Dr. Sinsky.

This is “because you’ve got to pull up the patient’s record, find out what their medications are, what their last visit was about, what their most recent lab was, and try to understand what they’re trying to tell you through a brief message,” she explained.

That is why another “great thing about the patient portal is if patients do their own medication reconciliation,” Dr. Brown said, noting that patients can also use the patient portal for “clarification, a question or a request for a form to be filled out.”

Share medical notes with family

“Patients should share [medical notes](#) with people close to them and involved in their health care,” said Dr. Brown. “That’s called a proxy and it’s extremely helpful, especially if you have a family member out of town or a family member who is in the medical profession who can answer your question.”

“You can share it with lots of people. You certainly want to share it with your health care power of attorney or your designated caregiver,” she said. “That is incredibly helpful, especially if your family member cannot be at the visit with you.”

“One of the great things about the patient portal is you can control what happens to your information,” said Dr. Hopkins. “If you want to give somebody else access to your MyChart by making them a proxy on your account or copying and pasting and sending them a copy of the report, you are more than welcome to do that.”

Be patient with your doctor’s office

“Another thing to factor in is health care—like every other industry right now—is struggling with staffing shortages,” said Dr. Hopkins. “There are over 2 million open positions in health care organizations across the country right now. It’s the most in history.”

“A lot of our offices are working short staffed by 15% to 25%, depending on the position,” he said. “So, recognize that it may take us a little longer than usual to respond to your

inquiry.”