



Are You Participating in Provider Portals?

By Bill G. Felkey



I SEEM TO BE FOCUSED a lot these days on trying to alert the pharmacy profession to threats and opportunities surrounding health system digital connectivity. I recently found another area of

vulnerability for your consideration. I was speaking recently with the national account manager of one of the largest portal companies in the United States. They informed me that they had more than 600 hospitals on their customer list and were providing a variety of services. These range from the production of interactive Web sites that create an Internet presence for the hospital, all the way through the implementation of a full provider and patient portal solution that could be used to promote seamless care throughout the health care continuum. Most health systems are using a health information system that does not provide enough integrated functionality to support the information needs of the organization. Many are, in fact, starting to build a portal solution to solve this problem.

Portals provide the foundation for information sharing by extracting data from a wide array of health care software and devices. The portal then displays a customized view of these data for health care practitioners who are caring for patients. The integration of all of the technologies that were purchased over many years is one of the biggest challenges faced by the largest health system in the smallest pharmacy practice. For the health care system, a portal becomes the same kind of information hub as the pharmacy practice management system is for the community pharmacy. Provider portals are made to be Web accessible by any authorized party from any Internet connected information appliance. Portals frequently give providers access to necessary patient care applications, content, and services, and allow for collaboration within a multidisciplinary team.

VULNERABILITY

Here is the vulnerability I want to bring to your attention. I asked the portal company's account manager how many chain or independent community pharmacies were participating in provider portals across the client base of 600 hospitals. His very quick answer was ZERO. He believed that everything required from pharmacy could be supplied by PBMs or electronic prescribing gateways that would provide medication histories, adherence data, and other medication-related information necessary for the hospital to satisfy Joint Commission requirements for medication reconciliation upon admission, transfer, and discharge from acute care facilities.

Current performance of these information sources can provide more than over 70 percent "hit rates" on medication activity, but current data may present with significant shortcomings, such as SIG information on prescriptions and "do not account" for noninsured patients and relevant OTCs.

I am concerned that the downstream ramifications of community pharmacies being shut out of participating as active members of a given community's care team,



because other health care providers are getting the relevant data they think they “need” from pharmacy-related intermediaries. This, in a worst-case scenario, would mean that a health system could purchase medication vending machines to provide the same functionality and data acquisition it deems as important. Fortunately, who is credentialed to access a provider portal is decided at the local level. Credentialing will also be required for HIPAA affiliations to be established. Credentialing to approve access to the portal will need to take place on a pharmacist (not pharmacy) level. This is true, as well, for any health information exchange process within a health system or region.


Why do you care? From my point of view, you are either at the table or on the menu. You may already be talking to a health system’s discharge planner regarding the receipt of discharge medication prescriptions to be dispensed in the community setting. Alternatively, you may be marketing your durable medical equipment business to a discharge planner. Consider making an appointment with the director of pharmacy at your nearest hospital to start getting “plugged in” to any moves toward

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a portal that are being considered. Discuss with your pharmacy management system vendor how you would be able to export and receive data directly to and from a portal, and then determine what your quid pro quo would be with the hospital. For example, having access to diagnosis and laboratories would greatly enhance your ability to perform medication therapy management services and other forms of direct patient care.

RETHINKING OLD WAYS

You must certainly be aware that health care in the United States, in general, is undergoing a time of great turmoil. It is during these times that the “old way” of doing things gets re-examined. I would encourage you to find out if there are any movements for restructuring how health care information will be managed in your community, and find out when the next stakeholder meeting will take place so that you can clear your schedule and attend.

I recently learned of a county level initiative that is taking place in my own community. I visited the CEO of the hospital and am now talking directly with the person leading the restructuring of the information infrastructure for the health care system locally. My motivation is that I want to help design, or at least have input, to the health system that will be taking care of my own and my family’s health care in the future. Your stake in your community is much larger. If you want to continue the conversation, you can connect with me by e-mail at felkebg@auburn.edu. 

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