

Increasing Military Patient Use of Secure Messaging

Emails sent after an appointment-based intervention had no statistically reliable impact on patient registration for secure messaging

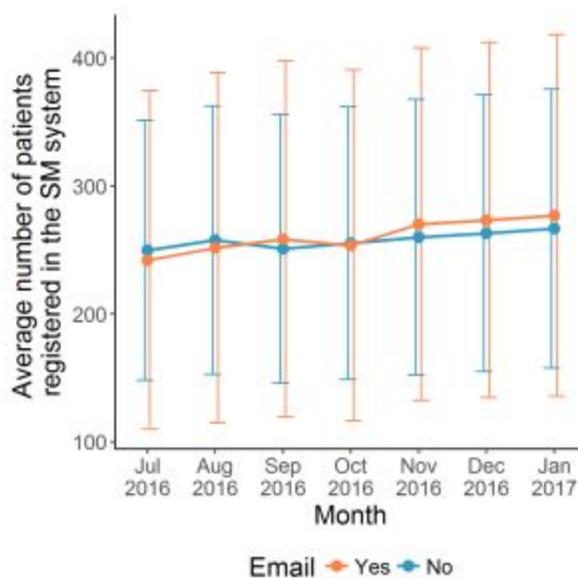
Agency Objective Increase the rate at which patients register for and use secure messaging to communicate with their healthcare providers.

Background Military treatment facilities (MTFs) provide secure online messaging to allow patients to send questions to their providers, get lab results, and renew prescriptions. However, only 47% of MTF enrollees are registered in the secure messaging system, and only 6% utilize it, as of April 2017 – leaving about 1.8 million patients who do not currently have access to use this benefit.¹ Research suggests that individuals may not enroll because of lack of information, lack of motivation, and negative attitudes toward the system.^{2,3}

Program Change The Defense Health Agency's (DHA) Patient Centered Medical Home (PCMH) Office and the Family Medicine Clinic at Naval Medical Center Camp Lejeune (NMCCCL) collaborated with the Office of Evaluation Sciences (OES) to design an intervention involving reminder emails that were sent to patients following primary care appointments. At the appointment, the patient received a personal appeal from their provider to register in the secure messaging system and was offered on-the-spot staff assistance in signing up.⁴ Two to four days later, the patient was sent an

email from their provider encouraging them to use the secure messaging system to relay anything they might want to discuss at a future appointment.

Evaluation Methods DHA and NMCCCL, in collaboration with OES, tested this intervention by means of a randomized evaluation during a period of six and a half months, from mid-July 2016 through January 2017. Patients of roughly half of the providers in the NMCCCL Family Medicine Clinic, who were assigned at random to a treatment condition, received follow-up emails. Patients of the remaining providers (the control condition) received no follow-up emails. In both conditions, patients received the initial in-person intervention involving provider encouragement and on-the-spot assistance with registration.



Results We analyzed the average provider's number of patients registered in the SM system in each month of the trial period, and observed no significant difference between the treatment and control conditions. We also analyzed the change in

¹ RelayHealth secure messaging data and MTF enrollment data from the MHS Mart (M2) data system.

² MS Goel, TL Brown, A Williams, AJ Cooper, R Hasnain-Wynia, DW Baker. "Patient reported barriers to enrolling in a patient portal," *Journal of the American Medical Informatics Association* Dec 2011, 18 (Supplement 1) i8-i12.

³ MS Mitchell, GE Faulkner. "On Supplementing 'Foot in the Door' Incentives for eHealth Program Engagement," *J Med Internet Res* 2014;16(7):e179.

⁴ We have reported separately on this intervention involving provider encouragement and on-the-spot assistance. See Office of Evaluation Sciences, *Increasing Military Patient Use of Secure Messaging: Provider Encouragement and On-the-Spot Assistance Increased Patient Registrations for Secure Messaging*, U.S. General Services Administration, 2017.

Increasing Military Patient Use of Secure Messaging

Emails sent after an appointment-based intervention had no statistically reliable impact on patient registration for secure messaging

numbers of registered patients over the course of the trial period, and again found no significant difference between conditions. (Error bars in the graph indicate 95% confidence intervals.)

Conclusion For more than half of MTF enrollees, the benefits of registering for secure messaging to communicate with providers and staff remain untapped. Although we earlier found evidence that an in-person intervention involving provider encouragement and staff assistance was associated with an increase in the rate at which patients registered for this benefit, we found no evidence that emails sent as follow-ups to that earlier intervention were effective in bringing about an additional increase in patient registrations.