

V^o.10
Issue 2

JUNE 2015
IN THIS ISSUE

The articles “Releasing test results directly to patients: A multisite survey of physician perspectives” and “The patient portal and abnormal test results: An exploratory study of patient experiences,” co-authored by Traber Davis Giardina, Ph.D., M.S.W., Hardeep Singh, M.D., M.P.H., et al., appeared in *Patient Education & Counseling* and *Patient Experience Journal* in 2015. Giardina is a postdoctoral fellow at the Houston Veterans Affairs Center for Innovations in Quality, Effectiveness and Safety. Singh is chief of the Health Policy, Quality and Informatics Program at the Houston Veterans Affairs Center for Innovation in Quality, Effectiveness and Safety and an associate professor of medicine in the Section of Health Services Research at Baylor College of Medicine.

Baylor
College of
Medicine

RICE UNIVERSITY'S
BAKER
INSTITUTE
FOR PUBLIC POLICY

HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

Do patients and physicians agree on releasing abnormal test results directly to patients?

“No,” say Traber Davis Giardina, Ph.D., M.S.W., and Hardeep Singh, M.D., M.P.H., researchers at the Houston Veterans Affairs Center for Innovations in Quality, Effectiveness and Safety. Physicians tend to be less comfortable with patients having access to abnormal test results, while patients express a strong desire to have immediate and direct access to their test results.

Failure to follow up or notify patients of abnormal test results can cause delays in diagnosis and treatment, which can result in patient harm. One potential method to mitigate these delays is to provide patients with direct access to their results via online patient portals. Currently, some institutions provide patients with their test results as soon as they become available, without waiting for the ordering physician to release the results or initiate a follow-up appointment.

In two recent studies, Giardina, Singh and colleagues explored physicians' and patients' perceptions of releasing abnormal test results directly to patients. A cross-sectional survey of physicians found that two-thirds (65 percent) believed that patients should be directly notified about normal test results, but only 21 percent were comfortable with direct notification of clinically significant abnormal results. The majority of physicians expressed concerns about patients' anxiety (85 percent), confusion (89 percent), lack of expertise to interpret the results (85 percent), and seeking unreliable information to understand the results (75 percent).

When the authors interviewed patients about receiving abnormal test results via patient portal, they found that personal experiences with physicians, abnormal test result notification and the online portal heavily influenced respondents' notification preferences. The majority of patients

interviewed wanted access to their abnormal test results but expressed concern about being able to access information tailored to their preferences, the need for timely notification, difficulty interpreting the relevance of a result, and being electronically notified of “sensitive” results.

The 2009 Health Information for Economic and Clinical Health Act emphasizes the importance of providing patients with electronic access to their medical information and incentivizes patient engagement in health care. The adoption of patient portals is an essential component of these national policy efforts to reduce costs and improve the quality of care. However, despite policy incentives to increase patient access to information, there is limited evidence of the benefits, limitations and challenges involved in implementing this approach. Test results review is an area of high interest to patients, and such studies are important in fostering effective patient engagement strategies. However, these studies suggest that in view of the discrepancy between physicians' and patients' concerns, effective strategies for implementing direct notification should provide patients with tools to enhance context-based interpretation. Additionally, physicians' attitudes and beliefs about direct notification might play an integral role in patients' adoption of these new health communication strategies. Therefore, the authors recommend that to address physician and patient concerns and maximize the benefits of patient portals, these tools should support varying levels of health literacy and include information tailored to individual patients.

Patient Educ Couns. 2015
Patient Exp J. 2015;2:148-154.

HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by **Vivian Ho, Ph.D.**, James A. Baker III Institute Chair in Health Economics and director of the Center for Health and Biosciences at Rice University's Baker Institute for Public Policy, in collaboration with **Laura Petersen, M.D., M.P.H.**, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

Rice University MS-40
Baker Institute Health Policy Forum
P.O. Box 1892
Houston, Texas 77251-1892

For further information about the program, please contact:

Rice University MS-40
Baker Institute Health Policy Forum
P.O. Box 1892
Houston, Texas 77251-1892
phone: 713.348.2735
email: healthecon@rice.edu

We're going green!

Rice University's Baker Institute is reducing print mailings in an effort to be more environmentally friendly. If you would like to receive future Health Policy Research newsletters by email, please send your name and email address to healthecon@rice.edu.

ACCESS

FINANCING

ORGANIZATION

DELIVERY

OUTCOMES



HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

healthpolicy.bakerinstitute.org

Volume 10, Issue 2, June 2015

RICE UNIVERSITY'S
BAKER
INSTITUTE
FOR PUBLIC POLICY

Baylor
College of
Medicine