PC. Furthermore, only 3.8% of residents had an MDS-documented prognosis of less than 6 months’ survival, an unlikely scenario considering the health status of these residents. Only 1.3% (2 of 157) were enrolled in hospice, even though a 6-month prognosis should trigger hospice referral. This finding suggests that accurate assessment of prognosis is likely not occurring; as a result, an opportunity for enhanced discussion of goals of care is missed.

Increasing access to PC for NH residents is critical given mounting evidence confirming that PC care in the NH setting is associated with improved care quality and satisfaction, enhanced symptom management, and fewer emergency department visits, particularly when such care is initiated earlier in the disease course.6,8 Early identification of PC-eligible residents can help health systems target efforts designed to meet documented patient preferences, improve symptom management, ensure timely referral to hospice care, and reduce burdensome care transitions at the end of life. Expanding access to PC in NHs is currently hampered by the low supply of PC professionals available to care for NH residents. Novel strategies, such as telemedicine, will be necessary to facilitate adequate access to PC services in NH settings.

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Communicating Through a Patient Portal to Engage Family Care Partners

Communicating with caregivers and family care partners and coordinating care at home represent central challenges in managing medical conditions. Over 40 million Americans act as family care partners, including by scheduling and attending visits and communicating with physicians and pharmacies, sometimes across geographic distances.1,2 Patient portals can help to manage health information, communication with health care professionals, pharmacy refills, and appointments, but some patients need or prefer to have a family member access the portal on their behalf.3 Despite growing care partner portal use, measurement challenges and limited evidence exist, including published reports of less than 1% of patients formally sharing outpatient portal access.4 We examined care partner experiences in using a portal for a family member.

Methods | In a patient-centered research project, patients partnered in designing a survey to examine portal use by care partners. All patients in an integrated delivery system had access to a portal offering appointment scheduling, laboratory results, pharmacy refill orders, and secure messaging with health care professionals. Patients could formally use the portal to assign shared access for care partners, who could thereafter use their own care partner login credentials to act on behalf of the patient. Some patients might also informally provide access to their care partners by sharing their own patient login...
Table. Characteristics of Patients Using the Patient Portal Based on 1392 Survey Participants*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total (N = 1392)</th>
<th>Using the Portal for Self (n = 1009)</th>
<th>Using the Patient Portal on a Family Member’s Behalf (n = 383)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;45</td>
<td>13.6</td>
<td>11.7</td>
<td>18.7</td>
<td>.005</td>
</tr>
<tr>
<td>45-64</td>
<td>43.9</td>
<td>44.0</td>
<td>43.7</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>29.6</td>
<td>30.5</td>
<td>27.0</td>
<td></td>
</tr>
<tr>
<td>≥75</td>
<td>12.9</td>
<td>13.8</td>
<td>10.6</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Male</td>
<td>48.3</td>
<td>51.9</td>
<td>38.9</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>51.7</td>
<td>48.1</td>
<td>61.1</td>
<td></td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>61.6</td>
<td>61.7</td>
<td>61.2</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>8.9</td>
<td>9.9</td>
<td>6.3</td>
<td>.04</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.2</td>
<td>8.6</td>
<td>10.7</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>13.2</td>
<td>12.0</td>
<td>16.4</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3.7</td>
<td>3.9</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>3.3</td>
<td>3.8</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td>.02</td>
</tr>
<tr>
<td>Less than college</td>
<td>18.8</td>
<td>20.5</td>
<td>14.2</td>
<td></td>
</tr>
<tr>
<td>Some college or more</td>
<td>78.9</td>
<td>77.0</td>
<td>84.0</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>2.3</td>
<td>2.5</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Household income, $</td>
<td></td>
<td></td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>&lt;40 000</td>
<td>19.2</td>
<td>21.8</td>
<td>12.3</td>
<td></td>
</tr>
<tr>
<td>≥40 000</td>
<td>69.6</td>
<td>67.3</td>
<td>75.7</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>11.2</td>
<td>10.9</td>
<td>12.0</td>
<td></td>
</tr>
<tr>
<td>Health status</td>
<td></td>
<td></td>
<td></td>
<td>.45</td>
</tr>
<tr>
<td>Excellent/very good</td>
<td>29.3</td>
<td>28.7</td>
<td>30.6</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>46.0</td>
<td>45.7</td>
<td>46.8</td>
<td></td>
</tr>
<tr>
<td>Fair/poor</td>
<td>22.5</td>
<td>23.0</td>
<td>21.2</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>2.2</td>
<td>2.6</td>
<td>1.3</td>
<td></td>
</tr>
</tbody>
</table>

*Respondents among a stratified random sample of patients in an integrated delivery system with chronic conditions in clinical registries for asthma, diabetes, coronary artery disease, congestive heart failure, and hypertension. All respondents were offered the choice to respond by a mailed, electronic, or telephone survey, using the same survey questions.

All results are weighted to account for stratified sampling strategy.

credentials. The Kaiser Permanente Northern California institutional review board approved the study and waived the requirement of written informed consent from study participants. Participants received a $20 gift card.

From March 1 to December 31, 2015, we surveyed a random sample of adult patients with a chronic condition (using clinical registries for asthma, diabetes, coronary artery disease, congestive heart failure, and hypertension) about their experience using the portal, collecting responses by mailed, electronic, or telephone survey. Respondents reported if they accessed the portal for another person, their relationship to that person, whether they accessed the portal using formal (care partner) or informal (patient) credentials, and their experiences, including convenience, ease of accessing and organizing health information, and timeliness. All results were weighted to account for stratified sampling strategy.

Results | Among 1824 participants (70% response rate), 1392 (76.3%) were registered to use the portal and 17.6% had shared portal access with a care partner. Among portal users, 27.5% had also used the portal as a care partner for others, with 45.5% formally using care partner login credentials and 54.5% informally sharing patient credentials. Among care partners, 62.2% used the portal for a spouse, 34.9% for a child/grandchild, and 10.6% for a parent/grandparent (multiple possible). Age, sex, race, educational level, and household income were significantly associated with acting as a care partner through the portal (Table).

Among those using the portal as a care partner, 94.2% reported that it was more convenient than other ways of participating in another person’s health care, 87.4% reported that it helped in organizing their health information, and 92.0% reported that it was faster than other ways of participating in another person’s health care (Figure). In open-ended responses, patients reported that using the portal to act as a care partner for a family member reduced travel time, including for care partners acting from a geographic distance, and offered the opportunity to be involved by communicating directly with health care professionals, reviewing laboratory test results, and ordering medication refills.
Discussion | In this study, more than 1 in 4 portal users also used the portal to coordinate care for a family member, often through informally shared access. Care partners reported portals as a convenient and timely way for family members to support patient self-care and to be included in communication with clinicians.

This study may have limited generalizability to populations without chronic conditions, without any portal use, or to other settings, and it is based on a cross-sectional self-reported survey. Still, we found that participants often used the portal on a family member’s behalf and reported that it offered an accessible and faster way to act as a care partner, including across geographic distance. Physicians and health systems should view portals as a means of communicating with families, not only patients, balancing care needs with privacy concerns. Such balancing will require more detailed investigation of patient preferences for information sharing and care partner activity.

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