PRACTICE MANAGEMENT MATTERS:

Portal Messaging

Synopsis with Hyperlinks–click on green text to read more about each topic

Situation:

In the evolving landscape of patient portals in healthcare, Cook physicians (and physicians everywhere) are grappling with the balance of providing excellent, safe, and convenient care for patients while also setting realistic, sustainable goals to protect physician well-being.

Background:

1. When portal messaging at Cook Children's began along with EPIC adoption in 2018, each physician and department dove into usage in their own way. It was a scene out of the Wild West.
2. The number of portal messages has been climbing.
3. Portal messaging numbers are especially high for PCPs and specialty groups such as endocinology and neurology.
4. Dr. Sara Garza spearheaded a Portal Messaging Workgroup after portal messaging became a pain point for CCPN physicians. The goal was to establish ground-rules and workflow to optimize patient care and physician wellness.
5. CCPN Forest Park's Suggestions for portal use. Even before the workgroup was created, different physician groups such as Forest Park devised suggestions for patients for optimal use of the portal messaging functionality.
6. The Portal Workgroup reviewed and revised the patient-facing messaging prompts to be clear that:
    a. Portal messages are only for simple, NON-URGENT concerns
    b. Portal messages will be answered in 1-3 days

    The Workgroup also revised the categories of message (front-staff/scheduling vs clinical) to aid in message sorting and routing. There was much discussion also about how to make use of Cook educational materials via portal messages and on ways to answer messages efficiently through smartphrases.

7. Routing
    a. Messaging in Cook Surgery Dept: In summer 2022, Bruce Beasley, PA-C, established a process by which portal messages going to Cook Surgeons and APPs were managed first pass by a Surgery Nurse. This reduced the burden of portal messaging on providers and fell in line with the process of phone triage within their department. His department demonstrated **first and second pass routing.**
    b. There are two main kinds of routing discussed here: Pool Routing vs Departmental Routing. Pool Routing can be arranged per physicians and providers and their departments/offices by checking or unchecking their participation in staff pools. This is effective but piecemeal. Departmental Routing is arranged by Cook IT and sets a default of first and second pass handling of portal messages, first by nurses and then physicians and APPs.
8. Pilot Study with Departmental Routing. Cook IT is doing a pilot study trying out departmental routing at 3 CCPN clinics to start. These efforts have begun to overlap with another IS project relating to Inbox Efficiency and will likely merge into a broader-reaching initiative before departmental routing is brought to the next round of clinics.
9. Educational Resources for families through Messaging: Cook health care providers answering messages can use both EPIC and Cook educational materials. See how.
10. Cook Experience and Portal Messaging: **Caregivers** appreciate portal messaging, but our Cook Experience VP Megan Chavez empowers providers to make use or portal messaging within a well-delineated, manageable space.

Assessment:

On entering the new frontier of Portal Messaging, we providers each started doing our own thing. Unbridled, some of us found a quick route to burnout. However, we are now learning and beginning to impose guidelines and structure.

Recommendations:

First and Second Pass Routing. Clear mutual expectations. A consideration for the precendents set if messages are answered too quickly or too thoroughly, as unwittingly healthcare providers can teach patients to expect something more than is sustainable. Physicians can ask for more time if needed, ask for a visit to discuss, utilize dotphrases and make use of Cook patient education handouts.

PRACTICE MANAGEMENT MATTERS

Portal Messaging

S: Situation (and relevance of the topic)

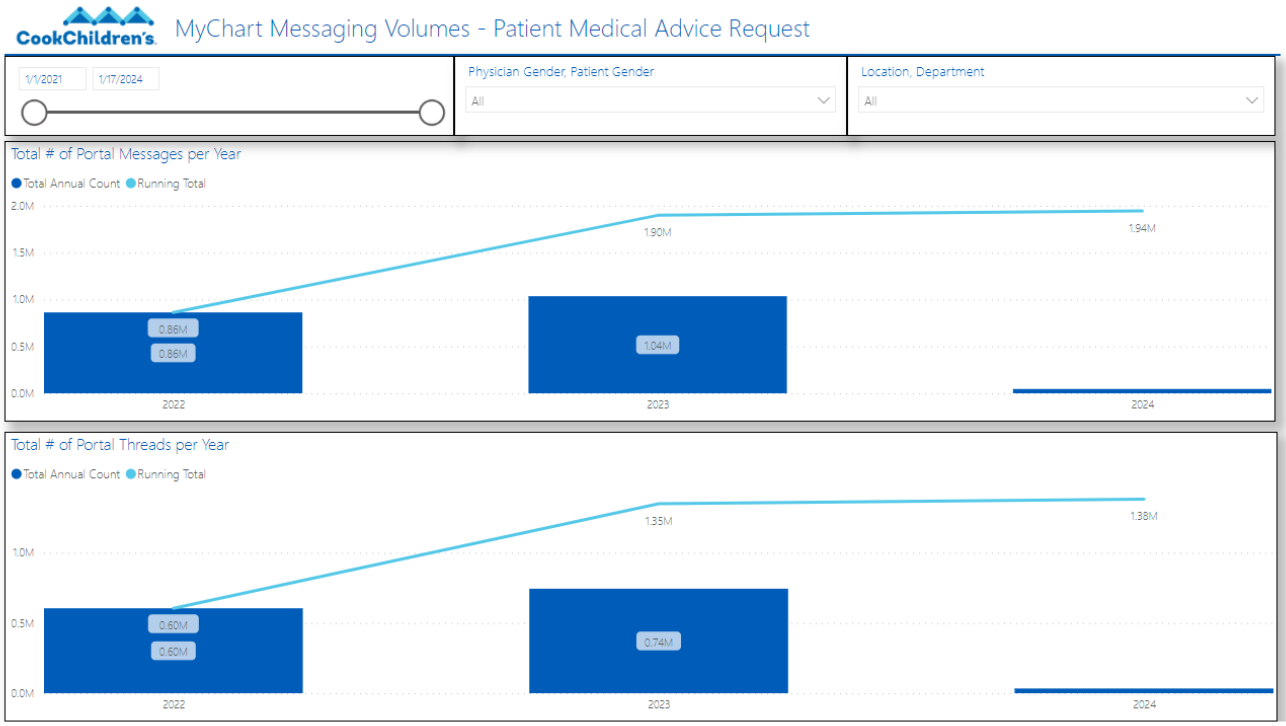
1. In today's world, parents expect and appreciate the option of online messaging their physicians' offices with questions and concerns through patient portals.
2. Inherently, physicians want to help patients and tend to the needs of patient families.
3. However, the volume and detail of portal messages from patient families can become overwhelming and burdensome for physicians and, along with other demands of the work, can contribute significantly to physician burnout.
4. Our Cook physicians have highlighted portal messaging as a pain-point for many. They/we have called for help in making this responsibility more manageable, while still maintaining exceptional quality in patient care and prioritizing the safety of our patients.

> "Physicians don't quit their jobs, their patients, or their bosses; they quit their inboxes."
>
> – CT Lin, MD, FACP, FAMIA, CMIO of UC Health-Colorado

5. There are steps we can take (and already are taking) -- at the level of our leadership/ EPIC team, our departments and offices, and individually—which can make portal messaging less onerous for Cook providers. We work toward betterment while still providing high-quality and safe care for our patients in a manner convenient for families.

B: Background

1. Cook began having portal messaging with the adoption of EPIC in March 2018, and there was **increased usage during the pandemic.** There was no standardized system-wide process or education, and physicians/groups approached the messages each in their own way. This is not specific to us, as many other healthcare systems recently adopting EMRs with portal messaging happened upon similarly unexplored terrain.
2. The **continued increase in portal messaging volumes** is not just an impression—it is a reality.
    - Portal messaging volumes at Cook Children's rose from a yearly total of 0.63M in 2021 to 0.86M in 2022 and **1.04M in 2023.**
    - Looking at threads (that is, conversations on a single message chain), Cook managed 0.41M in 2021, 0.6M in 2022, and 0.74M in 2023.



3. **Who is receiving the most portal messages?**
    - Answer: Cook PCPs, followed by endocrine and neurology
    - Also, interestingly, the percentage of female Cook physicians messaging/responding to threads is 10 percentage points higher than the percentage of male physicians messaging /responding to threads

        See the charts below.

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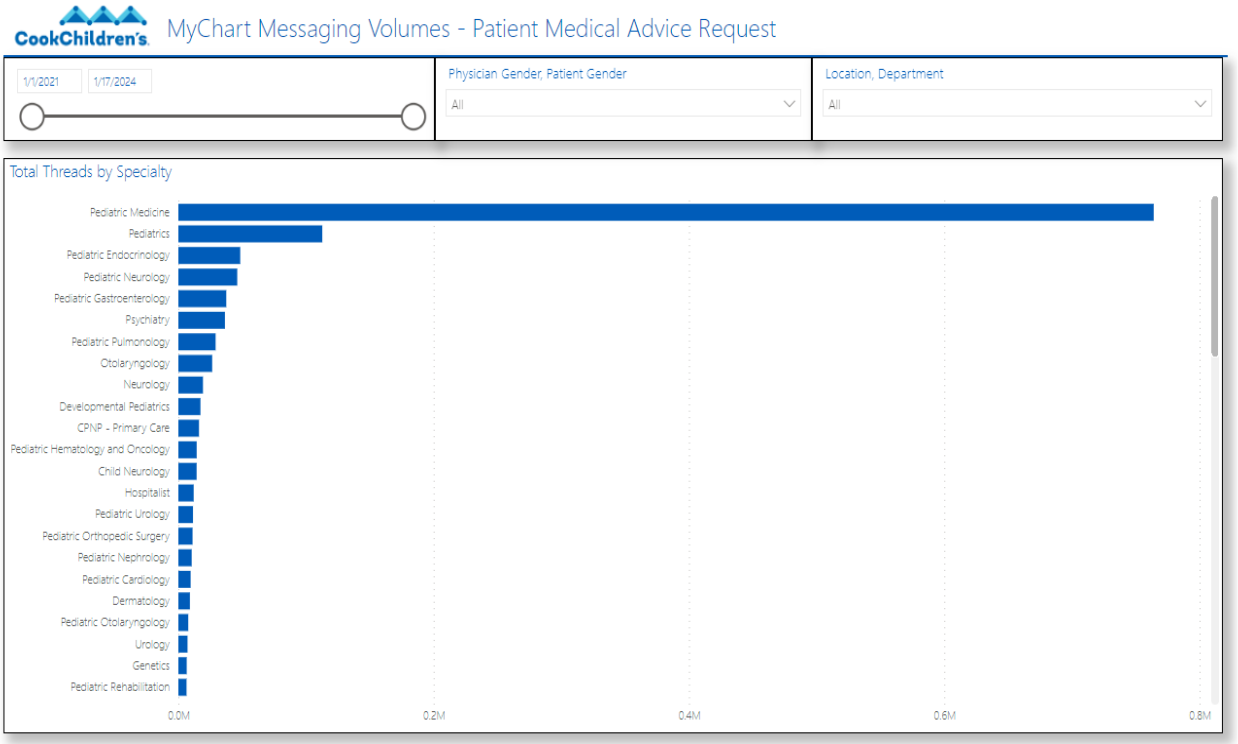
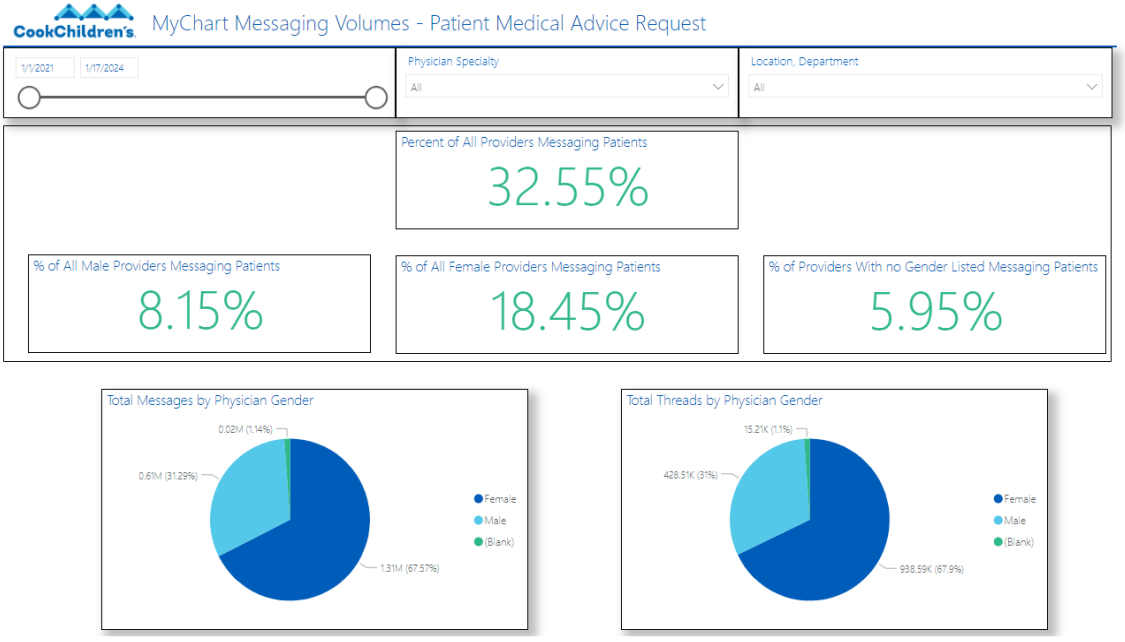
Portal Messaging Volumes by Specialty



Total Messages and Total Threads Divided by Gender



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4. Dr. Sara Garza and the Formation of the Portal Messaging Workgroup

- Dr. Sara Garza, Associate Physician Well-Being Advocate and Cook PCP, spearheaded a Portal Messaging Workgroup during spring through fall 2023 to address the concern on the part of many physicians and providers within our system that portal messaging can be overwhelming.
- Concerns/negatives about portal messaging included the following:
  - **Significant Workload: large number of messages awaiting responses; sometimes very long, detailed messages, taking a lot of time to read and then respond to; so much work as to bleed into a physician's off-time.**
    - Portal messaging system is "very time consuming"
    - Physician reaching the "point of burnout" citing various pressures including "all portal questions being handled by myself"
    - Portal messages sometimes require a fair amount of time and mental effort, and "we don't get paid for any of it"
  - **Safety**
    - Concern for urgent/emergent issues coming through portal and risk for not being addressed in medically appropriate time-frame
- On the other hand, even amid these challenges, the team was also able to identify benefits of the patient portal. It is the hope to move toward maximizing these benefits and minimizing the concerns.

Benefits/pros of portal messaging:

Patient/Family

Making it easier for patients to:

- Communicate with physician about non-urgent medical questions
- Ask non-medical, customer service questions
- Review medical chart
- Update medical history
- Save time by not having to wait on phone or for call back/phone tag
- Easier form completion process (no mailing, faxing or driving)
- Easier access to medical instructions/information (from past visit instructions, handouts or the medical librarian)

Physician/Care Team

- Decreasing telephone triage calls
- Providing access and continuity of care in appropriate circumstances
- Providing some flexibility when responding to patient questions
- Having reasonable agency with regard to timing of responses
- Limiting phone tag and shortening time to close the communication loop

Institution

- Providing market driven convenience
- Improving patient/family experience

5. Recognizing a need for ground-rules.

- In approaching this issue of portal messaging, it became clear that we as an organization had not established ground-rules for how portal messaging should be used and managed by our different patient care-teams and that, in turn, these physicians/providers had not set rules and boundaries for patient families. It is at if we had new cars but had no stoplights, lanes or rules of the road.

- At the provider and group level, some were already working to create some order even before the formation of the Portal Workgroup. For example, at the **Cook Forest Park Office,** providers worked to clarify Rules of Engagement with their patient families (below). They wrote rules for portal messaging, which they blasted by email to parents using the portal system. Dr. Diane Arnaout, Cook PCP and CCPN Board member with a wide social media presence, encouraged other physicians and groups to consider and, if comfortable, to post these rules. Many of us have found them quite helpful.

April 19. 2022

To the Parents of our Cook Children's Forest Park Patients:

Thanks for using our portal messaging system. We love that you have the ability to reach out to us any time you are worried.

Non-urgent questions are always welcome, and we hope this method of communication has proven itself to be reassuring and helpful for you!

However, we think it is important you know the best ways to use this messaging system.

A few tips:

1. This message system is ABSOLUTELY NOT FOR EMERGENCIES. Our providers and staff are often busy seeing patients from 8:00 a.m. to 5:00 p.m.. We try our best to get to messages throughout the day, but sometimes it may take 48-72 hours to get a response. If you need a refill or have a medical issue that needs attention ASAP, please call the office.

2. If you have called our office and are on the list to get a call back from a nurse, PLEASE DO NOT ALSO WRITE US A MESSAGE. This leads to confusion amongst staff and parents, and uses a lot of our staff time, thus making your wait times longer.

3. We welcome you to send a picture of your child's medical issue, but please make sure it is WELL-LIT AND FOCUSED and send more than one picture/angle. Even with clear pictures, sometimes it is hard for us to know what is going on--a reminder that seeing us in person is always preferred and may be required for rashes and eye conditions.

4. If your child is struggling with more complicated issues of childhood, like potty training, developmental delays, chronic illness, learning difficulties, constipation, or mental health problems--rather than write us a message, please make an appointment. These are often topics that require thorough discussion and back-and-forth engagement between providers and parents. We try to keep things simple on here, and if your question seems more complex, we may ask you to make an appointment instead.

Thank you for your consideration on these matters--your child's health is our top priority.

We appreciate parents working with us to assure communication about your kiddo is easy and accessible!

Thank you,
Drs. Mercer, Hayes, Arnaout, and Kinloch

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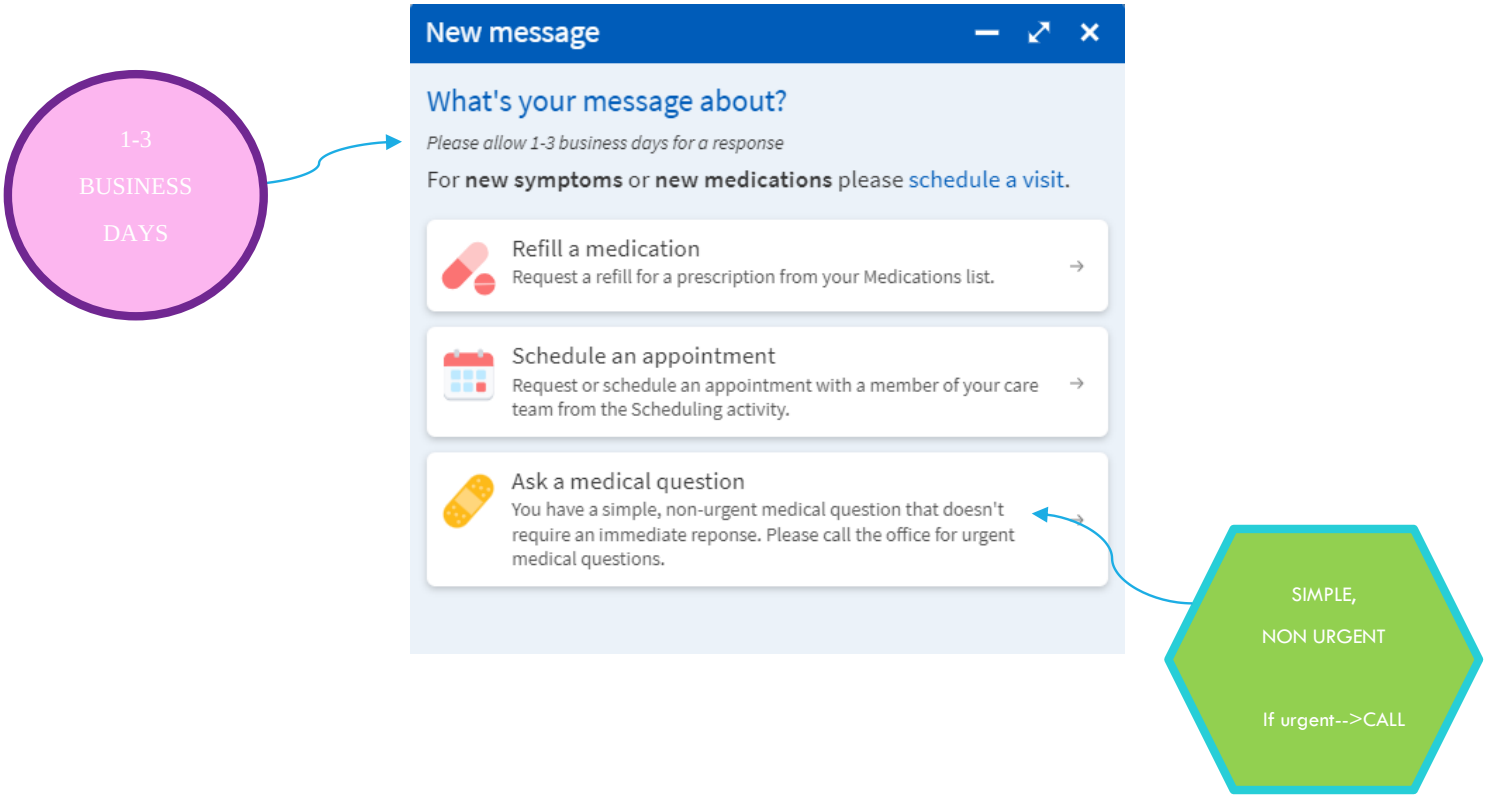
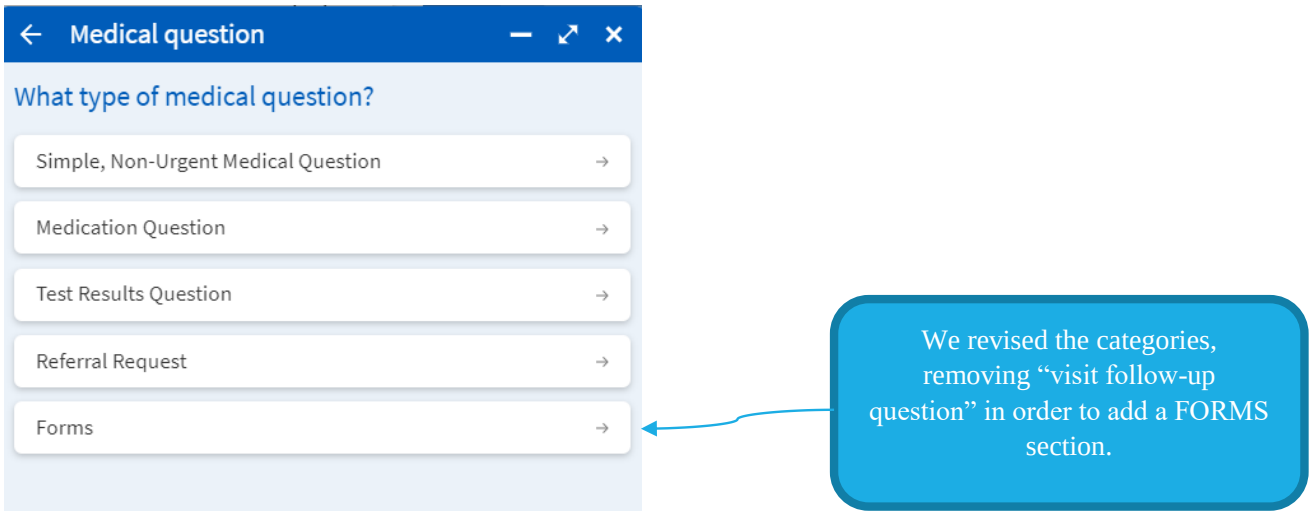
- Cook is not the only organization grappling with how best to lay out expectations. The AMA has posted an example letter to patients similar to the Forest Park approach. Check it out at:
  Taming the EHR Playbook: Resources | American Medical Association (ama-assn.org)

6. Reviewing our Patient-Facing Messaging Prompts

- As part of laying ground-rules, the Portal Workgroup made it a priority to thoroughly review the outward face of our patient portal.
- First and foremost, the group stressed **the non-urgent nature of the portal messages.** We agreed that urgent concerns are NOT appropriate or safe for portal messaging.
- **Response time:** The workgroup realized through this review process that, along with laying ground-rules about non-urgency, it was important to have **clear and consistent messaging about response time**. The outward state at the time said to expect a response in "1-2 business days" in one place and said "response times may vary" in another. **The workgroup wanted 1-3 business days.**
- **Message Types and Sorting:** We also needed to consider the sorting of our messages. The outward face of our portal offered categories of medical questions, but these categories were not necessarily reflective of how offices could best sort and respond to messages.
- The taskgroup arrived at new recommendations for the categories of messages which would more easily allow for the sorting of these messages to the appropriate people/groups for handling (scheduling questions to front staff, refills to clinical staff). There was a clear statement of a 1-3 business-day response-time and again a reiteration of calling the office or 911 for urgent concerns or emergencies.

- As of November 17, many of these changes were implemented! The new and improved portal messaging entry looks like this:





7. ROUTING.
   - Workflows relating to portal messaging, in discussion with different PCPs and specialists, vary group by group and even physician by physician. From the Portal Workgroup's discussions, it seemed clear that many physicians were receiving increasing messages from families and felt duty bound to reply. This was a lot of extra work.

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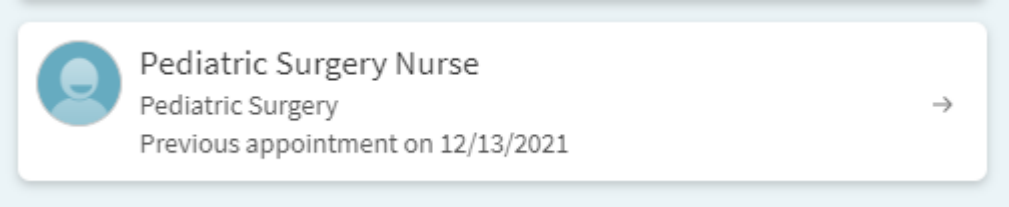
- Routing in Cook's Surgery Department: Bruce Beasley, PA-C, MBA, APP Supervisor Pediatric Surgery, began studying the portal a year prior to the Portal Workgroup, in 2022. The Surgery Department wanted to encourage patient caretakers to make use of the portal, but they were concerned about burdening providers with an increased volume of portal messages. They found that the ROUTING of messages was very important, both in terms of the division of labor and transparency. Our Cook offices and departments for many years have functioned with nurse triage systems for caregiver phone-calls, and Bruce noted that these same triage practices lent themselves well to portal messaging. Bruce and the surgery group arranged routing such that the **nursing staff fielded all portal messages before surgeons even saw them**. Rather than offering the option of contacting a physician/provider directly, they formed a **Surgery Nurse option** that routed to a clinical pool first. With this label, it was clear to families that their message was heading first to a nurse. Only those messages requiring physician input were then forwarded to the surgeons/surgical providers themselves. Here is what patient caretakers viewed on the portal:



While this system routes to the nursing team, it reportedly has not been found to be especially burdensome to the nurses, who otherwise would have received caretaker calls with these questions. In the case of the portal as compared to calls, Bruce points out, the nurses do not have to type the history as they would when documenting a call, as the family does that!

- Pool Routing:
  - Physicians and their departments/groups can arrange physician/department pools such that physicians do not see portal messages first. Portal messages route to the physician/provider's pool, and individual physicians and providers can take themselves out of the pool by looking under the POOLS tab and unchecking their name (on the other hand, those physicians who still want to see messages first pass may opt to leave themselves in the pool, but this is not recommended from a work-life balance standpoint). Although this designation of pools works, it does so in a piecemeal way, through individual settings of each provider and pool.

- Departmental Routing:
  - As opposed to piecemeal pool routing, the IT department, however, recommends a **system-wide change** which would make routing to clinical staff the default setting for offices and departments. This recommendation has led to a pilot study—see below.

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8. PILOT Study for DEPARTMENTAL Routing (as opposed to pool routing)

- **Three Cook offices- McKinney, Parkwood and Henderson- are part of the pilot**. The purpose of the pilot is to arrange for and test **DEPARTMENTAL routing rather than pool routing** of portal messaging. Portal messages automatically get sorted into one of 2 categories:
    - messages requiring routine scheduling or related to billing, which need to go to non-clinical staff
    - clinical messages, going to clinical staff. All **clinical** messages for ALL providers are routed to the first line, nursing DEPARTMENT, without the use of individual physician/provider pools. From there, messages are either answered by staff or forwarded to physicians/providers.

- Pilot Results: Thus far, the pilot has gone well for two of the offices and has encountered challenges for the other.
    - 2 THUMBS UP**.** The two offices for whom the change is going well had already been mostly routing messages through pool routing to nurses first pass and then—if needed-- to the physicians second. Consequently, the change to departmental screening happened rather seemlessly. For those few physicians who had previously been a part of their own physician pool and had been seeing portal messages first pass, the new departmental routing came as a much appreciated experience of fewer portal messages to their inbox.
    - 1 WAIT AND SEE. The office in which the pilot has not gone well has been understaffed to the point that two-pass managing of portal messages has simply not possible. The physicians have had to field portal messages first pass for the time being. For them, departmental routing has been put on hold and is expected to resume once staffing issues improve.
- New .phrases have been used as part of the pilot, to make things simpler for the clinical staff fielding messages. These are still being revised, and they will be made into buttons so that clinical staff do not have to remember the dot phrases. IS is actively adjusting them also to make them a bit more personal. More on this to come soon (check Friday Facts).
    - .MYC3BUSINESSDAYS

      "Thank you for your message. We are working with your provider to address your concerns and will get back to you in one to three business days. "

    - .MYCSCHEDULEAPPT
        - "Thank you for your message. We would like for you to schedule an appointment with your provider to discuss your concerns.
    - .MYCCALLOFFICE
        - "Thank you for your message. Please call our office directly to discuss your concerns."
- Empathy.
    - One point that has been made through work on portal messagin is the importance of showing empathy within this new realm of digital medical care. Physicians have expressed that they will feel more comfortable loosening the

reins on portal messaging if they are sure that clinical staff will field messages politely and kindly. And we physicians as well, even as we aim for greater efficiency, must keep in mind the importance of conveying our empathy.

- Holding to our Promise, the plan is **to train/ remind** all clinical staff of factors which help convey how much we care for our patients**. This training will be part of the roll out of departmental routing.** Examples include:
  - **Expressing concern** (before logistics or medical tips are addressed) and recognizing caretaker fears/worries relating to their child
  - **Identifying ourselves** when answering messages, to keep matters personal and human rather than robotic, and to aid transparency.
  - **Using the child's name** in our communications and letting it be clear we care about and are thinking of THIS child in particular.
  - **Reminding families/caretakers that we hope our advice helps and advising them to keep us posted**. We are here for them and want them to update us as their care journey continues.

- Next phase after pilot
  - It has come to light through the process of mapping workflows in the pilot that there is a lot of variance between how different staff members even within a single office handle **other parts** of the in-basket (that is, not just portal messages), like medication refill requests from pharmacies, lab results, faxes.
  - IS has already begun looking at what other parts of the inbox can be helped by this change to departmental routing. In light of what they have learned from the pilot, they plan to merge the portal messaging initiative with the wider "Level up with Inbox Efficiency" so that teaching and support for transitioning is optimized.

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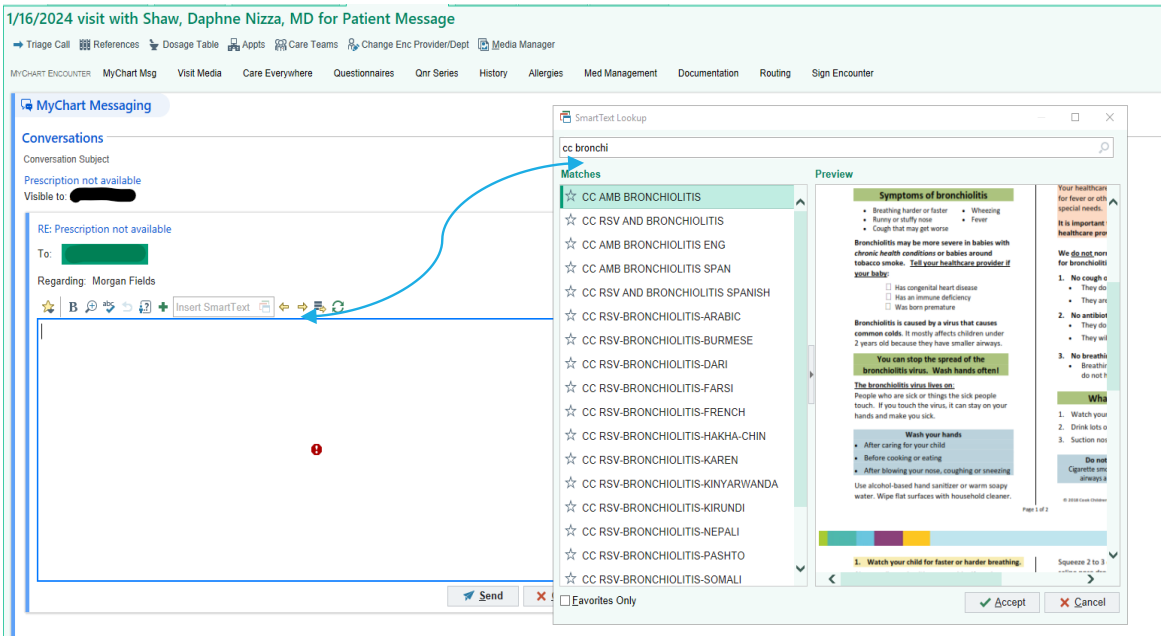
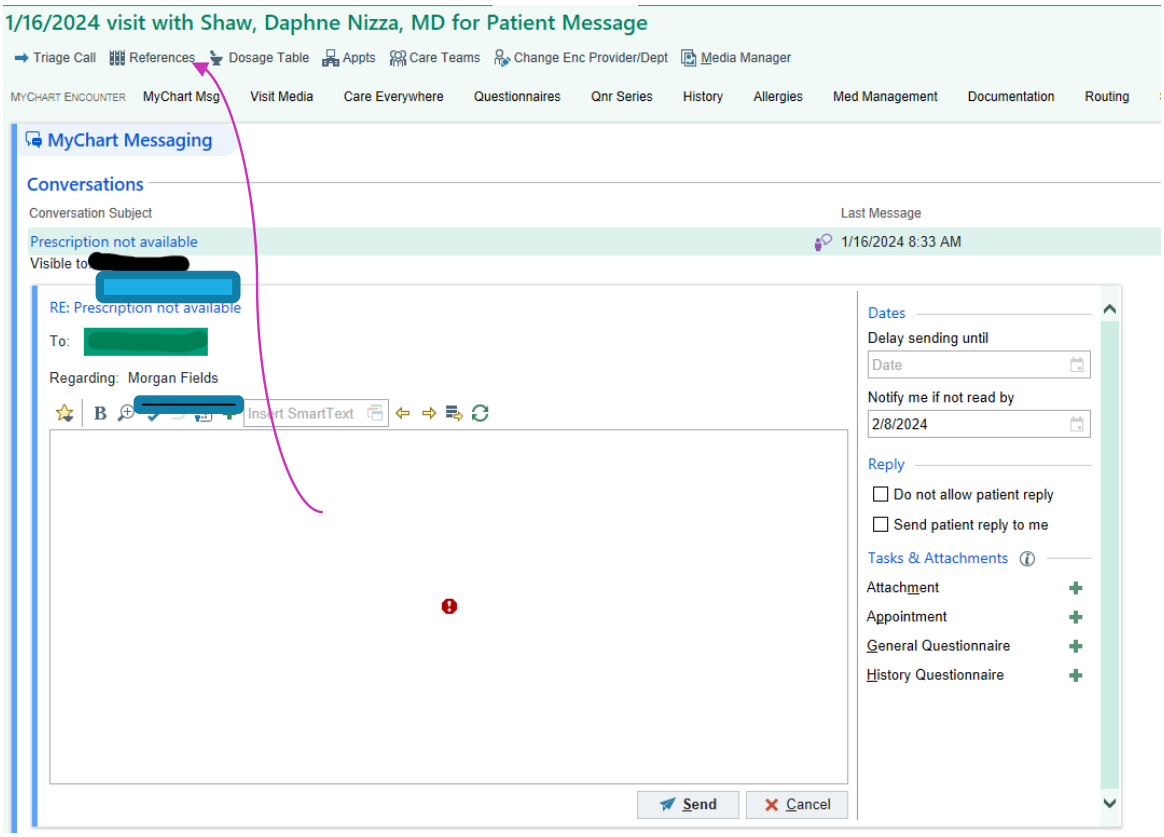
9. Educational Resources for Families

- Educational resources we use otherwise here at Cook (handouts, AVS attachments and nurse triage guidance) can assist clinical staff and providers in answering portal messages. **You can attach Cook and EPIC handouts to your portal messages!**
  - One way to do this is to utilize the **INSERT SMART TEXT** box. There you can type the topic you are interested in (ie "bronchiolitis for all options) OR—for Cook handouts specifically—you can precede topic with "CC" as below



- The other way to attach educational handouts to the top of the screen is where it says **"References."** From there, you can access the EPIC educational materials directly under the "Relevant Materials" tab, or you can choose the tab for "Additional Search" to search all, including the Cook "CC" handouts.



- Then you see a list of patient names with messages, and you also see the highlighted patient's message, with any first pass responses
- If you double click on the name, you will enter a screen that allows you to attach educational materials
- Note that if instead you simply select Reply to Message, you will enter a screen that does not give you access to educational materials

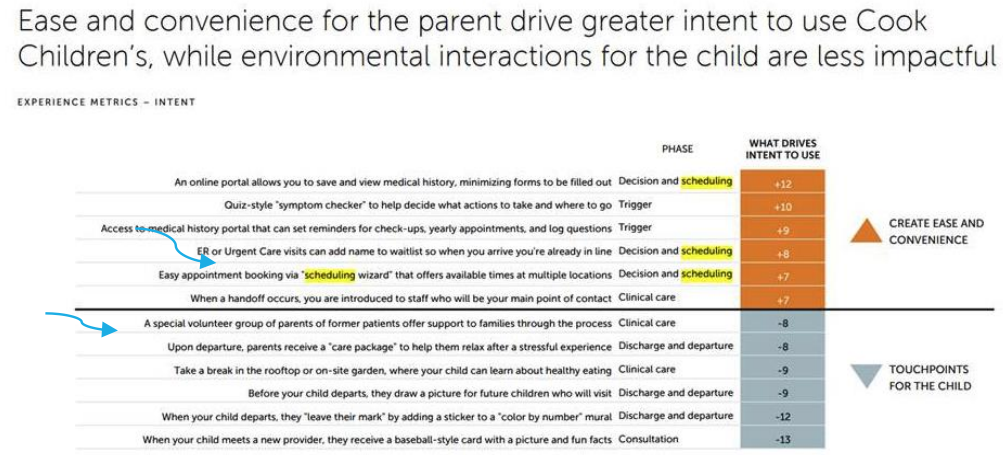
  - Patient education from Schmidt-Thompson electronic protocol is usable and viewable by families if a portal message is **transitioned** to telephone triage call
- If physicians/APPs have instructions they give regularly, they are also encouraged to make dot phrases of their own and to share with their clinical staff and colleagues

Link Should You Wish to Return to Synopsis

10. Caregivers Appreciate Portal Messaging

- In the Monigle Study done internally through Cook's Patient Experience department, it became clear that the patient portal is important to families. Note that the first and third points listed as driving caregivers to use Cook Childrens relate to the portal.

Monigle Study:



- Parent Experience Team gathered the following feedback for this report –
  - *I appreciate the opportunity to address minor follow up questions in the portal. My son wears ponseti braces for clubbed feet, so it has been helpful to verify we have the correct fit or monitor an occasional blister, when a visit is not needed.*
  - *I was able to get quick reassurance about a minor med reaction in the portal. It is helpful when I know a visit isn't warranted, but I need input from a clinical provider.*
  - *We receive timely and thoughtful responses from MyChart messaging.*

- Looking at 58 Cook caretaker reviews identified through search terms for portal messaging (58 out of 12, 300, or 0.005%!), it is clear portal messaging does matter to families. Here are some examples:

- "Utilizing the portal with timely responses was amazing and calmed my new parent anxiety"
- "She responds to messages on the portal, and having that access is invaluable."
- "She is very responsive through the portal and feels easily accessible"
- "She answers my questions in a timely manner and is friendly and professional."
- "I'm always so appreciative of how responsive Dr. X is when I contact through the portal.

However—and perhaps a bit unfortunately, given that part of the hope of issuing this paper is to encourage physicians to lay some boundaries rather than hold themselves to unrealistic expectations—caretakers do very much like a RAPID response. For the sake of transparency and completeness, here are some other positive comments:

- "I am always happy with how early I get a response from her (and not the Nurse) for whatever query I have related to my childrens' health" (note: unlike this one, the other quotes where appreciative of BOTH nurses and physicians/providers for responses)
- "Questions asked on the portal are answered at top speed."
- "I messaged on a Saturday night about a non urgent concern and Dr. __ responded within ten minutes and even continued to communicate. I definitely didn't expect to have a conversation about it that night, but am thankful we did and were able to get in first thing Monday morning." (note: the family did not have the EXPECTATION in this case)
- "She answers my message late at night. The best physician!"
- "Dr.__ is very great at responding after hours on the portal and is just overall a great doctor."

Again, please note that—while we are here to serve these patients and families we love and while positive feedback is a good thing, it is NOT the expectation of our Cook Children's leaders that clinical providers be at the beck and call of our patient families at all times of the day and night. Below is an important message to that effect from our Vice President of Cook Children's Experience, Megan Chavez:

We have the opportunity to set healthier boundaries with our patients. It says within portal messaging that these are non-urgent messages and will be answered within x amount of business days. Unfortunately, many of our doctors do answer these messages immediately or after hours, which then sets the expectation that this should always happen. This also presents a safety concern if patients are messaging for urgent or time-sensitive needs.

Burned out doctors create a less safe and lower care experience over time, which is not what our patients what or need. Healthy boundaries are important on all fronts. If we set the expectations, reinforce it with messaging within the portal and then consistently stick to those boundaries, we can improve the experience for all.

-Megan Chavez, VP of Cook Children's Experience

- **Clarified expectations help everyone.** While families do appreciate portal messaging, it seems that—just as we physicians and APPs may be confused about expectations and "rules of the game" from the provider-side, families can become similarly confused about the role of the portal from the patient side, especially when different physicians use portal messaging features so differently. Setting clear expectations helps everyone. Here is a comment from one our Parent Experience Specialists:

> "I am the mother of an HO kiddo who's relapsed 3 times. So as you can imagine, we see many specialties in addition to his pediatrician. Therefore, I am a frequent user of MyChart and messaging within MyChart. I have noticed a wide range of the way that providers utilize the messaging ability in MyChart. I find that some providers will message back multiple times on the same thread about the same question. Even to the point where I call to ask if I need to just make an appointment. Meanwhile, other providers will wait to form a fully thought out response and send one response. In some clinics, our provider will message back and in others I will only ever hear from a nurse. My point here is that it can be hard on the parent side to discern what the appropriate conduct is in relation to MyChart messaging…[and] there is a discrepancy clinic to clinic, provider to provider, about how messaging is used."

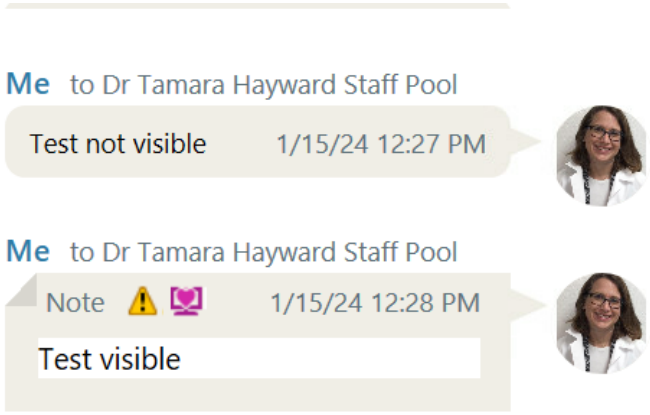
A: Assessment

1. We entered a bit of a Wild West scenario when we came upon this new frontier of Portal Messaging. Without guidelines or rules, some of us found a quick route to near-burnout. However, we are now learning and beginning to impose guidelines and structure.
2. The Portal Workgroup has carefully considered and has worked to change the verbiage and patient-forward experience to guide families as to which questions are appropriate for portal messaging and to set expectations for response times.
3. Our EPIC teams are helping us with routing to keep messages going to the right places and to help us utilize a triage system similar to our phone call triage. We are working toward a goal of departmental level scheduling, whereby messages requiring schedulers go to non-clinical staff and messages requiring clinical advice go to clinical staff before routing to physician/APP.
4. On a group or individual level, EPIC allows for some degree of personalization to cater the management of portal messages to a group's or an individual physician's workflow. Physicians and their groups need to be aware of options of tweaking their portal to better suit their needs. Education will be important.
5. We should create and help implement time- saving options for answering portal messaging.
6. We should gather the advice of groups and providers on the ways they maximize efficiency and safety and further good communication with patients.

R: Recommendations

1. **Physicians are advised to allow for nurse/clinical team to triage first pass. Accept the help.**
    - There will be providers who prefer first pass, but in general it should cut down on feelings of burnout to share this form of caring for patients in much the same way the triaging of calls is managed.

- Departmental routing as described above has been proposed as a way to help all of CCPN by making a default first and second pass system. However, even before system-wide change is made, offices and departments can look closely at the way their pools are set up (that is, who is in the clinical vs non-clinical pools). It is recommended that physicians not be in their own nursing pool.
- Even after pools and routing are established, however, there is some education involved. Physicians who receive portal messages second pass may choose to reply "nurse team, please triage this message."
  IMPORTANT NOTE about visibility: If you receive a patient message and decide you want to respond not to your patient/caretaker directly but to your staff as in the above example, you need to be cognizant of what is seen or not by your patient families.
  If you "forward" a message to your staff with errors, the patient/caretaker cannot see it. If you "reply" or "type a note," the patient/caretaker can see it. You can know the difference when reviewing the encounter. If your message to your nurse team/staff appears in an all brown box (though that is what is also looks like when you send to a patient directly), it is not visible to patient/caretaker. If your message is brown with white text, it is visible to the patient/caretaker. Thanks so much to Dr. Tammy Hayward for this information!



2. **Physicians/offices/departments should be clear about mutual expectations for portal use.** It is advised to let families know about the portal but to stress its proper use as a tool for non-urgent concerns, with answers provided within 1-3 business days. Offices should consider displaying basic rules on handouts or via their social media accounts.
   - See the rules the Cook Forest Park Office sent to their patient families and AMA example letter.

3. **With regard to providing immediate responses, physicians/providers are advised to consider what they are teaching patient families to expect.** While some PCPs have explained that they address and clear out their portal message bucket as soon as they notice a message in there, providers should not feel pressured to answer immediately but rather within the 1-3 day time interval expected. While it is good service and good care to patient families to hear back from their providers expediently, providers should question their own precedents to make sure they are realistic ones. For many or even

most physicians, the volume of portal messages is growing and can be overwhelming such that immediate answers are not even an option. Part of the necessary teaching for patient families is that portal messages are for non-urgent concerns that will **not** be prioritized above phone calls or patients in the office. If providers always answer quickly, they teach their patient families to expect speed. These expectations may contribute to physician burnout.

4. **Relatedly, if a physician/provider has been "teaching' patients to expect immediate or after-hours responses and would like to make a change to more sustainable engagement, it is important to set new expections with your patient families.** Says Megan Chavez, "You can address [expectations] with them in clinic to help facilitate that change-- for the next few months during clinic visits, let every family know that if they do have questions after the visit, they can always call the practice or send a non-urgent message via MyChart and that those messages will be answered within 1-3 business days."
5. **Physicians/providers are advised to consider what they are teaching patient families about the portal when responding to portal messages with long, detailed answers.** While families may (and should) appreciate long, detailed personal answers, physicians must consider the precedent they set and how realistic such a precedent is both as an expectation for patient families and, consequently, as another ball for physicians to juggle. Most physicians consulted on this topic feel that a concise response to a question should suffice and feel that it is reasonable to advise to schedule a visit (whether in-person or via telemedicine) if the topic should require more time, detail, and explanation. There is also the option of applying certain dotphrases and informational handouts as needed, both to advise a call or appointment or to advise on certain topics with ready-made educational information.
6. **Physicians/providers should realize and implement a degree of control in their timeline.** While it is important that they acknowledge that they have read the question or request within the 1-3 days, physicians/providers should not feel pressured to have completed requests during that time. For example, if a patient family asks a non-urgent question which might require some calling of specialists or research, it is OKAY for providers to tell families that this will likely require more time and that they will get back to them in a few days.
7. **Physicians/providers can utilize pictures sent via portal message to guide responses but should also be mindful of their use and should consider advising a telemedicine or in-person visit thereafter.** Taking the time to consider a concern, view a picture, and offer advice and even a prescription constitutes what many in our organization feel is more than what an unpaid, portal messaging should entail. Many physicians instruct their own clinical teams to automatically schedule telemedicine visits to go along with the review of pictures over the portal.
8. **Clinical staff should make use of dot-phrases where they are able** (see section above on new dotphrases).
9. **Clinical staff should make use of educational handouts or triage guidelines** (though as mentioned above, this may require starting a new message and attaching a handout).

Document written/compiled by Cook pediatricians Sara Garza, MD, Associate Physician Well-Being Advocate, and Daphne Nizza Shaw, MD, Chair of Practice Management Committee 2022-2024. We had significant help from our amazing IS experts, Sarah Pitcher and Stephen Scobee, and from Bruce Beasley, PA-C, MBA, APP Supervisor Pediatric Surgery. We so appreciate Dr. Deb Schutte, Dr. Tammy Hayward, and Dr. Sani Roy for their thorough editing help and insights. And, as always, thanks to Dr. Carl Shaw for his significant help all the time, with everything the other Shaw works on. He is always an editor.

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