

Maintaining Adolescent Access and Confidentiality with a Custom Patient Portal

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Introduction

In 2013 the MyChildren's Patient Portal was launched at Boston Children's Hospital. MyChildren's is a homegrown application with over 41,000 users, providing patients and families with web access to portions of their health record. Users can access clinic notes, lab results, diagnostic studies, billing information, and send messages to providers. To meet the needs of pediatric patients (as well as government regulations), MyChildren's has been enhanced so that patients 13 years old and over can access their records with additional confidentiality. This functionality was added in June of 2014.

Methods

To meet the needs of adolescent users, the MyChildren's team uses the same validation processes that already existed for all end users. Patients are able to begin the account validation process at their ambulatory visit by asking for a "token" that confirms their access request. User provisioning is strongly monitored and if created incorrectly, portal access is not granted. At the request of our legal team, MyChildren's sends notification to the parent of patients aged 13 or 14 informing them that their child has access to their own health information. Adolescent access allows patients to view confidential visits that are filtered. To increase patient sign up, the MyChildren's Support Team has worked with the Adolescent Clinic to train staff on how to promote the portal to patients.

Results

As of February 2016, there are 393 adolescents accessing their own portal accounts. Interest among adolescents has steadily risen since the June 2014 launch. Access to the portal brings health records directly to the patient and they are no longer obligated to go through our Health Information Management Department. With access to their information directly through the internet, adolescents are engaged in their own care in a new way. In addition, if they continue their care at BCH (and beyond) once they are over 18, having access to their records allows for familiarity in their transition to adult care. Conversations among the Support Team and clinic staff provide information that will help with future upgrades to MyChildren's, thus creating a better user experience for patients and parents. This engagement also lends help to other hospital initiatives regarding access.

Conclusion

We anticipate that as the user base expands, different needs will arise. MyChildren's will need to adapt to meet those needs. To continue to increase the portal user base and meet the needs of users, the Support Team will need to engage patients through our Adolescent Clinic, Family Advisory Council, and the Hale Center for Families.

References:

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