

**Improving Patient Portal Engagement in Older Adults: A Quality Improvement
Initiative**

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Abstract

Many social determinants of health (SDOH) impact one's ability to engage in healthcare, including access to and usability of health information technology. A key goal of *Healthy People 2030* is to increase the use of patient portals among adults to track health data and communicate with providers. This quality improvement project surveyed older adults at a rural family practice clinic to identify barriers to portal use. Staff received education on the importance of patient engagement and how to assist patients with portal access, highlighting the importance of encouragement from their provider to utilize the portal. In December 2024, 986 older adults visited Ocean Clinic, with 660 (66.9%) logging into their patient portal, which showed a minimal difference from those older adults who logged into their patient portal from November 2024, when 1,235 patients visited, and 831 (67.3%) accessed the portal. The 0.4% decrease in patient portal usage in November compared to December suggests that provider encouragement alone is insufficient to increase engagement. Findings emphasize the need for additional strategies, such as user-friendly technology, patient education, and targeted interventions to enhance portal use among older adults.

Introduction

Problem Description

Social determinants of health (SDOH) are nonmedical factors that impact a person's health outcomes and are essential to consider when providing patient care. These are the conditions in which one is born, grows, works, and ages (Centers for Disease Control and Prevention, 2022). SDOH dramatically impacts one's ability to participate in health care, impacting health outcomes and associated costs. A greater focus has been placed on screening for SDOH and providing resources for health education (Domestic et al. Office of Science and Technology Policy, 2023). A person's digital literacy and internet connectivity are "super social determinants of health" because of their impact on all other SDOH (Sieck et al., 2021). Identifying community resources, completing a job application, or communicating with a provider through a patient portal requires internet access and digital health literacy.

Digital health literacy (DHL) and patient portals increase and improve patient-provider interaction (Carini et al., 2021). Increased communication results in higher quality of care, allowing opportunities for discussing preventative health recommendations, appointment coordination, and timely evaluation of acute health concerns. Patient portal use correlates with an observed reduction in the utilization of emergency services and a decreased incidence of hospital admissions related to unmanaged chronic conditions (Carini et al., 2021). Healthy People 2030 created the health initiative HIT-07 to improve the percentage of adults who use information technology (IT) to track healthcare data or communicate with providers. As of 2020, 83.3% of adults use a digital patient portal, with a goal of 87.3% by 2030. Evidence shows that older adults (65+) living in rural areas experience the *grey digital divide*. The divide is the gap between

those with the access and skills to make good use of technology and those without (Cajita et al., 2021; Sieck et al., 2021). This specific group will most likely be impacted by health disparities and chronic conditions that would benefit from using the patient portal tool. This divide is evident in Ocean Clinic, the rural family practice clinic where this project occurred. In the month before this initiative, Ocean Clinic saw 1235 older adults, with only 831 (67.3%) using their patient portal in the past year.

Available Knowledge

A literature review completed between January 2024 and April 2024 identified the available knowledge of older adults, digital health literacy, and engagement with patient portals. The electronic search utilized PubMed, Ovid, and CINAHL databases with filters that included “Full Text” and “Peer Reviewed” for a date range from 2014 to the present. Keywords of “older adults,” “digital health literacy,” “electronic health literacy,” “social determinants of health,” “patient portal,” “web-based portal,” “electronic health,” “provider communication,” “engagement,” “health IT,” and “electronic literacy” were used. This resulted in 118 articles reviewed, with 27 articles applicable to older adults’ ability to access and utilize digital health tools. Of those articles, 21 related to general knowledge regarding digital health literacy, such as access to online educational resources. The remaining six articles detailed older adults' digital health literacy and engagement with patient portals. Limited study results provide direct evidence of the need for increased research related to older adult access and engagement with patient portals.

Key themes in digital health literacy include assessment tools, knowledge gaps, interventions, provider influence, outcomes data, impact on chronic conditions, economic

effects, and readmission rates. Concerns with privacy and security of health information are described as significant barriers to older adults' engagement with patient portals in the research by Crotty et al. (2017). Other barriers include access to the internet, the availability of digital technology devices, and the skills required to utilize these devices. Evidence shows that while older adults may initially access their records via a patient portal, they often do not continue to utilize this tool. It is theorized that reduced utilization is due to insufficient initial training and ongoing support (Nahm et al., 2019).

Social support is cited as an important factor in digital health literacy. Older adults with family or spousal support in the home were more likely to access their patient portal, which correlated with improved communication with their provider (Estrela et al., 2023). Residents of the rural community where Ocean Clinic is located tend to be more socially isolated and without internet access. Understanding older adults' barriers to accessing their patient portal is crucial for developing effective solutions. Since patient and provider factors influence portal use, addressing these challenges can improve engagement (Shimoga & Lu, 2019).

Rationale

The digital divide is a growing barrier for older adults in managing their health care. Technology facilitates interaction with healthcare providers and has become integral to patient engagement with not only their health but also their healthcare team (Pappas & Jerman, 2015). Research shows that provider encouragement significantly impacts patient engagement, correlating with increased use of tools like the patient portal. However, less than 41% of patients receive this encouragement, based on research by Shimoga and Lu. (2019).

This project examined the experiences of older adults in a rural setting, focusing on barriers to patient portal use and the impact of provider encouragement. Healthcare professional support encourages patient engagement with the portal (Moqbel et al., 2021). Provider encouragement has also increased patient confidence and reduced concerns regarding potential security risks associated with portal use, further promoting utilization adoption (Moqbel et al., 2019; Shimoga & Lu, 2019).

This project used the Model for Improvement framework via plan, do, study, act (PDSA) cycles. This framework evaluates the project's aims by identifying progress towards achieving them (Langley et al., 2009). The PDSA cycle also helps the team identify balancing measures and opportunities for improvement in the project plan. This incremental improvement helps ensure stakeholders' buy-in while supporting the project's goals. Due to the organization's investigation review board requirements, only the first PDSA cycle was implemented during this publication. Further cycles are recommended to develop future interventions for older adults and their engagement with patient portals.

Specific Aims

This project aimed to explore the barriers and attitudes of older patients regarding engagement with the patient portal at Ocean Clinic. Secondly, the project focused on increasing staff and provider awareness of older adults' engagement with the patient portal, encouraging a supportive practice to promote its use. Improved engagement with the patient portal promotes participation with screening tools, provider communication, access to resources, and appointment coordination. In addition to gathering essential data and qualitative information

surrounding this topic, the project aimed for a 1% increase in the number of older adult patients interacting with their patient portal by December 31st, 2024.

Methods

Context

The county where the study occurred had a population of 9,815 based on the 2020 census. Of that population, 28.1% were 65 or older, 12.1% were widowed and lived alone, and 9.1% lived in poverty (U. S. Census Bureau, n.d.). Ocean Clinic is one of two family practice clinics in a rural town managed by a larger hospital organization. The project was conducted at Ocean Clinic, which has three primary care providers and offers specialties in podiatry, orthopedics, and walk-in care.

One of the many ways patients utilize the portal is to complete pre-appointment screening questionnaires. These questionnaires and screening tools help guide the provider's decision-making, including treatment plans. Patients who cannot access their patient portal must complete paper forms during their office visit, which reduces face-to-face time with the patient and the provider. Often, questionnaires and screening tools completed on paper forms are incorrectly entered into the patient's medical record, leading to patient care delays. For some older adults, there may be delays in receiving care, ineffectiveness in utilizing available tools, overlooked preventative measures, and low levels of patient satisfaction. Furthermore, communication challenges can impede their ability to effectively express needs, resulting in misunderstandings or insufficient attention to their health concerns.

Intervention

In December 2024, 26 older adults receiving care at Ocean Clinic were surveyed about digital health literacy and barriers to engagement with the patient portal. The DNP student administered the survey to the patients upon check-in for their office visit (Appendix B). This allowed the DNP student to interact with the target population and help generate interest in the initiative by providing information about the patient portal to the patients.

A notice regarding the initiative and education on the positive outcomes of older adults' engagement with patient portals was emailed to the Ocean Clinic staff and providers (Appendix D). Further education was provided to clinic staff and the DNP student who visited each clinic area to distribute approved signage to hang in the clinic exam rooms (Appendix C). At that time, the DNP student-educator reviewed and approved with the staff the smart phrases that were to be utilized on the available to include in a patient's after-visit summary. Smart phrases are pre-written, customizable text templates that can be quickly inserted into electronic health records and documentation. These smart phrases were designed to provide clear instructions for patients regarding patient portal log-in to ensure consistency and ease of use amongst patients.

One month later, data was collected to determine if there had been an increase in patient portal use by older adults at Ocean Clinic after the smart phrase content was distributed on the patient's after-visit summary. Survey results were tabulated and shared with the clinic site for future quality improvement projects on this subject.

Study of the Intervention

The survey utilized a dichotomous survey scale. Jones et al. (2013) recommend a survey questionnaire with clear and concise questions to encourage participation and ensure a statistically significant sample of responders. One month after the initiation of the intervention, a

facility biostatistician analyzed patient portal use by the target population to determine if there was an increase in the percentage of older adults utilizing the patient portal compared to the baseline data.

Measures

The primary measure for this project was the percentage increase in older adults at Ocean Clinic using the patient portal after December 2024. Baseline data from November 2024 was compared to see if staff education and provider encouragement to patients increased portal usage among older adults. Another measure included qualitative data from patient surveys. Process measures included tracking the number of staff and providers who reviewed the educational materials. Any increase in the time spent discussing the portal with patients and responding to patient portal messages should be considered a balancing measure.

Analysis

The results were stored in a Microsoft Excel spreadsheet and were free of protected health information. They were analyzed and displayed using a bar graph. The quantitative and qualitative results were evaluated and placed in bar and pie graphs.

Ethical Considerations

The staff at Ocean Clinic were informed of the quality improvement project through education and follow-up via email. Stakeholders include the clinic director, providers, and all ancillary staff involved in patient care. Personal autonomy and self-efficacy of patients and families were always respected, ensuring their right to refuse screening without impacting the care they would receive. Survey data was only collected on the target population of older adults.

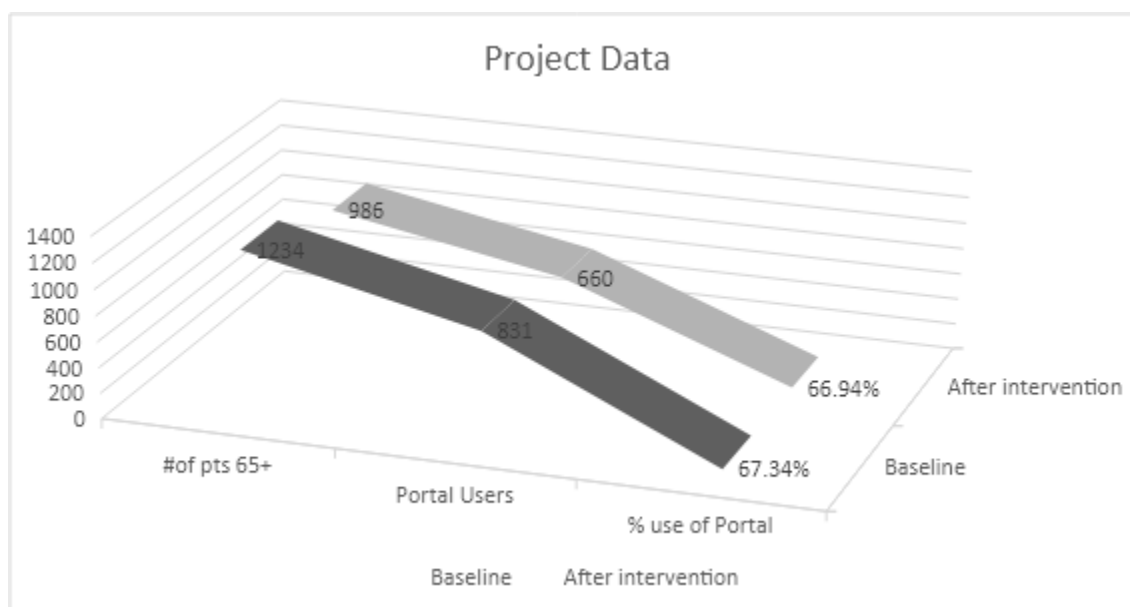
This project was submitted to the Investigational Review Board at Oregon Health Sciences University and deemed a quality improvement project. It also was submitted to the clinic's Investigational Review Board for approval.

Results

In December 2024, Ocean Clinic saw 986 older adults and 660 (66.9%) logged into their patient portal account. This represents a negligible change compared to November 2024, when 1235 older adults visited the clinic, and 831 (67.3%) logged into their patient portal (Figure 1). Although the total number of patients who utilized their patient portal decreased from November to December, the percentage of portal users remained nearly consistent, with a 0.4% decrease in use. These findings suggest that provider encouragement alone may not significantly improve patient engagement with the portal. These findings highlight the need for additional strategies, such as user-friendly technology available in the office, patient education, and targeted interventions to address barriers to portal usage.

Figure 1

Portal Engagement Initiative Cycle 1



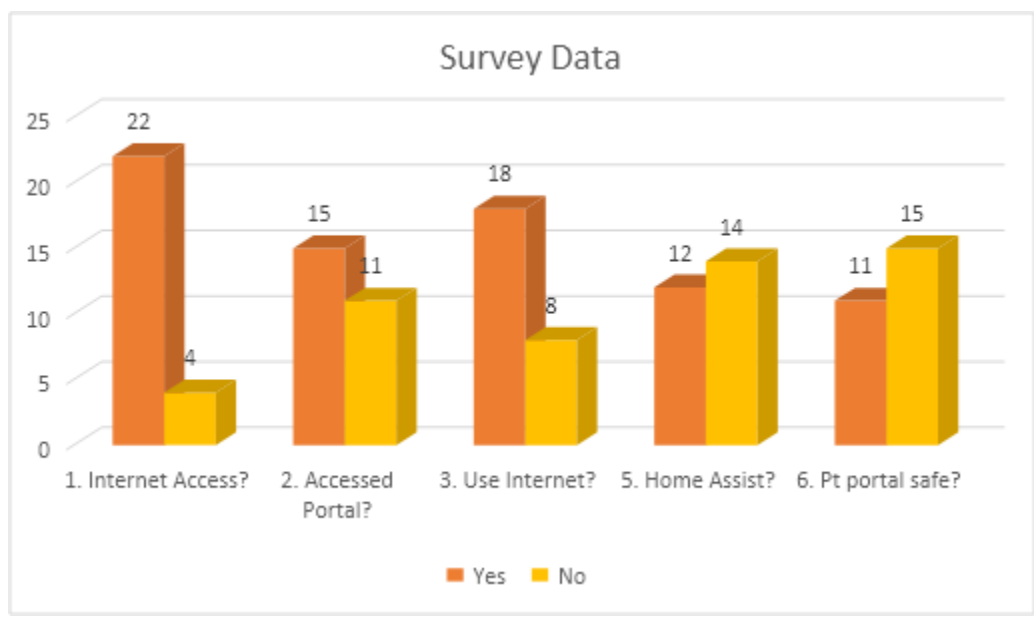
Note. The baseline results of older adults who accessed the patient portal in November 2024 are compared to those collected after the education and initiative to encourage portal use on January 1st, 2025.

Results from the in-person survey revealed that most patients have Internet access and regularly actively use the Internet to obtain medical information, suggesting a general familiarity with digital technology. Nearly half of the respondents reported having accessed the patient portal in the past, and half reported having a household member who can assist with internet use if needed. Yet more than half of patients expressed concerns about the portal, stating they did not feel it provided safe communication (Figure 2). Many patients also shared frustrations with the portal's usability, while others stated, *"Make it simpler to log into."* Some described the log-in process as *"too complicated."*, while others stated, *"tried it once but have not logged back in,"* and *"[I] just prefer to call and leave a message."*

Despite the portal's availability, the comment about preference for the phone identified that many older adult patients prefer using the phone to leave messages for their provider. This highlights a gap in trust and usability that may hinder the broader adoption of the portal for communication.

Figure 2

Survey Question Results



Discussion

Summary

Social determinants of health (SDOH), including digital literacy and internet connectivity, significantly impact healthcare outcomes and patient engagement. This project addressed the "grey digital divide" among older adults (65+) in rural areas, particularly at Ocean Clinic, where only 67.3% of older adults used their patient portal over the course of one year.

Barriers such as privacy concerns, log-in processes, and low digital literacy contribute to disengagement.

This initial intervention was designed to increase engagement by surveying older patients to better understand the barriers specific to this population, educating clinic staff, and promoting the use of the patient portal. Survey results indicated that while most patients have internet access and use it for health information, more than half of patients found the portal challenging to use or perceived it as unsafe for communication. Direct feedback highlighted frustrations, with some stating, *“It’s too impersonal”* and *“Login is too complicated.”* Despite portal availability, most patients preferred using the phone to communicate with providers. The intervention showed negligible improvement, with portal use dropping slightly from 67.3% in November to 66.9% in December (Figure 1). These results underscore that provider encouragement alone is insufficient to enhance engagement. Future strategies should address privacy concerns, provide targeted in-person education, and support the digital divide. Computer access within the clinic. Having a computer in the clinic for patients to log into their patient portals would enhance access and potentially improve engagement.

Interpretation

The intervention aimed to boost patient portal engagement by tackling barriers and educating patients and clinic staff. However, portal use dropped slightly from 67.3% in November to 66.9% in December, suggesting that education and encouragement alone are not enough to overcome older adults' structural and usability issues.

These findings match existing research on barriers like privacy concerns, low digital literacy, and usability challenges (Crotty et al., 2017; Nahm et al., 2019). Digital health literacy and social support help, but gaps remain. Multifaceted interventions are more effective, including hands-on training, better technology design, and ongoing support.

The project raised clinic staff awareness of the challenges and provided data on patient attitudes and barriers to future improvements. It also highlighted the need for better support systems and emphasized integrating patient-centered technology strategies into healthcare delivery.

Several factors likely influenced the minimal change in portal use: the short intervention duration, unaddressed structural issues like login complexity and privacy, and the unique barriers faced by the rural and socially isolated population at Ocean Clinic.

The project had minimal financial costs but incurred opportunity costs by diverting resources from other priorities. A more comprehensive approach, including tech upgrades and hands-on training, would require a bigger upfront investment but could yield better long-term results in engagement and health outcomes.

This project underscores the need for multifaceted strategies to improve engagement with digital health tools. While its immediate impact was modest, it provided a foundation for developing more effective interventions tailored to older adults in rural areas. Increasing motivation and buy-in from older adults can likely enhance patient portal usage.

Limitations

This project faced several limitations that affected its implementation and outcomes. A major constraint was the lengthy Investigational Review Board (IRB) process within the organization, which reduced the time for intervention and evaluation, limiting the project to a single Plan-Do-Study-Act (PDSA) cycle. This short timeframe made it difficult to observe meaningful changes in patient portal engagement, as sustained behavior change among older adults typically requires more time.

Competing organizational priorities also posed a challenge, diverting resources and focus to higher-priority initiatives, which hindered the project's momentum. Additionally, the intervention relied solely on education and provider encouragement, without addressing key structural barriers such as complex login processes and security concerns, limiting its overall impact.

The small sample size for the in-person survey (26 patients) further restricted the generalizability of findings, and the rural, socially isolated nature of the target population presented challenges that were not fully addressed within the limited intervention period. Lastly, the reliance on self-reported data and focus on a single clinic may have introduced bias and limited broader applicability.

To improve future initiatives, efforts should streamline IRB approval, extend implementation timelines, secure stronger organizational support, and incorporate comprehensive strategies that address educational and structural barriers to patient portal engagement.

Conclusions

This project highlighted the importance of addressing digital health literacy and the barriers older adults face when engaging with patient portals. While the intervention provided valuable insights into patient attitudes and barriers, the limited timeframe and scope prevented significant changes in engagement rates. Continuing the project with the additional Plan-Do-Study-Act (PDSA) cycles is essential to build on these initial efforts. Future cycles should incorporate in-person patient teaching opportunities to provide hands-on guidance and support, empowering older adults to navigate the patient portal confidently. Additionally, ensuring readily available resources, such as on-site technical assistance or simplified instructional materials for addressing login issues, is crucial for fostering sustained portal use.

Integrating these targeted strategies and extending the implementation period would enable the project to address the complex barriers to digital health literacy more effectively and promote equitable access to patient portals. Providing convenient access to clinic computer resources so patients can utilize their portals and staffing support to assist with login issues and platform navigation will likely significantly enhance outcomes. Additionally, educational initiatives and hands-on training sessions will likely achieve similar results. These efforts will enhance patient-provider communication, improve health outcomes, and advance the overall goal of reducing health disparities within this vulnerable population.

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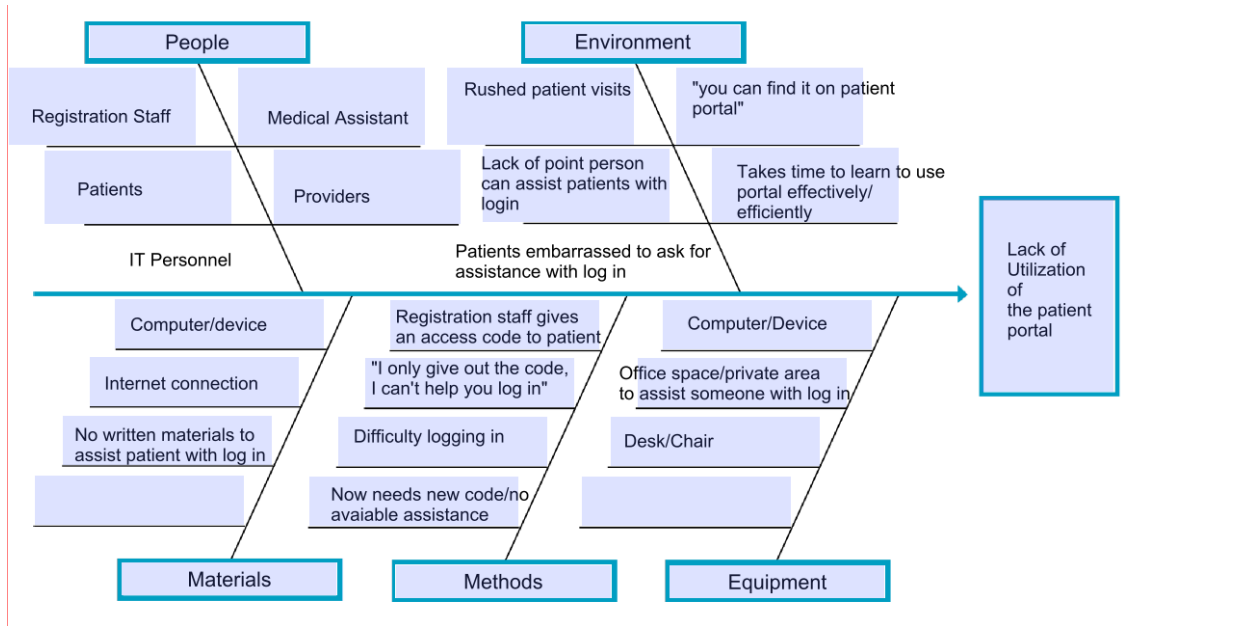
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Appendix A: Cause and Effect Diagram



Appendix B: Survey to Assess Attitudes of Older Adults and the Patient Portal

Survey questions were developed with inspiration from Bush et al. (2017).

Survey Questions:

- 1) Do you have internet access? Yes No
- 2) Have you ever accessed your patient portal? Yes No
- 3) Do you use the internet to look up medical information? Yes No
- 4) How do you communicate with your provider now? Phone calls, emails, letters, only at in-person visits other
- 5) Is someone in your home assisting you with the internet?
- 6) Do you feel the patient portal allows for safe communication with your provider? Yes No
- 7) Do you have any other comments regarding using the patient portal?

Appendix C: Project Flyer

Have you accessed your MyChart?



Connecting you to your health record

- **View your appointments.**

Your patient portal accounts allows you to view your current and past appointments with Samaritan Health Providers.

- **Access your medical history.**

Your health information at your fingertips. View medications, allergies, immunizations, and medical history. You can even download portions of your health information so you can take them anywhere.

- **Communicate with your care team**

Use the secure messaging tool to communicate with your providers.

- **Request prescription renewals**
- **View your test results**
- **Manage care for your loved ones**
- **Update your preferences**
- **Safe and secure!**

Ask about signing up for your MyChart access today.



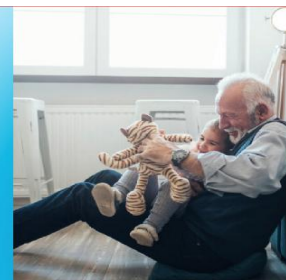
SHS IRB Approved for posting 20NOV2024

Appendix D: Project Timeline Actual

	Nov	Dec	Jan	Feb	March	April-		
Finalize project design and approach (703A)	(DELAYED BY IRB)							
Complete IRB determination or approval (703A)	X							
PDSA Cycle 1 (703B)		X						
PDSA Cycle 2 (703B)								
PDSA Cycle 3 (703B)								
Final data analysis (703B)			X					
Write sections 13-17 of the final paper (703B)				X				
Prepare for project dissemination (703B)					X			

Appendix E: Provider and Staff Email Bulletin

You Positively Influence Your Patients



Improving Patient Portal Engagement in Older Adults: A Quality Improvement Initiative

By: Kimberly Edwards RN BSN DNP FNP Student

Oregon Health Sciences University

Background

Digital health literacy and the use of patient portals have been shown to enhance patient-provider interactions, which, in turn, can reduce emergency room visits, and hospital admissions associated with unmanaged chronic conditions, ultimately leading to improved patient outcomes (Carini et al., 2021).

However, older adults, defined as those aged 65 and older, face a "grey digital divide," which refers to the challenges they encounter when trying to navigate digital tools and applications as they age (Cajita et al., 2021). Older adults are also more likely to experience health disparities and chronic conditions, making them particularly dependent on effective communication with healthcare providers through tools like the patient portal (Sieck et al., 2021)

<p>Social Determinants of Health</p>	<p>A key component in screening for social determinants of health (SDOH)—non-medical factors that influence health outcomes—is through the patient portal (Centers for Disease Control and Prevention, 2022). Digital health literacy itself is increasingly recognized as a "super social determinant of health" because it impacts other SDOH, affecting patients' ability to manage their health and engage with healthcare providers (Sieck et al., 2021).</p>
<p>Goals</p>	<p>The Healthy People 2030 initiative, under health information technology goal HIT-07, aims to increase the percentage of adults using digital health tools, such as patient portals, to track health data and communicate with providers. The current usage rate is 83.3%, with a target of 87.3% by 2030 (Domestic Policy Council Office of Science and Technology Policy, 2022). Many healthcare practices have made efforts to reassure older adults about the security of their health information on patient portals and have provided direct educational resources and support to help them navigate the technology (Crotty, Whetstone, & Jones, 2017; Nahm et al., 2019).</p>
<p>Goals</p>	<p>The Healthy People 2030 initiative, under health information technology goal HIT-07, aims to increase the percentage of adults using digital health tools, such as patient portals, to track health data and communicate with providers. The current usage rate is 83.3%, with a target of 87.3% by 2030 (Domestic Policy Council Office of Science and Technology Policy, 2023). Many healthcare practices have made efforts to reassure older adults about the security of their health information on patient portals and have provided direct educational resources and support to help them navigate the technology (Crotty, Whetstone, & Jones, 2017; Nahm et al., 2019).</p> <p>Currently at Samaritan Coastal Clinics, we have 1235 patients that are 65+ (Seen in orthopedics/podiatry/walk in and Family</p>

	<p>practice) with only 67.3% of those patients having logged into the MyChart portal within the last year.</p> <p>The evidence shows that when a trusted provider recommends use of the patient portal, patients are more likely</p>
Metrics	<p>This quality improvement project is designed to better understand the barriers older adults in our community have that prevent them from engaging with their patient portal and to encourage older adults to use MyChart. By better understanding the barriers particular to our community, the organization could develop initiatives to help improve interaction with the patient portal. This could result in increased communication with providers, encourages autonomy and self-determination, increases interactions with health tools, and possibly decreasing unplanned emergency room visits.</p>
	<p>Also, to increase the number of older adults (65 years or older) engaging with their MyChart patient portal in the Month of December 2024 by 2%, by coaching by providers and staff in the use of smart phrases added to the patient after visit summary to be printed and provided to the patient.</p>
How	<p>We will be gathering qualitative data through surveys conducted in the lobby of the Samaritan Coastal Clinic in the month of December.</p> <p>Please encourage your older adult patients (65+) to log into their MyChart patient portal, if not already doing so, by utilizing the smart phrase (.mychart) on their printed After Visit Summary and handing it to them at the end of your visit with them.</p> <p>You will see flyers and smart phrase reminder cards at the Samaritan Coastal Clinic to encourage your participation with</p>

	<p>You will see flyers and smart phrase reminder cards at the Samaritan Coastal Clinic to encourage your participation with the efforts.</p>
Timeline	<p>This project will be conducted through the second week of January to promote the older adult accessing the MyChart patient portal. Data will be collected and presented to providers and staff in March through poster presentation and at Oregon Health Sciences University.</p>
Resources	<p>Cajita, M. I., Nilsen, M. L., Irizarry, T., Callan, J. A., Beach, S. R., Swartwout, E., Mecca, L. P., Schulz, R., & Dabbs, A. D. (2021). Predictors of patient portal use among community-dwelling older adults. <i>Research in Gerontology Nursing, 14</i>(1), 33-42. https://www.doi.org/10.3928/19404921-20200918-03</p>