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Bridging the Digital Divide with Automatic Patient Portal Enrolment

The digitisation of healthcare has introduced significant innovations, including patient portals that enable access to electronic health records (EHR), communication with healthcare providers, and improved patient outcomes. However, a concerning issue remains: the digital divide, which affects marginalised communities, particularly those from racial and ethnic minority groups and non-English-speaking patients. These populations face barriers in accessing patient portals, exacerbating existing health disparities. A recent study conducted at the University of California, San Francisco (UCSF) addresses this issue by introducing an automatic enrolment (auto-enrolment) system for patient portals. The intervention aimed to increase overall portal activation rates and reduce disparities among racial and language minority groups. A review published in the Journal of Medical Systems examines the study's findings and explores the impact of auto-enrolment in mitigating healthcare inequities.

Digital Divide in Healthcare: A Pressing Issue

Patient portals have emerged as valuable tools to facilitate patient engagement, streamline access to medical information, and improve healthcare outcomes. However, access to and utilisation of these digital tools is not equally distributed across the population. Racial and ethnic minority groups, as well as individuals from lower socioeconomic backgrounds, are significantly less likely to use patient portals. This digital divide often mirrors broader systemic inequities in healthcare access and quality, with minority populations frequently facing structural barriers such as limited access to high-speed internet or a lack of familiarity with digital tools.

Prior attempts to address these disparities have included interventions to increase digital literacy or provide resources such as internet-connected devices. While these efforts have demonstrated some success, they often place the burden on patients to actively enrol in and navigate patient portals. The UCSF study suggests that organisation-based interventions, like auto-enrolment, can reduce the burden on patients and potentially narrow the digital divide by providing seamless access to patient portals.

Impact of Auto-enrolment on Patient Portal Activation

The UCSF study implemented an automatic patient portal enrolment system, targeting adult patients seen for outpatient visits. Patients received a text message with a single-click link to complete their portal registration, bypassing the need for manual sign-up procedures that often act as barriers to engagement. By simplifying the enrolment process, the intervention aimed to boost overall portal activation rates and improve access for underrepresented groups.

The study's results were promising. Across all racial and ethnic groups, patient portal activation rates increased, with minority populations experiencing greater improvement than White patients. For example, Latinx patients saw a 3.5-fold increase in portal activation, while Black and Asian patients experienced a 3.2-fold and 3.1-fold increase, respectively. These results indicate that auto-enrolment can effectively reach populations historically underrepresented in digital healthcare tools.

Additionally, this intervention addressed language barriers. Patients whose preferred language was not English saw a 13-fold increase in portal activation, compared to a 1.9-fold increase for English-speaking patients. This significant jump underscores the effectiveness of the auto-enrolment system in reaching non-English-speaking populations, who often face additional hurdles in accessing healthcare services due to language constraints.

Addressing Racial and Ethnic Disparities in Healthcare Outcomes

The auto-enrolment system at UCSF improved portal activation rates and contributed to mitigating healthcare disparities. Access to patient portals is linked to better healthcare outcomes, including more timely communication with healthcare providers, increased adherence to treatment plans, and better management of chronic conditions. By providing easier access to these digital tools, the auto-enrolment intervention has the potential to reduce the gap in healthcare outcomes between White patients and racial and ethnic minority groups.

However, while the intervention significantly improved activation rates, it did not wholly eliminate disparities. Raw enrolment numbers still indicated a lower proportion of minority patients using patient portals compared to their White counterparts. This suggests that while auto-enrolment is a step in the right direction, additional measures are necessary to fully close the gap. Further efforts could include targeted outreach programs, improving portal usability for diverse populations, and addressing broader social determinants of health that affect healthcare access, such as socioeconomic status and geographic location.

The UCSF auto-enrolment study provides compelling evidence that simplifying the patient portal registration process can significantly improve access to digital healthcare tools for marginalised populations. By reducing the barriers to portal activation, particularly for racial and ethnic minority groups and non-English-speaking patients, the auto-enrolment system holds promise as an effective strategy to mitigate healthcare disparities. However, the intervention is not a panacea. To fully close the digital divide in healthcare, a multifaceted approach is needed, incorporating technological, organisational, and social interventions. As healthcare systems continue to embrace digital tools, it is critical to ensure that these innovations are equitably accessible so that all patients can benefit from the advancements in healthcare technology.

Source: Journal of Medical Systems
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