Author’s response to reviews

Title: Patient Portal Messaging for Care Coordination: A Qualitative Study of Perspectives of Experienced Users with Chronic Conditions

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Version: 1 Date: 26 Feb 2019

Author’s response to reviews:

Reviewer 1

1. Contextual factors of clinic where sample was chosen from to be included eg demographics, socioeconomic status etc

We have added a sentence to the Methods with some general details about the three clinic locations. I am hesitant to give more detail because if a reader identified a clinic location he may be able to link comments to particular patients because the PFAC members at each location are well-known and highly engaged in clinic operations.

2. In regards to recruitment, further clarification on how patients were recruited is required. Was it at the PFAC meetings where patients were recruited? Or was this were recruiting doctors were given flyers to approach appropriate patients? It is unclear how and in what setting interested patients signed up.

This information is provided in the Methods section. To clarify we have reorganized the Methods flow and topic headings.

3. Comment required in methods about rationale as to why healthcare providers were not excluded from the sample. The aim stated at the conclusion of the background section as: "The study presented here addresses this need by examining more deeply the use of secure messaging to manage care among patients with chronic conditions who are experienced portal users."
The rationale for the choice not to exclude providers is that the inclusion criteria was experience portal users. If a provider uses the portal as a patient than they were eligible and we collected their experiences as a patient. The fact that these people viewed MyChart from two roles added to the richness of the findings.

4. Demographics table or more descriptive commentary required in regards to participant representation of age, sex, socioeconomic status etc.

We have added a bit more detail in the Methods (most were female and middle aged), however, we are not comfortable giving the female/male breakdown of focus group participants because they were all Patient Family Advisory Board members at one of the three participating clinics. We promised anonymity and did not collect SES or health information.

5. Commentary required on why recruiting was concluded. Given that only 11 participants were true patients only and not provider/patients, was this enough of a sample to reach saturation in themes? Please comment in methods.

Yes, it was a saturation of themes and this has been added.

6. Demographics required next to quotes eg "- male, age 52" may be useful for context when reading

We appreciate this comment but don’t feel comfortable providing these details per our explanation to Reviewer comment #4.

Reviewer 2

Page 2:

Abstract is good. Could define what is meant by "secure messaging" but I understand that there is a word limit.

We have added a definition to the abstract, and to the Introduction and Methods.
HIT tool

We have changed this sentence to “HIT tool”

Page 4:

Please review structure of: "The few studies examining the impact of secure messaging on health outcomes showed mixed results, with one study demonstrating increased use of secure messaging was associated with better health outcomes for patients managing diabetes(21) and another showing only a small impact on blood pressure."

“Studies examining secure messaging specifically are limited. One large-scale study found that the majority of patients used secure messaging and felt it was helpful in managing their care (20), though the few studies of secure messaging’s impact on health outcomes have reported mixed results.(21, 22)”

How are you measuring "experienced portal users"?

In the last paragraph of the Introduction we have changed “experienced portal users” to “engaged in using the portal” because they is a more accurate description of our inclusion criteria – which is now more clearly outlined in the Methods. We have also added this to the Limitations section.

Page 5:

Was recruitment limited to PFAC? Please mention what kind of sampling you conducted - convenience, snowball, purposive?

More detail on recruitment has been added to the Methods.

There is no description on how you measured "experienced portal users". What makes them "experienced" or "not experienced"? e.g., was experienced users defined as those who used the portal for more than 6 months?

In the last paragraph of the Introduction we have changed “experienced portal users” to “engaged in using the portal” because they is a more accurate description of our inclusion criteria – which is now more clearly outlined in the Methods.
Page 6

How did you assess trustworthiness? Did you follow the criteria by Lincoln & Guba or others?

Thank you for suggesting trustworthiness. We did in fact engage in member-checking, noted by Lincoln & Guba as the most crucial technique for establishing credibility. This study included a Patient Advisory Board that met three times during the course of the project. At one of the meetings the study investigators shared the focus group transcripts with the patient advisor, along with our code book. The Advisors practiced coding and discussed our interpretations and emergent codes from their perspective. There is a paper in preparation detailing this process. If the Reviewer and Editor feel this detail should be added to the manuscript we can do that, we would request some guidance as to where in the paper it makes sense and how much detail to include.

Page 7:

The theme "quicker than calling the office" and "direct access to physicians" overlap. You mention that the "quicker than calling the office" theme described the process of being able to reach the physician quicker but under "direct access", you mention that the former theme allowed for easier and quicker resolution of concerns. Quicker access to the physician may not equate to getting concerns resolved.

This is a very helpful comment. We have edited the results section ‘Motivations for using secure messaging…’ to provide a clearer distinction between these two themes. We also moved a quote in Table 1 from one theme to the other, hopefully further clarifying the overlap.

Page 9:

Please change "hadn't" to "had not"

This change has been made.

Page 12:

Were there questions asked about security specifically or did it just not come up in the data?

There were not specific questions. Security was an emergent finding in a similar study but did not come up in this study.

I am still unsure how you defined "experienced users".
Please see comment above, we have changed experienced to engaged in the Discussion as well.

Page 13

The first sentence of the limitations section is unclear. Excluding those who are not familiar with the technology is not a limitation since the objective of your study is to explore the perspectives of those who are "experienced users". Also, reporting "current use" does not necessarily mean that the patient is an "experienced user".

Thank you for this insight, we agree that given the study objectives excluding non-users is not a limitation.

Unsure what "the average user" means.

That section of the sentence has been deleted to clarify the point.

The main limitation is that there was a lack of use of criteria to assess trustworthiness.

We edited the Limitations section: “Another limitation is the lack of demographic statistics and portal usage data for focus group participants. Demographic data is not reported to maintain the anonymity of the study participants who are all well-known members of their respective clinic’s PFAC. Portal usage data was not collected because this was a descriptive qualitative study that did not collect data from participants, however, an area of future research is to correlate patient sentiments with usage data to determine if patient sentiments are different at different portal use intensity levels.”

General comments:

It would have been good to discuss more the potential avenues to address the issues outlined in the study (for example, how can we ensure that patients know what constitutes a non-urgent message etc).

It is beyond the scope of the study to discuss specific training methods. The Discussion does highlight that this is an important area for future research given the concerns expressed by these study participants.

Please provide more demographic information on the participants, if collected.

Please provide the participant number beside each quote so that the reader can know if the quotes are coming from the same participant or if they are being said by multiple individuals.

Please see response above.