



Mott Poll Report

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Making the Most of Your Child's Patient Portal

Patient portals are online applications to facilitate communication between patients, parents, and health care providers. The C.S. Mott Children's Hospital National Poll on Children's Health asked a national sample of parents about their use of patient portals over the past three years for their children 0-18 years.

Only 43% of parents report they have a patient portal for their child. Parents who do not have a portal for their child say they don't see a need for it (31%), didn't know it needed to be set up (25%), is not an option with child's provider (21%), prefer other ways to communicate (16%), have privacy concerns (6%) or have had technical problems getting the portal set up (3%).

Parents who have a portal for their child use it to schedule appointments (57%), complete pre-visit forms (68%), or join a telehealth visit (22%); to request immunization records (47%) or forms for school, sports or camp (26%); to see child's test results (65%); or to request a prescription refill (25%) or referral (12%) for their child. One-third of parents (34%) have used the portal to get advice about their child's illness, injury or symptoms; nearly all say they got the level of advice they expected (91%) within the expected amount of time (94%) and from the person they expected (86%).

Only 59% of parents report their child's health care provider gave them instructions or guidance on when to use the portal. Parents who received instructions are more likely to say they know what questions can be handled through their child's portal (85% vs 68%) and that using the portal saves them time and hassle (87% vs 78%). More parents who received portal instruction (78%) are *very satisfied* with their ability to communicate with their child's provider, compared to parents with no instructions (56%) and parents who did not set up a portal for their child (68%).

Among parents of teens with a portal, 31% have noticed differences, such as limits on what parents can see or do (19%), messages that the teen needs to authorize parents to see information (16%) or set up a separate portal log-in (9%), and requests for the teen (not parent) to provide information (9%). Most parents (74%) feel they should retain access through 18 years, while some parents think 12-15 years (11%) or 16-17 years (15%) is the appropriate age to limit parent access to teens' portals.

Parents who received instructions on when to use the portal are more satisfied with their ability to communicate with their child's provider



Report Highlights

Over half of parents do not have a portal for their child.

Among parents who have a portal for their child, 1 in 3 have used it to get advice about their child's illness or injury.

Among parents whose teen has a portal, 1 in 3 have noticed differences in their ability to access their teen's health information.

Data Source & Methods

This report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC (Ipsos) for C.S. Mott Children's Hospital. The survey was administered in February 2023 to a randomly selected, stratified group of adults who were parents of at least one child age 0-18 years living in their household (n=2,100). Adults were selected from Ipsos's web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 62% among panel members contacted to participate. This report is based on responses from 2,095 parents with at least one child age 0-18. The margin of error for results presented in this report is ±1 to 6 percentage points.

A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics, and the Susan B. Meister Child Health Evaluation and Research (CHEAR) Center.

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C.S. Mott Children's Hospital National Poll on Children's Health

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Implications

For many families, patient portals are a common way of communicating with their child's health care provider. These portals have a variety of features aimed at decreasing unnecessary hassles for the provider and patient, while increasing the patient's access to both the medical staff and their child's medical information. These portals are commonly used for routine tasks such as scheduling appointments and completing pre-visit forms. Portal inquiries can be done at any time of day, replacing the need to find time during business hours to call the practice to request prescription refills, referrals, or completion of forms for school, sports or camp.

With the wide range of potential benefits, it is surprising that over half of parents in this Mott Poll have not set up a patient portal for their child, most commonly because they don't see a need for it. This may be caused by a lack of awareness of all the tasks that can be completed through the portal. Other common reasons for not setting up a portal for their child included not knowing they had to set something up, as well as believing their child's provider does not have a portal option. Very few parents had privacy concerns or technical problems. These results suggest that child health providers should continue efforts to inform parents about the benefits of patient portals, and parents who had not yet set up a portal should ask practice staff about the process of establishing one.

Some providers have expressed concerns about parents having unrealistic expectations about how quickly the provider can respond to portal inquiries, including situations where the child may need urgent medical attention. Instructions from the practice appear to be the key to helping parents use the portal effectively and appropriately. Parents who received instructions on how to operate and access the portal reported more benefits from the portal, such as saving them time and hassle. But among parents who set up a portal for their child, over one-third did not receive instructions on when to use it; these parents had the lowest satisfaction ratings on communication with their child's provider.

This Mott Poll also highlights issues with teens and health care privacy, with one-third of parents whose teen had a portal noticing differences in what they could see or do on the portal compared to when the child was younger. Though the specific restrictions and the age of onset differs, all 50 states have minor privacy laws. This means that at the time determined by the state law, and/or the policy of the specific health system, parents will be given a limited proxy account that shows some medical information, but the complete medical portal will be restricted to the child's account.

These portal limitations are designed to protect the confidentiality of adolescent health care, including services for sexual health, mental health, or substance use. Portal limitations encourage teens to disclose and seek care for health behaviors they may not want known to their parents, such as a pregnancy test or prescription for birth control.

Many healthcare systems have an option where teens can grant portal access to their parent, which might appeal to parents who believe they should have portal access until the child turns 18. However, before parents insist their teen give them portal access, or they attempt to get around portal limitations, parents should consider the potential implications of teens being reluctant to seek confidential healthcare services, as well as the potential benefits of teens taking more ownership of their health by learning to interact with providers via the portal. Parents with lingering concerns may want to talk with the child's health provider about whether and how they facilitate parent involvement in adolescents' healthcare decisions.