



March 30, 2023

Road Map Bulletin: How Health Care Providers Can Help Bridge the Patient Portal Health Equity Gap

Happy Thursday, Mount Sinai Community –

The past few years have shown just how groundbreaking and impactful digital health care can be for expanding access to care. While the infrastructure for video visits and online patient portals existed well before the pandemic, these platforms were put to much greater use after COVID-19 pushed as many aspects of our lives as possible into virtual spaces.

Digital health care platforms were a huge asset throughout the pandemic and continue to be used today. Thanks to the ability to conduct virtual visits, for example, patients who live far away from their providers can benefit from more frequent visits than ever before. However, like far too many tools that make life easier, **digital health platforms have proved inequitable.**

For some time, we've known that [limited access to Wi-Fi is linked to more limited patient portal access](#), underscoring a digital divide of patient engagement tools. Similarly, the US Department of Health and Human Services (HHS) published [a study](#) late last year that highlights racial and ethnic disparities in which patients use online portals. HHS found that while online patient portals can be hugely empowering for patients—offering test results and other medical information more easily than other methods—Black and Hispanic patients are less likely to be offered or use these tools than white patients.

The study found that only one-third of Black and Hispanic patients access online portals, compared to half of white patients.

This disparity is particularly alarming when you consider that studies have shown [using online patient portals can lead to better health outcomes](#), including patients more reliably taking medications, accessing preventative care more regularly, and having better psycho-behavioral outcomes.

The HHS study found that the disparity in using online health portals narrows once patients are offered access to this tool—which means this inequity can be bridged in part by ensuring health care providers inform patients about the digital health care tools that are available.

At Mount Sinai, we are already doing just that. More than a year ago, we made a systemwide decision to send an activation code for online portals to every patient when they are discharged from one of our facilities. That means whether a patient came to a Mount Sinai emergency department, was admitted to an inpatient facility, or had a visit at one of our clinics, they are offered the chance to access their online patient portal.

This data from HHS affirms just how important it is that we make patients aware of these tools, and we are proud to lead the way on this issue.

All the best,

Angela and Shawn

Join Us for an Upcoming Event

Chats for Change: Deeper Dive Series on White Supremacy Culture

Characteristics: Fear — Join facilitators **David Muller, MD**, Dean for Medical Education, and **Leona Hess, PhD**, Director of Strategy and Equity Education Programs, on **Tuesday, January 25, at noon** to continue the discussion of racism and white supremacy culture. Examine how both use fear to disconnect us from each other across lines of race, within our racial groups, from ourselves, from the earth, and from the wisdom we carry inside us. Explore how white supremacy culture's number one strategy is to make us afraid, and brainstorm what we can do to address this fear. [Join on Zoom](#).

[Road Map for Action](#)

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