5 Reasons why providers aren’t using your portal
And what you can do about it
An Availity eBook
If you build it, they will come

This strategy might have worked for Kevin Costner and his baseball diamond, but it’s been less effective when it comes to provider portal adoption. Many health plans launched these online tools to improve communications and streamline transactions, hoping their use might also reduce the costs associated with provider support teams. Despite significant investment in technology and resources, however, many health plans aren’t seeing a significant return on investment.

But unrealized cost savings is just one reason you should care about this lack of adoption. With the transition to value-based payment models, better provider engagement is key to improved health outcomes for members. Provider portals can be a critical channel for sharing data, so it’s important to understand what’s preventing users from getting on board.

Not seeing the level of adoption you expected? Consider the following reasons:

1. Providers already use many other health plan portals.
2. It’s not easy to navigate.
3. Processes aren’t fully automated or they aren’t automated at all.
4. Health plans ask for a lot of information outside the portal.
5. They don’t have to.
Providers already use *many* other health plan portals

Providers interact, on average, with 17-20 different health plans.\(^1\) That’s a lot of passwords to memorize, URLs to bookmark, and workflows to master. Providers often find it confusing to process the same type of transaction (for example, claim submission) in different health plan portals because the steps are so different. This confusion leads to more calls to the health plan, or providers not using the portal at all.

\(^1\)The state of payer-provider collaboration; June 2017; Availity Original Research
It's not easy to navigate

If you're still getting calls from providers about things they can easily find or do on your portal, maybe it's not as easy as you think?

There's an old adage in user interface design: **You are not your user.** In other words, your portals should be designed to fit your providers' workflows—not your internal processes. What makes sense to a health plan's internal project and development teams may not align with users' expectations. Today's users are accustomed to a user experience similar to what they see on Amazon and Facebook, and your providers are no different. If your portal is difficult to navigate or cumbersome to use, research shows that providers will invariably pick up the phone to get the information they need.
Processes aren’t fully automated or they aren’t automated at all

Are you only automating parts of the claims process? Your portal might allow providers to submit claims electronically, but they have to revert to paper if they want to appeal a denial or dispute an overpayment. Or maybe your portal doesn’t offer a solution to some of your providers’ biggest pain points, like prior authorizations. According to the CAQH Index®, just 18 percent were automated in 2015, compared to 94 percent for claim submissions.² If your portal isn’t really making your users’ lives easier, they are not incented to change the way they currently do things.

Health plans ask for a lot of information outside the portal

Are providers able to easily submit different types of information to your plan through the portal, or are you still asking them for data through other channels (fax, email, mail, etc.)? More than two-thirds of providers say they get too many information requests from health plans. And 70 percent say they get too many requests for information the health plan already has.³

Take provider credentialing, for example. Recent research shows that 80 percent of providers are unhappy with the credentialing process.⁴ They don’t like that information is not in a single place and would prefer more prepopulated forms and a single submission tool that could be used for all health plans. When it comes to clinical data, they are also frustrated by the so-called chart chase, where health plans send representatives to their offices to pull member charts for Risk Adjustment Data Validation (RADV) audits.

**Bottom line:** It’s hard for providers to see the time-saving benefits of your portal when you spend so much time gathering information outside of it.
They don’t have to

It's not easy to change users' ingrained behavior. Many providers and their staff have been performing claim processing activities the same way for a long time, so even if you're offering a faster and more efficient option, that alone isn't enough to affect change. But it's even harder when health plans keep the old processes available because providers prefer the original.
Principles for creating a portal users want to visit

Now that you understand why users might not be using your portal, here are some key principles to address them and move forward.

**Embrace user-centered design**  Invest in a strong U/X team and make sure your organization is designing your portal from the perspective of your users. Your team should test assumptions about workflows rather than assume they understand them. Also, don’t develop processes based on the way your organization consumes data if it’s illogical to the user.

**Solve provider problems**  In the technology industry the phrase killer app refers to a feature or component that in itself makes something worth having or using. What’s your portal’s killer app? If you don’t have one, think about what functionality you can introduce that providers will want to take advantage of. Your guiding principle should be answering how your solution can make your providers’ lives easier.

**Be a voice for industry standardization**  Structured data like HIPAA transactions, HL7, and X12 formats make electronic data exchange possible. Support and contribute to the healthcare industry’s efforts to establish new standards for clinical data exchange, provider data, and other emerging technologies. Standardizing the information needed to support value-based care will accelerate interoperability and generate significant cost savings for both health plans and providers.

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Availity is an industry-leading, HITRUST-certified health care information technology company that serves an extensive network of health plans, providers, and technology partners nationwide through a suite of dynamic products built on a powerful, intelligent platform. We integrate and manage the clinical, administrative, and financial data our customers need to fuel real-time coordination and collaboration amongst providers, health plans, and patients in a growing value-based care environment.

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