

# 45% of adults over 65 lack online medical accounts, which could affect COVID vaccination

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As the vaccination of older adults against COVID-19 begins across the country, new poll data suggests that many of them don't yet have access to the "patient portal" online systems that could make it much easier for them to schedule a vaccination appointment.

The [poll](#) finds that 45% of adults aged 65 to 80, and 42% of all adults aged 50 to 80, said they had not set up an [account](#) with their [health provider's portal](#) system. That's according to the newly analyzed data from the National Poll on Healthy Aging, based at the University of Michigan's Institute for Healthcare Policy and Innovation.

The new number actually represents some progress: 49% of adults in the same age range hadn't set up patient portal access the last time the poll asked about this topic in March 2018.

Patient portals are secure online systems, linked to a health care provider's electronic medical record

system, that patients can access using a computer or smartphone.

"Right now, one important thing that we can do for older adults is encourage and help them to sign up for patient portal access, or log in again if they haven't in a while, if their provider offers one, and especially if it will be used as part of the COVID-19 vaccination process," says Preeti Malani, M.D., director of the poll and an infectious disease physician at Michigan Medicine, the University of Michigan's academic medical center, which supports the poll along with AARP.

"If they don't have a computer, or they need help navigating the technology, they can appoint a trusted adult as their 'proxy' to access their account," she adds.

## Disparities among those most affected by the pandemic

The new analysis shows wide gaps in patient portal use among different groups of older adults—with lower use by some of those who have the highest risk of a severe case of COVID-19 if they aren't vaccinated.

Just under 50% of Black older adults, and 53% of Hispanic older adults, lacked an account by June of 2020, compared with 39% of white older adults. Men were less likely than women to have signed up, though the gap has narrowed since 2018.

People age 65 to 80 were less likely to have a patient portal account compared with those aged 50 to 64, though use among both age groups has grown in the past two years.

The biggest gap was between adults with annual household incomes less than \$60,000 a year, and

those with higher incomes. About 54% of the lower-income older adults did not have a patient portal account, where only 35% of higher-income older adults lacked an account.

Meanwhile, 53% of those with less than a high school education lacked a patient portal account, compared with 31% of those who had graduated from college.

### **Vaccination notification and self-scheduling**

As [vaccine](#) supply becomes more available, many public health authorities are encouraging older adults to turn to the health system that their primary care or specialist physicians are affiliated with for vaccination appointments.

"Vaccination is so critical to protect their health, and we don't want technology to stand in their way," Malani says. Both polls were carried out online in a national sample of more than 2,000 adults aged 50 to 80, and laptops and internet access were provided to poll respondents who did not already have them.

Malani notes that Michigan Medicine has begun notifying patients over 65 who have a MyUofMHealth.org portal account that they will receive notifications through the portal when it's their turn to arrange a vaccination appointment. When vaccine supply allows, they'll even be able to schedule that appointment directly through the portal, which is accessible on the web or via a smartphone app. Patients without portal accounts will receive mailed letters inviting them to schedule by phone.

Malani adds that health systems may not make vaccination appointments available until they have the vaccine on hand, and that delays in delivery have slowed the start of patient vaccination.

Michigan Medicine offers patients help with setting up an account via phone and email, and provides information for adult patients to grant proxy access to another adult to create a login and assist them.

### **Barriers and opportunities**

In the [2018 poll](#), older adults cited a lack of awareness, lack of need, lack of comfort using the technology, and dislike of communicating about their health online as reasons for not setting up a patient portal.

But even at that time, only 26% said their [health care provider](#) didn't offer a patient portal. As more physicians have become affiliated with large health systems that have started offering a central portal system as part of their electronic medical record systems, it's likely that older adults will have more access than before.

Of course, the COVID-19 vaccination process is just one reason that setting up patient portal access could help older adults manage their health.

Among adults who had set up a patient portal account by the time of the 2018 poll, the most common use was to see test results (84%). Other common uses were requesting a prescription refill (43%), scheduling an appointment (37%), requesting reminders about upcoming appointments (34%), getting advice about a health problem (26%), updating insurance or contact information (22%), and requesting a referral (13%).

In the past year, patient portals have become increasingly important as the way to have a telemedicine visit, which allow people to have visits with their health providers from home.

The newly analyzed data come from a poll question asked in June 2020, soon after the rapid shift to telemedicine by many [health](#) systems amid the pandemic.

In [August 2020](#) using data from that same poll, the National Poll on Healthy Aging reported that 26% of [older adults](#) had had at least one telehealth visit in the March through June period of 2020. This compared with just 4% who had ever had a telemedicine visit at the time the poll last asked about this topic, in May 2019.

Provided by University of Michigan

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