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CLINICAL COMMENTARY

The Evolution of E-communication in a Primary Care Practice

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In 1998, as I started my community based Internal Medicine practice, I weighed the pros and cons of including my professional email address on my business card. As a resident in training, there were no discussions about use of this form of asynchronous communication. Physician resistance to such accessibility was palpable among colleagues. There were concerns about excessive use by patients, and fear of the expansive emails and laundry lists of complaints that would interfere with the workflow of the day. Intuitively however, it seemed that this mode of contact would be very advantageous to patient care and practice building.

My motives to use patient email were practical. I wanted to remove as many obstacles as possible to communicate with my growing practice by having fewer barriers of entry for patients to access my medical expertise. I could reply quickly. My replies were succinct, comprehensive and legible. Patients could always respond with other questions, but for the most part the only reply was "thank you". I could reduce demands on the front office and filing system, as messages came in to my new "virtual" desktop. I was able to free up more time to contact my frail, less computer savvy patients.

I set up a simple Outlook Notes based database on all patients, which would have all vital information needed by my assistant to call in prescriptions, set up referrals, bring patients into the office for evaluations: Name, date of birth, system ID number. I had realized in the development of my residency outpatient practice, that a database system where one could keyword search any aspect of the note was efficient, effective and practical. Building this simple database has proven invaluable over the last decade in the effective use of email, as my practice continues to grow. I rarely need to have a physical chart pulled to answer a patient request. Having this database to cut and paste to office staff continues to cut down delays in care dramatically, as I am less dependent on phone messages reaching me in a timely fashion. The methods are user-friendly for my staff. It allows them more time to be available to answer our office calls and schedule patients for evaluation that might

not have come in otherwise. Where many of my more impaired patients may not have access to computers, or the cognitive ability to communicate needs, email allows more direct networking with caregivers or family members so as to communicate needs that I would otherwise not have appreciated. Making myself more accessible has proven to be very effective at quickly reacting to situations in my patients' healthcare and enables me to manage a larger volume of patient lives. The occasional email communication that is excessive and inappropriate can be easier to manage by simply responding with a courteous request that the message has been reviewed and a face-to-face visit is more appropriate.

Doctors in most medical systems today have little choice in the matter of whether or not they will email their patients. Regardless of whether they choose to place their address on their card, the email address is usually available through the system website. The issue is how it can be used to help us become more effective at delivering care, rather than slow us down. Proper email conduct and appropriate guidelines as it pertains to HIPAA are beyond the scope of this article. Common sense would dictate that one use a professional "virtual" bedside tone with all email communications, and that when in doubt, either direct patients to the appropriate setting of office, subspecialist, or emergency care. Having access to a simple database that can be used to access greater online patient data and help staff carry out tasks more efficiently continues to prove to be critical for effective email communication in a large primary care practice. Patient satisfaction with e-communication has been quantified¹. After over a decade of integrating this into my daily practice, it continues to generate significant positive feedback.

The most limited resource in outpatient medicine is the human resource. There are only so many hours for a staff of office support to assist in addressing the multitude of dilemmas that face a busy primary care practice on a daily basis. Email communication has afforded me the ability to respond in a more real-time manner. With the use of simple identifiers from my

database, less time is spent physically retrieving charts, and more time delegating requests and responding to patient needs. I do believe that measures taken to reduce the lag time in responding to our patients demands not only improves outcomes and patient satisfaction, but is compounded by the greater availability of our staff to attend to more acute needs and overall workflow in the office setting. Regardless of improvements made in the future with electronic medical records, it is clear to me that email with the use of a database can help improve the quality of care delivered in a large primary care practice.

REFERENCES

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