

# Technology and Communication

## Chapter FastFACTS

- 1. E-mail can provide quick responses to patients who increasingly indicate a wish for this type of communication with their physicians.**
- 2. Concerns over using e-mail to communicate with patients include privacy, timing, and reimbursement.**
- 3. Some practices are beginning to charge a nominal fee for a virtual or e-visit.**
- 4. Social media are much better suited for publicizing your medical practice than for specific physician-patient communication.**
- 5. Virtual office visits can be economical for patients and may reduce the total number of non-emergency visits to your office.**

If technology hasn't yet changed the way you communicate with your patients, it likely will have an impact as you explore the options, from e-mail, Websites, and online patient portals to cellphones, texting, and EMRs. While you may find the time savings and ease of information retrieval appealing, experts warn of the downsides, such as privacy and reimbursement issues. And, they caution, remember that even the most advanced technology can't replace face-to-face communication.

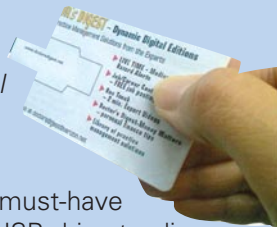
"An office visit, in my opinion," says Dr. Wax, "is the cornerstone of all medicine. Voice, pictures, and data will never and can never be allowed to replace the in-person office visit as a

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standard of medical care.” Nonetheless, they’re a supplement that’s increasingly expected by technology-savvy patients. “If you’re not utilizing some form of technology in your office [to communicate with patients], patients may think you’re not up-to-date. While this may not be true, I’ve heard it,” explains Daniel Saylak, DO, president of the American Osteopathic Association of Medical Informatics.

Moreover, studies are beginning to connect some of these alternate routes of communication with better patient outcomes and improved efficiency. Insurance companies are seeing the benefits, too, and are now beginning to pay for patients’ consults through virtual office visits and e-mail as well as telemedicine.

### **E-mail Communication**

Although more physicians than ever are using e-mail to communicate with their patients—39% in 2009, up from 16% in 2004, according to Manhattan Research—not everyone is sold on the process. Dr. Levy likes using e-mail communication with his patients’ parents, for example, because it halves the time it takes to answer a question by eliminating dialogue. And Lisa Rankin, MD, a family practitioner in Port St. Lucie, Fla., likes e-mailing her patients because an e-mail “makes it very clear what I’m saying. It’s easy for them to go back and look at it again. I think having my response visually in front of them is actually better than [their] hearing it over the phone.” On the other hand, Dr. Wax rarely communicates with his patients online because of his concerns over privacy, timing, and reliability. He also prefers the multi-sensory communication sessions that an office visit provides. Dr. Levy agrees that it’s more challenging to assess the level of concern when you can’t hear a voice. “A simple problem for me might have greater significance for a parent, communicated in the pitch and timbre of expression more than the content,” he explains.

Dr. Epstein maintains that e-mail communication can work if patients are taught how to use it appropriately. See “Answers to Your Top E-mail Worries.” For example, one patient e-mailed him when having chest pains, and Dr. Epstein didn’t read that e-mail until much later. Patients may assume that you are always at your computer or always checking your e-mail. They need to

## Answers to Your Top E-mail Worries

Derek Kosiorek, CPEHR, CPHIT, St. Paul, Minn., a consultant with MGMA Health Care Consulting Group, talked to *Doctor's Digest* about how physicians can overcome their concerns about using e-mail to communicate with their patients:

**Issue: I'll be overwhelmed by e-mails from patients.**

**Strategy:** Have a set time when you'll review e-mails, a time that is convenient to your schedule. Better yet, have a staff member "triage" the e-mails and forward only the most pertinent ones to you. Let staff members handle requests to schedule appointments, renew prescriptions, and forward lab test results.

**Issue: Patients will expect an instant response from me to their e-mail communication.**

**Strategy:** Use an automatic reply to every e-mail that you receive, stating that you will respond to their e-mail within a certain time frame. Your insurance provider may have a preference as to what that automatic reply should state.

**Issue: Patients will use e-mail inappropriately, e-mailing me when they are having heart trouble or difficulty breathing.**

**Strategy:** Have your automatic response state that a patient should call 911 if he or she is having heart or breathing problems. Mr. Kosiorek recommends a statement like the following: "IF YOU ARE EXPERIENCING AN URGENT MEDICAL PROBLEM, PLEASE CALL 911 OR YOUR PHYSICIAN'S OFFICE IMMEDIATELY." It should stand out and be in red or a bold color so the patient can notice it before typing anything into the box.

**Issue: Communicating with patients via e-mail is insecure.**

**Strategy:** It won't be if you establish your system through an online patient portal or with your practice's EMR system. Another plus to using a portal is that communication with the patient will be tracked in his or her chart in the EMR system.

**Issue: Patients won't come in to see me if they can get medical advice through e-mail.**

**Strategy:** There will always be conditions and symptoms that are best presented in person. Online technology is an adjunct to the office visit, not a replacement.



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be aware that is not the case—you will not answer their e-mail instantly nor check your e-mail every few minutes.

Another downside is the cost of setting up the portal. “The problem is that setting up secure communication is an expense that patient families are not willing to pay,” Dr. Levy says, noting that the AAP had a deal with a company to set up HIPAA [Health Insurance Portability and Accountability Act]-compliant Websites that required a credit card for access. But it didn’t work. “Nobody wanted to pay for what they could get for free,” he explains.

### **Addressing Reimbursement**

In addition, lack of reimbursement can be a deterrent. Instead of using e-mail, Dr. Reynolds opts for software called “My Chart,” which enables patients to access their medical records and lab test results online, schedule appointments, and e-mail questions, which nurses handle. The program does allow physician-patient communication, but Dr. Reynolds says he’s not willing to participate until he knows he will get reimbursed for it. The AAFP is on board with the need for reimbursement, too, stating that “Enhanced access using electronic communications whether through secure e-mail or e-visits is a desired functionality of the patient-centered medical home (PCMH). The AAFP understands that if FPs were paid using a capitation-type payment that there would be built-in incentives to provide services using different modalities than office visits. Currently, except in rare situations or as a part of PCMH pilots and demos, the predominant payment is visit-based fee for service. Some payers are paying for e-visits and e-mail communication either bundled into a care management fee, paid on a fee for service basis or through payment to a third party entity contracting with physicians to provide these services.”

There is a CPT code, 99444, for “Online evaluation and management service provided by a physician to an established patient, guardian, or healthcare provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.” It currently is a non-covered service under Medicare, according to AAFP. Some private payers pay for e-visits, notes AAFP, but the

motivation for those who are not compensated directly may lie in their desire to be a PCMH, in which such visits would be more common.

“Some practices are beginning to charge a nominal fee for a virtual or e-visit, in which a physician reviews descriptions of symptoms and diagnoses the problem via e-mail,” says Derek Kosiorek, CPEHR, CPHIT, a consultant with MGMA Health Care Consulting Group. “Even some insurance companies cover e-visits. Often, if it is communication about a previous visit, the office will not charge; but if it is a question about a new problem, they may bill \$25 or \$35 for the e-visit.” For more about e-visits, see “Guidelines for E-visits.”

### Guidelines for E-visits

The AAFP supports enhanced-access physician-patient interactions, including virtual/electronic visits or e-visits that occur over safe, secure, online communication systems. AAFP defines an e-visit as an evaluation and management service provided by a physician or other qualified health professional to an established patient using a Web-based or similar electronic-based communication network for a single patient encounter.

Here are the AAFP's guidelines for e-visits:

1. E-visits are available only to established patients who have previously received care from the physician's practice;
2. The patient initiates the process and agrees to e-visit service terms, privacy policy, and charge for receiving asynchronous care from a physician or other qualified health professional;
3. Electronic communication occurs only over a HIPAA-compliant online connection;
4. An e-visit includes the total interchange of online inquiries and other communications associated with this single patient encounter;
5. The physician appropriately documents the e-visits, including all pertinent communication related to the encounter, in the patient's medical/health record;
6. The physician or other qualified health professional has a defined period of time within which responses to an e-visit request are completed; and
7. E-visits should be a payable physician service.

Thomas Long, MD, a pediatrician at San Ramon Valley Primary Care, San Ramon, Calif., acknowledges that the liability issue may scare some physicians away from using e-mail and virtual visits. Here's how he handles it: "I send my patients a message if necessary, stating that 'This is not appropriate for dealing with by e-mail, so please make an appointment,' and they understand that," he explains. Steven Kern, Esq., a principal with the healthcare law firm of Kern Augustine Conroy & Schoppmann, P.C., in Bridgewater, N.J., says his chief concern about e-mail communication is that physicians can't look at the patient to obtain reliable vital signs and conduct even a rudimentary physical examination—part of what's recognized today as standards of care when following patients for most chronic conditions. That, he says, opens the door to legal problems. "Until standards are changed to recognize the ability to follow patients through alternative means, physicians remain exposed to liability when they treat based solely upon reported test results," he says. "Any illness or disease which could have been discovered during a cursory physical, that remained undetected because the physician did not see the patient, could readily lead to a lawsuit." (For more about the legal aspect of online communications, see Chapter 5.)

### **Gaining Steam?**

Despite these concerns, e-mail communication is likely to gain steam, especially once it's connected to the advent of EMRs. Mark Del Beccaro, MD, professor, vice chair for clinical affairs, pediatrician in chief, CMIO, Department of Pediatrics, Seattle Children's Hospital, Seattle, Wash., says that there are "certainly plenty of models where primary care physicians can exchange data that isn't time sensitive, and can help forego the need for an office visit." He predicts that over the next five years, use of e-mail communication will grow exponentially. "We'll see an explosion of this technology, because patients see it and want to use it," he explains.

Dr. Ralston has already seen the potential. One of his patients e-mailed him to let him know that he had called 911. "I think there's going to be more of that, especially when e-mail is tied into EMRs and portals. It will be important to be able to answer quick questions," especially at times of your own choosing with-

out having to track patients down by phone, he says. “If you calculate how many things people have to do during an office visit to manage chronic care conditions, e-mails can supplement the office visit. ... It’s an opportunity to both improve outcomes and satisfaction, and that’s rare these days.” (See “What Your Patient Portal Should Do.”)

A recent study supports that connection. Kaiser Permanente researchers followed 35,423 patients with diabetes, hypertension, or both, between March 2006 and December 2008. The study found that the use of secure physician-patient e-mail in any two-month period was associated with statistically significant improvements in measures from the Healthcare Effectiveness Data and Information Set (HEDIS). E-mail users improved between two percentage points to six-and-a-half percentage points higher than non-e-mail users on blood pressure, cholesterol levels, and glycemic control screening measures. More than 556,000 e-mail threads between patients and physicians, containing more than 630,000 messages, were logged during the study. Patients initiated 85% of those threads.

### What Your Patient Portal Should Do

No matter which vendor you choose, a patient portal should have all the following capabilities:

- Allow patients to request an appointment with you
- Enable them to request a prescription refill
- Allow them to request a lab report
- Enable you to send and receive messages to and from patients
- Allow you to forward a medication request to a pharmacy
- Enable them to review medical statements
- Allow them to enter or change personal information (address, telephone number, etc.)
- Enable your staff to e-mail appointment reminders and billing statements to patients

*Source: John Spicer, “Getting patients off hold and online,” Family Practice Management, January 1999.*



## Social Media

Are Facebook and Twitter appropriate for specific physician-patient communication? No, says Mr. Kosiorek. Rather, he says these social media are better suited for publicizing a medical practice or clinic. If you do go that route, be sure your personal Facebook page is limited to friends, not patients, Mr. Kern says. Instead, your practice could have a Facebook page with informa-



**“A lot of patients find me through my Website. I now see two or three new patients a day, about 50 new patients a month, which is above the national average.”**

**Paul R. Ehrmann, DO**  
 Medical Director  
 Family Health Care Center  
 Royal Oak, Mich.

tion about the practice, introduction to physicians and staff, a map, office hours, and other information.

Internist Kevin Pho, MD, who is based in Nashua, N.H., says he doesn't use his Twitter account or blog—he gets 250,000 views a month and has more than 22,000 followers of @kevinmd on Twitter—to market his practice. His patients know that he's Web savvy, and many people looking for a physician are attracted to that quality. In addition, studies show that social media can improve adherence and are a quick way to reach certain patients, such as teenagers. That's worked for Dr. Ehrmann, who says his Website has taken the place of much of his direct marketing. “A lot of patients find me through my Website. I now see two or three new patients a day, about 50 new patients a month, which is above the national average,” he says. (For details on what should be on your Website, see “What Your Patient-friendly Website Should Include.”)

Diversity and economic status are also issues that many physicians don't contemplate when establishing virtual office visits, says Dr. Del Beccaro. It's important to consider whether the majority of your patients will have Internet access and are fluent in the English language unless you plan to offer these serv-

## What Your Patient-friendly Website Should Include

Your Website will be of most use to your current—and future—patients if it includes the following:

1. A description of your services
2. An introduction to your practice
3. Contact information (phone numbers, fax numbers, and e-mail addresses of physicians and staff members)
4. Brief biographies and photos of you, your colleagues, and other staff members
5. A map to your office (with simple directions)
6. Information about billing procedures, policies, and fees
7. Insurance plans in which your practice participates
8. Procedures for obtaining a referral to another physician
9. Instructions for requesting a prescription refill
10. Your practice's newsletter (including an e-mail address where people can request that it be e-mailed to them)
11. Links to medical information/education sites that you and/or your colleagues have determined to be high quality and accurate

ices in another language, such as Spanish, he says.

Online video may be an even better way to communicate the feel of your office to patients, says Stephen Fox, an executive of BoardCertified.com, who has more than 25 years of experience as an executive in medical marketing and practice management. He says video can help minimize patient anxiety, eliminate confusion, and provide a faster way for patients to assimilate information by showing patients what to expect while in your care, from the front desk to the exam room to the cashier. A brief video can also show, rather than explain, medical procedures and information. Since today's Web audiences skim rather than read, video may be more efficient than written information as a communications tool.

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