

Practical Advances
in Primary Care

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From the **Editor**

Virtual House Calls

Take two aspirin and send me an e-mail.

By Joseph E. Scherger, MD, MPH

Like so many apocrypha, the prescription “Take two aspirin and call me in the morning” just doesn’t hold up. For example, exactly when in the morning is the patient supposed to call? The most inconvenient time for a patient to call me is between 7 and 8 a.m. The office is not yet open, and I am busy getting ready for the day, making rounds, or commuting to work.

After 8 a.m. isn’t much better, but then it is the patient’s turn to get frustrated: the flood of phone calls early in the day usually results in busy signals, prolonged holds, or exasperated staff members trying to fit in the patient’s request.

I’ve found a way to avoid such chaos: e-mail has become central to the development of my relationships with patients. Starting on page 39 of this issue, Laura Johnson Morasch, MPH, describes in detail how you can make the most of physician-patient e-mail. Used well, the Internet builds communities, and e-mail used well fosters new ways of communicating. The asynchronous nature of e-mail has many benefits for patient-physician communication. Patients can express their concerns whenever they want, and even draft and revise messages before sending them. In addition, they can directly contribute to their own medical records. The physician or office staff can receive messages when convenient and, after doing any necessary research, respond. A back-and-forth dialogue is nicely captured for the record.

I can handle about two-thirds of my communication with patients via e-mail. Each week I file twice as many e-mail exchanges in the chart as I do visits and phone calls. Working on a salary and having capitated patients allows me to go all the way with this. But e-mail can benefit even a fee-for-service practice.

For example, most lab and x-ray results can be communicated by e-mail, which saves the time and cost of sending letters or making phone calls. Many common acute conditions can be addressed by e-mail with patients whom the physician already knows, keeping colds, flu, and other minor problems out of the office.

Yet, for all its benefits, e-mail communication is far from perfect. When the need for care is urgent, delays in seeing a message and responding can be a problem. Furthermore, not all patients can express their problems clearly in writing, which could trigger a physician response based on incomplete information. The physician must therefore always be on the alert for more

complicated problems, and all patients are encouraged to keep in touch until the problem is resolved. Finally, not seeing or hearing the patient raises questions of authenticity and privacy. My rule: When in doubt, see the patient!

Compensation will become less of an issue in the future. There are different ways to charge for e-mail communication with patients. Healinx is a Web-based company (www.healinx.com) offering secure physician-patient e-mail with an option for the doctor to charge a small amount for consultation. Healinx does all the billing and takes a small percentage as a fee. Blue Shield of California has announced a partnership with Healinx. First Health Group, a PPO in Illinois, is reimbursing physicians \$25 for e-mail communication with patients. Patients on capitation are ideal candidates because the time required and overhead costs are much less with e-mail than with visits. Office visits remain important but can be reduced with e-mail.

My patients love the convenience of e-mail communication, and they regularly thank me for the accessibility and good service. Even though I get less e-mail than I expect from patients, the more frequent communication that e-mail offers brings me closer to those who do use it. Gaps in care are less frequent, which I believe reduces liability risk—thus negating any increase in risk that e-mail might cause.

I strongly recommend that physicians maintain direct e-mail communication with patients rather than delegating it entirely to the office staff. Frequent one-on-one contact by e-mail brings back the closeness and accessibility implicit in the phrase “Call me in the morning.”

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