Making the Most of Physician-Patient Email

Executive Summary

Physician-Patient Email At-A-Glance

Email is an important communications technology that about 30% of family physicians are using currently. It is a commonly accepted form of communication, and patients are increasingly expecting to have email access to their physicians. Email has tremendous potential benefits to enhance communications, streamline office processes, improve documentation, and save money in the form of decreased office visits. The California Academy of Family Physicians recommends that members who do not already exchange email with their patients should give serious consideration to doing so. This monograph will provide a discussion of the benefits of email, describe its salient qualities, address logistical issues, and present guidelines for the proper use of email in the medical practice.

Family physicians who choose to exchange email in the clinical setting should follow these guidelines, adapted with permission by the American Medical Informatics Association.

Communications Guidelines:

- Establish an explicit office policy on turnaround time for messages. Do not use email for urgent matters.
- Explore the use of Internet-based health care communication systems developed to address issues of security, liability, and efficiency as an alternative to traditional email systems.
- Inform patients about privacy issues. Patients should know:
  - ✓ Who besides addressee processes messages:
    - During addressee's usual business hours
    - During addressee's vacation or illness
  - ✓ That messages are to be included as part of their medical records.
- Establish types of transactions (prescription refill, appointment scheduling, etc.) and sensitivity of subject matter (HIV, mental health, etc.) permitted over email.
- Instruct patients to put category of transaction in subject line of message for filtering: "prescription," "appointment," "medical advice," "billing question," etc.
- Request that patients put their names and patient identification numbers in the body of messages.
- Configure automatic reply to acknowledge receipt of messages.
- Print all messages, with replies and confirmation of receipt, and place in patients' paper charts.
- Send a new message to inform patient of completion of request.
- Request that patients use autoreply feature to acknowledge reading provider's message.
- Maintain a mailing list of patients, but do not send group mailings that make recipients visible to each other. Use blind copy feature in software to ensure confidentiality.
- Avoid anger, sarcasm, harsh criticism, and libelous references to third parties in messages.

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Medicolegal and Administrative Guidelines:

- Obtain patients' informed consent for use of email. Written forms should:
  - ✓ Itemize terms in communications guidelines.
  - ✓ Provide instructions for when and how to escalate to phone calls and office visits.
  - ✓ Describe the security mechanisms and privacy policies in place for the practice.
  - ✓ Indemnify the health care institution/practice for loss of information due to technical failures.
  - ✓ Waive encryption requirement, if any, at patient's insistence.
- Use password-protected screen savers for all desktop workstations in the office and at home.
- Never forward patient-identifiable information to a third party without the patient's written permission.
- Never use patient emails in a marketing scheme or release your patients' emails to third parties.
- Do not share professional email accounts with family members.
- Use encryption for all messages when encryption technology becomes widely available, user-friendly, and practical.
- Do not use unencrypted wireless communications with patient-identifiable information.
- Double check all "To:" fields prior to sending messages.
- Perform at least weekly backups of mail onto long-term storage. Define "long-term" as the term applicable to paper records.
- Commit policy decisions to written and electronic form and post in conspicuous places so patients become aware of the practice's standards.
- Verify your malpractice carrier's policy on physician-patient email coverage and follow any additional recommendations they may offer.

Practice Email Scenarios

Here are a few scenarios that exemplify ways of setting up your practice to handle email:

❶ Dr. Simms works in a solo rural practice. She is the only person in the practice with email. She gives her email address out to all patients, and about 85 of her patients have access to email. She encourages patients in more remote areas to adopt email, hoping occasionally to save them a trip into town, or herself an office visit. Dr. Simms has asked her patients not to use email for appointment scheduling or business matters, preferring to use email only for clinical issues. Any clerical requests are printed, forwarded to the receptionist for a response, and filed in the patient's chart, along with confirmation of response. Dr. Simms also uses email to receive patient consultations from the nearest teaching hospital, over 100 miles away.

❷ Dr. Jones works in a busy academic setting. There are several hundred patients with whom he exchanges email. He receives all email, both clinical and administrative. The clinic staff at the family health center each have university-based email accounts, so Dr. Jones has set up email filters to automatically forward messages to certain people. Appointments go to the receptionist, prescription refill requests and chart requests go to his nurse, and he keeps and responds to all follow-up inquiries, lab test questions, referral requests, and self care inquiries personally. Dr. Jones and his staff print all responses to patients' email, including the original question or request, and print outs are filed by the office file clerk.

❸ Dr. Jacobs works in a high-volume managed care setting. A year ago, his group made the decision to actively incorporate web-based email into their practice structure. Each provider in the group has his or her own email account that is first triaged by a nurse, who reads all email and then distributes as necessary. Front office staff also have email accounts. About 700 patients, or one-fifth of his panel, currently use email with the practice — though only about 25 clinical messages a day are forwarded to him for response. The remainder of the requests are triaged to appointment scheduling, the practice health educator, the business office, etc. The number of phone messages he has to respond to has been cut in half, and the practice eventually expects to reduce unnecessary office visits by 15%.

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Making the Most of Physician-Patient Email

Introduction

Quality communication is at the heart of the physician-patient relationship. It should come as no surprise, then, that the Internet and its host of related technologies, including email, are rapidly reshaping that relationship. Over the past century medical practices have made room for telephone, electronic paging, and facsimile technologies. Today, practices all over the country are facing the choice of if, or when, to adopt and incorporate email. Though it may not be a magic bullet for all the challenges physicians face today, there are good reasons why you—and your practice—should seriously consider communicating with patients via email.

Facts and Figures

As Americans go online in droves, physicians lag somewhat behind in what has been referred to as a "health care interactive communications gap." Although physicians nationwide recognize the importance of email, the vast majority have yet to incorporate it in their practices. For example, 83% of physicians surveyed in a 1999 University of Michigan study thought that using email to answer patients' non-urgent questions was a good idea, but only 27% were doing so. In an informal survey conducted by CAFP in January, 2000, 28% of members were using email with patients. Several other studies have put physician email usage rate at 33%. In the CAFP study, of those family physicians who weren't using email, half did not know when, or if, they would offer this service to their patients.

And what of patients? With the use of the Internet growing by leaps and bounds, demand for email and other forms of online consultation is strong and getting stronger. According to Cyber Dialogue, one of the leading researchers of e-health demographics, 48% of people surveyed in 1999 wanted to use email with their physicians. Perhaps more telling, one third of those surveyed felt strongly enough about using email with their physicians that they would consider changing physicians just to have this type of communication available.

Making the Case for Email

Email can be characterized as being a hybrid between a telephone conversation and a letter or note. Email is simple, convenient, and inexpensive to use. It allows for communication to take place any time of the day, does not require both parties to be present at the same time, and accelerates communication of the written word.

There is growing evidence to suggest that electronic resources, both email and web-based self-help documents, will result in substantial cost savings to practices. Savings of time spent on the telephone will result from a reduction in telephone tag and a reduction of repetitious instructions. Many practices, especially those with capitated plans, anticipate replacing inappropriate office visits with online support, including teleconferencing and email.

Email's benefits of convenience and efficiency are relevant whether you're just setting up a practice or work in an overscheduled managed care setting. Daniel Z. Sands, MD, MPH, has identified the following advantages of email:

- Increasing inter-provider communication flow.
- Reducing the number of non-urgent telephone calls and pages for providers, which have been shown to interrupt patient care and increase provider stress.
- Allowing patients to participate more fully in their care and decreasing the alienation that healthcare consumers find in the health care system.
- Improving communication to manage more effectively the patient's health and to reduce health services utilization.
- Removing communication barriers between patients and providers while not overwhelming providers with additional tasks.
- Sending patients educational material and sharing health-related web sites.
- Providing an improved record of communications between patient and provider.

Hopefully, this quick overview will give you food for thought about the contributions email can make to patient care and customer service in your practice. If you think you might be interested in trying email with your patients but aren't sure how best to go about it, keep reading.

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Putting Email Into Play

Electronic mail is sent from one computer terminal to another via the Internet. Use of electronic mail requires an Internet connection such as those provided by employers, hospitals, universities or dial-up subscription services. There are a number of practical considerations that must be addressed before beginning to use email, most of them inter-related:

- Scope of email usage. How many patients you exchange email with will depend on many factors, chief among which are the size and volume of your practice, patient demographics, and your goals for implementing email. This can largely be left up to the practice's discretion. It may be worthwhile to poll patients on their interest. Keep in mind that no matter how many (or how few) patients want to email your practice today, these numbers are sure to grow in the coming years.
- Services offered. Email has both clinical and administrative applications, which are enumerated below. Your office must decide in which instances it wants to correspond with patients via email.
- Internet access. Email access is dependent on Internet access. If your nursing, reception, or front office staff do not have Internet access, you will not be able to triage messages to them, or have them triage messages for you.
- Email addresses. If more than one staff person is going to have email, the office must decide if it wants to give out one address or have separate addresses for each function (appointments@drbob.com, doctor@drbob.com, etc.), and who will distribute messages received centrally.
- Email processes. Depending on the types of services offered and practice's email set up, systems will need to be established for triage and response. As much as possible, email should be acted upon by the appropriate person. Physicians should concentrate on responding to messages of a clinical nature that require a high level of clinical decision making, and harness other resources for email of a more administrative nature such as scheduling, billing, etc.

A Word About Email Security

Email is not inherently secure, a fact that deserves your consideration if you are to uphold standards of privacy and confidentiality. Email messages can pass between hundreds of computers before arriving at the addressed destination, thus there is a risk of email being intercepted and read. Free internet email services such as Yahoo and Hotmail are particularly vulnerable to security and privacy breaches, and should be avoided for email communication with patients.

There are two options to make email more secure: adding encryption software to your email setup, and using internet-based messaging. Encryption technology is not inherently "user friendly," and is not widely used. Some Internet-based messaging services use 128 bit encryption, login ID and passwords established by the user, and server-based messaging where messages don't actually travel over the Internet. The issue of email security should be discussed with all patients who are going to exchange email with you. Physicians who are not incorporating security measures should be sure to have patients waive this right and document the waiver.

Such an approach, however, should be considered only as a temporary measure. New regulations governing the use of patient communications are expected as a result of the Health Information Portability and Accountability Act (HIPAA). This legislation requires the federal government to create regulations that will dictate security requirements for physician-patient email. Draft regulations were issued in late July 2000 with full implementation required around September, 2002. CAFP will let you know when these regulations are finalized and how your email system should be configured to remain in compliance.

Getting Down to the Details: Physician-Patient Email Guidelines

Adapted with permission from "Guidelines for the Clinical Use of Electronic Mail With Patients," in Journal of the American Medical Informatics Association, volume 5, number 1 (January/February 1998). A full text version of the guidelines is available on AMIA's web site, http://www.amia.org.

If a provider anticipates a need to contact a patient again soon with regard to test results or other follow-up, he or she should inquire about the patient's communication preferences. Informally, the provider can ascertain preference for email, telephone or voice mail, or postal exchange at the time of the visit, and document it in the chart. A more formal arrangement entails the use of informed consent. Patients might elect email, telephone or voice mail, personal meeting, or the postal route at different times for different purposes. The provider should confirm on a periodic basis which route to use for communication.

Issues of a time-sensitive nature, such as medical emergencies, do not lend themselves to discussion via email, since the time when an email message will be read and acted upon cannot be ascertained. Sensitive and highly confidential subjects should not be discussed through most email systems because of the potential for interception of the messages and the potential for transmission of messages to unintended recipients.

Patient-Provider Agreement

In general, the use of email depends on the patient's understanding of explicit usage policies. Practice email policies should focus on the following issues:

- Turnaround time. Ascertain how often both parties retrieve email, and establish a maximum turnaround time for patient-initiated messages. In some messaging cultures, natural selection has evolved a one business day turn around time for non-urgent phone calls, and a two- to three-business day turnaround for email. Often, the context of the patient's message will indicate the expected turnaround time.

- Privacy. Indicate whether the office staff or nursing staff will triage messages, or whether mail addressed to the provider's private account will be read exclusively by the addressee. Also, establish with whom the physician may share a patient's email message and under what circumstances, such as when consulting another physician.

- Permissible transactions and content. Especially if other clinic staff will be processing email from patients, establish the extent of actions permitted over email. Common appropriate topics include:
  - ✓ Prescription refills
  - ✓ Scheduling/confirming appointments
  - ✓ Test results
  - ✓ Medical advice, information requests
  - ✓ Follow-up care, clarification of treatment plans
  - ✓ Reporting self care measurements
  - ✓ Release of records

You may also want to preclude certain subjects from being discussed over email. Stanford University Medical Clinic, for example, forbids discussion of HIV status, mental illness, and workers' compensation claims in electronic mail.

- Categorical subject headers. To facilitate the redirection of messages, instruct patients to specify a transaction type in the "Subject:" field. Patients should also be asked to write their full names and patient identification numbers, if any, in the body of the message.

- Discreet subject headers. Providers should use discretion in their outgoing message titles. Patients may have fewer safeguards on their desktops than they need for their own privacy. "About Your Pregnancy Test" is not an acceptable subject header.

- Documentation. These points should be discussed with the patient and the discussion documented in the record. Alternatively, you may commit the agreement to writing. In that case, have the patient sign the document, give a copy to the patient, and place a copy in the patient's chart. A summary of the policies and standards should also be available on the clinic's web site.

Handling Messages

- Automatic reply to incoming messages. Email software should be configured to send automatic replies in response to all incoming messages from patients. Replies should be of the form, "Your message has been received by Dr. Leslie Smith, who will attempt to process your request within one business day. If your question is of an urgent nature, please do not rely upon email for a response. For immediate assistance, please call the office at 444-555-6666."

- In addition, out-of-the-office replies should be activated on any email account that will not be serviced by staff or covering physicians during an absence that exceeds the established email response time. Such messages should include the provider's estimated date of return and instructions on whom to contact for immediate assistance. Since email is simply another form of communication with the office, you may wish to consider having your email messages forwarded to your covering physician in a similar manner to phone calls and other queries.

- Archiving of email transactions. Email exchanges about follow-up care or other clinical issues constitute a form of progress note. Unless the provider is using an electronic patient record that allows the inclusion of email messages, each email message should be printed in full and a copy placed in the patient's paper record. To archive a message: (1) When emailing a reply message, include the full text of the patient's query. (2) Copy the reply to the sender (provider). When the Internet delivers the provider's copy, which now includes both the original message and the provider's reply, the message should be printed and filed in the chart.

- Confirmation of action on patient's request. A new reply message should be sent out upon completion of the patient's request for a transaction (prescription refill, records transfer, etc.).

- Acknowledgment of messages. For messages containing important medical advice, patients should be instructed to acknowledge messages by sending a brief reply. When such acknowledgment is expected, the printed (chart) copy should not be filed until this confirmation is received. In the absence of such confirmation, it cannot be assumed that the patient has received, much less read, important instructions. When in doubt, confirm delivery by telephone.

- Escalation of communication. Email from providers should include a footer (signature file) that invites patients to escalate communication to a phone call or office visit, should they feel that email is insufficient. The footer should give the appropriate contact information. Providers should actively discourage the use of email as a substitute for clinical examination.

- Address book and group mailings. Each provider should maintain a list of patients who communicate with him or her electronically. The address book feature of nearly all email software permits easy maintenance of such a list. If it becomes necessary to notify the general patient population about something (e.g., an impending shutdown for network maintenance, or new clinic services) the clinic will have a ready-made mailing list. However, group-addressing, where those in the group see each other's names, should never be used to send mail to patients. When sending out group mailings, use the "Blind cc:" software feature to keep recipients invisible to each other. When using this feature, enter the provider's own name in the "To:" field and place the list of recipients in the "Bcc:" field. Patient email addresses should not be used in marketing schemes or given to third parties for any reason.

Site-Specific Policy Formulation

Health care institutions and medical practices will need to develop written policies to address communication, technical, and medicolegal issues. Questions that must be answered include:

- **Triage.** Who will triage email, and what is to be the response time?
- **Clerical overhead.** Who will print messages and place them in patients' charts?
- **Categorization and redirection of email.** Will each provider have her own account, or will there be category accounts for all billing questions, medical questions, scheduling questions, etc.?
- **Selective access for patients.** Should all patients be given the provider's email address or can the provider give it out on a selective basis?
- **Archiving and backup.** How is email cleared from the server? Does it stay on the provider's local machine or on the clinic or ISP mail server, or both? How are both repositories archived and cleared? How long should email be stored on backup systems? How will messages be indexed for retrieval?
- **Forbidden topics.** Will the practice disallow discussion of certain highly sensitive topics such as an AIDS diagnosis or psychiatric conditions?
- **Encryption.** Will encryption systems be required? If so, how soon and what kind? Will patients be given the encryption software by the clinic?
- **Outcomes evaluation.** How will the efficacy and usefulness of email with patients be evaluated? Will it be possible to determine utilities based on a monetary cost-benefit analysis, patient satisfaction, provider perception, or clinical outcomes?

All policy decisions regarding electronic mail should be placed in the institution's policies and procedures manual, given to all staff in paper form, and be available in electronic form on individual workstations and/or the clinic's web site.

Conclusion

Email communication is becoming part of the normal method for communication in society. Just as the telephone and fax have become indispensable tools in the medical practice, so too will email become integral to patient communications. Though it can't replace face-to-face visits, email can play a critical role enhancing the physician-patient relationship. Consider the words of Joseph E. Scherger, MD, MPH, a leading proponent of physicians going online: "In general, patients love the convenience of e-mail communication, and regularly thank me for the accessibility and good service. Even though I get fewer e-mails than I expect from patients, the more frequent communication brings me closer to them. Gaps in care become less frequent, which I believe reduces liability risk much more than any increase in risk that e-mail might cause. I strongly recommend that physicians maintain direct e-mail communication with patients rather than delegate it entirely to office staff. The direct contact by e-mail brings back that closeness expressed by '. . . call me in the morning.'"

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