



# Practice Tips

## E-mailing patients

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In our society, most people now have access to electronic mail. In a recent survey, 67% of patients reported wanting to communicate with their physicians electronically.<sup>1</sup> Yet, e-mail correspondence between patients and physicians remains relatively rare: only 6% of patients have ever communicated with their doctors via e-mail.<sup>2</sup> Physicians using e-mail with their patients are concerned about possible additional time requirements, lack of reimbursement, and lack of security and confidentiality.<sup>3</sup>

I have made my e-mail address available to my patients for the last 5 years. It is printed on my appointment cards, practice brochures, and patient handouts. Only a small percentage of my patients have used it, and the number of e-mail messages has been low (about 3 to 5 messages per month). Messages have included questions about health concerns or medication side effects and reports on follow-up of medical problems. For example, one patient wrote:

I am concerned because my period hasn't started yet. Could I not have any of the usual symptoms because of the new pill? I am sorry for writing an e-mail. I don't want to take your time with an appointment if I am overreacting and I get my period before Thursday.

Another patient commented, "This is the first time I've sent you e-mail and I hope it is a good way of communicating with you, maybe easier for you? THANK YOU so much for recommending 123 Magic. My son has responded quite well to it and the anger issue is dissolving."

Although the literature reports that younger, healthier, and better-educated patients are more likely to use e-mail,<sup>4</sup> in my practice I have had several relatives of ill, elderly patients communicate in this way. With patients' consent, I have e-mailed brief explanations to relatives, along with links to sites explaining conditions and the treatments they entail. The sibling of a patient with a small incidental meningioma found on a computed tomography scan sent the following e-mail.

My sister and I have read the information which you forwarded to us and have begun to research to understand it. We would like to know what type of follow-up plan there will be for her and whether another CT scan will occur in the future to determine any growth changes. We are also interested in knowing how slow growing this is and if it will significantly affect her life span. What future symptoms can she expect?

Guidelines have been published on using e-mail with patients<sup>5,6</sup>; however, I have found that many of the recommendations are not applicable to my practice or are impractical without additional help from computer professionals. To avoid problems, I am now adding a link to my e-mail policy (<http://drgreiver.com/emailpolicy.htm>) to my messages. This includes brief statements about confidentiality and about not using e-mail for urgent requests. I record communications by printing e-mails along with my responses. I then put the pages in patients' charts—this saves time compared with writing down phone conversations.

I have recently switched to capitated payment (a set fee per patient per year, regardless of the number of visits), so giving advice by e-mail now makes financial sense in my practice. Some patients might be willing to pay for e-mail responses (37% in 1 recent survey<sup>7</sup>), so charging for this service directly or as part of an annual block fee are both possibilities.

I have found that e-mail communication with patients can be helpful at times, especially for older patients with chronic conditions that might be difficult to explain; being able to efficiently expand the advice given at the office has been a real benefit. Contrary to my expectations, e-mail has not been very time-consuming. I think having experts help us with computer security, confidentiality, and administration would make patient-doctor e-mail communications even more acceptable to physicians. 🌸

### References

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We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. Tips can be sent by mail to **Dr Diane Kelsall**, Scientific Editor, *Canadian Family Physician*, 2630 Skymark Ave, Mississauga, ON L4W 5A4; by fax 905 629-0893; or by e-mail [mabbott@cfpc.ca](mailto:mabbott@cfpc.ca).

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