

Website for your family practice

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The Canadian Medical Association's (CMA) L recent physician resource questionnaire^{1,2} found that 17% of practices now have a website. This percentage is likely to increase as building and maintaining a home page becomes easier. In this Practice Tip, I discuss the way my home page is set up and organized and suggest several ways to set up a website.

My home page

Three years ago, I had to decide whether to have a website. I was no longer accepting new patients, so attracting new business was not an issue. I decided to set one up because I found that patients were frequently asking my office staff the same questions. I wrote a practice brochure to be handed out at my office, set up an abbreviated version of this brochure on my website at http://members. rogers.com/mgreiver/index.htm, and put a link to the full brochure at the bottom of the page. My home page address is printed on all my patient handouts. The home page gives office hours, hours available for appointments, parking and location, and brief information about my interests.

How to set up a website

This type of home page does not have many graphics and is simple to set up and maintain. I wrote it using Netscape Composer (load Netscape, click on "Window," then "Composer"). Buttons let you add other features, such as hyperlinks to other sites ("link" button) or pictures ("image" button). Once

the page is finished, save it to a convenient area on your computer (I have a folder called "Internet pages").

Internet documents can also be written using standard word processors; for example, in MS Word, when the document is finished, use "file" and "save as" and choose "Web Page (*.html)." For fancier home pages, a program such as MS FrontPage can be used. A good example of a more complex site is the Marathon family practice's website at http://www.mfp.on.ca/.

Publishing your home page

Once the page is written, it has to be published (sent to the Internet). You have to decide where your website will be "hosted." There are three general types of hosts: "free host," Internet service providers, and managed hosting.

Free host, as the name implies, allows you to publish without a fee. Free hosts are often easy to use; you can compose and publish your webpage right on their site. They will place advertisements on your website to offset the cost of the service. One of the largest free hosts is Tripod (http://www. tripod.lycos.com/).

Many Internet service providers give their subscribers space on the Web as part of their service; this is what I am currently using. There is no additional fee, but there are restrictions on the size of files. Since I do not use large graphic files, however, I find I am using only a small amount of my allowed space. Your provider will assign an

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address (domain name) for your website. If you prefer to personalize or customize your Internet address, you can register a new address for a fee with any domain name provider (Canadian providers can be found at http://www.cira.ca/cira/rr choose en) and have your site forwarded to that address. To publish your webpage, you should use a program that allows file transfers to the Internet. There are many programs available; I am currently using a free program by Ipswitch (http://www.ftpplanet.com/download.htm).

A more complex website might require managed hosting. You contract with a company to set up and monitor your site. This might be appropriate for larger group practices or for physicians considering e-commerce.

Additional uses for my home page

Once my home page was set up, I began to find additional uses for it. As patients increasingly came in with information printed from the Internet (90% of physicians now report having this experience¹), I had to find a way to ensure they looked at reliable medical sites. I chose the National Library of Medicine's MEDLINEplus, Health Canada, and the Centers for Disease Control and put links to all three on my home page. I have recently added a link to the College of Family Physicians of Canada's patient education brochures (http://www.cfpc.ca/ programs/education/edumain.asp). I found that having just a few large, stable sites worked well; I have not yet had to reprogram site locations.

I direct patients interested in finding out more about their conditions to my home page and ask them to access one of the links. As a result, the quality of information brought to my office has greatly improved. I have also asked patients to seek information; this can be especially helpful in conditions diagnosed largely by symptoms, such as irritable bowel syndrome, fibromyalgia, or chronic fatigue syndrome. I now use my website as an adjunct to the patient education I do in my office.

The site is also useful for sharing information with colleagues. Recently, on a CMA Internet discussion

group, there were several postings on the findings of the Women's Health Initiative study,3 as well as on the need for a patient handout to explain the results. I sent a comment with a link to my own handout (http://members.rogers.com/mgreiver/ whi.htm) and to a colleague's handout (http:// members.rogers.com/mgreiver/garyfox.htm). I have also asked a patient who called in about this study to access my handout before coming in.

One of the most frequently accessed areas of my site is the Preventive Health Tables (http:// members.rogers.com/mgreiver/tables.htm). I keep the tables updated as changes are published by the United States or Canadian preventive health services task forces. Since risk calculations for heart disease4 and breast cancer5,6 have recently been recommended, I have added links to on-line risk calculators and to handouts for patients found to be at higher risk on the tables.

Conclusion

Publishing and maintaining a website is now well within the reach of most family physicians. Advantages include advising patients about your practice's policies, linking them to medical information beyond the office, and sharing tips and knowledge with your colleagues.

References

- 1. Martin S. Almost 1 in 5 MDs now have Web sites. CMAJ 2002;167:1047.
- 2. Canadian Medical Association. CMA Physician resource questionnaire. Ottawa, Ont: Canadian Medical Association; 2002. Available at: http://www.ecmaj.com/cgi/content/ full/167/5/521/DC1. Accessed 11 December 2003.
- 3. Rossouw JE, Anderson GL, Prentice RL, LaCroix AZ, Kooperberg C, Stefanick ML, et al. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial. JAMA 2002;288:321-33.
- Preventive Services Task Force. Aspirin for the primary prevention of cardiovascular events: recommendations and rationale. Ann Intern Med 2001;136(2):157-60.
- 5. Levine M, Moutquin J-M, Walton R, Feightner J. Chemoprevention of breast cancer: a oint guideline from the Canadian Task Force on Preventive Health Care and the Canadian Breast Cancer Initiative's steering committee on clinical practice guidelines for the care and treatment of breast cancer. CMAJ 2001;164:1681-90.
- Agency for Healthcare Research and Quality. Chemoprevention of breast cancer. Recommendations and rationale. Rockville, Md: Agency for Healthcare Research and Quality; 2002. Available at: http://www.ahrq.gov/clinic/3rduspstf/breastchemo/ breastchemorr.htm. Accessed 11 December 2003.

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