

Email Communication with Patients

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BCMA Position

- The BCMA supports the use of email as a communication tool between physicians and patients for issues directly related to the provision of patient care or for transmitting information for administrative, educational, or health promotional purposes.
- Physicians who choose to use email to communicate with their patients should consult the Canadian Medical Association's guidelines for online communication with patients to establish a protocol that describes how such communications will be incorporated into their practice.
 - The protocol should address privacy and security, legal issues, and appropriateness of use.
 - The protocol should be reviewed with both staff and patients.
- The BCMA calls upon the provincial government to support public funding of email communication for clinical use between physicians and their patients. Such support should not exclude the possibility of privately-funded email communication where appropriate.

Background

As the use of computers and the Internet continues to increase, email is rapidly becoming the quickest and most efficient method for sharing information. Canada has one of the highest rates of Internet usage in the world, and 90% of Canadian Internet users use email at least weekly.ⁱ In light of this trend, efforts should be made to consider email as an effective communication tool in managing the patient/physician relationship.

The use of email by physicians can reduce non-essential office visits and save time otherwise spent communicating by phone. Email follow-up allows retention and clarification of advice, creates a self-documenting written record, and is especially useful for information that the patient would have to commit to writing if given orally. Examples include addresses and telephone numbers of another facility to which the patient is referred; test results with interpretations; advice and information on how to take medications or apply dressings; and pre- and post-operative instructions.ⁱⁱ Email may also be effectively used to manage appointment times and refill prescriptions.ⁱⁱⁱ

Email communication creates the potential for improved continuity of care because patients and physicians interact when it's convenient.^{iv} It also encourages patients to take a more active role in their health, provides a less intimidating venue for communication, and, as a result, may contribute to improved health outcomes.^{v, vi}

The use of email has raised a number of concerns by both physicians and patients. These include: issues regarding privacy and security, inappropriate use for acute serious illnesses, legal liability, potential for increased physician workload and the lack of financial reimbursement.^{vii} There have also been concerns that while many patients are eager to email their physicians, many rural, low income, and elderly populations may not have equal access to a computer and the Internet.^{viii} In Canada, where there are many rural and remote areas, 80.3% of Canadians had Internet access in 2009.^{ix}

Analysis

Email is a rapid and convenient method of communication that could result in improved methods of health care delivery including increased patient access. The BCMA recognizes the positive impact that email could have and supports its use as a communication tool between physicians and patients. Email communication may be directly related to the provision of patient care or may be used for transmitting more general information for administrative, educational, or health promotional purposes.^x

Currently physicians and patients, as with the majority of Canadians, use email for a variety of reasons, but the extent that they are using it to communicate with one another is limited. In order to facilitate and encourage this mode of communication, barriers relating to privacy and security, legal issues, and compensation must be addressed.

The Canadian Medical Association has issued guidelines for online communication with patients. These guidelines take into account the unique challenges posed by digitization and online communication, as well as their potential to open up new avenues to facilitate the provision of care and dissemination of information. The BCMA recommends that physicians wishing to engage in email communication with their patients refer to these guidelines to establish a protocol that describes how such communications will be adopted into their practice. This protocol can be used to inform staff, patients, and others of the limits and rules associated with the use of information transmitted online. This includes informing patients of the potential risks, benefits, implications, existing privacy safeguards, and appropriateness of email use. The BC Physician Privacy Toolkit provides detailed information related to privacy and how to mitigate the risks associated with email communication.^{xi}

The lack of financial reimbursement for email communication may inhibit its use. There are some examples throughout Canada of patients paying an annual amount privately to have email access to their physicians. As well, the use of patient portals continues to grow as a tool that enables health providers and patients to communicate through a secure password protected web connection.^{xii} In BC, existing fee codes allow an “email management fee” to be billed in the public system, but these are restricted to a limited

number of GPs for use in the areas of mental health, palliative care, and chronic obstructive pulmonary disease. As of April 2011 in BC, endocrinologists may bill \$10 per email up to 12 times per year for each of their patients.^{xiii} The BCMA calls upon the BC government to extend this compensation to all physicians who use email to communicate with their patients directly for the provision of patient care. In other words, physicians should be financially supported for emailing information that would normally be compensated in an office visit. However, public funding for this service should not exclude the possibility of privately-funded email communication where appropriate.

References

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- ^{ix} Statistics Canada, *Internet use by individuals, by location of access, by province (Canada)*, (table). 2009.
- ^x Canadian Medical Association, *Physician Guidelines for Online Communication with Patients*, in *CMA Policy*. 2005, CMA: Ottawa.
- ^{xi} BC Medical Association, College of Physicians and Surgeons of BC and the Office of the Information and Privacy Commissioner for BC, *BC Physician Privacy Toolkit*. 2009.
- ^{xii} Cardwell, Mark, *Patient portals a growing success in primary care*. Canadianhealthcarenetwork.ca. June 1, 2010.
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