Email Communication with Patients: Problems, Pitfalls and a Plausible Solution

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Not applicable
Objectives

1. Understand the potential challenges of using email to communicate with patients
2. Review the current recommendations from regulatory bodies re: emailing patients
3. Learn about a current innovation used to electronically collect consent from patients for electronic communication
The Problem
Advantages of Email

Efficiency
- 75% more efficient than by phone
- Easier to reach patients

Respect
- Patients use email appropriately

Communication
- Brief, formal and medically relevant
- Patients chose to arrange face to face if they perceived questions were more serious

Satisfaction
- Patient satisfaction generally high
Background

1. Health care industry is behind
   Many other industries (banking, restaurants, airlines, etc…) use electronic communications extensively

2. Canadian health care is really behind
   2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians showed that Canada ranked LAST of 11 countries of primary care practices offering email access
“Please indicate whether your practice offers patients the option to email about a medical question or concern”
Potential Pitfalls
Disadvantages of Email

Cochrane review of 9 RCTs found no difference in outcomes
  - Patient understanding, health status, behaviours

Patient Safety Concerns
  - Confidentiality and security of system
  - Request emergency service?

Lack of emotional cues that may exist in face to face or phone interactions

Some studies show increased workload
  - ALSO: Email addresses change
  - No record in the chart unless added
  - No tracking mechanism for minors who come of age
Existing Recommendations

Confidentiality of Personal Health Information

eHealth Statement
Numerous Guidelines

**NATIONAL**
- CMPA
- CFPC
- RCPSC
- CMA

**PROVINCIAL**
- College of Physicians and Surgeons
- Privacy laws/ commissioners
- Provincial medical associations

**LOCAL**
- Health care institutions
- Employers

... often with conflicting advice
“Physicians considering using unsecured or unencrypted email or text messaging should do so only for information that does not include identifiable personal health information. For example, emails may be used to request and confirm appointments with the patient’s consent. Physicians wanting to make limited use of unencrypted email and text messages should advise their patients of how these messages will be used, the type of information that will be sent, and how the emails or texts will be processed”
“Patients should also be informed about the risks of using email or text messages, and their agreement and the discussion should be documented in the record. Physicians should consider using a written consent form to document the patient’s consent to using email communication and to acknowledge the associated risks”
CMPA Consent Form

Consent to use electronic communications

 PHYSICIAN INFORMATION:

[ ] Name:
[ ] Address:
[ ] Email (if applicable):
[ ] Phone (as required for Services):
[ ] Website (if applicable):

The Physician has offered to communicate using the following means of electronic communication:

[ ] Email
[ ] Videoconferencing (including telephone and video others)
[ ] Text messaging (including instant messaging)
[ ] Website/Portal
[ ] Other (please specify):

[ ] You have been provided the opportunity to opt out of any or all of the above means of electronic communication.

[ ] I agree with the above statement.

PATIENT ACKNOWLEDGMENT AND AGREEMENT:

I acknowledge that I have read and fully understand the risks, limitations, conditions, of electronic communication Services more fully described in this Appendix to this consent. I also understand that all data transmitted or received with [the Physician] or [his/her or their] office may not be encrypted. I agree to opt out of any or all of the above means of electronic communication and for scheduling appointments where warranted.

If I choose to opt out of any or all means of electronic communication, it is possible that communications with the Physician or the Physician's office may be delayed, slowed, or otherwise impacted.

Electronic communications can cause a delay in the delivery and administration of your care. The Physician may be unable to communicate with those involved in your care and will not be responsible for any delays caused by the use of electronic communication.

I understand that there are additional risks associated with the use of electronic communication:

If the amount of information sent or received is greater than the available storage capacity of the electronic communication device, the information may be lost or unavailable for retrieval.

If the equipment used for electronic communication is not compatible with the operating system or software of the recipient, the recipient may not be able to read or understand the communication.

If you require immediate assistance, or if your condition deteriorates or rapidly worsens, you should not rely on the Services. Rather, you should call the Physician's office or take other relevant measures as appropriate, such as going to the nearest Emergency Department or urgent care center.

Other conditions of use in addition to those set out above:

$ all of the risks, conditions, and instructions described in this Appendix.

Patient initials

[ ] If you require immediate assistance, or if your condition deteriorates or rapidly worsens, you should not rely on the Services. Rather, you should call the Physician's office or take other relevant measures as appropriate, such as going to the nearest Emergency Department or urgent care center.

Health Sciences Centre

When it Matters Most

CMPA website, accessed 2015/09/11
CMPA Consent Form Highlights

Physicians cannot guarantee security and confidentiality of electronic communications.

Can be misdirected, forwarded, intercepted, etc.

Email communications may be included in the patient’s record

Patient’s responsibility to advise of change in email address

Not to be used for urgent issues
1. eHealth Statement 2013 - Physician’s Role
   - “Use eHealth for the benefit of patients… in a way that ensures patient confidentiality, protects the doctor-patient relationship and maintains public trust in the profession”

2. Confidentiality of Personal Health Information
   - “The College strongly advises that physicians obtain patient consent to use electronic means for communicating personal health information… As a way of recording the patient’s express consent, the CMPA has provided a written consent form that can be used whenever possible. Completed consent forms should be included in the patient’s medical record”

CPSO eHealth Statement, 2013
CPSO Statement on Confidentiality of Personal Health Information, 2006
A Plausible Solution
Ocean Software in Sunnybrook Family Practice

Introduced in December 2014

Academic FHO:
- 13 staff physicians on 3 teams
- 25+ residents/medical students,
- 20+ allied health staff,
- 9300 patients

Initial Pilot involved one team of 4 staff physicians

Using Practice Solutions EMR
Using Samsung Galaxy 10.1” tablets
Ocean Software

Secure, encrypted, PHIPA-compliant, cloud-based health communication platform
Patients can complete surveys on tablets or via web-based invitation
Directly integrated with Practice Solutions EMR
Operated by CognisantMD (www.cognisantmd.com)
Currently used by over 2000 clinicians in Ontario
Ocean Software Integration with Practice Solutions

Options are:
None – before consent process undertaken
Granted – if patient agrees
Refused – if patient refuses
1. Opens patient’s chart and clicks on “Ocean” in Ocean toolbar. Unique 3 digit number appears in chart automatically.

2. Enters 3 digit number in Ocean tablet.

3. Give tablet to patient.
Ocean Software Patient Experience

1. Enters birth date as second point of verification

2. Reads email consent and accepts or declines, enters email address if accepting

3. Gives tablet back to clerical staff
Welcome to the Sunnybrook Family Practice Unit!

This tablet provides you a new way to communicate with your health team. We use the information you provide on this tablet to make informed decisions regarding your healthcare.

Privacy Disclaimer

We would like to assure you that all health-related information provided on this tablet is completely secure, encrypted, and confidential. None of your health information will ever leave the office unencrypted. No one other than the health team here can ever access it.

To verify your identity, please enter your birthday:

[Date]
Dear Patient

Sunnybrook Family Practice and Sunnybrook Academic Family Health Team (SFP/SAFHT) support the use of email for the purpose of communicating with our patients regarding their clinical care. A SFP/SAFHT care provider may agree to communicate with you using email but is not required to do so. You may choose to communicate with SFP/SAFHT using email but you are not required to do so. If you choose to do so, signing this consent form provides SFP/SAFHT with your permission to communicate with you via email and is required before we will respond to your email or send you email for the first time. This consent can be withdrawn at any time by contacting SFP/SAFHT’s Privacy Office as indicated below.

A parent or guardian who is a substitute decision maker may consent on behalf of a person who is under the age of 14 years, but not if the person withholds or withdraws consent for the Parent/Guardian to send/receive email to/from SFP/SAFHT on their behalf. The consent of the Parent/Guardian will become void when the person reaches 14 years of age. Capable persons over the age of 14 years who wish to communicate with SFP/SAFHT using email must themselves expressly consent to the sending/receiving of email to/from SFP/SAFHT using this form.

If you choose to communicate with SFP/SAFHT using email, you should be aware that email messages you send to or receive from SFP/SAFHT:

- may not be secure. SFP/SAFHT cannot guarantee the security of any email message transmitted outside of Sunnybrook’s email system;
- may exist as an electronic or paper record within SFP/SAFHT and/or Sunnybrook indefinitely.

For these reasons, you should not use email to communicate any information, including personal health information, to SFP/SAFHT, to receive any information which, in your opinion, could be harmful to you if read by an unintended recipient.

SFP/SAFHT CANNOT GUARANTEE THAT YOUR EMAIL WILL BE RECEIVED, READ OR RESPONDED TO WITHIN ANY PARTICULAR PERIOD OF TIME, YOU MAY NOT COMMUNICATE WITH CORRIDOR 1.

I understand that SFP/SAFHT cannot guarantee the security of email messages that I send to or receive from SFP/SAFHT.

I agree not to use email to communicate emergency or urgent information about myself and understand that SFP/SAFHT does not guarantee the receipt or review of any email messages that I may send to SFP/SAFHT.

I understand and agree that individual SFP/SAFHT care providers may make decisions about my treatment based on information I provide through email and that this information may form part of my health record.

I understand that I may stop using email for clinical communication purposes at any time, at which point I will notify SFP/SAFHT in writing of my decision to stop using email for these purposes. I understand that this consent remains effective unless and until it is withdrawn.

I understand that individual SFP/SAFHT care providers may stop using email for clinical communication purposes at any time, at which point s/he will inform me in writing or notify me about this decision at the time of my next appointment.

Consent for Patients Under Age 14

My name: _________

My relationship with Domb Two Test _________

On behalf of Domb Two Test, I confirm that I have read and agree to these terms and I wish to communicate with SFP/SAFHT for the purposes of clinical care of Domb Two Test _________

Yes ________ No ________

Enquiries regarding SFP/SAFHT’s privacy policies and procedures as they affect email communications should be directed to the SFP/SAFHT Privacy Office at (416) 480-6183.
Ocean Software Automatic Process

1. Patient’s email address entered in PSS demographics

2. Email consent status updated on toolbar, along with email address if accepted, and date of consent

3. Searchable note entered in chart on date of consent

NOTE: Consent is automatically revoked when patient turns 14 years of age
Ocean Software Integration with Practice Solutions

Options are:
- None – before consent process undertaken
- Granted – if patient agrees
- Refused – if patient refuses
Patient Satisfaction

Assessed using the System Usability Scale (SUS)

Not surprisingly younger patients and those who use a tablet or smartphone regularly scored higher and needed less help to use the Tablet.

Overall there were high SUS scores but there is quite a bit of bias in those who completed the SUS.
Benefits

1. Clear and immediate documentation of email consent (paper process had an obvious delay)
2. Automatic integration with EMR
3. Most patients found the tablets easy to use
4. No paper to lose or scan or shred
Challenges

1. Hospital network issues
2. Some patients not comfortable with technology
3. Did not improve collection of email consent forms. Numbers of forms completed was dependent more on the secretary than paper vs. tablet
4. The tablets are subject to normal wear and tear
Questions?