Comment

e-Talking to Patients: Connecting with the Health Care Consumer

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In the Jan/Feb 2006 issue of *JAMIA*, Weingart et al., in their article, “Who uses the patient Internet portal? The PatientSite experience,” offer an interesting perspective on the implementation of a patient portal called PatientSite. They describe the results of patient access to the features of the system and the demographic and clinical profile of its enrollees. Furthermore, this is one of the first steps in exploring and assessing the utility of patient portals and the value of its services in health care management, which the authors have pertinently described in the current paper. Similar to the tool developed by informaticists at Beth Israel Deaconess Medical Center (BIDMC), which the authors have used enabling patients to enroll in a portal, the Cleveland Clinic Health System implemented the physician portal with features exclusive to physician access termed as My Chart© in a multispecialty academic setting. Our experiences regarding the pivotal role of this e-health component in improving patient care, patient-provider satisfaction within the clinic operations has been impressive.

The PatientSite experience described in the research paper presents intriguing demographic data on patients who utilize a patient Internet portal to access electronic medical information. However, the demographics of the physicians who enrolled in the PatientSite portal are not examined. While the article reports that repeat users of the PatientSite portal are young, affluent, and Caucasian, it does not reveal the demographics of the physicians who actually consented to participate in this program. Indeed, an article in the *Journal of Family Practice* offers some insight by evaluating the demographics of physicians located in Indiana who utilize electronic medical records (EMR). This study demonstrated that EMR nonusers were more likely in a solo or small practice in rural or suburban locations. Furthermore, these physicians saw, on average, a significantly greater number of patients per week and did not use the Internet at home or in the office. Other sources have demonstrated that while institutions such as BIDMC or the Cleveland Clinic may have the funding available to institute patient or physician portals, many small or community hospitals do not have such access. It is worth considering these points before patient or physician Internet portals are designed and implemented assuming their primary demographic client as young, affluent, and Caucasian.

Well-designed Internet portal systems can improve the safety of patient care and reduce health care costs. Yet, many physicians have been reluctant to use physician Internet portals. This otherwise excellent pilot study fails to draw attention to the correlation between physician demographics and their participation to that of patient demographics for e-health success. Internet portal is a two-way communication between the physician and the patient. We would like to propose that the observation that younger, healthier patients are most likely to make use of the technology as reiterated by the authors be correlated to the demographic nature of the physicians enrolled in the system. The article does not contribute to our understanding of the reasons behind physicians’ resistance and the factors that might promote successful e-health implementations. Although the article mentioned “Patients were eligible to enroll in PatientSite if one of their physicians had enrolled in the system,” their characteristics were not described explicitly. We would like to recommend active incorporation of this data before conclusions can be drawn.

References


