

Texts, Tweets, and Patient Portals

Communication technology is advancing at warp speed. No longer locked to a wire that disappears into the wall, tablet PCs, laptops, and smartphones have revolutionized how, when, and where we reach out to one another. The expectation of immediate access has worked its way into healthcare communication. Pagers, voice mail, and telephone access aren't enough anymore; patients want healthcare providers (HCPs) to be available to answer e-mail and text messages, send and receive bursts of information via tweets, and have online access to their health records via patient portals.

A nurse practitioner colleague recently received the following text message: "RU avail tomorrow ugly rash all over stopped medicine boarding flight avail phone after midnight home tomorrow CU soon." Are we prepared to incorporate these technologies into daily use? Patients want access to their HCPs, and many feel that communication tools available in their personal and business environments are also appropriate for healthcare contact. The patient who wants immediate contact for nonemergency issues may not realize that the nurse, physician, pharmacist, or radiologist is in the middle of a busy clinic day, meeting with patients with equally emergent needs—patients who have scheduled an in-person appointment. The patient sending the text message may have an urgent need, but where do you draw the line on interrupting your clinic day to take care of texts and tweets? The text shared by my colleague almost demanded immediate action: The patient was boarding a plane. Would you interrupt your clinic appointment or wait to call the patient after midnight?

E-mail can more easily be deferred to nonclinic time, unless, of course, you have a Web-enabled smartphone that displays your incoming e-mails. Not every question from a patient or family member can be settled in a text message or e-mail. When do you settle the issue with a quick reply and when do you ask the patient to come in to see you? If you spend a great deal of time tracking down the sender of the text message or answering the question, can you bill for your time? Health-

care cost reimbursement in the United States is based on in-person interactions and reimbursement guidelines have yet to catch up with technology.

Increasingly, hospitals are providing clinical staff with smartphones rather than pagers because smartphones are more efficient. The ability to send longer text messages eliminates the phone tag that often occurs with pagers. Another benefit of smartphones is the availability of apps that can put clinical data, medical calculation software, evidence-based guidelines, etc., at clinicians' fingertips. Not a bad idea; it certainly beats hiking back to the nursing station to access a workstation computer or grab a reference text.

Rodriguez, Thom, and Schneider (2011) utilized HCP surveys and a nurse workload study to assess HCP perspectives on allowing patient access to lab results through a patient portal. The results were interesting: Nurses demonstrated greater support than physicians regarding patient access, level of comfort, and ability to accurately interpret lab results. Although nurses and physicians anticipated an increased workload, both groups reported that workload decreased or remained static postimplementation. The nursing workload study confirmed this finding with no change in the average number of phone calls per day. Surprised? I was. I would have been part of the group saying, "Having patient access to labs is a great idea, but I'll get a lot more phone calls from patients about their labs. It makes more sense for me to call the patient if there's a problem or wait to discuss lab results at the next visit."

Patient portals are interactive Web sites offered by HCPs and medical centers to help engage patients electronically, with the promise of better customer service and improved patient outcomes. The simplest patient portal typically provides secure e-mail that is compliant with the Health Insurance Portability and Accountability Act, allowing the patient to contact the HCP without the delay and inconvenience of attempting to catch the HCP between visits or after hours, or waiting for a return call. The newest and most sophisticated patient portals will allow patient access to medication lists,

lab results, and other data that might be useful in self-management of chronic diseases or to share records with another provider. Sounds like a good thing, right? Then why doesn't every oncology practice have a patient portal? To make a patient portal truly interactive—including a link to the patient's clinical data—a fully integrated electronic health record (EHR) is required. A report by Hsaio et al. (2011) indicated that 48% of physicians reported using all or partial EHR systems in their office-based practices; basic EHRs exist in 22% of physician practices, and fully functional EHRs are in only 10% of physician offices. That means that 90% of practices currently do not have the infrastructure to offer a patient portal. What about less technologically sophisticated patients? Some patients, particularly older adults and low-income populations, will adopt patient portals late or possibly never.

As technology improves, texts, tweets, e-mails, and patient portals will become standard communication tools in healthcare partnerships. Patients, nurses, and physicians need to understand that these tools are meant to enhance—not replace—in-person interactions. It's hard to show compassion in 140 characters, and ☺ or ☹ won't replace the real thing delivered in person.

Susan Moore, RN, MSN, ANP, AOCN®, is an oncology nurse practitioner and consultant in Chicago, IL. No financial relationships to disclose. Moore can be reached at smoore46@sbcglobal.net.

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