

# Web Applications for Patient Communication

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## Abstract

Communication between imaging professionals and patients can help achieve many goals, including improved patient understanding of imaging-related diagnostic and treatment options, better compliance with appropriate imaging screening procedures, and improved efficiency of service. The explosive growth of out-of-pocket consumer spending on health care has heightened health care shopping, thus making patient communication an important goal of any imaging practice or health care organization. Furthermore, the Merit-Based Incentive Payment System introduced by CMS will publicly disclose physicians' quality ratings, which are in part dependent on patient engagement. The authors summarize the rationale for web communication with patients, the range of content that should be considered, and the technology options. The aim is to help imaging providers develop organized patient communication strategic and implementation plans.

**Key Words:** Patient, direct patient communication, web applications, apps

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## INTRODUCTION

Many diagnostic radiologists today have little or no patient contact, in person or via the web, as a result of multiple professional trends [1]. Imaging examinations that bring diagnostic radiologists and patients face to face, such as fluoroscopic and interventional procedures, have been largely replaced with endoscopic and cross-sectional imaging exams or are increasingly performed by others (technologists, nurses, and interventional radiologists). Off-site reading via teleradiology makes in-person contact impossible. Many radiologists simply do not enjoy direct patient contact; others find that the pressure to interpret examinations is not compatible with taking time to speak with patients [2]. As a result of these technical trends, cultural changes, and financial disincentives, it is no wonder that the interaction between diagnostic radiologists and patients is limited.

However, communication with patients provides several benefits.

### **Patients value direct communication of results:**

Patients want to receive accurate information regarding imaging, and radiologists are best equipped to provide it. Studies investigating how patients feel about direct interaction with radiologists have shown that at least a significant minority, if not the majority, of patients value access to imaging reports and the radiologists who interpreted the examinations [3,4]. Communicating with a patient (in person or electronically), including providing patients with direct access to imaging reports, creates a service event that patients value and that does not negatively affect referring physicians' workflow [5].

**Increased appropriate screening adherence:** Patient communication, especially if combined with appropriately designed registration software and processes, also creates an opportunity for both the health care system and patients to better understand patients' appropriate imaging screening needs. The US Preventive Services Task Force and other organizations now provide guidelines for imaging screening, including such examinations as mammography, bone densitometry, CT lung cancer screening, abdominal aortic aneurysm ultrasound screening, and breast MRI. Other tests that have more controversial screening indications include CT coronary

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calcium scoring, CT colonography, and perhaps prostate imaging (ultrasound or MRI) in high-risk patients [6]. Today, adherence to each of these procedures is poor [7,8]. Physician and patient reminders have previously been demonstrated to improve adherence to screening. More targeted or tailored web-based interventions, perhaps delivered through patient portals, may similarly increase adherence to appropriate screening services while reducing overuse of inappropriate or low-value services.

**Economic incentives for patient communication:** Growing health care deductibles have resulted in patients spending more out of pocket for imaging and other health care services than ever before. Some estimates indicate that US consumers will spend about \$350 billion out of pocket for health care this year [9]. Although limited by insurance networks, patients are increasingly selecting their providers, when possible. Without any direct patient contact, imaging practices leave consumers little basis to make informed choices about imaging providers. Therefore, although communicating with patients may hurt reading efficiency in the short run, in the long run, it may well be in the best interest of imaging providers and patients. Furthermore, secure patient messaging is a requirement of the EHR Incentive Program, so-called meaningful use stages 2 and 3. As the EHR Incentive Program evolves into the Merit-Based Incentive Payment System, patient communication may help maximize payments. Under the Merit-Based Incentive Payment System, data reported starting in 2017, some of which will depend on electronic patient communication, will alter CMS payments to physicians by  $\pm 4\%$  in 2019 and grow to  $\pm 9\%$  by 2022 [10].

**Physician happiness and recruitment:** Once one of the most sought-after residency programs, radiology residencies are dropping in popularity for many reasons [11]. Medical students cite financial and social motivations for selecting their fields of residency. Among those who do not choose diagnostic radiology, the lack of patient contact is frequently cited [12], although students may underestimate the opportunities for direct patient contact. Furthermore, burnout among radiologists is on the rise, in part because of the stress related to working on the image interpretation assembly line. Taking a break to communicate with a patient provides a break from the reading grind and provides an intrinsically rewarding social interaction [13]. Although some radiologists may prefer reading examinations to seeing patients, providing diverse opportunities for professional fulfillment, such as direct patient communication, may have beneficial effects with regard to burnout.

## PRACTICE COMMUNICATION NEEDS

### Administrative Patient Communication Activities

**Preregistration conveniences patients want:** Before their appointments, patients today expect web capabilities such as the ability to manage appointments, receive directions about the location of services, view required preparation, directly schedule some types of examinations (such as screening mammography), complete and submit preregistration data, authenticate forms, and receive bill estimates. A Harris Interactive poll reported in September 2012 found that more than half of surveyed patients wanted services such as e-mail access to doctors, proactive communication about preventive care appointments, online cost estimation, and online test results [14]. More recently, a survey of imaging patients found that 52% of patients wanted to speak with radiologists in advance of their imaging examination [15].

**Postvisit services patients want:** The majority of patients want immediate access to their reports, with most (79.2%) preferring a web portal for communication [16]. Most want to see their images along with copies of the reports [17]. Referring physicians experienced the same or fewer follow-up e-mails, telephone calls, and office visits after electronic release of radiology reports to patients [5]. Regulatory standards, such as the Medical Quality Standards Act, mandate that mammography patients receive written lay-language summaries of their results. At least one state (Louisiana) requires that patients receive actual mammography reports [18]. Other postvisit services patients desire include online bill pay, proactive reminders about follow-up appointments, and electronic communication with health care organizations [14,16].

In addition to the pro-active web delivery of reports, lay-language summaries, and medical images, records departments often receive patient requests for delivery of prior records. Web-based image delivery may improve patient satisfaction while lowering delivery costs. Electronic communication concordant with patient expectation may engender greater patient loyalty, reducing no-shows. Electronic communication with patients may directly influence clinical care.

**Secure two-way electronic communication:** “Direct secure messaging,” which can be loosely characterized as a health care–certified form of secure e-mail, was rare just a few years ago but has grown by 350% in 1 year to 20 million exchanges in the first quarter of 2016 [19,20]. Some vendors (certified health information services providers) now offer patients “level of assurance 3” addresses to electronically communicate with a growing

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