

Challenges Surrounding Provider/Client Electronic-Mail Communication



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ABSTRACT

The world is consumed with the latest technologic advancements, many of which have led organizations to review the role technology plays within their own companies. Within the health care industry, electronic medical records are replacing paper records; webinars, podcasts, and networks provide alternative educational and professional communication options to providers; and providers are cautiously entering the realm of electronic mail (e-mail) as a communication modality between themselves and their clients, but not without concerns by both parties. This article explores issues and health care policies surrounding electronic communication and offers recommendations to providers interested in pursuing provider/client e-mail interactions.

Keywords: chronic disease management, electronic communication, e-health, e-mail, physician/patient relations

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Mrs. J is a 67-year-old white female with a medical history of hypertension, allergic rhinitis, asthma, and severe chronic obstructive pulmonary disease (COPD). She uses oxygen for exertional use and at altitude. For the past 5 years she has been a winter visitor to Arizona, enjoying summers in the Midwest. Her pulmonary medications include Spiriva[®], Advair[®], and albuterol. She exercises with oxygen for 10 minutes on a treadmill 3 times a week and is able to play golf using a cart, but she would like to be more active. Using electronic-mail (e-mail) communication would allow her nurse practitioner (NP) to augment the existing provider/client relationship, reinforce chronic disease self-management strategies, and promote self-efficacy in Mrs. J's ability to manage her chronic disease.

BACKGROUND AND SIGNIFICANCE OF ELECTRONIC COMMUNICATION

An estimated 133 million United States individuals have at least one chronic disease, such as heart disease, dia-

betes, asthma, COPD, hypertension, or osteoarthritis.¹ As our population ages, this number will continue to increase, with many individuals having multiple, coexisting, chronic health conditions that place them at greater risk for disability and death. Today's NP is faced with the looming health care imperative to find innovative ways to help these clients manage their chronic diseases.

Various online programs for disease-specific self-management educate and empower individuals by using a combination of health information, online peer support, decision support, and cognitive behavioral therapy. Interactive health communication applications, such as electronic mail (e-mail), for individuals with chronic diseases have been associated with improved knowledge, social support, behavioral and clinical outcomes, and self-efficacy.²⁻⁴

Individuals with COPD frequently experience dyspnea that can increase office visits, emergency department (ED) visits, or hospitalizations that are costly to an organization. One of the NP's roles is to promote self-management through coaching. Offering interactive e-mail sessions can

increase COPD self-management strategies, such as pursed lip breathing (PLB) with activities, thereby improving a client's perception of dyspnea and self-efficacy.

Some organizations have restrictive electronic communication policies, discouraging the use of provider/client e-mail based on privacy and security concerns. Additionally, many providers have reservations about the role of electronic communication in clinical practice; therefore, it is important to explore how this type of communication could best be used to augment the existing provider/client relationship.

Provider/client electronic communications, such as e-mail, are health care organizational business records and therefore subject to the same storage, retention, retrieval, confidentiality, and medical legal privacy and security provisions as any other client-identifiable health information. Examples of provider/client e-mail applications include appointment scheduling, prescription refill, transferring results, and client education.

Many benefits are associated with e-mail, some of which include fewer interruptions caused by phone calls, fewer nonessential office visits, ability of both parties to read and respond to messages when it is convenient, and more timely communication.⁵ Additionally, e-mail has the potential to provide support services, ongoing and close monitoring of chronic disease clients, improved provider/client communication through documented instructions, educational materials, or interpretation of lab/test results.^{5,6} The use of e-mail offers an alternative to the traditional face-to-face visit for established clients, which can result in cost savings.

The introduction of any new technology, whether in our own daily lives or within the organizations where we work, can present challenges. Provider/client e-mail is a growing technology tool within health care. Its growth draws our attention to the challenges surrounding its technological role within health care.

E-MAIL CHALLENGES

Allen et al.² conducted a randomized control study using an internet-based electronic coaching (e-coach) intervention that could enhance communication

between primary care providers and clients with 3 conditions: chronic pain, depression, and impaired mobility. All aspects of client participation were conducted online, including recruitment, screening, intervention, control procedures, and follow-up surveys. The nurse e-coach intervention involved a standardized set of e-mails specific to the 3

conditions and worksheets targeting self-efficacy, patient education, and motivation to improve health. Half of the participants opened the website before their physician appointment; 42% sent e-mails to their e-coach before their appointment, with most of these being interested in further preparation for their visit.

The e-coach sent e-mail templates that encouraged goal setting (48%) or working

collaboratively (20%). While the authors identified several challenges that health care providers may encounter with provider/client coaching and self-management by the internet, the low cost and efficient approach offers an innovative strategy for improving provider/client partnerships in managing chronic conditions.

Stalberg et al.⁷ conducted a prospective, randomized study on 100 clients presenting for consultation before thyroid or parathyroid surgery. Clients were randomized to 2 groups: one group received an information sheet promoting e-mail communication as the preferred method of communication, while the other group received a standardized information sheet. Twenty-six percent initiated additional perioperative communication with their surgeon, with 84% of those sent by e-mail.⁷ This study suggests e-mail can enhance the surgeon/client interaction in the perioperative environment.

Patt et al.⁸ surveyed 45 physicians and found that 19% to 38% percent were using e-mail with their clients, while most had a positive attitude toward provider/client e-mail communication. The benefits reported by participating physicians included enjoying more consistent communication with chronic disease clients and those requiring small changes in management, avoiding phone tag, responding to non-urgent issues on their own time, improving efficiency in certain scenarios, completing

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