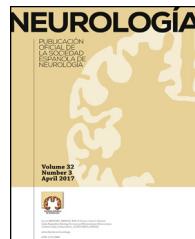


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ORIGINAL ARTICLE

Use of e-mail for Parkinson's disease consultations: Are answers just a click away?☆,☆☆



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Received 16 March 2016; accepted 30 May 2016

Available online 9 January 2018

KEYWORDS

E-consult;
Email-based
consultation;
Telemedicine;
Electronic
consultation;
Parkinson's disease

Abstract

Introduction: The clinical problems of patients with movement disorders (MD) are complex, and the duration and frequency of face-to-face consultations may be insufficient to meet their needs. We analysed the implementation of an e-mail-based query service for our MD unit's patients and their primary care physicians (PCPs).

Methods: We retrospectively reviewed all consecutive emails sent and received over a period of 4 months, one year after implementation of the e-mail inquiry system. All patients received the e-mail address during consultations, and PCPs, during scheduled informative meetings. We recorded and later analysed the profile of the questioner, patients' demographic and clinical data, number of queries, reason for consultation, and actions taken.

Results: From 1 January 2015 to 30 April 2015, the service received 137 emails from 63 patients (43% male, mean age 71 ± 10.5) diagnosed with Parkinson's disease (76%), atypical parkinsonism (10%), and others (14%); 116 responses were sent. Twenty (32%) emails were written by patients, 38 (60%) by their caregivers, and 5 (8%) by their PCPs. The reasons for consultation were clinical in 50 cases (80%): 16 (32%) described clinical deterioration, 14 (28%) onset of

☆ Please cite this article as: Viedma-Guiard E, Agüero P, Crespo-Araico L, Estévez-Fraga C, Sánchez-Díez G, López-Sendón JL, et al. El correo electrónico en la consulta de Parkinson: ¿soluciones a un clic? Neurología. 2018;33:107–111.

☆☆ This study was featured as an oral presentation at the 67th Annual Meeting of the SEN, 2015.

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new symptoms, and 20 (40%) side effects or concerns about medications. In 13 cases (20%), the query was bureaucratic: 11 were related to appointments (85%) and 2 were requests for clinical reports (15%). In response, new appointments were scheduled in 9 cases (14%), while the rest of the questions were answered by email. Patients were satisfied overall and the additional care burden on specialists was not excessive.

Conclusions: Implementing an e-mail-based consultation system is feasible in MD units. It facilitates both communication between neurologists and patients and continued care in the primary care setting.

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PALABRAS CLAVE

Consulta electrónica;
Atención por mail;
Telemedicina;
Atención electrónica;
Parkinson

El correo electrónico en la consulta de Parkinson: ¿soluciones a un clic?

Resumen

Introducción: La problemática de los trastornos del movimiento (TM) es compleja y la duración y frecuencia de las consultas presenciales puede estar limitada por problemas de espacio y tiempo. Analizamos el funcionamiento de un servicio de atención por correo electrónico institucional para médicos de Atención Primaria (MAP) y pacientes en la Unidad de Trastornos del Movimiento (UTM).

Métodos: Se revisaron retrospectivamente los correos electrónicos enviados y recibidos en un periodo de 4 meses, un año tras su implantación. La dirección se proporcionaba en consulta y mediante sesiones informativas a los MAP del área. Se analizaron datos clínicos y demográficos de los pacientes, tipo de interlocutor, número de consultas, motivo y actuaciones derivadas de ellas.

Resultados: Del 1 de enero al 30 de abril de 2015 se recibieron 137 correos de 63 pacientes (43% varones; edad $71 \pm 10,5$ años) diagnosticados de enfermedad de Parkinson (76%), parkinsonismos atípicos (10%) y otros (14%), y se enviaron 116 respuestas. En 20 casos (32%) fueron redactados por el paciente, en 38 (60%) por sus familiares y en 5 (8%) por MAP. Los motivos de consulta fueron clínicos en 50 casos (80%): deterioro clínico (16; 32%), nuevos síntomas (14; 28%), efectos secundarios o dudas sobre medicación (20; 40%). Como consecuencia, se adelantó una cita programada en 9 casos (14%), mientras que el resto se solucionaron por correo electrónico. En 13 (20%), el motivo de consulta fue burocrático: relacionado con citas (11, 85%) y solicitud de informe (2, 15%). La satisfacción fue generalizada, sin constituir una sobrecarga asistencial excesiva para los facultativos responsables.

Conclusiones: La implantación de una consulta por correo electrónico es factible en UTM, facilita la comunicación médico-paciente y la continuidad asistencial con Atención Primaria.

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Introduction

The use of e-mail in the doctor–patient relationship has numerous advantages. E-mail is fast, easy to use, inexpensive, and safe, offers a wide range of possibilities, and allows patients more time to reflect on the reason for consultation than do in-person consultations, strengthening continuity of care. E-mails are automatically saved, which helps patients to remember medical advice and provides physicians with a record of their clinical assessment and when it was made, improving the transmission of clinical data and diagnostic test results.¹ Institutional e-mail accounts guarantee the protection of clinical data.

Diseases associated with movement disorders (MD) are frequently complex, and the duration and frequency of in-person consultations for these patients may be insufficient. Our movement disorders unit (MDU) decided to

implement an institutional e-mail consultation service (e-consultation) within the management protocol for Parkinson's disease (PD) effective in the Region of Madrid² to improve healthcare and continuity of care with primary care physicians. This study analyses the service and identifies potential areas of improvement to adapt healthcare to the needs of our patients and their general practitioners (GP).

Methods

This retrospective, observational, descriptive study analyses our experience with e-consultation for GPs and patients of the MDU. Descriptive statistics are used to present data on the variables analysed.

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