MANAGING YOUR DERMATOLOGY PRACTICE

E-Mail, Your Patients, and You

BY JOSEPH S.
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As more patients attempt to e-mail their physicians, I am increasingly asked if this is a good idea. The answer is, as with most things, it depends.

Although this is not a particularly new issue, and many patients are enthusiastic about the prospect of communicating with their physicians online, most physicians remain reluctant to do so. Aside from the obvious privacy issues, many balk at one more unreimbursed demand on their time. While I share those concerns, there also are real benefits to be gained from online communication, among them increased practice efficiency for you, and increased quality of care and satisfaction for your patients.

I started giving one of my e-mail addresses to selected patients several years ago as an experiment, hoping to take some pressure off of our overloaded telephone system. The patients were grateful for simplified and more direct access to me, and I appreciated the decline in phone messages and interruptions while I was seeing patients. I also noticed a welcome decrease in those frustrating, unnecessary follow-up visits—you know, "The rash is completely gone, but you *told* me to come back...."

Of course, the experiment has yielded some problems. Privacy is always a concern, although no patients have yet raised the issue. Also, some patients don't always give me the information I need, and often include a lot of stuff I don't need. And occasionally, despite my best efforts to educate them on appropriate e-mail use, I receive requests for refills or treatment I cannot provide without an office visit.

In general, however, I have found that the advantages for everyone involved (not least my nurses and receptionists) far outweigh the problems. And now, newer technologies such as encrypted e-mail, Web-based messaging, and integrated online communication systems should go a long way toward assuaging privacy concerns.

Contrary to popular belief, ordinary unencrypted e-mail does not necessarily violate the Health Insurance Portability and Accountability Act (HIPAA). As I've noted many times, HIPAA allows you to handle medical information in just about any way you wish, as long as patients are informed of what you are doing and accept any risks of breach of privacy associated with it. As long as the Notice of Privacy Practices that you distribute to patients explains your e-mail policies, and each e-mail includes a standard confidentiality disclaimer, you will be HIPAA compliant.
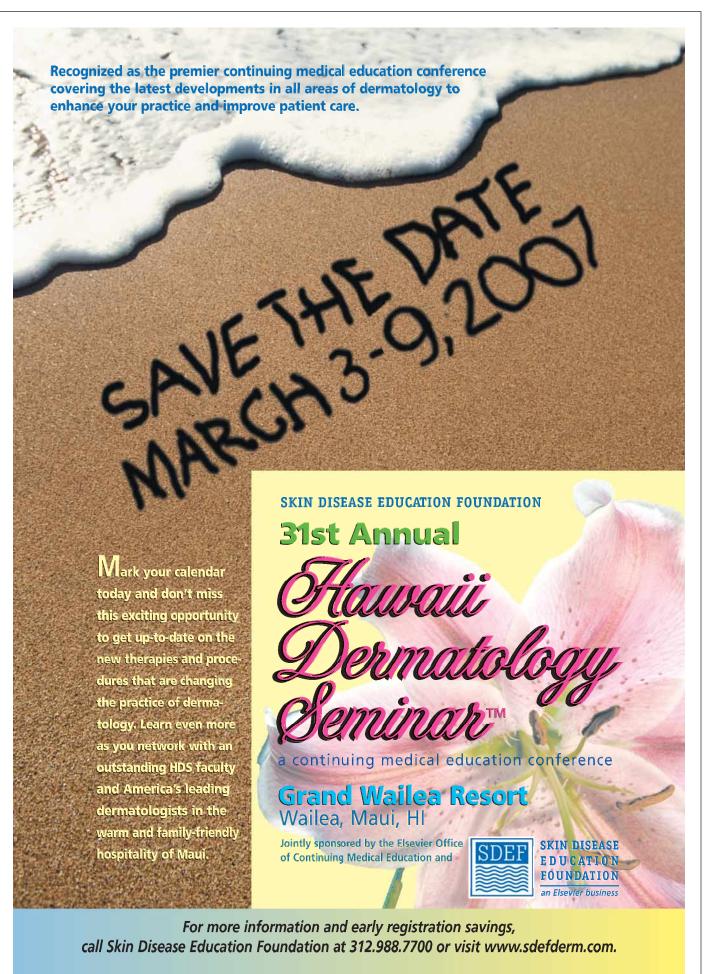
Still, if the lack of encryption and other privacy safeguards makes you (or your patients) uncomfortable, encryption software can be added to your practice's e-mail system. Kryptiq (www.kryptiq.com), Sigaba (www.sigaba.com), Tumbleweed (www.tumbleweed.com), Zix (www.zixcorp.com), and others sell encryption packages ranging from about $10,000 to $20,000, not including regular maintenance. (As always, I have no financial interest in any product or enterprise mentioned in this column.)

But rather than simply encrypting their e-mail, increasing numbers of physicians are opting for Web-based messaging. Patients enter your Web site and send a message using an electronic template that you design. You (or a designated staffer) will be notified by regular e-mail when messages are received, and you can post a reply on a page that can only be accessed by the patient. Besides enhanced privacy and security, the big advantage of Web messaging is the ability to use templates, which ensure that messages include the information you need and minimize extraneous chatter. And you can design separate templates for nurses and receptionists so every message need not go through you.

Web-based messaging services can be freestanding or incorporated into existing secure Web sites. Medem (www.medem.com), Medfusion (www.medfusion.net), and RelayHealth (www.relayhealth.com) are among the leading vendors of secure messaging services.

To really do it right, though, you need to integrate your messaging service into your medical records. If you are looking to add an electronic medical record (EMR) system to your office, add Web messaging to your list of essential features.

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Health Care for All Should Be Set in Law, Panel Says

BY NELLIE BRISTOL
Contributing Writer

Affordable health care coverage should be public policy established in law with a set of core benefits available to all Americans by 2012, the Citizens' Health Care Working Group said in its interim recommendations.

Benefits would be defined by an independent, nonpartisan, public-private group and encompass physical, mental, and dental health services, the panel suggested.

The working group was established by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to foster national debate on health services availability and financing. Final recommendations, expected early next year, will be sent to Congress and the White House for further debate and consideration.

In developing its recommendations, the 14-member panel held public meetings across the country, conducted polls, and read almost 5,000 individual commentaries.

New revenues would be required for the coverage, with the group suggesting use of dedicated revenue streams including enrollee contributions, income taxes or surcharges, "sin taxes," payroll taxes, and value-added taxes.

"The opinion polls, the community meetings, and the Web-based survey and comments all showed large majorities of people willing to make additional financial investments in the service of expanding the protection against the costs of illness and the expansion of access to quality care," the working group said in its report.

Paul B. Ginsburg, president of the Center for Studying Health System Change, praised the panel for pointing out that universal health coverage would require new revenues. "That's a reality check that al-

most no public leader is willing to admit because they always tells us you can do it for nothing."

He said although Congress and the administration are not keen on another major health care expansion, the recommendations could act as a "motivational paper" to alert lawmakers to the public's values.

The working group also recommended greater federal support of integrated community health networks through establishment of a specific unit with re-

sponsibility for coordinating all federal efforts regarding the health care safety net.

Efforts to improve quality and efficiency of care should be strengthened by the federal government through use of existing public health care programs and promotion of health information technology and electronic medical records, especially in underserved areas, the report said.

The report also suggested that end-of-life services financing and provisions should be restructured "so that people

living with advanced incurable conditions have increased access to these services in the environment they choose."

Working group members represent consumers, the uninsured, benefits financing, business, labor, and health care providers. It is chaired by Randall L. Johnson, director of human resource strategies for Motorola. The legislative provision that created the working group was sponsored by Senator Orrin Hatch (R-Utah) and Senator Ron Wyden (D-Ore.). ∎

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Last year I discussed the basic rules to keep in mind when shopping for an EMR system. (If you missed that column, you can find it on the SKIN & ALLERGY NEWS Web site, www.skinandallergynews.com. Click on "The Archives Collection" on the left side.) And in a future column, I'll discuss the pros and cons of Web-based vs. server-based EMR systems. Whichever system you choose, make sure it has the ability to provide integrated Web-based messaging. An integrated system makes the patient's entire medical record available to you during your online communications. Furthermore, all messages are immediately made a part of the patient's record.

Naturally, this is not only your best option over the long haul, but also the most expensive. However, all of us not planning to retire in the next decade will be looking into EMR whether we want to or not. So it behooves us to make sure efficient patient communication capabilities are an integral part of any system we choose. ∎

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