A year of meeting patients online
One GP’s experience and responses to common objections

Background

Problem #1:
Currently, the demand for physician services is greater than the supply of those services. The population is aging and the prevalence of chronic diseases that burdens an already taxed medical system is on the rise. As patients live longer and healthcare professionals can do more for them, the workload increases proportionately, thus impeding the ability to deliver the patient care that everyone expects.

Problem #2:
There is a significant gap between the expectations of Canadians and the ability for primary care to deliver because, in comparison with other industries, health care lags behind in the adoption of technology. This is true even though, more and more, Canadians of all ages are using the internet to communicate and to perform daily activities, including researching medical information and self-managing health conditions.

The solution

In 2008, Practice Solutions Ltd. launched Canada’s first doctor/patient collaborative space. The mydoctor.ca® Health Portal is an interactive and secure site that enables patients to take an active role in monitoring and managing their chronic conditions. Allowing patients to record their readings from home provides physicians with a more comprehensive data set to determine the best course of treatment. Patients certainly benefit as well, as they can gain a better understanding of the impact of their lifestyle on their chronic conditions by reviewing their data in an easy-to-read graph format.

For the past year, Dr. Jay Mercer has been using the mydoctor.ca® Health Portal in his practice. Dr. Mercer identified a number of patients from his roster who he felt could benefit from online interactions. In addition, the Portal gave Dr. Mercer the opportunity to test some concerns that are commonly heard among fellow physicians regarding the concept of online interactions with their patients. The following article discusses Dr. Mercer’s findings after one year of meeting with patients online.

mydoctor.ca® Health Portal

“I have been using Health Portal’s Blood Pressure tool for a year to more closely monitor roughly 30 patients living with chronic hypertension. From a treatment perspective, it’s not enough for me to base treatment on how a patient presents during a consultation, as in-office measurements may be falsely high or, in rare cases, falsely low.”

Dr. Alfi Beshay, St. Catharines ON
No matter what their age, our patients already expect to receive health care online. They are very familiar with sending and receiving e-mails, conducting Google searches and participating in discussion forums related to their chronic illness. Whether we like it or not, this trend is going to accelerate. The problem is that physicians are often left out of the equation.

More than a year ago I was involved in helping to create the first version of the mydoctor.ca Health Portal. Once it was up and running, I made the decision to start enrolling my patients and working with them online. Since then I have been able to work with more than 60 of my patients, working with them online to manage chronic illnesses such as hypertension, diabetes and asthma.

When I mentioned this initiative to other physicians I heard all the potential drawbacks to giving patients access to care online. A year later, the situation is working well and I would not go back. I learned several lessons and as you will see, some of the lessons are quite surprising.

Assumption 1: Patients are not interested in online services, especially seniors

This assumption was the first to go out the window. In the past, the patients who had asked me if they could communicate by e-mail were usually under the age of 50, and there were surprisingly few of them. Since I have an older practice demographic, the over 65 crowd was the one I was particularly interested in. Initially I was quite tentative about asking this group if they would be interested in online disease management. However, they told me that they would be very keen to interact using the internet as they said they had been using the web for a variety of purposes for quite some time. One patient told me that she was pleased that I was catching up with her grocery store. But more about that later.

Assumption 2: Patient-generated readings cannot be trusted

Many of my colleagues told me that patients would not be able to enter data reliably so what I saw online would be misleading. This did not make sense to me. Patients had been writing down their blood pressure, weight and glucose readings for years and these correlated well with what I was seeing in the office. In the case of the home glucose readings the accuracy was confirmed by laboratory tests.

Going online with patients seemed to work just as well. I developed a careful process for getting reliable data. If I wanted a patient to go online to help manage their blood pressure, I asked them to go and buy a blood pressure cuff and bring it in. They would take their pressure in the office with their own device and we would then confirm it with our mercury manometer. Some of the patient’s cuffs had to be replaced, but most worked fine. Over a year later patients are putting their blood pressure readings into the online portal with no difficulty. We learned that some patients will have high readings when they eat potato chips, and another had low readings when I give her too much medication. We have now fixed both problems.

My real education on the reliability of patient entered data came from the patient that I mentioned previously who has been doing her shopping online.

She is in her mid 70’s and also takes care of her disabled husband, so she is keen on being more efficient. That is why she likes the online grocery store. She puts the order in and then they deliver to her home. Since she had been doing this for over a year I asked her how often she got something she did not order? She was quick with her answer – never. If the notion that patient-entered data would be inherently unreliable, she should be getting 70 boxes of breakfast cereal delivered on a regular basis, but this is simply not happening.

What we are seeing are patients creating a rich and reliable data set that is helping both of us understand what is going on with their chronic illnesses. Patients have told me that since they started entering their own data and seeing it immediately on a graph, they are starting to understand what it means. They are also starting to see the relationship between their blood pressure and things like their food choices (those nasty chips) and going off of their medications.

My experience was consistent with a small study that I participated in which showed 83% of patients felt that the online tool helped them achieve better blood pressure control. The study also confirmed the fastest uptake was from seniors, as 61% of participants were over 65 years of age. What surprised me and many others was that the study also showed that 88% of patients who monitor their blood pressure online agreed that the tool improved the patient-physician relationship. This was a finding that I did not expect. Like many other physicians, I felt they would be neutral at best. Once again, I was wrong.
Assumption 3: Patients will swamp me with messages

Many physicians also told me that if I gave patients access to me by e-mail, I would be swamped and would be spending all my time answering them. This just did not happen. What I did was provide patients with access via the secure messaging facility in the mydoctor.ca portal. Patients universally respected this access. With more than 60 patients online, receiving one or two messages electronically is a very busy week. Typically I get none. Patients know not to e-mail me if they are in distress, and also know that they may not get a reply for a couple of business days. All of these rules are established when the patient signs up for the service, and they work well for everyone.

The biggest benefit for me is that most of the e-mails allow me to avoid having to phone the patient. The need to call a patient often starts off a game of phone tag that can go on for days. With e-mail, I avoid this completely.

Secure messaging also taught me something else that I had never considered – the over 65 group all know how to spell, and will let you know when you make a mistake.

Since I spell badly in both official languages this has been a great source of amusement for a few of my patients.

Assumption 4: I will not be compensated for online interactions

Concern about not getting paid for online interactions is a constant and understandable one for physicians. The reality is that there are many tasks that we already do that we don’t get paid for such as playing phone tag when we need to talk to a patient about a lab test or diagnostic test result. Now that I can communicate with patients via secure messaging, the phone tag issue is gone and my time is saved.

I also benefit from being in one of Ontario’s primary care models. As part of this model I am paid a fixed fee to provide patient care. Without needing to bring the patient to the office, I can do things such as online visits to discuss blood pressure control. In this type of visit, the patient and I are on the phone together and also logged onto the portal. We both see the same information and can make plans on how to proceed until the next visits. The over 65 crowd really appreciate these “mouse calls”, particularly in the middle of winter.

Physicians who work under a fee-for-service model can bill patients directly for some online interactions. Many patients are willing to pay for this convenience. Some provinces are starting to have fee codes that pay for fee-for-service physicians for limited on-line interactions. This is a complex area so physicians should check with their provincial or territorial medical association prior to find out how to proceed.

The Bottom Line

Since I started moving patient interactions online, the relationships have worked well. The issues that I was cautioned about have not materialized as major problems. The patients are happy with the improved access to me and my net workload has decreased. I also feel that I have a better handle on many of my patient’s problems since I am now making decisions based on a much richer data set. Even my spelling has started to improve.

The next step for me is to try and get as many patients as possible using the portal. With a possible pandemic in the offing, keeping patients out of my office might be a priority at some future time. I also plan to get my patients interacting with the office staff online, but that may take a few weeks.

Dr. Jay Mercer is a practicing family physician in Ottawa, Medical Director of CMA Holdings Incorporated and Senior Physician Advisor to the Canadian Medical Association.

“I have been able to work with more than 60 of my patients to manage chronic illnesses such as hypertension, diabetes and asthma”
Practice Solutions is currently working to integrate the Health Portal with the Practice Solutions EMR software, subsequently increasing the power of both solutions!

To learn more about the Health Portal, go to mydoctor.ca/tour

To learn more about Practice Solutions offerings, go to cma.ca/practicesolutions