In Reply ■

Reply to “e-Talking to Patients: Connecting with the Health Care Consumer”

SAUL N. WEINGART, MD, PhD, DANIEL Z. SANDS, MD, MPH, DAVID M. RIND, MD, MPH

■ *J Am Med Inform Assoc.* 2006;13:580. DOI 10.1197/jamia.M2119.

We agree with Drs. Podichetty and Valley's observation that physician acceptance is critically important for patients to realize the benefits of the Internet portal. This is certainly the case for portals that increase patients' access to physicians, as with secure electronic messaging. The authors suggest that the younger, more affluent users of the PatientSite portal in our study reflect the demographics of the physicians who care for them.¹ Unfortunately, our study did not address this provocative question directly. However, the demographic profile of PatientSite users reflects the profile of consumers who use the Web for health information in national surveys.²⁻³ Therefore, we suspect that physician demographics plays a less important role than consumer choice.

While it seems reasonable to assume that e-literacy among physicians tracks that of their patients, there is limited data to assess the validity of this assertion. In fact, some data from our organization counters this view. In studies that examined the use of clinical computing and an online medical record system at our hospital, age did not predict physician use.⁴ Furthermore, the clinician users of PatientSite are broadly similar to users of our other clinical systems. In fact, several of the largest primary care practices in our network mandated 100% physician participation with PatientSite, thus making the technology available to all patients in the practice. Many of our senior primary care physicians are among the most avid PatientSite users.

Physician age is sometimes invoked as an explanation for why physicians fail to use computer systems, when in fact

there are other plausible explanations.⁵ For example, more experienced and senior physicians may be better able to resist attempts by administrators to compel the use of poorly designed and implemented systems. In addition, age may be confounded by other factors, including technological literacy, typing ability, panel size, and visit volume. We observe that most caregivers readily adopt well-designed systems that save time and improve patient care.

The patient Internet portal is an innovative technology that may provoke physician fears and resistance. Systems that permit patients to review their records (or, heaven forbid, clinician notes!) and that simplify electronic communication may be uncomfortable for some physicians. Physicians may worry about how to integrate e-communication into their office work flow, the possibility of increased work load, and medico-legal liability exposure associated with missed messages or greater transparency of the medical record. It is a brave new world. Successful adoption of the patient Internet portal will occur only if physicians, regardless of age, find value there.

References ■

1. Weingart SN, Rind D, Tofias Z, Sands DZ. Who uses the patient Internet portal? The PatientSite experience. *J Am Med Inform Assoc.* 2006;13:91-5.
2. Fox S. Wired for health. How Californians compare to the rest of the nation: A case study sponsored by the California HealthCare foundation. Pew Internet & American Life Project; Washington, DC, 2003. Available at: http://www.pewtrusts.com/pdf/pew_internet_low_income_health.pdf. Accessed April 4, 2006.
3. Fox S. Older Americans and the Internet. Pew Internet & American Life Project, Washington, DC, 2004. Available at: http://www.pewinternet.org/pdfs/PIP_Seniors_Online_2004.pdf. Accessed April 4, 2006.
4. Bleich HL, Beckley RF, Horowitz GL, et al. Clinical computing in a teaching hospital. *N Engl J Med.* 1985; 312: 756-64.
5. Rind DM, Safran C. Real and imagined barriers to an electronic medical record. *Proc Annu Symp Comput Appl Med Care.* 1993;74-8.

Affiliation of the authors: Stoneman Center for Quality Improvement, Division of General Medicine and Primary Care, Beth Israel Deaconess Medical Center, Boston, MA.

Correspondence and reprints to: Saul N. Weingart, MD, Ph.D., Dana-Farber Cancer Institute, 44 Binney St., Boston, MA 02115; e-mail: <saul_weingart@dfci.harvard.edu>.

Received for review: 04/04/06; accepted for publication: 05/15/06.