Institute for Health Care Improvement Steven R. Flier, M.D.
Chief, Division of Community Medicine
Beth Israel Deaconess Medical Center

Personal Physicians HealthCare LLC

**National Forum** 

Patient Use of the Web to Support Self-Care

December 9, 2001





HARVARD MEDICAL SCHOOL

BETH ISRAEL DEACONESS MEDICAL CENTER A member of CareGroup

# **Major Features**

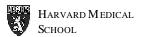
- Clinical e-mail
- Office transactions
- Access to information
- Access to the medical record





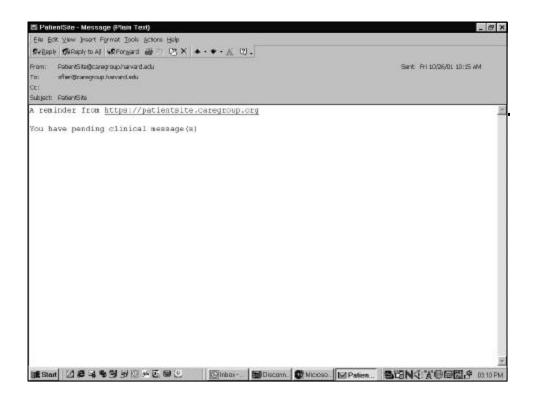
# PatientSite Clinical E-mail

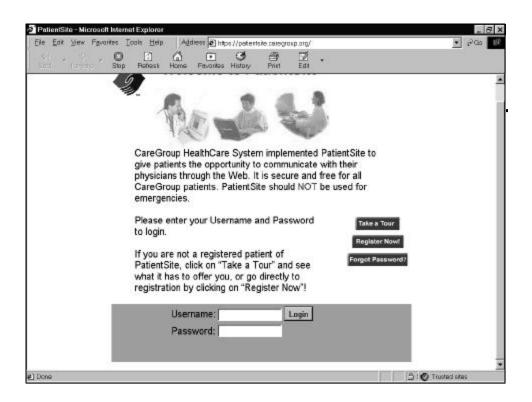
- The advantages of e-mail
  - ◆ Convenience
  - ◆ Efficiency
  - ◆ Asynchrony
- Plus:
  - ◆ Secure
  - ◆ Archived
  - ◆ Forwardable

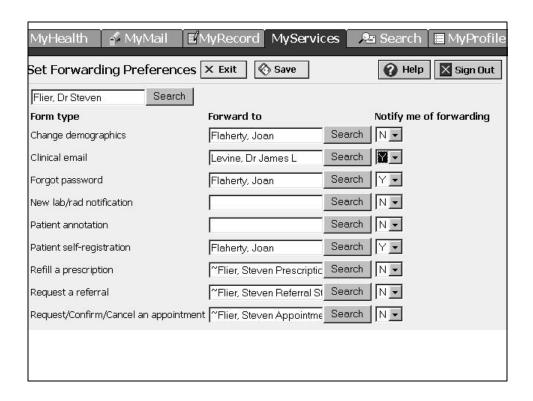






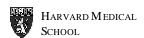






# **Health Care Transactions**

- Prescription refills
- Referrals
  - ◆ Recommendations
  - ◆ Managed care
- Appointments
  - ◆ Appointment confirmations





### Access to Information

- General information libraries
- Customized links to disease and medication information
- Broadcast information





 From:
 Flier, Dr Steven

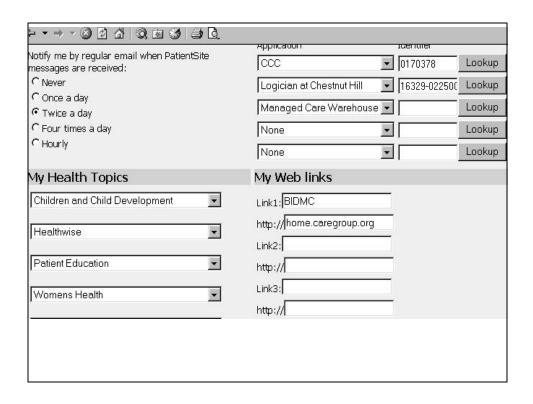
 Date:
 7/21/00 12:05:42 PM Read:7/21/00 12:07:30 PM Replied:7/27/00 11:43:07 AM

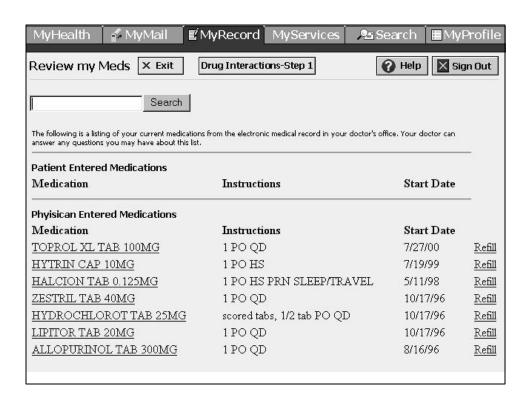
 To:
 ~Dr Flier's Patient Group ~

 Cc:
 ~enawr, Drame

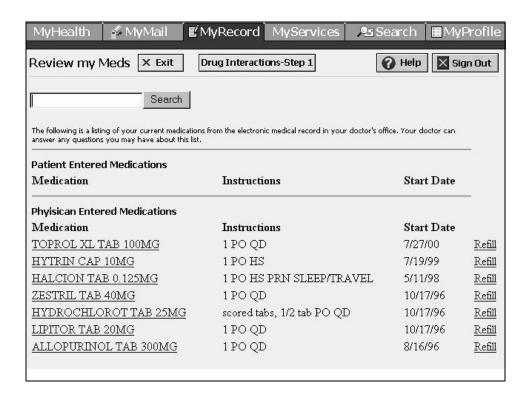
Subject: Colonoscopy in the News

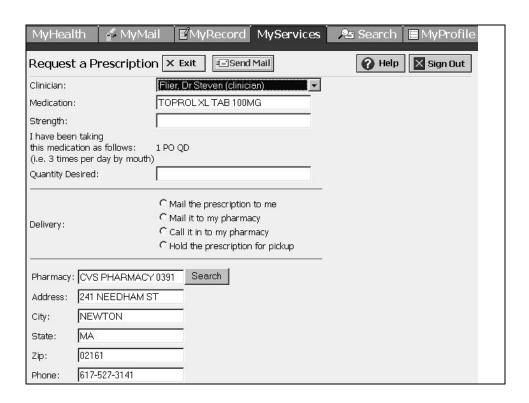
Many of you have heard or read about the important papers published in this week's issue of the New England Journal of Medicine. Two studies and an accompanying editorial discuss the choice of the best test to screen for colon cancer. In these studies, individuals over the age of 50 without symptoms (bleeding, change in bowel habits, etc.) and with a normal family history (no first order relatives with colon cancer or colon polyps) who underwent colonoscopy had a significant number of important findings (cancers and polyps) that would have been missed had they only undergone sigmoidoscopy. The studies confirm that sigmoidoscopic screening is not the best test to detect a substantial proportion of asymptomatic colorectal cancers





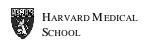






# Access to the Medical Record

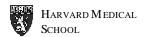
- Integrated access to multiple systems
  - ◆Hospital based information system
  - ◆Office based EMR



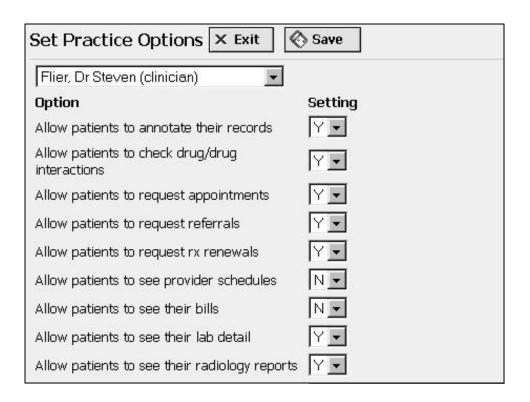


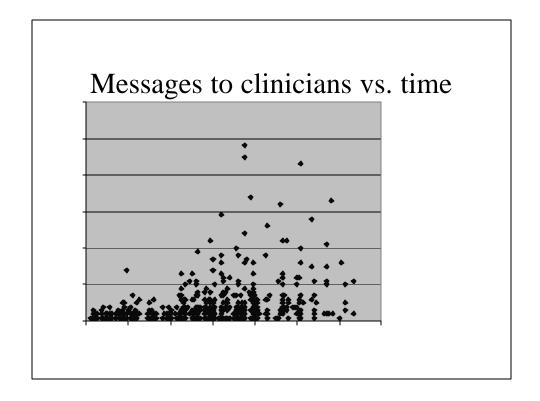
### Access to the Medical Record

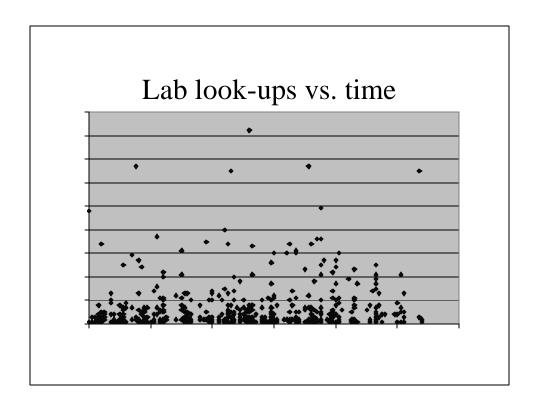
- Customized for each provider
  - **♦**Problem lists
  - ◆Med lists
  - ◆Allergy lists
  - ◆Lab look-ups
  - ◆Radiology look-ups

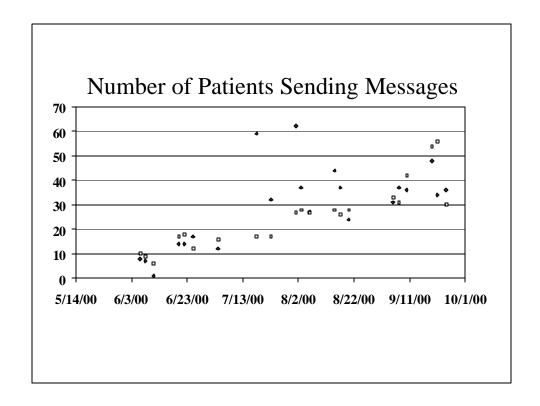


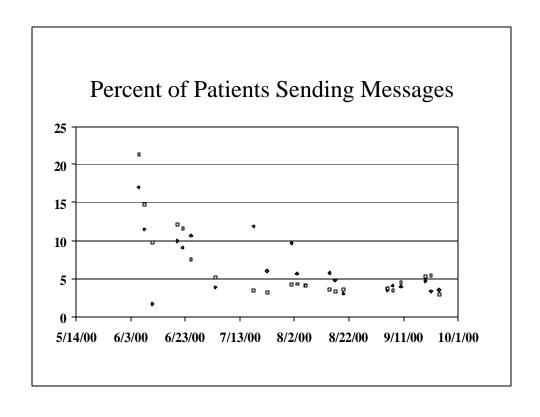












# **Doctor – Patient Communication**

- Factors shown to build relationships\*
  - ♦ Open ended inquiry
  - ◆ Reflective listening
  - ◆Expression of empathy
  - ◆ Support of autonomy
  - ◆ Exploration of ambivalence
  - ◆ Building of self-efficacy

\*Bayer Institute for Patient Communication





Subject: Stress Test

Good news. It is normal! Here is the text of the report:

INTERPRETATION: This 49 year old man was referred to the lab for an evaluation. The patient exercised for 10 minutes of a Bruce protocol and stopped for fatigue. This represents an average exercise tolerance. There were no neck, arm, chest, or back discomforts reported by the patient throughout the study. There were no significant ST segment changes noted during exercise or recovery periods. The rhythm was sinus with rare isolated VPB's. Appropriate hemodynamic response to exercise.

IMPRESSION: No anginal type symptoms or significant arrhythmia. No ischemic ECG changes.

From Gramer, Jerrey
To:Flier, Dr Steven
Steve,

I took my cardiac stress test last Wednesday, Any results?

From:	Flier, Dr Steven
Date:	9/25/00 9:40:12 AM
	Read:9/25/00 10:11:08 AM
To:	
Cc:	
Subject	: mammogram
The orde a booking SRF	r has been placed. you must call ext 667-2514 for 3.
From: To:Flier, Hi Steve, Would yo	ou be kind enough to initiate an order for a gram. I need to have one in Dec at BI and need to make

Hi Steven,

Hope you and your family are well. I'm felling terrific but having a bit of a problem with gout. I've had about four attacks since I saw you in June. I catch them early with colchicine before they become an overwhelming issue, but it's becoming a nuisance, especially for my GI tract. I am in superb physical/cardio-vascular condition and swimming one hour continously six days per week. And, I continue to be strikingly handsome. The gout, then, is an unwanted and painful annoyance. Is there any alternative to allopurinol? I'm already taking Zestril and Lipitor.

Thanks.

Nick

From:	Flier, Dr Steven	
Date:	9/20/00 6:35:39 PM <b>Read:</b> 9/20/00 10:53:13 PM	
To:		
Cc:		
Subject	: gout	
allopurino the produ more urio drops. Th causes a kidney da	ere are 2 drugs available to prevent gout- of and probenecid. Allopurinol works by decreasing action of uric acid. Probenecid works by dumping acid into the urine, so that the blood level he problem with this latter approach is that it higher chance of uric acid kidney stones and amage, particularly in people like you who make too acid (as indicated by the amount of uric acid in	

