Author's response to reviews

Title: Use of email for patient communication in student health care: a cross-sectional study

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Author's response to reviews: see over
Use of email for patient communication in student health care: a cross-sectional study

Our comments to reviewers´ reports

We are grateful to BioMed Central Editorial Team for accepting our manuscript into the peer review procedure and to the reviewer for their comments and point of views.

We have now corrected all the required essentials and are kindly asking for a publication of our manuscript.

(Corrected or new sentences and paragraphs in Italics)

1. Quality of written English.
   Since the authors are non-native speakers of English, we decided to use a professional lingual consultant to edit and correct our manuscript. Our written English was corrected by a highly respected native speaking senior lecturer on English at the University of Tampere, Mr. Robert MacGilleon. He has recently been retired from University, but is still working active as a consultant. He has a wide experience of editing medical articles. So, we are kindly asking to point out the parts of article, paragraphs or sentences which require to be re-corrected by a second lingual consultant.

   We have been taking into account Mr Maesenears viewpoint regarding the methodology we used to evaluate possibilities of emails to replace visits and phone calls. We used a method where doctors were asked to keep a daily tally of visits, calls and emails. We have appended a clarification into the method part and made also a correction in the discussion part, to describe in more detail the method used – and to discuss it. Thank You for pointing out this inaccuracy!

(Corrected or new sentences / paragraphs: Italics)

“Abstract, Methods
All physicians (n = 76; 48 general practitioners and 28 specialists) at the Finnish Student Health Service received a questionnaire by email, and were asked to print it and keep a daily tally of visits, phone calls and e-mails over the study period of one working week (5.5. – 9.5.2003). The response rate was 70%. The data originating from the questionnaire were compared with statistical data from the EPR during the study period.”

“Text, Methods
All physicians (n = 82) in the FSHS´ functionary register in April 2003 received a questionnaire by email. We excluded six physicians, who were not any more working for the FSHS and took exception to the two authors. The actual number of survey population was 74. The questionnaire included background factors and a registration (in form of daily tally) of numbers of patient contacts, phone calls and emails over one working week. Respondents were also asked to assess the number of visits and calls replaceable by email, and the number of emails
including a request, which could not be fulfilled without face-to-face contact. Also doctors’ attitudes toward email use for patient communication were asked.

The first mailing of questionnaire took place 28.4.2003 and a reminder was sent 5.5.2003. Recipients were asked to print the survey form, fill it in by hand, and return it by internal mail. Overall 52 out of 74 (70%) physicians returned a completed survey.”

“Discussion

Even if university students do not represent the whole population, they can act as “pilot population” representing adults of working age of a future information society. Our study population was small with only 52 respondents. Thus the results of the study can not be indiscriminately generalized. Because of the small study population comparison of the subgroups may not be reliable.

Although the study group was small, it well represented all the doctors at the FSHS, and the response rate was high. A further strength was that we compared the number of patient contacts documented in the questionnaires during the study week to the statistical data of contact numbers from the EPR at the same time. In other studies no corresponding comparison has been made.

The doctors were asked to keep a daily tally of visits, phone calls and e-mails, and to evaluate how many visits or phone calls could have been replaced by e-mail. Many doctors undoubtedly did this simultaneously with patient work. Some doctors might have been in a hurry, they probably supplemented the questionnaire at the end of the day. To achieve more accurate evaluation of visits and phone calls replaceable by email, a continuous assessment (visit by visit, phone call by phone call) could have been stressed even more in the instructions.


We have been taking into account Mr Maeseneers viewpoint regarding patient’s perspective and the risks of inequalities in health which can be caused by favouring modern communication technologies in patient care

“Discussion

(New paragraph):

“All university students in Finland have access to internet and email at their universities. Use of email as communication method in health care does not in their case cause inequalities in health. A general tendency in the societies to provide also health services widely in electronic form (in internet or by email) can contribute to inequalities for those who are not able to use modern technologies [13, 17].”


Regarding “probably missing” from documentation; we collected the numbers of visits, calls and emails using the method of tally documentation. We also collected – over the same study period - the statistical data from EPRs (of all FSHS doctors over the study period!). Based on privacy protection we did not have access to the personal EPR data of each individual physician or to personal email or phone accounted. This kind of collection method would require a specific email- and phone call-solution for patient communication designed for this study project. Which we did not have possibilities to; the study was made in the primary care, not in a research centre. Since the number of visits we expected – based of the respondents
proportion of all FSHS doctors – did not differ from the registered number of visits (in the statistical EPR data) we still believe, that the method we used is accurate. The term “probably missing” is unsuccessful – we have corrected it (“missing”) and have made correction into the discussion section.

We have also discussed limitations caused by the small study group of 52 respondents.

“Discussion

Even if university students do not represent the whole population, they can act as “pilot population” representing adults of working age of a future information society. Our study population was small with only 52 respondents. Thus the results of the study can not be indiscriminately generalized. Because of the small study population comparison of the subgroups may not be reliable.

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(New paragraph!):

The doctors at the FSHS do not have a specific electronic communication system focused on patient communication. They use their general, unprotected email system also to communicate with patients. A specific communication system used only for patient communication would enable an automatic collection of the patient communication data and create a more accurate database than our data collection.


Names of all our doctors and principles to constitute all FSHS email addresses (firstname.surname@yths.fi) are available at our websites. So even if students don’t have discussed the email contact with their doctor and received email address directly from them can they find the address on the website of the FSHS.

“Background

The Finnish Student Health Service

The Finnish Student Health Service (FSHS) provides primary health care services to approximately 140,000 university students in Finland. The FSHS has health stations in 16 university cities. Services include health promotion, consultations with general practitioners and with other clinical specialists, mental health care, and dental care. Since 1993 FSHS has provided health counseling in Internet. Since 1999 all physicians have had an email account at their disposal in health stations and an email address of type: firstname.surname@yths.fi. Principles of communication by email with FSHS’ employees and of other forms of electronic services (email service for cancellation of appointments, health counseling service on the Internet, and email service for feedback) are available at the FSHS’ website”

6. Cheryl A Moyer. Reviewer’s report. Major Compulsory Revision Nro 5 and 6

We made the decision to limit the focus of THIS paper to activity of email use and attitudes toward it. We do agree, that the types of “admitted” and “allowed” issues of using email for
patient communication are a very important factor to define the proportion of visit and calls replaceable by email. We have basic instruction – both for doctors and for our patients (available at our website!) – of recommended issues for email use for patient communication. We do not recommend -or allow - email communication with doctors to schedule appointments, cancel appointments, renew prescriptions, “order” x-ray or lab tests. We suppose that the emails between our doctors and patients mainly are issues, type of “treatment” or “patient care”. This presumption is supported by Dr M. Nyström’s congress report and abstract in September 2004. We do also agree that the issues of email communication between doctor and patient are worth a study of its own. It is important also to be able to determine whether documentation of emails in the EPR is essential or not.

We have added discussion of these topics into the discussion and conclusions sections.

“Dicussion

When we compared contacts in the EPR with contacts registered daily on the questionnaires we found that the majority of email contacts were not registered in the EPR. This finding is supported by Gaster and colleagues who asked physicians themselves to describe how often they usually registered email contacts in patient records [4].

(Primary paragraph!):

FSHS provides specific electronic service for focused issues (email service for cancellation of appointments, health counseling service on the Internet, and email service for feedback)

Principles of recommended issues to use emails between health providers and patients are available for students at FSHS’ websites. We have had a presumption that email messages between FSHS’ physicians and their patients mainly handle patient care. Nyström’s congress report from 2004 supports our presumption. He explored 139 email messages from 103 individual patients at his GP practice at the FSHS and noticed that 77% of email messages handled medical tests, and 16% handled follow-ups of symptoms or illnesses [16]. Thus the information in email communication should be entered in patient records.”

“Conclusions

…

There is a need for a larger study on email utilization between patient and physician which better covers the medical profession. The consumer point of view should also be better taken into account. A content analysis of email messages for patient communication combined with assessments of email documentation in the EPR could have strengthened present study regarding the importance of email registration in patient records.


We apologize to cite Katz and colleagues inconsequent. A correction of this citation has been done.

“Background

… Among Finnish citizens of working age young adults are the most active users of email and Internet [1, 11]. University students use these electronic net services even more actively than the young adult population as a whole. In a study from 2002 99% of students reported using email and Internet at least weekly [12]. All students have an email address at the university and their
health providers at the FSHS can be reached by email. The student health care system can be seen as an appropriate setting to use email for patient communication [13].

The students represent young, well educated, relatively healthy part of population which has been identified to be the most active to use email in patient-doctor communication [2, 5, 14].

We have made corrections, an introduction, into beginning of methods section.

“Methods
All physicians (n = 82) in the FSHS´ functionary register in April 2003 received a questionnaire by email. We excluded six physicians, who were not any more working for the FSHS and took exception to the two authors. The actual number of survey population was 74. The questionnaire included background factors and a registration (in form of daily tally) of numbers of patient contacts, phone calls and emails over one working week. Respondents were also asked to assess the number of visits and calls replaceable by email, and the number of emails including a request, which could not be fulfilled without face-to-face contact. Also doctors’ attitudes toward email use for patient communication were asked.

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