Chapter 23
Electronic Mail in Pediatric Practice

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Objectives

- To be able to integrate e-mail effectively and efficiently into a medical practice
- To be able to limit potential e-mail liability issues by being aware of best practices and legislation that impacts the use of email in medical practice
- To recognize that e-mail is a patient satisfier and its use in practice may help to build a successful practice

23.1 Introduction

E-mail is an important component of the revolution in the delivery of health care. “Just as the telephone transformed American society and the practice of medicine, electronic communication is having a similar impact and will become an integral part of pediatrics.” E-mail use has benefits to the patient and the physician. It can reduce unnecessary office visits, increase practice efficiency, make office visits more productive; improve access to care, improve physician–patient communication and improve chronic disease management.

Of non-face-to-face patient–physician communications (telephone/fax, electronic mail, short message service (SMS or texting), videoconference), e-mail is the most ubiquitous. However, barriers to its adoption in practice are: (a) lack of physician reimbursement for adopting such technology for patient-centered work (that can be time-consuming), (b) uncovered liabilities incurred during such transactions, and (c) fear of breaches of security and privacy.
23.2 Issues in Patient–Physician Electronic Communication\textsuperscript{1–2}

23.2.1 Reimbursement

Recently, the value of e-mail encounters has been recognized by selected insurers by their willingness to allow billing for e-mail consultations with established patients, subject to individual contract negotiation with the insurer. Interestingly, insurers seem more amenable to reimburse pediatricians for e-mail “visits” than for telephone care (which has long been a part of pediatric practice), perhaps because of the inherent ability to “capture” documentation. Typically insurers have allowed charges that typically reflect the patient’s office co-pay, usually resulting in little or no actual cost to the insurer itself. Recently Current Procedural Terminology (CPT 2008)\textsuperscript{8} was updated to include a code specifically referencing direct e-mail care or consultations.

99444 Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.

However, recognize that the availability of a CPT code for a procedure does not automatically guarantee insurer payment for the procedure.

Secure messaging and charge capture

• Some physician office portals allow capture of and charging for e-mail services through online prepayment.
• Charges for such online queries that require or result in a face-to-face visit can be credited back to patients.

23.2.2 Liability and Appropriate Use of E-Mail

The appropriateness and limitations of e-mail use must be clearly communicated and reiterated to patients. Suggestions to implement this include:

Using secured sites and portals

• Require full identification of patients registered to the practice in all transactions
• Post policies and limitations of e-mail services
• Use structured messages for a set of specific information or procedures: prescription refills, referrals, school forms, etc

Posting specific information (“auto-reply”) on all outgoing messages

• Note expected time of reply, including unavailability of personnel.
• Use disclaimers for emergency care (“Call 911”).