Using a Patient Portal for Electronic Communication With Patients With Cancer: Implications for Nurses

Elizabeth S. Rodriguez, DNP, RN, OCN®

E-mail has revolutionized communication; however, nurses have been slow to adopt that type of communication in their clinical practice. Patients overwhelmingly report that they want electronic access to their healthcare providers, yet concerns exist among providers regarding the safety and security of such communication, along with the effect on workload (Bodenheimer & Grumbach, 2003; Hussain, Agyeman, & Das Carlo, 2004).

Patient portals are Web applications that allow patients to interact with their providers and access various applications (Lin, Wittevrongel, Moore, Beaty, & Ross, 2005). At the start of this decade, significant growth occurred in the patient portal industry, with evidence of more large hospitals and small practices providing that type of service to patients (Sorensen, Shaw, & Casey, 2009; Weingart, Rind, Tofias, & Sands, 2006). One advantage of patient portals is the security that they provide for electronic messaging. Additionally, portals can build on e-mail communication by adding other features such as access to appointment information, test results, patient education materials, and online forms, as well as the ability to update demographic information and pay bills.

Oncology nurses are well positioned to lead and participate in this practice change because they are able to articulate the elements that are most important to incorporate in the development of patient portals. Oncology nurses also play an important role in promoting patient autonomy in the management of their care. Engaging patients in communication through patient portals has the potential to enhance shared decision making by allowing patients access to their own healthcare information.

Background

Memorial Sloan-Kettering Cancer Center (MSKCC) is a National Cancer Institute (NCI)-designated comprehensive cancer center in New York City. The 432-bed inpatient hospital is located in Manhattan, and an extensive outpatient department spreads throughout Manhattan into the surrounding regions of Long Island and Westchester County, NY, as well as New Jersey, with more than 500,000 patient visits annually (MSKCC, 2009).

Nurses in the MSKCC outpatient department collaborate with physicians to provide care for patients as part of a disease-management team. The nurses perform patient assessments, determine treatment-associated toxicities, conduct patient teaching, provide strategies for self-care interventions, and provide psychosocial support for patients along the entire continuum of cancer care. In addition to patient clinic visits, nurses are responsible for triaging patient phone calls to the physicians' offices. Phone calls are a primary means of communication with patients.

In addition to phone calls, patients and nurses occasionally communicate via e-mail. In 2003, the institution adopted a nursing policy for nurse-patient e-mail communication. Internal stakeholders developed the policy based on the best available evidence in the literature, as well as from Web guidelines and informatics consultation. The online communication policy includes details regarding expectations for responding to messages and documentation of communication in the electronic medical record (EMR). At that time, nurses used their MSKCC e-mail accounts, which used encryption software whenever sending an outgoing message to a patient.

In 2005, MSKCC began developing a "homegrown" patient portal system (see Figure 1). The steering committee guiding the project included members from administration, information technology, the privacy office, patient financial services, and the legal, medicine, and nursing departments. Development of the secure messaging application (where e-mail would occur) was a critical feature of the portal; therefore, nurses were key participants because they had developed the policy on e-mail communication with patients. Patients' desire for online communication and the need to ensure patient privacy and safety while integrating this communication technology into the nursing workflow became the driving principles of the secure messaging feature in the patient portal.

Process

The patient portal builds on patients' desire for e-mail communication but adds other features. Learning from the experience of using e-mail for communicating with patients, the team sought to solve common problems that patients and nurses sometimes experienced using e-mail: (a) difficulties with patient identification because full name, date of birth, or medical record number often were missing from messages; (b) messages were too long and wordy; (c) messages contained urgent issues such as severe symptoms; (d) delivery of messages failed because of firewalls blocking the encryption software on the receiving end; (e) documentation in the EMR required transcription of messages, adding to workloads; and (f) when a nurse was out of the office, no one responded to the message.