

From Our Readers

Dear Editor,

Thank you for publishing the study in the Spring 2007 issue of *The Permanente Journal*, entitled "MyChart—A New Mode of Care Delivery: 2005 Personal Health Link Research Report." This work adds to our growing knowledge and experience with secure messaging. I would like to offer a few points of clarification and a general comment about the findings.

1. Serrato et al note that the impact of secure e-mail messaging on outpatient visit and documented telephone call utilization is difficult to predict from this study because the members of the study population were older and sicker than members of the general population. As a rule, most members who use health care services are sicker and older than are members who do not. Therefore, the study population is more similar to our patient population than to our general membership.

2. The authors also identify that only a fraction of phone calls to primary care clinicians are documented in KP HealthConnect, making it difficult to identify the impact of secure e-mail messaging on telephone calls. In fact, the majority of, if not all, clinically relevant phone calls to primary care providers are documented.

—Reply

Dr Zhou,

Thank you for your letter and interest in our article. In response:

1. On page 20 of our article we wrote, "... current users of secure e-mail messaging are sicker than the general population; so their current experiences may not accurately predict visit substitution for the general population."

The point is that healthier and nonchronically ill patients may not substitute e-mail messages for phone calls and office visits to the same extent as sicker or chronically ill members. For example, healthier patients who go long periods of time between contacting their doctor may be less inclined to use e-mail as a substitute for an office visit. Subsequently, their reasons for contacting their physician are more likely to be about a new condition. The e-mail substitution rate for new conditions is probably lower than the e-mail substitution rate for continuing and chronic conditions. On the other hand, a younger population that frequently uses e-mail for a broad range of social and commercial interactions may be more inclined to use e-mail as a substitute for phone calls and office visits. Ultimately it is an empirical issue, and we should not assume that current estimates from a skewed, early adopter population will accurately predict the future as the user population changes.

2. We agree the majority of clinically relevant calls are documented.

3. In the Acknowledgments section of our article, we stated, "This work was partially funded by KP's Internet Services Group and Clinical Systems Planning and Consulting." At the time that our article was published in *The Permanente Journal*, Dr Zhou's article had not yet been published in the *American Journal of Managed Care*; so we referenced the internal KP report. Our article in *The Permanente Journal* article was not referenced, although some of our findings were cited, in the *American Journal of Managed Care* article.

Carl Serrato, PhD

Manager, National Market Research Department
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3. I invite readers who are interested in the source study on office visit and telephone utilization to see our article in the *American Journal of Managed Care* (www.ajmc.com/files/articlefiles/AJMC_07julyZhou_418to424.pdf). Please note that the original funding for the utilization impact study and other studies described in *The Permanente Journal* and the *American Journal of Managed Care* was provided by Clinical Systems Planning and Consulting, Kaiser Permanente Program Offices.

In closing, I would like to underscore one of the findings described by Serrato et al: primary care clinicians encouraged their patients to use e-mail messaging to varying degrees. The 7%-10% reduction in utilization occurred even though 63% of clinicians were low-level adopters with fewer than 15 e-mail encounters a month. If more clinicians encouraged their patient panels to use secure e-mail messaging, even further reductions in office visit and documented telephone call rates might occur.

Yvonne Zhou, PhD
Consultant, KP-IT
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Dear Editor,

My name is Dr Richard Sattilaro. My cousin, who was president of Methodist Hospital in Philadelphia, wrote a book *Recalled By Life* [referenced in J Horowitz, M Tomita. The Macrobiotic Diet as treatment for cancer: review of the evidence. *Perm J* 2002 Fall;6(4):34-7].

He was diagnosed with metastatic cancer. In desperation he tried macrobiotics and had a remission. In his sincere enthusiasm he wrote the above book and appeared on several TV shows. His book has been proffered as a 'bible' to many cancer victims who have, as a consequence, forsaken traditional treatment.

His remission was short lived. He died from his cancer not very long after the book was published. Thousands of copies of his book are still "hawked" to make a buck. To repeat: he died from the same cancer he thought was "cured" by holistic medicine and/or macrobiotics.

You should make this clear on your Web site.

Richard F Sattilaro, MD

—Reply

Dr Sattilaro,

Thank you for your letter. We agree that this is important information for our readers. These situations are highly complex and causality is usually not clear, nonetheless readers deserve to know about new associated information.

Tom Janisse, MD
Editor-in-Chief