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by Dale Fuller, M.D.

My Internet epiphany came in July 1995. I was conducting a course of radiation therapy for a gentleman who had undergone a radical prostatectomy for adenocarcinoma of the prostate and had cancer cells in the surgical margins of resection. His wife had taken to browsing the Internet for information on prostate cancer and brought me 400-500 lines of print *a day*, culled primarily from prostate cancer discussion groups. I read everything she gave me.

Immediately I sensed an enormous thirst for information. Persons using the Internet as a medium of discussion in 1995 were somewhat pre-selected in terms of their degree of sophistication. If *they* were short of information, the general patient population must really be hurting.

The quality of the information brought to me varied considerably, as did the degree of knowledge and experience possessed by the contributors, some of whom represented themselves as physicians, some as patients, and some as family members. In general, most of the content was not unreasonable or terribly wide of the mark.

I was soon convinced that I needed to know as much as I could about the Internet. I knew the Internet could make a difference in the quality of service we provide to patients and at the same time make us more efficient. I attended classes,

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read relevant articles, and learned to use the Internet myself. I searched for model sites and links exemplifying superior work by web developers. And I thought about what we could be doing.

Today a few of my patients use the Internet to send me e-mail messages, and I am grateful for the opportunity to meet their needs when I have time to sit down at my computer to respond. Unfortunately, we in medicine have been very slow to exploit the enormous opportunities of the Internet. Many of us are not even currently using e-mail in our daily practice, despite the fact that 25 percent of North Americans (more than 61 million people) were on-line in 1998, and 40 percent (98 million) will be on-line by 2001, according to Forrester Research (www.forrester.com).

A SIMPLE START

A simple beginning is for physicians and nurses to obtain e-mail addresses and print them on business cards and letterheads, prescription blanks, and any other forms that go out to our various publics. A few other ideas are listed here:

- At registration, or initial contact with the patient, we should obtain the patient's e-mail address (if they have one) in addition to the demographic data we already collect. Physicians and nurses can receive and respond to requests for information from patients and their families. We can make available, through selected links, access to recognized and authoritative information sites for patients to browse at their leisure.
- By collecting the e-mail addresses

of our referring physicians, we have a simple and fast way to keep them informed about matters relating to their patients. We can simplify pre-certification by reporting our recommendations to referring physicians and to payers via e-mail.

Maintaining a line of communication with all concerned physicians encourages them to do the same for us; thus, follow-up information can be shared with a minimum of expense and hassle for our patients.

- Patients who are on-line can make appointments and find directions to our offices. Requests for medical history information can be sent to patients, completed at home, and returned either at the next office visit or by e-mail. This process saves time and aggravation during the office visit. Importantly, this proactive approach helps assure that the elements of the E&M code audits are all appropriately present.

- Patients can be queried from time to time as to their state of health, further reducing the need for office visits. We can also report new and updated treatments, again saving office time while enhancing patient information.

- Patient satisfaction surveys can be conducted via e-mail, with appropriate sampling methodology, with the prospect of better response rates and faster turnaround of information resulting in more timely improvements in process and quality.

There is a whole new approach to patient care waiting just over the horizon, waiting for us to learn what many of our patients already know. I can hardly wait. ☐