

Actually Calling and Talking with Your Patient

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A “Practice Pearl” helps an allergist-immunologist practice more safely, effectively, timely, efficiently, equitably, or in a more patient-centered way. This feature is coordinated by Stuart Abramson, MD, Giselle Mosnaim, MD, and Andrew Murphy, MD, from the AAAAI Federation of Regional, State, and Local Allergy, Asthma, and Immunology Societies Assembly and by Editorial Board member Matthew Rank, MD. More information about submitting a “Practice Pearl” can be found on our web site (jaci-inpractice.org).

PRACTICE CHALLENGE

A frantic adult patient with asthma calls you in the evening after hours worried about some “confusing news” that your medical assistant gave over the phone earlier this afternoon. The patient has many questions about a “lung x-ray” report and “high blood cells” in the lab work that you ordered.

PRACTICE SOLUTION

The above scenario occurs all too often in health care. Many physicians, including allergists/immunologists, have other staff members, including medical assistants and nurses, call patients with laboratory and radiology results. Supporting medical staff members are an invaluable resource in health care. However, physicians, especially allergy/immunology specialist physicians, are more specifically trained to clinically interpret and communicate relevant laboratory results and imaging results with patients. “Incidentalomas” are very common in imaging reports, and confusion can arise if these results are not communicated effectively to patients.

A potential issue with having physicians personally call to discuss testing results with patients is lack of time and a busy schedule. Alternative practice solutions exist including training medical assistants before permitting them to contact patients with test results, using a secure patient portal for messages, and setting distinct patient expectations for reasons to contact physicians after hours. However, in our experience, the benefits of calling your patient personally are much greater. Despite significant training of medical assistants, patients often have multiple follow-up questions and prefer to better comprehend the association between their testing results and medical conditions. Patient electronic portals tend to be more impersonal than actual vocal conversations. Patients also may not be able to fully differentiate between clinically significant and nonsignificant

testing results or urgent versus nonurgent medical situations. A simple (even if the patient calls after hours) conversation with the physician can immediately alleviate the patient’s concerns. A personal phone call with the physician, rather than e-mailing or texting, gives the patient an opportunity to ask any questions and become more educated about their conditions directly from their allergy/immunology specialist, potentially increasing adherence to medical therapies. In addition, allied health professionals, including physician assistants, specifically trained by their supervising allergist/immunologist, can assist the physician in calling patients to relay normal testing results. However, if there are complicated results or if the patient has specific questions, the physician can address these issues directly.

Patients appreciate more time with their physicians, and improved physician to patient communication leaves patients more satisfied with their care.¹ Furthermore, this method of communication may increase patient satisfaction scores in surveys, such as the Consumer Assessment of Healthcare Providers and Systems.² The Consumer Assessment of Healthcare Providers and Systems is one of the Quality Measures of the Merit-Based Incentive Payment System, a component of the Centers for Medicare & Medicaid Services Quality Payment Program.²

With the advent of new immunologic therapies, the use of laboratory and imaging studies will likely increase. Improved communication with our patients and patient guardians can further advocate our specialty of allergy and immunology, differentiating it from other fields and practitioners.

REFERENCES

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