

Clinician Communication: Balancing Secure Messaging and Telephone Use



Effective communication among healthcare professionals is paramount for delivering high-quality patient care. Traditionally, telephone calls have been the cornerstone of clinician-to-clinician communication. However, the landscape has shifted in recent years with the widespread adoption of mobile devices and electronic health record (EHR) systems. This shift has catalysed the rise of text-based secure messaging platforms, which have seen a marked increase in utilisation. Studies indicate a doubling in the use of these platforms over the past five years, reflecting their growing importance in modern healthcare settings.

The Relationship Between Secure Messaging and Telephone Use

A recent cohort study conducted at Barnes-Jewish Hospital delved into the interplay between secure messaging and traditional telephone calls among resident physicians. The study, approved by the Washington University Institutional Review Board, analysed data spanning six months to investigate how these communication modalities intersect in clinical practice (3). Each resident physician was equipped with a smartphone at the outset of residency, designated primarily for workplace communication and consistently used throughout the study period.

The findings revealed intriguing insights into communication dynamics. Resident physicians engaged in a median of 148 secure messages per month, alongside a median of 166 minutes of telephone calls. Contrary to expectations that secure messaging might reduce telephone use, the study's multivariable analysis indicated a positive association between increased secure messaging volume and telephone minutes. Specifically, an escalation from the 25th to the 75th percentile in monthly secure messaging volume correlated with a significant increase in telephone call duration by 73 minutes per month (95% CI, 66-80 minutes; P < .001) (4).

Nuanced Implications and Future Directions

These findings challenge the assumption that newer communication technologies inherently streamline workflows and reduce communication burden. Instead, they underscore the nuanced relationship between different communication modalities in clinical settings. While secure messaging offers benefits such as asynchronous communication and documentation within EHR systems, its integration appears to complement rather than replace traditional telephone calls. This suggests a potential increase in overall communication burden and interruptions, particularly if not managed thoughtfully (5).

Further research is crucial to refine our understanding of clinician communication preferences and optimise the use of secure messaging in healthcare environments. Addressing these complexities may involve tailored strategies that balance the advantages of secure messaging with effective management of communication overload. Moreover, expanding such investigations beyond resident physicians to encompass diverse clinician groups and healthcare settings could provide broader insights into optimising communication practices across the healthcare continuum.

While secure messaging represents a pivotal advancement in clinician communication, its impact on established communication channels like telephone calls necessitates careful consideration. By elucidating these dynamics, healthcare institutions can better navigate the evolving landscape of digital communication tools to enhance efficiency and, ultimately, patient care outcomes.

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