videos, may be limited by low participation rates even in the setting of Internet access. Second, such endeavors should include assessments of why patients fail to use online resources to allow appropriate alterations in strategy. Third, more aggressive efforts to help subjects view the video might have increased usage rates. For example, our nurse could have walked subjects through the process of accessing the video on the reminder call. Fourth, Internet-based patient resources may not be suitable for all older patients or those with limited education. This becomes an important consideration as the nation prepares itself for online insurance exchanges and an expansion of Medicare’s Physician Compare website.

The Internet provides a unique platform for disseminating health information. However, limited patient interest and lower rates of internet access among older and less well-educated patients should be considered when planning Internet-based health care initiatives.

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Editor’s Note

Patient Education: One Size Does Not Fit All

There is tremendous enthusiasm for web-based educational tools, particularly as more patients seek health information through the Internet. However, as Kakkar and Jacobson describe in this issue, there is a gap between the interest in web-based educational tools and real-world usage—only 6% of patients in the study viewed the online material. Their results are consistent with other studies showing low viewing rates of web-based interventions. Therefore, although web-based tools are an important avenue for patient education, this study highlights that even well-designed tools will not be effective if they are not used.

Patients have different educational needs and preferences. For example, some patients may not have access to or may not wish to use web-based educational tools. Thus, rather than offering all patients access to the same educational materials, physicians will likely need a menu of different resources using multiple modalities to most effectively educate and communicate with their patients. Assessing patient information needs, collecting usage data, and determining methods to match the right tools to the right patient should be part of future research to assist clinicians in providing the best education for their patients.

Grace A. Lin, MD, MAS


RESEARCH LETTER

Management of Antimicrobial Allergies by Infectious Diseases Physicians

Misconceptions about true antimicrobial allergy may result in less effective, more expensive therapy and adverse outcomes. 1-2 Correctly identifying allergies could significantly reduce the immediate and direct risks of drug-related adverse events. 3 For example, 9 of 10 patients who reported an allergy to penicillin were, in fact, not, when evaluated by skin testing (ST). 4 To appropriately use first-line agents, it is important to determine if the patient truly has an antimicrobial allergy. Such efforts could contribute to better antimicrobial stewardship.

Methods | To better understand physicians’ perceptions and knowledge about allergy, a 10-item survey was e-mailed to Infectious Diseases Society of America (IDSA) Emerging Infections Network (EIN) members, a sentinel network of infectious diseases (ID) physicians across North America. Data were analyzed using SAS version 9.3 statistical software (SAS Institute Inc).

Results | Of 1411 IDSA EIN members, 744 (53%) responded: 72% were adult ID physicians; 23%, pediatric ID physicians; and 5%, both. A total of 78% had been consulted at least once in the last month about antimicrobial management of patients with