Death by Patient Portal

Entering the third year of the coronavirus pandemic, I finally broke. I was a relentless optimist during "COVID Times"—treating and soothing the ill and the anxious, but by the spring of '23, I just burned out. "It’s like that final scene in The Perfect Storm," I would tell friends. "Weathering catastrophe only to be upended by a rogue wave."

Burnout is not necessarily reducible. One cannot often identify a single cause. Nevertheless, I sought a culprit. My marriage was tight, my friends were supportive, my Pomeranian Finch remained the cutest creature on the planet. The world was returning to normal. But there was that patient portal! Like most physicians, I was getting many more messages than I had before the pandemic and was spending multiple hours a day answering them. I told my husband that I could fill my entire day just responding to patient messages and never actually examine anyone.

Not every message I received required a great deal of thought. Some, like routine prescription refills, took just a couple of moments to approve. But many requests were higher order. Patients would write asking me to adjust their medication doses, to comment on consultants' opinions, to review studies other physicians had ordered, and even to perform literature searches on novel therapies. Several times a week I would be hit with a page-long recitation of symptoms ending with the dreaded one-word paragraph, "Thoughts?" I was growing angry and resentful, and that is not my norm.

My medical director knew I was stressed and asked me to take the Mini Z Survey 2.0. I had never heard of this instrument, but it quantifies the perceived supportiveness and pace of an office environment and electronic health record (EHR)-related stress. A score higher than 40 is reflective of a "joyful workplace." Mine was 22, suggesting that I felt put upon and that I found the portal unmanageable. We both began looking for solutions.

Several professional organizations have published strategies for reducing inbox burden, but not every suggestion is helpful. One idea is to share visit notes with patients. Several times a week I would be hit with messages accumulate, only increasing my workload. I began chatting with colleagues about how they manage inbox-related stress. Several suggested that I respond less quickly to messages because speedy replies might make patients expect constant availability. But if I do not keep my inbox clear, the messages accumulate, only increasing my workload. I took the advice of my medical director, who told me to delay delivery of responses until the next business day (our EHR offers the ability to do that). I believe this has resulted in fewer after-hours and weekend messaging. Another colleague suggested that I respond to patients with terse comments or half sentences, as if I were unable to pay for portal use and denying them equitable access to care is unjust.

And, of course, like many physicians my age, I am compulsive and territorial. Physicians of my generation were never offered interprofessional education or taught that practicing medicine is a team effort. Rather they trained in a system that demanded taking sole and ultimate responsibility for their own patients' care, and that approach is tough to unlearn. I admit that my own mishegoss is part of the problem.

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After several desperate weeks, I decided to send a portal message to my entire panel of patients (Supplement). I was uncertain how they would respond. In this letter, I confessed to feeling burned out, expressed my desire to continue to provide attentive care, then laid out several guidelines for portal use. The first was that I was going to stay off the EHR on weekends, and that if there was an emergency, telephone coverage with an on-call physician was always available. The second was that my office staff would begin to handle some messages,
so that I, myself, may not respond to all questions and requests. The third was a plea not to send frivolous messages and, if possible, to save less urgent concerns for the next appointment. The fourth was to see me in person to address complex medical concerns, and not to relay them via the portal. This not only would reduce my EHR use but also would help ensure that patients were getting the appropriate evaluations they deserve.

I tell the internal medicine residents that if they are lucky, they will feel swept away by love just once or twice during their careers. Possibly when and if they leave an institution. This was such a moment. Within a few hours of sending that message, I received more than 50 responses from patients (all with apologies for using the portal) assuring me that my requests were reasonable and that they would help take care of me as I had of them. These replies were unexpected and hugely affirming. I printed and saved many of them.

In the following days and weeks, several colleagues—residents, nurse practitioners, and physicians (some of whom I had never met)—texted and emailed me. They had seen my message in mutual patients' charts and shared that they were facing similar struggles. I felt a bit like I had started a revolution, but more than that, I felt less lonely. That I was not the only one trying to balance being available to my patients with preserving my personal well-being.

Additionally, that message opened remarkably interesting conversations during office visits. I usually chat with patients as I examine them, partly because they offer great reading tips and partly as a mean of distraction. No one loves being prodded, and light chatter seems to soften that experience. In recent months, patients of all walks of life have told me that they, too, are bombarded by electronic communications. That they get tens if not hundreds of emails and texts each day, only a small portion of which are consequential. This raises weighty questions about the burden of being constantly accessible (not just physicians), but that is a topic for a separate essay.

In the months since reaching out to my patients, I have received far fewer portal messages and feel markedly better. I have had to return more calls than I used to because people are phoning the office rather than messaging me, but I do not mind. Before EHRs, the receptionist would drop triplicate messages on my desk and I would spend an hour, or so, after clinic returning calls. Although the portal has made communications more convenient, I fear it has diminished the patient-physician relationship. At times, using the portal feels profoundly transactional. Calling and chatting with people may take a bit more time (though maybe not, when one considers the multiple back-and-forths on a message chain), but I have rediscovered that I treasure hearing patients' voices and spending a few moments catching up with them. It builds rapport, and it is a pleasure.

The portal was not the only cause of my burnout. The pandemic was awful for everyone, perhaps in ways not yet understood, and the administrative burdens of practicing medicine today are enormous. I recently had to fill out prior authorization paperwork for a generic muscle relaxer for a patient with back pain. I had to do another to get a patient their inexpensive B12 tablets. But perhaps there is a lesson in this story. Existing strategies to reduce portal burden may or may not be helpful to individual physicians, but it is possible that the most effective approach is to simply ask patients for help. To remind them that even in an age of quick communication, brevity is important, immediate responses may not be reasonable, and face-to-face encounters remain valuable. Furthermore, while technologies will continue to infiltrate all aspects of people's personal and professional lives, it is increasingly important to use them judiciously and to avoid those that cause personal strain and disconnection.