



## The Potential of Pre-visit Patient Information

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To the Editor:

The escalating provider's obligations and relatively short and fixed time of clinical encounters in primary care and in specialty ambulatory care constitute a major problem with worldwide prevalence and myriad adverse effects (1). Both system changes and personal providers' changes have been proposed, but creative solutions are still in demand. One attractive option is enhancing the yield of the time-constrained encounter by getting more out of the immediate pre-visit period.

Holt et al. have provided a good example of this approach. They invited patients to supply significant contextual and personal data *before* encountering their provider. A randomized controlled trial of this vs. standard care demonstrates significant improvements in varied measures of patient-provider communication (2), proving that providers who had *prior access to more patient-related information* could achieve better communication, and by inference, better patient-physician relationship, trust, adherence, and health outcomes (3, 4).

The same principle could be adopted and applied for gaining essential patient data from the patient's electronic health record (EHR). For the majority of patients seen, a wealth of information is already embedded in their EHR, and is accessible to the provider before the patient's entrance. Instead of severing the continuity and "flow" of the time-restricted clinical encounter by browsing through different indispensable components of the EHR (e.g., previous visits, laboratory results, imaging, medications) and, thus, necessarily being immersed in the screen at the expense of eye contact with the patient, attentiveness to non-verbal and subtle cues, and reacting to the patient, much can be accomplished *before-hand*. Instead of merely opening the EHR before inviting the next patient (5), the clinician should study its essentials. This would include the essence of the past medical history, medications, recent blood tests, and imaging results which can be

transcribed into a brief note if necessary, as an "aide-memoire." All this can be done in much less than 5 minutes (personal experience) so that when meeting the patient, a common ground is already established and an uninterrupted continuum of eye and verbal contact can ensue, compliant with patients' wishes. By the same token, the information gleaned during the encounter is committed to memory and incorporated into the EHR *after* the verbal and physical encounter, together with looking up databases when needed and filling of tests, referrals, and prescriptions. Thus, a preview of the patient's data prior to the ambulatory encounter can be routinely adopted, and likely to positively affect patient-physician communication and relationship.

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