The digital universe continues to grow in size and complexity, with new platforms and channels of communication developing at a rapid pace. While many of these technologies offer potential benefits and efficiencies for healthcare, physicians should be aware of the associated benefits and risks.

There are three main communication channels that are currently being used by physicians and their patients: email and texting, web or patient portals, and social media platforms. These channels are accessed from a variety of computer devices, with mobile tools such as smartphones and tablets seeing the greatest growth. Physicians need to assess the medico-legal risks of each channel and platform before deciding on use.

Despite email technology being almost two decades old, physicians may only now be incorporating its use into their daily practice. Physicians interested in using email technology should give consideration to privacy obligations, medical regulatory guidelines, and the information being sent. As well, patients need to be informed of how email communication will be used by their physician. For example, a simple email might be used for booking or confirming appointments. If email communication is to be used more extensively, patients will need to know and provide consent by means of a signed consent form detailing the nature of the email exchanges. The Canadian Medical Protective Association (CMPA) has published the detailed article “Using email with your patients — Legal risks”, which is available on our website.

Physicians may also be exploring the use of patient portals and the online sharing of health information with their patients. Portals can house administrative information or patient profiles and medical records. They can contain patient education documents, generate alerts and reminders related to prescriptions and medication management, allow for efficient booking of appointments, as well as enable quick transmission of test results and follow-up messages to patients. Again, privacy and the security of messaging via patient portals are paramount. Patients and physicians must feel confident that communication and records are secure. For an in-depth discussion of this issue, consult the CMPA publication on “Privacy and a wired world — Protecting patient health information”.

Canadian physicians may also be making use of sites such as Twitter, LinkedIn, and Facebook. While social media’s potential for medical educational purposes and knowledge sharing is vast, online exchanges can raise issues related to professionalism, ethics, and privacy. The line between professional and personal is easily blurred on social media. These platforms should be treated as virtual public spaces; all information contained there should be dealt with carefully and conscientiously, recognizing the public nature of the forum. The CMPA recently published “Technology unleashed — The evolution of online communication”, an article which helps to identify potential medico-legal risks related to the use of social media.

While these technologies hold the potential for increased efficiencies, physicians and healthcare providers need to be aware of both the benefits and the pitfalls before deciding whether these new tools are appropriate in their practice. When in doubt about the use of new technologies and of social media, members...
should not hesitate to call the CMPA for advice or guidance.

The CMPA provides advice, legal assistance, and risk-management education to more than 86,000 member physicians.

A valuable contributor to the Canadian healthcare system since 1901, the CMPA works with members to reduce risk in their medical practice, and is firmly committed to protecting the professional integrity of physicians and promoting safer medical care.

Suggested Readings:
1. The CMPA. Using email communication with your patients: legal risks. Available at: [www.cmpra-acpm.ca/cmrapd04/docs/resource_files/infosheets/2005/com_is0586-e.cfm](http://www.cmpra-acpm.ca/cmrapd04/docs/resource_files/infosheets/2005/com_is0586-e.cfm)
2. The CMPA. Privacy and a wired world—Protecting patient health information. Available at: [www.cmpra-acpm.ca/cmrapd04/docs/resource_files/perspective/2011/com_p1104_4-e.cfm](http://www.cmpra-acpm.ca/cmrapd04/docs/resource_files/perspective/2011/com_p1104_4-e.cfm)
3. The CMPA. Technology unleashed—The evolution of online communication. Available at: [www.cmpra-acpm.ca/cmrapd04/docs/resource_files/perspective/2012/com_p1202_1-e.cfm](http://www.cmpra-acpm.ca/cmrapd04/docs/resource_files/perspective/2012/com_p1202_1-e.cfm)

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**Rhediant Diagnostic Software**

By Andrew Chow, MD, FRCPC

Every rheumatology trainee probably remembers “The Stamp” that we used for our homunculus during our rheumatology training. In the mid-2000s, physicians were becoming more computerized and were looking to minimize paper use, both for convenience and to be environmentally friendly. Furthermore, electronic medical records (EMR) were making their way into physicians’ offices. At that time, most of the diagnostic tools physicians were using to assess rheumatoid arthritis (RA) were in paper format. All calculations had to be done manually, which was very time consuming; as a result, physicians were not using most of the assessment tools available.

There was a real need to create an electronic format including a homunculus and other assessment measures, which could automatically calculate the Disease Activity Score (DAS), Simplified Disease Activity Index (SDAI), Clinical Disease Activity Index (CDAI), and Health Assessment Questionnaire (HAQ) scores. With a simple and fast calculation tool, more physicians would make use of the scores and patients would benefit from having a better assessment of their disease. Adjustment to patients’ treatments could be implemented more rapidly, when required.

**Development**

In 2007, I compiled the content for the Rheumatology Diagnostic Analysis Tool (Rhediant) and approached Bristol-Myers Squibb for support to develop electronic software, which would automatically calculate the DAS, CDAI, SDAI, and HAQ. A few summer students worked on the tool and their work was presented at our CRA annual meeting. Bristol-Myers Squibb helped with the logistics and support, while the University of Waterloo developed the software.

By the end of 2008, we unveiled this new tool and found it to be very well received by rheumatologists across the...