**Example Letter to Patients about Electronic Messages**

In a “Piece of My Mind” article published in the *Journal of the American Medical Association*, Michael Stillman, MD, describes his experience of feeling overwhelmed by electronic health record (EHR) inbox-related stress. After careful deliberation, he sent an honest and heartfelt portal message to his entire patient panel. You can find a copy of that message below; please feel free to adapt it for use in your own practice if you find it helpful.

**Reference:** Stillman M. Death by patient portal. *JAMA*. 2023;330(3):223–224. doi:[10.1001/jama.2023.11629](https://jamanetwork.com/journals/jama/fullarticle/2807107)

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Friends,  
I have thought for quite some time about writing you this note…and about how exactly to word it.

Burn out among physicians--and, in particular, among primary care doctors--is real. We all spend far too much “personal time” completing work we can’t finish at our offices, and much of that work has been generated by the patient portal.

When I started in practice, patients who needed refills or referrals—or, who had questions—called the office, and many tasks were handled by my staff. Now, messages and requests come directly to me. All day and all night. On an average day, I receive over 50 messages. Some are simple, but some are hugely complex. Or involve questions about insurance or billing that I simply can’t answer. I spend over two hours/day (in addition to patient care) responding to computer messages and get no credit for doing so.

You know (and I truly hope you do) that you’re dear to me. I try to treat my patients like family. And some of you have commented that you appreciate the rapidity with which I respond to messages. While I love that feedback, I need to tell you that I’m quick to reply primarily due to self-interest. If I don’t clear my inbox quickly, I’ll have not 50 but 100 messages to return. I’ll drown. So, I want to try to lay out some reasonable expectations and processes around messaging me. Part of my reason for doing this is to try to extend my career. I can’t keep up the current pace. But part of it is to try to ensure that I’m offering you the highest quality care. Just as we’ve collectively decided (some of us) that texts are as good as phone calls, we’ve also decided that portal messages are as good as appointments. And they’re simply not. They’re convenient—and I appreciate that, particularly as many of you work at least one job and some come a long way to see me. But I fundamentally don’t believe that medical care can appropriately be delivered via email.

So, let’s try working with these expectations for a while then chat about how they’re working:

1. The portal (apparently) notifies people that messages will garner responses within 3 days. That seems a reasonable expectation. I am going to work hard on not checking messages after hours or on weekends. If you have an emergency and need immediate advice, you can call our office and either leave a message with me (during the workday) or be connected to an on-call physician (after hours and weekends).
2. I am going to chat with my staff about intercepting messages having to do with referrals and medication refills. I’ll have to handle some myself, and those will be forwarded to me, but many can be managed by our medical assistants.
3. Every time you send a message, remember that I get between fifty and sixty each day and have to respond to every one of them. So, please don’t send them frivolously. And if you have an upcoming appointment and have a non-urgent matter to discuss, please write it down and save it.

Please also remember that I never order labs in advance of an appointment. As I’ve explained to many of you, the tests I order are in part determined by what you tell me when we meet and by what I find when I examine you. So, if you’re due for a monitoring test, feel free to remind me. But please don’t message me asking me to order your “routine labs” before I see you.

1. Messages asking about complex medical needs aren’t helpful for either of us. We’ve all become accustomed to emailing and texting about…well…just about anything. But, as I indicated above, I’m old school enough that I don’t think most medical concerns can be managed through messaging. I receive at least ten messages each day that are multiple paragraphs in length and end with the (dreaded) one-word paragraph: “Thoughts?” This can only result in poor medical care. If you have a more complex question or need, please call the office and get an appointment with me. Either telehealth (if you’re looking for advice or treatment for a mental health concern) or in-person if you’re having concerning physical symptoms. I always tell my residents that physical exam is not dead. We learn a great deal from actually sitting with and examining people. The portal messaging system is killing that practice, but not while I’m still working. 😊

I’ve chatted with our office manager Deanna and my medical director Jon Zaid about this last request. And we understand that in order for this new “scheme” to take hold, I need to assure that I have appointment availability and you need a reliable way to get through to the office on the phone. We believe both are in place. You all know that I see patients “off hours,” whether it’s during my lunch break, early in the morning, or before I go to teaching clinic. And, we now have sufficient staff that in calling 215 955 3523 prompt 4, you should be able to get through to one of our medical assistants on the phone. If you can’t, message me (yes, message me) and let me know.

I hope this new understanding seems reasonable to you all.

So, let’s try this for a while. And I’m always open to feedback. I believe I’m the first primary care doc at Jefferson to send a message like this out to his panel of patients, so I’ll be eager to see how we all feel about these expectations.

Take care.

Mike

Want more content like this? Check out the complete [*Taming the EHR Playbook*](https://www.ama-assn.org/practice-management/ama-steps-forward/taming-ehr-playbook) and more at [**stepsforward.org**](http://stepsforward.org).

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