

**COMMENTARY**

# Guest Family Physician Commentaries

*James F. Calvert, MD*

**Re: Assessing the Impact on Patient–Physician Interaction When Physicians Use Personal Digital Assistants: A Northeastern Ohio Network (NEON®) Study (McCord)**

Like many family physicians, over the past 10 years I have become increasingly dependent on my PDA for organizing my life and storing all sorts of information. Data on my PDA include work activities such as my schedule, drug dosages, Spanish vocabulary, and contact information, as well as more personal interests such as photographs and conjugating French verbs. In the hospital, laboratory results and vital signs are downloaded to my PDA through a wireless network. My PDA has become as ubiquitous in my life as what my hospital CEO refers to as the most expensive of medical devices, a ballpoint pen. I frequently use my PDA during patient visits to look up drug dosages, make calculations, or figure out when our next visit should be. I have never really considered how this behavior might appear to patients, or whether it is important for me to explain what a PDA is. The device fascinates school-aged children, although adult patients rarely comment much about it. The article by McCord et al made me look at an aspect of my life I had never really thought about. I admit I read the results section with some trepidation. I was relieved to learn that perhaps only a small percentage of my patients think I am not very smart because I have to keep looking things up in this little machine.

**Re: Personal Health Behaviors are Associated with Physical and Mental Unhealthy Days: A Prescription for Health (P4H) Practice-based Research Networks Study (Froshaug)**

The Health-Related Quality of Life measure used to quantify “unhealthy days” in the study by Froshaug et al asks

people how many days in the last month their usual activities were curtailed by not feeling well, and this research shows a strong relationship between unhealthy activities and having days darkened by poor health. Many of the patients I see understand that they have poor health habits, including tobacco use, unhealthy dietary choices, and lack of exercise. As I read this article, it occurred to me that a selling point for lifestyle change might be that habit changes can make for less unhealthy days even in a short time frame and be of some immediate practical use as well as a long-range benefit. But it also was humbling to realize the enormity of the task to change these unhealthy habits in a 20-minute office visit. Dealing with these problems more effectively should be part of the transition to a medical home.

**Re: Interventions to Improving Osteoporosis Screening: An Iowa Research Network (IRENE) Study (Levy)**

The study by Levy et al showed that a combination of sticky notes in the chart and mailings to patients will help physicians in primary care practices remember to order osteoporosis screening. Sticky notes seem to have become an accepted method of telling physicians to get things done. I get them in my hospital charts telling me to be sure to reorder the intravenous fluids or to call the patient’s son while I am rounding. I get them in my clinic charts telling me I forgot to get a pain contract signed or that my patient needs a mammogram. Notes stuck across my computer screen tell me to be sure to call a consultant about a mutual patient. It seems to me that sticky notes are good for putting short-term pressure on a multitasking physician to get a certain task done, but that no method to get a busy physician to remember to do all the needed preventive screening on all their patients is likely to succeed. It’s a whack-a-mole situation: if we concentrate on osteoporosis screening, we might forget about colon cancer screening. As I read this article it struck me how helpful it would be to have a medical home for my patients that would include a system to track what preventive measures they needed, send the patient information about why preventive tests are important, get the patient scheduled for needed tests, and set them up to come for their annual visit and discuss the results. Then we wouldn’t have to worry that we had not responded to that sticky note.

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