

Mrs. B Discussion

Here is an important question about routinely collecting a comprehensive, biopsychosocial history on all patients: What if we were to develop a standardized, comprehensive, biomedical, psychological, social, family, and trauma-oriented questionnaire and place it on the Internet? Patients would fill it out at home and, if they wished, give a copy to their doctor. This has the potential of patients being a market force for creating necessary change in primary care, enabling us to move from our current symptom-reactive mode to one that routinely incorporates the context in which things occur.

The attached Mrs. B case is an actual example of what we have done in one large medical Department in San Diego. This is what we know *before* walking in to meet this patient for the first time. The game goes better when you're playing with a full deck from the outset. This document is the output from a lengthy printed questionnaire, filled out at home, then fed into a digital scanner that picked up all *Yes* answers and organized them into a Review of Systems format. Knowing this about the patient beforehand, how would you conceptualize the case, and what would you say after saying *Hello*? In other words, how would you efficiently move from social nicety to discuss and use this information with a complete stranger?

Our experience with a huge patient sample has been that patients accept and appreciate this questionnaire, probably because its depth implies serious interest in them; they often learn from it. Presenting this questionnaire on the Internet even opens the possibility of bypassing language and literacy problems by having one question per screen, spoken as well as written. It also creates the possibility of mini-feedback information loops. Our staff was not at first enthusiastic about this basic change in operations because it significantly raises the bar for performance. However, with this change, instead of spending all one's time getting the medical history and trying to record it accurately and legibly, information technology reclaims most of that time and enables one to *use* the history.

While occasional physicians resent getting such information because of the implicit increase in emotional and intellectual burden, I believe that the majority of us, seeing this type of information repeatedly, would accommodate to becoming more proficient in its use. The most common early fear of the staff was, "What do I do if I ask and someone says *Yes*." With this new approach, an inert process asks the initial question, bypassing problems of anxiety and mismatches between interviewer and interviewee of age, sex, and race. The staff now understands that their response to *Yes* is, "Tell me how that has affected you later in your life."