

Discussion:

Research suggests that there is good quality evidence of improved patient outcomes with messaging, there is no evidence of patient harm with viewing results or notes and there is mixed evidence on physician workload. There is also consistency across jurisdictions regarding provider anxiety about the impact that patient online access to test results, and to the practice, may have. This anxiety is reduced with experience.

While it is expected that immediate release of nearly all results to patients will likely become the standard over time, it was agreed that a staged approach to this standard would build confidence among providers and patients alike in the use and management of this information. To that end, the standing recommendation is that there be three types of results:

1. Those released immediately after result is available (especially results that would help to inform a patient about a time-sensitive treatment plan such as strep or a UTI for lab, fracture for radiology).
2. Those released 5 days after result is available (test that would more likely benefit from possible interpretation by the ordering provider before the patient receives a copy of the result electronically).
3. Those never released.

Release immediately:

- COAGULATION
- MICROBIOLOGY
- POINT OF CARE
- HEMATOLOGY
- CHEMISTRY
- RADIOLOGY

Release after 5 days:

- BLOOD GASES
- BODY FLUIDS
- ENDOCRINOLOGY
- IMMUNOLOGY
- SEROLOGY
- PATHOLOGY
- BONE DENSITOMETRY
- MAMMOGRAPHY
- SCREENING MAMMOGRAPHY
- NUCLEAR MEDICINE
- ULTRASOUND PROCEDURES
- CT PROCEDURES
- MAGNETIC RESONANCE IMAGING
- RADIOLOGY
- INTERVENTIONAL RADIOLOGY
- NON INVASIVE VASCULAR LAB
- ECG

Never Release:

- AUTOPSY

It is further recommended that patient expectation should be managed by advising them that different test results will be available at different times, and that it may take several days for a test to be processed.