Mail to MyChart: Modernizing Dear Patient Letter Delivery in Clinical Trials

Peter Warren, Brittany McGough, Tooba Imtiaz, Ethel Yepes, Monica Dureja, Antoine Mesidor, Rachael Keller, Sarah Griglun, Christopher Infantino, Hai Man He, Joshua Shirian, Nadia Catti, Melanie Huber, Ankeeta Joshi, Bhavana Pothuri, MD, Janice Mehnert, MD

Laura and Isaac Perlmutter Cancer Center at NYU Langone Health

Perlmutter Cancer Center
Department of Medicine

Background

The Perlmutter Cancer Center (PCC) at NYU Langone Health employs a Dear Patient Letter (DPL) to notify clinical trial participants in follow up, of significant new information via mail as part of our re-consent process. Managed by the Data Coordinating Unit (DCU), this process has become inefficient for larger studies due to challenges such as tracking hundreds of patients, non-responses, outdated EPIC addresses, and logistical issues in a hybrid work setup. As part of Epic Systems, PCC uses MyChart to facilitate patient-provider communication. The Institutional Review Board (IRB) permits MyChart use, though sponsor policies may require a standardized institutional process. We propose shifting the DPL process to electronic communication to reduce DCU workload, cut paper use, enhance patient engagement and improve efficiency.

Goals

The overarching goal is to establish a sustainable, electronic communication process through MyChart that enhances operational efficiency and strengthens patient engagement across clinical research activities. This initiative focuses on the following key objectives:

1) Streamlining DPL distribution by shifting to MyChart with tracking features to improve delivery, reduce admin burden, and enhance accuracy across research communication workflows.
2) Ensuring regulatory compliance by integrating MyChart verification into workflows and updating procedures to align with electronic tracking and documentation requirements.
3) Enhancing patient communication through clear confirmation instructions and follow-up processes to support engagement and timely response from study participants.
4) Providing accessibility solutions by offering alternative methods, such as phone, print, or third-party support, for patients who cannot access MyChart.
5) Testing and refining the process via pilot studies, using feedback to adjust workflows and ensure scalability across protocols and research teams.

Solutions and Methods

In 2023, guidance was developed to standardize DCU training on MyChart DPLs. Qualitative assessments via RedCap surveys measured effectiveness. Collaboration with clinical stakeholders explored incorporating MyChart access verification into the Informed Consent Form (ICF) process, assessing troubleshooting challenges for staff. Stakeholders evaluated feasibility, and the Re-Consent Log was updated to document electronic DPL communications while ensuring regulatory compliance.

Patient MyChart confirmation instructions were developed, and follow-up protocols for non-responsive patients were established. A tracker was designed to monitor DPL distribution and consolidated with RAU's system to improve efficiency and prevent duplication.

In May 2024, a pilot study was launched to test MyChart-based DPL delivery in select trials. Ongoing assessments, including staff feedback and open-ended survey responses, refine the process by addressing barriers if a patient does not utilize MyChart, the process defaults to paper-based DPL delivery for accessibility.

Lessons Learned and Future Directions

This project remains in progress, with future efforts focused on expanding MyChart-based DPL delivery across a broader range of clinical trials. The team will continue refining patient follow-up strategies to improve responsiveness and engagement, as well as enhancing DCU orientation to support consistent implementation.

Additional priorities include addressing barriers to MyChart access, particularly for patients with limited digital capabilities, optimizing compliance tracking mechanisms, and ensuring alignment with regulatory standards. Long-term effectiveness will be assessed through ongoing stakeholder feedback and data monitoring, which will guide iterative improvements and inform decisions for broader institutional adoption and sustainability.

Outcomes

Preliminary post-intervention data (n=4–5 per item) show clear improvements in staff confidence and satisfaction with the DPL re-consent process. "Extremely" ratings increased across key areas: MyChart Activation rose from 8% to 60%, satisfaction with the current DPL process from 5% to 80%, and sending DPLs on time from 27% to 60%.

Notably, "Not at all" responses dropped to 0% post-intervention, compared to up to 54% pre-intervention, particularly in areas like MyChart Activation and Messaging. Confidence also improved in core DPL tasks, including re-consent for English and non-English speaking patients and log completion, all seeing gains in top-tier ratings.

Radar chart of "Extremely" ratings shows clear improvement across all key areas post-intervention. Notable gains were seen in MyChart Activation, DPL process satisfaction, and confidence with timelines. The overall shift outward suggests the training and workflow changes positively impacted staff readiness, efficiency, and clarity in task execution.

While the post sample is small, these results align with project goals to reduce administrative burden and improve efficiency, communication, and staff readiness. The shift from paper to MyChart delivery, paired with updated workflows and training, appears to be positively impacting implementation. These findings are early but promising. Continued tracking across larger groups will help determine the long-term success and scalability of the new DPL process.

FIGURES