OpenNotes: Providing Patients Access to Physicians’ Notes

December 4, 2013
Webinar Agenda

• Welcome & Introductions – Kathy Wallace
• OpenNotes – Dr. JoAnn Elmore
• Patient & Family Advisor Response – Bob and Barb Malizzo
• Patient and Family Engagement Resource – Kathy Wallace
• Plans for 2014 – Kathy Wallace
• Wrap-up/ Questions - Kathy Wallace
Evaluation

• Webinar funded by CMS through the Partnership for Patients
• CMS reviews results and wants 80% of participants to evaluate educational sessions
• Please complete the simple three question evaluation by Dec. 12, 2013:
• https://www.surveymonkey.com/s/2013Dec04
OpenNotes: What We Learned
About the OpenNotes Study

• More than 19,000 patients

• 105 volunteer primary care physicians

• 3 diverse sites
  – Beth Israel Deaconess Medical Center
  – Geisinger Health System
  – Harborview Medical Center

• 12 months of sharing notes
3 Questions

- Does OpenNotes help patients become more engaged in their care?

- Is OpenNotes the straw that breaks the doctor’s back?

- After 1 year, will patients and doctors want to continue?
Patients Were Enthusiastic

• **Patients used the notes**
  • Up to 92% of patients across the 3 sites read their doctor’s note(s)

• **Patients reported important benefits**
  • Feeling more in control of their care (77-87%)
  • Better understanding of health and medical conditions (77-85%)
  • Doing better with taking their medications (60-78%)

• **Patients were rarely (1-8%) confused, worried, or offended by what they read in their doctors’ notes**

www.myopennotes.org
Doctors Experienced Little Disruption and Observed Benefits

• Few doctors reported impacts on their workflow
  • Longer visits (0-5%)
  • More time addressing patients’ questions outside of visits (0-8%)

• Some doctors changed how they wrote notes
  • 0-21% reported taking more time writing notes
  • 3-36% reported changing the way they wrote about mental health, substance abuse, cancer, and obesity

• Many doctors described strengthened relationships with their patients
A New Medicine...Toward a New Standard of Care

• Designed to help the vast majority of patients, and those who care for them

• With rare contraindications

• Patients and providers will learn to use it widely and well
Potential Impacts of sharing notes...

- **Trust**: Malpractice is often a result of miscommunication: “Doctor really listened, not hiding anything.”

- **Safety**: “I wish this had been available when my cancer was diagnosed…” “I reminded my doctor when she forgot to order a test.”

- **Better use of resources**: “I read the note and did what we discussed. Can’t we postpone the next visit?”

- **Real teamwork**: Patients and clinicians write notes together.
Potential Impacts of sharing notes...

• “I don’t have time to write for educating patients.” An opportunity for nurses to help educate patients? An educated patient is a better member of the healthcare team.

• “Should patients really see everything?” We are in the Model T stage, but this will be worked out with experience…

• 20-42% of participants shared notes. Confidentiality versus privacy…Notes are enormously helpful to caregivers, onsite and distant. They can also be shared with other doctors and clinicians. Sharing notes should be the patient’s decision…
And finally: Changing the culture...

• How do we get those who receive care to take full advantage?

• How do we get those who provide care to take full advantage?
Main publications to date


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Engaging Patients, Reducing Harm

• Measurement of success
  ➢ Measured using the CMS criteria on the monthly level of participation reports.
Measuring Success

• **P1**— Prior to admission, hospital staff provides and discusses with every patient that has a scheduled admission, allowing questions or comments from the patient or family, using a planning checklist that is similar to CMS's Discharge Planning Checklist.
Measuring Success

- P2—Hospital conducts shift change huddles and does bedside reporting with patients and family members in all feasible cases.
• P3—Hospital has a dedicated person or functional area that is proactively responsible for patient and family engagement and systematically evaluates patient and family engagement activities.
Measuring Success

• P4—Hospital has an active Patient and Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.
• P5—Hospital has at least one or more patient(s) who serve on a governing or leadership board and serves as a patient representative.
Plans for 2014

What is your interest?
Evaluation

• Please remember to complete the simple three question evaluation by Dec. 12, 2013!
• Include what you would like to see with Patient & Family Engagement in 2014.
• Survey will also be distributed along with link to the recording in the next few days.
• Link: https://www.surveymonkey.com/s/2013Dec04
Thank you