



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School



OpenNotes: Communicating and Engaging with Fully Transparent Medical Records

Tom Delbanco, MD, MACP
Jan Walker, RN, MBA

Harvard Medical School
Beth Israel Deaconess Medical Center

National Summit on Health Care Transparency
Washington, DC
March 17, 2015

Outline

1. What is the OpenNotes Movement?
2. The evidence supporting open notes
3. Value of open notes

What are open notes?

Open notes are
visit notes that patients can access online
through providers' patient portals



www.myopennotes.org

Welcome to mychart

mychart offers Bon Secours patients personalized and secure online access to portions of their medical records. It enables you to securely use the Internet to manage and receive information about your health - online, any time! mychart is a free service offered to Bon Secours patients.

With mychart, you can use the Internet to:

- Communicate with your doctor
- Request medical appointments
- View your health summary from the mychart electronic health record
- Access your test results
- Request prescription renewals
- View your recent doctor's visits

How do I sign up?

Bon Secours patients who wish to participate will be issued a mychart activation code during their doctor's visit. This code will enable you to login and create your own user ID and password.

First Time User? [Click Here](#)

MyChart Username

[Forgot MyChart Username?](#)

Password

[Forgot Password?](#)

Sign In

MyChart® Epic Systems Corporation

First Time User? [Click Here](#)

Learn More...

- [Frequently Asked Questions](#)
- [Privacy Policy](#)
- [Terms and Conditions](#)



About the OpenNotes Study

12-month demonstration project, results published 2012

Patients invited to view their PCPs' signed notes via secure portals (only notes signed during the project – not retroactive)

Each patient notified automatically via secure e-mail message when a note was signed, and later reminded to review note(s) before next visit

Patients and doctors completed surveys before and after, and we collected administrative data (portal clicks, e-mail volume)

Primarily funded by the Robert Wood Johnson Foundation

Three Principal Questions

- Would OpenNotes help patients become more engaged in their care?
- Would OpenNotes be the straw that breaks the doctor's back?
- After 1 year, would patients and doctors want to continue?

Diverse Sites

108 volunteer PCPs and more than 19,000 of their patients who use portals:

BIDMC (urban and suburban Boston)

39 PCPs & 10,300 patients

Geisinger Health System (rural Pennsylvania)

24 PCPs & 8,700 patients

Harborview Medical Center (inner city Seattle)

45 PCPs & 270 patients (new portal)

Study Results: PCPs

- Few PCPs reported impacts on workflow
 - 2% reported longer visits
 - 3% reported spending more time on patient questions
 - 11% reported spending more time on documentation
 - Email volume did not change
- Concerned about patients being confused, offended, or worried, but few patients reported that (1-8% at different sites)
- At the end of the 12-month study, no PCP stopped



Study Results: Patients

- 82% of patients who had a visit opened at least one note
 - Including patients who were older, sicker, less educated
- About 3 out of 4 reported benefits of reading notes
 - taking better care of themselves
 - understanding their health and medical conditions better
 - feeling more in control of their care
 - feeling better prepared for visits
 - doing better with taking their medications as prescribed
- About 20% of patients reported sharing notes with others
- 60% wanted to comment on their notes
- 99% wanted access to continue after the study
- 85% said availability of open notes would influence choice of future providers

The Bottom Line for the Three Institutions

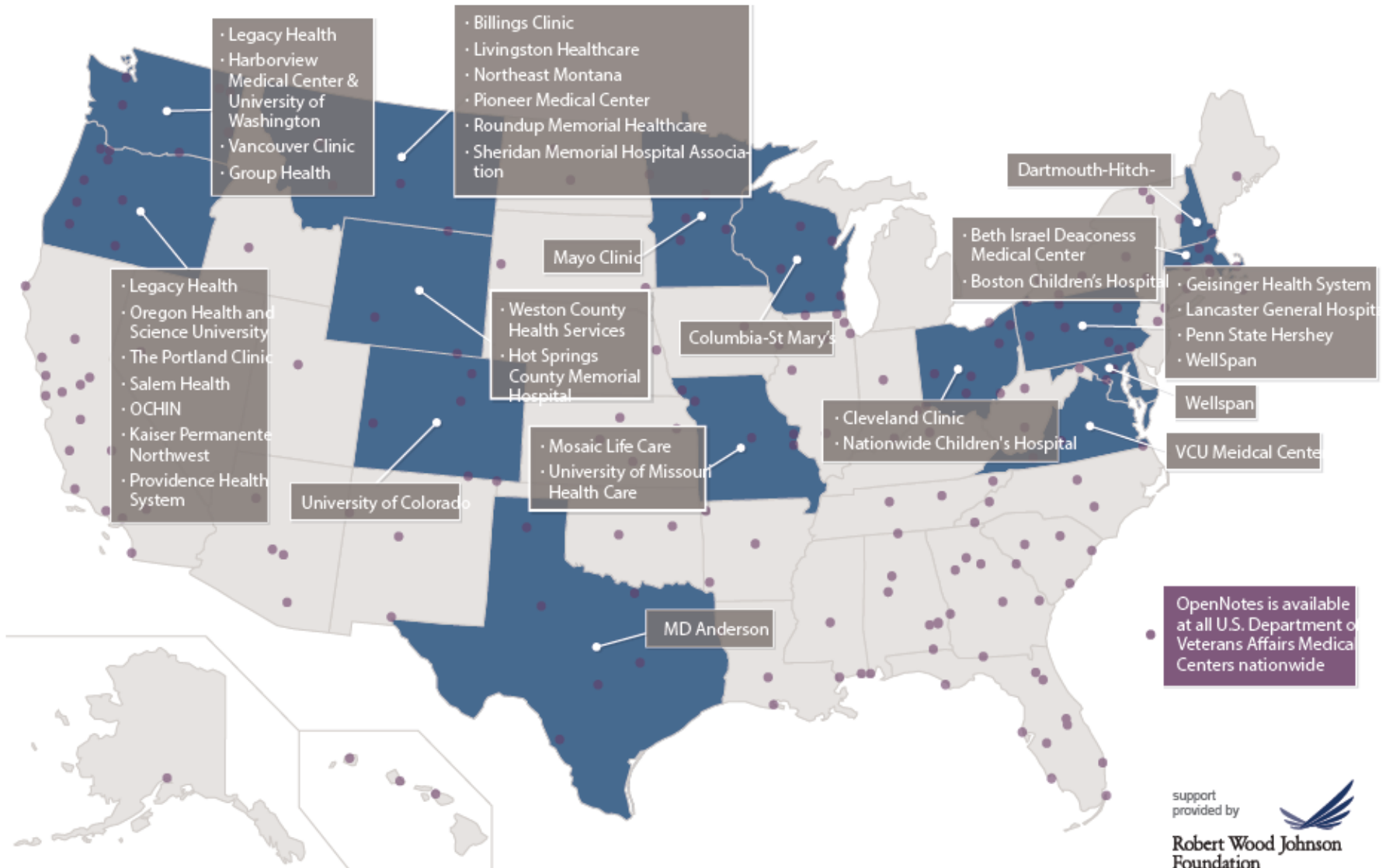
All 3 sites decided to expand OpenNotes

- Geisinger : 1,400 ambulatory doctors/NPs/PAs, and 200,000 patients
- Harborview: all UW primary and specialty clinics, including mental health
- BIDMC: All clinicians' notes, vast majority of ambulatory clinicians





More than 5 million patients have easy access to their clinician's notes thanks to OpenNotes



Patient Safety



Caregivers



Medical education



The note becomes part of the treatment...

A PIECE OF MY MIND

Michael W. Kahn, MD
Department of
Psychiatry, Beth Israel
Deaconess Medical
Center, Harvard
Medical School,
Boston, Massachusetts.

Sigall K. Bell, MD
Department of
Medicine, Beth Israel
Deaconess Medical
Center, Harvard
Medical School,
Boston, Massachusetts.

Jan Walker, RN, MBA
Department of
Medicine, Beth Israel
Deaconess Medical
Center, Harvard
Medical School,
Boston, Massachusetts.

Tom Delbanco, MD
Department of
Medicine, Beth Israel
Deaconess Medical
Center, Harvard
Medical School.

Let's Show Patients Their Mental Health Records

Should we health professionals encourage patients with mental illness to read their medical record notes? As electronic medical records and secure online portals proliferate, patients are gaining ready access not only to laboratory findings but also to clinicians' notes.¹ Primary care patients report that reading their doctors' notes brings many benefits including greater control over their health care, and their doctors experience surprisingly few changes in workflow.² While patients worry about electronic records and potential loss of privacy, they vote resoundingly for making their records more available to them and often to their families.³

As consumers urge that fully open medical records become the standard of care, policy makers, clinicians, and patients advocate also that mental illness gain far more attention and support.⁴ Primary care physicians and medical and surgical subspecialties have long managed many patients with mental illness, but with the exception of the Department of Veterans Affairs, most systems implementing open records continue to carve out from patients' view "behavioral health" notes written by psychiatrists, psychologists, and social workers. We believe that such exclusions are unnecessary.

Inviting patients to read what clinicians write about their findings, thoughts, and feelings can be a

tendency to use 'black-or-white-thinking' in ways that make her relationships at work problematic." "Mr Smith and I continue to 'agree to disagree' about his conviction that his apartment is bugged." "Ms Williams expressed dissatisfaction with my treatment decisions quite clearly, but preferred not to talk about that today. I encouraged her to discuss our disagreements in the future."

This approach—descriptive, nonjudgmental summarizing—can help with documenting many potentially value-laden subjects. A patient's addiction to Internet pornography may be deeply troubling, and his doctor or social worker would be justifiably worried about shaming him further by documenting it. This might be noted as "Mr Martin and I continued our discussion of his addictive behavior and reviewed techniques for dealing with it." This principle can also be applied to a variety of sensitive topics, including psychodynamic issues. The medical record should offer a practical synopsis of a patient's history and treatment, but it does not need to contain an exhaustive catalog of vulnerabilities.

Caring for patients with substance abuse provides fertile ground for conflict, but here too reading the clinician's notes can be helpful. For example, a patient

Value

Quality

Costs



Let's discuss ..



www.myopennotes.org

myopennotes@bidmc.harvard.edu