

Give Me My Health Records! OpenNotes: Status Update

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OpenNotes:

 Clinician Worries vs. Actual

 OpenNotes:

 Patient impact

Status of OpenNotes

HIPAA regulations

Check-List and Resources for Implementation

Discussion

What is OpenNotes?

- "OpenNotes" is simply giving patients' access to their EHR notes via the internet. <u>Not</u> a specific vendor product or software.
- Started with a research and demonstration project in 2010, involving more than 100 PCPs and 20,000 patients in Boston (BIDMC), rural Pennsylvania (Geisinger), and the Seattle inner city (Harborview)

*Supported by the Robert Wood Johnson Foundation

Principal Concerns of 105 Participating PCPs Impact on workflow

	Expectations (%)	Post- intervention (%)
Visits significantly longer	24	2
More time addressing patient questions outside of visits	42	3
More time writing/editing/ dictating notes	39	11

...and, compared to the year preceding the intervention, the volume of electronic messages from patients did not change

Reports from Patients

Among patients with notes (visits):

- 82% of patients opened at least one of their notes
- 1-8% of patients across the 3 sites reported that the notes caused confusion, worry, or offense

20-42% shared notes with others

Reports from Patients

- 70-72% "taking better care of themselves"
- 77-85% "better understanding of their medical conditions"
- 76-84% "remembering the plan for their care better"
- 69-80% "better prepared for visits"
- 77-87% "more in control of their care"
- 60-78% "doing better with taking my medications as prescribed."

The Bottom Line

- 99% of patients *wanted to continue* to be able to see their visit notes online
- 85% of patients said availability of open notes would affect their future choice of providers
- Not one doctor asked to stop
- All 3 institutions expanded the practice widely

Patient Safety

Patient Safety Anecdotes

Delayed diagnosis: If this had been available years ago I would have had my *breast cancer diagnosed earlier*. A previous doctor wrote in my chart and marked the exact area but never informed me. -A patient

Medication error: When I told her about [the wrong issues] she admitted she confused me with another pt. Also on one occasion she made a statement about *increasing the dose on a medication that I never took.* – A patient

Follow up adherence: Weeks after my visit, I thought, "Wasn't I *supposed to look into something*?" I went online immediately. Good thing! It was a precancerous skin lesion my doctor wanted removed (I did). – A patient

Informal caregivers: "*It really is much easier* to show my family who are also my caregivers the information in the notes than to try and explain myself. *I find the notes more accurate than my recollections*, and they allow my family to understand what is actually going on with my health, not just what my memory decides to store." – A patient

More eyes on the chart: *I felt like my care was safer*, as I knew that patients would be able to update me if I didn't get it right. – A doctor

Caregivers and Vulnerable Populations





Participants Report Notes are Accurate & Easy to Understand

"My notes are accurate"

"I can understand my notes"



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A New Medicine that brings benefits... and risks A catalyst for change...and not only in ambulatory care



Patient Safety







OpenNotes Team

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Resources: www.opennotes.org

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Home About ¥ For Patients ¥ For Professionals ¥ Our Stories Join The Movement 🗸

Everybody on the same page

Today, more than 12 million patients in 36 states can share open notes in medical records. OpenNotes is an international movement that's building better communication, quality of care, patient safety and trust.

What are open notes?

Written by doctors, nurses, therapists, or other health professionals to



Implementation

Designed for health professionals learning about open notes, the Implementation Toolkit provides materials to help you gain support in your health system, think through policy decisions and communication materials to prepare for launch, and get the most out of note sharing once you're up and running.

Download Communications Materials OpenNotes logo (jpg) OpenNotes logo (png) Letter to Staff about 🕰 OpenNotes	Tools for implementation For optimal success, it's critical to communicate with patients, health professionals, administrators, hospital leadership about what open notes are and how they will be implemented, as well as the potential benefits of sharing notes. We've seen that institutions that let patients know about the availability of open notes see substantial increases in portal registration.
Letter to Patients [과 about OpenNotes Email to Patients - [과 Your Note is Ready to Read	"We often find that clinicians are unaware that their own institution has OpenNotes, and that's only because a communications strategy has not been implemented with the roll out." — John Santa, MD, OpenNotes Director of Dissemination
Sample Clinic Poster 🗋	
Sample Brochure 🏹	Communicating with health professionals and other staff about open notes
Sample Clinic 🎮 Handout	 Organize grand rounds, town hall meetings, or smaller talks to present data about open notes.
	 Identify 'Open Notes Champions' across specialties to help get the word out.
Download Presentation	 Share communication from the CEO and other leadership about implementation plans, including data about the benefits of sharing notes. Prepare a set of FAQs that answers guestions health professionals may have. Feel free
Materials	to use these FAQs to start.
PowerPoint file	Share OpenNotes materials on your intranet, including research, links to videos,

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





More than 7 million patients have easy access to their clinicians' notes





More than 12 million patients have easy access to their clinicians' notes



Experiences

Implementation was easy; it has been a non-event for providers

"Honestly, I couldn't believe how few problems we had when we started OpenNotes." "For us, in general, I think it's been a nonevent." "Don't worry about it. Sharing notes is a step in the right direction."

Patients report great value in reading notes

"Makes me feel like I'm more a part of the care...now I've been brought in right away. I'm more connected with what's going on."

"Having these notes...means everything to me." "I have a serious medical condition. Reading my notes, gave me a better understanding of how I was going to get through this."

Providers continued to provide care "business as usual"

"Don't change way you write the language; it should always be clear in medical terminology." "I was nervous ... but not a single patient contacted me about a note, and I do a lot of clinic work." "It's been business as usual... It was one of the most seamless implementations I think we've done in a long time."



Did you think seeing your note helps you take better care of yourself?



How does reading a note affect how worried you are about something?

Answered: 425 Skipped: 269



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Does reading your note change how often you contact your provider?



From AMDIS June 2016 presentation (used with permission): http://amdis.org/wp-content/uploads/2014/01/2016-06-OpenNotes-AMDIS-Consolidated-Compatibility-Mode.pdf

Key Takeaways

- Sharing Clinician Notes with patients: Good evidence for significant benefits
- Impact to physician work-life neutral (may actually be positive)
 - No additional work
 - Better patient engagement & physician satisfaction?
 - Decreases physician burnout??
- Clinician Leaders <u>MUST</u> sponsor the effort (<u>Not</u> an "IT" initiative!)
- MU/MACRA is an enabler for this; one of the tangible benefits of widespread EHR adoption.
- HIPAA requires organizations to provide patients with their EHR information!
- * EHR/patient portal should be intuitive and easy to navigate to the clinician's note *

HIPAA: Right to access information

4/18/2017

Individuals' Right under HIPAA to Access their Health Information | HHS.gov

HHS.gov Health Information Privacy

U.S. Department of Health & Human Services

Individuals' Right under HIPAA to Access their Health Information 45 CFR § 164.524

Newly Released FAQs on Access Guidance

Timeliness in Providing Access

In providing access to the individual, a covered entity must provide access to the PHI requested, in whole, or in part (if certain access may be denied as explained below), no later than 30 calendar days from receiving the individual's request. See 45 CFR 164.524(b)(2). The 30 calendar days is an outer limit and covered entities are encouraged to respond as soon as possible. Indeed, a covered entity may have the capacity to provide individuals with almost instantaneous or very prompt electronic access to the PHI requested through personal health records, web portals, or similar electronic means. Further, individuals may reasonably expect a covered entity to be able to respond in a much faster timeframe when the covered entity is using health information technology in its day to day operations.

https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/

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Fee Calculation

How can covered entities calculate the limited fee that can be charged to individuals to provide them with a copy of their PHI?

The HIPAA Privacy Rule permits a covered entity to charge a reasonable, cost-based fee The following methods may be used,

- <u>Actual costs</u>. A covered entity may calculate <u>actual</u> labor costs to fulfill the request, as long as the labor included is <u>only</u> for copying and the labor rates used are reasonable The covered entity may add to the actual labor costs any applicable supply (e.g., paper, or CD or USB drive) or postage costs.
- <u>Average costs</u>.
 - Per page fees are not permitted for paper or electronic copies of PHI maintained electronically.
- Flat fee for electronic copies of PHI maintained electronically. A covered entity may charge
 individuals a flat fee for all requests for electronic copies of PHI maintained electronically, provided
 the fee does not exceed \$6.50, inclusive of all labor, supplies, and any applicable postage.
 Charging a flat fee not to exceed \$6.50 is therefore an option for entities that do not want to go
 through the process of calculating actual or average allowable costs for requests for electronic
 copies of PHI maintained electronically.

Office of Civil Rights: Enforcing the rights of patients to see their medical records

News Release

FOR IMMEDIATE RELEASE February 22, 2011 Contact: HHS Press Office (202) 690-6343

HHS imposes a \$4.3 million civil money penalty for violations of the HIPAA Privacy Rule

OCR found that Cignet violated 41 patients' rights by denying them access to their medical records when requested between September 2008 and October 2009. These patients individually filed complaints with OCR, initiating investigations of each complaint. The HIPAA Privacy Rule requires that a covered entity provide a patient with a copy of their medical records within 30 (and no later than 60) days of the patient's request.

Remind patients that they are entitled, by law, to copies of their medical records

MARCH 15TH, 2016 | DOSTED IN CONSUMER FOCUS, PATIENT TOOLS

HHS' Office for Civil Rights (OCR) recently issued guidance reminding consumers they're entitled to copies of their medical records.

OCR has also signaled it will crack down on providers who do not comply.

Check List for OpenNotes

- Review and develop materials (Support materials available at opennotes.org)
- Identify and convene sponsors to make decision to implement
- Get agreement from key sponsors and reinforcing sponsors to move ahead; must be an operational effort, not an "IT effort"
- Make it an organizational standard; no opting-out individual
- Make choices about processes, roll-out, configuration, etc.
- Communication process
- Map out time-line (short pilot with planned rollout)
- Technical configuration and technical pilot; optimize web-site
- Modify, fix issues
- Go-live with rest of organization
- Follow-up, monitor, adjust, tweak, improve
- Study effects?

Decisions (and suggested "best practice")

Change management:

- Clinician leaders need to sponsor this effort
- Do not let individual clinicians block progress (→ allow individuals to hide individual notes—i.e. give them an "out")

Roll-out:

- Plan for small pilot to iron out technical issues, then planned organizational roll-out; determine those departments that can go later (MH, addiction, pain clinic, etc.)
- Clinician opt-in, vs. opt-out
 - Make it organization-wide; no opt-out unless extenuating circumstances
 - All primary care & all specialty care; include OT, PT, social workers, etc.
 - Mental Health, Occupational health, Drug addiction, etc., can be exceptions

Proxy access, adolescents

- 0-12, parental proxy access
- 13 18, adolescent access only?
- Release on signing
- Ability to block a particular note vs. hidden note type
- Include ED? UC?
- All outpatient notes, full Inpatient discharge summary
- Internal organizational communication plan
- External and patient communication plan; publicity?
- Monitoring and improvement plan

Vendors That Support OpenNotes

- Cerner
- Epic
- Meditech
- Allscripts
- eCW (just starting)
- Working on: Athena, NextGen

otes)

Website: www.opennotes.org

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