

NW OpenNotes Consortium

AMDIS

Physician Computer Connection Symposium
June 25, 2015

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Bringing people together
to improve health care and health



What is OpenNotes?

- Patients invited to review their providers' visit notes through secure patient portals
- Each patient notified automatically via e-mail message when a note has been signed...and reminded to review it before their next scheduled visit
- “OpenNotes” is an initiative to give patient's access to their EHR notes via the internet. Not 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 primarily by the Robert Wood Johnson Foundation

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
- 70 – 80% reported taking better care, better understanding, better prepared for visits, felt more in control, better at taking meds as prescribed.

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

3 Overall Questions

- Does OpenNotes help patients become more engaged in their care? **YES**
- Is OpenNotes the straw that breaks the doctor's back? **NO**
- After living with this transparency, do patients and doctors want to continue? **YES, virtually 100%**



Bringing people together
to improve health care and health

NW OpenNotes Consortium

June 2013: WCDB convenes meeting of Oregon's health systems, consumer groups, and policy makers

September 2013: Agreement to form a consortium of health systems to collaborate together to implement OpenNotes as a community

Monthly → Quarterly: Meetings involving major health systems

NW Consortium Clinical Participants



Early Adopters

- Portland VA
 - All Veterans, entire EHR since Jan 2013 (Pilot project at Portland VA since 2001)
- Kaiser NW ~1100 MDs
 - 500K patients on April 8, 2014
- OCHIN
 - 82 member organizations in 19 states, 350 clinic locations, over 4000 doctors
 - Doctors can opt in, April 2014
- OHSU
 - All family practice and internal medicine patients (first clinic in May 2014)
- Portland Clinic ~105 MDs
 - Clinic wide adoption July 2014
- Vancouver Clinic ~ 220 MDs
 - Clinic wide adoption July 2014

Right Behind

- PeaceHealth: 3 regions, 10 hospitals, ~800 MDs
 - Vancouver region live in October 2014
 - Rolled out to **all sites in 3 regions** in March 2015
- Legacy Health System: 6 hospitals, ~2600 MDs
 - All of primary care and medical specialties August 2015
- Providence Oregon: 8 hospitals, 90 clinics
 - Pilot implementation June 2015
- Salem Health: 2 hospitals
 - 1 Clinic pilot spring 2015
- Reaching out to other health systems . . .
 - Samaritan Health Services has implemented parts of OpenNotes (radiology reports)
 - Adventist joining the regular monthly meetings
 - St. Alphonsus, St. Charles, Planned Parenthood, others...

Toolkit: www.myopennotes.org



patients and clinicians on the same page



What is OpenNotes?

Who Is Sharing Notes?

Toolkit

Research

News

About Us

enter search terms



Why implement open notes at your institution? +



How will open notes work for your institution? +



What do open notes look like at other sites? +

*Introducing the OpenNotes Toolkit:
Tell us what you think!*



What is OpenNotes?

Sharing clinicians' notes with patients—a simple idea for better health [More >](#)



Why it Works

Patients become more actively involved in their care [More >](#)



Toolkit

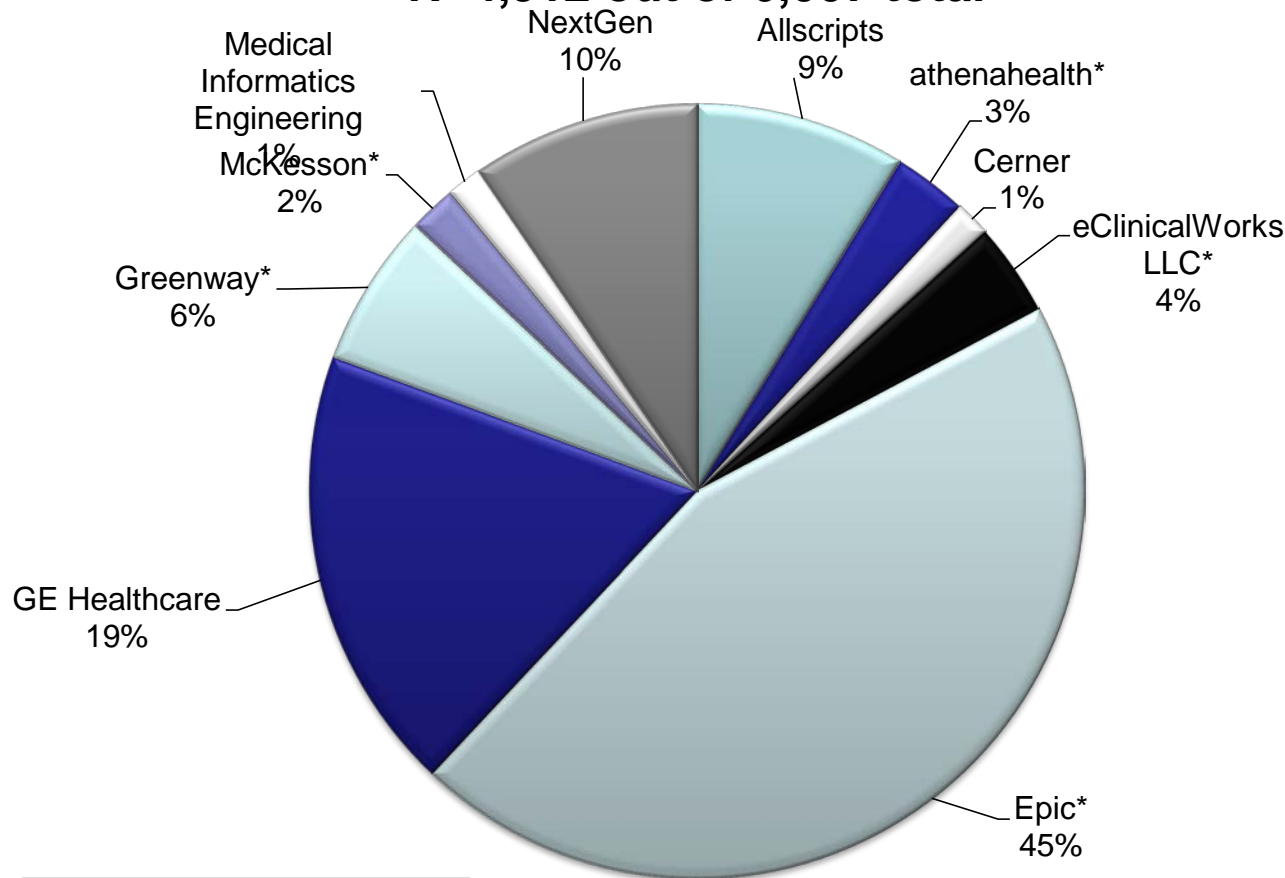
Get started reading, writing and sharing notes [More >](#)

[Find Participating Sites >](#)

Beyond the major health systems: Oregon EHR Vendors

EHR Vendor Systems purchased by Oregon Eligible Professionals (top 10)

N=4,912 out of 6,007 total



* Denotes vendor also has 2014
CEHRT version in use

Vendor	Portal Name	OpenNotes Functionality
Greenway: Vitera Intergy (Sage) MediaDent Medical Manager PrimeSUITE SuccessEHS	Greenway Patient Portal Medfusion Patient Portal Online Care Center Sage Intergy Practice Portal Vitera Patient Portal	Building a new portal, does not have functionality and they are trying to migrate current clients to this portal for all 3 products. They could put ON functionality on their "roadmap".
GE Healthcare Kryptiq/Surescripts	Centricity Patient Portal Centricity Patient Online	Kryptiq/Surescripts has functionality currently and supports multiple EMRs, but mainly GE Centricity (former medicallogic), and Vitera. Uses direct messaging
Athena	AthenaCommunicator	Although rated #1 by KLAS, Athena does not currently have capability to support OpenNotes.
eClinicalWorks	eClinicalWorks Patient Portal Healow	Functionality exists. eCW note has "treatment" and "clinical" sections. Treatment is included in what patient can see, but Clinical is not.
Nextgen	NextGen Patient Portal	Not there but they are interested in doing it, and believe that it won't take much work. They can do email ticklers.
Allscripts Touchworks EHR Professional EHR Sunrise	FollowMyHealth	They say that they have most of the functionality already built in, and some of their providers may already be using it. They are not sure about ability to suppress a specific note. Will need to meet with developer team.
Cerner	Patient Portal	Can be configured to support OpenNotes
Vendor agnostic	InteliChart Access My Records Influence Health (former Medseek) Relay Health	Intelichart portal connects to many different EMR vendors and can be rebranded (Nextgen, etc.) Looks like it could do it, has email/text notification when new information but doesn't take them directly to new item once logged into portal.

Key Takeaways

- General agreement that good evidence for significant benefits
- Impact to physician well-being may actually be positive
 - MD email traffic flat
 - ?? Shorter visits ??
 - Better patient engagement
- EHR/patient portal vendor needs to have functionality
- Physician leadership and organizational change management
- “Co-opetition” helps to drive pace of change
 - Supporting and pushing/challenging each other
- ONC/CMS meaningful use is an enabler for this; one of the tangible benefits of widespread EHR adoption.
- Organizational Leadership is most important factor
- Consumer engagement and advocacy



OpenNotes

Enhancing the Partnership Relationship With Patients Across a Community

John Santa MD MPH

2015 AMDIS Annual Meeting

Ojai, California June 25, 2015

John Santa Disclosure

I am a general internist, retired from clinical practice but involved in a variety of policy and administrative health projects.

I currently have no financial relationships with any organization.

I previously worked for Consumer Reports.

I am biased in favor of OpenNotes by my personal experience as a caregiver

Goals

- Share information with about the impact of OpenNotes on patients
- Give you a sense of the national OpenNotes movement
- Have you join the *OpenNotes* movement and consider helping your community join the *OpenNotes* movement

Healthcare in a land called PeoplePower: nothing about me without me

Tom Delbanco MD¹, Donald M. Berwick MD², Jo Ivey Boufford MD³,
S. Edgman-Levitan PA⁴, Günter Ollenschläger MD⁵, Diane Plamping PhD⁶
and Richard G. Rockefeller MD⁷

¹Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, USA, ²Institute for Healthcare Improvement, Boston, USA, ³Robert F. Wagner School of Public Service, New York University, New York, USA, ⁴The Picker Institute, Boston, USA, ⁵Agency for Quality in Medicine, Cologne, Germany, ⁶Tower Hamlets Community Healthcare NHS Trust, Mile End Hospital, London, UK, ⁷Health Commons Institute, Falmouth, ME, US

Abstract

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Keywords: electronic medical records,
employee satisfaction, patient

In a 5-day retreat at a Salzburg Seminar attended by 64 individuals from 29 countries, teams of health professionals, patient advocates, artists, reporters and social scientists adopted the guiding principle of 'nothing about me without me' and created the country of PeoplePower. Designed to shift health care from 'biomedicine' to 'infomedicine', patients and health workers throughout PeoplePower join in informed, shared decision-making and governance. Drawing, where possible, on computer-based guidance and communication technologies, patients and clinicians contribute actively to the patient record, transcripts of clinical encounters are shared, and patient education occurs primarily in the home, school

About *OpenNotes*

- Began in 2010 with 105 volunteer primary care doctors and 19,000 of their patients in Boston, rural Pennsylvania, and the Seattle inner city in Washington state.
- The doctors invited the patients to read their notes via electronic portals
- Now, 30 months after we published our findings, more than 5 million patients in the USA, thousands of doctors, nurses, therapists, trainees, physician assistants, case managers, and other clinicians are sharing notes

What's going on?



Beth Israel Deaconess
Medical Center

GEISINGER
HEALTH SYSTEM

UW Medicine
HARBORVIEW
MEDICAL CENTER

Two Principal Patient Questions

- Would open notes help patients become more engaged in their care?
- After 1 year, would patients want to continue?

Patients were thrilled...

They want the notes

They are not scared stiff

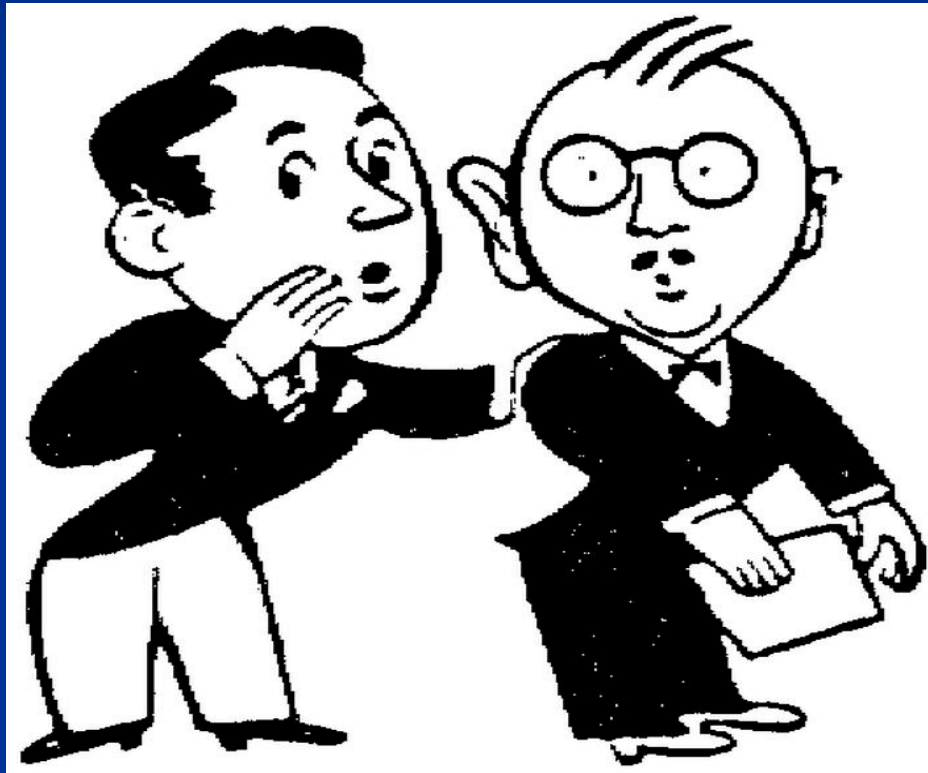
They read them

They share them

They report important benefits

- 82% of patients opened at least one of their notes
- Few patients said reading notes made them
 - Worried (5-8%)
 - Confused (2-8%)
 - Offended (1-2%)

Privacy vs Confidentiality



20-42% shared notes with others

Patients reported important clinical benefits

- 77-87% felt more *in control* of their care
- 77-85% reported *better understanding* of their health and medical conditions
- 76-84% reported *better remembering* the plan for their care
- 69-80% felt *better prepared* for visits

...and 60-78% of those taking medications reported
*“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.

“In light of these results, why not make this the **standard of care**? Such practice does not depend on technology, and for those who have electronic records, any challenges posed by technology can be readily overcome if the will is there.”

Guest and Quincy. Consumers Gaining Ground in Health Care, *JAMA*, 2013



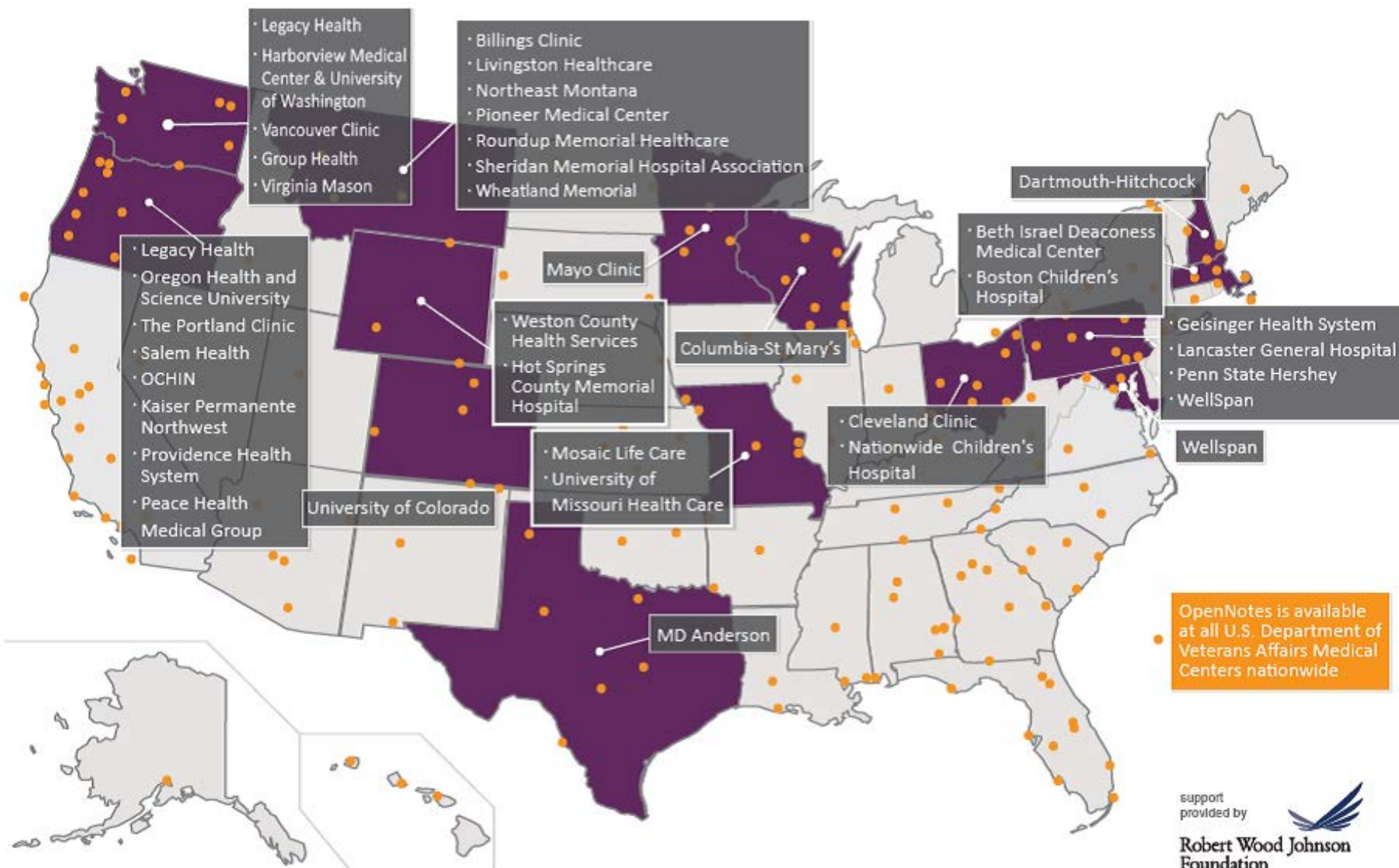
The NEW ENGLAND JOURNAL of MEDICINE

“Despite the challenges, we anticipate that open electronic records will become the **standard of care**, accompanied by electronic tools that explain medical terminology and abbreviations, translate notes into different languages, and adjust for health-literacy levels.”

Walker, Darer, Elmore, and Delbanco. The Road toward Fully Transparent Medical Records, *N Engl J Med*, 2013



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



What next?

A national movement.....

Voluntary adoption of OpenNotes and
open notes

Creating the electronic infrastructure

Understanding the business issues

Understanding clinician issues

Changing the culture of consumer
engagement

What you can do to help

- Talk about it with colleagues, friends, patients
- Try it yourself—as a patient, as a caregiver
- Identify concerns, describe them, quantify them if possible
- Join the movement. Become a champion for open notes
- Spread the movement.
 - Help us grow the NW Consortium
 - Help us replicate the NW consortium in other regions you have ties to



NORTHWEST NETWORK

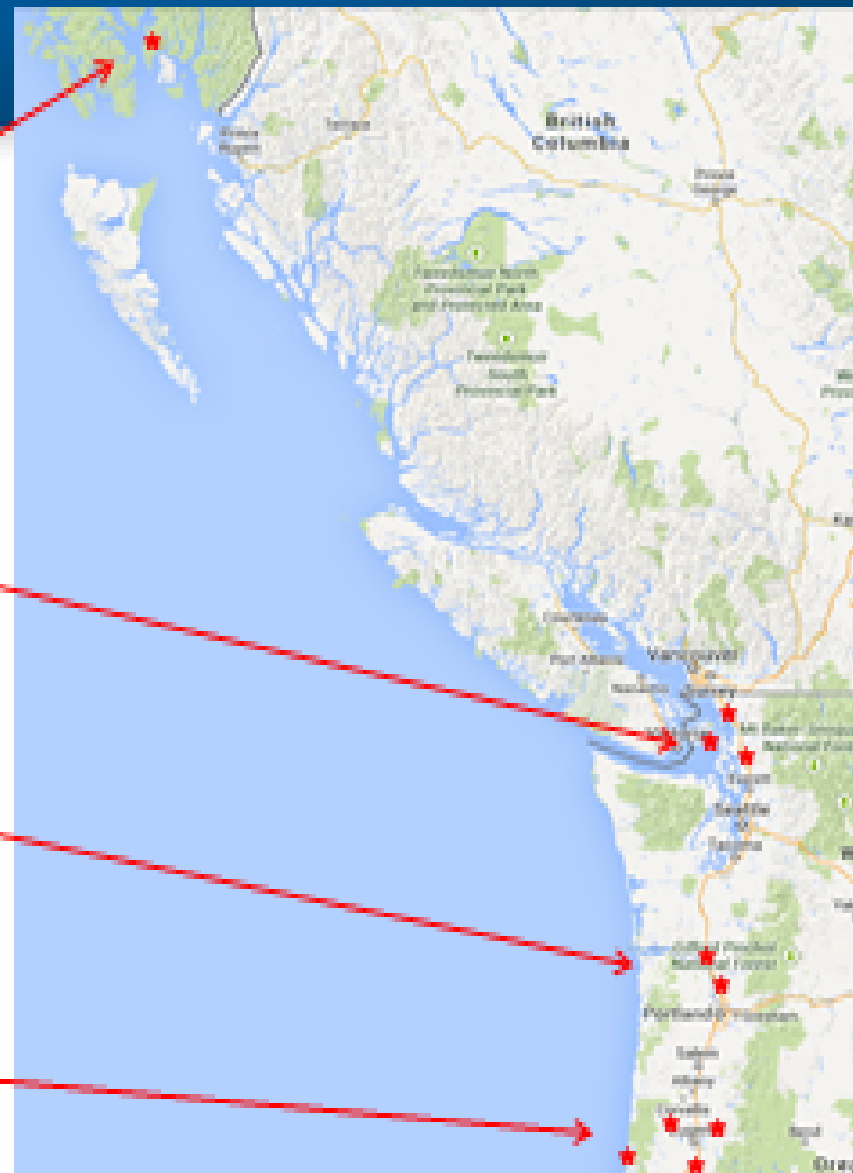
- Ketchikan, AK
- Bellingham, WA
- Friday Harbor, WA
- Sedro-Woolley, WA

COLUMBIA NETWORK

- Longview, WA
- Vancouver, WA

OREGON WEST NETWORK

- Eugene, OR
- Springfield, OR
- Cottage Grove, OR
- Florence, OR



Open Notes at Kaiser Permanente Northwest

Michael McNamara, MD

The KP northwest journey

- June 2013 - Portland Consortium Participants
 - All Major Portland HealthCare Organizations
 - Author of Open Notes Study
- Summer 2013: Presentation to Chiefs and Board of Directors
- September 2013: Patient Advisory Council
- November 2013: Primary Care Leadership Meeting
 - Sentinel moment for organization
- December 2013: Operational Leadership – “All In”

Consortium Collaboration Slide:

Communicate! Communicate! Communicate!

(Nobody was surprised by OpenNotes)



Internal: NWP

Chiefs, physicians,
executives via email
and department
presentations



Internal: Health Plan

Manager
presentations,
emails, huddles,
FAQs, talking points,
Newswire



External

Press releases,
brokers, direct mail,
social media, AVS
SmartText

What Did We Do?

Email Text

- April 8, 2014:
- Region wide implementation for all **Office Visits** and **Scheduled Telephone Encounters (TAV)**
- Exclude:
 - Teens (13-17)
 - Mental Health, Addiction Medicine, Pain Medicine and Occupational Medicine

Information About Your Recent Visit to Kaiser Permanente

Kaiser Permanente-NW to: Michelle L Edlund

Location on PVI

Sample Note

After Visit Summary
2/25/2014 Office Visit Registrant Kporg | MRN: 5368-37-43

Visit Information		Provider	Location
Date & Time	2/25/2014	Krall, Michael Adam, MD	NICOLA SERVICE CENTER

Upcoming Appointments - IF YOU HAVE BEEN TOLD TO ARRIVE AT A DIFFERENT TIME, PLEASE DO SO

Date & Time	Provider	Department	Dept Phone	Special Notes
2/25/2014 6:40 PM	ZZQA MD	Nicola Family Practice	800-813-2000	

Progress Notes
Edlund, Michelle L at 2/25/2014 4:39 PM
Status:

I spoke to James today about his desire to quit smoking. He would like to quit in the next 30 days w the help of bupropion (Zyban) and counseling. I reviewed the contraindications for bupropion and the patient acknowledged. The patient is not interested in quitting without the help of the drug therapy.

What Did We Hear?

Changing Clinician Behavior

- Modify information about prognosis
- Limiting the differential diagnosis
- Concern about internal discussion for candidacy for liver transplant
- Expect that chronically delinquent clinician may close notes in more timely fashion

Sensitive Issues/Patient Contact

- Patient upset by terms used by clinician: “Obese”, “Fixated on surgery”, “Substance abuse” for patient using marijuana
- Change to History
- Recalled relevant family Hx after appointment
- Asked to modify history recorded by clinician

Medical Record Errors/Discrepancies

- Medication error corrected; Listed as not taking med when they actually were
- Correction to templated note
- Exam findings not accurate
- “Discussed HIV” when that didn’t happen
- PCP asked to interpret specialist note

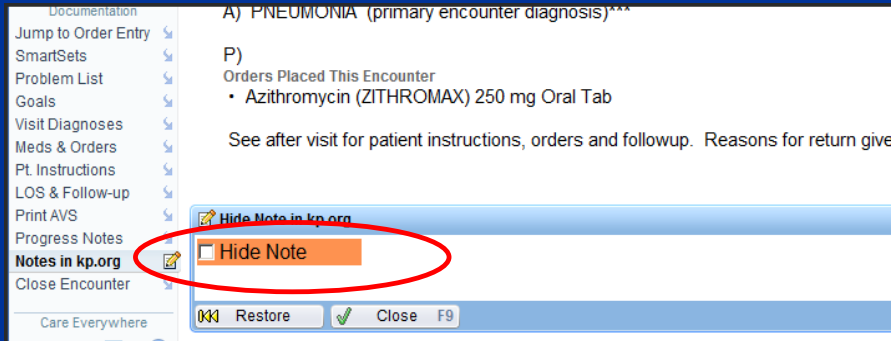
What Did We Hear?

NW Pre-Survey of Physician Chiefs

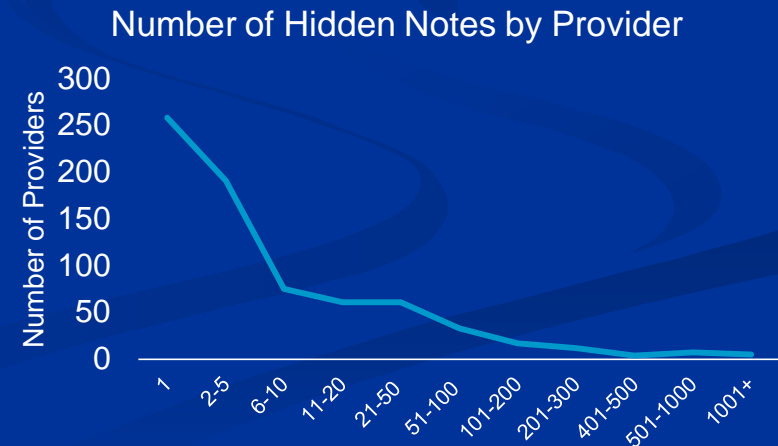
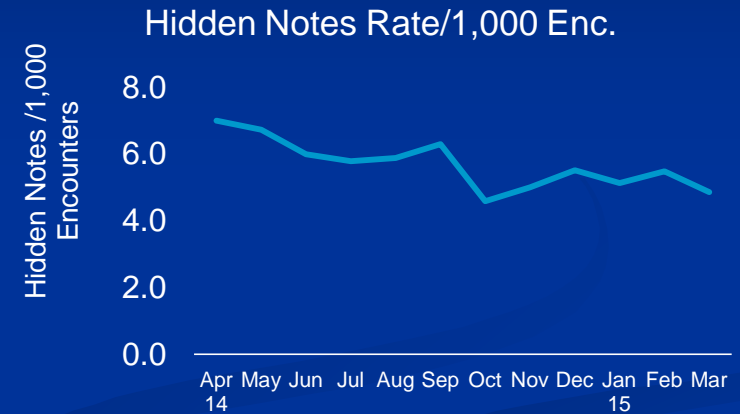
- Prior to implementation nearly all had heard concerns from colleagues
- Six weeks after go-live, those that responded believed that it has been a non-event.
- Caveat: “The absence of evidence does not mean there is evidence of absence”

Option To Hide Notes

- Option exists to hide notes at clinician’s discretion
- Critical to adoption



NW Provider Note Hiding Data

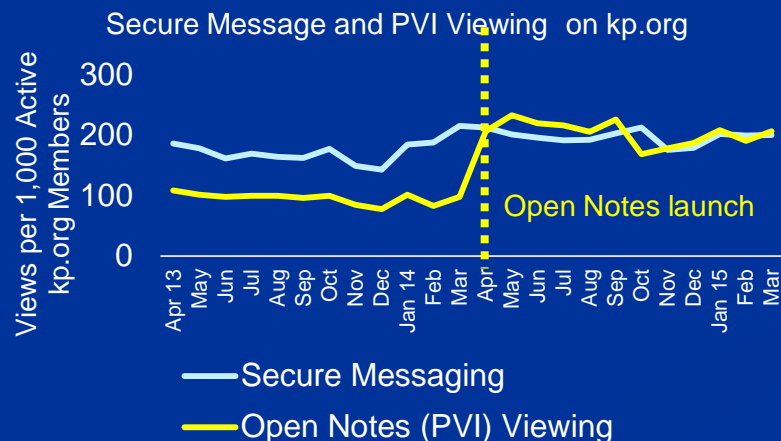


NW Patient Evaluation

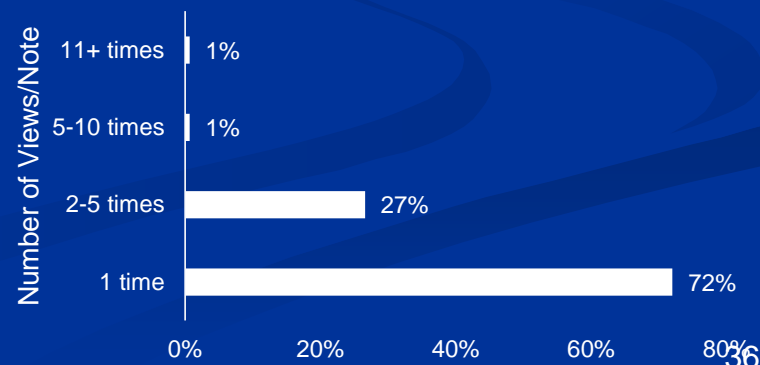
Evaluation of Open Notes conducted by HITTA (Health IT Transformation & Analytics)

- Patient Usage
 - Change in secure email volume
 - Viewing trends-30% of patients viewed notes in Jan 2015
- Patient satisfaction survey similar to original study
- Video storytelling project to capture value from provider/patient perspective

Patient Usage

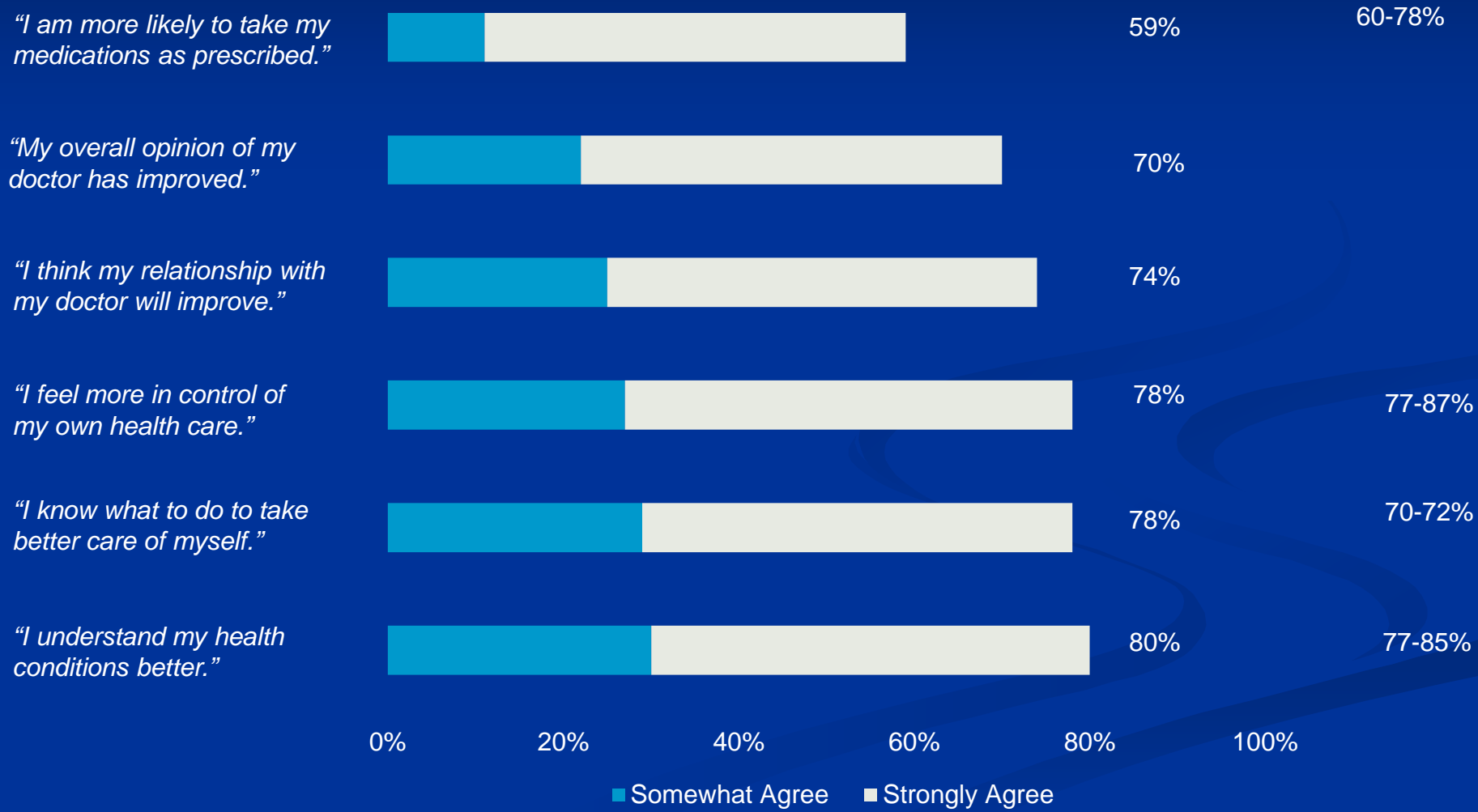


Note Viewing Frequency



Patient Reported Benefits of OpenNotes

% Agreeing from
OpenNotes® Study

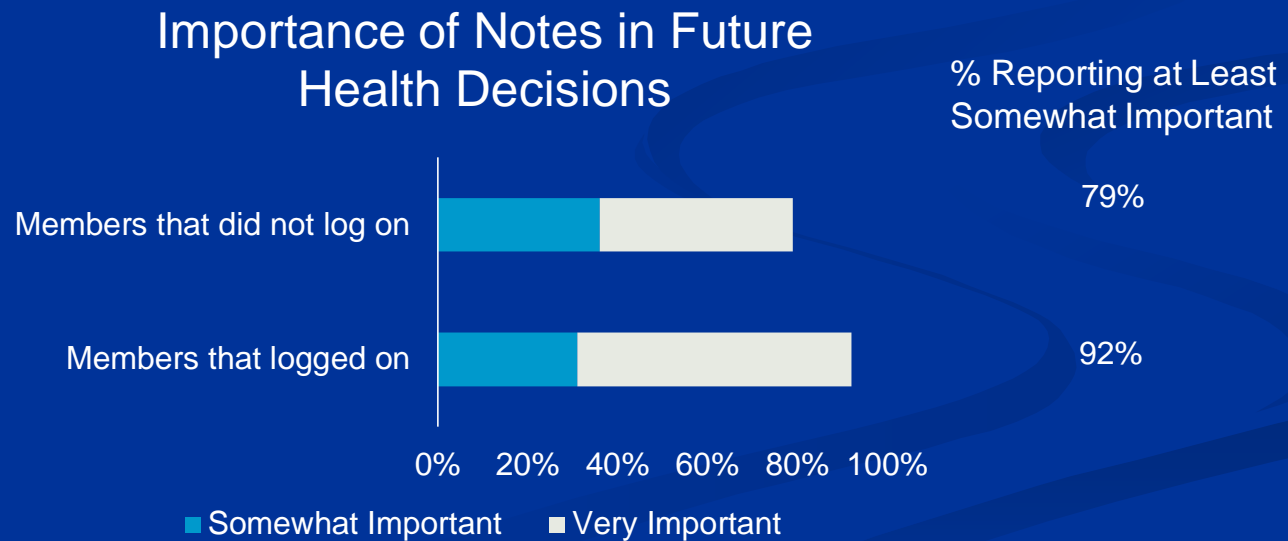
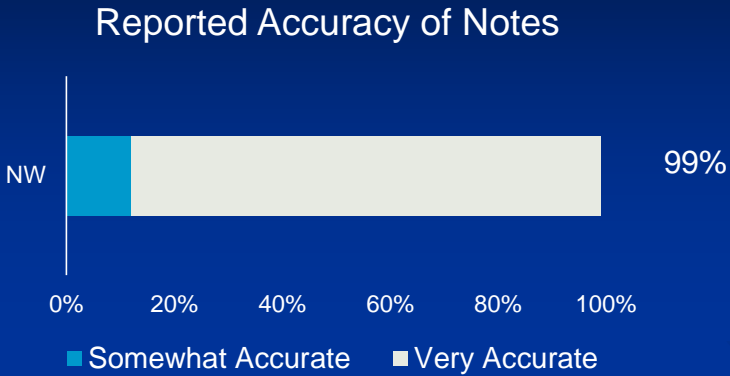
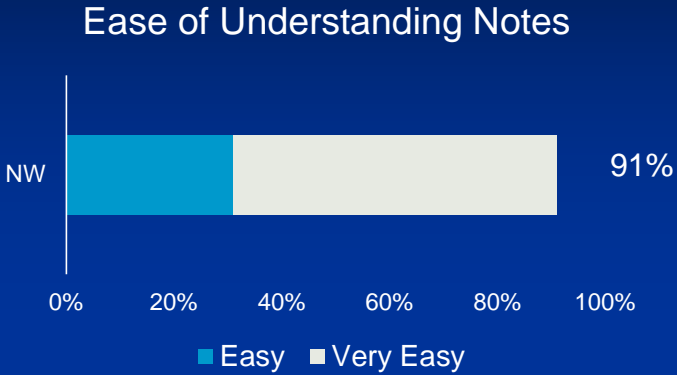


NW Patient Evaluation

Members indicated that they receive value from reading the notes:

- 93% would like to continue to receive the email reminder (tickler)
- 60% said notes would be a 'very important' factor in any future decisions they make about a health plan
- Even 40% who did not read notes said it was very important

NOTE ACCURACY, COMPREHENSION & IMPORTANCE



KPNW Patient Advisory Council

- *“Having the KP.org notification that I can view my doctor’s notes on myself reminded me to have my labs drawn. It is a new schedule for lab draws that I had forgotten. I have a serious condition and this will help me do what my doctor wants me to do .”*
- *“Reviewing the notes I see why I need to lose weight. I cut the notes out of KP.org and posted in my kitchen. I DO NOT WANT TO BE A DIABETIC and this is in my face. It feels like my doctor really cares about my health, I never knew that .”*
- *“For me, the chart notes are like Paul Harvey states ' THE REST OF THE STORY ”*
- *“I told my doctor I ran every day and now I think he knows I REALLY DON'T. This may hold me more accountable to myself and my doctor“*
- *“I wanted my doctor to treat my mind, body and spirit. I am convinced that is happening based on reading the notes.”*
- *“The total picture of my health will help me heal”*

Disclaimers for OpenNotes

- Several clinicians felt the need to put disclaimers in their notes
- The disclaimers range from the straightforward to the lengthy and obtuse
- In response, we agreed to enter simple disclaimer that is visible on all patients notes
 - Notes primary purpose is communication and coordination of care
 - Contact author for questions or concerns

Questions??



LEGACY
HEALTH

OpenNotes

Amy Chaumeton, MD
CMIO, Legacy Health

EMANUEL Medical Center

GOOD SAMARITAN Medical Center

MERIDIAN PARK Medical Center

MOUNT HOOD Medical Center

SALMON CREEK Medical Center

RANDALL CHILDREN'S HOSPITAL Legacy Emanuel

LEGACY MEDICAL GROUP

LEGACY LABORATORY

LEGACY RESEARCH

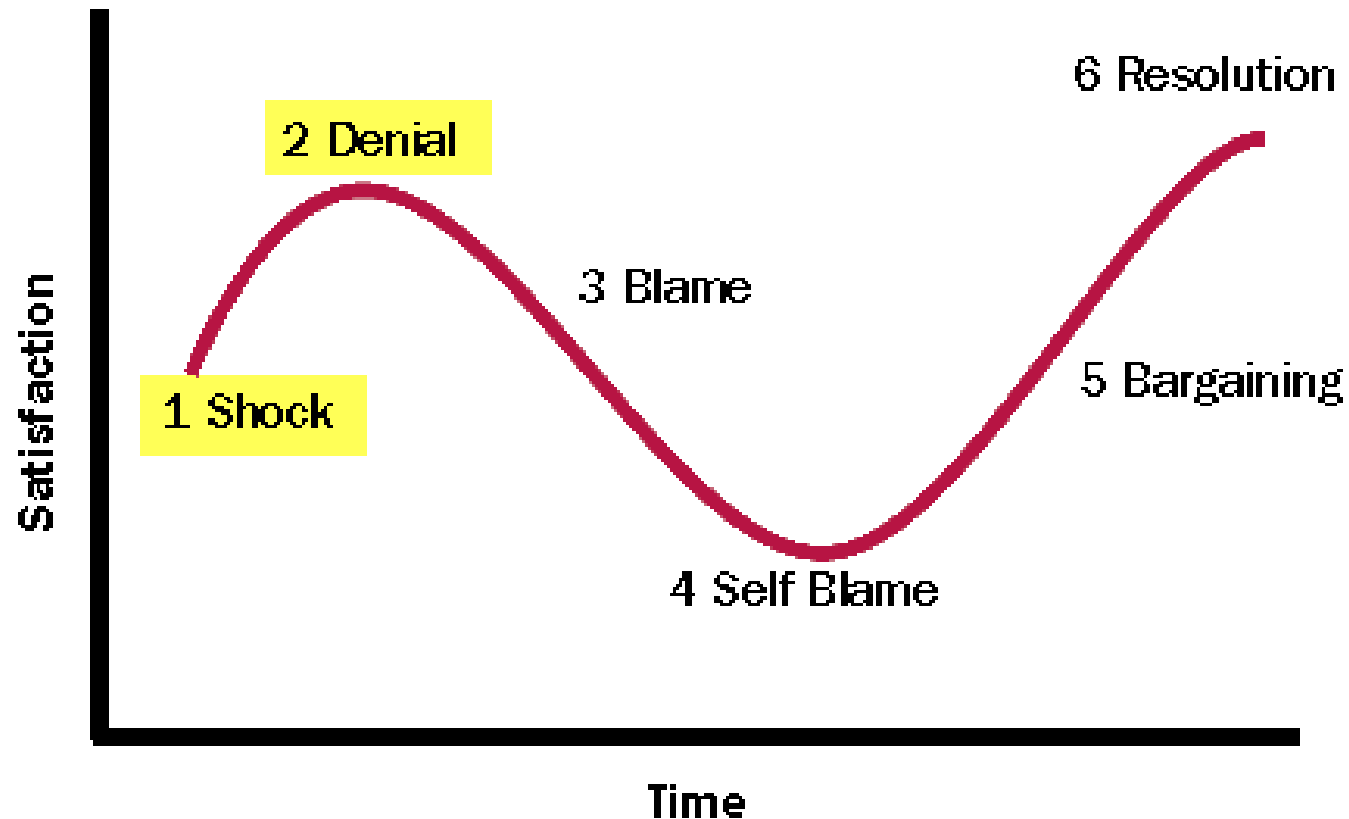
LEGACY HOSPICE

The Legacy Health Journey

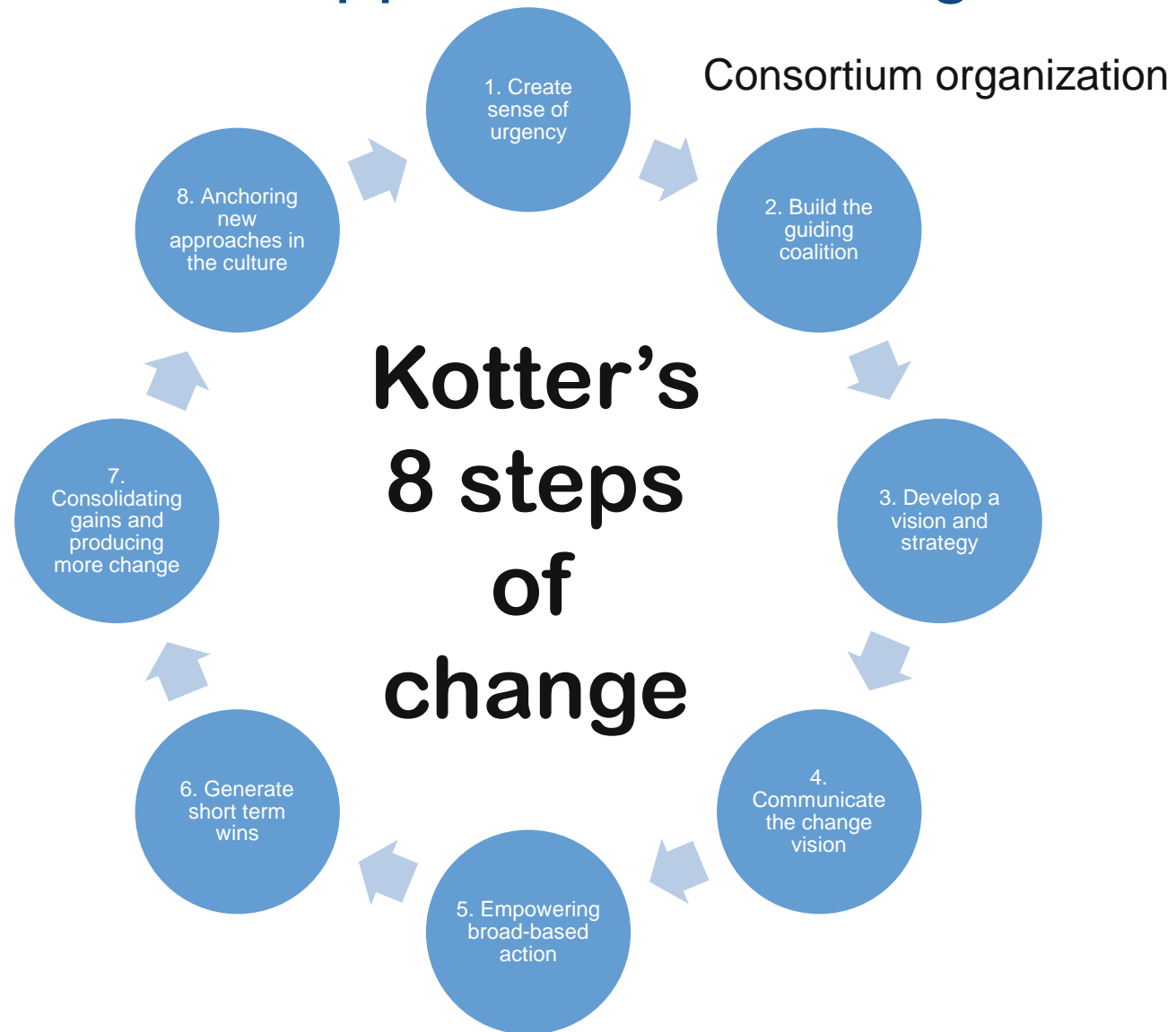
- June 2013 – Portland OpenNotes Consortium
- April 2014 – Legacy Health pilot of OpenNotes in Primary Care, Pediatrics, Medical and Surgical Specialties
- April 2015 – Clinical VP decision to roll out Big Bang all ambulatory provider notes August 2015



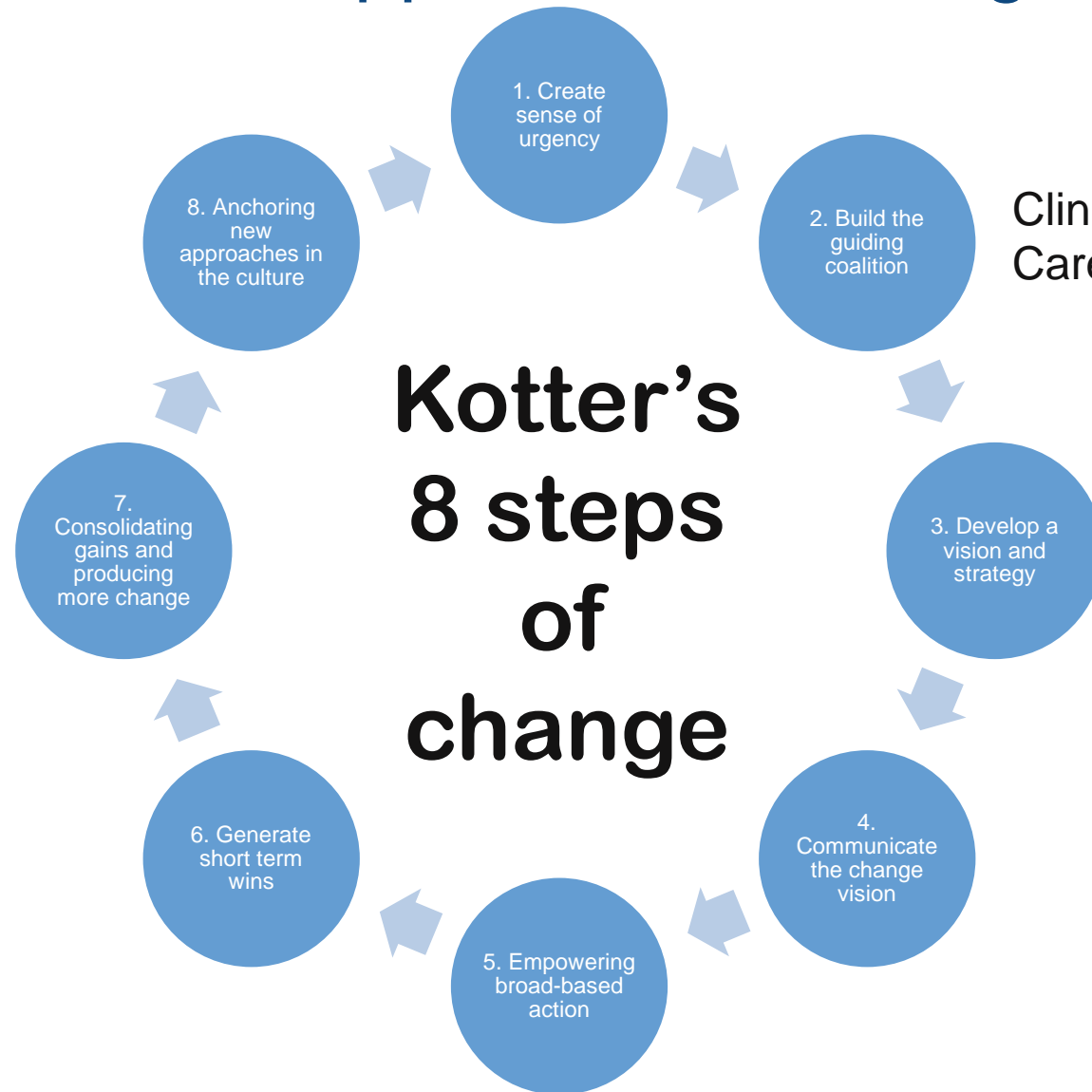
The 6 stages of human response to change



Legacy Health's application of change model

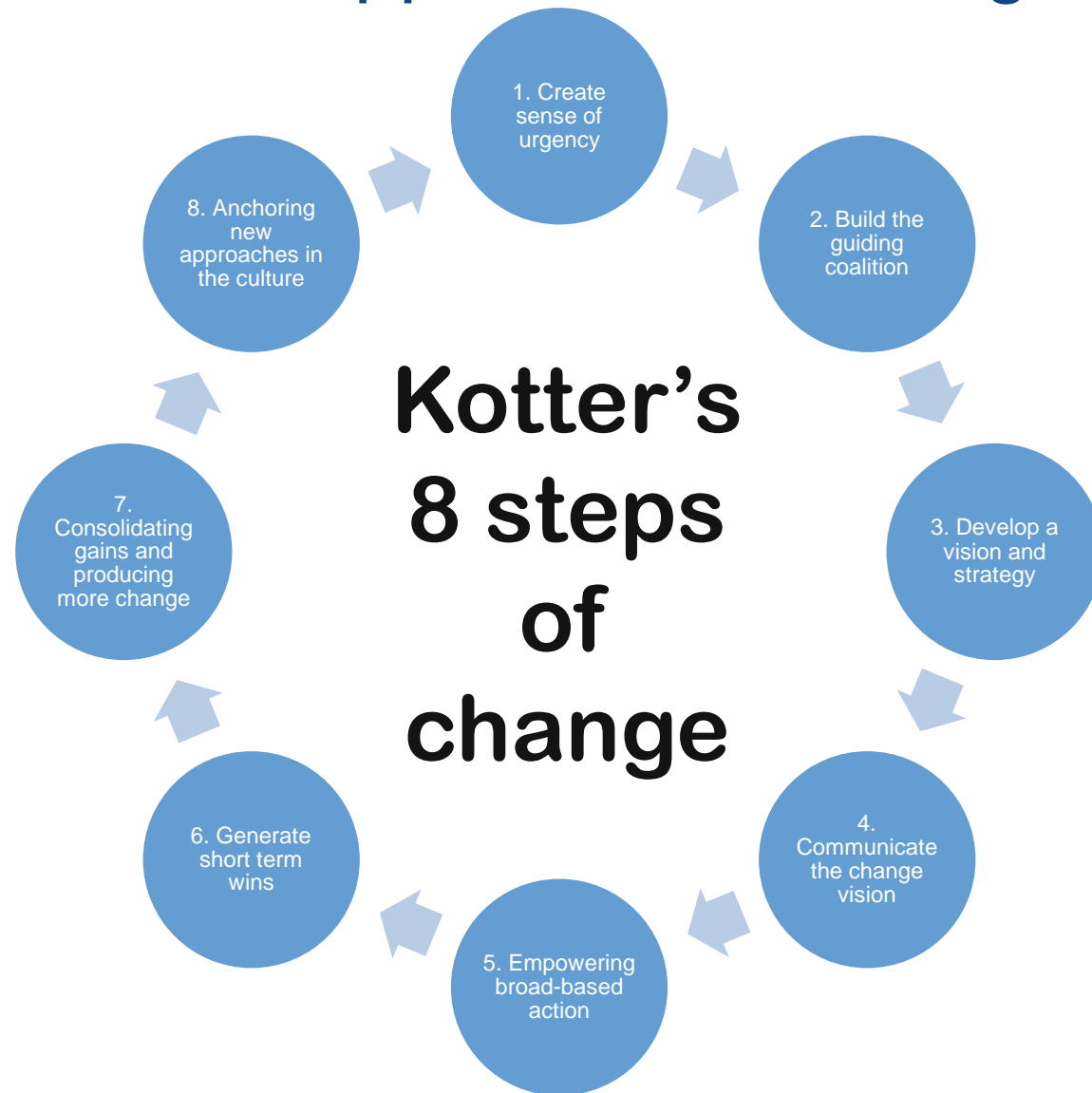


Legacy Health's application of change model



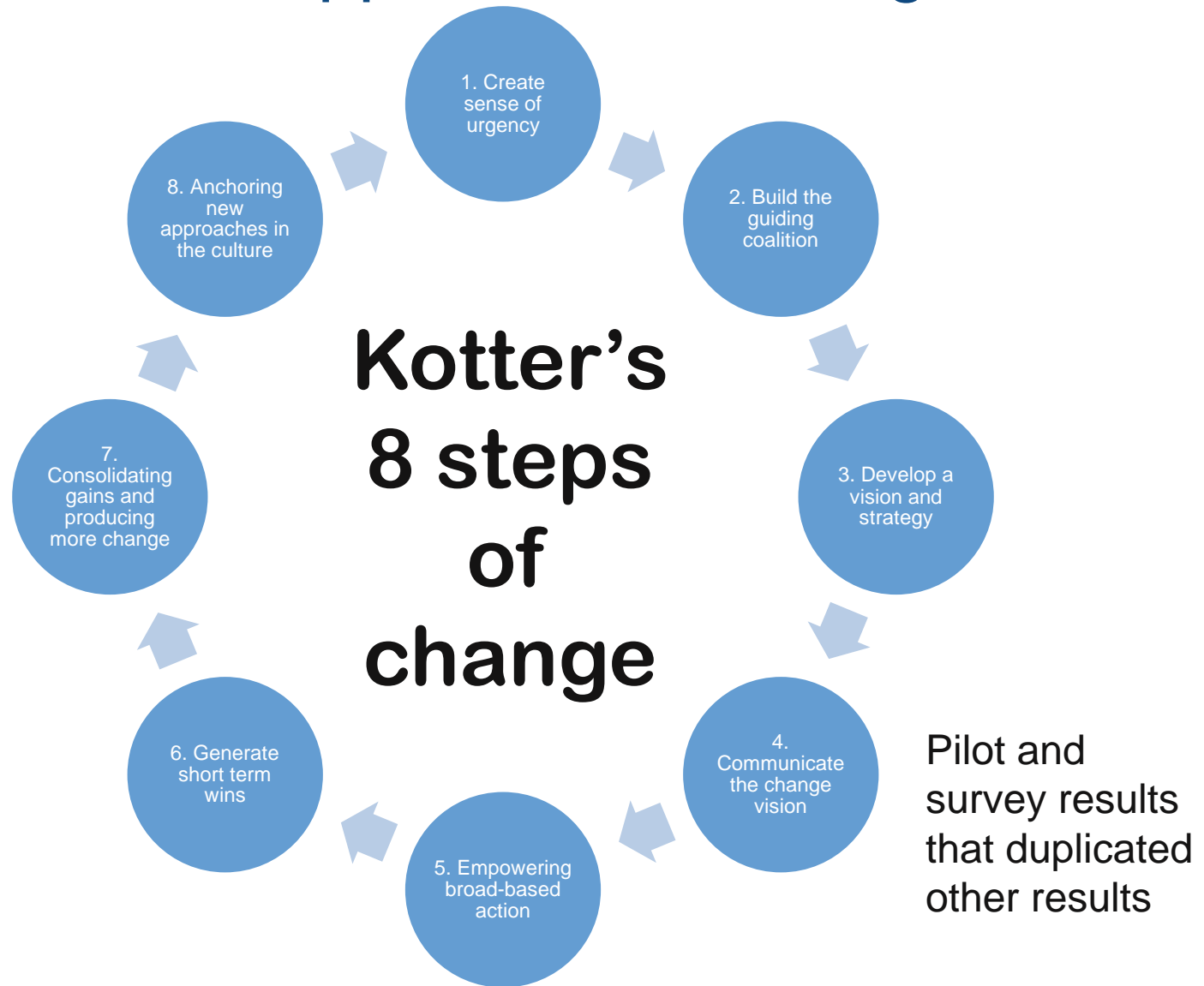
Clinical VP of Primary Care and CMIO

Legacy Health's application of change model

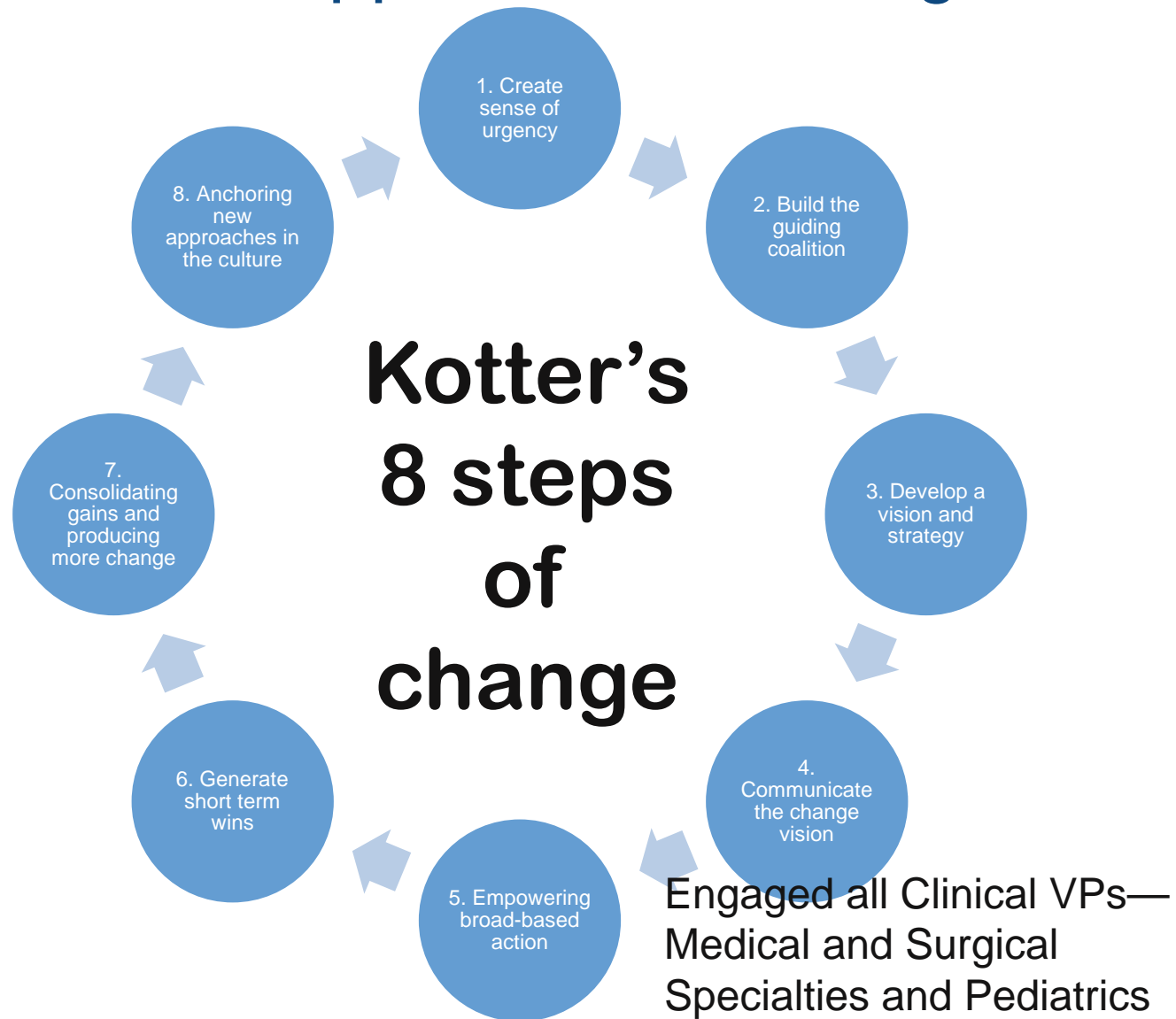


Planned for a small pilot with a follow-up survey

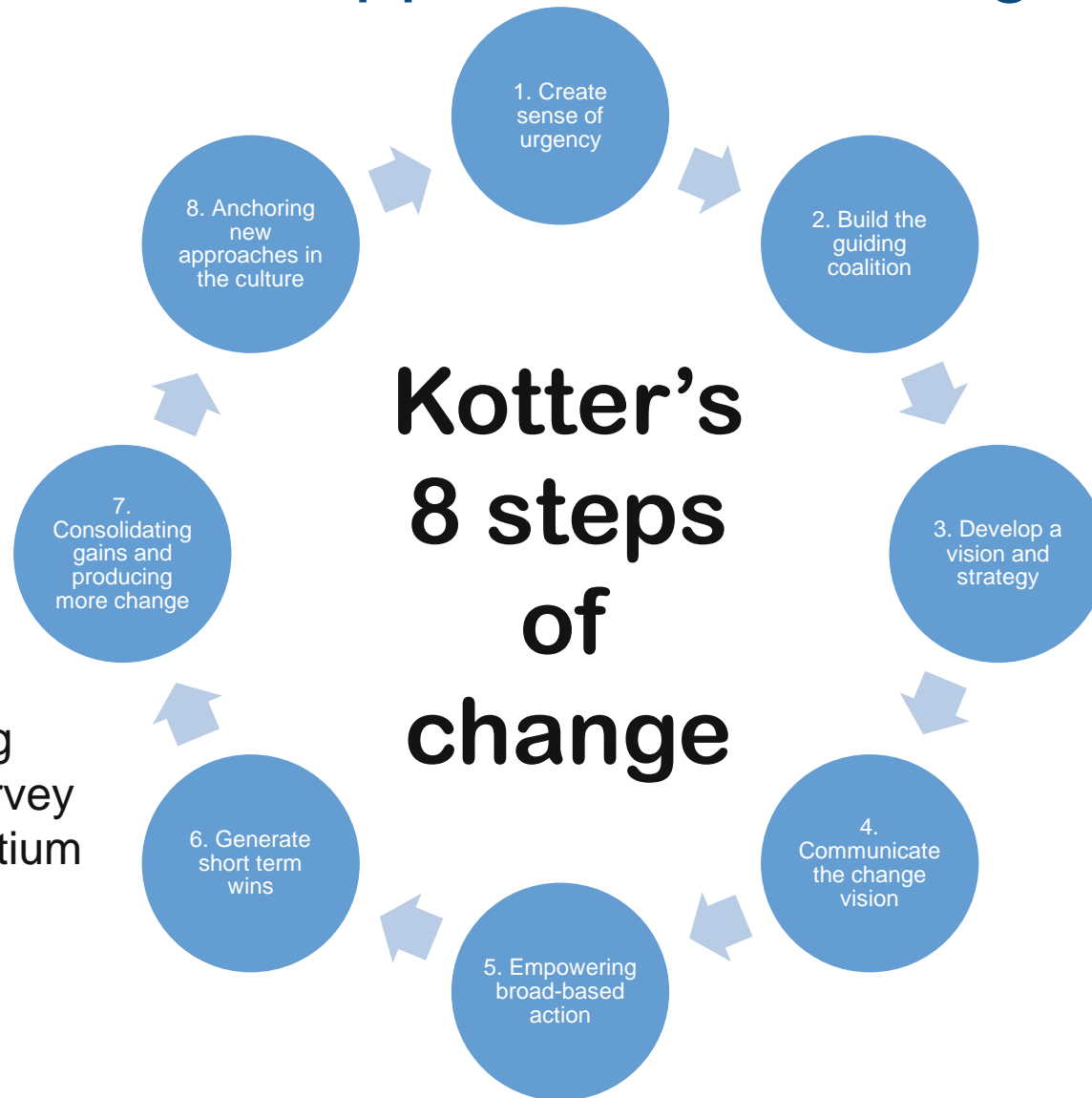
Legacy Health's application of change model



Legacy Health's application of change model



Legacy Health's application of change model



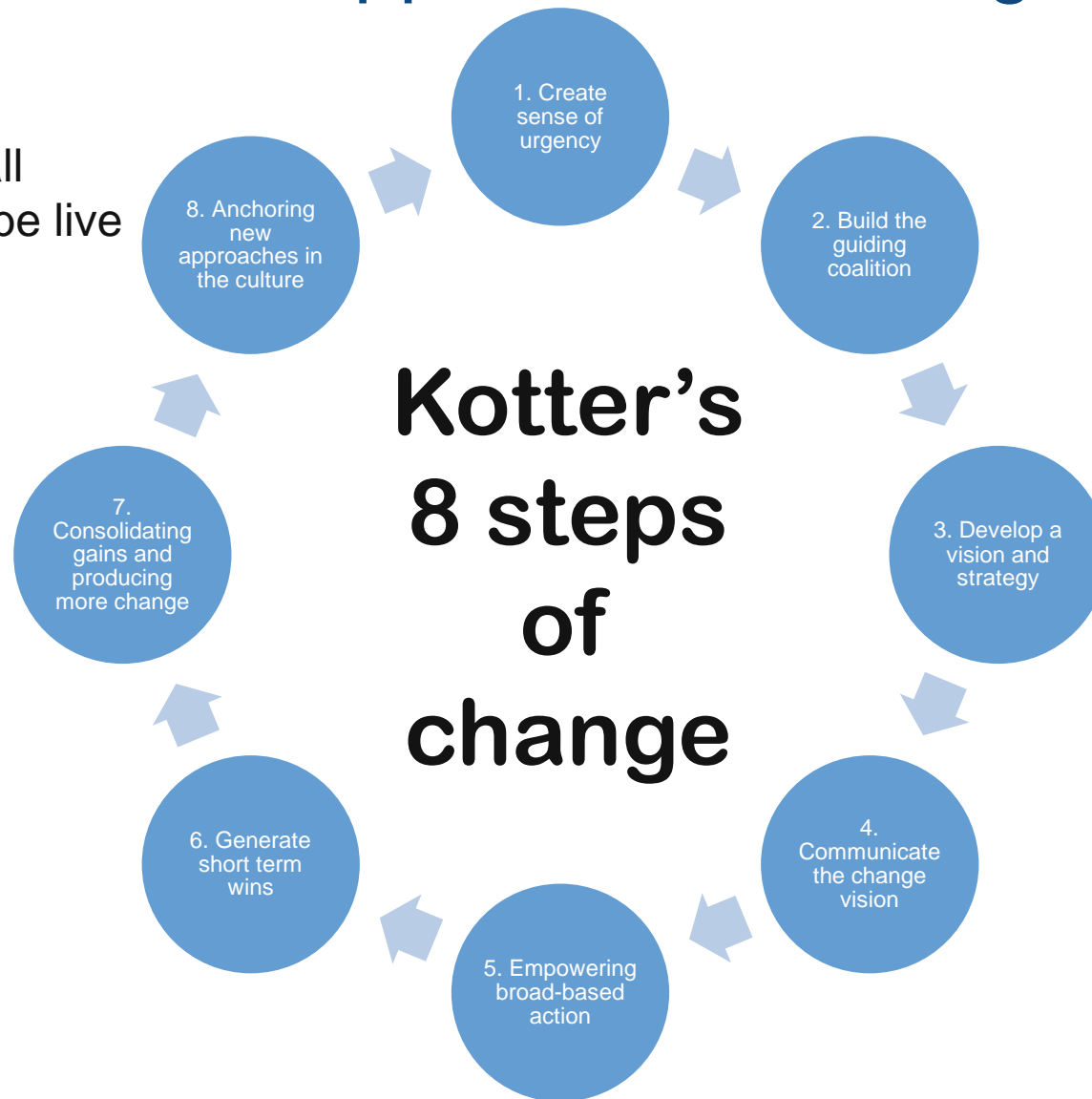
Short term wins included showing results of our survey and local consortium successes

Legacy Health's application of change model



Legacy Health's application of change model

August 2015—all ambulatory will be live on OpenNotes!



Notes are defaulted to sharing

The screenshot displays a medical software interface with a sidebar on the left containing icons for Review, Rooming, Surgonc Images, Mark as Review, Progress Notes, Plan, Wrap-Up, Charge Capture, Sign Visit, Request Outsid..., Procedure Navl..., Hospital Charting, and More Activities. The main window is titled 'Wrap-Up' and has tabs for Patient Instructions, Goals, and Notes Release. The 'Notes Release' tab is active, showing a large text area for 'Patient Instructions (F3 to enlarge)' with a 'Bookmark' button and a toolbar. Below this is the 'Patient Goals' section with a search bar and an 'Add' button. At the bottom left, a small 'Release Notes to MyHealth' dialog box is visible, asking 'Share progress notes?' with 'Yes' and 'No' buttons. A red arrow points from this dialog box to a larger, more detailed version of the same dialog box on the right. This larger dialog box has a title bar 'Release Notes to MyHealth' and the text 'Share progress notes?' followed by 'Yes' and 'No' buttons. The background of the main window shows various medical data fields including 'Level of Service' (NEW-3, EST-3, EST-4, WC<1, WC1-4, WC511, P1839, CON-2, CON-3, CON-4), 'Follow-up' (Return in: 4 Weeks, 3 Months, 6 Months, 1 Year; Return on: 12/15/2015; PR#: if symptoms worsen or fail to improve), 'After Visit Summary' (Print, Preview, Patient declined AVS), and 'Communication Management' (New Communication, Send All).

Legacy Health patient handouts

Learn more about your health with OpenNotes



Use MyHealth to read the notes about your care

There is a great new way to understand your health better. It is called OpenNotes and it allows you to read the notes that your provider made about your visit.

With MyHealth, you can also see test results, the findings of an exam (such as your blood pressure or how your lungs sounded) and a plan for treatment.

OpenNotes is available through MyHealth, the secure, online tool that connects you to your complete health information from the privacy of your home at any time, day or night.

Log in to or sign up for MyHealth at www.legacyhealth.org/myhealth.



Read the notes from your visit

other times you receive care. These notes track the most important information about your care. The notes are kept in your medical record.

What is OpenNotes?

OpenNotes is a new effort to allow patients to view these health care notes. The notes we take at this clinic are stored electronically. If you use the MyHealth online system, you can view these notes. Not all providers participate in OpenNotes.

What is the benefit?

Studies have found that patients who read their progress notes:

- Understand their condition better
- Recall their plan of care better
- Feel more control about their care
- Take better care of themselves
- Do better at taking their medicine

What about privacy?

Your providers already have access to these notes. They work under strict privacy rules.

Also, MyHealth is completely secure. It uses your login name and password to sign out when you are done.

Help with abbreviations
The following abbreviations are often used in progress notes. Use this guide to help understand your notes.

BMP: Basic metabolic panel	DOE: Dyspnea on exertion, or shortness of breath with activity	PRN: As needed
BP: Blood pressure	ETOH: Alcohol history	R/O: Rule out
C&S: Culture and sensitivity	FU: Follow-up	SH: Social history
C/O: Complaints of	H&P: History and physical	SOB: Shortness of breath
CBC: Complete blood count	HPI: History of present illness	SQ: Subcutaneous, or under the skin
Chem panel: Chemistry panel, which is a blood test that indicates the status of the liver, kidneys and electrolytes	I&D: Incision and drainage	T: Temperature
DDX: Differential diagnosis — the possible diagnoses being considered	IMP: Impression	UA: Urinalysis
DM: Diabetes mellitus	LBP: Low back pain	URI: Upper respiratory infection
	N/V: Nausea or vomiting	VSS: Vital signs are stable
	P: Pulse	Wt: Weight
	PMH: Past medical history	

Now on MyHealth Read the notes from your visit

Go to MyHealth to get OpenNotes and better understand your care and your health.



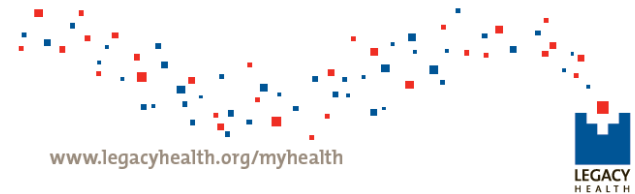
Read the notes from your visit

OpenNotes is a new part of MyHealth that allows you to look at the notes that your medical team made about your visit.

You can also view test results and other health information through MyHealth.

MyHealth is a secure, online tool that connects you to your complete health information at any time, day or night.

You can sign up for MyHealth at www.legacyhealth.org/myhealth.



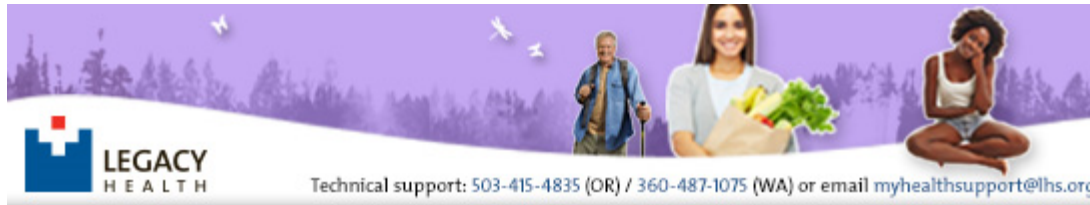
www.legacyhealth.org/myhealth



MAC-078 0001

EMANUEL Medical Center	GOOD SAMARITAN Medical Center	MERIDIAN PARK Medical Center	MOUNT HOOD Medical Center	SALMON CREEK Medical Center
RANDALL CHILDREN'S HOSPITAL, Legacy Children	LEGACY MEDICAL GROUP	LEGACY LABORATORY	LEGACY RESEARCH	LEGACY HOSPICE

Legacy Health notification



New notification from MyHealth!

Hello Ripley Amb-Poc,

You have a new after visit summary in MyHealth! Please sign in to read your visit summary:



[Sign In to MyHealth](#)

Thanks for using MyHealth,

Legacy Health




Legacy Health AVS with progress note





Welcome,
Ripley Amb-Poc


Log Out


Technical support: 503-415-4835 (OR) / 360-487-1075 (WA) or email myhealthsupport@lhs.org


 Messaging


 Visits


 My Medical Record

 Billing



 Preferences

 Resources





Appointment Details



LEGACY MEDICAL GROUP FISHER'S LANDING
16703 SE Mogillivray Blvd
Ste 120
Vancouver WA 98683-3418
360-566-4840
Dept Fax 360-566-4842

Ripley Amb-Poc
DOB: 6/17/1993 SEX: female
DOS: 6/16/2015
MRN: 4900400010
CSN: 520004202

After Visit Summary
6/16/2015 Office Visit

Ripley Amb-Poc
6/16/2015 2:00 PM Office Visit

Description: 21 year old female
Provider: Aurand, Kelley M, DO
Department: Lmg Fishers Landing

Primary Care Provider

Primary Care Provider
None Specified

Preferred Pharmacy

None

Reason for Visit


Abdominal Pain
Headache
Fatigue
Cough
Reason for Visit

Vital Signs


Blood Pressure 120/80 mmHg	Weight 61.238 kg (135 lb)	Body Mass Index 21.80 kg/m2	Smoking Status Never Smoker
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Provider Notes

Progress Notes



Ripley



Contact information

- Homer Chin: chinh@ohsu.edu
- John Santa: santa1177@comcast.net
- Mike McNamara: Michael.Mcnamara@kp.org
- Amy Chaumeton: AChaumet@LHS.ORG