



# Ambulatory Documentation Optimization & Teen Open Notes

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**Clinical Informatics Medical Director for Ambulatory**  
**Medical Director for Health Information Management Services**

6/22/2023

# Why Documentation Optimization?

- 2021 E/M Changes
- Cures Act
- No formal ambulatory optimization since Epic Go-Live (2014)

# Project Goals

## 1. Develop “Best Practice” documentation strategy for Ambulatory

### 2021 & 2023 E&M Changes

- Have shorter, clearer notes without the “note bloat”
- Have notes that better reflect clinical thinking and medical decision-making
- Reduce the burden of documenting ambulatory patient visits in EHR

## 2. Enable Teen Open Notes

### 2021 21<sup>st</sup> Century Cures Act

- Allow divisions to safely share notes with teens and adult proxies by reducing the risk of inadvertent sharing of confidential information

**Make it easier for physicians/clinicians to  
“do the right thing” when documenting in the EHR**

# Approach

- Explore underutilized tools and functionality within the EHR
- Leverage these tools to solve real problems
- Develop a standard (but customizable) “best practice”
- Make new documentation elements modular (ie. useful individually)
- Pull physicians toward change

# Documentation Optimization / Teen Open Notes Team



**Arash Anoshiravani**

CIMD for Ambulatory  
Adolescent Medicine



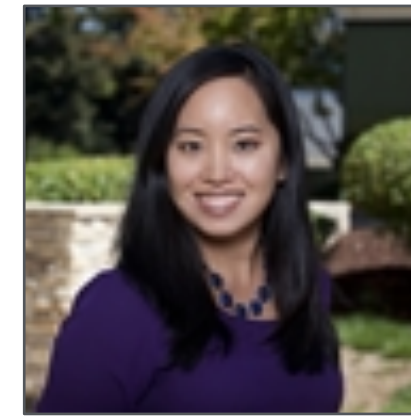
**Rosalia Sandoval**

Project Manger, Ambulatory



**Rachel Goldstein**

CIMD  
Adolescent Medicine



**Julia Hon**

Systems Analyst, Ambulatory



**Naveed Rabbani**

CIMD Fellow



**Rohita Kandula**

Provider Informatics Education Supervisor

# Methods

- Attended ambulatory clinics to watch physicians & their teams work
- Delved into EHR tools with vendor, colleagues around the country
- Partnered with motivated divisions / services lines to:
  - develop a standard note template
  - problem-solve
  - iterate, and
  - customize (within reason)

# The (evolving) Result



# Current Iteration

- SOAP-based “Ambulatory Best Practice Template”
- Standard foundation, but customizable for different services
- Readable, clinically focused note compliant with 2021 E/M changes
- Highlights Assessment/Plan when signed (not APSO, but close)

# Office Visit

8/20/2021  
Palo Alto Orthopedics & Sports Medicine Clinic



Orthopedic Surgery

**Buckle fracture of left wrist**  
+2 more  
Dx

**Follow-up • Wrist Injury**  
Reason for Visit

## Progress Notes

[Expand All](#) [Collapse All](#)

**Collapsed Sections**  
Objective & Subjective are collapsed by default

**Subjective**



Click chevron to expand section

**Objective**



## Assessment & Plan

**Expanded Section**  
Provides quick access to Assessment & Plan

Goku Cadjn is a 12-year old child here for:

### 1. Buckle fracture of left wrist

- Reviewed natural hx of fracture and management. Gave handout. Will place in splint today.
- XR Wrist Complete Left; Future

### 2. Left thumb sprain

- Given mild and improving symptoms, RICE treatment recommended

Return in about 4 weeks (around 9/17/2021).

# The Sausage-Making...

# Note Template

My Note

★ | B A ▾ | 🔍 abc ↶ ↷ + Insert SmartText 📄 ↶ ↷ ↻ 📄 📄

{Vanishing Tip (no need to delete this) | Progress Note Template  
This template is in compliance with 2021/2023 E&M changes. :2}

**Subjective**  
{Chief Complaint :2}Goku Cadjn presents for Acne.  
Goku Cadjn is a 13-year old child who was  and the history was obtained from .

History of Present Illness: { Include only relevant ROS. No confidential information. :2} \*\*\*

{Meds, Allergies and Problem List Review :2}   
{Past Medical History :2}   
{Surgical History :2}   
{Family History :2}   
{Social History :2}   
{Adolescent confidential note for only 12-17 years, reproductive health, substance use, and/or mental health.  
Confidential note for all ages, at risk of causing physical harm or at the patient's or family's request to protect privacy. :2}

**Objective**  
Physical Exam: { Document only relevant Physical Exam. :2}  
\*\*\*

{Results Review:2}

**Assessment & Plan**  
Goku Cadjn is a 13-year old child here for:  
{Diagnoses :2}   
{ Include diagnoses' condition (acute or chronic, improving, stable or worsening), plus any procedural risk factors or SDOH impacting the patient's care. :2}  
{Follow-up :2}No follow-ups on file.

**Completed by:**  
Rosalia S Sandoval

{Hyperlinks :2}  
{Create Adolescent Confidential Note :2}  
{Lifetime :2}  
{Patient Instructions :2}  
{Charge Capture :2}

Sign when Signing Visit 🔍

**Vanishing Tips**  
Guide you through the note  
and disappear when the note  
is signed

My Note 📎 🗑️ ⬅️

★ | **B** A | 🔍 abc ↻ ⌂ + Insert SmartText 📄 ⬅️ ➡️ ☰ ↻ 📄 📄

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**Completed by:**  
Rosalia S Sandoval

{Hyperlinks :2}  
{Create Adolescent Confidential Note :2}  
{Lifetime :2}

## Hyperlinks

Rapid access when you need it. Click link to jump to activity.

### {Vanishing Tip (no need to delete this) | Progress Note Template

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#### Subjective

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#### Objective

Physical Exam: { Document only relevant Physical Exam. :2}

\*\*\*

{Results Review:2}

#### Assessment & Plan

Goku Cadjn is a 13-year old child here for:

{Diagnoses :2}

{ Include diagnoses' condition (acute or chronic, improving, stable or worsening), plus any procedural risk factors or SDOH impacting the patient's care. :2}

{Follow-up :2}No follow-ups on file.

#### Completed by:

Rosalia S Sandoval

{Hyperlinks :2}

{Create Adolescent Confidential Note :2}

{Lifetime :2}

{Patient Instructions :2}

{Charge Capture :2}



Children's Health

## Optional SmartLists

Use if you need it, disappears if you don't.

### Subjective

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History of Present Illness: { Include only relevant ROS. No confidential information. :2} \*\*\*

{Meds, Allergies and Problem List Review :2}

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Confidential note for all ages, at risk of causing physical harm or at the patient's or family's request to protect privacy. :2}

### Objective

Physical Exam: { Document only relevant Physical Exam. :2}

\*\*\*

{Results Review:2}

### Assessment & Plan

Goku Cadjn is a 13-year old child here for:

{Diagnoses :2}

{ Include diagnoses' condition (acute or chronic, improving, stable or worsening), plus any procedural risk factors or SDC impacting the patient's care. :2}

{Follow-up :2}No follow-ups on file.

### Completed by:

Rosalia S Sandoval

{Hyperlinks :2}

{Create Adolescent Confidential Note :2}

# Attestation

Select attending attestation appropriate to visit.



[Confidential note](#) for all ages, at risk of causing physical harm or at the patient's or family's request to protect privacy.

## Objective

Physical Exam: { Document only relevant Physical Exam. :2}

\*\*\*

{[Results Review](#):2} [Click/F2 to document personally reviewed/interpreted results \(Optional\)](#) ▾

## Assessment & Plan

Goku Cadjn is a 13-year old child here for:

{[Diagnoses](#) :2} [Click/F2 to pull visit diagnoses](#) ▾

{ Include diagnoses' condition (acute or chronic, improving, stable or worsening), plus any procedural risk factors or SI impacting the patient's care. :2}

{[Follow-up](#) :2} No follow-ups on file.

## Completed by:

Rosalia S Sandoval

[ATTENDINGS ONLY](#) [Click/F2 to attest \(Optional\)](#) ▾

{[Hyperlinks](#) :2}

{[Create Adolescent Confiden](#)

{[Lifetime](#) :2}

{[Patient Instructions](#) :2}

{[Charge Capture](#) :2}

- [Resident/Fellow](#)
- [Student Only](#)
- [Student w/ Res/Fell](#)
- [APP Shared visit](#)
- [Time Based](#)

[Sign when Signing Visit](#) 🔍

[Accept](#)



# Note Template

**Diagnosis**  
Document in chart, then rapidly select and pull in diagnosis into note.

My Note

{Vanishing Tip (no need to delete this) | Progress Note Template  
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\*\*\*

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Goku Cadjn is a 13-year old child here for:  
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{ Include diagnoses' condition (acute or chronic) impacting the patient's care. :2}  
{Follow-up :2}No follow-ups on file.

Enc Dx (Editable/Not refreshable) by procedural risk factors or SDOH  
 \*\*\*

**Completed by:**  
Rosalia S Sandoval

{Hyperlinks :2}  
{Create Adolescent Confidential Note :2}  
{Lifetime :2}  
{Patient Instructions :2}  
{Charge Capture :2}

Sign when Signing Visit

**Virtually NO auto-population of notes...**

# Successes

- Younger clinicians get it (especially the hyperlinks)
- MDs familiar with the Best Practice template can mostly complete documentation before seeing their next patient
- Real discussions about the role/purposes of the clinical note
- More MDs expecting notes to look a certain way (A/P prominently placed)
- More requests for specific components of Best Practice template (optional lists, hyperlinks)

Office Visit

9/15/2021 Pain Mgmt Clinic at Middlefield

Benign hypermobility syndrome +4 more Referred by A

Progress Notes

Expand All Collapse All

PEDIATRIC PAIN CLINIC - Follow Up Note

This consultation was performed with the use of secure and encrypted videoconferencing and benefits of the telehealth session were discussed with the patient and/or family...

Reason for Telehealth: The patient's visit has been transitioned to telehealth services consist COVID-19.

Telehealth Benefits

- More Convenient and Accessible Patient Care
Increased Patient Engagement through maintenance of appointments and care sche
Decreased Travel Stress for Patients
Cost Savings (Gas, Time Off, Travel Expenses)

Telehealth Risks

- Insufficient information transmission (e.g. poor resolution) to allow appropriate medic
Limitation: Inability to conduct all types of evaluations over a virtual visit
The need to follow-up with an in-person evaluation may arise post telehealth visit
Delays in medical evaluation or treatment due to deficiencies of the technology being
Limited Privacy: Patient may not be in a private location at time of visit
Treatment options may be limited (e.g. making certain prescriptions)

CLINIC VISIT DATE: 9/15/2021

REFERRING PROVIDER: Harris, Aimee Leigh, MD

HISTORY OF PRESENT ILLNESS: is a 13-year old female with low hypermobility, low gr...

INTERVAL HISTORY & NEW SYMPTOMS:

has been a patient of my colleague Dr. Genevieve D'souza and requests to change pain physici...

is trying to lose weight by riding a Peloton several times a week and doing strength training wi...

primary complaints at this time are bilateral hip pain (pointing to the lateral aspect of her hip...

She also reports midline back pain from the mid-back to the lower back, without radiation or radicu...

Finally, her mother relates that she has had joint hypermobility since infancy, and Dr. Gamble once r...

Family history is significant for rheumatoid arthritis in 2 maternal aunts, and ankylosing spondylitis i...

is the second of 7 children, with #3 on the way - her mother is pregnant in the second trimester...

REVIEW OF SYSTEMS:

A complete 14-point review of systems is negative, except as noted in the HPI and the following: M...

MEDICATION and TREATMENTS:

- Outpatient Encounter Medications as of 9/15/2021
Medication Sig
acetaminophen (TYLENOL) 325 mg tablet Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed.
amitriptyline (ELAVIL) 25 mg tablet Take 1 tablet (25 mg) by mouth at bedtime.
ascorbic acid, vitamin C, (VITAMIN C) 250 mg tablet Take 250 mg by mouth daily.
celecoxib (CELEBREX) 200 mg capsule Take 1 capsule (200 mg) by mouth 2 times a day as needed (Joint Pain).
gabapentin (NEURONTIN) 100 mg capsule Take 1 capsule (100 mg) by mouth at bedtime for 7 days, THEN 2 capsules (200 mg) at bedtime for 7 days, THEN 3 capsules (300 mg) at bedtime for 16 days.
naproxen (ALEVE) 250 mg tablet Take 1 tablet TWICE A DAY.
ROXAPRO (ROXAPRO) 500 mg tablet Take 0.5 tablets (250 mg) by mouth 4 times a day as needed.
naproxen (APROSIN) 100 mg tablet Take 1 tablet 2 times a day.
polyethylene glycol (MIRALAX) 17 g packet 17 g by mouth (mixed w/ 8oz of juice or water) 1-2x daily as needed for constipation (Patient not taking: Reported on 3/7/2021)



Children's Health

- VITAMIN D2 50,000 unit capsule TAKE 1 CAPSULE BY MOUTH ONCE EVERY WEEK (Patient Reported on 7/30/2021)
[DISCONTINUED] ibuprofen (ADVIL, MOTRIN) 200 mg tablet Take 2 tablets (400 mg total) by mouth every 6 (six) hours as needed.
[DISCONTINUED] MULTIVITAMIN ORAL Take by mouth. (Patient not taking: Reported on 7/30/2021)

No facility-administered encounter medications on file as of 9/15/2021.

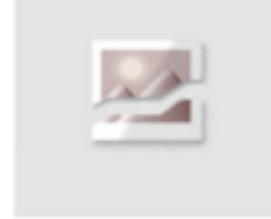
ALLERGIES: Nystatin

There is no pertinent new family or social history.

PHYSICAL EXAM:

There were no vitals taken for this visit.

General: is an obese young woman, whose weight appears very different than...



She is very articulate and well spoken, is well versed in her medical history including depression or anxiety, and smiled readily. Her mother was off camera, but was also...

Skin: There were no rashes evident on video.

Joints: The joints showed no swelling or redness.

Hips: She had full AROM and particularly flexion of the hips, and all was painless.

Spine: She had full extension, flexion, rotation, and lateral flexion with painless.

Neck: There was full ROM here as well, without pain.

Connective Tissue Examination:

Hypermobile EDS Criteria (2017)

Positive for Hypermobility if ALL THREE criteria are met:

Criteria Counter table with columns for Criteria 1: Beighton Score, Criteria 2: Meet TWO Features, Criteria 3: Exclusions

Criteria 1: Beighton Score table with columns for Maneuver, L, R

Table with 5 rows of maneuvers and columns for L, R, Total

Criteria 1 Positive if score is:
>6 Pre-pubertal children
>5 Pubertal patients to age of 50
>4 Patients over age of 50

If we are short 1 point on Beighton, need to answer yes to TWO of the following to get...

- Can (could) place hands flat on the floor without bending knees?
Can (could) bend thumb to touch forearm?
As a child, amused friends by contorting body or doing the splits?
As a child or teenager, did shoulder or kneecap dislocate > 1x?
Do you consider yourself "double jointed"?

Criteria 2: Need TWO Features
Feature A
Feature B
Feature C

Feature A: Need FIVE Exclusions
Feature B: Need ONE Exclusion
Feature C: Need ONE Exclusion
Criteria 3: Need THREE Exclusions

Assessment

ASSESSMENT & RECOMMENDATIONS:

Patient Active Problem List

- Diagnosis
Acid reflux
CN (constipation)
Benign hypermobility syndrome
Pes planus of both feet
Acute pain of right knee
Overweight
Contact dermatitis and eczema
Pain in joint involving ankle and foot, right
Chronic hand pain, right
Psychological factors affecting medical condition
Right wrist pain
Acute left ankle pain
Right foot pain
Accessory navicular bone of right foot
Hypermobility joints
Talipes calcaneovalgus
Wheezing
Frequent headaches
School problem
Anxiety
Hip pain, chronic, unspecified laterality
Long term (current) use of non-steroidal anti-inflammatories (nsaid)

Pre-Optimization Note

Analysis of her condition as follows:
1. does not meet the 2017 diagnostic criteria for Ehlers Danlos Syndrome, but is too young to have developed many of the conditions in the criteria.
2. Hip and back pain: The absence of pain with any range of motion effectively rules out facet joint pathology, as well as active inflammatory arthritis of the hips, and this is supported by the normal blood tests and absence of a chronic anemia.
3. Her weight is a significant problem and should be the first focus of any further therapeutics, for its own sake as well as to reduce symptoms of spine and joint disease.

Recommendations:

- Addressing her weight, the first matter will be to taper and discontinue amitriptyline asap while addressing any subsequent insomnia with a therapeutic approach specific for that diagnosis.
Therefore recommending tapering amitriptyline by 5mg weekly until discontinued in week 5, while
Titrating low dose gabapentin as a night time agent for its analgesic and sedative effect just at night.
should consult with a nutritionist to review her diet and make adjustments to aid in weight loss.
Recommended switching naproxen to celecoxib (200mg BID) as a superior analgesic, and one devoid of antiplatelet and gastropathy effects.
Continued PT is also essential to provide core muscle strengthening to support her spine and reduce low back pain.

Plan

Patient Instructions



Pain Management Clinic Visit Summary of Recommendations

It was a pleasure to meet you both. These are recommendations for that we discussed during our appointment:

MEDICAL:

Add the following medications: Celecoxib (Celebrex): 200mg capsule 2x a day; Gabapentin (Neurontin): 100mg capsules as directed below and Discontinue these medications: amitriptyline (Elavil) as scheduled below.

Start gabapentin at 100mg (1 cap) at bedtime, and once a week increase the dose by 100mg (1 cap), stopping at 300mg (3 caps) in week 3. If at any time or you or her father notice any change in her mood for the worse (sadness, crying, grouchiness, irritability) then stop the gabapentin and notify me via My Chart.

At the same time as this, taper the amitriptyline by changing her to the 10mg tablets instead of her 25mg tablets, and once a week reduce the dose by 1/2 tablet. So the first week you start the gabapentin, give her 2 10mg tablets (total dose 20mg). The next week give her 1-1/2 tablets (15mg), the next week 1 tablet (10mg) and the next week 1/2 tablet (5mg). After one week on this dose stop amitriptyline.

PHYSICAL THERAPY:

Please continue PT with Rachel

REFERRALS TO PROGRAMS or HEALTH CARE PROVIDERS:

Please ask your primary care physician to refer you to a nutritionist at PAMF or near your home to review diet and make weight loss suggestions

FOLLOWUP APPOINTMENTS:

Please make a followup appointment in 1 month.

If you are reviewing this medical note and have questions about the meaning or medical terms being used or accuracy of the note, please schedule an appointment, communicate your concerns via MyChart, or bring it up at your next follow-up appointment.

I discussed the plan and all the recommendations with the family and patient and they expressed understanding and are in agreement of the plan.

Time Based Care: Counseling Outpatient


I personally spent a total of 60 minutes managing the patient's condition on the date of service, which includes face-to-face and non-face-to-face time including: preparing to see the patient, obtaining history from the patient and/or guardian, performing a medically appropriate examination/evaluation, documenting information in the electronic or other health record counseling and educating the patient/family/caregiver referring to and/or communicating with other healthcare professionals independently interpreting results and communicating results to patient/family/caregiver coordinating care reviewing separately obtained history.


Electronically signed by: Elliot Jeffrey Krane, MD, 9/15/2021 21:55

# Post-Optimization Note

(Same physician, same patient)


Office Visit 11/2/2022  
Pain Mgmt Clinic at Middlefield

 Pain Medicine MD **Hip pain, chronic, unspecified laterality +4 more** Referred by No Referring  
Dx Reason for Visit

Progress Notes  Pain Medicine

Expand All Collapse All

**Follow Up Visit**


**Subjective** 


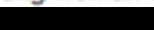
This consultation was performed with the use of secure and encrypted videoconferencing equipment with a trained telehealth presenter. The potential risks and benefits of the telehealth session were discussed with the patient and/or family, who then verbally consented to participate. This visit was performed with the use of secure and encrypted videoconferencing equipment with a trained telehealth provider. The check-in process included confirmation that the patient's caregiver was easily accessible, in case of an emergency.

Reason for Telehealth: The patient's visit has been transitioned to telehealth services consistent with social distancing practices recommended secondary to COVID-19.

Telehealth Benefits  
More Convenient and Accessible Patient Care  
Increased Patient Engagement through maintenance of appointments and care schedules  
Decreased Travel Stress for Patients  
Cost Savings (Gas, Time Off, Travel Expenses)

Telehealth Risks  
Insufficient information transmission (e.g. poor resolution) to allow appropriate medical decision making  
Limitation: Inability to conduct all types of evaluations over a virtual visit  
The need to follow-up with an in-person evaluation may arise post telehealth visit  
Delays in medical evaluation or treatment due to deficiencies of the technology being used  
Limited Privacy: Patient may not be in a private location at time of visit  
Treatment options may be limited (e.g. making certain prescriptions)


ID:  accompanied by mother and the history was obtained from the patient and parent together.

History of Present Illness:  is a young woman with benign joint hypermobility, low midline back pain without radicular symptoms, a positive HLAB27 test, hip pain, and headaches. At the last  I recommended continuing PT for core strengthening and endurance, stopping celecoxib and starting nabumetone for symptom relief, continuing topiramate for migraine and increasing the dose to 50mg at bedtime, and repeating MRI imaging of the LS spine and hips, with referral to Rheumatology to address the positive HLAB27, and finally abstinence from impact activities in PE.

Her low back pain and hip pain are unchanged. However she notes that she is not having side effects from nabumetone, whereas celecoxib made her feel excessively sleepy and dizzy. Unfortunately her PT is no longer seeing children and she's at the end of a long wait list for PT at SCH. Similarly she wants to try acupuncture for back pain but the only available appointments are in the mornings when she is in school.


Her headache frequency is down to 2/week from daily with the increase in topiramate to 75mg/day, with some increased drowsiness after the 50mg dose. The headaches are very classic for migraine: severe 10/10 pain behind one eye, severe photophobia and severe phonophobia. They are short-lived but still very disruptive and disabling.


Meds and Allergies: Reviewed within EHR.

**Objective** 


Vitals: There were no vitals taken for this visit.  
Physical Exam:  
Physical Exam:  
General: Well nourished, appears stated age. Alert, interactive, not in visible distress.  
Psychiatric: Neutral mood, normal speech cadence, organized thoughts and good historian.  
HEENT: No visible trauma or deformity, no tenderness to palpation.  
Neuro: Conjugate gaze with full ROM; face symmetric at rest and in speech; no involuntary movement; normal posture, station and gait.

[\[Results Review.2\]](#)

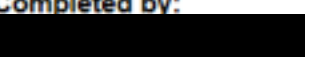
**Assessment & Plan** 

  
**1. Hip pain, chronic, unspecified laterality**  
No change in severity. Recommend continuing nabumetone pm and restarting PT asap.

**3. Chronic midline low back pain without sciatica**  
No change in severity. Recommend continuing nabumetone pm and restarting PT asap, and will refer to rheumatology for consideration of ankylosing spine arthropathy.

**5. Frequent headaches**  
 has tried gabapentin, amitriptyline, and now topiramate for migraine prophylaxis, all without satisfactory if any effect. Headaches are still occurring 2x a week. I would like to start her on Ajovy injectable once every 60 days for prophylaxis and will submit the PA request.

No follow-ups on file.

**Completed by:** 

# (Pre-Survey)

1. On a scale of 0-10, how burdensome is the ambulatory documentation/notewriting experience for you in its current form? *(0 is no burden, 10 is significant burden)*

0 1 2 3 4 5 6 7 8 9 10

Click to write Choice 1

2. Please rate your level of agreement with each statement.

	strongly disagree	disagree	neutral	agree	strongly agree
a. I can currently quickly complete my documentation within Epic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel confident that my current note respects the privacy/confidentiality of my patients even when they are shared with their family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel confident that my current documentation approach creates notes that are appropriate and helpful for patients/families to read.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am confident that I understand how to best protect my teen patients' confidentiality in my outpatient documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am confident that my notes only contain information that is clinically relevant to the office visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I can easily get to the right places within the EHR to document what I need for a clinical encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# (Post)

On a scale of 0-10, how burdensome is the ambulatory documentation/notewriting experience for you after using Best Practice Note? *(0 is no burden, 10 is significant burden)*

0 1 2 3 4 5 6 7 8 9 10

Level of burden

Please rate your level of agreement with each statement.

	strongly disagree	disagree	neutral	agree	strongly agree
1. I can currently quickly complete my documentation within Epic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel confident that my current note respects the privacy/confidentiality of my patients even when they are shared with their family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel confident that my current documentation approach creates notes that are appropriate and helpful for patients/families to read.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am confident that I understand how to best protect my teen patients' confidentiality in my outpatient documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am confident that my notes only contain information that is clinically relevant to the office visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily get to the right places within the EHR to document what I need for a clinical encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reflecting on the Note Optimization / Teen Open Note process, please check all that apply.

- I found the process useful for my division.
- I would recommend the process to other divisions.
- My notes are clear and more concise.
- I spend less time writing notes.
- I feel that my notes are now more readable.
- Other



# Why muddle with Teen Open Notes?



# Baseline State Note Sharing

Patient Age	Note Sharing Status
0-11	✓
12-17	✗
18 and up	✓

**Documentation  
optimization**

**=**

**Opportunity to address  
risky practices re:  
confidentiality**

# How?

- **Minimized auto-population** of notes  
(risk of including confidential meds, results, etc)
- Focused **physicians on actively choosing** data to include in their notes
- Developed **special Social History section**
- Created **Adolescent Confidential Note** with HIMS
- **Audited teen notes for confidential information**

# Adolescent Social History Section

**History**

- GENERAL
- Medical
- Surgical
- Family
- SOCIAL HISTORY
- Social Hx**
- Substance Use
- Sexual Activity
- Social Determinants

**Social History**

Home

Education

Activities

Other

**Confidential Social History**

Home

Education

Activities

Drugs/Alcohol

Sex

Suicide

Other

Child Protective Services (CPS)

Mark as Reviewed Last Reviewed by █

# Adolescent Confidential Note

## Notes

**Progress Notes**

+ Create Note in NoteWriter | + Create Note | 1 Adol New Pat BP | 2 Adol New F/U BP | 3 EDC New Pat BP | 4 EDC F/U BP | 5 VANSPEBESTPRACTICE | 6 VANVACCINEBESTPRACTICE23

No notes of this type filed.

**Med/APP Student Notes (Not for Billable Services. Not Legal Medical Record.)**

+ Create Note

No notes of this type filed.

**Confidential Notes**

+ Create Note

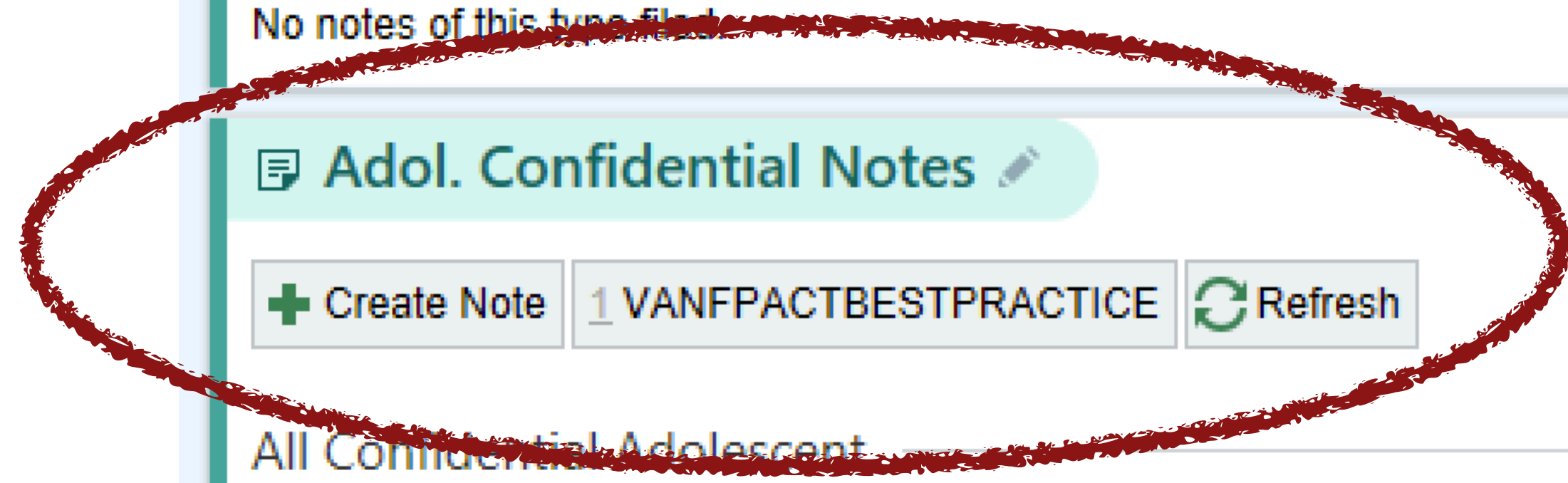
No notes of this type filed.

**Adol. Confidential Notes**

+ Create Note | 1 VANFPACTBESTPRACTICE | Refresh

All Confidential Adolescent

Author	Service	Author Type	Cosign	Status	File Time	Date of Service
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# Adolescent Confidential Note

My Note Tag Details ←

Confidential Adolescent

★ | **B** 🔍 abc ↶ ? + Insert SmartText 📄 ↶ ↷ ⋮ ↻ 📄 👤

\*\*\*\*\* **CONFIDENTIAL ADOLESCENT NOTE** \*\*\*\*\*

This note should only be used to document confidential information related to **reproductive health, substance use and mental health** for adolescents (ages 12-17). This note may be shared with the adolescent patient but will not be shared with parents or guardians without the consent of the minor per California law.

**PATIENT:** [REDACTED]

{Confidential Social Hx (Optional):28033}

# Post Optimization Note Sharing

## Live Divisions:

- Orthopedics
- Rheumatology
- Adolescent Medicine
- Pain Medicine
- Gynecology (Pediatric & Adolescent)

Patient Age	Note Sharing Status
0-11	✓
12-17	✓
18 and up	✓

**Not released:** Adolescent Confidential Notes, Confidential Notes, Confidential Procedure Notes





# Challenges

- “It’s different.”
- “Where did my [labs/med list/studies/etc] go?”
- “It takes more time to enter stuff in the EHR vs just type into my note.”
- “How will the PMD know what the meds/labs/studies are?”
- “How do I [do ANYTHING] with teen patients?!”

# Informatics / IS Challenges

- Time/resource intensive
- Implementing division by division is not sustainable
- Optimization uncovers out-of-scope issues:
  - EHR-related
  - But especially in clinical operations (compliance, billing, demographics, SDOH, nursing)
- TRAINING



Rachel Goldstein MD  
Adolescent Medicine



Children's Health



# Documenting Teen/Adolescent Progress Notes

# Early Lessons Learned

- Listen to and understand physicians/clinicians' specific documentation concerns
- Divisions have different needs, BUT common approaches are possible
- It's OK (and critical) to challenge physicians' biases and expectations around the purposes of their note
- Explore all available tools / potential solutions  
(underutilized EHR functionality, personnel, workflow changes)
- Bring together a flexible multidisciplinary team of rebels  
(clinicians, analysts, trainers)

# Next Steps

- Pre/Post MD surveys (qualitative)
- Quantify impacts (documentation time, note length)
- NLP for ongoing monitoring of (teen) confidential information in notes

# Thank you

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