

OpenNotes: Advancing Transparency to Improve Patient Care

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HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL



21st Century Cures Act

- Signed into law December 13, 2016
- Overarching goal is to advance biomedical innovation
- **Encouraging interoperability**
- **Leveraging EHRs to Improve Patient Care and Access to Information**



Clinical Notes ***NEW**

1. Consultation Note
2. Discharge Summary Note
3. History & Physical
4. Imaging Narrative
5. Laboratory Report Narrative
6. Pathology Report Narrative
7. Procedure Note
8. Progress Note

APRIL 05, 2021

Requires that healthcare providers give all patients free access to all the health information in their electronic medical records without delay

The Wayback Machine



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Not sure how to order? See [How to Order](#) before you start.

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4	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>				
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Lemonade [Explicit]

Beyoncé

April 23, 2016

★★★★☆ 839 ratings

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Sample this album

- 1 **Pray You Catch Me** by Beyoncé 3:16 **\$1.29**
- 2 **Hold Up [Explicit]** by Beyoncé 3:41 **\$1.29**
- 3 **Don't Hurt Yourself [Explicit]** 3:53 **\$1.29**

3rd Party Apps

[← Health Data](#)

Health Records

-  All Records 218 >
-  Allergies 0 >
-  Clinical Vitals 44 >
-  Conditions 2 >
-  Immunizations 7 >
-  Lab Results 159 >
-  Medications 3 >
-  Procedures 3 >

Search

Jun 14, 2017
Partners HealthCare

Blood Pressure >
Collected

Systolic blood pressure 94 mmHg

Diastolic blood pressure 61 mmHg

Weight ↘

open notes:

when patients can easily read
visit notes (usually through the
patient portal)

**Not technology
or an app!**

Why encourage patients to read their notes?

The “big amnesia”

Improved understanding of and adherence to medication

Increased trust in provider

Improved safety

Equity?

Patient-reported benefits of note reading

OPENNOTES IS IMPORTANT FOR

- Taking care of my health – 70%
- Remembering the care plan – 66%
- Having an active role in my care – 64%
- Understanding why a medication was prescribed – 64%
- Taking my medications as prescribed – 14%

Clinicians experiences with patients findings mistakes in the chart

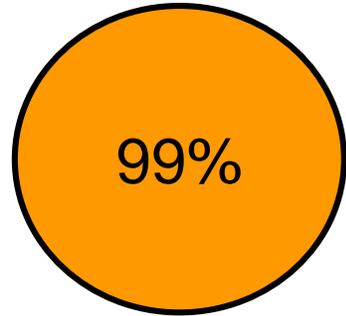
26% of doctors reported a time when a patient found an error that **the doctor considered clinically important**

Errors Found by Patients

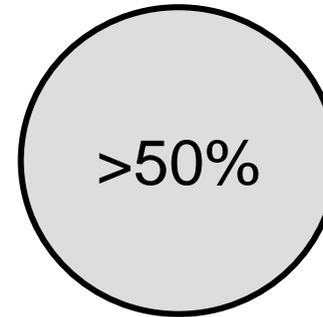
Diagnosis	The note said I was not BRCA1 when I am BRCA 1.
Medical History	The diagnosis for the visit was incorrect, so that although I did receive a referral for physical therapy, it was for the wrong body part.
Physical exam	Wrong BMI; told I could not be placed on a heart lung transplant list.
Medications	I found an incorrect dosage on a note that was being used by a referred physician for an infusion. The dosage was incorrect by 10 fold. Plan to change medication based on the lab results of another patient.
Wrong Patient	Someone else's records are listed under mine

Increased trust

2011- 3 sites n=4592 patients

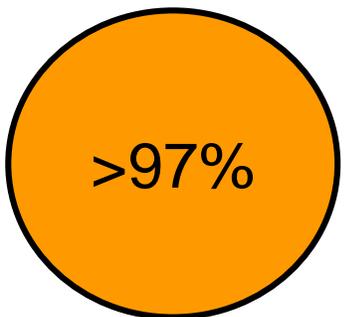


Patients felt better or the same about their doctor after reading ≥ 1 note.

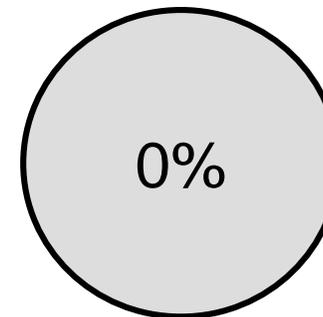


Doctors believed shared notes **increased patient satisfaction and trust.**

2014- 2 sites n=10,252 patients



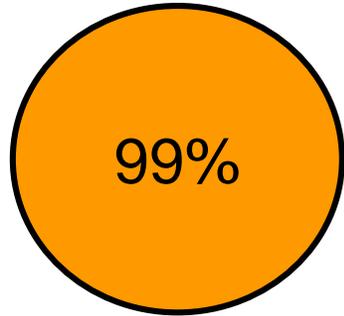
Patients/families reported same or greater trust, teamwork, goal alignment, activation after reading ≥ 1 note.



Doctors **reported ordering more tests or referrals.**

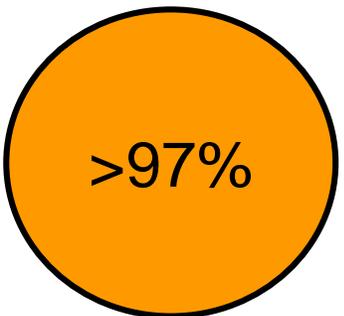
Increased trust

2011- 3 sites n=4592 patients



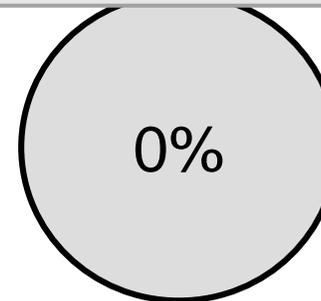
Patients felt better or the same about their doctor after reading ≥ 1 note.

2014- 2 sites n=10,252 patients



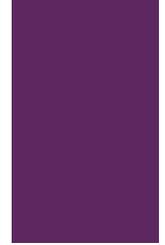
Patients/families reported same or greater trust, teamwork, goal alignment, activation after reading ≥ 1 note.

Stratified by race, ethnicity, education:
*Black/African American, Asian, or Hispanic/Latino patients; or those with \leq high school education were significantly more likely to report they feel better about the doctor, and to report increased trust, teamwork, goal alignment, and activation compared to their counterparts.



Doctors reported ordering more tests or referrals.

Equity: Bias in notes of patients with sickle cell disease acute pain crisis



Themes	Definition/mechanism	Example
Casting doubt on patient report	Implies clinician disbelief claims, insists, reportedly, but... Use of quotes (distancing?)	<ul style="list-style-type: none">• Patient reports 10/10 pain, but labs are fine (or sleeps through the night)
Perpetuating negative stereotypes	Unflattering (often unnecessary) description Often memorable May overlap with “physician disapproval”	<ul style="list-style-type: none">• Last po intake Swedish fish/chicken wings at 3am• Spent the day hanging outside McDonalds
Blaming the patient	Nonadherence (without patient explanation)	<ul style="list-style-type: none">• Refuses O2

Transmission of bias in the medical record

Can a note written by one clinician influence the attitudes and behaviors of another clinician?

Neutral	Stigmatizing
He still has pain rated 10/10. His girlfriend is by his side but will need to go home soon.	He is <u>insisting</u> that his pain is “ <u>still a 10.</u> ” His girlfriend is <u>lying on the bed with her shoes on</u> and <u>requests a bus token</u> to go home.

- ▶ Clinicians reading the stigmatizing version...
 - ▶ More negative attitudes toward patient
 - ▶ Less aggressive pain management

In summary

- ▶ OpenNotes is here – and it's broader than we expected
 - ▶ Opportunities to learn.
- ▶ Outpatient evidence suggests that everything will be okay.
- ▶ But we won't get to real benefits until patients and families are using the information in their medical records.