

This clinician FAQ provides details about OpenNotes implementation at Columbia-St Marys. It includes relevant findings from the OpenNotes study. *Please note: The most up-to-date version of this FAQ is found on the CSM Physician portal Docport at <https://docport.columbia-stmarys.org/opennotes>.*

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The Basics

OpenNotes: What is it?

OpenNotes is a practice that gives patients online access to the health care notes doctors, nurses and other clinicians write after a clinical appointment or discussion. At CSM, we are inviting patients to read their notes on CSM Connect, our secure, confidential patient portal.

Opening notes is consistent with CSM's commitment to transparency. It also helps patients access material that, through the Health Insurance Portability and Accountability Act (HIPAA), is already theirs to review and copy if they so desire.

Recently, 100 volunteering doctors and 20,000 of their patients completed a one-year, multicenter trial of OpenNotes. In this research and demonstration project, primary care physicians invited patients to read their visit notes after they were signed. At the end of the year, patients overwhelmingly supported the program and cited multiple health benefits. Doctors involved in the study saw benefits for patients and little burden for themselves. Both patients and doctors wanted to continue OpenNotes at the end of the study. Indeed, doctors were given a chance to stop at the end of the trial, but not one chose to do so.

To read the study results, please go to annals.org/article.aspx?articleid=1363511.

OpenNotes: Why do it?

- **Engage your patients.**
 - The yearlong, multicenter OpenNotes study found that approximately 4 out of 5 patients, when actively offered the opportunity, read their notes. And more recent data, still unpublished, indicates that they keep on reading them.
 - Patients in the study reported:
 - Better understanding of their health and medical conditions
 - Improved recall of their care plan, and being better prepared for visits
 - Feeling more in control of their care
 - Taking better care of themselves
 - Doing better at taking their medications as prescribed
 - Many doctors said it strengthened their relationships with their patients.
- **Improve communication and patient education.**
- **Promote patient safety.**
- **Help patients' caregivers optimize care.** Many chronically ill or elderly patients rely on family members or other informal caregivers to coordinate

appointments, tests, medications, and general care plans. Notes may be an important tool to help with coordination of care (if patients choose to share notes with their caregivers).

- **Patients want it.**

- The vast majority of patients want access to their notes (and they have the legal right to such access). In the OpenNotes study, approximately 4 out of 5 patients read their notes.
- Patients may or may not understand everything in the notes; however, they indicate strongly that this type of transparency and partnership is valuable to them.
- In the study, a great majority of patients said the availability of open notes would influence their future choices of doctors and health plans.

When will this practice start, and with which clinical services?

OpenNotes begins with our outpatient services, starting with primary care, subspecialty, and ancillary services such as diabetic education on November 1, 2013. Hospital History and Physical (H&P) will also be included. OpenNotes will roll out to the remaining inpatient venues in a future phase.

Only completed and signed notes dated after your service's OpenNotes start date will be available to patients online. Neither notes signed prior to that date nor notes dated before that start will be available to patients. Unsigned notes will not be available to patients.

What is CSM Connect?

CSM Connect is the secure and confidential patient portal used by close to 10,000 CSM patients. Patients registered on CSMCONNECT can view their problem lists, medication lists, and laboratory results (eventually including radiographic and pathology reports), send secure emails to those providers (or their support staff) that use email communication, schedule appointments, and more. Now, CSMCONNECT is also the electronic platform through which patients can read the notes that their clinicians write after an appointment or discussion.

Will my notes be available to my patients if I am not an Employed Provider at CSM?

Yes. The notes available to patients are by document type (ex: Primary Office/Clinic Note). The system does not exclude notes specifically by providers. Therefore, even if you are not actively messaging patients within CSMCONNECT, patients will be able to read your signed notes.

In the first phase, patients will be able to read notes from primary care and specialty care that are dated after November 1, 2013. Notes written by clinicians in other

outpatient services will be made available later (ex: behavioral health, hospital notes, etc).

How will notes be shared with patients on CSMCONNECT?

Once OpenNotes is activated, signed notes dated after the start date will become available to patients to read on CSMCONNECT.

What notes will be available to my patients?

Once OpenNotes is implemented, all outpatient notes signed in the EHR will be available to patients via CSMCONNECT. This includes all primary and specialty office visits, procedure notes, and letters. Hospital History and Physical (H&P) will also be included. Behavioral medicine notes in our first phase will be excluded.

Only notes dated on or after the date your go joins OpenNotes will be available to patients online. Other notes remain available in paper format to patients who request them through Health Information Management. **Notes that will “Open” in the future including Inpatient and Behavioral medicine, will be able to be viewed going back to the start date of Nov 1, 2013.**

Do I have to participate in OpenNotes?

The Physician Division Operations Council, Hospital Physician Informatics Council, and Information Management Operations Council voted in favor of the program, and it is standard practice that all providers must participate.

Will notes by medical students, and other practitioners requiring co-signature be available? When?

Yes. Notes written by medical students or other practitioners that are sent for a co-signature will be viewable only when the co-signer has added his or her final signature.

How are we communicating to patients about OpenNotes?

Patients will learn about OpenNotes in a number of ways:

- Patients who are on CSMCONNECT will receive a notice on the home page of the portal that office notes will be available for viewing
- Patients will see OpenNote referenced on the CSM website, the patient brochures will specify note visibility and we intend to communicate this during open enrollment and via TV spots. We can use other methods of communication such as notes on appointment reminder letters if desired.

Questions You May Have

How should I approach writing about sensitive issues?

Clinicians often worry about how to document sensitive issues – such as mental health; obesity; substance abuse; elder, child or spousal abuse; driving privileges; visits with potentially litigious patients or suspicions of life-threatening illness. Long before OpenNotes, clinicians have struggled with what to write in such situations.

Here are some things to consider:

Unless you believe a conversation might harm your patient, a good rule of thumb is to write about things you discussed (and conversely, to talk about content you will write about) with your patients. Many clinicians already follow this practice; some dictate notes with their patients present.

For concerns about how to document encounters that may relate to potential litigation, please contact risk management.

Although it is natural to want to curb or avoid some challenging conversations with patients, patients may benefit from direct dialogue. For example, when a clinician notices signs of dementia, malignancy, or impaired driving, chances are good that the patient or family members are already worrying about these possibilities. They may find that a balanced discussion helps with the anxiety they otherwise hold alone.

In addition, providers in the OpenNotes study found that when some patients read notes about obesity or substance abuse, they were more motivated to attempt difficult behavioral changes. Some patients reported that “seeing it in black and white” made it more real. As an overarching strategy, promoting transparency may encourage more open and active communication in these challenging areas.

Without a doubt, documentation of “sensitive topics” is an area that needs more research. Some studies are underway nationally, but we have a lot to learn about eliciting and responding to patient preferences, and understanding how documentation affects desired health outcomes. In the meantime, sharing stories about OpenNotes (good and bad) in appropriate settings, and incorporating such experiences in case discussions, conferences, team meetings, etc., will over time bolster our collective wisdom and skill.

Will I need to change the way I write my notes?

Patients in the OpenNotes study generally viewed the notes as belonging to doctors and didn't expect them to be written in layperson language. Rather, they felt fortunate to have a window into this world of information about their own health. Nonetheless, the following suggestions may be helpful to maximize the educational potential of notes:

- Avoid jargon or abbreviations, especially ones that might easily be misinterpreted (e.g., “SOB”).
- Briefly define medical terms when feasible.
- Incorporate lab or study results in your notes to give patients the full picture.
- Include educational materials or links to content for your patients.
- Be mindful of sensitive topics, as you would be when considering that patients can access their record through HIPAA rights.

How should I address abbreviations?

Please see “Will I need to change the way I write my notes?” and please note that patients will be directed to a list of common abbreviations on MedLine Plus (where they may also look up medical terms or diagnoses). Please avoid abbreviations that might easily be misinterpreted (e.g., “SOB”).

What if patients disagree with what I wrote and want the note changed?

Changing a note is at the clinician’s discretion. If you feel the change improves the note, you can simply document the change as an addendum in the EHR.

Although this did not happen often in the pilot study, patients may contact you directly or work through Patient Relations to request a note change. Patient Relations is available to help you or your patient with this process or to facilitate discussion.

In the OpenNotes study, patients rarely requested a change of the record. When such requests were made, there were several instances that were felt on review to improve patient safety.

Given that patients read their notes on CSMCONNECT, which includes secure email capabilities, does being on OpenNotes require me to start emailing with my patients?

No, emailing with patients via CSMCONNECT is at your discretion but is recommended. However as a reminder, CSMCONNECT offers a secure email communication system. The use of secure messaging helps doctors meet new Meaningful Use Stage 2 criteria, which take effect in January 2014. There are several models for using CSMCONNECT email. Some clinicians on CSMCONNECT use email regularly to communicate with their patients; others arrange to route patient emails to other clinicians and staff; some inform their patients they will not use email.)

How do I know if my patient is on CSMCONNECT?

On the EHR banner bar, you will see “CSMCONNECT:Yes” on the upper right side of the screen. Patients may join CSMConnect at any time whether in the ambulatory setting or hospital setting. For this reason, it's best to consider that all notes will be available to patients sometime in the future.

I have pediatric patients. Will OpenNotes be available for them?

Notes for patients between the ages of 12-17 will not be available initially.

Issues raised by OpenNotes

Will sharing notes with patients take more time?

Patients are generally respectful of clinicians' time, and most physicians who participated in the OpenNotes trial reported little, if any impact on their daily practice. Indeed, many physicians reported forgetting they were participating in the study once it was underway. But some physicians said they took more time to write notes, and many reported writing better and more educational notes. After a year, only a small minority reported that participating took more time, while others thought it saved time.

Will patients contact me more between visits?

While some patients may contact you after reading their notes, participants in the OpenNotes study found this uncommon. Moreover, many providers found these communications important for patient care and satisfaction. And on the flip side, some patients may contact you less by virtue of having access to their notes.

Will patients be more confused or anxious by reading their notes?

Of all patients in the OpenNotes study, only a small minority found the notes more confusing than helpful, felt offended or felt worried more as a result of OpenNotes. Patients were not generally bothered by medical terms, but rather reported looking up or "googling" medical terms to learn more about their doctors' notes and their conditions. On CSMCONNECT, the Medline Plus tool is available to help patients better understand medical terms or diagnoses.

Will such practice increase my liability?

Data on liability risk with other forms of transparent communication in health care (such as disclosure of medical error) suggest that open and honest communication may decrease lawsuits (Kachalia Ann Intern Med 2010). Some providers listed improved patient safety as the "best thing" about Open Notes. However, if you have specific concerns about how to document something in your notes, contact your supervisor or risk management officer.

Tips for making OpenNotes work well
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- **Avoid jargon or abbreviations**, especially ones that might easily be misinterpreted (e.g., "SOB"). While patients in the OpenNotes study generally viewed the notes as belonging to doctors, and didn't expect them to be written in layperson language, using plain language and spelling out/defining medical

terms where possible is nonetheless helpful to maximize the educational potential of notes.

- **Incorporate lab or study results** in your notes to give patients the full picture.
- **Include educational materials** or links to content/recommended websites for your patients. They will likely read the note and may become more informed or activated by such material, and they will be guided to reliable information on the Internet through your suggestions. Reading notes at home also allows patients to focus on education in a more relaxed setting while they refer back to details of the office visit.
- **Ask your patients about their notes.** Investing a few minutes in such a question may reveal information patients may otherwise be reluctant to bring forth, and allows you to gauge the level of understanding or opportunities for education. It can also strengthen partnership.

Contact information

We're here to help. If you or your patients have further concerns or questions – or suggestions - please contact the CAST (Clinic Application Support Team) at 414-326-2300

“Adapted from the Beth Israel Deaconess Medical Center OpenNotes Clinician FAQ. Used with permission.”