

CONFERENCE ABSTRACT

What happens when patients can see their doctors' note? - the Open Notes movement

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Susan Mende

Robert Wood Johnson Foundation, United States

Introduction: The Open Notes movement represents a culture change, enabling patients' access to their providers' notes, thereby increasing transparency and patient engagement.

Policy context, objective and highlights: OpenNotes involves allowing patients on-line or hard copy access to their providers' notes. The one-year initial pilot began in 2010 with twenty thousand patients and one hundred primary care physicians at three medical centers in the United States. The pilot's evaluation found that: eighty percent of patients chose to read their notes; patients reported feeling more empowered and knowledgeable about their medical condition; seventy percent of patients taking chronic medications reported improved adherence; eighty-six percent of patients reported that having access to their notes would affect their future provider choice and ninety-nine percent of patients wanted the practice to continue. The pilot also showed that opening notes to patients has potential to increase patient safety as patients can spot errors in their providers' notes – in fact one in three patients who contacted their doctors' office did so to report a possible medical record error. Many clinicians were fearful that opening their notes would take more time or confuse, worry or offend patients, however those fears did not come to pass. No clinician chose to stop participating after the pilot. Fewer than eight percent of doctors reported taking more time to address patients' question outside of scheduled visits and fewer than twenty percent of doctors reporting taking more time to write notes. Some providers reported strengthened patient relationships due to increased trust and shared decision-making

Target population: Based on these findings, the Open Notes movement spread and twelve million patients in thirty-six states now have access to their notes, including pediatric and adolescent notes. The new goal is expansion to fifty million patients by 2019.

The expansion phase will include going beyond pilot to system-wide sites; reaching more vulnerable and lower income patients and systems serving them; educational outreach to patients and families through media, on-line resources and consumer advocate groups and further measurement of the value of opening notes.

Transferability: The practice of opening notes to patients and families is transferrable as notes can be accessed through patient portals on secure on-line websites, found in many

Mende; What happens when patients can see their doctors' note? -
the Open Notes movement

countries. Absent electronic medical records or internet access, notes can be printed and handed to patients at the visit.

Conclusions: Although Open Notes was initially focused on transparency, increasing patient engagement and improving doctor-patient communication, other benefits may include increased use of patient portals; strengthened bottom line through improved medication adherence and decreased medical errors and enhanced patient trust and satisfaction. As patient demand increases, health systems who offer Open Notes may also have a competitive edge. There are still hurdles to overcome including provider resistance; patient's fears about privacy; addressing the digital divide for lower income populations and translation for non-English speaking patients and study of long term impact.

Keywords: patient engagement; transparency; medical record access
