# Welcome & Introductions

**Liz Salmi**
Senior Strategist, OpenNotes

OpenNotes®

# Open Inpatient Notes

1. **Quick background** on open notes
2. **Open Notes in the Hospital Setting**, Dr. Brian Clay
3. **Q&A**

# Who is OpenNotes & what is open notes?

**Cait DesRoches, DrPH**

Executive Director, OpenNotes
Associate Professor of Medicine, Harvard Medical School

Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL

OpenNotes

# Who is OpenNotes?

# What is open notes?

When patients can easily read visit notes.

# April 5, 2021
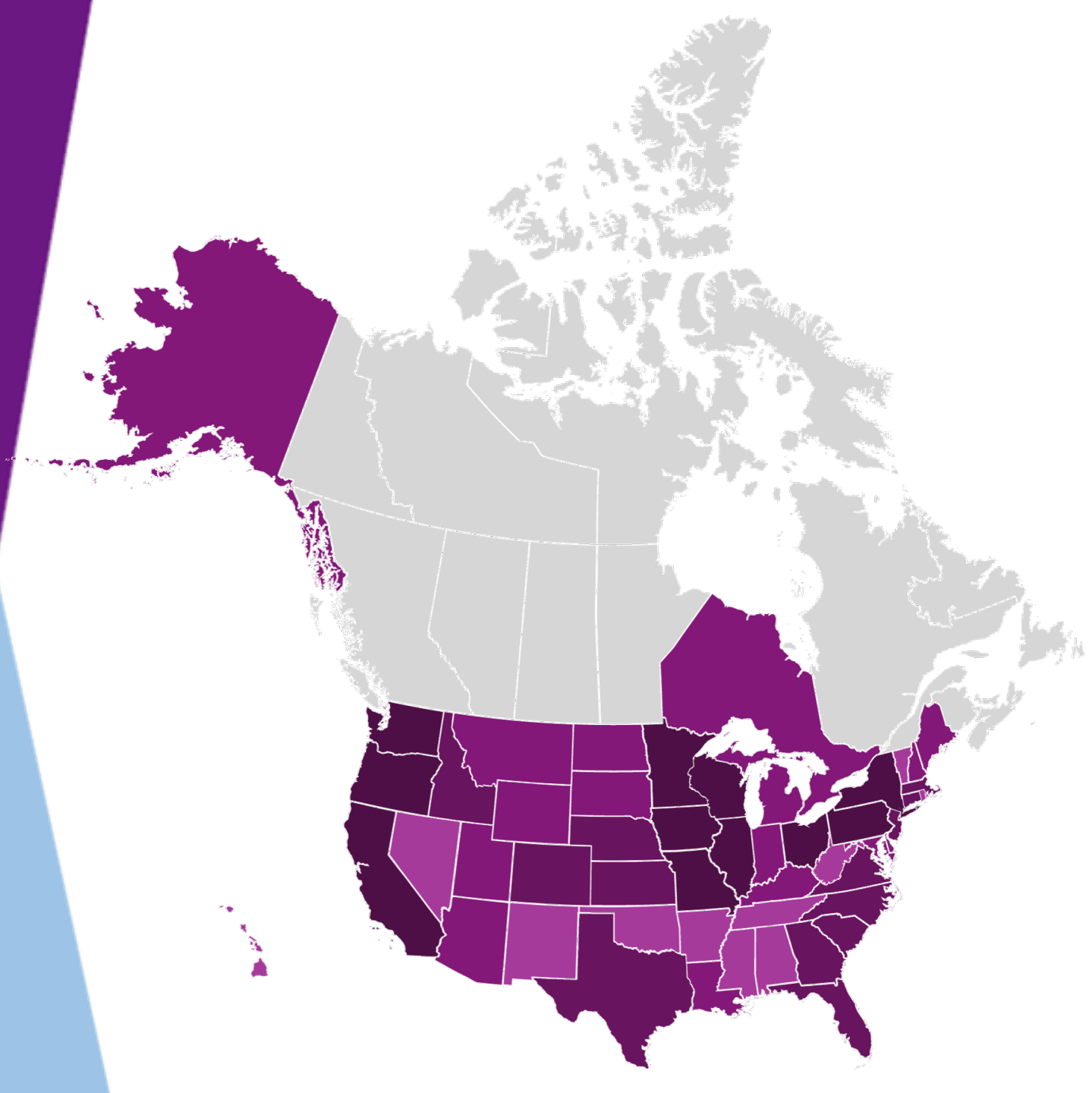
## ONC's Cures Act Final Rule

An official website of the United States government  Here's how you know ⌄

**MENU**

Home > Final Rule Policy > Patient Access

## Empowering Patients in the U.S. Health Care System

**Patients in the U.S. need better access to information about their care – information ranging from their medical records to data about the costs and quality of the care they receive.**

The Cures Act aims to empower Americans with their health data, delivered conveniently to computers, cell phones, and mobile applications.

Nationwide, patient-centric health IT, once achieved, can deliver a variety of benefits to patients, including:

- Transparency into the cost and outcomes of their care
- Competitive options in getting medical care
- Modern smartphone apps to provide convenient access to their records
- An app economy that provides patients with innovation and choice

Under HIPAA, patients already have a legal right to their data electronically. The ONC Cures Act Final Rule is one step in this process by enhancing access to clinical data.

## USCDI

### 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

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# Federal "Preventing Harm Exception"

- There are 4 scenarios in which a provider may block information under the "Preventing Harm Exception".

- Under **each** of these 4 scenarios:
  - The provider must reasonably believe that blocking access to information will substantially reduce the risk of harm to the patient or another person.
  - Blocking access to information should be no broader than necessary to substantially reduce the risk of harm.

# Open Notes in the Hospital Setting

March 23, 2021

Brian Clay, MD
Chief Medical Information Officer
UC San Diego Health

# Disclosures

- I have no relevant conflicts of interest or other relationships to disclose regarding the content of this presentation.

# UC San Diego Health

| 2 HOSPITAL CAMPUSES | 60+ CLINICS | 2500+ PROVIDERS AND HOUSE STAFF |
|---|---|---|
| 808 BEDS | 830,000 OUTPATIENT VISITS | 9 COMMUNITY CONNECT CLINICS |

Region's only Academic Medical Center:
- UCSD School of Medicine
- UCSD Skaggs School of Pharmacy
- 20 Graduate Programs
- 2,642 Students

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

CHiME®
HealthCare's
most wired.

SD | UC San Diego Health
OFFICIAL HEALTH CARE PROVIDER OF THE PADRES

# Opennotes.org

# Open Notes Literature

- Multiple years of publications on open notes in the outpatient setting

- Several studies show that >90% of patients report having access to their notes improved their perception of their physician; a majority of physicians reported that sharing notes improved the patient relationship

- Two studies demonstrated that sharing notes was correlated with improved medication adherence

- Minimal research in the inpatient setting – huge opportunity!
  - Pell et al (JAMA Internal Med, 2015) surveyed clinicians and patients after starting open notes in an emergency department setting
  - Patients gained better understanding of care plan; clinicians worried about increased time/effort on their part, but post-implementation survey showed these concerns never materialized

# Why Is the Hospital Setting (Perhaps) Different?

- Greater prevalence of team-based care and multiple learner levels (residents, students, etc.)

- An office visit generally has one provider note; a hospitalization could have dozens (or hundreds)

- Serial notes are closer together in time – daily , or even several notes per day
  - Daily inpatient notes tend to be *relatively* repetitive for multiple reasons

- Emergency department setting notes may be more streamlined due to pace of care

- Hospital setting includes surgical/operative notes, anesthesia notes, etc. – very different from outpatient clinic notes

# 21ˢᵗ Century Cures Act

Interoperability, Information Blocking, and the ONC Health IT Certification Program

*Published 5/1/2020*

# 21st Century Cures Act Makes "Information Blocking" Illegal

- Bill passed by Congress in 2016 with wide bipartisan support:

- Main point of bill revises the FDA approval process

- Increased funding for NIH, opioid crisis

- Improve interoperability
  - In 2015, Office of the National Coordinator (ONC; developer of Meaningful Use regulations) stated that lack of interoperability was limiting EHRs from improving care
  - Contains provision to penalize "**information blockers**" (any practice that is likely to interfere with access, exchange, or use of electronic health information):
    - Blocking to patients
    - Blocking to other health care systems
    - Blocking to 3rd party apps

# ONC Regulations Clarify Information Blocking

- From 2016 until 2019, health systems can annually "self-attest that they are not an information blocker" to CMS

- In May 2020, the ONC published their 1200-page final rule that contains:
  - Specific examples of information blocking
  - Narrow list of exceptions
  - Defined the data set that patients have a right to see – United States Core Data for Interoperability (USCDI) → includes "clinical notes"
  - 6-month time interval before enforcement of penalties.  This means that penalties start in November 2020
    - *Update from ONC in late October:  implementation deadline moved to April 5, 2021 (COVID pandemic considerations)*
    - ***Update from ONC in January:  need <u>broad</u> inclusion for "clinical notes", including nursing and clinic staff, and <u>all</u> clinical settings***
  - Patients get the right to prompt access to <u>all</u> electronic health information in October 2022

# USCDI

## Allergies and Intolerances *NEW
- Substance (Medication)
- Substance (Drug Class)    *NEW
- Reaction                          *NEW

## Assessment and Plan of Treatment

## Care Team Members

For more info:
**HealthIT.gov/USCDI**

## Clinical Notes *NEW
1. Consultation Note
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## Goals

## Health Concerns

## Immunizations

## Laboratory
- Tests
- Values/Results

## Medications

## Patient Demographics
- First Name
- Last Name
- Previous Name
- Middle Name (incl. middle initial)
- Suffix
- Birth Sex
- Date of Birth
- Race
- Ethnicity
- Preferred Language
- Current Address          *NEW
- Previous Address         *NEW
- Phone Number             *NEW
- Phone Number Type        *NEW
- Email Address            *NEW

## Problems

## Procedures

## Provenance *NEW
- Author Time Stamp
- Author Organization

## Smoking Status

## Unique Device Identifier(s) for a Patient's Implantable Device(s)

## Vital Signs
- Diastolic Blood Pressure
- Systolic Blood Pressure
- Body Height
- Body Weight
- Heart Rate
- Respiratory Rate
- Body Temperature
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2-20 Years) *NEW
- Weight-for-length Percentile (Birth - 36 Months)    *NEW
- Occipital-frontal Head Circumference Percentile (Birth - 36 Months) *NEW

*Graphic source: Office of the National Coordinator for Health IT*

# What Are "Clinical Notes" Per the ONC?

**Clinical Notes**

Composed of both structured (i.e. obtained via pick-list and/or check the box) and unstructured (free text) data. A clinical note may include the history, Review of Systems (ROS), physical data, assessment, diagnosis, plan of care and evaluation of plan, patient teaching and other relevant data points.

| USCDI V1 | Draft USCDI V2 | Comment |

| Data Element | | Applicable Standard(s) |
| --- | --- | --- |
| **Consultation Note** | > | ▪ Consult Note (LOINC® code 11488-4) |
| **Discharge Summary Note** | > | ▪ Discharge Summary (LOINC® code 18842-5) |
| **History & Physical** | > | ▪ History and Physical Note (LOINC® code 34117-2) |
| **Imaging Narrative** | > | ▪ Diagnostic Imaging Study (LOINC® code 18748-4) |
| **Laboratory Report Narrative** | > | |
| **Pathology Report Narrative** | > | |
| **Procedure Note** | > | ▪ Procedure Note (LOINC® code 28570-0) |
| **Progress Note** | > | ▪ Progress Note (LOINC® code 11506-3) |

*https://www.healthit.gov/isa/uscdi-data/clinical-notes#uscdi-v1*

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# ONC Clarifies Broad Inclusion for "Clinical Notes"

## Electronic Health Information

**Q: Are nursing, pharmacy, or other professions' clinical notes included in the definition of "electronic health information"? *1/15/2021*** —

Yes. *Electronic health information* (EHI), as defined in 45 CFR 171.102, does not specifically include or exclude notes or other clinical observations based on the type or specialty of the professional who authors them.
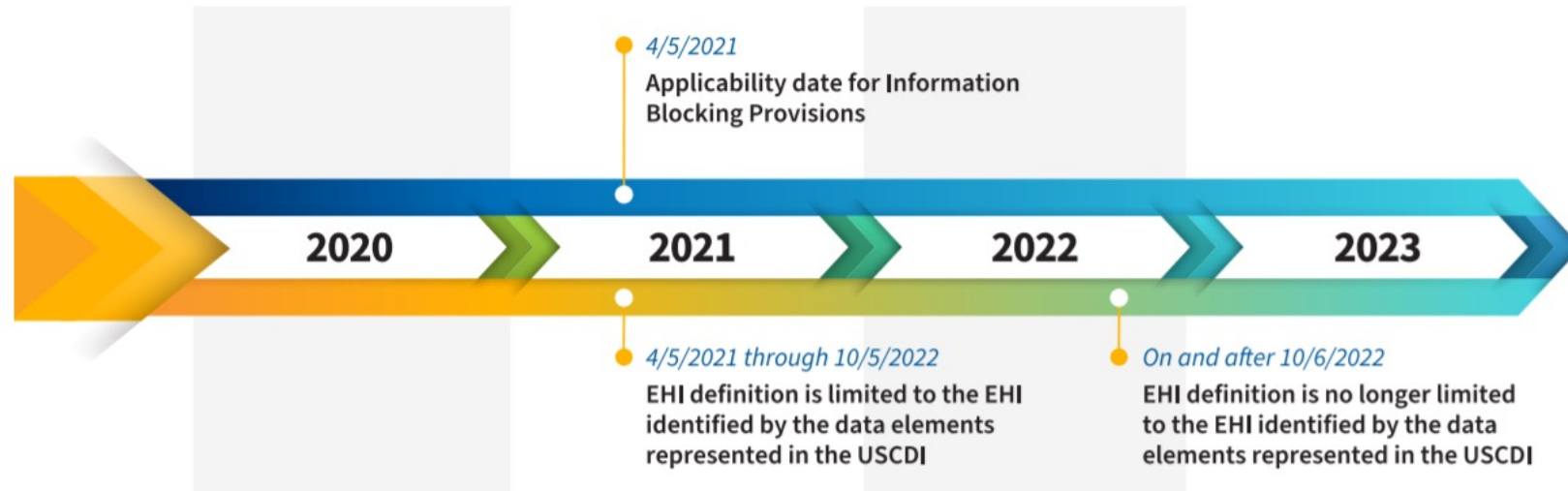
*https://www.healthit.gov/curesrule/resources/information-blocking-faqs*

# Information Blocking Implementation Timeline



The Office of the National Coordinator for Health Information Technology

New Applicability Dates included in ONC Interim Final Rule

Information Blocking and the ONC Health IT Certification Program:
Extension of Compliance Dates and Timeframes in Response to the COVID-19 Public Health Emergency Interim Final Rule

**Information Blocking**

4/5/2021
Applicability date for Information Blocking Provisions

2020  2021  2022  2023

4/5/2021 through 10/5/2022
EHI definition is limited to the EHI identified by the data elements represented in the USCDI

On and after 10/6/2022
EHI definition is no longer limited to the EHI identified by the data elements represented in the USCDI

*https://www.healthit.gov/cures/sites/default/files/cures/2020-10/Highlighted_Regulatory_Dates_Information_Blocking.pdf*

# UCSD Strategic Approach

- Open Notes live in outpatient at UCSD since June 2018
  - Primary care areas – sharing by default
  - Specialty areas – sharing as "opt-in" process
- Decision to "phase in" inpatient open notes:
  - Phase 1 – November 2020
    - Attending physicians
    - All clinical areas, including ED and perioperative areas
  - Phase 2 – April 2021
    - All other clinicians
    - All clinical areas
- Notes are shared upon patient discharge from the hospital setting
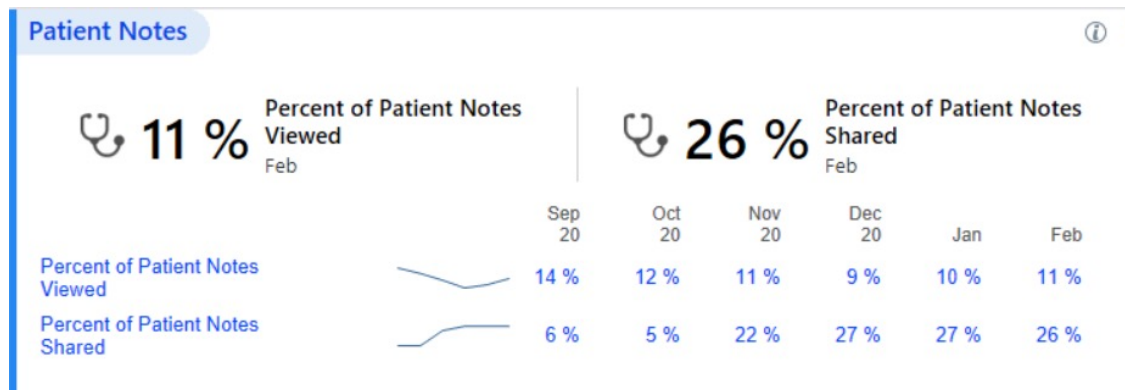
# UC San Diego Health MyChart Tracking Data

**Emergency Department**
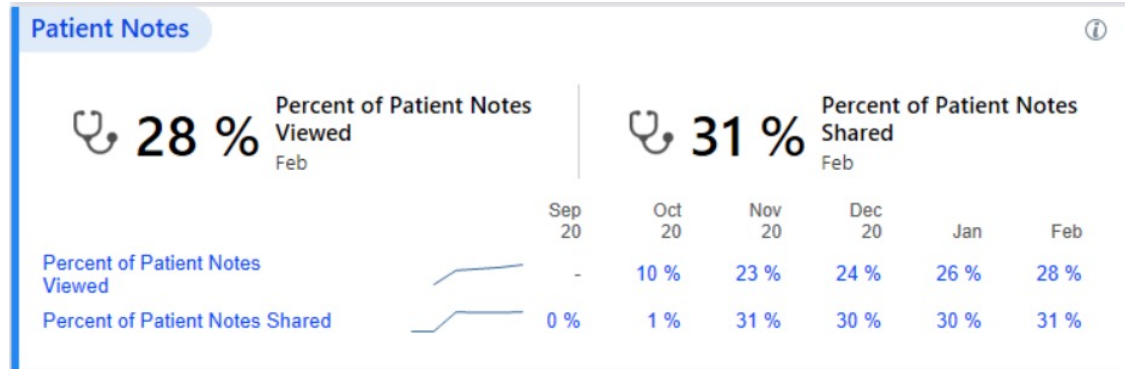


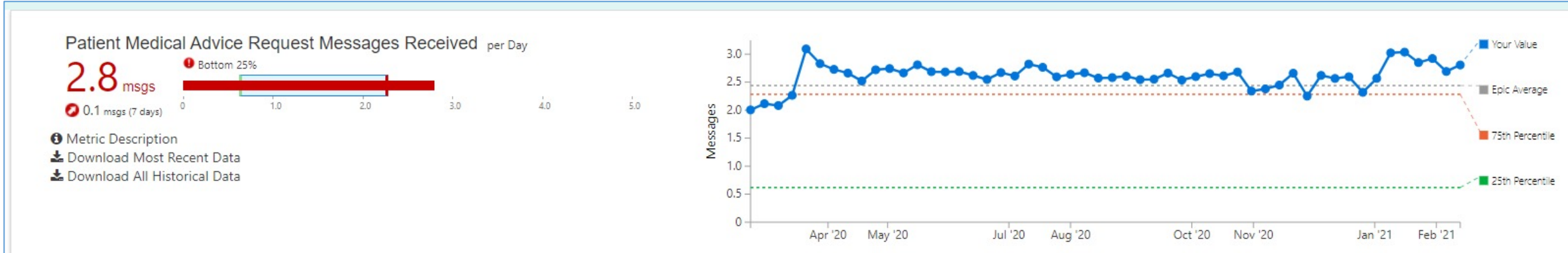**Surgery / Procedure Areas**
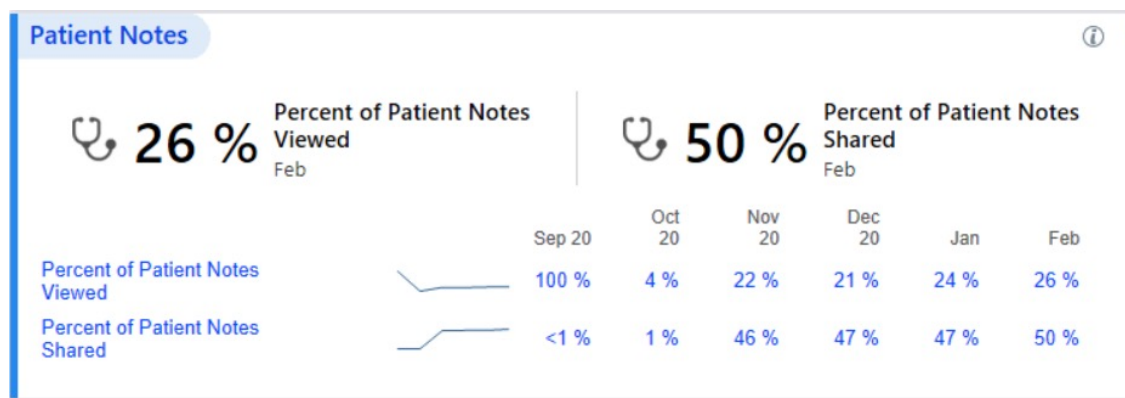


**Inpatient Units**

# Are Patients Sending More MyChart Messages?

UCSD



- No bump in MyChart message volume in November; bump in January likely related to COVID vaccine workflows

# Approaching Non-Provider Stakeholders

- Multiple presentations to stakeholder groups
  - Clinical leadership / governance groups
  - Nursing
  - Pharmacy
  - Therapy Services
  - Patient/Family Advisory Group
  - Care Coordination
  - Etc.

# Educating Note Authors on Open Notes

- Note authors often have concerns about patients "misunderstanding notes" – literature does not bear this out
  - Patients understand notes have medical language and are written for multiple stakeholders
- Note authors worry that sharing notes will cause increase in patient complaints or requests for edits to the medical record
  - UCSD Patient Experience office cites no such increase since November 2020
  - UCSD Medical Records office (which manages patient requests to edit medical records) cites no such increase since November 2020
- Patients have a long-standing right to their medical record – the 21st Century CURES Act only augments this in terms of *prompt* access
  - UCSD Medical Records gets ~500 requests through the patient portal each month for a copy of their record (no change since November 2020)

# What About Timing of Access to Notes?

- Currently, UCSD is releasing shared notes to patients upon hospital/ED discharge
  - Goal is to move to "next morning" release of notes from previous day in the inpatient setting – this will be a "phase 3" after April 2020 after further education to residents and students
  - Releasing upon discharge from ED is essentially equivalent to outpatient (note is released when the outpatient visit is signed by the provider)
- Some concern about real-time access to information in the Emergency Department
  - Instances of patients who leave without being seen if they can see their test results right away
- Some inpatient areas (psychiatry) may have additional regulatory or legal restrictions on record sharing with patients

# Inpatient Open Notes is Change Management

- Hospitals are advantaged given the extensive experience with outpatient open notes for many years
- Some concern about real-time access to information in the Emergency Department
  - Instances of patients who leave without being seen if they can see their test results right away
- Some inpatient areas (psychiatry) may have additional regulatory or legal restrictions on record sharing with patients
- Discuss concerns with stakeholders – meet with any group that wants to raise potential issues
- Communicate, communicate, communicate!
  - Regular items in newsletters, online intranet page with FAQ documents

# Preparation and Recommended Practices

- No need to overhaul how you write your notes, <u>but</u>:
  - Good opportunity to remember that patients read notes
  - Avoid troublesome acronyms (e.g., SOB for dyspnea) and "value-laden" terms (e.g., disheveled, poor historian, etc.)
  - Review your EMR templates for potential issues; communicate to individuals to review their templates as well
  - For daily inpatient progress notes:  make these more of an interval progress or update, rather than "everything that has happened up until now" each day
    - CMS professional fee billing rules proposed for 2022 may make this transition easier
  - Be mindful of copy and paste and pre-populated note content
- Organization need to review where all notes come from – some are written outside the core EMR and sent in via interface

# Conclusions

- Sharing patient notes in the hospital setting has been slow in coming
- 21st Century CURES Act is moving everyone forward on this *at the same time*
- Lessons learned from outpatient open notes generally apply to the inpatient setting as well, but specific situations may need different approaches
- Educating note authors is reassuring – do lots of this!
- Communicate go-live dates, changes, and rationales

Brian Clay, MD
bclay@health.ucsd.edu
@brianclaymd

# Information & Tools at opennotes.org

**For clinicians...**

**For patients...**

# Q&A

## Open Discussion