Patient and Family Centered Care

"Patients and their families are the single most underutilized resource in the healthcare environment."

— Institute for Healthcare Improvement

Kerry Litman MD, CPPS

San Bernardino Service Area Physician Director for Quality, Risk and Regulatory Affairs KPSC Regional Physician Lead, Patient and Family Centered Care



Patient Involvement Improves Outcomes

- ↑ Patient Satisfaction
- † Financial Performance: reduced Length of Stay, increased market share, improved bed capacity
- ↑ Regulatory Performance: required by The Joint Commission and other regulators
- ↓ Malpractice Claims
- Staff Satisfaction reduced turnover, increased physician and nurse satisfaction

Agency for Healthcare Research and Quality, Guide to Patient and Family Engagement, Information to Help Hospitals Get Started, June 2013



KP SCAL Regional Patient Advisory Council



RPAC has been advising KP Southern California leaders since 2014, sharing informed patient perspectives on a wide variety of topics, including...



A Major Request from Our Patient Advisors

KP Patient reactions to OpenNotes:

- "Now, after reading the chart notes, I feel like my Doctor cares about me!"
- "I noticed the chart said I did NOT have a POLST [advance directive] form on file, when I had brought it in!"
- "My doctor wrote that the spot was on my right eye, but it was actually on my left eye!"



Our Patient Advisors requested KP SoCal leaders bring OpenNotes to the entire region: Leadership is listening!

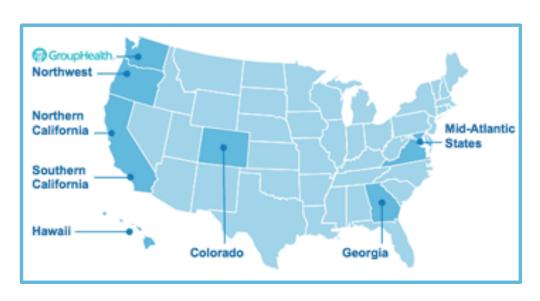


Kaiser Permanente: 8 Regions

Founded in 1945, Kaiser Permanente is one of the nation's largest not-for-profit health plans, serving 11.8 million members. It comprises:

- Kaiser Foundation Hospitals
- •Kaiser Foundation Health Plan, Inc.
- The Permanente Medical Groups

At Kaiser Permanente, physicians are responsible for medical decisions.



Northern California:	4,134,194
Southern California:	4,390,653
Colorado:	671,500
Georgia:	306,806
Hawaii:	250,221
Mid-Atlantic States (Va., Md., D.C.):	702,516
Northwest (Ore./ Wash.):	575,688
Washington:	677,050









OpenNotes in Kaiser Permanente San Bernardino County: A Tool to Engage Our Members



The World Is Changing...

Is Kaiser Permanente Changing?



Give me choice & Control!





Keep it simple & Personalized!





Provide me what I don't know I want!





Empower & Engage Me Respectfully!







- An initiative that invites patients to review their visit progress notes.
- Patients have the right to read the notes their doctor or clinician writes.
- Evidence suggests that opening up visit notes to patients can make care more efficient, improve communication and help patients become more involved with their health.



Progress Notes Online

Concerns: (AKA "This is a bad idea!")

- Increase workload:
 - Documentation of note
 - —More time during and after visit
 - Requests to change notes
 - Queries or messaging
- Increase in anxiety/ confusion by patients
- Worry of offending patients
- 'Just one more thing!'; low value



KP Northwest OpenNotes Experience

- 1100 physicians
- Only 10% of physicians regularly opt out their notes.
- Initially excluded Behavioral Health, Addiction,
 Occupational Med, Pain and Adolescents (12-17)
- Every chief validated: No complaints from OpenNotes
- No appreciable increase in workload

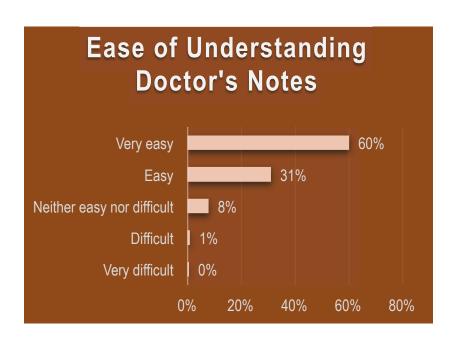
Patients Reported Improved Self-Care

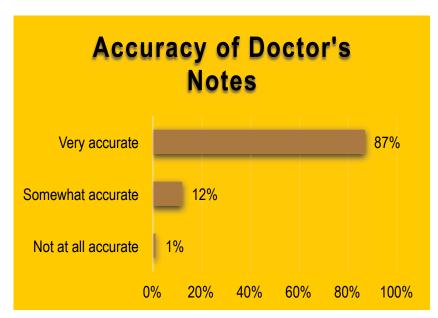
- 70-72% of patients reported taking better care of themselves
- 77-85% reported better understanding of their health/medical conditions
- 76-84% reported remembering the plan for their care better
- 69-80% felt better prepared for visits
- 60-78% of patients taking medications reported "doing better with taking my medications as prescribed."

— OpenNotes research published in *Annals of Internal Medicine* Ann Intern Med. 2012;157(7):461-470



Majority Of Patients Found Notes Accurate and Easy to Understand

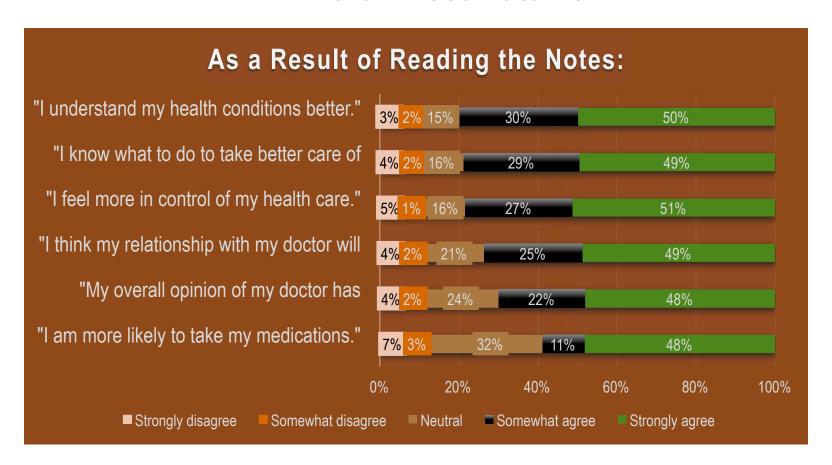




KP Northwest Data 2014



Respondents Derive Value from Reading the Notes **KP North West Data 2014**



KP Northwest Data 2014



KPNW Provider Observations Summary

Fears Associated With Open Notes Did Not Materialize

- Despite trepidation "It was no big deal".
- Docs occasionally rephrase a note but overall no big changes
- Minimal contact from patients about their notes

It's the Right Thing To Do

- KP implementation adds to overwhelming and growing body of evidence about the many positive benefits of sharing notes
- Sharing notes is a competitive edge for KP-we should be early adopters

The Progress Note is Special

 Note gives insights not found on kp.org portal; makes medical record more transparent

Valuable Extra Set of Eyes

- Patients sometimes point out errors --might change treatment
- Makes chart more accurate

"Honestly, I couldn't believe how few problems we had when we started OpenNotes."

"Ultimately it's all about the patient. [These notes] are keeping the patient healthier, helps them manage chronic conditions."

"There's a lot going on in an exam room... Anything we can do to reinforce the message is important. That should be the reason for doing this."



Insights from KPNW for Spread to Other Regions

Providers Maintain Control

- Use good, common medical terminology
- Having option to hide notes maintains ability to control process

Tools to Make Note Sharing Easier

- Set up Autocorrect for key acronyms, abbreviations, jargon
- Look at your note to see if confusing or easily misunderstood words (no 'Funny Looking Kid')
- Also consider making "Dot phrases" and SmartLinks jargonless

"For us, in general, I think it's been a non event"

"Don't change way you write the language; it should always be clear in medical terminology."

"A very, very small number of times have I hidden a note considering how many notes I write."



Progress Notes Online FAQs



Progress Notes Online (Open Notes)

Frequently Asked Questions

What is Progress Notes Online (Open-Notes)?

Progress Notes Online allows patients to view providers' progress notes on kp.org after the visit encounter has been closed.

What is the idea behind Progress Notes Online?

Patients who read their notes often feel they are more in control of their care. They are also in a better position to understand their health and medical conditions, and to improve their recall of their care plan and the accuracy of the medical record.

Which encounter types are included in Progress Notes Online?

- Office Visit
- OB Office Visit
- Ortho Office Visit
- Telephone Appointment Visit

Does participating in this program cause the notes I've written previously to be released on kp.org?

No. The sharing is not retroactive, so only progress notes written after your department/ specialty/MOB's participation date will be shared.

Is this going to generate a lot of additional patient messages and extra work for me?

Providers who are currently participating in this program in SCAL and KP Northwest, where almost the entire Region is participating, have not experienced this.

Which specialties are currently represented among the SCAL participants?

Dozens of departments are currently participating, including Cardiology, Dermatology, Ophthalmology, FM/IM, Pediatrics, Head and Neck Surgery, Nephrology, Ob/Gyn, Oncology, Orthopedics, Pulmonology, and General Surgery.

How many providers in SCAL are currently participating in Progress Notes Online?

Over 500 providers have shared their progress notes online.

If I participate, can I choose not to share the progress note of a particular visit?

Yes. If you decide not to share the progress note during a particular encounter, see the Progress Notes Online Key Message on MyHelp (keywords: Progress Notes Online). Please note that patients have the legal right to request a copy of their medical record, regardless of whether or not you participate in Progress Notes Online.

Can teenage patients see visit Progress Notes Online?

To comply with California patient privacy law, progress notes are not available to patients aged 12 through 17.

Progress Notes Online Can Be Hidden

HEALTHEONNECT.



- A participating provider, or other providers also creating progress notes within the same encounter, can hide that encounter's online progress notes by typing the word Hide in the Insert SmartText field in the NoteWriter's Note tab only.
 - Although you can insert Hide into the Insert SmartText field in both the combined Hx/PE/AP tab and Notes tab, it only works in the Notes tab. Thus, if you attempt to hide a note from the combined tab, it will not work and the patient will see your progress note online.
 - Hiding progress notes should be a rare event and as a result of respect for patient confidentiality, sensitivities, or request.
 - If the hide note feature is invoked, the physician should document in the progress note the reason for hiding the note. A dropdown menu in the SmartText may be used for this. This is important for research data stemming from the project.
 - Using the Hide feature within the comment sections of the ROS or PE tabs will not hide the note.
- If the participating provider wants to unhide a previously hidden note, create an Addendum and edit the original note, then type Unhide in the Insert SmartText field in the NoteWriter's Note tab only. If the encounter is still open, simply go to the Notes tab and type Unhide. A note can only be hidden once.



Online Information BEFORE OpenNotes

Vitals - Last Recorded			
BP Pulse Temp(Src)	Ht	Wt	BMI
120/79 65 98.2 °F (36.8 °C) (Tyn mmHg Vitals History Recorded	npanic) 5' 8" (1.727	m) 161 lb 9.6	oz (73.3 kg) 24.58 kg/m2
Social History			
Category History			
Smoking Tobacco Use Never Smoker			
Smokeless Tobacco Use Never Used			
Tobacco Comment			
BMI Data			
Body Mass Index	Body Surfa		
24.57 kg/m ² 1.88 m ²			
Health Problems Reviewed			
THORACIC SPINE PAIN - Primary			
HYPERLIPIDEMIA (HIGH BLOOD FATS)			
Patient Instructions			
None			
Follow-up and Disposition			
Return if symptoms worsen or fail to improve.			
Allergies			
Allergies as of 2/17/2017		Reviewed0r	n:2/17/2017By
Allergen	Noted	Reaction Type	Reactions
Psyllium Class	06/26/2012	Allergy	Skin Rash and/or Hives
Medications			
Patient reported, restarted, and new medicati patient is taking.	ons relevant to this	visit. This may no	ot reflect all medications the
	Dosage		
	Take 1 tablet by mouth daily		
Atorvastatin (LIPITOR) 20 mg Oral Tab (Taking)	Take 1 tablet by mo	utri daliy	



Online Information AFTER OpenNotes (part 1)

Progress Notes Online

Notes

M.D. at 7/5/2017 4:39 PM

Status: Signed

This is a 58 year old male.

CC: Patient presents with:

MIGRAINE HEADACHE

HPI:

He has had a good response to Imitrex in the past of episodic moderate throbbing HA's with nausea vomiting photophobia and scintillations. No weakness or localized neuro defects. He has a HA about every 2-3 months for hrs, but most are just visual symptoms.

Medication/MRAR List

Medication	MRAR	DSR
Atorvastatin (LIPITOR) 20 mg Oral Tab	100	4
Tamsulosin (FLOMAX) 0.4 mg Oral 24hr SR Cap	100	34

SUMAtriptan (IMITREX) 50 mg Oral Tab

MRAR may not represent the member's true adherence if additional medication is received from outside KP pharmacies, if the amount taken is different than the Sig, or if the patient has stopped the medication, but it was not discontinued from the KPHC meds list.

Allergies:

Allergies

Psyllium Class

Reactions

Skin Rash and/or Hives

Habits:

History

Smoking status

- Never Smoker
- Smokeless tobacco
- Never Used



Online Information AFTER OpenNotes (part 2)

Alcohol Use: Yes 0.0 oz/week 0 Standard drinks or equivalent

per week

Comment: rarely

PMH and medications were reviewed.

No outpatient prescriptions have been marked as taking for the 7/5/17 encounter (Office Visit) with

, M.D..

CHOL 140 05/03/2015 TRIG 93 05/03/2015 HDL 39 05/03/2015 LDL CALC 82 05/03/2015 CHOL/HDL 3.6 05/03/2015

Review of Systems

Constitutional: Negative for fever and malaise/fatigue.

Eyes: Positive for photophobia.

Cardiovascular: Negative for chest pain and leg swelling.

Respiratory: Negative for shortness of breath.

Gastrointestinal: Positive for nausea and vomiting. Negative for diarrhea.

Neurological: Positive for headaches.

BP 123/75 mmHg | Pulse 58 | Temp(Src) 97.8 °F (36.6 °C) (Temporal) | Ht 1.727 m (5' 8") | Wt 72.8 kg (160 lb 7.9 oz) | BMI 24.41 kg/m2 Estimated body mass index is 24.58 kg/(m^2) as calculated from the following:

Height as of 2/17/17: 1.727 m (5' 8").

Weight as of 2/17/17: 73.3 kg (161 lb 9.6 oz).

Current weight 160 lb 7.9 oz Last previously recorded weight 161 lb 9.6 oz on 2/17/17 Weight change is -1 lb 1.6 oz



Online Information AFTER OpenNotes (part 3)

Physical Exam

Constitutional: He is well-developed, well-nourished, and in no distress.

Neurological: He is alert. He has normal sensation, normal strength, normal reflexes and intact cranial nerves. Gait normal.

Reflex Scores:

Bicep reflexes are 2+ on the right side and 2+ on the left side.

Patellar reflexes are 2+ on the right side and 2+ on the left side.

Nursing note and vitals reviewed.

Assessment

MIGRAINE W AURA (primary encounter diagnosis) HYPERLIPIDEMIA

MIGRAINE W AURA (primary encounter diagnosis)

Note: refill

Plan: SUMATRIPTAN SUCCINATE 50 MG ORAL TAB

HYPERLIPIDEMIA Note: controled

Plan: SUMATRIPTAN SUCCINATE 50 MG ORAL TAB

Plan

Orders Placed This Encounter

· SUMAtriptan (IMITREX) 50 mg Oral Tab

Sig: 1 TAB PO AT ONSET OF MIGRAINE HEADACHE. MAY REPEAT 1 TIME AFTER 2 HOURS IF MIGRAINE IS NOT RELIEVED. DO NOT EXCEED 4 TABLETS IN 24 HOURS

Dispense: 9 Refill: 3

Order Specific Question: Is this medication for a workers'

compensation condition?

Answer: No



- Additional perspectives and information
 - http://www.myopennotes.org/



OpenNotes is Like A Medicine

- It aims to make people better, has some minor side effects, and often causes unnecessary anxiety
- Doctors and patients use it to improve care
- It is quickly becoming the standard of care (with allowance for some exceptions at the physician's discretion)

Progress Notes Online started in San
Bernardino County Family Medicine June 2017
It will be in entire SBC Medical Center:
Winter 2017





Kerry Litman MD, CPPS

San Bernardino Service Area Physician Director for Quality, Risk and Regulatory Affairs KPSC Regional Physician Lead, Patient and Family Centered Care

