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UVMHealth.org/MedCenter

# Committing to Improved Information Sharing and Partnership Between Patients & Providers:

## The University of Vermont Medical Center OpenNotes Journey

THE  
University of Vermont  
MEDICAL CENTER

# Patient- and Family-Centered Care

*At the University of Vermont Medical Center, we value patients and their families and seek their participation in everything we do.*



# PFCC Principles

## Dignity & Respect

Providers listen to and honor patient and family perspectives, choices and incorporate their values, beliefs into care delivery.

## Collaboration

Patients, families and providers collaborate in policy, program development, implementation and care delivery.



## Information Sharing

Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making

## Participation

Patients & Families are encouraged and supported to participate in care and decision making.

# Strategic Movement Towards Patient- and Family-Centered Care Guided by Principles

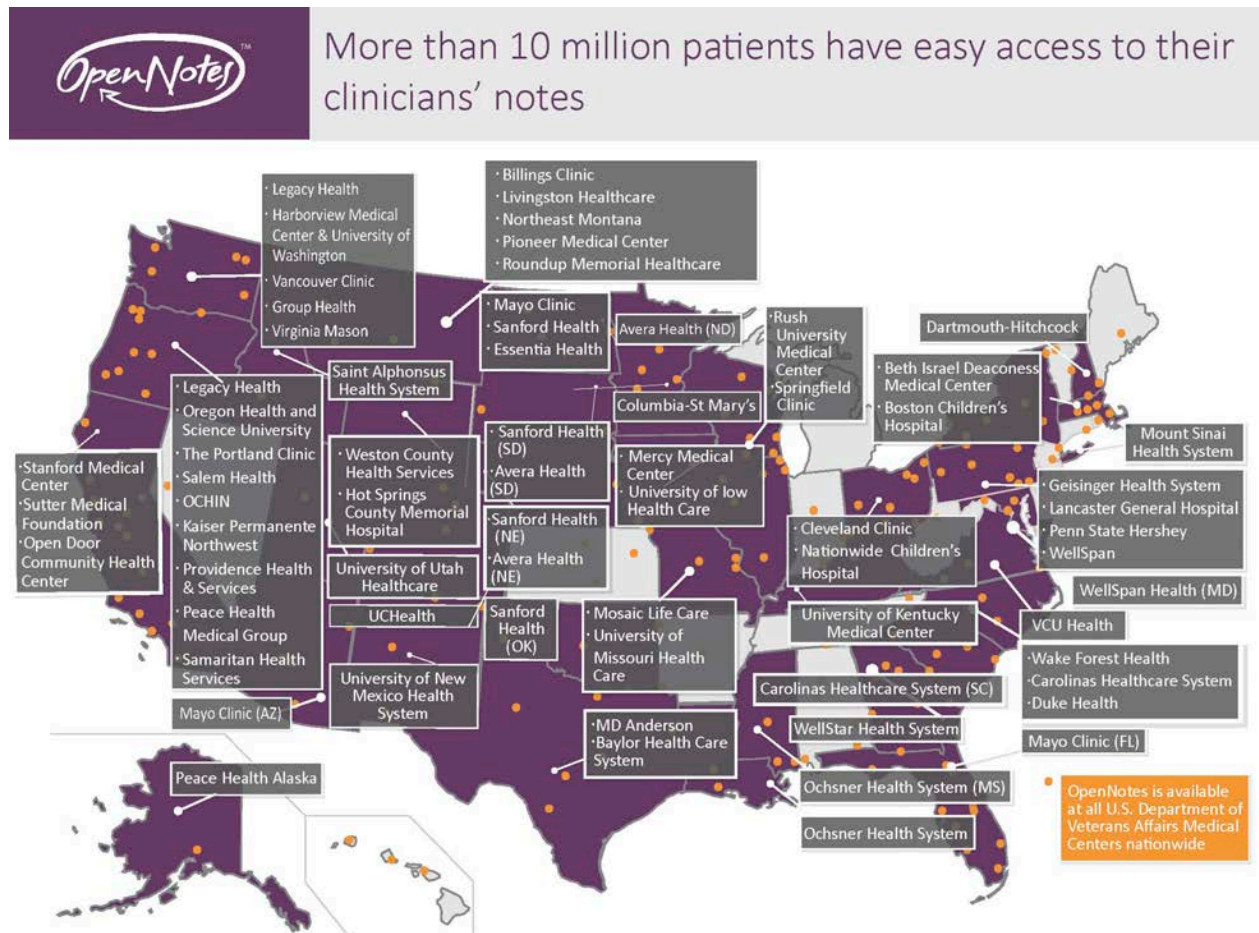
- Dignity and Respect
  - Patient/family stories
- Participation
  - Welcoming
  - Patient- and family-centered nurse report
  - Interdisciplinary bedside rounding
- Collaboration through intentionally engaging patients and families
  - Recruitment and deployment of patient/family advisors
  - Patient & Family Advisory Councils
  - Engaging advisors in key leader hiring processes

# What about information sharing?

- Goal to identify a strategic change that:
  - addressed patient/family priorities and need for improved transparency
  - demonstrated we were prepared to “walk the walk”
- OpenNotes established as a year 3 PFCC goal to improve information sharing and increase reciprocal engagement between patients and providers
  - CMO & CMIO introduction

# Engaging Leadership

- Power of the OpenNotes map





# Workgroup Formation

- Multi-disciplinary
- Representation from each health care service/ department
- Intentional engagement of skeptics
- Inclusion of patients and families

# Engaging Patients and Families

- Advisor participation on the PFCC Executive Steering Committee
- Initial introduction and ongoing updates at Patient and Family Advisory Council
- Recruitment, selection and support of advisors for OpenNotes workgroup
  - Making the right selection
  - *“Do we really need 3?”*
  - *Provider vs. patient priorities*
- Advisor review of education/communication materials



# The UVM Approach

- Idea
- Strategic Plan
- Leadership
- Engagement
- Tactics
- Educate
- Deploy
- Evaluate

# Idea

“This can’t be an IT thing”

- Doug Gentile, MD  
UVM Health Network CMIO

# Strategic Plan

AREAS OF FOCUS

OVERALL STRATEGIC OBJECTIVES

FY 2017 TACTICS

Measurement Criteria

Sponsors

Our Patients and Families

High Reliability

Improve quality outcomes and standardize care across the network

**Implement Open Notes:  
Complete planning, education, and roll out of Open Notes in the ambulatory environment.**

# Leadership

 INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE™

## The 7th International CONFERENCE ON PATIENT- AND FAMILY-CENTERED CARE PARTNERSHIPS IN CARE, INTERPROFESSIONAL EDUCATION, AND RESEARCH



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AT WESTCHESTER

And program  
support from

Patient-Centered  
Outcomes Research  
Institute (PCORI)

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THE  
University of Vermont  
MEDICAL CENTER

## KEYNOTE AND PLENARY SPEAKERS

### MONDAY

#### Partnerships in Care, Interprofessional Education, and Research

#### EILEEN WHALEN, MHA, RN



Eileen Whalen, MHA, RN, serves as the President of the University of Vermont (UVM) Medical Center. The UVM Medical Center, formerly Fletcher Allen Health Care, is part of the University of Vermont Health Network, a four hospital network serving a population of more than 1 million people in Vermont and northern New

York. The UVM Medical Center provides a full range of tertiary-level inpatient and outpatient services and provides primary care services at ten Vermont locations. UVM Medical Center has earned the distinction of being designated a Level I Trauma Center and serves as the home to the University of Vermont Children's Hospital.

Ms. Whalen has over 35 years of experience in health care. She joined UVM Medical Center from Harborview Medical Center in Seattle, WA where she served as chief executive. Harborview is the largest public hospital in the State of Washington and an academic medical center, part of the UW Medicine Network. Prior to taking the position at Harborview, she served as executive vice president at the University of Arizona Medical Center, Tucson, AZ. Ms. Whalen has also held numerous leadership positions in trauma, emergency and critical care services. She is a nationally recognized trauma systems expert and has served as the President and a founding member of the Society of Trauma Nurses, a published author and a Board member of prominent health care societies and associations. Ms. Whalen is a graduate of Niagara University, Niagara Falls, NY, where she received a Bachelor's of Science in Nursing. She also holds a Master in Health and Hospital Administration degree from Chapman University, Sacramento, CA.

# Engagement



## The NEW ENGLAND JOURNAL of MEDICINE

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CORRESPONDENCE ARCHIVE

### Patients Who Read Their Hospital Charts

N Engl J Med 1980; 302:1482-1483 | June 26, 1980 | DOI: 10.1056/NEJM198006263022618

To the Editor:

The Given Health Care Center was formed at the University of Vermont to deliver and teach primary-care medicine with the problem-oriented medical record as its organizing tool. We have believed that patient participation in care is essential, and therefore record sharing has been part of our practice since 1973. Since then, we have shared 9000 patient records.

We began with a group of medical students and with a pilot group of 100 patients who were asked how they felt about receiving the record of their complete health evaluation. We were encouraged to discover that 93 per cent had less anxiety after reading their copy.

Therefore, we encourage record sharing. We call it a "problem-oriented" patient file, with subjective and objective data for each problem, as well as an assessment, goal, and plan for each of their health problems. This information is accompanied by an audit form in which they are asked to comment on the accuracy, thoroughness, and clarity of their histories and their agreement with goals and plans. So far, 97 per cent of patients returning these forms have agreed with their problem statements and goals.

We believe that record sharing in our office practice has forced us to use clear, understandable language and set specific goals and end points for care. It has also forced us to give up pejorative, pseudodiagnostic labels for psychosocial problems and to use instead functional terms describing behavior. In addition, record sharing is helpful to patients when they are dealing with other providers or consultants.

Alan S. Rubin, M.D.  
David L. Bronson, M.D.  
University of Vermont Given Health Care Center, Burlington, VT 05401

“...record sharing has been part of our practice since 1973...”

“...93 per cent felt “less anxious” after reading their copy...”

“...We believe that record sharing in our office practice has forced us to use clear, understandable language and set specific goals and end points for care...”

# Tactics

- Workgroup
  - Patients and Families
  - Skeptics
- Purpose
  - Diverse needs/issues
  - Buy-in
- Scope
  - Limited (Behavioral Health notes)
- Sequence
- Education Plan
  - Built-in educators/champions



# Tactics



## 2. Getting ready to launch

### Preparing to roll out open notes

No two systems implement open notes the same way. While in some respects it is a relatively simple intervention, there are many things to consider as institutions think through how the practice of sharing visit notes will work for their specific circumstances.

We encourage you to invite health professionals and patient representatives from your institution to participate in planning for open notes, and for monitoring its evolution after its launch. We offer some suggestions based on what we've learned from many colleagues and collaborators nationwide.

### Institutions need to make some decisions

About a half of those moving toward fully transparent medical records choose first to 'pilot' open notes at the institutional level, or within specific departments. Our experience to date is that pilot programs have almost invariably yielded positive results and provide data that instill confidence and set the stage for broader implementation.

**Which departments or settings will share notes?** Some systems, institutions, or practices implement open notes in all clinical settings at the same time. Others have felt more comfortable starting in one area, such as primary care, and gradually adding specialties, emergency medicine and inpatient notes over time.



# Tactics

## Workgroup Recommendations

- ***Adequate resources*** must be available to providers and staff for education and roll out
- ***Contingency plan*** for unexpected volumes of messages
- ***Education for patients*** regarding standards of note content and structure
- Avoid incomplete or inadequate (e.g. “dictation completed”) note distribution

# Tactics

- Any ***note*** can be excluded
- Behavioral Health
- Adolescents
- Other sensitive notes
- Ability to disable patient portal access
- Plan for patient questions/requests for changes

# Educate

Annals of Internal Medicine

ORIGINAL RESEARCH

## Inviting Patients to Read Their Doctors' Notes: A Quasi-experimental Study and a Look Ahead

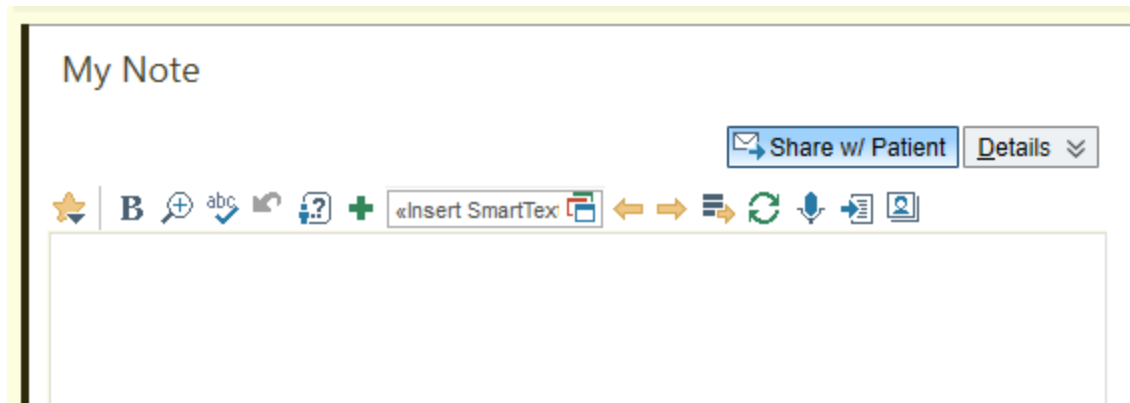
Tom Delbanco, MD\*; Jan Walker, RN, MBA\*; Sigall K. Bell, MD; Jonathan D. Darer, MD, MPH; Joann G. Elmore, MD, MPH; Nadine Farag, MS; Henry J. Feldman, MD; Roanne Mejilla, MPH; Long Ngo, PhD; James D. Ralston, MD, MPH; Stephen E. Ross, MD; Neha Trivedi, BS; Elisabeth Vodicka, BA; and Suzanne G. Leveille, PhD, RN

- Demonstration project 2010 – 2011 (ongoing)
- Beth Israel Deaconess, Geisinger, Harborview
- Patients invited to view PCPs' notes via secure portals
- Patients notified automatically via secure email when note was signed and reminded to review note prior to next visit
- Physicians and patients completed surveys prior to and after implementation
- Administrative data (portal visits and clicks, e-mail volume) collected

*Ann Intern Med.* 2012;157:461-470.

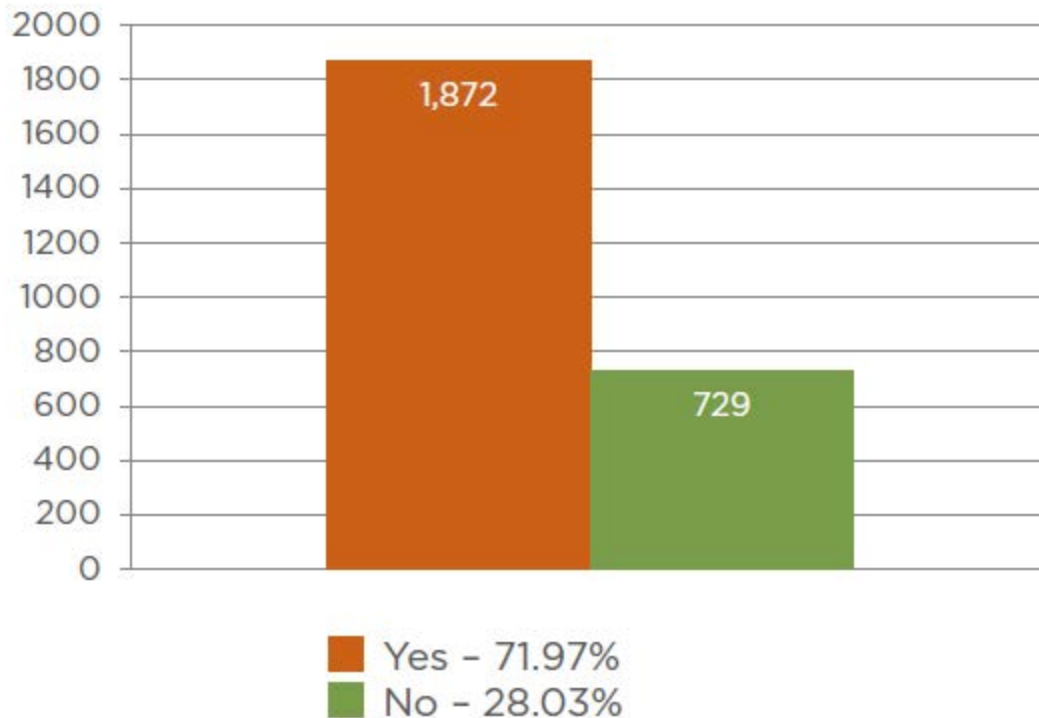
# Deploy

- Soft opening
  - Troubleshooting, not evaluating for feasibility
- “Big Bang” – June 14, 2017



# Evaluate

1. Did you read your provider's note in MyHealth Online?



# Evaluate

2. Would you like the ability to view your provider's note in MyHealth Online to continue?

