“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.

<table>
<thead>
<tr>
<th>Region</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern California</td>
<td>4,134,194</td>
</tr>
<tr>
<td>Southern California</td>
<td>4,390,653</td>
</tr>
<tr>
<td>Colorado</td>
<td>671,500</td>
</tr>
<tr>
<td>Georgia</td>
<td>306,806</td>
</tr>
<tr>
<td>Hawaii</td>
<td>250,221</td>
</tr>
<tr>
<td>Mid-Atlantic States (Va., Md., D.C.)</td>
<td>702,516</td>
</tr>
<tr>
<td>Northwest (Ore./Wash.)</td>
<td>575,688</td>
</tr>
<tr>
<td>Washington</td>
<td>677,050</td>
</tr>
</tbody>
</table>
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.

*from myopennotes.org
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

**Ease of Understanding Doctor's Notes**

- Very easy: 60%
- Easy: 31%
- Neither easy nor difficult: 8%
- Difficult: 1%
- Very difficult: 0%

**Accuracy of Doctor's Notes**

- Very accurate: 87%
- Somewhat accurate: 12%
- Neither easy nor difficult: 8%
- Not at all accurate: 1%

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

As a Result of Reading the Notes:

- "I understand my health conditions better."
  - Strongly disagree: 3%
  - Somewhat disagree: 2%
  - Neutral: 15%
  - Somewhat agree: 30%
  - Strongly agree: 50%

- "I know what to do to take better care of..."
  - Strongly disagree: 4%
  - Somewhat disagree: 2%
  - Neutral: 16%
  - Somewhat agree: 29%
  - Strongly agree: 49%

- "I feel more in control of my health care."
  - Strongly disagree: 5%
  - Somewhat disagree: 1%
  - Neutral: 16%
  - Somewhat agree: 27%
  - Strongly agree: 51%

- "I think my relationship with my doctor will..."
  - Strongly disagree: 4%
  - Somewhat disagree: 2%
  - Neutral: 21%
  - Somewhat agree: 25%
  - Strongly agree: 49%

- "My overall opinion of my doctor has..."
  - Strongly disagree: 4%
  - Somewhat disagree: 2%
  - Neutral: 24%
  - Somewhat agree: 22%
  - Strongly agree: 48%

- "I am more likely to take my medications."
  - Strongly disagree: 7%
  - Somewhat disagree: 3%
  - Neutral: 32%
  - Somewhat agree: 11%
  - Strongly agree: 48%
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

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“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

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

- 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

Visit Summary

Vitals - Last Recorded

<table>
<thead>
<tr>
<th>BP</th>
<th>Pulse</th>
<th>Tamp(Src)</th>
<th>Ht</th>
<th>Wt</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>120/79</td>
<td>65</td>
<td>98.2 °F</td>
<td>5' 8&quot;</td>
<td>161 lb</td>
<td>24.58 kg/m²</td>
</tr>
<tr>
<td>mmHg</td>
<td></td>
<td>(36.8 °C) (Tympanic)</td>
<td>(1.727 m)</td>
<td>9.6 oz (73.3 kg)</td>
<td></td>
</tr>
</tbody>
</table>

Vitals History Recorded

Social History

<table>
<thead>
<tr>
<th>Category</th>
<th>History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Tobacco Use</td>
<td>Never Smoker</td>
</tr>
<tr>
<td>Smokeless Tobacco Use</td>
<td>Never Used</td>
</tr>
<tr>
<td>Tobacco Comment</td>
<td></td>
</tr>
</tbody>
</table>

BMI Data

<table>
<thead>
<tr>
<th>Body Mass Index</th>
<th>Body Surface Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.57 kg/m²</td>
<td>1.88 m²</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Allergen</th>
<th>Noted</th>
<th>Reaction Type</th>
<th>Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psyllium Class</td>
<td>06/26/2012</td>
<td>Allergy</td>
<td>Skin Rash and/or Hives</td>
</tr>
</tbody>
</table>

Medications

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atorvastatin (LIPITOR) 20 mg Oral Tab (Taking)</td>
<td>Take 1 tablet by mouth daily</td>
</tr>
<tr>
<td>Tamsulosin (FLOMAX) 0.4 mg Oral 24hr SR Cap (Taking)</td>
<td>Take 1 capsule by mouth daily</td>
</tr>
</tbody>
</table>
Online Information AFTER OpenNotes (part 1)

Progress Notes Online

Notes
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

<table>
<thead>
<tr>
<th>Medication</th>
<th>MRAR</th>
<th>DSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atorvastatin (LIPITOR) 20 mg Oral Tab</td>
<td>100</td>
<td>4</td>
</tr>
<tr>
<td>Tamsulosin (FLOMAX) 0.4 mg Oral 24hr SR Cap</td>
<td>100</td>
<td>34</td>
</tr>
<tr>
<td>SUMAtriptan (IMITREX) 50 mg Oral Tab</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Allergen
• Psyllium Class

Reactions
Skin Rash and/or Hives

Habits:
History
Smoking status
• Never Smoker
Smokeless tobacco
• Never Used
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..

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOL</td>
<td>140</td>
<td>05/03/2015</td>
</tr>
<tr>
<td>TRIG</td>
<td>93</td>
<td>05/03/2015</td>
</tr>
<tr>
<td>HDL</td>
<td>39</td>
<td>05/03/2015</td>
</tr>
<tr>
<td>LDL CALC</td>
<td>82</td>
<td>05/03/2015</td>
</tr>
<tr>
<td>CHOL/HDL</td>
<td>3.6</td>
<td>05/03/2015</td>
</tr>
</tbody>
</table>

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

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