



North Coast Physician



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Cover Photo

"KHUM PIRATE 2008"
STEPHEN KAMELGARN, M.D.

The Editorial and Publications Committee encourages our member's comments for publication.

Please submit electronically prior to the 15th of the month preceding publication.

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Open Notes Lee Leer, M.D.



On March 31st the New York Times, in its Technology section, ran a piece entitled “The Healing Power of Your Own Medical Records.” It told the story of Steven Keating, a doctoral student at M.I.T., who essentially made use of access to his medical records to help diagnose his brain tumor.

The larger subject of the piece was the concept of “Open Notes,” which is a branded movement focused on allowing patients to have on line access to all of their medical records, including physician notes. This specific movement began around 2010, with a pilot project at major centers across the country. The references provided below specify more details of the project, its participants, and its major findings.

I found this article particularly interesting because our practice has been quietly doing just this for more than 5 years now. Any patient who chooses to log in to our online portal – and we encourage all of them to do so – may access anything in their charts. This includes all labs, x-ray reports, consultant reports, and all office notes we generate, as well as problem lists, medication lists, social and family history, and so on. Frankly, we had no idea it was quite so revolutionary or so newsworthy.

Initially, my partners were uncomfortable about opening access to progress notes, so we kept that part of the chart locked. However, we reasoned that since patients could legally get copies of progress notes whenever they asked anyhow, we might as well go ahead and make notes available by default, at least to those who are Internet savvy. Surprisingly to some of us, and predictably to others, we have experienced no significant downside to having done this. Granted, we’re not pushing it, and most patients don’t bother to log in and read their charts. But over 1000 have the capability of doing so, and very many are

quite active chart reviewers. From all we can tell, it has been nothing but a positive for those who do. We’ve corrected diagnosis errors in problem lists, medication errors, and the like. Patients who have read their notes are clearly more knowledgeable about their treatment plans and, at least it seems to us, get more benefit out of subsequent visits.

Coupled with chart access, we have secure email communication available between patients and providers (as well as schedulers, billers, etc). Before we enacted this, some of us were concerned that it would open a floodgate of unwanted tomes from the worried well, the long-winded ill, and anyone else who had nothing better to do than draft endless emails to their providers. In fact, our experience has shown that such access improves efficiency and absolutely raises patient satisfaction with nary a downside. Sure, there are the occasional patients who try to essentially have an office visits via email, but those can easily be dealt with by asking them to please schedule an office visit. More often, the emails involve minor questions, follow up on results of a treatment plan (e.g., “How is that new blood pressure med working for you?”), or clarification from a recent office visit. In the past, if a patient had a question, the process would have been more or less as follows: (1) patient calls, and leaves message with front office; (2) front office passes message to medical assistant or nurse; (3) MA or nurse calls patient back to clarify the question/comment; (4) MA or nurse then passes the information on to the provider, who (5) passes an answer back to the MA or nurse, who, finally (6) gets back to the patient. To be sure, this still happens much of the time.

Many patients don’t know how to use, refuse to use, or otherwise don’t use our portal. But for those who do, it couldn’t be

simpler: the provider receives the patient’s secure email, and fires back a response. The whole interaction is recorded in the medical record, there is no wasted time passing messages around the office, and patients love it. Further, those patients who do read their charts, and who might have a question about details of their visit can simply log on, read the chart note generated from that visit, and refresh their memories. I had an example of just that a couple of days ago. I saw a patient with a fairly complex diagnosis, and we agreed to enact a multi-step treatment plan. In the past, I might have written everything down for him, but in this case we used the system to its fullest: he was going to log in when he got home and review his test results and my office note with his wife so she could get up to speed and so he could pick up any details that he might have missed or forgotten.

For sure electronic medical records have been over-sold, over-promised, and over-bureaucratized; further, the amount of cutting and pasting that most of us use these days in generating a note can make the note almost entirely unintelligible. I concede all of that, and it is clear to me that EMR’s are far from a finished product. But, this particular aspect that we’re discussing is really, really, cool! It is more than ready for prime time, and it is a great example of the positive promise of EMR’s and connectivity in general.

Moving forward, we are going to work to publicize Open Notes within our practice, and we are going to encourage patients to read their prior note before coming in for a follow up visit. This will allow patients to at the very least remind themselves of our planned agenda, as well as possibly serve to

“Open”, Continued on Pg 20

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“Open”, Continued from Pg 5

refresh their memories about, for example, behavioral or other changes they had committed to. Without a doubt, my experience already with those who review their records prior to a visit is that said visit is markedly more productive. Rather than spending a significant portion of the visit repeating test results, I’m instead able to spend the entire visit working with the patient on how to fix any problems we may have turned up.

I encourage all of us, as a medical community, to embrace Open Notes. It’s good for us, and it’s great for our patients. There are several integrated health systems that have adopted Open Notes, or that are in the process of doing so. To my knowledge, and per my conversations with the folks at Open Notes, no medical community of separate practices had actively embraced this concept. Doing so could potentially even put us on the map and make us more appealing to physicians considering coming to Humboldt County to practice.

References:

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“Health”, Continued From Pg. 7

6.0; epidemic conditions equate with 5.0).

- The prevalence of WNV infection in tested dead birds, 60 percent, was the highest ever detected in California.

It is possible that the ongoing drought contributed to West Nile virus activity by creating more limited sources of water for birds and mosquitoes, according to Dr. Smith.

“As birds and mosquitoes sought water, they came into closer contact and amplified the virus, particularly in urban areas. The lack of water could have caused some sources of water to stagnate, making the water sources more attractive for mosquitoes to lay eggs,” said Dr. Smith.

It is not possible to predict the level of WNV activity in 2015 because activity is influenced by many factors including climate, the number and types of birds and mosquitoes in an area, and the level of immunity in birds to WNV.

As the weather warms up, mosquitoes become more abundant. Unseasonably warm weather this year could lead to increased mosquito abundance and promote an early start to the WNV disease season. The WNV season typically begins in the summer and tapers off in the fall months, with the highest risk for disease occur **Repair or replace screens with tears or holes.**

3. DRAIN - Mosquitoes lay their eggs on standing water. Eliminate all sources of standing water on your property, including in flower pots, old car tires and buckets. If you know of a swimming pool that is not being properly maintained, please contact your local mosquito and vector control agency.

California's West Nile virus website (<http://westnile.ca.gov/>) includes the latest information on West Nile virus activity in the state. Californians are encouraged to report all dead birds through the website. Starting April 15, dead birds can be reported by

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Members can request a Job Announcement be sent out to the Office Manager distribution list to announce their staffing needs. Contact the Medical Society Office for more information.

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