

OpenNotes FAQ

Last Updated: March 30, 2021



Hackensack
Meridian *Health*

About OpenNotes

What is OpenNotes?

- OpenNotes is an initiative to share office visit notes with patients through the MyChart patient portal. It's an international movement endorsed by the American College of Physicians and available to over 50 million patients at more than 50 health systems.

Notes written by doctors, nurses, therapists, or other health professionals to describe interactions with patients (e.g., visit notes, clinic notes, progress notes, or chart notes) are part of the medical record. With OpenNotes, patients can access these notes online.

OpenNotes is not a software package or product. It is simply the act of making everyday clinician notes easily available to patients through the MyChart patient portal, similar to how they view lab reports, X-rays and other test results.

Why are we moving to OpenNotes?

- OpenNotes provides a better patient experience and helps improve patient safety. It also makes Hackensack Meridian *Health* (HMH) more competitive. High performing organizations across the country have been participating in OpenNotes for years, including many of our local competitors. In addition, providing patients unrestricted electronic access to specified contents of their record upon their request is now required under the 21st Century Cures Act of 2016.

When will HMH move to OpenNotes?

- March 31, 2021.

Will the transition be phased in over time?

- No. The entire HMH system will provide patients with access to their visit notes beginning March 31, 2021. This electronic access won't be retroactive, meaning that patients won't have electronic access to any notes their providers created prior to March 31, 2021. However, as always, they can still request paper copies of these notes.

What are the benefits of OpenNotes?

- We believe that sharing notes with patients is the right thing to do for a number of reasons:
 - **Patients have the legal right to access their electronic medical records, including notes, and they want easier access to them:** Research from multiple healthcare organizations shows that approximately 4 out of 5 patients read their notes when offered the opportunity, and nearly



all patients want them to be readily available. Every patient has the legal right to access their notes.

- **It can save you time:** Many providers report improved efficiency, because they can invite patients to review the plan section of their notes in MyChart, rather than entering patient instructions for the printed After Visit Summary, according to an OpenNotes studies report. Many providers report writing better and more educational notes and only a small minority report that writing OpenNotes takes more time.
- **It can impact which provider a patient chooses and improve patient satisfaction:** 85% of patients reported they would choose a doctor or health care system based on the availability of OpenNotes. Research in BMJ Quality & Safety found that 99% of patients felt the same or better about their doctors after reading notes, and more than 50% of doctors felt that patient satisfaction and trust improved with note reading.
- **It can improve outcomes and adherence to care plans:** A significant majority of patients who read notes reported that they:
 - Are better prepared for visits
 - Better understand the meaning of results and the reasons for referrals and tests
 - Are more likely to complete follow-up appointments
 - Have better conversations and stronger relationships with their doctors
 - Are able to recall their care plan better
 - Take better care of themselves
 - Do a better job at taking medications as prescribed
 - Feel more in control of their care
 - Understand their health and medical conditions better

You can read the study here: <https://annals.org/aim/fullarticle/1363511/inviting-patients-read-doctors-notes-quasi-experimental-study-look-ahead>

- **It promotes patient safety.** Patients may notice errors in their notes. Correcting them helps make the record more accurate and can improve patient safety. Patients who use OpenNotes also report that they are better able to:
 - Remember recommended tests and procedures, which prevents diagnostic delays. (Studies show that patients forget 40-80% of the information communicated during a visit.)
 - Ask informed questions about symptoms, tests or treatment plans
 - Build trust with their provider, which helps avoid fragmented care that can result in delayed diagnosis

Source: <https://edhub.ama-assn.org/steps-forward/module/2702602#r13>

- **It helps caregivers optimize care.** Many patients, including chronically ill or elderly patients, rely on family members or other care partners to coordinate appointments, tests, medications, and general care plans. Data suggest that care partners benefit from note sharing as much as the patients themselves.



Do I have to participate in OpenNotes?

- **Patient notes in Epic will be shared regardless of the practitioners' status within HMH.** This applies to physicians, advanced practice providers, nurses, medical assistants, students with co-signature and anyone else who writes or contributes to a note. Please note sensitive and some other notes will not be shared. Those notes are listed below. Also note that this is applicable to inpatient, emergency department (ED) and ambulatory settings.

Will patients be able to view my notes if I'm not an employed provider at HMH?

- Yes. We do not exclude notes by provider employer status.

Where can I learn more about OpenNotes?

- You can access more information on Maestro at hmhmaestro.org/opennotes. You can learn more about the OpenNotes project, including research results, testimonials and additional FAQs at OpenNotes.org.

You can also get additional information by accessing the following Epic Knowledge Builders:

- [Ambulatory: MyChart Notes Release](#)
- [Orders: Controlling Results Release to MyChart](#)
- [Clinical Documentation: Notes Release to MyChart](#)



Sharing with Patients

How will HMH share notes with patients?

- Patients will be able to access their notes via the MyChart patient portal.

Which types of notes will be shared with patients?

- Admission Assessment (LPN)
- Anesthesia Pre- and Post-Procedure Evaluation
- Bioethics Consult
- Bone Density
- Brief Op Note
- Cardiology Notes
- Care Plan
- Code Documentation Notes
- Consults, including Follow-Up
- Discharge Summary
- ED Notes
 - ED Admit Note
 - ED Discharge Note
 - ED Provider Notes
 - ED Transfer Notes
 - ED Triage Notes
- H&P
- L&D Delivery Note
- Miscellaneous
- Note to Patient via Portal
- Nursing notes
- OB Delivery Note
- Observation Provider Note
- Operative Report
- OR Notes
 - OR Anesthesia
 - OR Nursing
 - OR Pre- & Post-Op
 - OR Surgeon
 - OR Transplant Note
- Patient Care Conference
- Patient Instructions
- Procedures
- Progress Notes
- Rehab H&P
- Transitional Care Note
- Treatment Plan

Please note, inpatient notes will currently be held until patient discharge. On **Tuesday July 1, 2021**, inpatient notes will change and be released 24 hours following finalization.

Which types of notes will HMH not share with patients?

- The following documents will not be part of our OpenNotes program.
 - Transfer record
 - Student notes without co-signature
 - Psychiatric and psychotherapy notes
 - Inpatient self-administration sheet
 - Outpatient self-administration sheet
 - Inpatient medication chart
 - Outpatient medication chart
 - Clinical documentation queries
 - Pharmacy
 - Anesthesia MIPS/Macra
 - Notes deemed by the clinician to potentially:



- Cause Patient Harm
- Contain violations of patient or individual privacy
- Contain unexpected or sensitive information

What constitutes “causing patient harm”?

- The CURES Act has a Preventing Harm Exception. The Preventing Harm Exception requires we document that sharing the note poses a risk to the “life or physical safety” of the patient (e.g., suicide risk) or another person (e.g., risk of domestic violence or child abuse) or a risk of “substantial harm” to the patient or another person.

How will my note appear to my patient in MyChart?

- Your note will appear exactly as you wrote it in your patient’s MyChart account.

Will patients be able to view notes that were written prior to our March 31, 2021 launch of OpenNotes, such as notes I wrote last month or last year?

- No. Patients will only have access to notes written on or after March 31, 2021.

Will inpatient notes be shared?

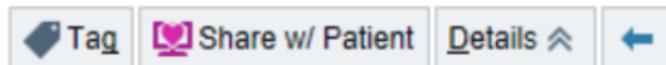
- Inpatient notes will currently be held until patient discharge. On **Tuesday July 1, 2021**, inpatient notes will change and be released 24 hours following finalization.

How do I know if my note is being held? How do I know if my note is being shared?

- If a note is designated as ‘share with patient’ your button will be blue or active in Hyperspace.



If a note is designated as ‘do not share with patient’ the button will not be blue or inactive.



For example in the note below, the note will not be shared with the patient as the 'share w/patient' button is not highlighted blue and thus is inactive.

The screenshot shows the MyChart interface for editing a note. The top navigation bar has tabs for 'This Visit', 'Visit Checklist', 'Health Maintenance', and 'Edit Note'. A red arrow points to the 'Share w/ Patient' button, which is greyed out and inactive. Other buttons include 'Tag', 'Details', and a back arrow. The note title is 'My Note' and 'Progress Notes'. The 'Date of Service' is 3/17/2021 at 11:02 AM. There is a 'Cosign Required' checkbox. A 'Summary' field is present with a warning icon. Below the summary is a rich text editor with a toolbar containing font, bold, italic, underline, strikethrough, text color, bulleted list, numbered list, table, link, unlink, undo, redo, and help icons. At the bottom of the editor is an 'Insert SmartText' button and navigation arrows.

Will I have the ability to not share certain notes with patients?

- Yes. Although sharing notes is the default setting in MyChart, you can manually prevent release to MyChart for viewing certain notes. You will have to document why the note will not be released:
 - Patient Harm: withholding release would substantially reduce danger to life or physical safety to patients or other persons;
 - Patient Privacy: withholding release is needed to protect an individual's privacy; or
 - Unexpected and potentially sensitive: unexpected, sensitive and not yet discussed with patient.



Note set to release to the patient's MyChart:

The screenshot shows the 'My Note' interface. At the top right, there are three buttons: 'Tag', 'Share w/ Patient' (which is highlighted in blue), and 'Details'. Below these, the note type is 'Progress Notes', the service is 'Cardiology', and the date of service is '12/7/2020' at '05:51 PM'. There is a checkbox for 'Cosign Required' which is unchecked. A 'Summary' field is present with a warning icon. Below the summary is a rich text editor toolbar with icons for bold, italic, undo, redo, insert smart text, and other editing functions.

Note set not to release to the patient's MyChart after button unselected:

This screenshot is identical to the one above, but the 'Share w/ Patient' button is now unselected and has a red border around it. The rest of the interface, including the note type, service, date, and summary field, remains the same.

Documenting if the note is not being shared:

1. After setting the note to not be shared with the patient a window will open
2. Select the appropriate reason, click **Accept**.

The dialog box is titled 'Reason for Blocking' and contains the following elements:

- A text prompt: 'Provide the most appropriate reason why this note should be blocked from the patient.'
- Three radio button options:
 - Patient Harm: withholding release would substantially reduce danger to life or physical safety (This option is highlighted with a blue border)
 - Patient Privacy: withholding release is needed to protect an individual's privacy
 - Unexpected and potentially sensitive: unexpected, sensitive and not yet discussed with patient
- A 'Comments' section with an empty text input field.
- At the bottom, there are three buttons: a red button with a warning icon and the text 'Select a reason to accept.', a green 'Accept' button, and a red 'Cancel' button.

3. Complete the note and click **Sign**.



[Click here to view the complete Knowledge Builder.](#)

Reminder: Please note, that if you choose to not share a note with a patient, you can later choose to share the note with the patient by going back creating an addendum on that note and selecting share with patient. These notes are available upon request to our HIM departments and are part of the legal medical record.

Can I block part of my note?

- No. Clinicians cannot block part of their note. For example if you normally include your direct phone number in your note and do not want your patient to see your direct phone number, you must stop putting your phone number in your notes. You will not be able to block your phone number in the note.

Will patients be able to view notes by medical students and other practitioners while awaiting co-signature?

- Medical Students notes will be available to patients as soon as the co-signer has added his or her final signature. Notes from residents and Physician Assistants (PAs) are immediately available regardless of co-signature status.



Writing OpenNotes

Will OpenNotes create extra work for me?

- A survey of 1,628 clinicians across specialties found that most viewed note-sharing positively.
 - 74% agreed it's a good idea.
 - 74% found it useful for engaging patients in their care.
 - Only 37% of physicians reported spending more time in documentation.

In fact, many providers report improved efficiency, because they can invite patients to review the plan section of their notes in MyChart, rather than entering patient instructions for the printed After Visit Summary, according to an OpenNotes studies report. Many providers report writing better and more educational notes and only a small minority report that writing open notes takes more time.

Do I need to change how I write my notes?

- Providers should always write notes with the expectation that patients may read them. HIPAA entitles patients to obtain copies of their complete medical records.

The majority of providers in the initial OpenNotes study did not make significant changes to the way they write their notes, and patients do not expect providers to write notes in layperson language.

How should I write a note about a challenging or sensitive topic?

- A minority of doctors in the initial OpenNotes study reported that they changed how they documented sensitive topics, including mental health, obesity, substance abuse, sexual history, elder, child or spousal abuse, driving privileges, or suspicions of life-threatening illness. This is not a new dilemma, but it gains urgency in an era of shared visit notes.

A few best practices and recommendations include:

- Discuss everything with the patient that you plan to write. Many providers dictate notes with their patients present. As always be direct and respectful when discussing concerns.
- Although it's natural to want to curb or avoid some challenging conversations with patients, they often benefit from direct dialogue. For example, when a clinician becomes concerned about dementia, malignancy, or impaired driving, chances are good the patient or family members already worry about these possibilities. They may find a balanced discussion helps with the anxiety they may otherwise hold alone.
- Providers in the initial OpenNotes study found that when patients read notes about obesity or substance abuse it motivated some to attempt difficult behavioral changes. Some patients reported that "seeing it in black and white" made it more real. As an overarching strategy, promoting



transparency may encourage more open and active communication in these challenging areas.

If you feel that reading a specific note will result in "patient harm," you can choose to not share the note via MyChart. However, the note will remain part of the patient's medical record and will be available to them if they request their complete file.

Ultimately, documentation of "sensitive topics" warrants more research. Some studies are underway nationally, but we have a lot to learn about eliciting and responding to patient preferences and how documentation affects desired health outcomes. In the meantime, sharing stories about OpenNotes - good and bad - in appropriate settings, and incorporating these experiences into case discussions, conferences, team meetings, etc., will only boost our collective wisdom and skill.

You should contact your supervisor or medical leader with any specific concerns you may have about how to document something in your notes.

Will OpenNotes increase my liability?

- Data on liability risk with other forms of transparent communication in health care, such as disclosure of medical error, suggest open and honest communication may decrease lawsuits. Some providers list improved patient safety as the 'best thing' about OpenNotes.

You should contact your supervisor or medical leader with any specific concerns you may have about how to document something in your notes.



Patient Impact

Will this prompt patients to contact me more often between visits?

- While some patients may contact you after reading their notes, experience to date suggests this is uncommon. Many health professionals find that giving patients the ability to respond to the notes improves patient care and satisfaction. Patients may actually contact you less after having ready access to their notes.

How will HMH educate patients about OpenNotes?

- HMH will educate patients about OpenNotes, beginning in the summer 2021. This will be done through the MyChart and email communication.

Will patients be more confused or anxious by reading their notes?

- Only a small minority of patients in the OpenNotes pilot study said the notes were more confusing than helpful, felt offended or felt worried by them. Generally, patients were not bothered by medical terms and often researched or Googled the terms to learn more. Overall, the vast majority of patients saw benefits from access to OpenNotes.

Will patients be charged a fee for accessing their notes online?

- No. The notes will be available to patients at no cost.

How will patients access their notes?

- Patients will be able to access them from a list of past appointments in MyChart view, as soon as the note is signed. Notes are not displayed on the printed After Visit Summary.

Can patient proxies and minor patients view the notes?

- Due to the unique sensitivities that face pediatrics clinicians and their patients, all notes written within the Department of Pediatrics, including the Division of Adolescent Medicine, will currently be designated as “shared but never viewable by the patient ” in MyChart by default. This means:
 - Notes written by clinicians on pediatric patients will be marked as “Share with Patient” by default. Notes written on pediatric patients during the period between March 31, 2021 and July 1, 2021 will not be visible to patients or their proxies at any time in MyChart, regardless if the “Share with Patient” button is selected. Note that this applies to any patients who are under the age of 18 as of March 31, 2021.



- For patients between the ages of 12-17, no notes will be visible on MyChart to either the patient or their proxy starting **March 31, 2021** and onward (see table below). Please note that once the patient turns 18, all notes written **July 1, 2021 and onward** that have been shared will be visible to the patient.
- The Problem List will be released unless the clinician selects "do not share with patient."

Date Note Written		
Age as of 03/31/21	March 31, 2021 – June 30, 2021	July 1, 2021 Onwards
0-11	Shared but never viewable in MyChart	Shared and viewable by Proxy in MyChart
12-17	Shared but never viewable in MyChart	Shared and viewable by patient upon patient turning 18 . Notes are never visible to proxy.
18+	Shared and viewable by patient in MyChart	

On **Tuesday July 1, 2021**, the default status of pediatric notes not being visible in MyChart will change to shared notes being visible (see table below). If there is risk of harm from release of health information, the clinician will be able to opt out of release and designate the reason. These MyChart rules are network-wide and apply to both pediatrics and non-pediatric physicians (i.e. family medicine).

I am a non-pediatric clinician who occasionally takes care of pediatric patients. Will my notes automatically be held?

- The following MyChart rules are network-wide and apply to both pediatrics and non-pediatric physicians (i.e. family medicine). Notes written by clinicians on pediatric patients will be marked as "Share with Patient" by default. Notes written on pediatric patients during the period between March 31, 2021 and July 1, 2021 will not be visible to patients or their proxies at any time in MyChart, regardless if the "Share with Patient" button is selected. Note that this applies to any patients who are under the age of 18 as of March 31, 2021.

For patients between the ages of 12-17, no notes will be visible on MyChart to either the patient or their proxy starting **March 31, 2021 and onward** (see table below). Please note that once the patient turns 18, all notes written July 1, 2021 and onward that have been shared will be visible to the patient.

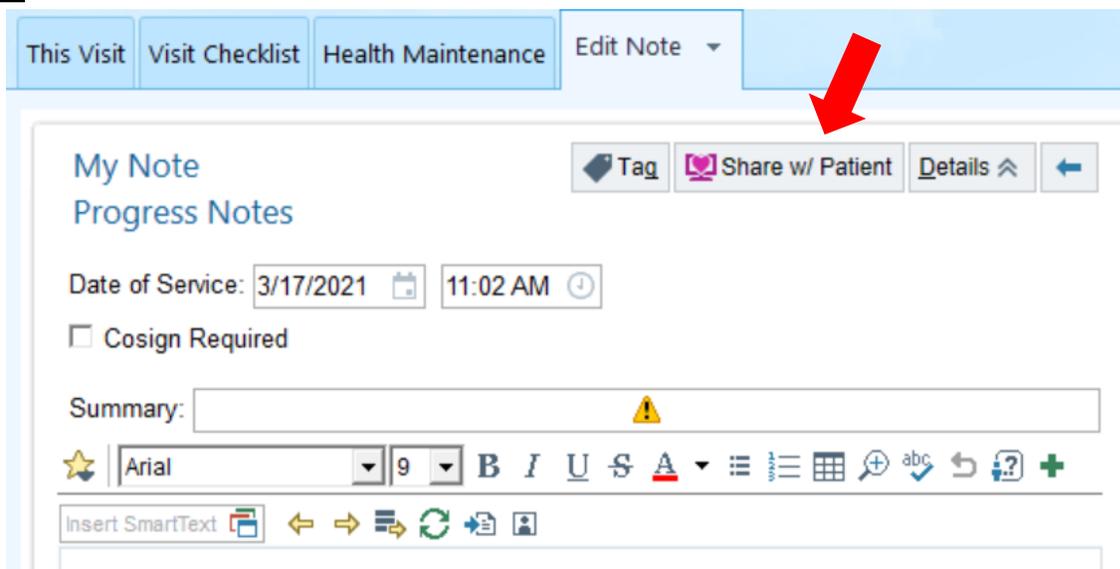
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12-17	Shared but never viewable in MyChart	Shared and viewable by patient upon patient turning 18 . Notes are never visible to proxy.
18+	Shared and viewable by patient in MyChart	

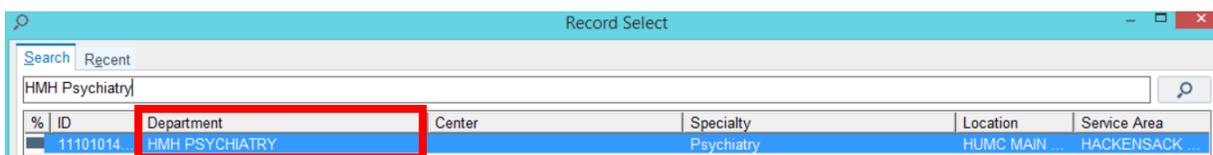
If there is risk of harm from release of health information, the clinician will be able to opt out of release and designate the reason. The screen shot below shows a note that will not be shared as the button is blue and thus inactive.



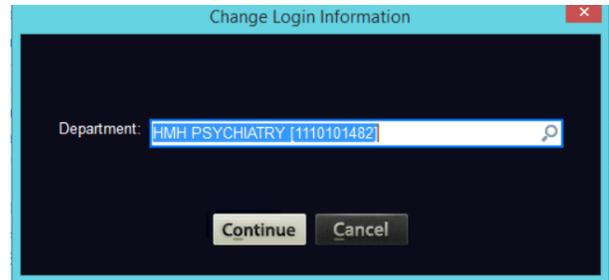
Will behavioral health notes be shared?

- Generally, HMH is not publishing notes by default in MyChart from behavioral health providers, including therapy notes. Behavioral Health provider notes will be marked as “Share with Patient” by default, but will not be visible to patients or their proxies at any time in MyChart. There are important nuances to note:
 - **Ambulatory:** Notes marked as “Sensitive” will be marked as “Share with Patient” by default, but will not be visible to patients or their proxies at any time in MyChart.
 - **Inpatient:** Notes from inpatient psychiatric units and progress notes from consult services will be marked as “Share with Patient” by default, but will not be visible to patients or their proxies at any time in MyChart.

If you don’t normally write behavioral health notes but are documenting psychiatric notes or progress notes, you must make sure you are signed into **HMH Psychiatry**. By signing into **HMH Psychiatry**, you will ensure your note is not visible. Alternatively, nurses and clinicians should always unselect “Share with Patient” to hold notes from MyChart.



- **Emergency Psychiatric Service:** If you normally work in Emergency Psychiatric Service (EPS), your notes will be marked as “Share with Patient”, but will not be visible to patients or their proxies at any time in MyChart.



Physicians, residents, nurse practitioners and physician assistants who don't normally work in EPS must ensure they are signed into **HMH Psychiatry**. By signing into **HMH Psychiatry**, you will ensure your note is not visible. Nurses and clinicians who do not work exclusively in EPS should always unselect “Share with Patient” to hold notes from MyChart.

- **Residents:** When seeing psychiatric patients, make sure you are using the correct context in Epic of **HMH Psychiatry** in the inpatient setting or **HMH BH** in the outpatient setting. This context will prevent notes from being visible via MyChart.
- **Medical Students:** Medical student notes are not shared unless the note is co-signed and released by an attending physician.
- **Dictations with Dragon:** Dictations with Dragon are viewed the same as if the provider is writing a regular note. As such, the same workflow above applies to Dragon dictations.
- **Transcribed Notes:** Transcriptions transcribed by a psychiatrist will be held. Residents should not use the transcription service for psychiatric notes.

What if a patient asks me to change my note?

- In the initial OpenNotes study and in wide-spread subsequent experience nationally, patients rarely request that clinicians change the record. Overall, institutions report little or no increase in requests for changes to the record after the implementation of OpenNotes.

If you receive a message from a patient requesting to correct an error or add information to your note and you agree with the request, you are welcome and encouraged to reopen the encounter and make the requested change. You are not required to change any note based on a patient request.

If you and the patient disagree, we encourage you to try to reach consensus with the patient. It may be appropriate to ask the patient to return for an office visit for the discussion.

If you cannot come to an agreement, the patient has the right to file a formal written amendment request. They can do so by contacting their local Medical Records office. [Click here for a list of HMH's Medical Records offices.](#) You can find the full policy for patients requesting a change to their note [by clicking here](#) or searching on PolicyStat.



How can patients request a change in their notes?

- Patients can request the change via filling the appropriate form in MyChart, or they may call your office and request the change over the phone.



Test Result Turnaround Time

When will HMH start making most lab and test results immediately available via MyChart and within 4 days for pathology and other sensitive reports?

- As of March 31, 2021, most labs and test results will be released upon finalization. Sensitive tests like mammography and pathology results will remain at four days.

This is an improvement from the 24-hour hold on most labs and test results that went into effect Nov. 1. While lab results are pushed to MyChart immediately, patients are notified of new lab results via email at the following times: 10 a.m., 1 p.m., 4 p.m. and 11 p.m.

Why is HMH also working to reduce the turnaround time on lab and test results to immediate release? How is this connected to OpenNotes?

- This faster turnaround time is the right thing to do for patients and will help us remain competitive with local, regional and national leaders and meet patient expectations.

Will the turnaround times be further reduced?

- Yes. Our goal is to harmonize release of labs with release of notes so we are consistent with federal requirements. With the exception of certain pathology and other sensitive results (noted above), lab and other testing will be release upon finalization.

