

Medical note system could boost patients' engagement in their health care

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Encouraging patients to help write and add notes to their personal medical charts—a task typically handled only by medical professionals—may help patients feel more involved with their own care



and improve relationships with their doctors, a new study has found.

In research published in the *Annals of Internal Medicine*, doctors at UCLA Health and Beth Israel Deaconess Medical Center found that patients could benefit if they are invited to co-produce medical notes, called "OurNotes," with their doctors, rather than merely reading them. The practice may also benefit doctors by reducing time spent on documentation.

The growing OpenNotes movement allows doctors to share visit notes with patients, who may then contribute to their own medical records via OurNotes—adding material such as symptoms or medical issues they experienced since their last visit, along with goals for upcoming visits."If executed thoughtfully, OurNotes has the potential to reduce documentation demands on clinicians, while having both the patient and clinician focusing on what's most important to the patient," said lead author Dr. John Mafi, assistant professor of medicine in the division of general internal medicine and health services research at the David Geffen School of Medicine at UCLA. "Piloting OurNotes will start at four centers in 2018."

To prepare for the pilots, researchers conducted in-depth telephone interviews with 29 health care experts. There were ere 11 <u>primary care physicians</u>, two specialist physicians, three nurse practitioners, four <u>health information technology</u> professionals, eight patient advocates and one policy expert. All were familiar with OpenNotes or were OpenNotes users.

Participants overall believed that OurNotes could promote patient engagement, improve patient-centered care and patient-provider collaboration, and possibly take some of the documentation burden off busy providers. The consensus was that the most promising approach for OurNotes is to contact <u>patients</u> before an upcoming visit and ask them to



review previous notes, provide an interval history, and list what they hope to address at the visit.

Participants were clear that patient contributions should not increase providers' workloads or disrupt workflow, and that participation in OurNotes should not be a requirement, but offered as an option.

"One can argue that reading a note is far less active than actually participating in producing a note. Transforming practice with OurNotes holds great promise for more active patient involvement," said senior author Jan Walker, OpenNotes co-founder and assistant professor of medicine at Harvard Medical School. "We've had a warm reception from clinicians who want to give OurNotes a try. They are intrigued by the notion that an interval history and agenda provided by a patient is a way to streamline the visit and address the patient's priorities more effectively."

Provided by University of California, Los Angeles

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