UCDAVIS HEALTH

OpenNotes and Perceptions of Care Among Patients with Chronic Rhinosinusitis



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Introduction

The 21st Century Cures Act mandates patient access and electronic viewability of physician notes. Improved transparency may

Results

A total of 203 CRS patients with EHRP access and 30 participants without an active EHRP were enrolled. Rural and Spanish speaking participants were less likely to access their physician notes (p = 0.04) and (p = 0.02) respectively. Most participants with an activated EHRP reported they strongly agreed or agreed that access to their notes increased treatment recall (84%), physician trust (62%), treatment adherence (76%), and motivation to follow treatment recommendations (72%). In those with EHRP access, median time to read physician note was 2.61 days (IQR 0.86,10.6). Twenty percent of respondents without an EHRP account desired EHRP access.

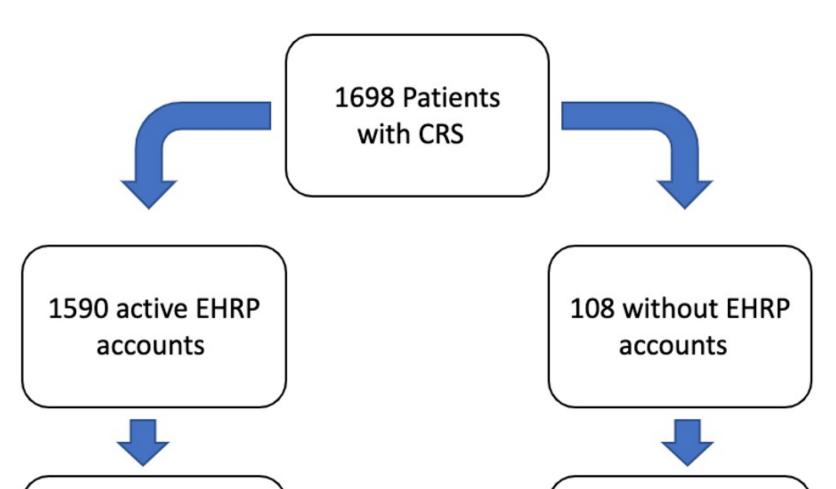
Conclusion

CRS patients utilizing the EHRP report improved patient-physician relationship and increased adherence with treatment plans yet gaps in access remain. Actively

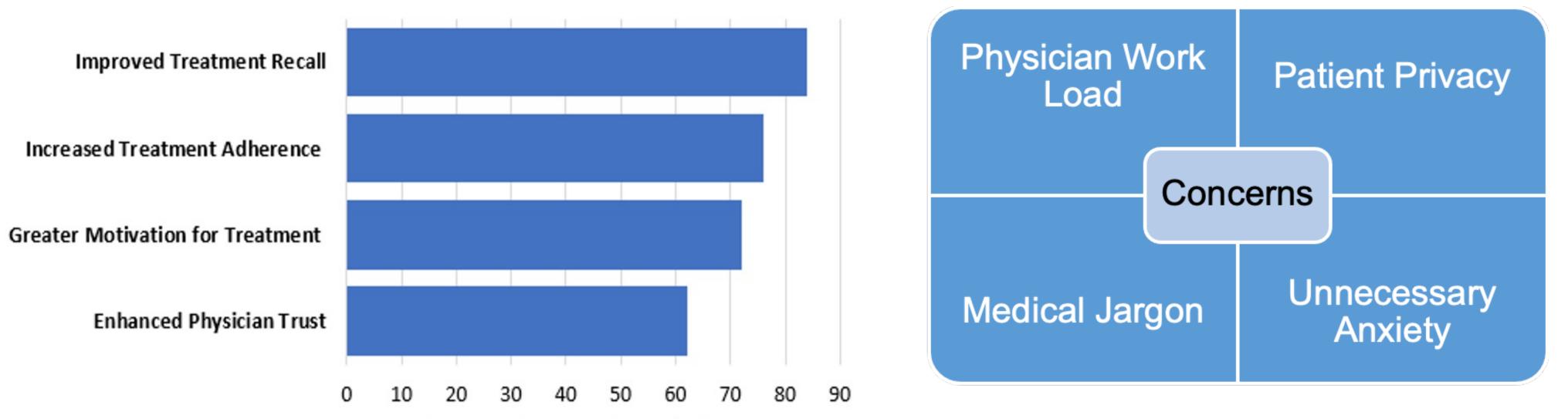
facilitate patient-physician communication and medication compliance which are critical aspects of chronic rhinosinusitis (CRS) care.

This study evaluates the impact of the Cures Act on how patients with CRS perceive and utilize access to physician notes.





Benefits of OpenNotes by Domain



Percent Agree or Strongly Agree

Why Patients Do Not Access Notes

engaging patients in EHRP is a target for patient activation.

Further Study

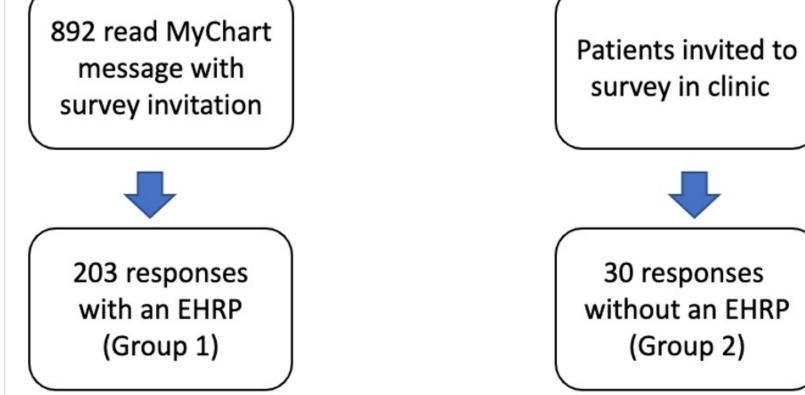
Strategies To Increase Utilization of OpenNotes

1. Identify and engage with patients with inactive electronic portals

2. Provide tutorials to increase patient familiarity

3. Prioritize OpenNotes marketing and advertisements

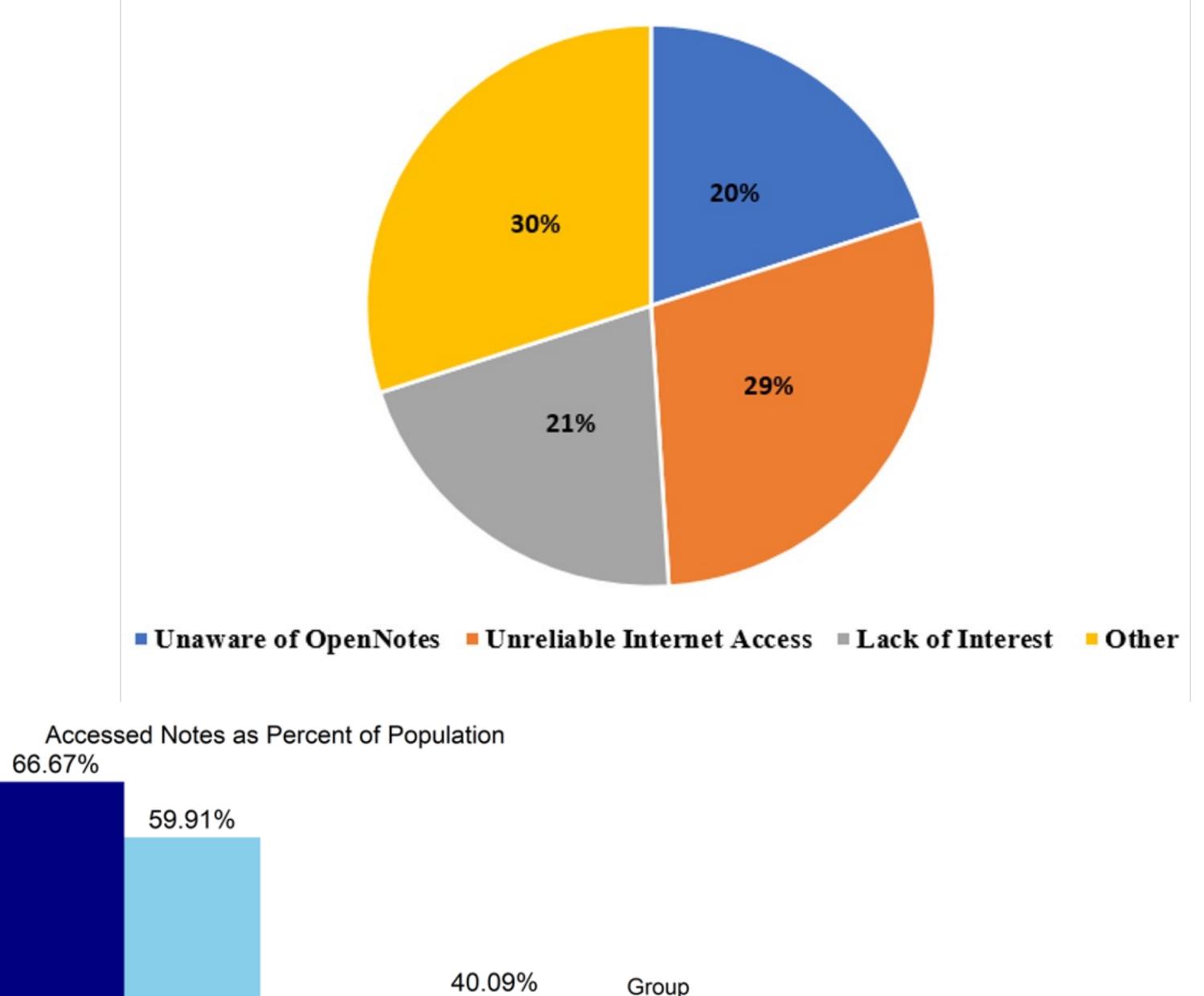
4. Study long term health benefits



EHRP = Electronic Health Record Portal

Methods

Patients receiving a CRS diagnosis between November 2020 and June 2022 in an Academic rhinology clinic met inclusion criteria for survey assessment. Demographics, geographic location, electronic health record portal (EHRP) activation, and time to access note were recorded. Participants with EHRP access were



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surveyed to assess perceptions of open notes and impact on care. Those without an EHRP were surveyed regarding barriers to access. Demographics and geographic location were compared between those with and without EHRP access.

