

# Delivering Care And Communicating Bad News In The Age of Open Notes: When The Chart Shares Diagnoses Before The Doctor Can

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## BACKGROUND:

The implementation of the 21st Century Cures Act gave patients rapid and unrestricted access to their electronic health information. It mandates that patients have quick, free and full access upon request to test results, medication lists, referral information, and clinical notes, all in electronic formats.

While improved access may allow for more understanding, engagement and control over care, it also presents new challenges to patients and providers that have altered the healthcare landscape.

The published literature on the effect of patients accessing their electronic health information during hospitalization and best practices for communication with patients in the context of open notes is limited. Here we present two cases where patients' accessing information before it was communicated by the medical team negatively impacted their care and led to need for Consultation-Liaison Psychiatry involvement.

### Case #1:

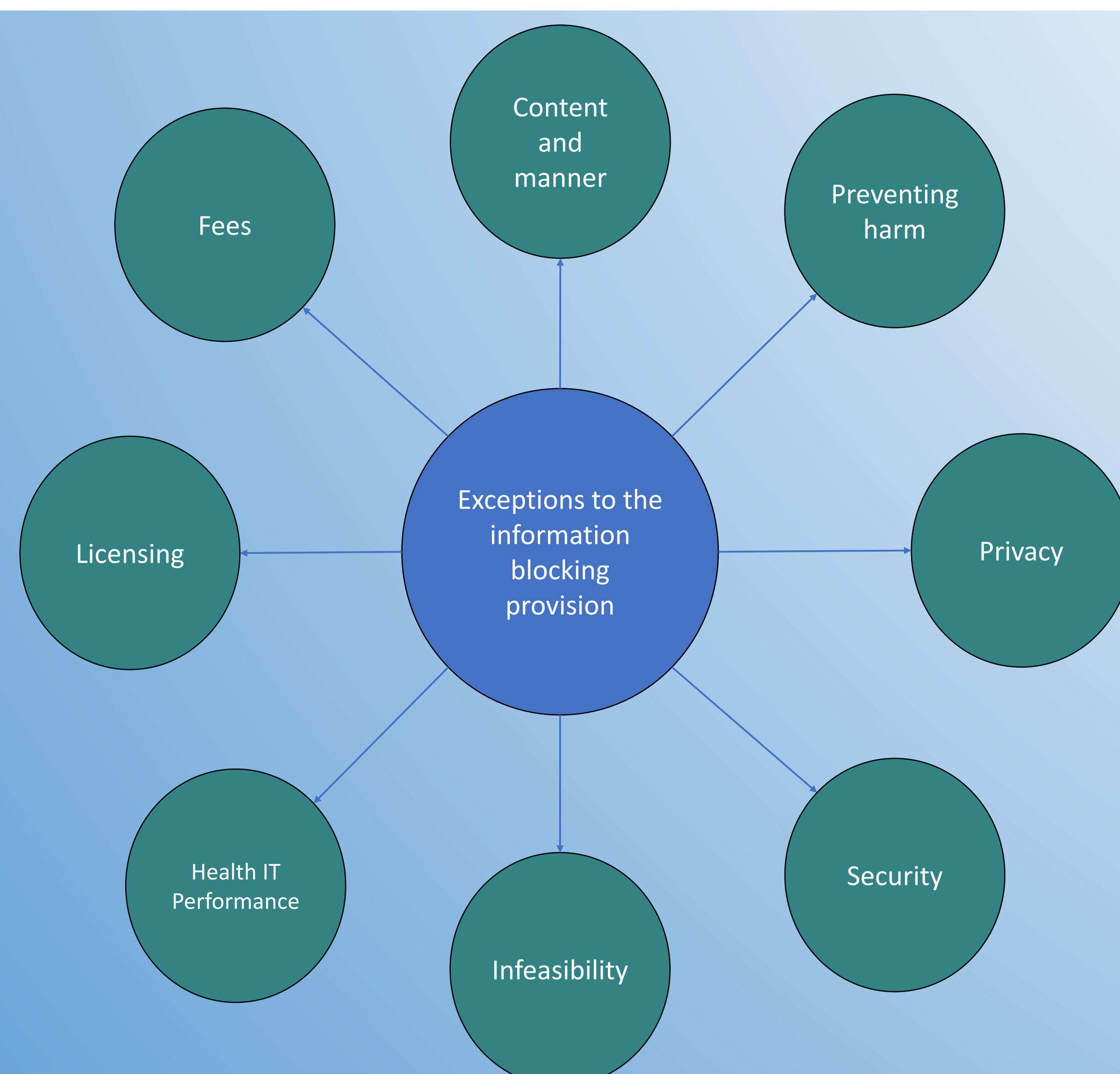
A 64-year-old woman with a psychiatric history of generalized anxiety disorder and panic disorder presented with 4 weeks of weakness, gait instability, and headaches, and was found to have multiple hemorrhagic brain lesions and lung nodules.

Psychiatry was consulted after patient reported suicidal ideation due to presuming a devastating diagnosis.

### Case #2:

A 21-year-old woman with a psychiatric history of major depressive disorder, post-traumatic stress disorder, and non-suicidal self-injurious behavior presented with pneumonia that progressed to respiratory failure requiring intubation, complicated by biventricular dysfunction, hepatic failure, and encephalopathy.

Psychiatry was consulted due to patient endorsing intense anxiety in the setting of medical illness.



## Case #1

Patient reports feeling more anxious over the last month, especially when receiving new medical information, struggling with uncertainty surrounding etiology of her condition and prognosis; She expresses contemplating suicide if she were to be diagnosed with a brain malignancy.

Patient started on Olanzapine for anxiety and low appetite, but medication subsequently discontinued at patient's request given perceived sedation.  
She is continued on Paroxetine 40 mg PO daily and requests Ativan 0.5 mg PO daily PRN for anxiety.

She continues to endorse active suicidal ideation, stating that anger and lack of control over her condition are contributing factors.  
Potential options to gain more functionality and control discussed

Inter-disciplinary discussions about how to break the bad news once pathology report available are held.  
Pathology report becomes available - metastatic neuroendocrine small cell cancer with poor prognosis.

Patient finds out about her diagnosis from MyChart before the oncology team breaks the news.  
Patient endorses feeling upset and angry with the team, but is able to cope appropriately.  
Following discussion with the care team she denies suicidal ideation and expresses curiosity about treatment options, including palliative and hospice care.

## DISCLOSURE:

The authors declare that they have no conflicts of interest or relevant financial relationships to disclose concerning this poster presentation.

## Case #2

Patient is exhibiting symptoms consistent with delirium and reports experiencing high level of anxiety and periods of feeling depressed since extubation.

Patient receiving Melatonin 3 mg PO qHS for insomnia and Quetiapine 25 mg PO qHS for insomnia and anxiety.  
Home Venlafaxine started at dose of 37.5 mg PO daily.  
Delirium precautions followed.

Delirium resolves, but patient reports increased health-related anxiety after reading her medical record notes from her time in the intensive care unit.

Medical team members acknowledge the challenges associated with patient reading her chart without the support of a clinician.  
Supportive psychotherapy and structured time to review chart information with care team clinician present is provided.

Following these interventions and Venlafaxine titration, patient reports significant improvement in mood symptoms.

## DISCUSSION:

In both cases, access to the electronic medical record had a negative effect on patient well-being or relationship with the treatment team.

There is limited literature on delivering bad news in the context of open notes and further studies are needed.

The following strategies may be helpful to providers in improving communication with patients in the context of open notes.

### Recommendations:

Be aware of the time available between information being added to the medical record and its release for patient access and plan for communication of impactful clinical information by the care team to the patient.

Inform patients about their ability to access their medical record during their hospitalization and about the nature of information that they might receive as this could help patients make informed decisions regarding their approach to accessing such information.

Be proactive in asking patients how they would like to receive information.

Utilize expedient and thoughtful communication strategies with patients.

Consider the effect of negative wording in medical record documentation and use neutral, nonjudgmental language during documentation.

Acknowledge the challenging nature of reading one's medical record without clinician support and offer structured time for the patient to review medical record information with members of the clinical care team present.

Encourage patients to ask questions about their medical record and address any concerns in a direct and respectful manner.

Offer proactive psychiatric consultation for patients displaying or anticipated to display significant psychological distress around receiving information.

Be cognizant of disparities in access to and utilization of health information and contribute to increasing awareness of and reducing them at both the individual and population levels.

## CONCLUSIONS:

Open notes come with challenges and opportunities. The Consultation-Liaison Psychiatrist may facilitate delivery of bad news and empower the patient to utilize and cope with increased access to health information.

## REFERENCES:

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