21st Century Cures Act
Sharing Open Notes and Results FAQs

Audience: All Providers

Overview

What is the 21st Century Cures Act?
- The 21st Century Cures Act, signed into law in 2016, covers a wide range of health care initiatives, including empowering patients with easier access to their health care information.
- The ONC Cures Act Final Rule implements interoperability requirements outlined in the Cures Act.
  - Includes a requirement that patients must have quick and easy access to their electronic health record (EHR) information, like test results, at no cost.
    - Also mandates that we make certain clinical note types available to patients at no cost.
    - These notes can't be blocked, but there are patient-focused exceptions to this rule.

What's changing?
- To align with this new law, HM will automatically share identified USCDI V1 note types and will continue sharing lab/test results via patients' **MyChart** accounts — *unless the provider deems auto-releasing may cause patient harm or by patient request.*
- Remember, patients and parents/guardians have always had legal access to their medical records, including clinical notes. Now, they'll have secure and easy access to this information, electronically.

When did this start?
- Dec. 31, 2021.

What roles are impacted?
- Physicians
- Podiatrists
- Dentists
- PAs
- NPs
- CRNAs

Why is this important for my patients?
- Sharing notes is proven to benefit patients. It empowers patients to be more involved in their care, improves patient safety and supports provider-patient partnerships. Studies have shown note sharing will help our patients:
  - Better understand their overall health and any medical conditions.
  - Feel more in control of their care.
  - Take better care of themselves.
  - Remember their plans of care.
  - Take prescribed medications correctly.

What clinical note types will be shared?

- Notes will be limited to **Signed, Completed** and/or **Attested Physician Notes.**
  - Authored by a medical staff member or someone authorized by medical staff, based on medical staff bylaws.
- Clinical notes auto-release when finalized unless provider enters an exception.
- USCDI V1 Clinical Note types shared with **Care Everywhere**.
- Note types include:
  - **Consultation Notes**
  - **Discharge Summary Notes**
  - **History & Physical**
  - **Imaging Narrative/Results Release**
  - **Laboratory Report Narrative/Results Release**
  - **Pathology Report Narrative/Results Release**
  - **Procedure Notes**
  - **Progress Notes**

Why are psychotherapy notes excluded?

- The new rule doesn't apply to psychotherapy notes, as long as they meet the HIPAA definition of psychotherapy notes, which states: Psychotherapy notes are recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.
- To be excluded from the Cures Act, psychotherapy notes must be stored separately in a designated "psychotherapy notes" section of the electronic health record or physically from the rest of a medical/clinical record.
- For more information, go to this website and read the psychotherapy notes portion under the **What notes must be shared** section.
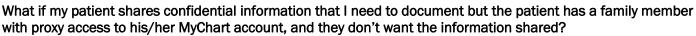
What if a provider feels auto releasing the note will cause patient harm?

- If a provider deems auto-releasing may cause patient harm, the provider can manually select to block notes from being auto-released.
- The information-blocking exception for patient harm has been added.
- There is also a free-text area, allowing providers to comment on the reason for blocking.
- This will be tracked and received by System Medical Records Council.

What's an example of patient harm?

- Substantial risk of harm, such as developing suicidal or homicidal ideations from reading note contents.
- Access to the note may cause a risk that another to harm the patient (a parent reading about a patient's information) that may also be covered under this exception.
- Emotional distress alone most likely isn't sufficient.
- To find out more, review this information published on the American Academy of Child & Adolescent Psychiatry (AACAP) website.

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What if my patient shares confidential information that I need to document but the patient has a family member with proxy access to his/her MyChart account, and they don't want the information shared?
- The information-blocking exception for patient request has been added.
- There is also a free-text area, allowing providers to comment on the reason for blocking.
- This will be tracked and received by System Medical Records Council.

What's an example of patient request?
- Patient-/guardian-specific requests.
- The patient or guardian may request that the clinician not share the information with any others.
  - This request can be used as justification to not release information without being considered information blocking.
- To find out more, review this information published on the American Academy of Child & Adolescent Psychiatry (AACAP) website.

How and when are results shared?
- Results are also shared via patients' **MyChart** accounts.
  - **Non-sensitive lab results:** Auto-release after 24 hours post finalization.
  - **COVID-19 test results:** Instant auto-release post finalization.
  - **Imaging studies:**
    - Auto-release 24 hours after post finalization.
    - Includes the ability to defer auto-release for 10 days if you suspect the possibility of patient harm and need the additional time to discuss further with the patient.
      - **Note:** Ordering provider can manually release the results any time prior to the 10 days.
  - **Bedside bring your own device (BYOD) on MyChart mobile app:**
    - Auto-releases after 24 hours post finalization.
    - Instant auto-release at finalization for BMP and CBC.
  - **For MyChart Bedside:** There's a subset of labs currently visible that will continue to be available immediately after finalization.
  - **Sensitive lab results:**
    - Auto-release after 24 hours post finalization.
    - Includes the ability to defer auto-release for 10 days if you suspect the possibility of patient harm and need the additional time to discuss further with the patient.
      - **Note:** Ordering provider can manually release the results any time prior to the 10 days.
  - **Pathology results:** Aren't available to be released to **MyChart**, due to technology limitations.

What if I'm concerned about an imaging study or sensitive lab result being auto released?
- When ordering, you have the option to manually release the result.
- This allows time to communicate the results with your patients.
- **Important:**
  - If manual release is selected, the result will auto-release 10 days from finalization, unless you decide to release them sooner.
  - If you select manual release, be sure to release the results after discussing them with your patient, so they can access. Otherwise, they'll auto-release 10 days from finalization.

Are residents' notes shared?

- Resident notes aren't included unless the supervising physician decides to share at the time of attestation.

When an addendum to a note is done, will the addended version replace the original? Will it send a new note to the patient?

- Providers will see the **Note Revision History** when the note is previewed in **Chart Review**. This is always available for any note.
- When a patient logs in to their **MyChart** account, the addended version's link will display the most current text, above the original note.

How will I know if the note was shared or if the author marked it as an exception?

- When previewing a note in **Chart Review**, a message will display stating the note has been blocked with the reason it was blocked.
- For continuity of care, two new columns were added in **Chart Review — Shared** and **Reason for Blocking**. These columns will quickly tell you if a note was shared and if it wasn't, the reason it was blocked.

Who can put orders on hold due to patient harm, to release later? Is it the ordering physician only? Could a radiologist (for example) also place the hold?

- Anyone placing the order on behalf of the provider can select the option to hold the result.
- Providers can override this via the change order workflow.

What happens when a radiologist makes an addendum to the report (e.g., post-biopsy diagnostic mammogram) and adds verbiage such as malignant or benign? Would the patient see this in 24 hours?

- The updated result will follow the outlined release schedule and post 24 hours after the addendum was signed.

Does that mean in 24 hours or in one business day?

- Results will release 24 hours post finalization, regardless if it's a business day or not.

Is the person who places the order in Epic prompted to hold the result since it's sensitive?

- The person placing the order must select manual release, since auto-release is the default selection.

How will patients access auto-released notes?
- Patients can access auto-released clinical notes via their **MyChart** accounts.
- Notes will be attached to the **After Visit Summary** (**AVS**).
- A **Notes** tab will take patients to notes shared by their providers. **Reminder:** Name and timestamp appear on these notes.
- Notes are chronologically displayed by visit, most recent visit at the top.
  - Patients **won't** receive an alert every time a note is entered.
  - Patients **will** receive an alert in **MyChart** for a new **AVS** (since other features, including Rx Savings Plan and coupons are attached to the **AVS**).
- Previous notes are also accessible via the **Past Activity** tab.

How do patients formally address documentation change requests?
- Patients should follow the HIM process currently in place.

How will patients know about this?
- When patients log in to their **MyChart** accounts, a banner will display explaining this new feature.
- A disclaimer message will be added to the bottom of each note shared in **MyChart**.
- There is also a disclaimer message for results released to patients' **MyChart** accounts.

What if my patients have questions about their shared notes?
- When patients have questions about notes shared to their **MyChart** accounts, search for **.OpenNotesPatientConcernResponse** or **.CureAct** to send the following **SmartPhrase** message:

  Thank you for contacting us about your clinical notes. As a reminder, these notes reflect your conversation with your provider during your visit, your provider's assessment and observations and pertinent information pulled from your medical records and history. If you have any concerns about these notes, please discuss them with your provider during your next appointment. This will give your provider the opportunity to fully understand your concerns and discuss why it was important to include certain information in your clinical note. If you don't have a future appointment scheduled, you can schedule it via MyChart or call @DEPPHONE@.

Where can I go to find out more?
- To find out what's changing, watch this short training video (less than three minutes).
- Read these FAQs.
- Review the Charting Etiquette Tips and Scenarios tip sheet.
- Check out the OpenNotes for Health Professionals website.
- Review Effects of Open Notes: FAQs for Clinicians (opennotes.org).
- Read this article from the *International Journal of Medical Informatics*.
- For more information, visit the HM 21st Century Cures Act Open Notes and Results Sharing website.

Who can I contact for support?
- **For technical issues:** Contact the Physician Service Desk, 832.667.5555.
- **Inpatient providers:** Contact your campus Physician Support Coordinator.
- **SPG/PCG providers:** Reach out to your administrator or manager.

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