

## Identifying Implementation Strategies to Enhance the Uptake of OpenNotes in Mental Health Settings: A Study Protocol

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### Abstract

Numerous benefits have been shown when OpenNotes functionality is present in a patient portal. Despite the benefits, many mental health providers have demonstrated concern with regards to sharing their clinical documentation with their patients electronically. This poster will describe a mixed-methods study protocol that aims to address the concerns of mental health providers by co-producing and contextualizing resources to support the uptake of OpenNotes by mental health providers in the Canadian context.

### Keywords:

Mental Health; Psychiatry; Patient Portal

### Introduction

In various countries, privacy legislation has enabled patients with broad access and rights to their medical records and the ability to make amendments to information within their medical records [1,2]. Changes to legislation, such as the European Union's Data Protection Directive, Health Insurance Portability and Accountability Act (HIPAA) in the US, and the Personal Information Protection and Electronic Documentations Act (PIPEDA) in Canada has facilitated this access. Despite alterations to legislation, many patients either do not know they can access their medical records, or they face numerous financial, administrative and time restricting impediments in accessing paper-based copies of their medical records [1-3]. The increasing growth and use of electronic health record (EHR) systems that are coupled to secure patient portals by health care organizations, provides patients with an enhanced opportunity to access their medical records, inclusive of clinical documentation, electronically [3,4]. The concept of providing patients with access to their documentation from a provider via a patient portal is often referred to as OpenNotes [5].

OpenNotes, a US based movement, advocates for the sharing of clinical documentation with patients via a patient portal [5]. Documentation in a patient portal may convey information related to assessments, treatments, and care plans, and can facilitate collaboration and meaningful patient-centered care delivery. Enacted in part by the OpenNotes movement, a new US federal ruling, entitled the 21<sup>st</sup> Century Cures Act, now requires all health care organizations to provide patients with access to their health information electronically and free of cost [6]. However, under this ruling, providers are not required to share psychotherapy notes, and information blocking is permitted if doing so will substantially reduce the risk of harm to the patient [6].

Research has shown numerous benefits when the OpenNotes functionality is present in a patient portal [5,7,8], however pilot data from the Centre for Addiction and Mental Health (CAMH) has demonstrated significant concerns from mental health providers about the use of OpenNotes [8], and the demand for additional supports from both patients and providers alike [8]. To ensure benefits are achieved from OpenNotes in Canada, there is a need to develop these supports in partnership with mental health providers. Thus, the purpose of this study is to co-produce and contextualize resources and supports that improve the adoption of OpenNotes by providers in Canadian mental health settings. The aims of our study are to: 1) identify the needs of providers in their use of OpenNotes; 2) Categorize and map the needs from the first objective to identify resources to support the use of OpenNotes by providers; 3) Co-design the resources identified in the second objective with a group of providers.

### Methods

#### Study Design

This mixed-methods study will be completed in three phases. Phase one (Aim 1) will consist of semi-structured interviews with providers. Providers who are eligible to participate in the interviews are those who provide direct patient care (e.g., psychiatrist, nurse, social worker, occupational therapist, etc.), work in an Ontario mental health care setting (inpatient or outpatient), and document clinical notes within an EHR. In the interviews, providers will be asked about how they use/wish to use OpenNotes to communicate care with their patients and the perceived barriers and facilitators in using OpenNotes within mental health care settings. In phase two (Aim 2), qualitative thematic analysis will be used to analyze the interview transcripts from phase one and identify specific recommendations from the providers to support the development of resources and supports. Phase three (Aim 3) will consist of co-producing and designing educational resources and supports with providers.

#### Participant Sampling & Recruitment

We will seek to recruit a balanced number of Ontario mental health providers who either have not used OpenNotes, have just begun to use OpenNotes, or have used OpenNotes for greater than one year in their clinical practice. Recruitment techniques will include organizational Listserv email invitations, newsletters and social media advertisements and other snowball sampling techniques. We will primarily aim to recruit participants from Ontario mental health organizations, inclusive of community, primary and outpatient care settings.

For the interviews in phase one, the sample will consist of 20-30 providers from across Ontario. The exact sample size for this phase of the study can only be estimated at this time given that we will stop interviewing when saturation has been achieved. For phase three, resources will be co-produced by a dedicated team of 10-15 providers who either participated in phase one of the study or are newly recruited using the recruitment techniques in phase one. Co-design sessions will be conducted virtually using an online platform (Webex) available at CAMH.

## Results

This study is currently underway. To date, 19 mental health providers across Ontario have participated in semi-structured interviews. The providers interviewed come from a variety of clinical professions (e.g., Psychologist, Nurses, Social Workers, etc.) and work in various mental health settings (e.g. Community, Primary, Outpatient care). Additionally, preliminary findings indicate that educational and training resources that are specific to the mental health context are needed to support the uptake of OpenNotes by providers. In particular, education and training with regards to writing patient facing notes and using patient-centered language, are skills that would enhance providers' confidence in sharing clinical documentation with their patients.

Comprehensive results will be presented at MedInfo 2021 in a poster form.

## Conclusions

This study presents an approach towards developing resources to support the adoption of OpenNotes by providers in Canadian mental health care settings. Given the slow adoption of OpenNotes by Canadian mental health organizations and the paucity of resources, both technical and educational, available to support Canadian providers in sharing their clinical notes with their patients, the outcomes of this study can serve to act as a catalyst for the proliferation and acceleration of OpenNotes in Canadian mental health settings.

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