

# ANALYSIS

## Commentary: Opening access to the medical record calls for other reforms

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The medical record has evolved from clinician notes to self and then colleagues<sup>1</sup> into instruments for other uses, such as accountability and billing. When they became electronic, it became easier to produce longer notes. Records often contain redundant copied elements from earlier notes and irrelevant information, sometimes intended to support better reimbursement. When clinicians write, they seldom consider patients as readers and often use technical jargon and opaque expressions. Giving patients and caregivers access to bloated and complex notes seems unlikely to meet their needs. But results of yearly Mayo Clinic patient surveys are consistent with the findings reported by Walker and colleagues<sup>2</sup>: for now, patients are delighted.

Patients at the Mayo Clinic have been able to see laboratory test results since 2009 and clinic notes since 2012, as soon as they are produced; they can also review radiology reports (and from this year radiology images) and pathology reports after 72 hours. More than half a million patients have signed up to access their record, with most looking up laboratory test results (around three million accesses in 2014) and clinic notes (1.5 million accesses in 2014, up from a million in 2013). These statistics support the view that patients and caregivers value access to their records.

But we think they will demand better. Opening access to notes needs to be accompanied by reform of their content if they are to become a more effective communication tool between clinicians and patients and caregivers; their use for other purposes, such as billing and quality assessment, must be subordinate to this. Those who contribute to the notes and provide reports must see patients as well as clinicians as key audiences. This could lead on to experimenting with co-creating notes with patients. More accessible content will help patients and caregivers review what happened during the visit, gain

deeper understanding about their condition and management, error proof their care, and organise and coordinate care.

Open access to medical records empowers patients but also delegates work to them. Under pressures to increase productivity, clinicians seem to be using the records as the only form of communication with other clinicians. We worry the same trend may occur in patient-clinician communication: “Read the chart, and send me a message through the patient portal if you have any questions.” Ongoing access and review of their record and making sense of the information it contains could become yet one more task that “compliant” patients and caregivers must do. Open notes should reduce rather than exacerbate the burden of treatment.<sup>3</sup> It should not replace the work of building trust between patients and clinicians or of seamlessly sharing information across healthcare systems. Patients are finally and eagerly gaining access to their records. How we reform the content of notes and deal with the unintended consequences to patient workload will determine the extent to which it proves a significant step towards patient centred care.

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- 2 Walker J, Meltzer M, Delbanco T. US experience with doctors and patients sharing clinical notes. *BMJ* 2015;350:g7785.
- 3 Mair FS, May CR. Thinking about the burden of treatment. *BMJ* 2014;349:g6680.

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