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Michela Salusti Simpson
University of Vermont

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The Cures Act: How can we alleviate patient confusion and provider workload?

UVMHC Family Medicine Offices and Urgent Care

Michela Salusti MS3, partnership with Jordan Carver MS3

Family Medicine Rotation March 29th -May 7th, 2021

Project Mentors: Dr. Katherine Mariani

What are the problems with the Cures Act?

- Notes and results are not written in a form easily understandable to the general public
- Patient anxiety, confusion, and misunderstanding
- Providers need time to respond to patient questions³
- More appointment bookings with providers for patient clarifications
- Confidentiality is at risk²
- Providers may change how they write notes¹

What do we need to do?

- Patient education is key to helping to minimize confusion and unnecessary anxiety. We also need to set realistic expectations to patients about provider response times!²



What are the costs involved with the Cures Act?

- Patient confusion may lead to more appointment bookings, which is a particular concern in rural Vermont with a shortage of PCPs!
- More appointment bookings= more difficult to schedule patients= many patients with neglected health issues and further costs to our healthcare system
- Patient anxiety/worry may lead to more unnecessary testing and use of resources
- Providers and support staff may work longer hours to respond to patient concerns

Community Perspectives

“ An average patient would get results and not understand them and use google. Google gives the worst case scenario and that drives anxiety up real quick and that’s the bottom line. If providers don’t get back to them right away, you can get really wound up”- patient in VT community (anonymous)

“I think what would be better is if definitions for lab results were available within myChart, instead of myChart suggesting you search WebMD in the resources tab” -patient in VT community (anonymous)

Intervention and Methods

- 1) Interviewed 2 providers and 2 patients at South Burlington Family Medicine
- 1) Sent out an 8-question anonymous survey to nurses, PA's, and physicians part of the UVMHC family medicine practices and Urgent Care, via staff emails

Survey outlined topics, such as:

- Answering patient questions about results
 - Identifying what are the most common questions from patients
 - Identifying if educational materials on lab results would assist patients
 - Identifying if educational materials on lab results would decrease patient questions
 - Exploring if providers have changed how they write notes
- 1) Compiled our data and created graphs and tables to help identify what next steps

Overall goal of intervention: to start to understand what resources could be helpful for patients in understanding their records/results from both provider and patient perspectives!



Results

- 24 health care providers completed our survey, 83.3% were physicians
- 41.7% of respondents indicated that they have been receiving more phone calls since the enactment of the Cures Act
- Respondents indicated that the top 3 types of results patients had questions about were complete blood counts, electrolytes and imaging results
- 75% of respondents believe that a handout with tips that could help patients better interpret their lab results would be beneficial
- 50% of providers noted it currently takes them 24-48 hours to respond to patient message requests, a number that could rise from increased patient questions
- Nearly half of providers feel they have modified how they write notes since the enactment of the Cures Act

Effectiveness of Project and Limitations

Effectiveness:

We were able to gain insight into provider experiences across all UVMHC family medicine practices and Urgent Care.

We also obtained valuable information on what are the lab results patients have the most questions about

Limitations:

The Cures Act is new and this preliminary data could drastically change

Our feedback was limited to family medicine providers and 4 patients

Recommendations for Future Interventions

- We hope that the next rotating group of students will utilize this data to create educational materials for patients
- This educational material could be in the form of a video, pamphlet, or within myChart
- Given that we asked specific questions about lab results, we recommend beginning with creating educational material that addresses common concerns
- We hope that the use of these educational materials can be assessed via patient and provider surveys to better evaluate effectiveness of this new implementation



References

- 1) Cordovano , Grace. “Requesting Medical Records.” *Journal Of AHIMA*, 12 Mar. 2021, journal.ahima.org/requesting-medical-records/.
- 2) Sara E. Holmstrom, MD. “Raising Confidentiality Concerns With a Law Mandating Access to Electronic Notes.” *JAMA Health Forum*, JAMA Network, 22 Mar. 2021, jamanetwork.com/channels/health-forum/fullarticle/2777921.
- 3) Kummervold, Per Egil, and Jan-Are K Johnsen. “Physician Response Time When Communicating With Patients Over the Internet.” *Journal of Medical Internet Research*, vol. 13, no. 4, 2011, doi:10.2196/jmir.1583.

Pictures:

<https://www.alamy.es/foto-empresario-feliz-trabajando-leyendo-una-carta-en-un-escritorio-en-la-oficina-130694794.html>

<https://www.pngwing.com/en/free-png-xuqcq>

https://www.123rf.com/photo_426865_photorealistic-3d-sky-high-future-ahead-street-sign.html

Interview Consent

- With permission from Dr. Amanda Kolb, patients were informed their answers will remain anonymous. Full interview transcripts are available on request.