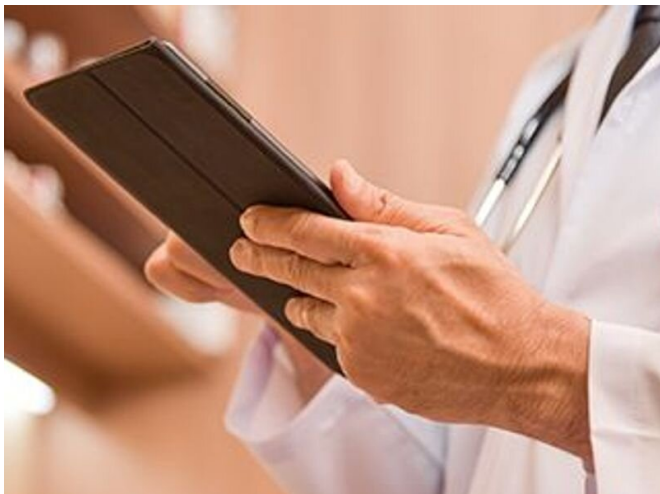


Physicians report sharing office visit notes beneficial overall

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thinking it was a bad to good idea, while 2 percent reported the opposite change. Postimplementation change results were similar for all [clinician](#) categories. Postimplementation, fewer clinicians had concerns about office visits taking longer (47 percent preimplementation versus 15 percent postimplementation), requiring more time for questions (71 versus 16 percent), or producing notes (57 versus 28 percent). In both surveys, most clinicians reported being less candid in documentation (65 versus 52 percent) and reported that patients would have more control of their care (72 versus 78 percent) and worry more (72 versus 65 percent).

"As sharing notes with patients continues to spread across health care organizations, clinicians need to be better prepared to share notes as well as be aware of the potential benefits to [patients](#) and limited impact on their practices," the authors write.

(HealthDay)—Following implementation of electronically sharing office visit notes with patients, more primary and specialty care clinicians agree the practice is beneficial overall, according to a study published online April 22 in the *Journal of General Internal Medicine*.

More information: [Abstract/Full Text](#)

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James D. Ralston, M.D., from Kaiser Permanente Washington Health Research Institute in Seattle, and colleagues conducted a survey to assess changes in clinicians' attitudes about sharing [notes](#) with patients. The analysis included outpatient primary and specialty care clinicians who were from a large group practice and had one or more patients who accessed notes (baseline survey: 400 participants; follow-up survey: 192 participants).

The researchers found that before implementation, 29 percent of respondents agreed or somewhat agreed that visit notes online are beneficial overall, increasing to 71 percent following implementation. From preimplementation to postimplementation, 44 percent of respondents switched beliefs from

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