2EC.001
Patient Safety Colloquium
Sunday, April 22, 2012
9:00 a.m. – 12:00 p.m.
Samuel Frank, MD

Supported by Professional Risk Management Services, Inc., manager of The Neurologists’ Program (TNP).
CME
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2012 AAN Timeline

2EC.001   Patient Safety Colloquium
9:00 a.m. - 12:00 p.m.
Colloquium
Sunday, April 22, 2012
Director: Samuel A. Frank, MD

<table>
<thead>
<tr>
<th>Start - End Time</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
</table>
| 9:00 a.m. - 9:10 a.m.    | Introduction                                        | Samuel A. Frank, MD
                                                                        Boston, MA                                                              |
| 9:10 a.m. - 9:40 a.m.    | Presentation of Safety Awards                        | Charles C. Flippen, II, MD, FAAN
                                                                        Los Angeles, CA                                                         |
| 9:40 a.m. - 10:15 a.m.   | Safely Communicating with Our Colleagues            | Peter Sebastian Masny, MD
                                                                        Pismo Beach, CA                                                         |
| 10:15 a.m. - 10:30 a.m.  | Break                                               |                                                                         |
| 10:30 a.m. - 11:10 a.m.  | Patient Safety in Partnership with Our Patients     | Daniel B. Hoch, MD, PhD
                                                                        Boston, MA                                                               |
| 11:10 a.m. - 11:50 a.m.  | Is There An App for That? Ethical and Legal Issues  | Daniel G. Lariviere, MD, JD
                                                                        in Using Electronic Media to Communicate with Patients and Providers    New Orleans, LA|
| 11:50 a.m. - 12:00 p.m.  | Questions and Answers                               | Faculty                                                                 |

Disclosures

Daniel B. Hoch, MD, PhD
I am associate editor for AAN.COM. My wife holds greater than $10,000 in equity in Merck and Biogen.

Charles C. Flippen, II, MD, FAAN
Dr. Flippen II has received personal compensation in an editorial capacity for UpToDate. Dr. Flippen II has received research support from AGA as a co-investigator for PFO closure device trial.

Samuel A. Frank, MD
Dr. Frank has received personal compensation for activities with Merz Pharma and Genzyme Corporation.

Daniel G. Lariviere, MD, JD
Dr. Lariviere has received personal compensation for activities with the American Academy for the Advancement of Science.

Peter Sebastian Masny, MD
Dr. Masny has nothing to disclose.

Unlabeled Use of Product Disclosures

Dr. Flippen will not include any information on unlabeled use of products or investigational uses during the presentation.

Dr. Hoch will not include any information on unlabeled use of products or investigational uses during the presentation.
**Program Evaluation**

Please deposit your completed form in the box provided in the meeting room. Alternatively, you may email to patientsafety@aan.com or fax to 651-361-4917.

1. How helpful did you find the discussion on each of the topics?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very Helpful</th>
<th>Helpful</th>
<th>Somewhat Helpful</th>
<th>Not Helpful</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety and Technology in Neurology</td>
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<tr>
<td>Communicating Safely with Our Patients</td>
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<tr>
<td>Communicating Safely with Other Providers</td>
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</table>

2. Do you use an electronic medical record?

   Yes  No  N/A

3. How often do you use an electronic means of communication with your patients:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Never (&lt;1 day/wk)</th>
<th>Rarely (1-4 days/wk)</th>
<th>Occasionally (Daily)</th>
<th>Often (&gt;once daily)</th>
</tr>
</thead>
</table>

4. How often do you use an electronic means of communication with your colleagues?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Never (&lt;1 day/wk)</th>
<th>Rarely (1-4 days/wk)</th>
<th>Occasionally (Daily)</th>
<th>Frequently (&gt;once daily)</th>
</tr>
</thead>
</table>

5. Do you access clinical information electronically through the (circle all that apply):

- AAN Website
- Neurology Website
- Paid/Subscription Only Websites
- Other Professional Organizations or Non-profit Websites
- I do not access clinical information electronically

6. Do you have a patient safety and/or monitoring plan in your outpatient clinical practice?

   Yes  No  N/A

7. Please indicate your most appropriate occupational title (please mark only one):

   Adult neurologist  Child neurologist  Resident/Fellow/Student

   Other (please specify): ________________________________

1
8. Please indicate in which area you spend the majority of your professional time (*please mark only one*):

<table>
<thead>
<tr>
<th>Clinical practice</th>
<th>Teaching</th>
<th>Administration</th>
</tr>
</thead>
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Other (please specify): ____________________________________________

9. Please indicate in which practice arrangement you spend the majority of your clinical time (*please mark only one*):

<table>
<thead>
<tr>
<th>Solo practice</th>
<th>Group practice</th>
<th>Hospital</th>
<th>University</th>
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Other (*please specify*): ____________________________________________

10. To better serve your patient safety interests and needs, please recommend topics for the 2013 Patient Safety Colloquium.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Patient Safety Award

The prevention and mitigation of harm caused by errors of omission or commission that are associated with healthcare, and involving the establishment of operational systems and processes that minimize the likelihood of errors and maximize the likelihood of intercepting them when they occur.

Dr. Masny did not submit slides at the time of print.
PATIENT SAFETY IN PARTNERSHIP WITH OUR PATIENTS

Daniel Hoch, MD, PhD
Harvard Medical School/Massachusetts General Hospital
Boston, MA

Patients and Errors

- Remarkably, medical errors were recognized before “To Err is Human”, mostly through the legal system
- But...
  Malpractice includes both collaborative and adversarial relationships with patients
  
  The system does not adequately enhance safety or compensate the injured

Analysis of malpractice claims shows that patients can tell when there’s been an error!
- Claims with out evidence of error got to trial more often and yield lower settlements
- Cases where an actual error occurs result in higher damages and account for over 89% of the total costs of malpractice


Why Collaborate with Patients to Improve Safety?
- As with most initiatives in medical care these days, patients are already doing it!
  - They are online in vast numbers
  - They talk to each other online
  - They do research online
  - They include medical professionals in their social networks (even if we don’t know it)
  - Some rate doctors and hospitals.

The next few slides will review these themes and the data to support them.

Patients Online
- Pew Internet and American Life Project
  - 34% of Internet users, have read descriptions of other peoples experience with health
  - 25% of Internet users have watched health related videos online.
  - 24% of Internet users have looked up information about drugs online
  - 18% of Internet users have looked for other patients with their concerns
  - 16% of Internet users have consulted doctor ratings.
  - 15% of Internet users have consulted ratings for hospitals or facilities.

Kaiser Family Foundation
Update on consumers’ views of patient safety and quality information. Kaiser Family Foundation. 2008

- 2008 Update from Kaiser Foundation
  - 30% of Americans has seen quality comparison data
    - Down from 35% in 2006
  - 14% have used quality comparison data
    - Also trending downward

Also from the Kaiser report

Is online activity safe?
- About 3% of information found in online discussion groups is wrong and even that is rapidly corrected
- The Pew surveys find that
  - 30% of people believe that online medical advice or information has helped them
  - 3% feel that this activity has been harmful
What if providers are in the information sharing mix?

- Bedside presentations reduce apprehension in patients and may increase accuracy of data
- Sharing of notes with patients is rare, but when it is promoted, patients express "considerable enthusiasm and few fears" about sharing notes.
- Why is this important? We know coordination of care is a problem, but patients also see it.

Almost 70% feel that coordination of care is a problem, 30% feel it is a major problem.

Experience at Kaiser

Compared Provider–Patient e-mail users and nonusers of >35,000 patients

- Found improved HEDIS measures in those with hypertension and diabetes
- Better HA1C values
- Better screening
- Lower BP


Personal Electronic Health Records

- 36% of those in Kaiser survey keep their own records (or a family member does it for them)

Possible ways?
- Home grown (Text, Spreadsheet, etc)
- Google Health (RIP)
- Microsoft Health Vault
Pros and Cons of Stand Alone PHRs

<table>
<thead>
<tr>
<th>Pro</th>
<th>Con</th>
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</thead>
<tbody>
<tr>
<td>Patient has control and does the work</td>
<td>Accuracy of data may be suspect</td>
</tr>
<tr>
<td>Mobile – Patient takes to any provider</td>
<td>Data downloaded from traditional health care orgs is often junk</td>
</tr>
<tr>
<td>Can potentially get all kinds of data into record via sensors</td>
<td>May be hard to get data into provider’s records</td>
</tr>
<tr>
<td></td>
<td>Sensors not FDA approved.</td>
</tr>
<tr>
<td></td>
<td>Regulation of functions of PHRs is non-existent</td>
</tr>
<tr>
<td></td>
<td>Standards are voluntary</td>
</tr>
</tbody>
</table>

Personal Health Records - Impact on Safety

- Not much data generated yet
- PatientLikeMe.com may have the best data so far
  - Patient initiated research
  - Comparison of treatments between patients and feedback to providers/investigators
  - Graphical record printouts to take to physician visit

Integrated PHRs - Impact on Safety

- Scant data on impact
- Substantial data on anticipated impact and acceptability to providers and patients

Use not widespread.

Planning phase gives rise to studies of anticipated impact.
Impact of an Integrated PHR

- Veterans Health Administration
- 150 patients.
- Showed improvement in documentation of:
  - Surgical history
  - Medications
  - Allergies
  - Immunizations

Impact of an Integrated PHR-continued

- Randomized 443 hypertensive patients to have integrated PHR access or not.
- Measured use of PHR, BP, empowerment, satisfaction.
- No impact with intention to treat, BUT
- Only 25% used the PHR, and in those, there was an impact on BP (decrease of > 5 mm Hg diastolic)

Impact of an Integrated PHR-summary

- In some other chronic diseases (diabetes) sharing a record with patients may also have benefit.
- Many of the studies include more than just a shared record in the design

Conclusions about impact of shared data on safety and quality are probably premature.
What Else are Patients and Providers Doing to Improve Safety?

- Direct feedback programs.
- UAMS experience- immediate feedback from patients at point of service is not incorporated into the culture.
- Used to correct systemic problems and to reward individuals (has also highlighted the rare instances of individual bad actors)

Online Groups Work to Improve Safety and Quality

- Online groups are extremely active.
- They do not offer emotional support alone. Many questions are "biomedical, rather than socioemotional or organizational"
  - Lasker, J. et al. The Role of an Online Community for People With a Rare Disease: Content Analysis of Messages Posted in a Primary Biliary Cirrhosis Mailing List (2005) Journal of medical Internet research 7 (1) p. e10

Providers can harness some of this energy by:

- Reading what is being discussed
- Taking part in conversations
- Directing patients to these conversations

Don’t let this be your legacy

http://www.despair.com/lithographs.html
Dr. Larriviere did not submit slides at the time of print.
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