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## PHRs Fulfill Consumer Needs for Data Access and Control

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Jodi Amendola, for HealthLeaders News, December 11, 2007

Until recently, personal health records have taken a back seat to electronic medical records as the healthcare industry continues its struggle to establish health data exchange standards. That prioritization is shifting as consumers demand a viable healthcare technology in which to store and access their personal healthcare information.

The shift is exemplified by the recently released draft Health Level 7 (HL7) guidelines for the development of PHRs. Donald Mon, vice president of practice leadership for the American Health Information Management Association, described the HL7 PHR model as the "fraternal twin" of the organization's EHR model. According to Mon, "The pairing of the two (models) provides a framework for standards-based interoperability between the consumer and the provider."

Several variables have contributed to the strong upswing in consumer interest. One is the broad usage of electronic records in other areas of consumer life such as banking. The concept of online banking, once viewed as extremely suspect in an era of identity theft, has proven to be an efficient and safe method of managing one's personal finances. Consumers are beginning to expect the same level of online service and accessibility to their personal information within the healthcare arena.

Additionally, PHRs address a growing need to have a centralized data repository for healthcare records--a need that has been brought to the forefront of Americans' sensibilities with the major disasters experienced during the past several years. A portable health record could also serve individuals' more mundane needs by providing 24x7 access to insurance claims data and coverage, pharmacy data (i.e., prescription information), laboratory results and more while traveling, changing providers or insurers, or seeing a specialist. However, PHRs are not limited to providing convenient access to healthcare data; they may also deliver quantifiable benefits in terms of improved care and oversight, reduced healthcare costs, and decreased abuse and waste of healthcare services.

Through this platform of shared healthcare information, patients embrace greater responsibility for their own care by researching healthcare concerns, tracking their health status, and leveraging this expanded access to their medical data to make appropriate, cost-effective healthcare decisions. To support this patient empowerment evolution, most PHRs supply an online health risk assessment tool, whose results are then used to define online wellness and disease management programs. Often, the patients that benefit from this 24x7 resource would normally not have received formal disease management care from their healthcare providers.

As the PHR platform matures, the patient experience will expand into the realm of continuous care with real-time alerts for prescriptions, test results and behavior flags. The PHR could flag potential drug-drug interactions based on the patient's prescription list, send email reminders to schedule screening tests or to refill prescriptions, and offer lifestyle suggestions based on the patient's healthcare status and inputted behavior (for example,, home-monitored data for blood pressure, glucose, or peak flow). This online healthcare management contributes to superior patient compliance with disease management protocols; thus, contributing to improved patient well-being, a reduction in traditional healthcare system usage and a decrease in overall healthcare costs.

With the numerous acknowledged benefits of PHRs, why is there a delay in wide-scale adoption? One major issue is that much of the information that could be centralized within PHRs currently exists within disparate, non-integrated sources. For example, medical record details, laboratory results, prescription refills, and appointment schedules would need to be provided by a patient's provider. In contrast, the insurance claims data



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and coverage, as well as past pharmacy data, would be available through insurers. One solution is to link the PHR with the EMR, assuming that the given patient's provider has implemented an EMR solution. However, relying on eventual EMR deployment could postpone the broad adoption of PHRs for years.

Furthermore, significant concern still exists over the ability to maintain the security and privacy of healthcare data when the data is shared among various healthcare systems. Since PHRs do not fall under HIPAA's legal protection, some vendors do not encrypt the data; consequently exposing it to theft, or in a worse-case scenario, to an outright sale of the healthcare data. In a related dilemma, healthcare providers debate how to transfer PHR information securely to another provider and how to receive equivalent information into the PHR from other providers. Providers also worry about potential liability issues that could result from the lack of process in distinguishing between patient-entered and professional-grade healthcare data in the PHR. For instance, could relying on potentially inaccurate or insufficient data inputted by patients lead to suboptimal decisions about care?

Another looming question remains: "Who will pay for the PHR?" The most popular answer is insurers. Many see them as the greatest beneficiaries thanks to reduced fraud, greater oversight and decreased management costs. Additionally, insurers would be the natural suppliers of much of the needed patient information for PHRs. In fact, several HMOs already offer PHRs to their members and promote it as a value-added customer service.

Employers, facing runaway healthcare costs are also embracing PHRs. Dossia, a non-profit consortium, which now includes Applied Materials, AT&T, BP America, Inc., Cardinal Health, Intel Corporation, Pitney Bowes Inc., sanofi-aventis and Wal-Mart, is creating a Web-based PHR that will enable its 5 million employees and their dependents as well as retirees to gain access to their personal health data. Dossia plans a limited roll out of this benefit in late 2007.

Other potential providers of PHRs include hospitals (with links to EMRs and laboratory systems), physicians and large employers. Although some hospitals and employers have embraced this role, physicians have shied away from this added cost burden that offers little financial incentive.

Vendors have historically driven the development of PHRs, but overall, have not been profitable business ventures given that none of the stakeholders wish to pay for the PHR solution. Moreover, vendors are typically not able to offer seamless integration to the various EMRs and laboratory systems due to the lack of industry standards for data exchange.

Given the significant barriers that exist, why should we push for PHR implementation at this time? Because every step in furthering our understanding of the types of individuals that use PHRs, which functions they find most valuable, and which quantitative and qualitative behaviors result from PHR usage, will aid in the development of future PHRs. These baby steps will help us to establish best practices for privacy issues and secure data transactions - laying a rock-solid foundation for the future of online healthcare management and delivery.

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