

The Personal Health Inventory: Current Use, Perceived Barriers, and Benefits

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A survey of primary care providers at a VA hospital helped to understand respondents' barriers to and benefits of using a personal health inventory with patients.

To better meet the needs and values of patients, the VA has been promulgating a paradigm shift away from the disease-focused model toward a whole health, patient-centered focus.¹ To achieve this goal, the VA Office of Patient Centered Care and Cultural Transformation has advocated the use of the personal health inventory (PHI). This inventory asks patients to mindfully assess why their health is important to them and to determine where they feel they are and where they want to be with respect to 8 areas of self-care (working the body, physical and emotional surroundings, personal development, food and drink, sleep, human relationships, spirituality/purpose, and awareness of relationship between mind and body).

Personal health inventory written responses are then discussed with a member of the health care team to develop a proactive, patient-driven health plan unique to that veteran's circumstances and aspirations.² The PHI is applicable not only to

veterans, but also in primary care and other practices outside the VA to improve shared decision making and produce more effective clinician-patient partnerships.

After national PHI promotion by the VA, the authors observed that there was not widespread adoption of this practice at their institution, despite its introduction and discussion at several primary care staff meetings. The authors surveyed primary care providers (PCPs) at VA Connecticut Healthcare System (VACHS) to understand perceived barriers and benefits to the use of PHIs in clinical practice.

METHODS

The authors surveyed PCPs at VACHS sites about their current use of the PHI as well as their perceptions of barriers and benefits for future implementation of the PHI in clinical settings. Current use of the PHI was captured in a free response question. The authors assessed comfort with the PHI using a 5-point Likert scale, asking participants how comfortable they would feel explaining the PHI to a patient and or a coworker (1 = very uncomfortable, 5 = very comfortable). Barriers and benefits of future PHI implementation were

Figure 1. Personal Health Inventory Questionnaire

What do you see as the primary barriers to using the personal health inventory?

- Not enough time
- I would not feel comfortable discussing these topics with my patient
- My patient would not feel comfortable discussing these topics with me
- I would not know where to refer my patients if they wanted help with any of these topics
- I do not think it will improve health outcomes
- I have not received enough training on how to use the personal health inventory
- The paper forms are cumbersome
- There is not enough support from upper management for the personal health inventory

What do you see as the major benefits of using the personal health inventory?

- Greater focus on what patients want
- Improved communication between patients and providers
- Better health outcomes for patients
- Greater patient engagement
- More focus on preventive health care

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Table. Respondents' Demographic Characteristics (N = 38)

Characteristics	Respondents, No. (%)
Age, y	
< 30	2 (5)
30-40	7 (18)
41-50	10 (26)
51-60	11 (29)
61-70	1 (3)
> 70	2 (5)
Did not specify	5 (13)
Sex	
Male	10 (26)
Female	23 (61)
Did not specify	5 (13)
Race	
White	22 (58)
Black	2 (5)
Asian/Pacific Islander	3 (8)
Other	2 (5)
Did not specify	7 (18)
Ethnicity	
Hispanic/Latino	2 (5)
Not Hispanic/Latino	28 (76)
Did not specify	7 (19)
Religious or spiritual	
Yes	20 (53)
No	9 (24)
Did not specify	9 (24)
Time in VA, y	
< 1	5 (13)
1-5	7 (18)
6-10	6 (16)
11-20	9 (24)
> 20	6 (16)
Did not specify	5 (13)
Practice type	
Hospital-based	19 (51)
Community clinic	11 (30)
Other	3 (8)
Did not specify	4 (11)

chosen from preselected lists (Figure 1). Participants also were asked how important they feel it is for VA PCPs to use the PHI (1 = very unimportant, 5 = very important).

Finally, participants were asked whether they plan to use the PHI with their patients and how often (1 = less than once a month, 5 = daily). Participants were initially asked at staff meetings to complete the survey in a paper format. Nonrespondents then were asked to complete the survey electronically. This research protocol was reviewed and approved by the institutional review board of the participating institutions.

Study Population

The survey was delivered to all PCPs in the VACHS, which consisted of 2 main facilities (West Haven and Newington campuses) and 7 community-based outpatient clinics. The VACHS provides care to Connecticut's eligible veteran population of > 55,000 patients who are enrolled in care. Survey participants included physicians, physician assistants, and nurse practitioners. Trainees were excluded.

Statistical Analyses

Summary statistics were calculated to assess current use of the PHI, barriers to and benefits of future implementation, and other scaled responses. Chi-square tests were used to compare the responses of participants who were completing the survey online with those completing it on paper for major study outcomes. Mann-Whitney tests were conducted to assess whether responses to certain questions (eg, future plans to use the PHI) were associated with responses to other related questions (eg, importance of VACHS providers pursuing the

PHI). Significance was determined as $P \leq .05$.

RESULTS

Thirty-eight (53%) of 72 PCPs completed the survey. Thirteen providers completed the survey in the online format and 25 on paper. There was no significant difference between participants who completed the survey online vs paper for each of the major outcomes assessed. Most participants were aged between 40 and 60 years (64%), female (70%), and white (76%), similar to the entire PCP population at VACHS. The majority of participants worked in a hospital-based outpatient primary care setting (58%) (Table).

Current Use of PHI

Of respondents, 84% stated that they had heard of the PHI. Of those, 68% felt very or somewhat comfortable explaining the PHI to a patient, with slightly fewer, 64%, very or somewhat comfortable explaining the PHI to a coworker. Forty-eight percent stated that they had implemented the PHI in their clinical practices. Examples of current use included "can refer to RN to complete a true PHI," "giving blank PHI to patients to fill out and bring back/mail," and "occasional patient who I am trying to achieve some sort of lifestyle modification or change in behavior."

PHI Barriers and Benefits

Almost all participants (95%) stated that lack of time was a barrier to using the PHI in their clinical settings (Figure 2). The next most common barriers were cumbersome paper forms (37%) and lack of support from upper management (24%). Very few participants listed discomfort as a reason for not discussing the PHI with patients (5%).

Figure 2. Perceived Barriers to Personal Health Inventory Use (N = 38)

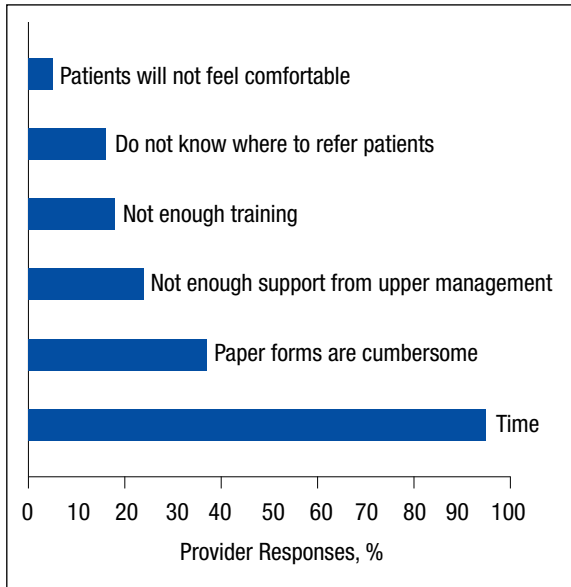
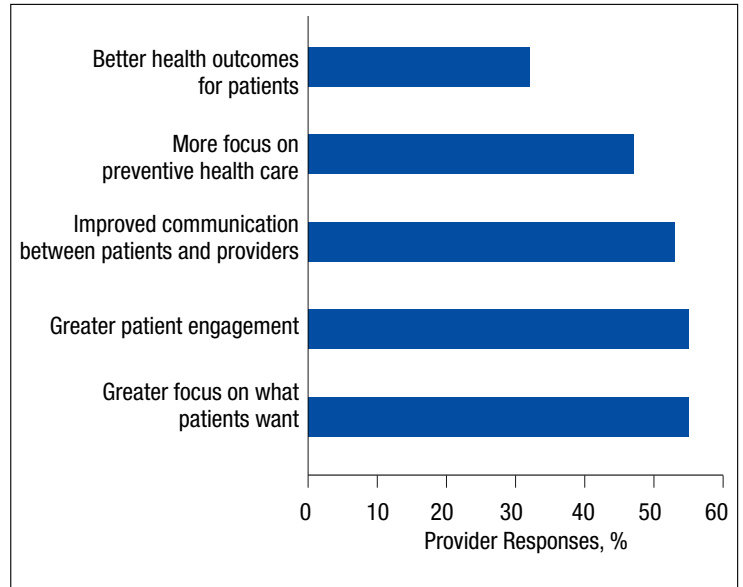


Figure 3. Perceived Benefits to Personal Health Inventory Use (N = 38)



Respondents were divided evenly when identifying the benefits of the PHI. The top 3 selections were greater focus on what patients want (55%), greater patient engagement (55%), and improved patient/provider communication (53%) (Figure 3).

PHI Importance and Future Use

The majority of participants (71%) stated that it was very or somewhat important for VA PCPs to pursue the PHI. However, only 45% planned to use the PHI with their patients. Respondents who said they had implemented the PHI in the past were not more likely than others to state that pursuing the PHI was very important ($P = .81$). However, respondents who stated that it was very important to pursue the PHI were significantly more likely to plan to implement the PHI ($P = .04$). Of those planning on its use, the frequency of expected use varied from 31% planning to use the PHI daily with patients to 25% expecting to use it less than once a month.

DISCUSSION

The traditional model of care has been fraught with problems. For example, patients are frequently nonadherent to medical therapies and lifestyle recommendations.³⁻⁶ Clearly, changes need to be made. To improve health care outcomes by delivering more patient-centered care, the VA initiated the PHI.⁷

Although nearly three-fourths of the respondents believed that the PHI was an important tool that the VA should pursue, more than half of all respondents did not intend to use it. Of those planning on using it, a large proportion planned on using it infrequently.

The authors found that despite PCP knowledge of PHI and its acceptance as a tool to focus more on what patients want to accomplish, to enhance patient engagement, and to improve communication between patients and providers, time constraints were a universal bar-

rier to implementation, followed by cumbersome paper forms, and not enough perceived support from local upper management.

Measures to decrease PCP time investment and involvement with paper forms, such as having the patient complete the PHI outside of an office visit with a PCP, either at home, with the assistance of a team member with less training than a PCP, or electronically could help address an identified barrier. Further, if the PHI is to be more broadly adopted, support of local upper management should be enlisted to vociferously advocate its use, thus it will be deemed more essential to enhance care and introduce an organizational system for its effective implementation.

Interestingly, only about one-third of respondents believed that the use of the PHI would lead to better health outcomes for patients. Future studies should address whether the use of the PHI

improves surrogate goals, such as cholesterol levels, blood pressures, hemoglobin A_{1c}, or medication adherence as well as harder outcomes, such as risk of cardiovascular outcomes, diabetic complications, and mortality.

Limitations

The questionnaire was used at only 1 health care system within the VA. Whether it could be generalizable to PCPs with other baseline demographic information, non-VA facilities, or even other VA facilities, is not known. Since this survey was administered to PCPs, the authors also do not know the impact of implementing the PHI in specialty settings.

CONCLUSION

Although the concept of the PHI is favored by the majority of PCPs within VACHS, significant barriers, the most common being time constraints, need to be overcome before it is widely adopted. Implementation of novel collaborative systems of PHI administration may be needed. ●

Author disclosures

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