Personal Health Records Pose 'Wild West' Situation

BY MARY ELLEN SCHNEIDER
New York Bureau

As physicians struggle to decide if or when to incorporate electronic health records into their practices, personal health records are gaining popularity.

Personal health records (PHRs) allow patients to store and access their medical information electronically. Various versions are available through physicians, health systems, insurers, and employers, and are offered on a standalone, subscription basis. But with so many models, no two records are likely to be the same and each may present different challenges for the physician-patient relationship.

"We're really in a kind of Wild West situation with the PHR," said Dr. Peter Basch, an internist and medical director for eHealth at MedStar Health, a seven-hospital system in Washington and Baltimore. Currently, two types of records are dominant—those that are linked to a physician's or health system's electronic health record, and free-standing records, Dr. Basch said.

With connected PHRs, patients can usually access subsets of their medical data and communicate with their physicians' offices on selected matters such as scheduling appointments. With a free-standing PHR, patients generally have greater control of the data that are entered, and of who can access the data. The market is more mature now in terms of connected PHRs, especially those that are linked to large medical groups and large health systems, Dr. Basch said.

In an effort to tame some of the variability in the market, Health Level Seven Inc. (HL7), a national organization that sets health information technology standards, has released a proposed personal health record standard. In August, HL7 unveiled its Personal Health Record System Functional Model, and sought public comments on it.The HL7 general model can be customized so that it can be used with each of the various PHR models available.

Another possible way to accelerate the development of the personal health record market is through the Certification Commission for Healthcare Information Technology (CCHIT), a body that already certifies ambulatory and inpatient electronic health record systems.

The CCHIT is looking at the area of personal health records, according to its chairman, Dr. Mark Leavitt. However, any certification of PHR products would be at least a year off, since the CCHIT has not developed certification criteria in that area. Although the PHR industry is still in its early stages, it is not necessary to wait for the industry to fully mature before developing certification criteria. In fact, setting standards early can be helpful, Dr. Leavitt said.

Through its electronic health record certification process, the CCHIT is requiring that records have the capability to send patient summary information, which would be helpful in populating a patient's PHR.

Many factors are driving the growth of PHRs. Employer groups, frustrated with escalating health costs, represent one faction pushing for PHR development. While the evidence is not yet in, the theory is that PHRs would allow patients to be better consumers, potentially saving employers money, Dr. Basch said.

Health insurers also are getting into the act. For example, Aetna recently announced that starting this month, federal enrollees in any of the company's medical plans will have access to a password-protected online PHR. The record would include claims information on physician office visits, labs, diagnoses, treatment, and prescriptions. Even Medicare is testing the PHR field. In June, Medicare launched a pilot program to allow certain beneficiaries to access a PHR through participating Medicare Advantage and Part D drug plans.

There also are some patients who care deeply about having PHRs because they are managing chronic conditions for themselves or family members, Dr. Basch said.

Even if most consumers are not clamoring for PHRs, when surveyed, they do favor the concept. For example, in a November 2006 survey commissioned by the Markle Foundation, nearly two-thirds of the 1,003 adults polled said they would like to access their medical information electronically. Interest was even higher among younger Americans, with 72% of those under age 40 saying they would like to access their health information online.

But consumers who were surveyed also had significant concerns about the privacy and security of their records. For example, 80% said they were very concerned about identity theft, and 77% said they were very concerned about their medical information being used for marketing purposes.

Concerns about security and privacy are shared by physicians. With a free-standing PHR, physicians could receive requests from patients to populate their data, but they might be reluctant to send such sensitive data in an unsecured way or in a way that could compromise the security of their own electronic systems, Dr. Basch said.

But an even more complicated question for physicians is what to do with information they receive from a PHR that may be entered or edited by the patient.

The use of PHRs does change the dynamic with the physician and the patient, said Dr. Rick Kellerman, president of the American Academy of Family Physicians. With paper records, even though the information belongs to the patient, it is strictly controlled in the physician office. Having an electronic record that is potentially much more open to the patient could change how the physician documents information in the chart, he said.

One of the barriers to greater physician acceptance of PHRs is the payment structure, Dr. Kellerman said. Services such as phone calls and coordination of care are not reimbursed, and most physicians do not have the capital to invest in electronic health records that could be linked to PHRs or that could feature patient portals, he said. ■

Patient Portals Do Not Cause Headaches

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

NEW ORLEANS — Rather than unlocking a Pandora's box of nattering e-mails, an electronic patient portal that allows messaging and even access to test results can improve patient satisfaction and decrease patient visits.

"Many physicians think that this type of access is frightening," Dr. Gretchen P. Purcell said at the annual clinical congress of the American College of Surgeons. "They think they'll be barraged with messages, that patients will misinterpret their test results, and that physicians could even be held legally liable if they don't respond in time to an urgent message."

But health care providers, who are about 10 years behind the curve in the digital world, need to face up to the facts of the 21st century, said Dr. Purcell of the surgery department at the Children's Hospital at Vanderbilt in Nashville, Tenn. "Patients are demanding the same kind of online access to their medical information as they have for all other aspects of their lives. Those health care institutions that do not have a patient portal now probably will within the next 5 years."

Patient portals can be designed to suit the needs of different practices and to fulfill various functions. At a minimum, they allow patients to pay bills, schedule or change appointments, and request prescription refills. Other portals are more robust and give patients the ability to review medical records, view test results, and send messages to their health care provider, said Dr. Purcell, who is also with the biomedical informatics department at Vanderbilt Medical Center.

Among the most controversial topics are messaging and the ability to access test results, she said.

"Messaging is probably the function physicians fear the most. Many think it's the equivalent of getting and sending personal e-mail, and this brings up all kinds of worries about security and privacy."

E-mail and messaging, however, are not the same things. Messages don't go to a personal e-mail account; instead, they go to a dedicated in-box. "This message box is routinely checked by an administrative assistant or nurse—someone who can often answer many of the questions, and who would involve the physician only when necessary—similar to phone call triage."

There also are concerns that these electronic exchanges aren't part of a patient's documented record. "Some portals can make messaging part of the medical record, and some physicians have found ways to charge for this 'online consultation,' " Dr. Purcell said.

It's important to set clear expectations about response time and emergency issues. Most messaging systems tell patients that they may have to wait 2-3 business days for a personal reply and advise them to call 911 for a medical emergency.

It's not unreasonable to assume that electronic communication could allow patients to bombard offices with questions and requests. Although data are still limited, the studies that are out there suggest just the opposite, Dr. Purcell said.

Two studies published in 2005 indicate that messaging increases patient satisfaction without any corresponding increase in workload. The first study randomized 200 patients to secure messaging or usual care. Only 46% of the patients who were given access sent any messages at all; the average was just 1.5 messages per patient per year. And although messaging didn't reduce the number of telephone calls the office received, the number of office visits in the intervention group did go down (Int. J. Med. Inform. 2005;74:705-10).

The second study randomized 606 patients to a patient communication portal or to a Web site with general health information. Only 31% of the patients given access used the portal. The message box received only one message per day per 250 patients. Again, there was no difference in the number of office telephone calls between the groups, but the patients in the portal group reported better satisfaction with communication and overall care, even if they never used the portal (J. Med. Internet Res. 2005;7:e48). ■

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