# Popularity of Personal Health Records Growing

BY MARY ELLEN SCHNEIDER
*New York Bureau*

As physicians struggle to decide whether and 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 stand-alone, 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 over 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.

The HL7 general model can be cus-

tomized so that it can be used with each of the various PHR models available in the marketplace. A vote is expected later this year on whether the PHR functional model will become an approved standard.

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 away, 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.

The PHR marketplace may get a boost from the CCHIT long before a PHR certification process gets started, he added. 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 in January 2008, 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. 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, and 72% of those under age 40 said 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.

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. If patients are restricting PHR content from their physicians, it could limit the utility of the record, said Dr. Michael Barr, vice president for practice advocacy and improvement at the American College of Physicians.

While the ACP has been supportive of the development of PHRs, the different PHR models have different implications for the physician-patient relationship and for office workflow, he said. ■



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