

Public Resists Electronic Personal Health Records

BY GLENDA FAUNTLEROY
Contributing Writer

WASHINGTON — President Bush, members of Congress, and key consumer organizations are all calling for broad implementation of electronic personal health records—and now it's time to convince the public of their worth, David Lansky, Ph.D., said at a meeting on health information technology sponsored by eHealth Initiative and Bridges to Excellence.

Now most patients' health information is scattered across many different providers and facilities. Unlike physician- or institution-based electronic medical records, an electronic personal health record is maintained and updated by the patient, and can be vital to providing the patient the best medical care, especially in cases of an emergency.

Information such as health insurance policy numbers, health history, current medications and dosages, and allergies would be quickly accessible and could be shared among hospitals and providers, said Dr. Lansky, senior director of health programs at the Markle Foundation, a

nonprofit organization focused on accelerating the use of information technology in health care and national security.

Dr. Lansky said various industries and organizations have staked a high level of commitment to making this type of electronic collection common, including:

- ▶ America's Health Insurance Plans and Blue Cross Blue Shield, whose member plans provide health insurance to more than 100 million Americans.

- ▶ Large employers, such as IBM Corp. and PepsiCo Inc.

- ▶ Consumer groups, including the AARP (formerly the American Association of Retired Persons) and the National Health Council.

- ▶ Internet companies, such as Microsoft Corp., Google Inc., and WebMD Inc.

"This is a very exciting time," Dr. Lansky said. "Big companies see this year as the time to change how Americans view their health care."

However, although consumers now can now go many places consumers to develop an electronic personal health record (such as providers, employers, and pharmacies), they are not extremely popular.

For instance, he reported that so far, provider portals are used by "only about 15%-20% of the patients to whom they are

offered." Most users are those who have computer skills and a high use of the health care system, with frequent medical appointments or several prescription medications, Dr. Lansky said.

The one great challenge to implementing electronic personal health records nationwide is how to connect all the existing systems into one "national network" rather than what exists now: 13 or so different enterprises, each offering separate portals that aren't linked together.

A possible model, Dr. Lansky said, is a Web site that uses the type of network architecture the health industry needs to

mimic when creating a personal health record network. The site (www.flightstatus.com), a real-time portal, allows airline users to view data—such as flight status, airport delays, and weather forecasts—from about 11 sources all on one screen.

Dr. Lansky said it was a good illustration of one way different industries can share data. "This is an example of where we would like to see the networked personal health record go," he said.

But the greatest challenge for the industry may be the issue of ensuring consumer privacy. Consumers, Dr. Lansky said, are leery about personal health records because they want to know exactly what is going to happen with their health data. And consumers are not willing to give access to their health information to just anyone.

"Each study we've done shows that patients trust their doctor to handle their health record information," Dr. Lansky said. "The challenge is to make patients understand that other parties play a role in their health care, and how we get them to expand their trust past their doctor. "But I can say it's going to be tough." ■

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