Texas Medical Association

Health Information Technology

Practice Management Services

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Personal Health Records:

What Physicians Need to Know

The prospect of electronic personal health records (PHRs) has left some physicians with the disconcerting vision of patients handing over a disk filled with decades of lab results and recollections of random sprains and strains that the physician will have to comb through, or risk being sued for missing a small piece of vital information. While numerous players and drivers are pushing the development and use of PHRs for a variety of benefits, there remain for physicians several unaddressed, key areas of concern.

What is a PHR?
The early definition of PHR was a patient's personal copy or handwritten notes of his or her medical care. A patient may have presented with his or her record of health history in any number of forms: paper binder, thumb drive, crumpled paper listing medications, printouts of medical records, employer- or insurance-sponsored Web site, physician's patient portal, or electronic medical record module. This information often was recreated on a clipboard at each new medical encounter. Now, technology has changed the potential power of the PHR as it evolves from a static collection of information to an interactive, online documentation of a patient's continuum of care. (Medem)

Health Information Management Systems Society (HIMSS) defines a PHR as follows: a universally accessible, layperson-comprehensible, lifelong tool for managing relevant health information; promoting health maintenance; and assisting with chronic disease management via an interactive, common data set of electronic health information and e-health tools. The PHR is owned, managed, and shared by the individual or his or her legal proxy(s) and must be secure to protect the privacy and confidentiality of the health information it contains. It is not a legal record unless so defined and is subject to various legal limitations. (HIMSS, 2007)

Current market definitions of PHR actually describe an electronic version of patient health information collection. For the purposes of this discussion, PHR refers specifically to the emerging electronic applications of information collection, presentation, and sharing.

Basic functionality of the emerging PHR should include the ability to have all relevant medical information stored in a single location; ability to exchange and upload information from physicians; option to use the PHR as a communication platform with physicians; and ability to grant physicians access to the information and be portable as the patient moves, changes jobs, or changes physicians.

PHRs come in forms such as software used by individuals to enter and maintain their information, Web sites that are maintained by third parties, and Web sites that allow patients to view information from other applications such as an institutional electronic medical record (EMR). These forms of PHRs present varying degrees of patient control of the information.

PHRs are made available to both consumers and physicians through multiple sources such as other health care providers, employers, health plans, the government, Internet sites, pharmacies, disease management vendors, or device manufacturers. (HIMSS, 2007) More than 200 PHR systems currently are on the market, with new ones added continually. A 2004 Harris Interactive study reveals that while 42 percent of adults currently keep some sort of a health record, including both electronic and paper versions, of those, only 13 percent use an electronic PHR. While stand-alone health plan member portal PHRs have consistently shown consumer uptake at or less than 1 percent, physician-based PHRs report a greater-than-50-percent consumer uptake of PHR registration and consumer use when the PHR replaces the medical clipboard. (Medem) As technology changes, PHRs are becoming more attractive and user-friendly. Vendors that are reaching out to health plans and employers in hopes of encouraging PHR use through incentives and expanded data sets are making the records more useful to physicians. (Dolan, 2007)

What is driving PHR adoption?

Several forces are driving the rise in the use of PHR systems. PHRs have been a piece of the puzzle in legislation introduced recently to drive the adoption of health information technology (HIT). Federal policy and initiatives continue to act as a catalyst for HIT adoption, including the emergence of the PHR as an important factor in patient empowerment. Health care costs continue to climb, and as the largest health care payer, the government is looking for HIT innovations to improve care and reduce cost. Mounting evidence suggests PHRs positively affect both quality of care and cost. Many payers, including the Center for Medicare & Medicaid Services (CMS), are beginning to put financial incentives in place for physicians to use such technologies. CMS is exploring the creation of PHRs on a national level for Medicare beneficiaries.

Additionally, the increasing predominance of consumer-driven health care models has created a marketplace in which patients are making medical care choices based upon sophisticated factors. Included in these factors, according to recent surveys, is the desire for information technology solutions within the physician practice.

In addition to private vendors and most major health plans offering PHRs, employers are poised to offer PHRs. Dossia is in collaboration with eight major employers that include Intel Corp., Wal-Mart Stores Inc., AT&T Inc., and Sanofi Aventis. Dossia funds an initiative to form a Web-based health records effort that includes PHRs. The goal is to give employees a stake in managing their own health care, thereby reducing costs. Interestingly, Dossia hopes to require physicians to use Dossia services in order to remain preferred health care providers.

Microsoft's PHR, Health Vault, is accessible through a free Web site. The Microsoft PHR is a result of a partnership with other organizations such as Johnson & Johnson and the American Heart Association and allows patients to securely store and access their health information over the Web. Google's PHR, Google Health, focuses more on information access and storage.

What are the benefits of PHRs?
The greatest capability for PHRs comes in terms of disease management, with expanded potential for communication and collaboration with chronic or elderly patients. PHRs present many of the same benefits to physicians as to patients — namely better patient care because of a more complete and accurate exchange of information, a reduction in medical errors, and improved patient treatment compliance and outcomes. The vertical view of a patient's health history can help physicians track the status of a patient's condition, as well as treatment progress or adverse events.

Other benefits include:

- Potential decrease in liability due to more thorough documentation of the medical history and communication with the patient;
- Empowerment of patients — improved communications between patient and physician, more efficient delivery of care by avoiding duplicative efforts, improved patient safety through timely access to medical information, cost savings, and potential improved accuracy on information by involving patients;
- Ability to help physicians with requirements of pay-for-performance programs by improving the quality of the data reported from a practice's patient population, including the new National Committee for Quality Assurance member services categories, Bridges to Excellence, and financial incentives likely to be instituted by U.S. Health and Human Services (HHS) and CMS tied to PHRs; and
- Market advantage for physicians due to improved patient satisfaction and convenience, as well as patient demand for new technologies in their physician's office. (Medem)

How will PHRs potentially share information electronically?
Present models of the PHR do not support interoperability, the capability of allowing patients to freely transfer self-entered personal health information (PHI) from an independent application to a connection tethered to a third party's PHR, nor are patients currently allowed to direct the flow of their PHI between the various applications and physicians. (HIMSS, 2007) When a patient's PHR is tethered to an entity such as a health plan or employer or physician group, the data typically cannot be transferred to a different PHR if the consumer must switch. (Foxhall, 2007) Federal advisory panel American Health Information Community has pushed for PHRs to be targeted for national interoperability specifications by the Health Information Technology Standards Panel.

What is a physician's liability when it comes to the data on a PHR?
Few policies currently exist on PHR data ownership and data control. (Robeznieks, 2007)

Unresolved legal issues raised by the PHR include:

- Patient responsibility for accurate and complete data entry and transfer,
- Liability for e-health services provided through the PHR, and
- Holding a physician liable for providing care based on an incomplete or inaccurate PHR. (HIMSS, 2007)

The standard of care is the same whether a patient presents with his or her medical record in either electronic or paper format. The physician has a duty to review the medical record in relation to what

is pertinent to the treatment being rendered. However, a PHR may not be maintained with the accuracy and specificity that the standard of care demands for a medical record. Understanding that PHRs are merely written personal histories, it is advisable to talk to the patient about his or her medical history. (Robeznieks, 2007)

What are the concerns and responsibilities of PHR data security and privacy?
Both patients and physicians need additional assurances that the information in PHRs will remain secure and confidential. Some configurations offer patients more control over who can access and who can edit their PHR information. As with other HIT solutions, there are patient concerns that information would be accessed and used by insurers or employers. While most PHRs on the market meet HIPAA requirements, be aware that some PHRs offered by independent companies not considered covered entities under HIPAA are not constrained by HIPAA or state privacy law. It is recommended that individuals utilizing a PHR, whether from an independent company, physician, or health plan, should understand the security and privacy policies for his or her PHR.

What about the accuracy of data in a PHR?
On one hand, the data accuracy of an electronic PHR is better than the status quo of piecemeal hardcopies of records. This is because instead of completing a record on a clipboard at the office, patients are able to create their records at home where there is no time pressure, and they can verify information.

On the other hand, according to a recent study, although patient-reported data should be considered a viable method of enhancing documentation, it likely will not ever be as complete or accurate as physician-controlled data. Additionally, fragmentation of a patient's health care between physicians and other providers makes it difficult for a physician to maintain an all-inclusive medical record. (AHIMA 2005 symposium)

Can physicians be reimbursed for time dealing with the PHR?
A barrier to PHR adoption is the identification of a party that will fund the substantial costs of PHR development, implementation, support, and maintenance. (HIMSS, 2007) There is a call for pay-for-performance and interoperability projects seeking federal funding to include PHRs in their proposals. (Tang & Lansky, 2005) Many PHR systems fulfill the requirements of pay-for-performance programs by creating a patient registry and auto-enrolling patients in disease management programs. The data can be used to generate reports on pay-for-performance quality measures. The interactive communications with patients can improve the quality outcomes. In addition, HHS has announced its intention to provide financial incentives to physicians for use of PHRs and other innovative practices with Medicare patients. PHRs can essentially serve as a patient database and allow a practice to better obtain data required to meet pay-for-performance goals.

Making sense of a complicated or unorganized medical record, whether paper or electronic, is time consuming in the context of the office visit. Current payment policies discourage the use of online methods of delivering health care. Physician adoption of PHRs would be enhanced through the ability to do e-visit billing for PHR "encounters" and through the creation of timesaving practice efficiencies through PHR workflow interaction. Further research is needed to validate PHRs' ability to increase physician productivity, create revenue opportunities, and avoid unnecessary patient visits. (HIMSS, 2007)

Are there standards in development to help with the exchange of data?
Discussions are underway within the industry with regard to data sets, standards, and privacy and security. The Certification Commission for Health Information Technology likely will move forward with setting requirements for approval of PHR products, much like it has done for ambulatory electronic medical records. Data standards will be important to solving many workflow, security, data accuracy, and data exchange issues.

I don't have an EMR but would like a PHR
There are several different sources of PHRs. Some health information technology vendors offer a PHR either as a stand-alone module or in conjunction with an EMR package. Other vendors offer PHRs as a separate product developed in conjunction with Web site, Web portal, scheduling, patient education, and preregistration services. Increasingly, insurance plans are attempting to create PHRs for their members.

How do I handle PHRs if I already have an EMR?
Many EMR vendors offer PHRs as a module that is an extension of their product line. Some offer a Web-based patient portal that allows virtual office visits, appointment requests, bill pay, preregistration, and refill requests along with a personal health record module.

There needs to be a clear distinction between the physician-maintained EMR data and the patient-maintained PHR data. The EMR exists within the physician's clinical practice. Data flows into the EMR from the physician or physician's staff manually or electronically as dictated by practice policies and regulatory guidelines. To maintain integrity of your medical record, be cautious of data accuracy issues when integrating EMR and physician-generated data with nonmedical or patient-generated sources of information. (ModernHealthcare 06/07)

How can physicians acquire a PHR?
First, review any PHR-option module that may be offered through your EMR vendor, health system, or health plan. Next, assess patient interest and computer comfort level via a brief survey. Then evaluate available options within your market. A good resource for evaluating current systems is www.myphr.org, an informational Web site run by the American Health Information Management Association (AHIMA), the resources section of the website provides an extensive list with links to PHR products. When going live, be sure to promote your PHR to patients as an enhanced service line.

How will information from a portal or thumb drive integrate into my EMR?
The ease of data flow depends upon whether the PHR and the EMR are from integrated systems. In the future, with forthcoming standards, this flow will be facilitated for nonrelated systems as well.

What should I do if a patient walks in with information on thumb drive?
In some cases, the information on the thumb drive is readily accessible without extraneous hardware or software; you can just plug the drive into any USB port and read the information. In this case, review the information as you would if a patient brought a stack of hard copies. It is optional to print your own hard copies to attach to your own patient chart. If the thumb drive requires software

or hardware that is not accessible to your practice, ask the patient to bring printouts of pertinent information or to verbally share that information.

What is the risk to my system by connecting a thumb drive?
If you decide to view information from a thumb drive, be aware that a recent study of common thumb drive PHR devices revealed the potential for the device to spread viruses, tamper or corrupt data, or leave software behind.

What if a patient says I can access his or her PHR online?
While most programs will not be able to be integrated into your EMR, at least not yet, you certainly can access the information as requested by the patient and review for relevance to the visit.

What to do if the patient requests me to update his or her PHR?
Texas permits disclosure of information to a patient following the submission of a written request for patient information. The consent may be signed by the patient (if an adult), patient's parents (if a minor), guardian (if the patient is adjudicated incompetent), a personal representative (if the patient is deceased), or an attorney ad litem appointed for the patient.

The consent must cover all of the following three elements: (1) the information or medical records to be covered by the release, (2) the reasons or purposes for the release, and (3) the person to whom the information is to be released (in this case, the patient).

This information likely will be in the form of a narrative created by the physician, which Texas law and federal HIPAA regulations permit. Under HIPAA regulations, the patient must be informed of the additional cost for the narrative.

Until a system of exchange of electronic data is established in the future, a physician likely will not enter the information directly into the patient's PHR; rather the information will be given to the patient for him or her to enter later.

Conclusion
A one-sided portrayal of the PHR neglects the importance of open dialogue between patient and physician. Information has the potential to give patients the power and confidence to engage as active participants in their health. This balanced approach is key to empowering the patient for the welfare of all by optimizing the efficiency and effectiveness of health care for better outcomes.

For more information, contact the Texas Medical Association's Department of Health Information Technology at (800) 880-5720 or HIT@texmed.org.

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