

# Current State of PHRs

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Healthcare providers have always relied on information patients bring to their appointments, either in a verbal interview or in the paper records they carry with them. As patients begin to use personal health records (PHRs), HIM professionals can help promote their integration by readying their organizations with the appropriate policies and procedures.

This article updates a survey first administered in 2007 on the current state of PHRs in an effort to identify current processes (or lack thereof) and to determine which of these processes best address the significant issues in the PHR.<sup>1</sup> HIM professionals in Missouri, Florida, Georgia, and Pennsylvania were surveyed via e-mail. Approximately 230 people took part.

## The PHR and the Patient-Centric Model

Healthcare documentation is an important part of any patient experience. The record maintained by a healthcare provider has always been considered the legal business record of the institution, facility, or provider that created it.

However, until recently patient participation in the documentation process was nonexistent. And while HIM professionals have been grappling with the transition of moving provider records from a paper-based model to an electronic health record, a new movement has emerged that moves the healthcare industry from a provider-centric model to a patient-centric model.

The patient-centric model revolves around the PHR. The PHR presents its own set of challenges as more and more patients want to obtain information to include in their own records or provide information from their PHRs to be included in the health records maintained by their providers.

In the past, the healthcare model included compliant patients who did not challenge the judgment or recommendations of their physicians. Patients readily made appointments using a telephone and relied on the provider to write paper prescriptions that were hand-delivered to pharmacies. Physicians submitted information to the health plan for reimbursement, referred the patient to specialists when necessary, and maintained the health record in the office.

Today's healthcare model includes consumers who are savvy in the use of devices to monitor chronic conditions such as diabetes and hypertension and financial management tools such as health savings accounts.

Today's healthcare consumers are more empowered and engaged and want to play a key role in their healthcare. Several trends have led to this empowerment, including the large generation of Baby Boomers who are requiring more healthcare as they age. They want the same conveniences that are available to them in other avenues of their lives, such as immediate access to banking records, credit card statements, health plan information, and other healthcare-related data.

Baby Boomers are also experiencing chronic illnesses that require more coordination of care. Using a PHR that incorporates information from both the provider and the patient makes sense. This population of knowledgeable, empowered consumers is using the Internet to find understandable, reliable health information. This is a promising development. Studies show that when patients participate in their own healthcare there are better outcomes.<sup>2</sup>

According to Wes Rishel, vice president/analyst with Gartner Research Group, "while the overriding concept of a PHR is to give consumers more ownership of their healthcare, the business models that seem to work best have taken on more of a shared approach." He suggests that "products currently being used the most are really an outgrowth of the medical record provided by a provider or healthcare organization." This model allows for data to be electronically downloaded into a patient's PHR from an organization's electronic health record.<sup>3</sup>

## The Survey: Paper Still Dominant

Survey respondents reported that more consumers provide paper copies of their health records (73 percent) than any other format. Nineteen percent reported receiving PHRs on CDs, and all other methods of transporting information (e.g., cell phone, flash drive, and Internet) were in the single-digit percentages.

Use of CDs and flash drives did not increase over the 2007 survey results; however, each format remains a method of record keeping.

Healthcare providers should establish some mechanism for maintaining paper PHRs or converting them to electronic records. Healthcare providers should also examine their electronic systems for ways to adapt CD and flash-drive technology.

A vast majority of respondents (92 percent) reported that their healthcare delivery setting retains information provided by patients. This number did not significantly change from 2007.

Furthermore, 91 percent of respondents reported that providers use the information generated by patients to make decisions about care. This number did not significantly change from 2007. The results indicate that most information patients bring to their healthcare provider is of potential use by the clinician. Therefore, standard practice suggests that all healthcare providers have some means for retaining PHRs and other information provided by patients.

Nearly two-thirds of respondents (64 percent) reported that providers document that they have reviewed patient-provided information. This is not significantly different from the 2007 result of 59 percent, but it does underscore that the majority of healthcare providers not only read and use PHRs and other patient information, but document their use of them.

However, organizations need to formalize these practices—only 59 percent of respondents reported that their organizations have developed policies and procedures regarding patient-provided information. This finding is significantly up from 2007 (39 percent), suggesting that healthcare providers are beginning to see the need to formalize their practices regarding PHRs and patient-provided information. However, it does warn that more providers appear to be integrating PHR information than have formal policies and procedures for doing so.

Eighty percent of respondents report that their organization can view PHRs in whatever media the patient brings in. This is up from 71 percent in 2007.

This suggests, as the survey supports, that most patients still rely on paper. However, organizations still should consider how their systems (or future systems) will integrate patient-provided CDs, flash drives, and Internet PHRs.

## **PHR Best Practices**

The survey findings suggest the following best practices.

Healthcare organizations should maintain or integrate patient PHR information when it is provided by the patient, since 92 percent of the survey respondents reported that consumers keep this information and 91 percent reported that providers use it.

Healthcare providers should have policies and procedures in place to integrate PHR information into their own information. While 91 percent of respondents reported that providers use the information, only 59 percent reported developing policies and procedures for managing it. Policies should also address when information from PHRs are *not* integrated into the provider's health record, particularly if the information is irrelevant or not used in making healthcare decisions.

Healthcare providers should document any review of patient PHRs. It is important for the provider to document or reference the information that is used to determine further treatment so that the care plan is understandable to the healthcare team.

Furthermore, a practitioner would be liable if an adverse event occurred because patient-provided information that could have prevented the event was not included in the record for other caregivers to see. Patients would also be able to sue the practitioner if information the patient provided to the caregiver (e.g., allergy to sulfa drugs) was not recorded or seen by the doctor.

Finally, providers should determine how to maintain information provided by patients on various media. From the survey, it can be inferred that most organizations know how to maintain information provided on paper. But many are not prepared for

information on CDs, flash drives, or the Internet.

Healthcare providers also should begin system planning for this type of input into their information systems. In order to guard against viruses and other malware, organizations should consider using a computer not attached to the organization's network to review and download information contained on CD or flash drive. This will protect the integrity of the network.

## Notes

1. AHIMA Personal Health Record Practice Council. "Defining the Personal Health Information Management Role." *Journal of AHIMA* 79, no. 6. (June 2008): 59–63.
2. Wolter, Julie, et al. *The Personal Health Record*. Chicago, IL: AHIMA, 2009.
3. Chavis, Selena. "Unlocking the Secret to Successful PHRs." *For The Record* 21, no. 4 (Feb. 16, 2009): 10.

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The information contained in this practice brief reflects the consensus opinion of the the professionals who developed it. It has not been validated through scientific research.

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