Getting More Personal

Save to myBoK

By Mark Hagland

Personal health records online are flourishing, but every setup is different. Here's a look at how organizations and patients are managing personal health records.

Last spring Eugene Ernest "Ernie" Somera found out that he had elevated blood sugars, a sign that he was sliding toward diabetes. The 51-year-old resident of the Portland, OR, suburb of Gresham was given the option of participating in a pilot project offering patients their own online personal health record. Somera jumped at the chance and says he's had a great experience with it.

"My dad died of colon cancer," Somera says, "so I've always kept an eye on [colon health]. And I've been taking medications for my cholesterol and wanted to track that, as well as my blood pressure and blood sugars. Now," he says, "whenever I take my blood pressure or have some lab tests done, I can go back to my personal health record online and log back in and see a graph showing how my blood pressure is fluctuating or how my blood sugar's doing, for example. I also get reminder notices for shots or checkups. I also get a newsletter through my e-mail for diabetics."

Somera participated in the project via a wellness-oriented clinic owned by WellMed, a company that has created online preventive care IT tools. Having a personal health record online, he says, is "a lot handier. Before, papers were always at your doctor's office and they weren't always really accessible; it was a hassle talking to the nurses at the doctor's office sometimes." What he'd like next is for his primary care physician to be able to enter data directly; not surprisingly, that's the next phase of development WellMed is taking on in its development of its personal health record product.

Is Somera an exceptional healthcare consumer? Only for the time being. As healthcare organizations nationwide make progress on electronic medical records and other information technology innovations, patients' and health plan members' own online, readily accessible personal health records are set to boom nationwide, experts and those involved in the development process say.

Indeed, WellMed's initiative is far from exceptional. Among the many other examples of such projects are:

- At Geisinger Health System in eastern Pennsylvania, a pilot went online in June at the system's Lake Scranton primary care clinic to give a few hundred patients access to their personal health record, a commercial product from a major IT vendor that is linked to the health system's electronic medical record (EMR). Geisinger's personal health record includes physician-patient secure messaging on its Web server
- At 295-bed Concord (NH) Hospital, a team of staffers including the hospital's director of health information, created their own online patient history questionnaire, based on a format provided by AHIMA
- At the Baylor Health Care System in Houston, a medical informatics team has been working with a large national vendor, customizing the vendor's EMR interface and using the vendor's own database to support a personal health record that patients give permission to have exported to the vendor's data center; the Baylor initiative involves patient-physician messaging as well
- At Group Health Cooperative of Puget Sound in Seattle, more than 17,000 members (Group Health is a staff-model health plan and integrated health system) are using a modified commercial personal health record product that allows them to enter their own personal health information confidentially for their own use and keep track of their own medications and vital health data
- At CareGroup in Boston, more than 5,000 patients of the five-hospital integrated health system are using Patient Site, a secure, Web-based framework that is allowing both patients and physicians to look at all aspects of the health system's sophisticated EMR, from problems to medications, allergies, radiology and laboratory results, physician visit and visit history, report results, etc. The sophisticated program allows patients to see their current EKGs with full graphical

picture online, for example, and allows patients to refill prescriptions, communicate via secure messaging with the physicians, and so on

If ever Chairman Mao's famous aphorism "Let a hundred flowers bloom" could apply to an emerging trend, it's in the area of personal health records. Each of these initiatives, as well as dozens more around the country, has its own unique features, focus, and underlying strategies, even as they all are implemented with the broad overall goal of allowing patients and health plan members access to and participation in their health records online and in real time. Most (though not all) incorporate secure physician-patient messaging, and most that offer messaging have incorporated a mechanism that automatically uploads messages between patients and physicians to the health system's EMR. And in most cases, HIM professionals are either heavily involved in the planning and rollout of these initiatives or in the administration and management of the personal health records as they relate to their organizations' EMRs overall.

If there's a single commonality underlying all these efforts and experiments, it's the inevitable push toward direct involvement by patients and healthcare consumers in their own medical records, say industry experts and those involved. And though personal health records haven't yet become universal, there's no question they will proliferate in the next couple of years, according to Jane Metzger, a vice-president with First Consulting Group in Boston, who is actively tracking their proliferation nationwide. Among the biggest trends that Metzger sees is patient care organizations combining access for their patients to their health records with "push-reminders," specialized knowledge, tools like diaries, access to other external resources, and above all, secure physician-patient messaging.

"One way to look at the personal health record," Metzger says, "is as the core of a personal self-management tool that can customize the knowledge, the tools, perhaps the e-tail opportunities, to the specific patient." In that regard, she says, structured vocabulary for input into the personal health record will become very important very soon. Either way, she says, the role of HIM professional is on the verge of a genuine sea change, as practitioners become not only patient advocates in the emerging e-world but also knowledge and content experts for navigation of that world on the part of a range of stakeholders—patients, families, physicians, other clinicians, and nonclinical administrators—as EMRs move forward.

At CareGroup, a Push for Comprehensiveness

The logic of the change in the role of HIM professionals becomes even clearer when one looks at the strategies behind one of the most sophisticated personal health record initiatives is unfolding. Take Boston's CareGroup, the six-hospital integrated health system whose component hospitals, especially Beth Israel Deaconess, have been pioneers in EMR development. John Halamka, MD, CareGroup's chief information officer, explains the strategy.

"Two years ago, we said it's clear that the patient and the doctor, if they're going to have a collaborative relationship, need to have a place where they can share a common medical record and share communications regarding refilling of medications, as well as consult with one another," Halamka says. "So we launched PatientSite, a secure, Web-based framework that allows patients and doctors to look at all aspects of the medical record stored at the health system. The idea behind this is that the data comes not from you the patient rekeying your health information or from your doctor rekeying it; rather, the data is populated initially from the hospitals and the practice management systems at the clinics. It's really useless for the patient or doctor to have to rekey everything" to create a personal health record, he insists.

In fact, a key feature of the CareGroup personal health record program is that whatever information a patient adds is automatically messaged over to the patient's physician in the form of a secure message. And the secure messages in CareGroup's system, like those in the systems of those organizations interviewed for this article, are server based. So, for example, if a physician from CareGroup sends her patient a message, what the patient receives as e-mail is simply a "you have secure mail" kind of message, which then cues the patient to go to the secure server to receive an encrypted message. Such strategies are typical of those being developed by personal health record pioneers.

At the same time, Halamka says, putting it all together—the readily accessible information for the patient, the accessibility of updated information for the physician, the direct link with the organization's EMR, and the secure messaging—is what will make personal health record initiatives like CareGroup's a success. Redundancy in terms of re-entering information or of

patients having "separate" mini-data banks floating around will make such products and systems less than useful for both patients and providers, he emphasizes.

That's not to say that some intermediate steps aren't worth approaching. At Group Health Cooperative of Puget Sound, Seattle, managers are going through a transition right now, as their organization switches EMR vendors, reports James Hereford, executive director of medical informatics at the integrated health system/health plan. So for the time being, the personal health records that Group Health members are keeping for themselves are discrete, but that should change by the end of the year, when the organization expects to have secured a new EMR vendor and hooked up the personal health record program to the EMR.

Philip Marshall, MD, director of products for the Portland-based WellMed, the software developer that also runs the clinic where Ernie Somera gets his physicals and provides the personal health record product to Group Health, says that even the personal health summaries that his company and others provide can help make the patient care delivery process more efficient, by allowing for pre-entry of a mass of personal health information, giving physicians' staffs the opportunity to do advance health education and freeing up doctors' precious minutes during the course of the patient visit itself.

That's certainly the case at Baylor Health Care System in Houston, where John C. Joe, MD, MPH, the organization's director of medical informatics, is overseeing intensive EMR/personal health record development with his colleagues. Joe says that pre-visit completion of medical histories and questionnaires can save physicians and staff "anywhere from 3 to 18 minutes of staff time, and that's pretty significant in the context of 15-minute appointments in most specialties." Averting the need for physicians to enter structured data and optimizing the physicians' face time with their patients while allowing for privacy-sensitive population health analysis can prove valuable on many levels, Joe says. He adds that "We've found a way to reduce the burden and cost of structured data entry by having the patient participate in the process."

HIM Professionals' Role Seen Being Upgraded

Given the wide variety of personal health record initiatives going forward, it would only be natural for HIM professionals to wonder exactly where they will fit into this emerging picture. After all, every patient care organization developing a personal health record system seems to be following a different path and pursuing an individual strategy.

"I think the steps and benefits of this for HIM professionals and their departments are clear," says WellMed's Marshall. "Within the scope of HIPAA, there will be a far greater emphasis on the consumer having far greater access to the system and control over his or her part in it." HIM professionals, he says, will become ever more important as navigators and guides to the system by helping patients and healthcare consumers access and manage their personal health information while assisting clinicians and others in better managing that information.

Mark O'Leavey, PEng, WellMed's director of health records, says the whole shift in the future will be away from what he calls "virtual manila file folders," and instead toward guided, categorized information for use by multiple parties, as appropriate. "We strongly believe that the value of having the consumer take time to enter personal health information into electronic databases will be data exchange, analysis, and synthesis." He cites the example of a patient on coumodin who enters information into her personal health record indicating that she is self-medicating with aspirin for a minor ailment. The system supporting the personal health record can send her an electronic message back indicating that there might be a drug interaction in that case.

And the expertise of HIM professionals will be crucial to the designing of and implementation of smart systems, says Joseph Bisordi, MD, senior vice president and chairman of medical informatics at the Danville, PA-based Geisinger Health System. Bisordi has, until very recently, been involved in spearheading the nascent push into personal health records at Geisinger (he was promoted to the position of associate chief medical officer in June). "I don't think we know yet how to use all of the information that's in the new electronic medical record," Bisordi says, and that includes the personal health record.

In that regard, HIM professionals will be indispensable to the development of the personal health record, he contends. "They bring to the table a lot of information about the science of information, the presentation and delivery of information; and they need to bring to bear an understanding of regulations, policy, and procedure to the process."

Linnea Fraser, RHIA, director of health information management at Concord (NH) Hospital, says HIM professionals should not feel daunted or threatened by the empowerment of patients regarding their health records or the proliferation of newfangled options like personal health records.

"We've always said that patients were at the center of what we do, either in terms of managing their health or in direct patient care," Fraser says. "I can't look at [the personal health record form that her hospital has developed] in isolation, because it's linked to health education, and [that linkage] changes the HIM professional's role and energies. So, instead of confining our knowledge within our department and organization, we'll be working more fully with the general public."

She advises HIM managers to get their staff involved in designing and taking ownership in their participation of whatever personal health record mechanisms are created in their organizations. As they do so, she says, they become advocates for development of useful new tools for patients and their families.

Meanwhile, back on the West Coast, Ernie Somera says the time has definitely come for HIM professionals and healthcare professionals in general to embrace the personal health record. "I would say it's a good way to go, because it doesn't matter where you're at physically," he says, adding, "My daughter is going to be going away to college in August. This would be perfect, if I could open a record for her, just in case of an emergency."

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