

# PHR and EHR: What's the Difference? Records Differ in Span and Legality

Save to myBoK

*by Don T. Mon, PhD*

While the personal health record (PHR) is growing in recognition and PHR products are beginning to fill the marketplace, there are still many questions surrounding how the PHR interacts with an electronic health record (EHR). This article will attempt to answer some of those questions.

## Content versus System

Opinions vary as to what constitutes the PHR. Is it only a record, or does it have interactive functions, too? The answer lies in the difference between data content and a software system. The PHR is the data content—the set of data that documents the lifelong care provided to a consumer. A PHR system captures, stores, and processes the data and provides sufficient functionality to access and exchange health information, as well as to assist the individual in making health decisions.

In an electronic environment, the two are inextricably tied together. But it is important to understand the differences between the record and the system. Health Level Seven (HL7) has adopted a similar convention in its designation of the EHR and an EHR system.

## EHR and PHR—Both Lifelong Resources?

The PHR, rather than the EHR, has greater potential for being a true “cradle to grave” lifelong record. Provider EHR systems typically create records only for patient visits. In the future, as health information is exchanged between EHR systems via a national health information network, a provider’s EHR system will still capture only health records from other providers that are relevant to a patient’s current condition.

There are good reasons why data in provider EHR systems will continue to be episodic in nature even after the proliferation of health information exchange networks. Given how busy caregivers are, it is unlikely that they will want to sift through more records than are needed to provide high quality care. In addition, the processing and storage of such information will increase the provider’s computing costs.

So while a patient’s record in a provider’s EHR system may contain more health information than the record for that visit, the total set of health information for that patient will not be lifelong. The PHR, on the other hand, if started at the time of birth and maintained until death, can truly be a lifelong resource.

## Two Models for the PHR

Currently, two major PHR models exist. The first model is a provider’s EHR system that presents patients with views of their records. The second is the freestanding PHR. The lifelong versus longitudinal distinction above affects how you view these two models. Given its episodic nature, the provider’s EHR system will have difficulties in serving as a lifelong resource. Consequently, individuals relying on this model for lifelong health information may have to access multiple provider EHR systems, each of which presents them with views of perhaps more longitudinal, but still episodic, data. Alternatively, the patient may have to export data from one system to the next in order to have the data reside in one place.

The freestanding PHR model may provide greater flexibility in serving as a lifelong resource, though that flexibility is also its challenge. Unlike the clinician in the provider EHR system model, the individual has a greater incentive to accumulate all appropriate health information from all visits. But the freestanding PHR must overcome the technical hurdles of importing and exporting disparate data (until standard data content and other interoperability standards become reality). Storing what may

become a massive amount of data could also be a challenge. However, with those challenges met, the patient has a single source for lifelong health information.

## Is the PHR a Legal Record, Too?

The paper record currently serves as the legal record in many healthcare enterprises. But there is a strong movement to make the EHR stand as the legal record. For example, many physician offices and hospitals are currently grappling with defining the legal EHR as they implement EHR systems. AHIMA has published guidelines on the legal record and assembled a legal EHR work group, consisting of HIM professionals and health law attorneys, to help identify issues and develop tools to assist providers in defining their legal EHR.<sup>1-5</sup> An HL7 work group developed legal EHR conformance criteria, which will help elevate the EHR Draft Standard for Trial Use into an American National Standards Institute-approved standard.

In addition to assisting clinicians improve the quality of care, the EHR, as a legal record, must abide by a number of rigorous records management practices so that it can provide documented evidence of the care provided to the patient.

The PHR is not a legal record, and therefore need not withstand the rigor we place on the EHR. It is impractical to think that consumers can fully understand the rationale behind, and then perform the practices required of, legal records. However, that the EHR is a legal record (and the PHR is not) plays a big role in the design of the PHR, especially when it comes to exchanging health information between the two records and the question as to whether consumers can be allowed to change anything in the record.

## Maintaining the PHR

When health information is downloaded from a provider's EHR to a PHR, that information cannot be modified. If modifications were allowed, then when the PHR exchanges data with the next provider's EHR, the latter will have imported information that may be very different from the documentation within the first provider's EHR. While caregivers are not relieved of their responsibility to check with other providers when a PHR-to-EHR exchange has occurred, it certainly sets up a situation where patient safety is at risk if a consumer were allowed to change health information downloaded from a legal EHR.

These distinctions have implications for the PHR's data architecture. There may need to be two regions of data in the PHR—a protected region where modifications to EHR data cannot be allowed and the presentation of the data is read-only, and another, less protected region that sits side by side to the EHR data where the individual is encouraged to enter and edit as much personal health information as possible.

The PHR can play a major role in helping consumers and their caregivers make health decisions. The questions that providers, vendors, payers, and HIM and IT professionals have about the PHR and the differences between it and the EHR are good for the industry because the answers can help reduce duplication of system functionality and resources and increase awareness of the mutual benefits of both the EHR and the PHR.

## Notes

1. AHIMA. "Update: Guidelines for Defining the Legal Health Record for Disclosure Purposes." *Journal of AHIMA* 76, no. 8 (2005): 64A–G.
2. Anderson, Ellen Miller. "Online Clinical Documentation in the Electronic Legal Medical Record." 2004 IFHRO Congress and AHIMA Convention Proceedings, October 2004. Available online in the FORE Library: HIM Body of Knowledge at [www.ahima.org](http://www.ahima.org).
3. Green-Shook, Sheila. "Electronic Legal Health Record and Components to Get There." 2004 IFHRO Congress and AHIMA Convention Proceedings, October 2004. Available online in the FORE Library: HIM Body of Knowledge at [www.ahima.org](http://www.ahima.org).
4. Rollins, Gina. "The Prompt, the Alert, and the Legal Record: Documenting Clinical Decision Support Systems." *Journal of AHIMA* 76, no. 2 (2005): 24–28.
5. Amatayakul, Margret, et al. "Definition of the Health Record for Legal Purposes." *Journal of AHIMA* 72, no. 9 (2001): 88A–H.

**Don T. Mon** ([don.mon@ahima.org](mailto:don.mon@ahima.org)) is vice president of practice leadership at AHIMA.

---

**Article citation:**

Mon, Don T. "PHR and EHR: What's the Difference? Records Differ in Span and Legality ." *Journal of AHIMA* 76, no.10 (November/December 2005): 60-61.

---

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.