

PHRs and Physician Practices

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More and more consumers are taking the initiative to create and maintain personal health records (PHRs), but are physician practices prepared for patient requests for copies of their medical records?

Based on current medical record retention policies and methods of storage, policies and procedures for patient access to medical information must be documented. Physician offices need to be prepared for patients who want to play a more active role in their healthcare by gaining access to and managing their personal health information.

This practice brief outlines the issues that physician practices encounter as patients increasingly utilize PHRs. It also explores the decisions that physician practices must make as they develop policies and procedures to support patients. Sidebars offer a PHR definition, key PHR content, and overviews of benefits and current formats.

Release of Health Information

One common factor for all types of stored medical information is the issue of properly authorized release of information. The 2004 practice brief “Release of Information Reimbursement Laws and Regulations” can serve as a resource for physician practices about release of information practices and reimbursement laws and regulations.

Obtaining a proper authorization for release of medical information is the first step. Some physician practices expedite obtaining the authorization by including the authorization form on their Web sites as a patient convenience. The form can be printed, completed, and mailed or faxed. This saves the patient from making a trip to the physician practice, increasing patient satisfaction. It also provides for a more e-friendly environment for the patient and cuts down on office clerical workload.

Many states have regulations that limit the fees for producing copies of medical records for patient use. Physicians and their staffs should be aware of the laws and regulations within their states. Specific regulations by state may be found at www.lamblawoffice.com/medical-records-copying-charges.html.

Responding to Patient PHR Requests

A number of responses might be appropriate when working with patients using PHRs. The staff in the physician’s office needs to be prepared for patients who wish to collect and share their health information. The level of patient satisfaction and customer service is driven by telephone conversations between the patient and the physician practice and from the interaction of practice staff and the patient during a face-to-face visit.

When a patient presents with a three-ring binder full of the patient’s medical history, how does the practice respond? Does the receptionist say, “Thank you, Mrs. Jones. Please share that information with the physician during your appointment”? Or does the receptionist say, “We already have your medical history and that binder is for you, not the physician”? The receptionist is the first face-to-face contact that the patient has with the physician practice.

In another example, a patient presents to the practice with a memory stick or CD and tells the nurse, “Here is my medical history. I want you to make sure this information is included in my medical record here at Dr. Smith’s office. It has all the information from my recent test results and visit notes from my endocrinologist, gynecologist, and hospital discharge from last month.” The physician practice must ask itself some critical questions regarding the storage and use of that information:

- How critical is it that Dr. Smith review and maintain all of the information that the patient provides?
- What is the validity and integrity of the information itself?

- How is it stored and accessed?
- Does the physician practice have software that can read the stored information?
- Does the practice have its own Web portal for patients to enter medical history, test results, and patient-developed results, such as glucose home-testing results?
- Does the physician practice have a policy to address such requests?
- If there is a policy, what is the time frame for downloading such medical information?

Every practice should be prepared to answer these common questions. Policies should be developed and enforced, and staff must be trained on them. Often having scripted text available for the staff will ensure a higher level of consistency and compliance to these policies.

A similar scenario exists for those practices that already have an EHR and the patient presents with a hard-copy PHR. What will the physician practice do with the paper? Will the practice insist on an electronic format? Will it file copies in another location for retrieval of this medical information? Will it use document-imaging technology? Will the PHR be integrated into the electronic health record? Physician practices must also be prepared for this scenario.

Finally, how does the practice respond when patients request all of their medical records? Such requests can be costly and labor-intensive. Does the staff attempt to learn the purpose of such an extensive request, explain why it may not be necessary, and offer acceptable alternatives? If the patient must have all medical records, does the practice provide expectations for time and cost?

PHRs: An Overview

AHIMA defines the personal health record as an

electronic, universally available, lifelong resource of health information needed by individuals to make health decisions. Individuals own and manage the information in the PHR, which comes from healthcare providers and the individual. The PHR is maintained in a secure and private environment, with the individual determining rights of access. The PHR is medical and health information that is directed and maintained by the patient and is separate from and does not replace the legal record of any provider.¹

The PHR affords many benefits for patients, and it serves as a great resource for physicians. The more accurate and up-to-date information the physician has, the better he or she can evaluate and treat patients.

The PHR allows physicians timely access to crucial patient information and facilitates continuity of care. It may eliminate duplicative testing and reduce prescription errors, which results in increased patient safety.² However, the physician advantages of a PHR may rely upon the ability to integrate with the physician practice's electronic health record.

Key PHR Information

PHRs can be kept in many forms, and the content will differ from patient to patient. However, there are some key pieces of information that should be included in every PHR:

- Personal identification, including name, birth date, and Social Security number
- People to contact in case of emergency
- Names, addresses, and phone numbers of physician, dentist, and other specialists
- Health insurance information
- Living wills and advance directives
- Organ donor authorization
- A list and dates of significant illnesses and surgeries
- Current medications and dosages
- Immunizations and their dates
- Allergies
- Important events, dates, and hereditary conditions in family history

- A recent physical examination
- Opinions of specialists
- Important tests results
- Eye and dental records
- Correspondence with providers
- Permission forms for release of information, operations, and other medical procedures
- Any other miscellaneous information about patient health such as exercise regimen, herbal medications, and any counseling

The 2005 practice brief “The Role of the Personal Health Record in the EHR” provides a detailed list of the common data elements in a PHR. This comprehensive list may act as a starting point for physicians and patients when beginning a PHR (see appendix A).

PHR Formats

Currently PHRs can be collected in several formats including paper-based, personal computer-based, Internet-based, and portable storage. Paper-based PHRs are currently the most common among patients, with patients collecting copies of records at each visit and adding them to a notebook or file folder. Others are using their personal computers to manage their PHR by scanning copies of medical information or downloading files onto a memory stick or CD while at a physician practice. However, Internet-based PHRs are growing in popularity.

Internet-based PHRs are either tethered or untethered. A tethered PHR is a subset of data compiled by a provider, other healthcare entity such as a health plan, or an employer promoting wellness among employees. The individual can access and update the tethered PHR. An untethered PHR is controlled by the individual who signs up for an Internet-based service. The individual provides his or her health information or sends pertinent documents to the PHR vendor to be filed in the record. These services allow password-protected access to records anywhere, anytime via an Internet connection.

Portable storage devices are also becoming more widely used with health information stored on smart cards, memory sticks, cellular phones, and PDAs.

Notes

1. AHIMA e-HIM Personal Health Record Work Group. “The Role of the Personal Health Record in the EHR.” *Journal of AHIMA* 76, no. 7 (July–August 2005): 64A–D.
2. Wolter, Julie, and Beth Friedman. “Health Records for the People: Touting the Benefits of the Consumer-based Personal Health Record.” *Journal of AHIMA* 76, no. 10 (November–December 2005): 28–32.

Education and Training

Education of physicians, providers, practice staff, and patients is essential to the success of managing the PHR in physician practices. There are many resources, including recent articles, white papers, and research documents, available through the Internet. Medical societies, physician and provider organizations, payers, and consumer groups such as disease-focused groups may present educational opportunities for increasing consumer knowledge on PHRs and e-health.

Increasingly, medical practices have Web sites that include functionalities such as scheduling patient visits, paying bills, renewing prescriptions, appointment reminders, graphing of test results, and exchanging secure messages with physicians. Some physicians are even providing online consultations to patients, which are promoted by charging a lower fee than an in-office visit and some payers are reimbursing for e-visits.¹

These e-friendly Web functionalities have been shown to decrease the number of incoming phone calls, increase patient satisfaction, improve workflow, and increase communications between patient and physician for disease tracking. Over time, availability of these electronic services will drive increased patient demands for PHRs and access to electronic health records.

While some patients are educating themselves and presenting physician practices with PHRs, others are reluctant to access physician practice Web sites to simply schedule a visit, pay a bill, or record their glucose home-test results. According to research conducted by the Centers for Medicare and Medicaid Services, “consumer education is a key factor in driving the demand for PHRs, education that addresses both the benefits and risks of the technology so that individuals can make informed choices.”² Small pilot groups of beneficiaries may be used to develop marketing and training packets for beneficiaries throughout the Medicare program.

As noted, well-written policies and procedures are necessary to guide practice staff in supporting patients in their use of PHRs. Staff should be trained on the appropriate responses to give patients when they present with hard copy or electronic versions of their PHR.

Additionally, practices must determine where the PHR will be filed in its health record system. Practices with paper-based systems may consider filing different portions of the personal health record within the appropriate section of the medical record, clearly indicating the source of the material, or the decision may be made to develop a separate section of the medical record devoted to the personal health record. Careful consideration should be made to this decision, since the legal health record (subpoenable portion) may be affected.

PHR Component Basics

- A typical online PHR system consists of three key components:
- A secure central repository for storing patient information
- An online Web portal allowing users to view and maintain the information
- An optional interface to a provider’s electronic system to enable real-time or batch transfer of data to a central repository to eliminate redundant data entry in two systems

Source: Srinivasa, Anil. “Keeping Online Personal Records Private.” *Journal of AHIMA* 77, no. 1 (January 2006): 62–63, 68.

Technological Issues

Some physician practices are concerned about how PHRs will integrate with electronic health record (EHR) systems. One major challenge is the ability to maintain the integrity of the EHR as a legal or business record. For this reason, the practice should keep its EHR distinct from the patient-created or patient-entered data. Consideration should be given to system data architecture when planning for providing PHRs to patients or integrating with other PHR systems. The practice will want to ensure that its EHR system makes a distinction between areas that are protected and cannot be changed and those that would permit a patient to enter or edit data.

There are many consumer choices for the personal health record. The Web site www.myPHR.com maintains a list of PHR vendors available in the marketplace for patients and corporations. The product name, Web site address, format, and cost are provided.

Physician offices may want to encourage patients to seek an understanding of the many issues and questions associated with selecting a PHR vendor. Some of these issues include access, use, and control of the information, liabilities, HIPAA compliance, and secondary uses.³ Additionally, the patient should understand a product’s functions, format, portability, interoperability, and privacy and security policies, as well as the rules for authentication and access.⁴

Key Potential Benefits of PHRs and PHR Systems

Role	Benefits
Consumers, Patients, and Their Caregivers	Support wellness activities Improve understanding of health issues Increase sense of control over health Increase control over access to personal health information Support timely, appropriate preventive services Support healthcare decisions and responsibility for care

	Strengthen communication with providers Verify accuracy of information in provider records Support home monitoring for chronic diseases Support understanding and appropriate use of medications Support continuity of care across time and providers Manage insurance benefits and claims Avoid duplicate tests Reduce adverse drug interactions and allergic reactions Reduce hassle through online appointment scheduling and prescription refills Increase access to providers via e-visits
Healthcare Providers	Improve access to data from other providers and the patients themselves Increase knowledge of potential drug interactions and allergies Avoid duplicate tests Improve medication compliance Provide information to patients for both healthcare and patient services purposes Provide patients with convenient access to specific information or services (e.g., lab results, Rx refills, e-visits) Improve documentation of communication with patients
Payers	Improve customer service (transactions and information) Promote portability of patient information across plan Support wellness and preventive care Provide information and education to beneficiaries
Employers	Support wellness and preventive care Provide convenient service Improve work force productivity Promote empowered healthcare consumers Use aggregate data to manage employee health
Societal, Population Health Benefits	Strengthen health promotion and disease prevention Improve the health of populations Expand health education opportunities

Source: National Committee on Vital and Health Statistics. "Personal Health Records and Personal Health Record Systems." February 2006. Available online at www.ncvhs.hhs.gov/0602nhirpt.pdf.

Conclusion

Physician practices will need to talk with their patients both about the practice's readiness to support PHRs as well as the readiness of patients to access and contribute to their PHRs. Different approaches for different groups of patients may be necessary. What works for senior patients may not work well for those patients in their 20s and 30s. Patient adoption of PHRs will be aided by the practice's ability to educate patients on the advantages, proper use, and functionalities of the PHR.

It is clear that the healthcare industry is becoming consumer-driven as more and more patients are taking an active role in making healthcare decisions. The computer-literate consumer expects the healthcare industry to be an e-friendly environment. An increased number of patients are using the Internet to research medical diseases and surgical procedures. They participate in discussion groups, print treatment options, and use other online tools that assist the patients in playing an active role in their healthcare decisions.

The PHR is just one of many resources that enable patients to take more control of their own healthcare. Use of this consumer-driven healthcare resource is increasing, and physician practices will need to adapt to this environment. Large-scale adoption of the PHR will increasingly be dependent upon the support and acceptance by physician practices.

Notes

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3. Srinivasan, Anil. "Keeping Online Personal Health Records Private." *Journal of AHIMA* 77, no. 1 (January 2006): 62–63, 68.
4. AHIMA e-HIM Personal Health Record Work Group. "The Role of the Personal Health Record in the EHR." *Journal of AHIMA* 76 no. 7 (July–August 2005): 64A–D.

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