

Patient to Partner: Will PHRs Change the Physician-Patient Relationship?

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by Mark Hagland

The PHR represents more than a consumer-managed health history. It's a new way to see the consumer's role in healthcare.

Sheryl Rose, RHIT, an assistant manager of HIM at Valley Hospital Medical Center in Spokane, WA, recently switched physicians. Following her first appointment, staff gave her a binder containing all her lab results, including detailed lab values, and all other information related to her exam. "I was really pleasantly surprised," Rose says. "One of the reasons I was changing physicians was that with my other physician I would get a note saying, 'PAP normal, bone density scan shows thinning.' I wanted the pathology and radiology reports, but they were very reluctant to [provide them]. I'd have to go in and sign an authorization. I had to ask—I didn't want a cursory report." At her last visit with her current physician, the nurse practitioner went over test results with Rose, explaining each lab value.

Rose's physician plans to take this offering online, but even having the information in paper form, Rose says, changes the physician-patient relationship. Now that her physician shares more information with her, "I feel that I'm not just a consumer, I'm a partner," she says.

Expect more stories like Rose's in the next few years, industry experts say, as numerous personal health record (PHR) offerings evolve, both provider-based and consumer-based. The PHR is part of a larger shift toward more active involvement on the part of consumers in their healthcare. As this change occurs, the potential exists for a significant change in the physician-patient relationship.

First Steps from Office-based Physicians

In Lexington, KY, Stephen Pohl, MD, an endocrinologist who specializes in diabetes care, is another physician taking steps toward a more comprehensive approach to physician-patient information sharing. In his three-endocrinologist practice, he says, "We use high-speed lab equipment so that the lab results are ready for the patients at the end of the visit. At the end of the visit, I print out results and explanations of how to interpret the results. I also print out for them a problem list, a medication list, and weight and other vital signs data." Pohl also interacts actively via e-mail with patients "who are having problems or who are new to using an insulin pump; those patients e-mail us with their blood sugars, self-measured, every week."

Pohl says he is several steps away from offering online personal records, but he believes that the goals of his patient communication initiative are in any case the same: to share more information with patients and with other physicians, as appropriate, in order to help his patients, all of whom have diabetes, better participate in the management of their illness. Pohl's practice uses an electronic health record (EHR) system that has a personal record component, which he will eventually be able to activate for his patients.

Already, Pohl's patients are expressing strong satisfaction with the steps he's taken. "They respond very positively to it, they put [the information I provide them] on their refrigerator doors and take it to their other physicians. It empowers them. I'm a diabetes specialist, and [diabetes] is something that affects them day in and day out. And for me to be successful with patients, they have to understand their disease and how it affects them."

Two-way Traffic

Physicians are also encouraging their patients to share more information with them. Joseph Heyman, MD, a solo gynecologist in practice in Amesbury, MA, offers patients the ability to record their health histories through his Web site.

If any small physician practice could be said to be on the leading edge when it comes to using IT to support clinical care and boost patient satisfaction, it would have to be Heyman's. A practicing gynecologist since 1973, Heyman went into solo practice in April 2001 and immediately implemented an EHR system for his two-person office. With a comprehensive Web site and e-mail links, Heyman's patients schedule their appointments with him online. And using the personal record function of Heyman's integrated patient-physician communication software, they can record and share their health history.

Patients remain in control of the information they enter. They can allow Heyman access, in which case he incorporates their information into his EHR system. They can also grant other physicians access to the information. Patients who report chronic conditions in the program have the option of receiving push messages that offer education on disease-specific health maintenance issues.

On the Verge of Profound Change

The first PHR attempts were dogged by questions of ownership, access, maintenance, cost, and technology. Many still lack interoperability, with little or no ability to share data electronically with another program. Heyman, for example, must manually transfer the health information patients supply through his Web site into his EHR system. He looks forward to the near future when he will be able to import the information automatically.

The overall environment of physician-patient communication also has been slow to evolve. Many physicians held back from initiating options for greater patient involvement in their health records and care processes for a number of reasons related to technology availability, the medical culture, and reimbursement and liability considerations. But the operating, technological, and societal environments are changing rapidly.

Expect to see the foundations of the PHR being built gradually and steadily over the next few years, says Rosemarie Nelson, a consultant for the Denver-based Medical Group Management Association, which advises physician practices nationwide on IT development.

"There is an interest on the part of physicians to better facilitate the care they provide," says Nelson, who is based in Syracuse, NY. "They want to allow patients access to the kinds of things they can only get via the phone now—lab test results, prescription refills, appointment scheduling." Consumers can maintain medication lists online for themselves or for family members they're caring for, she notes. More and more, she says, she sees practices offer patients new ways to interact with the office.

Nelson predicts that PHRs are the next, inevitable step in the increase in communication. "Patients will maintain these records for themselves online," she says. She expects educated Baby Boomers to play a big role in the change. "We expect to have a higher level of service, and we expect to play a larger role in it ourselves," she says. Without question, she says, the use of PHRs will improve and strengthen physician-patient interactions.

More Communication, Better Care

David Liebovitz, MD, agrees. "I feel that any way in which patients are having more access to their clinical information and it becomes more of a joint effort improves the quality of clinical care," says the medical director for clinical information systems at Northwestern Memorial Hospital in Chicago. "There are so many medical details to keep track of in a given outpatient encounter these days, including multiple screening efforts and the complex aspects of care management, that a joint effort is likely going to result in improved care."

Liebovitz and seven colleagues are communicating with their patients online, informing them of test results and "allowing patients to ask clinical questions, view their problem lists and ask questions about them, and also schedule appointments and refill prescriptions," says Liebovitz. The information is stored within the application itself.

Consumer and HIM professional Sheryl Rose says she believes PHRs will prove to be highly positive for patient care. "I think this is really going to enhance the quality of care," she contends. Having participated in a PHR program, she says that "I can

see how important it is to maintain your own record; now I'm an informed patient when I see a provider. And," she adds, "the older you get, the more providers you see. [With a PHR], there's less probability of over-utilization of services," as when a patient forgets that a lab test or x-ray has already been run by another provider.

Boosting Customer Service

Meanwhile, physician practices taking the first steps are intrigued by consumer information channels and personal records for a variety of reasons, some of them market-driven. "I see the potential, and as we plan for 2007 we may well put PHRs on the agenda," says Susan Dicosola, chief operating officer of the Murray Hill Medical Group, a 29-physician multispecialty group in midtown Manhattan.

"We have a very highly educated patient population and one that is very much e-friendly," she says. "For instance, when we created e-appointment scheduling, we estimated that if 10 to 20 percent of patients latched onto it, that would help free up the phone system—we can get as many as 500 phone calls an hour here." In fact, she reports, "We've gotten up to close to 40 to 50 percent of patients doing it now." With an educated and demanding patient demographic, Dicosola says, creating a personal record capability will be a natural step toward increasing consumer satisfaction.

There is already anecdotal evidence that consumers are evaluating providers on their online offerings. And initial efforts are being well received. Northwestern's online pilot began in the spring, and as of press time more than 100 patients had actively participated. "When patients are given this option to participate in this pilot, they're extremely enthusiastic about having another way to communicate effectively without having to wait," Liebovitz says.

In Heyman's practice, reaction has been similar. The health history function "saves a lot of time in the office, and patients really do enjoy having all their information in one place," he says.

In the end, says Heyman, "I think personal health records are definitely in the future, and they're going to make a major impact on the way physicians interact with patients." In any case, he says, PHRs are "coming whether [physicians] want them or not." And he offers one last benefit: "they're legible!"

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