Personal Health Record (PHR)
Policy and Strategy Considerations

Joel M. Ackerman
JoelA@AckermanConcepts.com
612.396.6521
Agenda

- PHRs in Context
- Why Organizations Offer/Promote/Sponsor PHR?
- PHR Attributes/Dimensions
- PHR Implementation Status
- Potential Scenarios
- Implications for the Organization
- Developing an Organization’s PHR Strategy
- Recommendations
- Discussion
PHRs in Context: NCVHS View

Source: National Committee on Vital and Health Statistics, 9/9/2005 Letter report to Secretary Leavitt on PHR systems
Each person controls his or her own PHR. Individuals decide which parts of their PHR can be accessed, by whom and for how long.

PHRs contain information from one’s entire lifetime.

PHRs contain information from all health care providers.

PHRs are accessible from any place at any time.

PHRs are private and secure.

PHRs are “transparent.” Individuals can see who entered each piece of data, where it was transferred from and who has viewed it.

PHRs permit easy exchange of information with other health information systems and health professionals.

# PHRs in Context: Markle Foundation
## Connecting for Health – EMR vs. PHR

<table>
<thead>
<tr>
<th></th>
<th>Electronic Medical Record (EMR)</th>
<th>Personal health Record (PHR)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Control of Information</strong></td>
<td>Provider or institution decides what is in the EMR.</td>
<td>Person controls the data within the PHR and decides who can access which parts of it.</td>
</tr>
<tr>
<td>stored in the record</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td>Any authorized clinical or support staff in the doctor's office or institution as part of routine medical practice may access the EMR.</td>
<td>PHR can only be accessed with patient's consent (with possible exceptions for emergencies).</td>
</tr>
<tr>
<td><strong>Origin of Information</strong></td>
<td>Primarily from one practice or institution</td>
<td>Cross-institutional</td>
</tr>
<tr>
<td>in the Record</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Person’s entries into</strong></td>
<td>Rare</td>
<td>Common</td>
</tr>
<tr>
<td><strong>the record</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Users</strong></td>
<td>Professionals in the office or institution</td>
<td>Used by the individual person for self-care and record keeping. May be shared with medical professionals for continuity of care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Integration with</strong></td>
<td>Provider-centered medical management</td>
<td>Person-centered self-care</td>
</tr>
<tr>
<td><strong>decision support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>tools</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Source of information</strong></td>
<td>Important source of person’s data for the PHR</td>
<td>Important source of person’s data for the EMR</td>
</tr>
<tr>
<td>for other systems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reasons Organizations Offer/Promote/Sponsor PHRs

- **Defensive Move**
  - Competition is doing it
  - Need to retain customers
  - We are being judged as deficient

- **Competitive Advantage**
  - Differentiation, image
  - Attract customers
  - Reduced utilization, more appropriate utilization
  - Positioning for future products/services
  - Control of market

- **Direct profit**
  - PHR is a product with inherent profit potential

- **Improve quality of care; fulfillment of mission**

- **Mandate – legal or regulatory**
PHR Attributes/Dimensions

- Scope and nature of content
- Source of information
- Features and functions
- Custodian of the record
- Data storage
- Technical approaches
- Party controlling access to the data
PHR Attributes/Dimensions
Scope and Nature of Content

◆ Scope
  ◆ Single organization vs. cross-organizational
  ◆ Since onset of relationship vs. “womb-to-tomb”

◆ Nature of content
  ◆ Clinical data
  ◆ Financial/administrative data
  ◆ Patient submitted data

◆ Standardized vs. proprietary
PHR Attributes/Dimensions

Source of Information

- Provider
  - Hospital
  - Clinic
  - Rx
  - Lab
  - Ancillary
  - Non-traditional / Alternative Medicine

- Payer
- Patient / Consumer
- Caregiver
PHR Attributes/Dimensions

Features and Functions

- View personal health data
- Exchange secure messages with providers
- Schedule appointments
- Renew prescriptions
- Enter personal health data
- Decision support (e.g., alerts / reminders)
- Import / export data
- Obtain healthcare / disease information
- Track, manage benefits & services
- PHR access tracking, access control management
PHR Attributes/Dimensions

Custodian of the Record

- Provider
- Payer
- Patient
- Government
- Employer
- Third party
  - Vendor
  - Community utility
PHR Attributes/Dimensions

Data Storage

- Network (Internet) accessible database
  - Provider’s EHR
  - Payer system
  - Vendor system
  - Government system
  - Community utility

- Patient / consumer home computer

- Portable
  - Paper record
  - Smart card
  - CD, DVD, optical card
  - Thumb drive (e.g., USB device)
  - RFID
PHR Attributes/Dimensions

Technical Approaches

- Security
- Authentication
- Privacy
- Data Standards
- Interoperability
PHR Attributes/Dimensions

Party Controlling Access

- Patient
- Healthcare provider
- Government
- Service provider
- Other?
PHR Implementation Status

- Great variety of PHR systems and implementation efforts
- No national or local consensus on anything related to PHR
- Federal government encouraging the implementation of PHRs but doing little of tangible value at this time
  - Exception: Veteran’s Administration PHR system
- PHR is becoming a requirement on RFPs, “quality” assessments
Potential Scenarios

1. Vendor domination - Vendor gets critical mass of any of:
   - Patients / consumers
   - Providers
   - Payers
   - Employers

2. RHIO solution – “Community” decides to create a PHR enterprise for everyone

3. Laissez faire – No coordination or dominance
   - Multiple products/solutions in marketplace
   - No standards or interoperability
   - Long term impact: higher costs for everybody

4. Single entity (e.g., provider or payer) domination – a dominant entity captures lead position in PHRs
   1. Not available to others in the area
   2. Available to others in the area at a (high) price
Implications for the Organization

- Need to pick a direction and be making progress; need a reasonable, defensible position
  - Basic decision: Proactive or reactive?

- Need to keep options open, stay flexible, monitor and adjust to changing conditions

- Need to encourage and possibly influence standards efforts

- Need to encourage community cooperation / collaboration
  - Minimize risk
  - Maximize investment
Developing an Organization’s PHR Strategy

- Develop strategic objectives, goals re: PHR
- Conduct environmental assessment
- Identify planning assumptions and likelihood
- Develop candidate strategies
- Identify costs, benefits, risks, risk management
- Select a strategy
- Secure resources
- Develop detailed plans
- Begin implementation
- Monitor, adjust as necessary
Discussion

- What are or will be the PHR strategies/plans developed and implemented?
  - National strategy/plan?
  - State strategy/plan?
  - Competitors’ PHR strategies?
  - Business partners’ PHR strategies?
  - Vendors’ PHR strategies?

- What will be the ultimate outcome or “end game”?
Recommendations to MN Healthcare Community

- Endorse PHR as a tool/technology that can help improve the lifetime health of Minnesota’s citizens

- Develop MN community standards for PHR content and information exchange, consistent with any emerging national standards effort; actively participate in the development of national standards

- Create a voluntary but encouraged PHR vendor & product certification program