With the surge in consumer-driven health care, health care leaders and advocates expect and encourage members of the general public to become better health care consumers. The personal health record (PHR) can be an important tool to assist patients in managing their care and communicating about their health. Further, the use of “integrated PHRs” promises to contribute to the transformation of the health care system from provider-centric to patient-centric. While definitions and formats of PHRs vary, an integrated PHR can be described as electronic records that are capable of communications, data exchange, and full integration with health care information systems.1

In late September 2006, the Agency for Healthcare Research and Quality (AHRQ), American Medical Informatics Association (AMIA), Kaiser Permanente Institute for Health Policy, and The Robert Wood Johnson Foundation sponsored a roundtable discussion with key stakeholders and health care and technology experts to explore the facilitators and barriers to fully-integrated personal health records, linking PHR and electronic health records (EHR) systems. The group was charged with identifying:

- The “transformative potential” of integrated PHRs;
- Barriers to realizing this potential; and
- A framework for action to move integrated PHRs closer to the health care mainstream.

The groups classified the “transformative potential” of a fully-integrated PHR into five major categories:
- transforming the care processes;
- interactive communication;
- information exchange;
- consumer activation; and
- convenience and efficiency.

At the same time, the group recognized the major barriers to integration and realizing any benefits, such as:
- challenges of changing health care systems culture;
- lack of a common framework, including standards and infrastructure;
- trust; and
- marketing the PHR to increase consumer awareness and understanding.

Several common themes emerged, and the group generated possible action steps to help overcome some barriers and strive to achieve potentials. These included:
- Develop PHR certification standards;
- Develop and disseminate standards of practice for PHR deployment, administration and use;
- Promote industry standards to encourage integration, such as a common set of utilities;
- Promote integrated PHRs by national entities, and
- Further assessment and research related to PHR use, i.e., effectiveness, business care, liability issues, special populations, etc.

It will take a great deal of work to develop, disseminate and fully utilize an integrated PHR. This roundtable was a powerful first step in bringing together key organizations and strategic thinkers primed to promote the PHR and its transformative potential.

Reference