

Demand for Electronic PHRs Is Expected to Rise

BY DOUG BRUNK

SAN DIEGO — If you think that providing your patients with their own electronic personal health record is a waste of time and money, think again.

"If you can communicate more effectively with an online personal health record, then you're enhancing that physician-patient relationship to make sure that patients have the care that they need," Dr. Mark M. Simonian said at a meeting sponsored by Rady Children's Hospital and the American Academy of Pediatrics.

Dr. Simonian, executive member and past chair of the AAP's Council on Clinical Information Technology, explained that a personal health record (PHR) is accessed through the Internet and may be affiliated with the patient's physician, but it's under the primary control of the patient. "It's not a practice-based electronic medical record, but it's capable of being integrated with the elec-

tronic medical record," he noted.

The goal is to provide an Internet-based health record that coordinates life-long health information and is accessible and portable. PHRs also may include integrated, secure physician-patient e-mail and online consultation, as well as automated disease management via medication or condition-specific "adherence" messages sent from the physician to the patient.

The AAP is now developing standards for PHRs. Dr. Simonian said that basic features should include information on foster care, birth history, and family history; insurance information; a list of allergies; and a record of medications, immunizations, and lab, image, and other studies.

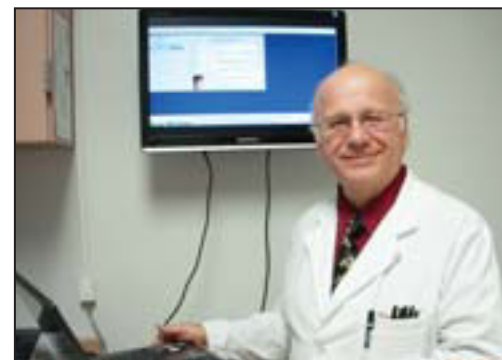
"That is absolutely essential," said Dr. Simonian, who practices pediatrics in Clovis, Calif.

PHRs can be either standalone (portable) or tethered (not transferable from one provider or insurer to another).

Several free standalone PHR tools exist, such as Microsoft HealthVault (www.healthvault.com), Google Health (www.google.com/health), and Health Butler (www.healthbutler.com).

He said that he currently offers his patients a tethered PHR "that is only active as long as they're part of my practice. I'm talking to my vendor about allowing patients to access their PHR, even if they move to another provider."

While he noted that he expects increasing numbers of physicians to offer PHRs to their patients in the coming years, Dr. Simonian acknowledged certain obstacles to their widespread use, including the fact that not all patients and their families have ready access to the Internet. Then there's the challenge of meeting the needs of patients who do not speak English. "There's no interpreter built into the PHR," he said.



Dr. Mark M. Simonian shows an example of an electronic personal health record.

Other concerns include compliance with the Health Insurance Portability and Accountability Act and the potential for patients to alter the information the physician enters into the PHR. "If you can't trust what's in the record, how valuable is it?" he asked.

Dr. Simonian said he had no conflicts of interest to disclose.

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