

Understanding Patient Perceptions of the Electronic Personal Health Record

Katherine Dontje, PhD, FNP-BC, William D. Corser, PhD, NEA-BC, and Greg Holzman, MD, MPH

ABSTRACT

Nurse practitioners are being asked to implement meaningful use initiatives including electronic personal health records (PHRs), yet little research has been done on the usability of the systems from a patient perspective. This qualitative study identified patient perceptions and barriers to the use of the PHR. Four themes were identified: access issues, perceived value of the PHR, potential usability, and security issues. Specific patient issues were those around the use of technology and health literacy issues. Nurse practitioners have an opportunity to work with patients and health information technology staff to address these issues and improve patient engagement through the use of PHRs.

Keywords: electronic health record, nurse practitioner, patient engagement, personal health record, primary Care

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Nurse practitioners (NPs) are increasingly expected to integrate multiple national initiatives such as meaningful use of the electronic health record (EHR) into their practice settings. Meaningful use criteria were established through the Health Information Technology for Economic and Clinical Health Act of 2009 to incentivize the implementation of EHRs in clinics and hospitals nationwide. The overall goal of this initiative was to improve health care quality and to assist the health care provider in meeting the triple aim of improving the patient experience, controlling cost, and improving quality.¹ One of the objectives of meaningful use is to improve patient engagement and encourage patients to participate in decision making related to their health care. One of the tools that has been envisioned to assist in meeting this objective is the personal health record (PHR). The PHR has the potential to provide a means to connect patients with their own health care records and information regarding health care treatments and plans.²

The PHR has been proposed as a means to facilitate a fundamental shift in the patient-provider relationship in which patients assume a more active role in health care decisions.^{3,4} PHRs were initially developed outside the health care system as Internet-based tools and typically initiated by the patient as a

means for them to organize their health care data. More recently, the PHR has been linked or “tethered” to the EHR through Web portals, which allow information to cross over between the PHR and patients’ medical records.⁵ The tethered PHR can provide patients with preventative health care reminders, educational materials, and self-management resources, which have the potential to encourage patient engagement and may yield improvements in overall health.⁴ Furthermore, PHRs connected through Web portal systems have shown the potential ability to lower health costs by decreasing the number of unnecessary office visits and telephone calls when patient queries can be addressed through secure online communication.⁶ Yet, PHR adoption by health care providers and patients continues to be limited, and data related to improving patient outcomes have not been well established.^{7,8}

Despite the many benefits PHR systems can bring, there are still many current challenges regarding their accessibility and use within the clinical setting. At this time, there has been an overall lack of focus and funding related to the implementation and training of the PHR. This lack of focus has resulted in a situation in which few providers and patients have time to discuss and access the PHR.⁹ In addition, primary care providers are faced with multiple quality

initiatives in the office setting including meaningful use, patient-centered medical homes, and the new *International Classification of Diseases, Tenth Revision* transition. Thus, providers have had to choose which of the initiatives to focus their efforts. Therefore, it is unlikely that most providers and organizations will emphasize PHRs unless there is an established link to a decrease in health care costs or a substantial improvement in the efficiency of care.⁴

In addition to systemic barriers to PHR implementation, there are also obstacles regarding individual patient adoption and the use of PHRs. Current literature suggests that patients who view themselves as reasonably healthy are less likely to access their PHRs.^{4,10} Underserved, low-income, and elderly populations may also have trouble gaining Internet access or be unfamiliar or uncomfortable using such computerized systems.¹¹ Concerns surrounding security of health information have been suggested in the literature and may be an impeding factor among many PHR users.⁸ In addition, patients are often frustrated by the differences in PHRs linked to different EHR systems. There is not yet a single uniform PHR system designed to interface across health care systems.^{8,12} This frequently places the burden of understanding how to navigate different PHR systems on the patient. Despite these numerous patient-related barriers, minimal information has been published regarding the PHR preferences and expectations of typical patients.

PROJECT DESIGN

This study was designed to examine the challenges and barriers of access to the PHR through a patient's perspective. Institutional review board approval was obtained at the university level. Data collection was through a series of 6 semistructured participant focus groups. Five open-ended questions were asked at each of the focus groups to stimulate conversation and discussion. The focus groups were tape recorded and transcribed verbatim. Individuals were identified as participants through a multistep process. First, the health information technology group identified all individuals over the age of 18 who were seen in the last 3 months at 2 primary care clinics. These individuals were sent a confidential letter that explained the study and directed them to contact the principal

investigator of the study if they were interested in participating. Once the individuals self-identified, the principal investigator called them and scheduled them into a 60-minute focus group. Focus group transcripts were analyzed using a common qualitative content analysis method. The authors individually reviewed the transcriptions and examined them for major themes across the data.

The sample for this study was comprised of 21 adults reporting an average age of about 64 years (standard deviation = 11.60 years). The majority (95%) were white. Over 80% of participants reported having completed undergraduate or graduate college programs, and approximately 62% were currently married. Judging from individual participant responses, the authors later concluded that about 10 participants (48% of the total sample) had actively accessed/tried to access their PHR before their respective focus group.

During the data analysis, the main themes identified in the focus groups were the following: (1) challenges with PHR access issues, (2) a lack of current perceived value of the PHR, (3) opportunities for improved usability or improvements needed to increase the use of the PHR, and (4) concerns about security. Within these themes, there were a number of subthemes. PHR access issues included a lack of awareness of the PHR, difficulty getting onto the system, and perceived value in contrast to time required to learn a new system. The perceived value of the PHR included the possibility of being able to review and update clinical data, e-mailing providers, organizing their health record to share with other providers, and usability of the information obtained. The potential improvements included the ability to review laboratory values and radiology, correcting their own information, coordinating across providers, and making or changing appointments.

DISCUSSION/SUMMARY

Patient engagement is being increasingly emphasized as an essential component of high-quality health care. NPs have long supported the concepts of partnering with the patient and personalized interactions.¹³ One of the challenges to realizing the full potential of the PHR is determining how to best educate and engage diverse patients in the use of the PHR.⁴ Even though

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