

Clinicians' Quick Reference Guide to Personal Health Records

The changing healthcare environment includes significant opportunities for improving care by providing patients with increased access to and management of their health information and the health information of loved ones they care for. One example of this consumer empowerment is the increasing use of personal health records. This guide will answer some of the questions you may have about this technology and the role it plays in improving the quality of healthcare for your patients.

THE PERSONAL HEALTH RECORD

A personal health record, or "PHR," is an electronic tool your patients can use to store and manage their health and medical information. Generally Web-based, a PHR may include information about health and medication history, the family's medical history and other pertinent information, such as where they live, emergency contact information, allergies and travel destinations that may be subject to health precautions.

THE PURPOSE OF A PHR

The PHR is a tool for patients to better manage their care and support more effective communication with their physicians and other healthcare professionals (referred to here collectively as "clinicians"). It is important for clinicians to know details about previous medical conditions or treatments in order to offer the best possible care. A Web-based PHR can help your patients keep a more-complete, up-to-date record of dates of care, specific treatments, tests and medications. If they choose, patients may be able to print or electronically share information from their PHR with their clinicians so they have a more-complete picture of medical conditions, medications and previous care. With better information, you and your patients can make more-informed care decisions.

BENEFITS OF A PHR

Convenience

- PHRs can provide the patient a detailed record of their health history without having to remember or keep paper records of such information as immunization dates, injury and illness dates or treatments they have received.
- Should they choose to, the information in their PHR can be shared with clinicians so they can easily see what types of treatments the patient has undergone and what medications have been prescribed.
- With the increasing use of electronic record-keeping systems in clinical settings, PHRs that can connect to hospital or medical office information systems may simplify the patient registration process.

Education

- PHRs may include or link to educational resources and tools such as wellness programs and health risk assessments.
- PHRs may have features to help patients track chronic illnesses, diet, exercise and other everyday health behaviors.

Access to life-saving information

- PHRs may help clinicians identify potentially harmful interactions between medications.
- Web-based PHRs can be an important source for critical information when patients are traveling, in need of emergency care or providing caregiver support to dependents who are elderly or away from home.

PHR PRIVACY AND ACCESS

Well-designed PHRs are private and secure. No one should be able to view a person's PHR without appropriate consent. However, patients may be able to permit or specify special access and viewing permissions that would allow use of the PHR in a critical emergency situation. In this limited type of emergency situation, clinicians may be able to access patients' medical history when patients are not able to provide urgently needed information. For example, emergency care clinicians should be able to learn if patients have allergies or are taking medications that may affect the care they deliver. The information contained in the PHR is meant to be available at all times, whenever and wherever the patient and their authorized users have access to the Web.



This guide was created through a collaboration of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield companies, and the American College of Physicians, the American Osteopathic Association of Medical Informatics and the Medical Group Management Association.

Frequently Asked Questions

1. What information is included in a PHR?

PHRs typically have the ability to include a health summary, risk factors such as allergies, family and social histories, routine and emergency contact details, health insurance account information, care reminders, medication history, and a list of office visits, inpatient hospital stays and outpatient hospital treatments. In addition, patients may also choose to include other important health-related information (e.g. over-the-counter medications or counseling services received).

2. Where does the information in a PHR come from?

PHRs can be populated from a variety of different sources. Some of the information will be entered by patients themselves. Other pieces of information may be provided automatically through visits to clinicians and from the claims paid by health insurance companies. In some cases, PHRs can be pre-populated with historical and current medical and pharmacy information from multiple electronic sources and updated periodically.

3. How will the information from a PHR be used?

The information contained in a PHR is used by patients to keep track of their personal health information. With the permission of the patient, clinicians have the ability to use the information in a PHR to, for example, help determine a course of treatment or coordinate care for chronic health conditions such as diabetes.

4. Where is the PHR?

PHRs most often are stored on a secure Web site that patients access with a personal login name and password. Only the patient or a person they authorize can create or update their PHR. PHRs saved on a Web site may be associated with or sponsored by a health insurance company; linked to a clinician, an independent commercial Web site such as Google™, WebMD® or Microsoft® Health Vault™; or provided through health information exchanges, which are secure, electronic systems — run by official local or regional organizations — that give clinicians fast access to the information they need to provide quality care.

5. Who could see the information in the PHR?

Only individuals authorized by the patient may have access to the information. These authorized individuals may be clinicians, a family member or other person(s) identified by the patient. In an emergency, the clinicians caring for them also may be able to see the personal health information contained in the PHR, should patients authorize this feature.

6. How will clinicians access the PHR?

Patients may give the clinicians a paper summary of their PHR before or at the time of their visit. Also, they may authorize secure transmission of their information to the Electronic Health Records (EHR) system used by their clinician. Patients also may authorize their clinicians or clinicians' staff to view their personal health information before or during their visit.

7. Can patients choose what PHR information clinicians see?

PHRs may afford some control over what an authorized clinician or care giver is able to view. When clinicians access a PHR, they will be able to see some or all of the healthcare information contained in it, based on patient choices and the privacy options provided by the PHR system they are using. With most PHRs, patients can assign access authorizations and/or restrict access to records.

8. Can patients access the PHR if they change physicians or health insurance companies?

In general, the answer is yes, although the specifics regarding how a PHR can be moved may depend on the type of PHR and on who hosts the PHR Web site.

9. Where can I find more information about PHR?

Information, along with Web links to several other resources, can be found at www.bcbs.com/phr_guide.

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