National Web-Based Teleconference on Health IT: Putting the Patient Back in Patient-Centered Care

March 30, 2011

Moderator:
Angela Lavanderos
Agency for Healthcare Research and Quality

Presenters:
Paul C. Tang
Elizabeth A. Chrischilles
Silka von Esenwein

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Managing Health: EMPOWERing Patients

Paul C. Tang, MD

Palo Alto Medical Foundation

Stanford University School of Medicine

I do not have any relevant financial relationships with any commercial interests to disclose.

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Agenda

- Traditional disease management
- Personalized health care
- EMPOWER-D study

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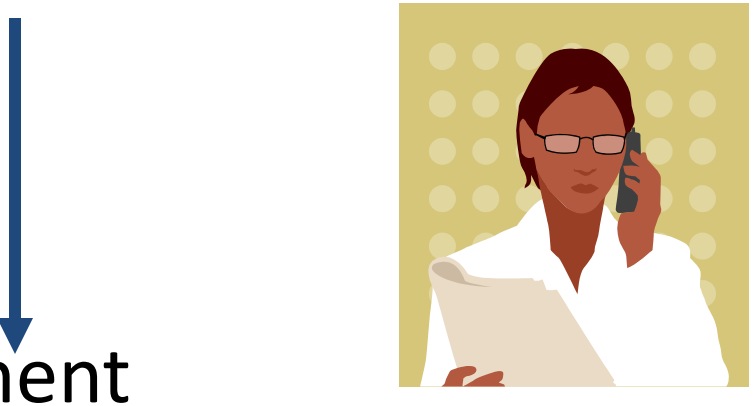
Traditional Disease Management

"Protocol Driven"

Disease Condition



Treatment

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Personalizing Health

Role for a Personalized Health Record

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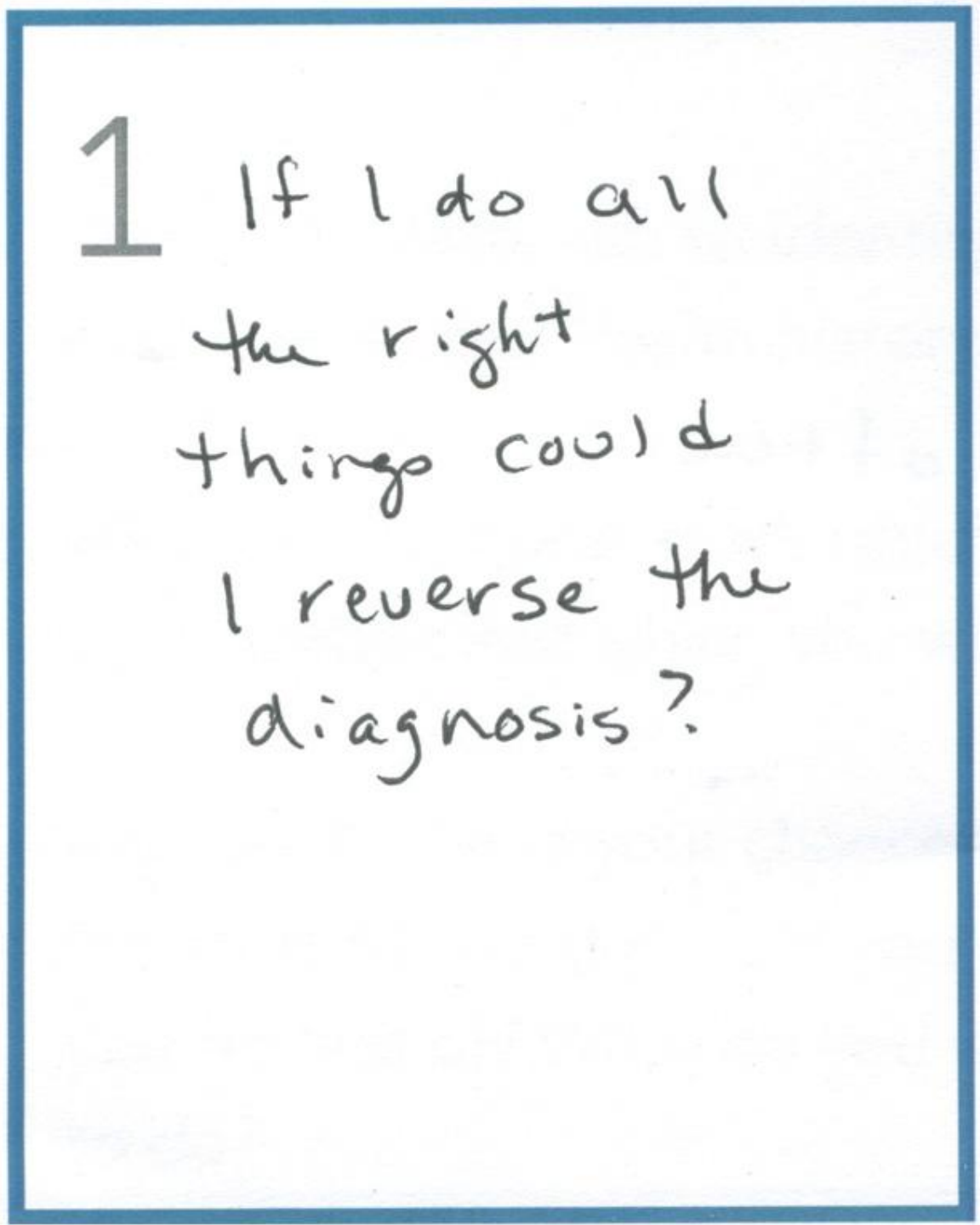
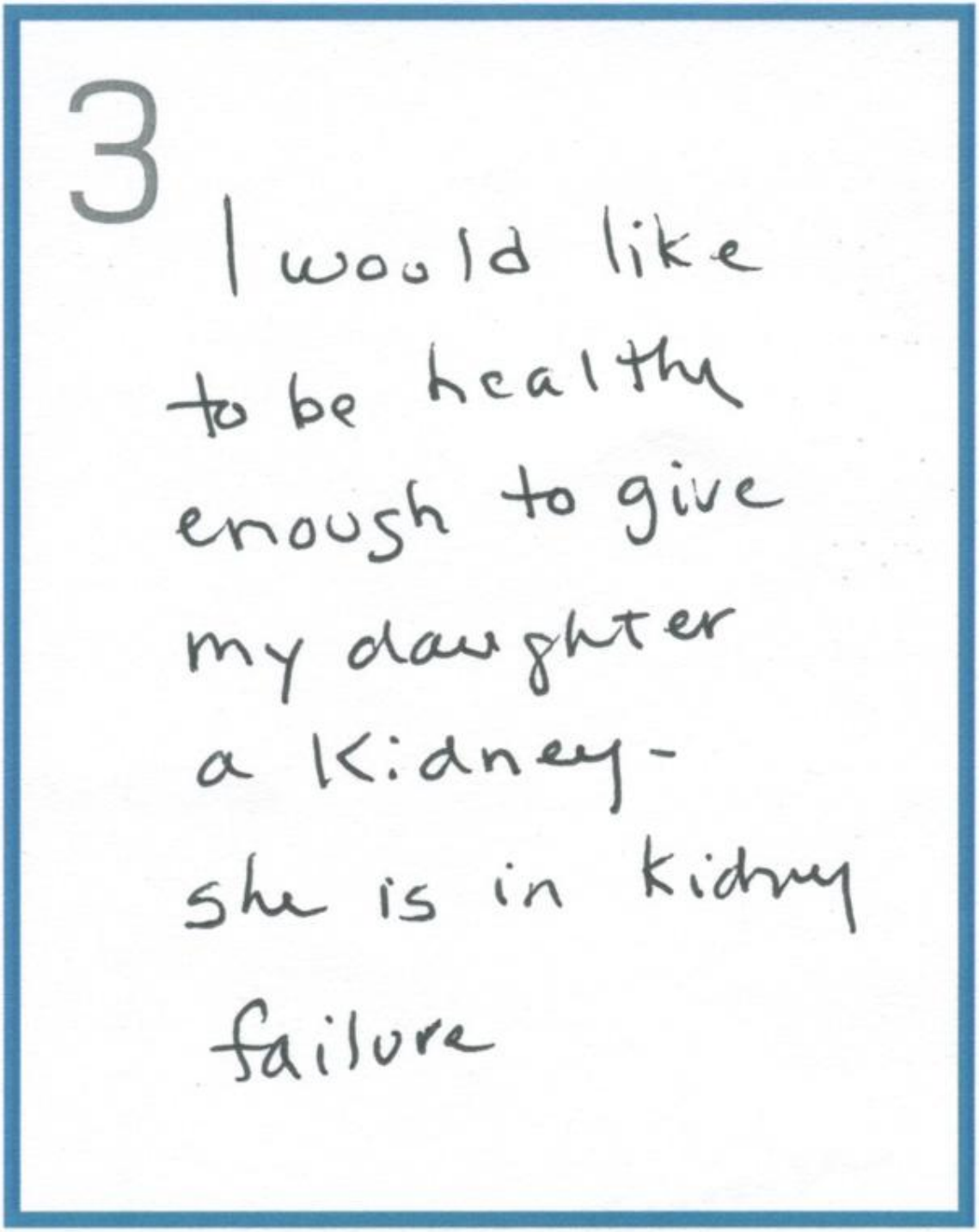
Personalize your health records

What do you want your doctor to know about you?

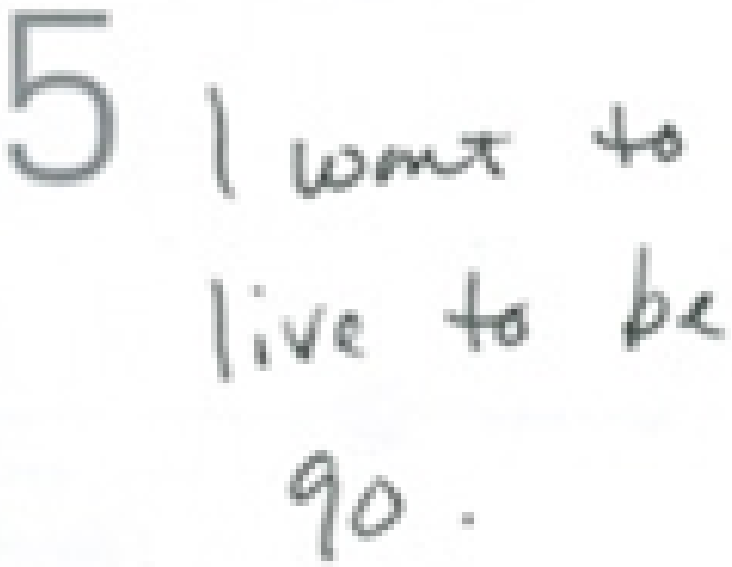
Missed opportunity: teachable moment. A chance to cure.



Personalized health goal



Health goal



Personalized Health Care Program (PHCP)

A Personalized Care Management Service

- Provide **customized online** care management support of patients with chronic health conditions
- Partnership between patients and their **multidisciplinary health care team**

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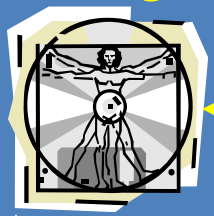
PHCP

Conceptual Architecture

EHR

Patient-specific Clinical Information

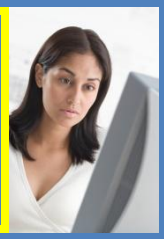
Reasoning Engine

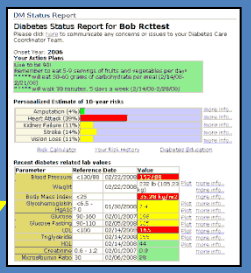


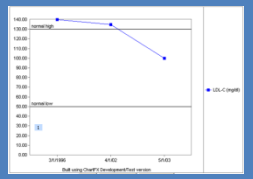
Best Practice Management Advice

PHR

Personalized Care Plan And Feedback







PAMFOnline: Diabetes Status Report

Diabetes Dashboard for Patients

DM Status Report

Diabetes Status Report for Bob Rcttest

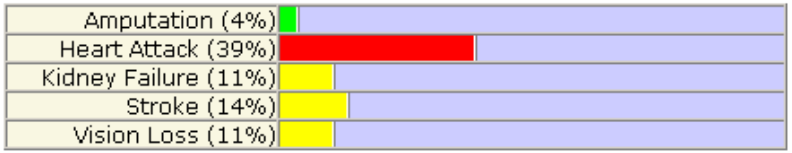
Please click here to communicate any concerns or issues to your Diabetes Care Coordinator Team.

Onset Year: **2006**

Your Action Plans

Live to be 90!
Remember to eat 5-9 servings of fruits and vegetables per day!
*****will eat 30-60 grams of carbohydrate per meal (2/14/08-2/21/08)
*****will walk 30 minutes, 5 days a week (2/14/08-2/28/08)

Personalized Estimate of 10-year risks



more info..
more info..
more info..
more info..
more info..

Risk Calculator Your Risk History Diabetes Education

Recent diabetes related lab values

Parameter	Reference	Date	Value		
Blood Pressure	<130/80	02/22/2008	152/88		
Weight		02/22/2008	232 lb (105.23 kg)	Plot	more info..
Body Mass Index	<25		35.28 kg/m2		more info..
Glycohemoglobin HgA1c	<6.5 - 7.0	01/30/2008	7.4	Plot	more info..
Glucose	90-160	02/01/2007	198	Plot	more info..
Glucose Fasting	90-110	02/05/2008	125	Plot	more info..
LDL	<100	02/14/2008	165	Plot	more info..
Triglyceride		02/14/2008	155	Plot	more info..
HDL		02/14/2008	44	Plot	more info..
Creatinine	0.6 - 1.2	02/01/2007	0.9		more info..
Microalbumin Ratio	30	02/06/2008	28		

Current medications for management of your diabetes

It is important that you take the medications as directed. Do not skip doses.Good medication taking habit will keep your disease condition under control.

Medication	Directions	
GLIPIZIDE 10 MG PO TABS	Take 1 by mouth each morning 30 minutes before breakfast.	more.info..
LIPITOR 20 MG PO TABS	one tablet daily	more.info..
GLUCOPHAGE 850 MG PO TABS	1 TABLET TWICE DAILY WITH FOOD	more.info..
LISINOPRIL 20 MG PO TABS	Take 1 tablet daily (may be taken with or without food).	
ASPIRIN EC 81 MG PO TBEC	Take 1 by mouth each day.	

Health Maintenance Schedules:

Topic	Last Done	Next Due
DIABETIC EYE EXAM	Never	Now
DIABETIC FOOT EXAM	Never	Now
INFLUENZA VACCINE	11/26/2007-Done	10/01/2008
GLYCOHEMOGLOBIN	01/30/2008	04/30/2008
LIPID SCREENING	02/14/2008	02/14/2009
MICROALBUMIN	02/06/2008	02/06/2009

Office Visits

Specialty	Last Visit	Next Scheduled Appt
PCP		
Endocrinology		
Cardiology		
Ophthalmology		
Podiatry		

Please use the following recommendations to make sure that your diabetes care is up-to-date.

- Check at every Office Visit
  - Blood Pressure
  - Weight
- Check at least once a Year:
  - Cholesterol
  - Microalbumin
  - Foot Exam
  - Eye Exam
  - Flu Shot
  - Diabetes Education & Nutrition conseling

Providing Tools for Timely Feedback to Patients

Helping to 'Connect the Dots'

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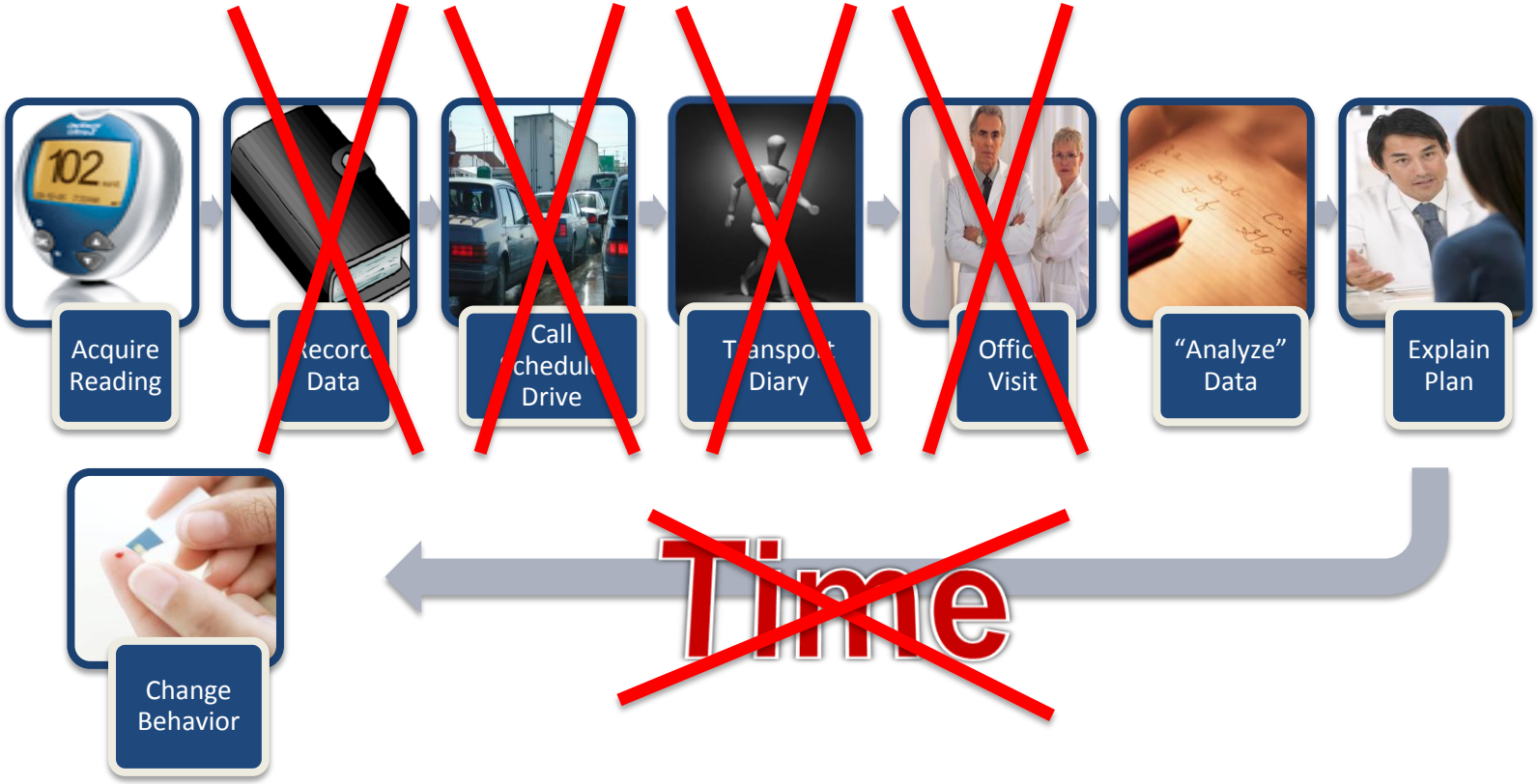
Managing “Sugar”
Traditional Process

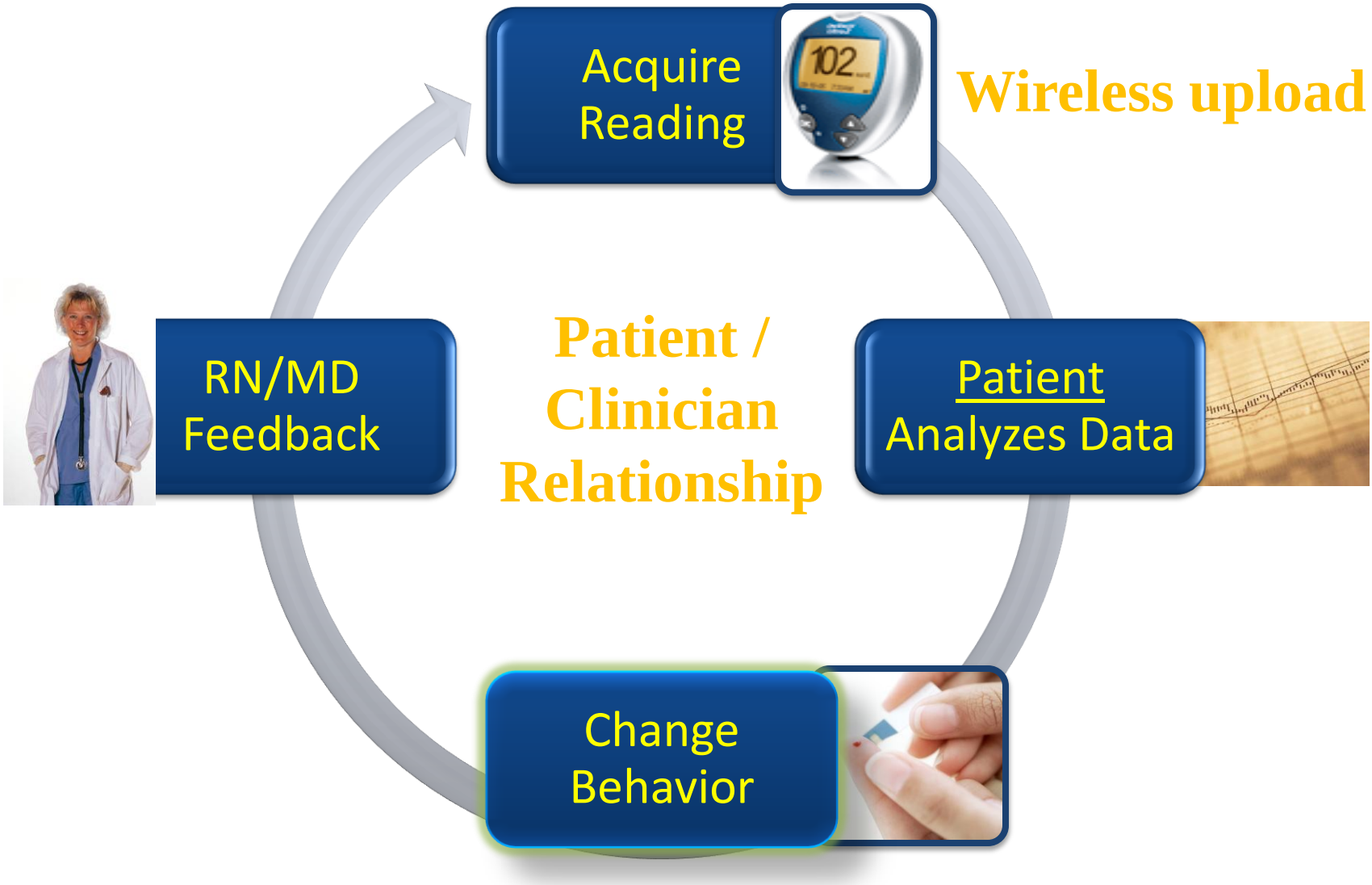
Online Disease Management

Diabetes

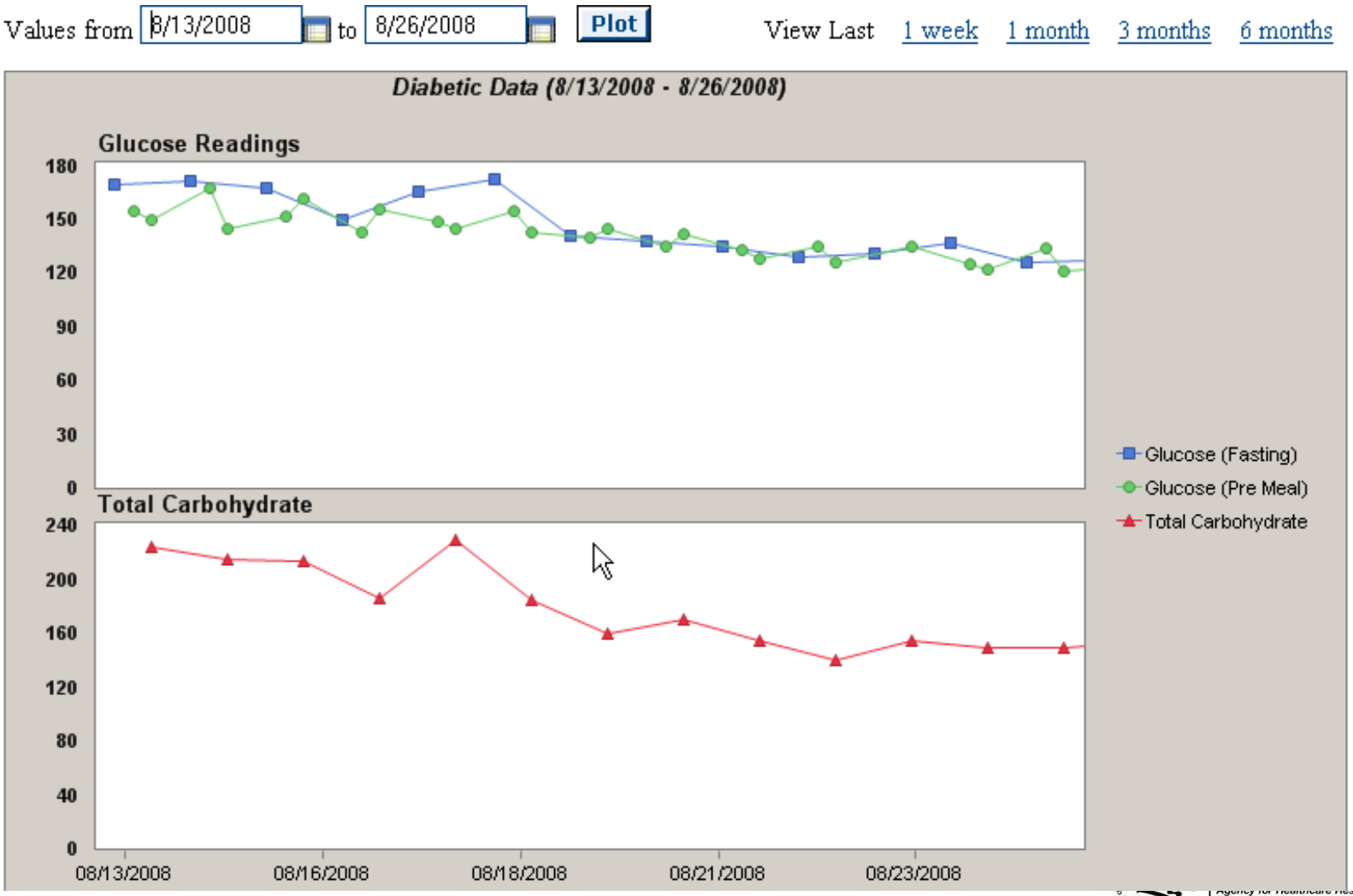


Untethering Glucometer

Unleashing Patient Control



Providing Feedback



Feedback from Beta Group
Mar 20, 2008

- Doing it for us:
  - "Being in the [online disease management] program means people are interested in you."
  - "Kelly was watching" "Knowing information will get to Kelly"
- Learning from data:
  - "Eating made a big difference in readings…"
  - "…also found out that what I eat affects the readings."
  - "It makes denial more difficult."
- Doing it for themselves:
  - "If I'm going to eat something, I think about what my reading will be, so I don't eat it."
  - "I've incorporated the tools into my daily life."

EMPOWER-D

Engaging and Motivating Patients Online With Enhanced Resources - Diabetes

A randomized controlled clinical trial of a PHCP for patients with Diabetes

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EMPOWER-D

A Randomized Controlled Clinical Trial

- Funded by the Agency for Healthcare Research and Quality
- 400 diabetic patients (200 intervention, 200 controls)
- Outcome measures:
  - **HbA1c**, BP, lipids, wt, microalbumin
  - Self-management behavior
  - Patient and provider satisfaction
  - Utilization

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Summary

Connecting for Better Health

- *Personalized* health care key to sustained patient engagement
- Use PHR to create a continuous linkage with their professional health care team
- Put patients on the health care team
- EHRs *and PHRs* are essential technologies for bringing patients into the workforce

Personal Health Records and Elder Medication Use Quality

Elizabeth A. Chrischilles, PhD

Department of Epidemiology

The University of Iowa

Acknowledgement: This project was supported by grant number R18HS017034 from the Agency for Healthcare Research and Quality. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare Research and Quality.

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What is a Personal Health Record?

- **P**ersonal **H**ealth **R**ecords ("**PHRs**") are *electronic records of individually identifiable health information on an individual that can be drawn from multiple sources and that is managed, shared, and controlled by or for the individual.*

- PHRs vary considerably in features, cost, and functionality.

Personal Health Records Use Rising
Despite privacy and other concerns, 7% of Americans have online PHR
years ago.
By Marianne Kolbasuk McGee InformationWeek
April 13, 2010 11:15 AM
While consumer use of online personal hea
on despite privacy and other concerns, acc
Healthcare Foundation.
Electronic Gizmos and Even Paper:
Personal Health Records Benefit Everyone
records are catching
Tuesday by the California
MARKLE FOUNDATION
CONNECTING FOR HEALTH
A Public-Private Collaborative
AMERICANS WANT BENEFITS OF PERSONAL HEALTH RECORDS
Connecting for Health was convened by the Markle Foundation to address
Over 70% believe PHR would improve quality of health care
White Papers : Benefits of a Personal Health Record
Benefits and Features of Personal Health Records
As a Catalyst for Health, Safety and Wellness
Al Davies, M.D.
Valerie Purcell, RN, MBA
myMediConnect
Personal Health Records
Formerly PassportMD
a MediConnect Global Company
myPHR
My healthevet
UNIVERSITY of IOWA HOSPITALS & CLINICS
MyChart Login
Aetna's Personal Health Record
iHealth Record
TELUS health space™
LifeSensor®
MAYO CLINIC
Health Manager
Powered by Microsoft® HealthVault™
WebMD health manager
Google health
beta
myOptumHealth.com
Optimizing Health and Well-Being™
MyMedicare.gov
Microsoft®
HealthVault™
mydoctor.ca Health Portal
dossia
Sunnybrook
MyChart™
Cleveland Clinic
MyChart®
Your Interactive Health Record
MyPHRSC
My Personal Health Record, South Carolina

Context

- Increasing older adult population
- Heavy use of healthcare system; multiple prescriptions, multiple providers
- Discrepancies between medication lists – health system records vs. patient self-report
- Up to 40% don't take medications as prescribed[1]
- 14-23% prescribed medications incorrectly[2-4]
- PHR use is on the rise nationally:[5]
  - 2008 3%
  - 2010 10%

PHRs and older adults

PHRs *may*…

- Facilitate greater control, involvement over health
- Increase communication and support medication reconciliation
- Reduce mistakes by patients and providers

PHRs and older adults

But…[6]

- Lack of computer literacy, access
- Cognitive, perceptual, motor declines
- Interface “goodness-of-fit”
- Data entry
- Lack of perceived benefit
- Limited feedback loops
  - E.g., physician involvement

Study Goals

1. Study usability of commercial PHRs among older adults
2. Participatory design of a PHR specifically for older adults
3. Test whether engagement in keeping a personal health record is associated with increased self-efficacy for medication therapy management, improved communication with providers, and improved medication quality

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PHR usability

- Reviewed 58 PHRs listed in myphr.org (2008)
  - 54 were operational when we reviewed them
- Most geared towards young families
- Few provided easy to access online demonstrations
- We only found 12 out of 58 could be potentially used in our study
  - poorly designed forms
  - difficult navigation
  - complex user interfaces

<u>Conclusion</u>: The commercially available PHR we selected was not conducive to medication management activities.

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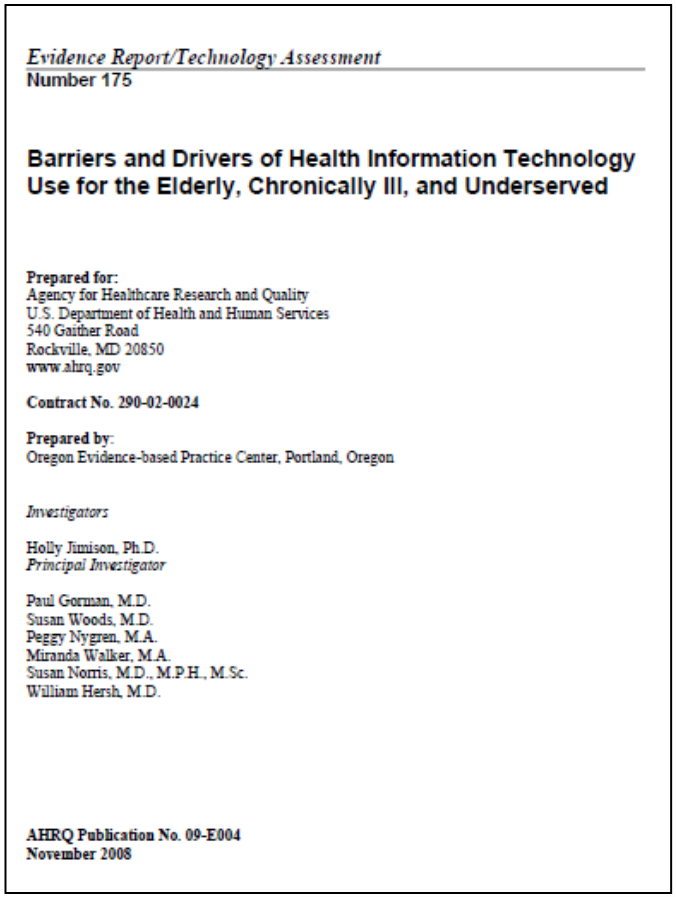
PHR participatory design

- AHRQ health IT report[6]
- Participatory design sessions with older adults in retirement community
  - 12 sessions over 3 weeks
  - Expressed interest in entering and keeping track of health information
- Focus groups with other older adults
- Human-computer interaction lab testing



Evidence Report/Technology Assessment
Number 175

Barriers and Drivers of Health Information Technology Use for the Elderly, Chronically Ill, and Underserved

Prepared for:
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850
www.ahrq.gov

Contract No. 290-02-0024

Prepared by:
Oregon Evidence-based Practice Center, Portland, Oregon

Investigators

Holly Jimison, Ph.D.
Principal Investigator

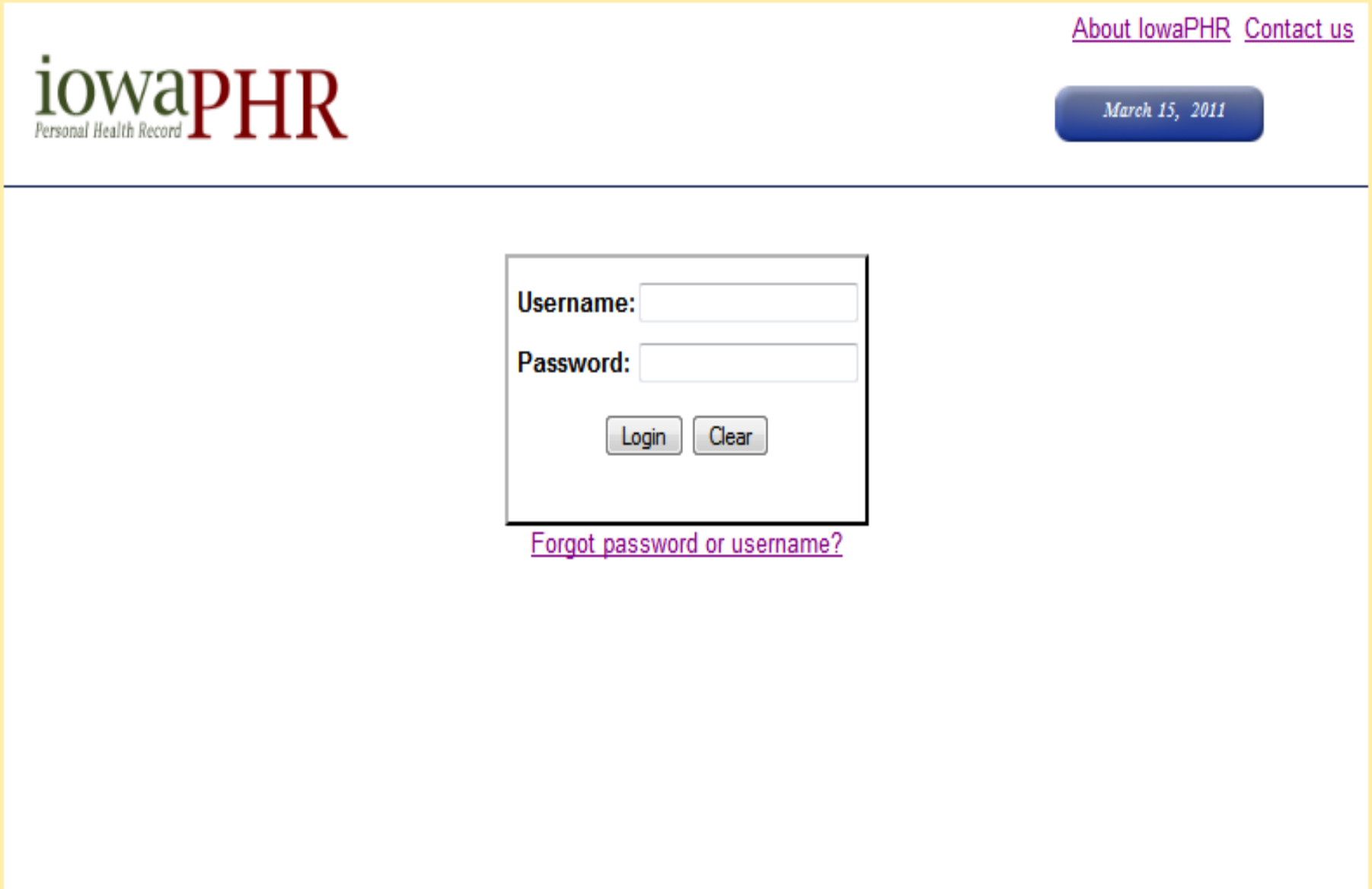
Paul Gorman, M.D.
Susan Woods, M.D.
Peggy Nygren, M.A.
Miranda Walker, M.A.
Susan Norris, M.D., M.P.H., M.Sc.
William Hersh, M.D.

AHRQ Publication No. 09-E004
November 2008

The result? ➔ iowaPHR Personal Health Record

- Simple user interface and navigation
  - All patient-entered info; an "untethered" PHR
- Designed for lower literacy patient population
- Although the purpose of the grant is to examine whether the study PHR ("**IowaPHR**") improves medication use, IowaPHR includes expanded functionality:
  - tracking health-related information (e.g. blood pressure, doctor visits)
  - recording health conditions and allergies
  - printing reports for sharing with healthcare providers
  - medication-specific "warnings"[7]

Iowa PHR login screen (www.iowaphr.org)



iowaPHR
Personal Health Record

March 15, 2011

Welcome Back

Did you know:

A comprehensive medication review should be done at least once each year.

A person's need for medications changes over time. A yearly review of your medication list by a healthcare provider can stop unneeded medications and find out if new medications are needed. It can make sure the doses you take and the times you take them are still right for you.

What can you do?

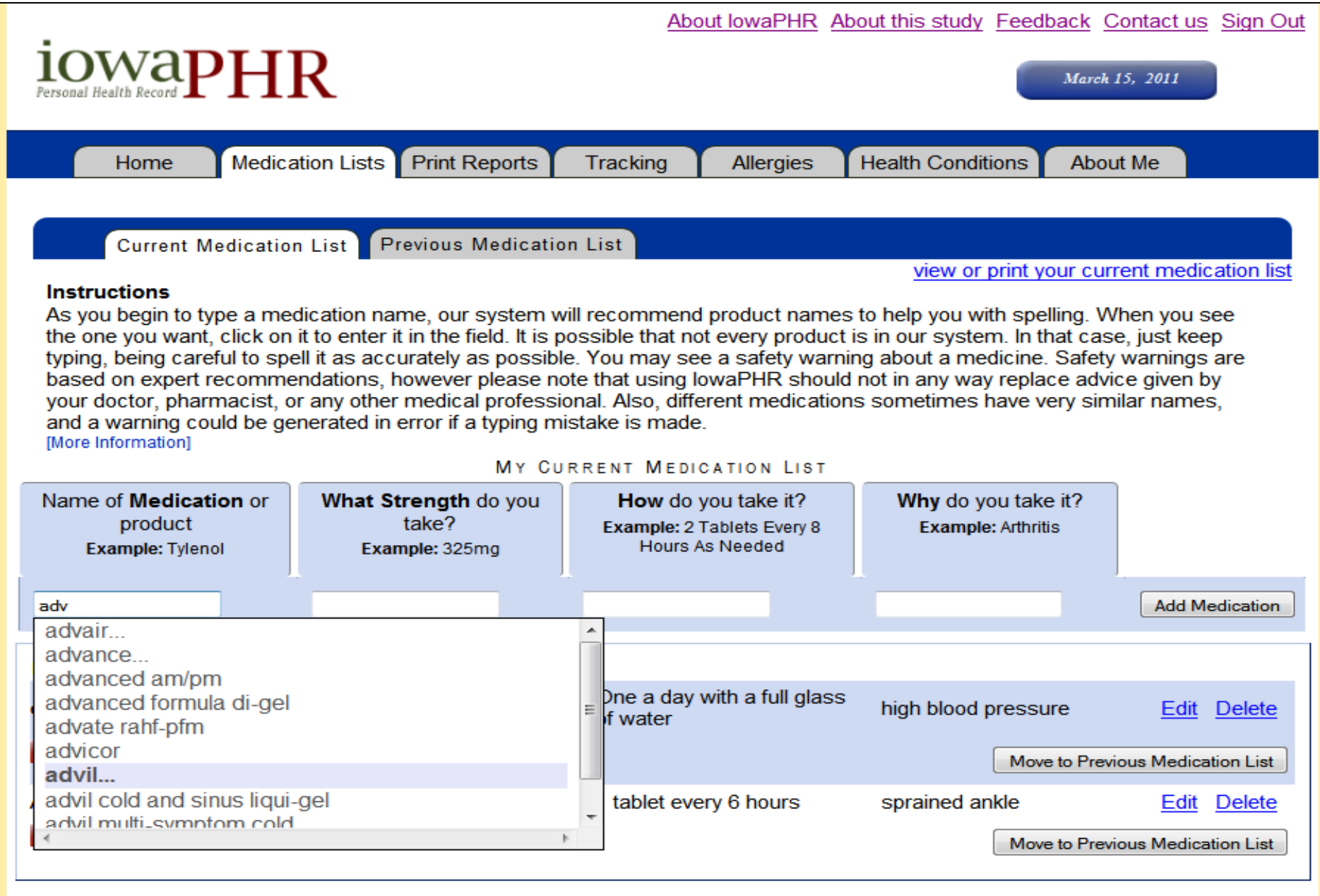
- Use IowaPHR to print your current medication list and ask your pharmacist or doctor to review your medications.
- Ask your pharmacist or doctor to review your list at least once per year.
- Ask if there are medications that can be removed or changed.
- Ask if some medications should be added.

Please click play to view the tutorial video below.

With the IowaPHR you can:

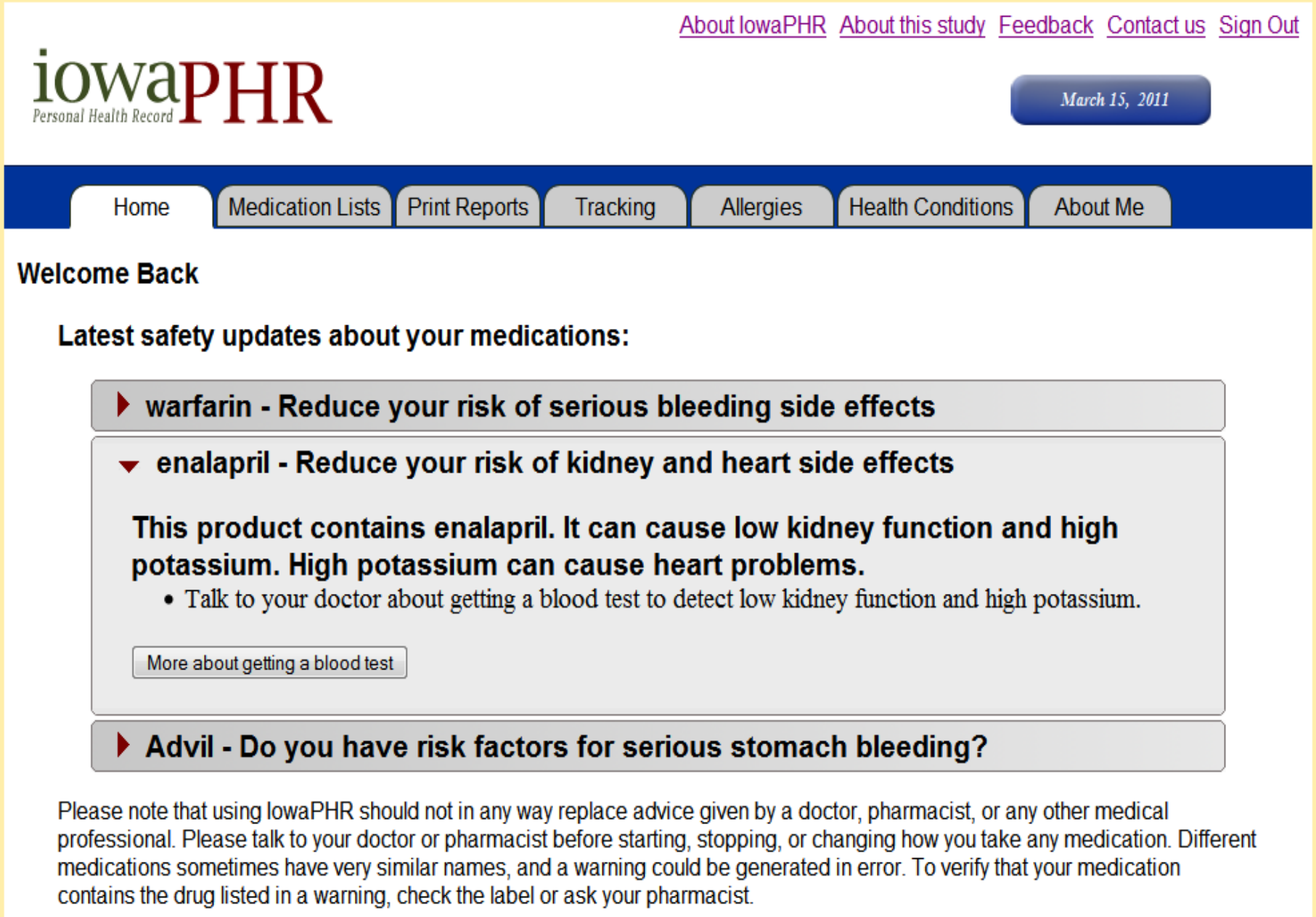
- Keep an up-to-date list of all your medications.
  - Record what each medication is supposed to do.
  - Get important warnings about the medications you are taking.
- Print reports to share with your healthcare providers, including:
  - A list of your current medications
  - Warnings for medications you are taking
  - A wallet-sized card
- Track your health, allergies and health conditions.

Iowa PHR medication screen



Iowa PHR medication screen

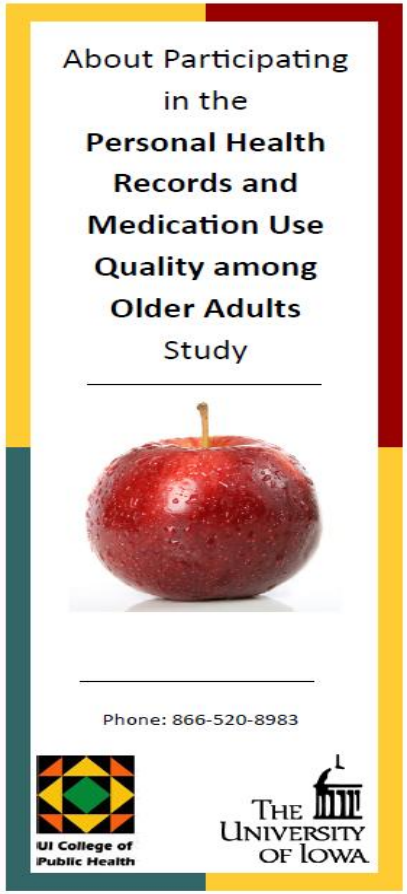
Medication warnings on home page



IowaPHR tracking health information

Trial recruitment (1

- Simple random sample of registered voters in Iowa age 65+ (n=15,000)
- Mailed screening questionnaire to identify current computer users:
  - "In the past month, have you used a computer to visit web sites, or to send or receive email?"
- Sent baseline questionnaire and invitation to trial eligibles
- $10 payment for completing baseline questionnaire



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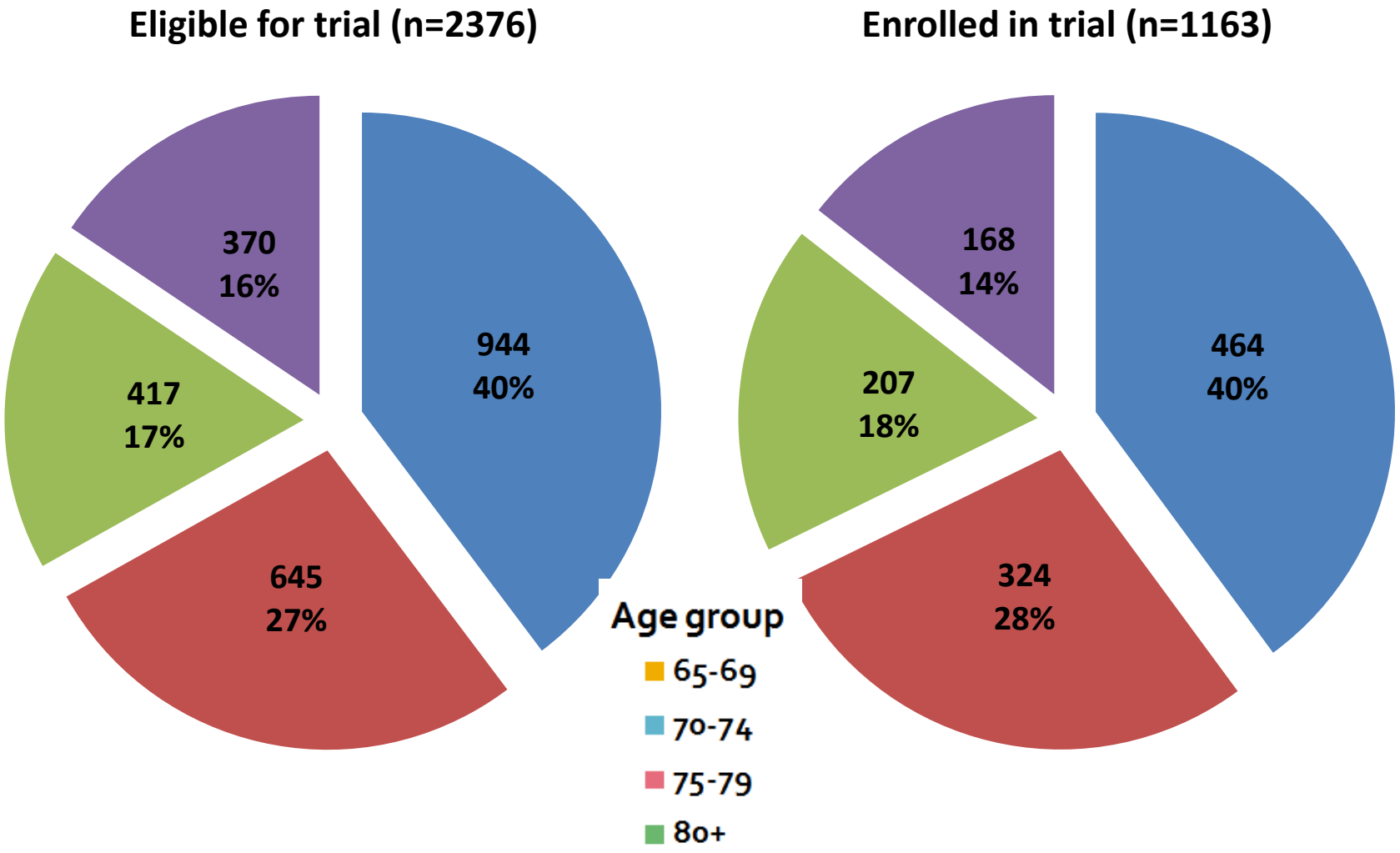
Trial Recruitment (2)

48.9% of eligible persons were enrolled in trial



Study groups and measures

- Trial enrollees randomized (3:1):
  - "PHR group" or normal care/control group
    - **PHR group: 873**
    - **Control: 290**
    - Total 1163
- Measures
  - Baseline and 6 mo follow-up medication inventory, medication management behaviors, SF-12 v2, demographics
    - ACOVE-3 measures of medication use quality[7]
  - Detailed log-tracking
  - Attitudes towards, experience with PHR use

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“PHR group” user invitations

- Letter with username and password mailed to prospective user
- Quick start guide:

Other information about using IowaPHR

- The information you enter will be stored on a secure computer at the University of Iowa.
- You will have access to **IowaPHR** for a period of one year. We will contact you before the end of the one-year study period.

Other information about this study

- This study is designed to test how the use of an online Personal Health Record (PHR) may help older adults to manage their medications more wisely.
- We encourage you to talk about your participation in this study with your family and friends.
- This is a voluntary research study, and you can stop participating at any time.
- This study is funded by the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services.

Questions about this study?

Please call us toll-free at:

866-520-8983

Please note: Travel to the University of Iowa is **NOT** required for any part of this study. The entire study may be done from home.

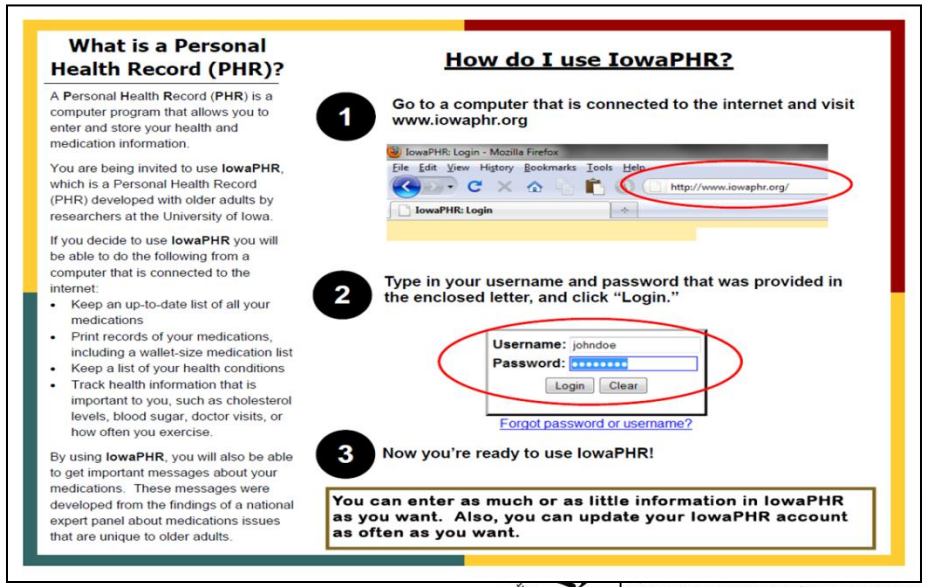
IowaPHR

Quick Start Guide to Using **I**owa **P**ersonal **H**ealth **R**ecord

Study Website: www.iowaphr.org

UI College of Public Health

The University of Iowa



What is a Personal Health Record (PHR)?

A **P**ersonal **H**ealth **R**ecord (**PHR**) is a computer program that allows you to enter and store your health and medication information.

You are being invited to use **IowaPHR**, which is a Personal Health Record (PHR) developed with older adults by researchers at the University of Iowa.

If you decide to use **IowaPHR** you will be able to do the following from a computer that is connected to the internet:

- Keep an up-to-date list of all your medications
- Print records of your medications, including a wallet-size medication list
- Keep a list of your health conditions
- Track health information that is important to you, such as cholesterol levels, blood sugar, doctor visits, or how often you exercise.

By using **IowaPHR**, you will also be able to get important messages about your medications. These messages were developed from the findings of a national expert panel about medications issues that are unique to older adults.

How do I use IowaPHR?

1. Go to a computer that is connected to the internet and visit www.iowaphr.org

IowaPHR: Login - Mozilla Firefox
File Edit View History Bookmarks Tools Help
http://www.iowaphr.org/
IowaPHR: Login

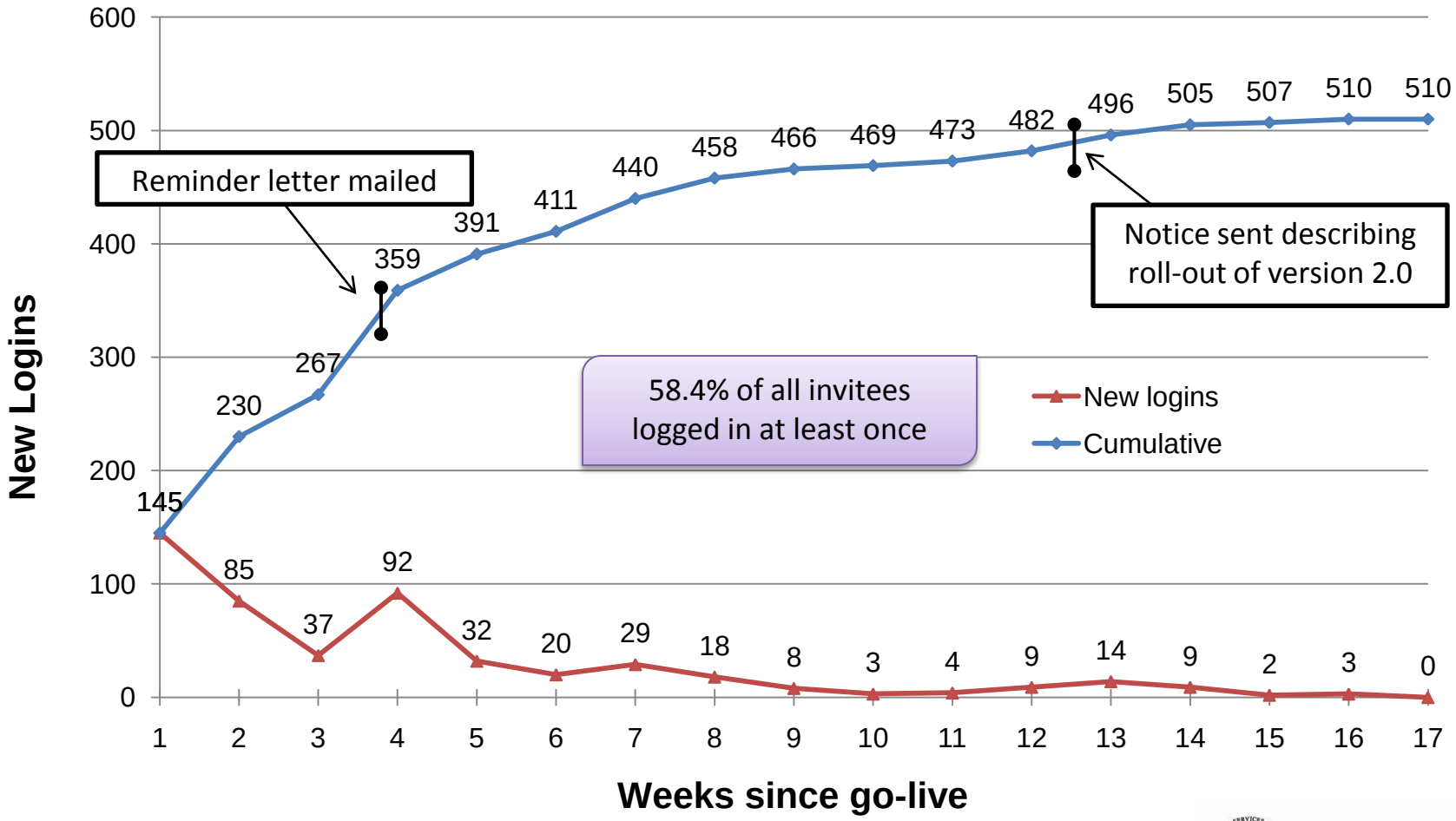
2. Type in your username and password that was provided in the enclosed letter, and click “Login.”

Username: johndoe
Password:
Login Clear
Forgot password or username?

3. Now you’re ready to use IowaPHR!

You can enter as much or as little information in IowaPHR as you want. Also, you can update your IowaPHR account as often as you want.

Weekly and cumulative new logins



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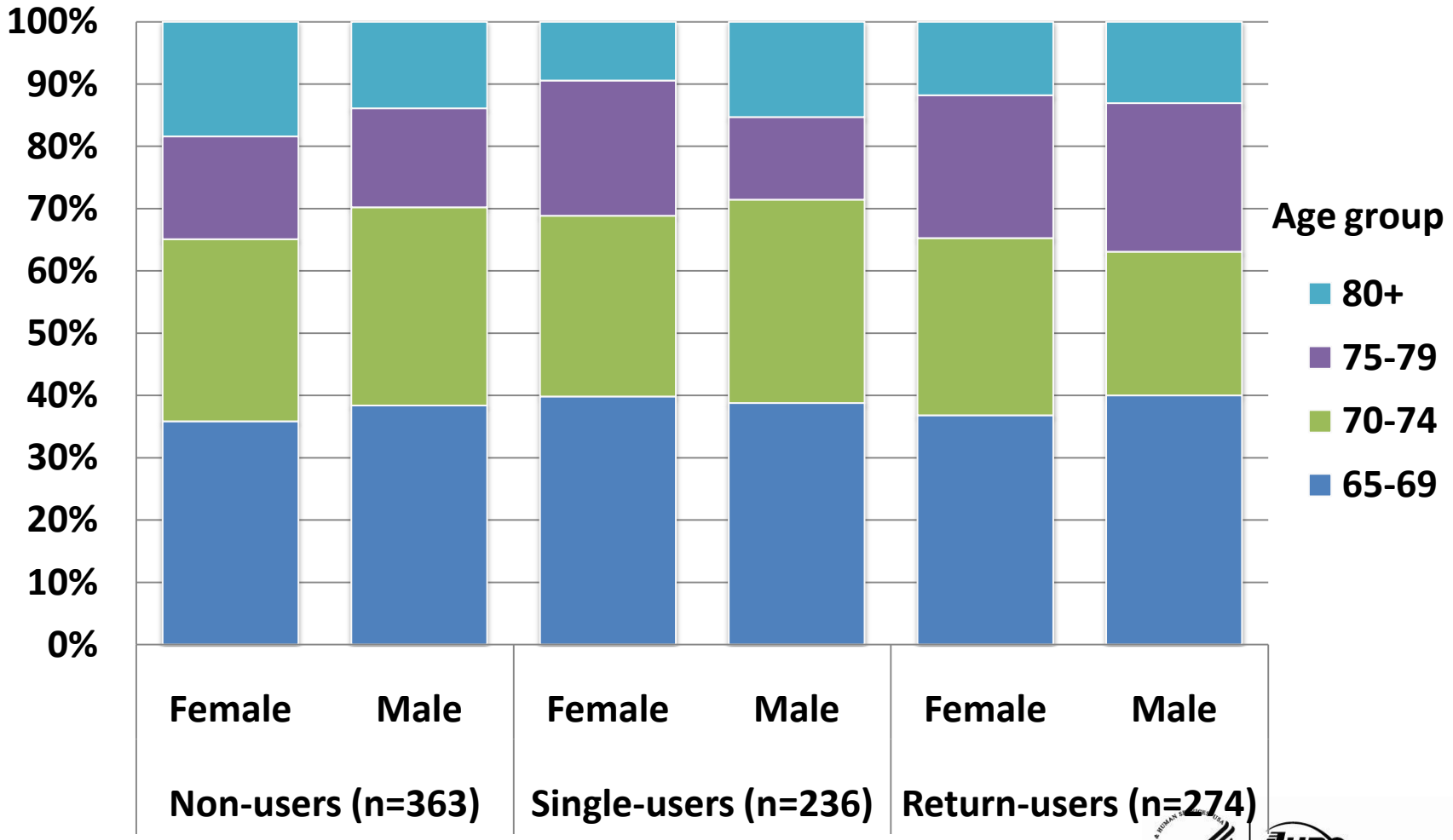
Non-, single-* and return-users (n=873)



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Average number of people logging in, by age and sex

	Total People	Total Logins*	Mean Person Logins*	Mean Daily Logins*
All	510	1303	2.6	11.0
Age group				
65-69	198	491	2.5	4.2
70-74	143	391	2.7	3.3
75-79	107	289	2.7	2.5
80+	62	132	2.1	1.1
Sex				
Female	282	541	1.9	4.6
Male	228	762	3.3	6.5

*Includes max of one login per person per day; results reported for 17 weeks of PHR use

Average interval (in days) between logins*, among return users (n=274)

	Mean # of days (SD)
Age group	
65-69	21.0 (29.2)
70-74	16.0 (24.4)
75-79	19.6 (25.5)
80+	29.8 (30.6)
Sex	
Female	31.2 (30.0)
Male	14.4 (24.1)

*Includes max of one login per person per day; results reported for 17 weeks of PHR use

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Iowa PHR user-entered current medications

- 2310 current medications entered (among 325 users)
  - Mean (SD) 7.1 (4.4)
  - Mode 4.0
- **76.5%** (n=1767) of current medications entered match reference list

Number of current medications	
Quantile	Estimate
25%	4
50%	6
75%	10
90%	13
100%	28

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Medication warnings

Warning	Count	Percent
NSAIDs	209	45.7
ACE Inhibitors	93	20.4
Acetaminophen	46	10.0
Anticholinergics	32	7.0
Warfarin	24	5.3
Loop diuretics	22	4.8
Benzodiazepines	16	3.5
Iron	8	1.8
Skeletal muscle relaxants	5	1.1
Barbiturates	1	0.2
Ketorolac	1	0.2
Total warnings	457	100.0

$$\frac{\text{Total medications with at least one warning}}{\text{Total medications entered}} = \frac{448}{2310} =$$ **19.4% of entered meds have ≥1 warning**

Iowa PHR user-entered health conditions

- 490 conditions entered (among 161 users)
  - Mean (SD) 3.0 (2.3)
  - Mode 1.0
- **38.8%** (n=190) of entered conditions match reference list

Number of conditions	
Quantile	Estimate
25%	1
50%	2
75%	4
90%	6
100%	15

Main feature visits, among ever-users (n=510)

PHR function/tab	Number of users		Total visits
	n	(%)	
Tutorial Video	386	(75.7)	627
Current Medication List	374	(73.3)	1110
Previous Medication List	109	(21.4)	219
Print Reports	207	(40.6)	420
Tracking	273	(53.5)	1014
Blood Pressure	120	(23.5)	343
Blood Sugar	77	(15.1)	197
Exercise	104	(20.4)	423
Cholesterol	76	(14.9)	131
Health Care Visits	104	(20.4)	250
Weight	111	(21.8)	273
Personal	88	(17.3)	192
Allergies	255	(50.0)	433
Health Conditions	309	(60.6)	2133
About Me	324	(63.5)	646
Emergency Contact	206	(40.4)	262
Warning from Med List Tab	67	(13.1)	117
Warning from Home Page Tab	42	(8.2)	94

Reports printed by users, among ever-users (n=510)

Report	Number of users n	(%)	Total visits
Current Medication list	219	(42.9)	574
Previous Medication List	36	(7.1)	52
Medication Warnings	24	(4.7)	34
Wallet Sized Card	208	(40.8)	453
Blood Pressure	21	(4.1)	36
Blood Sugar	3	(0.6)	8
Exercise	5	(1.0)	19
Cholesterol	7	(1.4)	7
Health Care Visits	10	(2.0)	19

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Conclusion

- Older adults will use an internet-based PHR
- Many will continue to use it
- Preliminary evidence suggests good quality medication data can be collected
- Possible source for collecting diverse patient-reported outcomes
- Stay tuned to see if this has an effect on:
  - Keeping an up-to-date medication list
  - Sharing the list during healthcare visits
  - Discussing medications during healthcare visits
  - Quality indicators

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Study Team

Faculty and Staff

- Betsy Chrischilles (PI)
- Jeanette Daly
- Bill Doucette
- David Eichmann
- Karen Farris
- Brian Gryzlak
- Juan Pablo Hourcade
- Elena Letuchy
- Barcey Levy
- Ryan Lorentzen
- Mike Mueller
- Nick Rudzianski
- Kara Wright

Students

- Dana Bakhit
- Don Dunbar
- Amber Goedken
- Blake Hanson
- Kate Jett
- Zainab Khan
- Sandeep Kumar
- Cassie Spracklen

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Thank you!

An Electronic Personal Health Record for Mental Health Consumers

Silke von Esenwein, PhD

I do not have any relevant financial relationships with any commercial interests to disclose.

Funded by AHRQ R18HS017829

PHRs in Community Mental Health

- Persons with SMI commonly have multiple comorbid conditions
- Care is typically scattered across multiple providers
- Information technology for CMHCs lags behind other public sector health providers.

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PHRs, Quality and Outcomes

- PHRs might be able to improve care via improved patient activation and/or improved provider coordination
- However, almost no research exists on using PHRs to improve care in either the medical or mental health literature

Randomized Trial

- Randomized trial of PHR vs. Usual Care for patients with one or more chronic medical condition (n=170)
- Main Outcomes: Patient activation, quality of medical care.
  - Other outcomes: Health service use including ER use; recovery; medication adherence; HRQOL

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Adapting the Shared Care Plan

- Collaborated with Shared Care developers, MH consumer leaders
- Focus groups with consumers, MH and medical providers
  - Enormous excitement from consumers
  - Providers: some initial concerns about TMI, trustworthiness of information
- Modifications based on focus groups

My Health Record - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://gradymhr.com/HomePage.aspx

MyHealthRecord

You are In Charge of Your Health

Username:

Password:

Sign In

Learn more about how the My Health Record can help you take charge of your health.

Find out more!

Explore A Sample Plan

Get your own **FREE** My Health Record.

Sign up now!

For news & updates enter your email address:

Go

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Done

Implementing the PHR

- RN Clinical specialist helps patients enter data, set and achieve goals.
- Patient activation is used as a tool to drive care.
- Computer training classes

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Privacy and Sharing

- Explain to consumers how they might manage access to their PHR data most effectively, especially how they might set varied security settings

Lessons Learned

- Consumers: computer training has proved critical in engaging consumers in the project. Nursing student provides each client with training.
- Providers: Primary care providers have found the records enormously helpful.

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Looking Ahead

- PHRs may be important tool not only for improving care but for consumer empowerment
- In the future, it will be possible to directly integrate community-based PHRs with lab data, pharmacy data and multiple EHRs
- Works best when incorporated into the work flow

Questions & Answers

Our Panel:

Paul C. Tang, M.D., M.S., is an Internist and Vice President, Chief Innovation and Technology Officer at the Palo Alto Medical Foundation (PAMF),is Consulting Associate Professor of Medicine at Stanford University and directs the David Druker Center for Health Systems Innovation.

Elizabeth A. Chrischilles, Ph.d, is a professor in the Department of Epidemiology, holds the Marvin A. and Rose Lee Pomerantz Chair in Public Health in the University of Iowa College of Public Health.

Silke von Esenwein, Ph.d, is an assistant research professor at the Rollins School of Public Health at Emory University in addition to working closely with the Carter Center Mental Health Program and the Jane Fonda Center

Coming Soon!

Our next event

A webinar examining health information technology and improved decision making.

Stay tuned for exact date, time and registration information

Thank You for Attending

This event was brought to you by the AHRQ National Resource Center for Health IT

The AHRQ National Resource Center for Health IT promotes best practices in the adoption and implementation of health IT through a robust online knowledge library, Web conferences, toolkits, as well as AHRQ-funded research outcomes.

A recording of this Web conference will be available on the AHRQ National Resource Center Web site within two weeks.

http://healthit.ahrq.gov

Trial Recruitment (2)

48.9% of eligible persons were enrolled in trial

Eligible for Trial (n=2376)

Age Group	Number	Percentage
65-69	370	16%
70-74	944	40%
75-79	645	27%
80+	417	17%

Enrolled in trial (n=1163)

Age Group	Number	Percentage
65-69	168	14%
70-74	464	40%
75-79	324	28%
80+	207	18%

Weekly and Cumulative new logins

58.4% of all invitees logged in at least once

Weeks since Go-Live	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
New logins	145	85	37	92	32	20	29	18	8	3	4	9	14	9	2	3	0
Cumulative logins	145	230	267	359	391	411	440	458	466	469	473	482	496	505	507	510	510

Notes:

- Reminder letter for Cumulative logins mailed between weeks 3 and 4
- Notice sent describing roll-out of version 2.0 between weeks 12 and 13