Increasing Uptake and Usage of PHRs among Patients and Providers

Lee Stevens
Director, State HIE Policy Office
Office of the National Coordinator (ONC)

Lori Nichols
Director
Whatcom Health Information Network (HInet)

Teresa Younkin
Community Engagement Manager
Keystone Beacon Community
ONC’s PHR Ignite Pilot

Lee Stevens, Director, State HIE Policy Office

November 2012
Consumer Engagement = Better Care

- Hospital Readmit within 30 Days
  - More Activated Patient: 13%
  - Less Activated Patient: 28%

- Experience a Medical Error
  - More Activated Patient: 19%
  - Less Activated Patient: 36%

- Suffer a health consequence from poor communication among providers
  - More Activated Patient: 13%
  - Less Activated Patient: 49%
eHealth Supports Consumer Engagement

• Care coordination
• Communication with providers
• Manage health and wellness
The Three A’s of Consumer eHealth

Access
• Give consumers secure, timely, electronic access to their health information.

Action
• Support the development of tools and services that help consumers take action using information.

Attitude
• Support an evolution in expectations regarding consumer (and provider) roles.
Cancer Initiative: A Focused Use Case

- Why cancer? Prevalent, patients and families tend to be engaged.

- Held roundtable with NCI & eHI on long term research agenda on consumer engagement via IT in cancer care (June 7, 2012).

- Pilot involving patient access to “liberated” data to plug into a platform to launch in fall:
  - Collaboration with several health care provider orgs in Texas.
  - A partnership with a major platform provider.
  - Two or more consumer cancer organizations.
  - Apps developer challenge.
PHR Ignite Objective #1

- **Objective 1 - Access:** Establishing a pilot at Texas Children’s Hospital in Dallas, Baylor Hospital in Dallas, and UT Southwestern that will support the transport of structured data for consenting cancer patient participants from the hospital system directly into the patient’s Direct-enabled PHR. This is expected to increase cancer patient use of PHRs and spur innovative development of supportive “apps” for cancer patients.
PHR Ignite Objective #2

• **Objective 2 - Action:** Working with a team in Utah and New Mexico to perform an environmental scan and assessment of current PHR and patient portal (PP) functionalities, cross-referenced with statistics about the use of and outcomes achieved by systems that provide those functionalities to determine which are most impactful and useful to individual patients. Recommendations regarding the functional priorities for future development will be provided.
Objective 3 - Attitude: Support a team lead by the American Medical Informatics Association (AMIA) to lead the development of educational materials targeted at increasing awareness of electronic data, PHRs, and patient-mediated health data control. Focus will be on vulnerable populations such as cancer patients and rural consumers.
PHR Ignite Next Steps

- **Targeted:** Final Report/Materials/National Webinar (March/April 2013)
  - Expand the use of PHRs through findings, particularly for cancer patients and rural consumers.
  - Identify usefulness for cancer and rural patients
  - Identify signals of improved coordination and outcomes
  - Provide a roadmap/finalize a draft set of requirements and guidelines drawn from the work related to the functionality of PHR systems that would enable the implementation of stage 2 meaningful use requirements.

- Support initiatives related to un-tethered PHR solutions.
- Provide technical assistance to help increase the adoption of PHR solutions.
- Collect data to report on the success of the pilot implementations.
The Shared Care Plan
Personal Health Record
www.SharedCarePlan.org

Supported in part by a grant from the SCAN Foundation, the Public Health Institute, and the Center for Technology and Aging. Additional support comes from Whatcom County Health professionals.
Tech 4 Impact Grant

• Goals –
  – Utilize existing PHR technology
  – Partner with local Area Agency on Aging
  – Support clients in their homes
  – Promote and support use of technology

• Strategies –
  – Create Curriculum for AAA staff
  – Set them up as Registrars
  – Provide wireless laptop and printer
  – Evaluate clients’ technical capacity and support needs
The Shared Care Plan

www.SharedCarePlan.org
The Shared Care Plan, a PHR connected to MS Health Vault, the State Immunization Registry, PH - SJMC EMR and more.

www.sharedcareplan.org
The Transition of Care Module – patient facing content facilitates what *should* be happening post discharge, for chronic disease management and prevention.
The Care Manager Workstation – enter discharge or home care instructions, track a panel of patients, see who needs encouragement and intervention
Advance Care Planning Documents can be added, and viewed anywhere, with dates and comments.
Current Connections

• PeaceHealth
  – Centricity
    • View and Import Meds, Allergies, Immunizations
    • Alerts – Pop up notice when Patient has SCP
    • Medication Reconciliation screen
  – PeaceHealth Laboratories

• WA State Immunization Information System
  – Print Certificate of Immunization Status Form

• Microsoft HealthVault Platform
  – Any system that connects can share data
  – Any device that connects can share data
Presentations at Bellingham Housing Authority High Rises

Three settings, Three approaches, week of November 7th, 2011–
• Same info, but presentation method adjusted each time based on learning from previous presentation:
• Notice posted week before presentation.
• A total of 396 units for low income elderly and disabled in the three buildings.
• Three sessions, 5 signed up.
1st setting – Chuckanut Square

- **Location** - In lobby–Somewhat awkward seating, folks not all clear on what was happening – computers for residents available in lobby - Four NWRC staff present
- **Method Used** - Used powerpoint slide show shown on wall – had live connection for registration
- **Attendance** - 3-4 (perhaps one that had actually planned to attend)
- **Challenges** –Very slow internet connection - printing sketchy … have to mail or deliver printouts to residents.
- **Assessment** – Interested residents who will need support in maintaining their SCPs.
- **Result** – Registered two residents (one of which was 99 years old) Able to pull in information from EMR to pre-populate meds and allergies.
2nd setting – Washington Square

- **Location** - In community room with tables – Two NWRC staff present
- **Method Used** – Walked through printed copy of powerpoint – and had ‘virtual tour’ binder – had live (albeit slow) connection for registration
- **Attendance** – 5-6 most seemed interested, and got the concept – though folks spontaneously got up en masse and left for various reasons, walking dogs, doing laundry, etc. One remained behind to register.
- **Challenges** – Noise from pop machine and heating made hearing difficult – would have been too bright for projection – but had already decided against using projector
- **Assessment** – Using paper for presentation worked better, less intimidating for folks, emphasized our ability to help and NWRCs ability to help if computer use a challenge.
- **Result** - One signed up – We were able to pull in some meds and enter the rest, and are confident she will use it going forward.
3rd setting – Lincoln Square

• **Location** - In community room with tables – 1 NWRC staff on site but meeting with clients
• **Method Used** – Walked through printed - laminated pages of powerpoint – and had ‘virtual tour’ binder – had live (albeit slow) connection for registration
• **Attendance** – 1 stopped but didn’t trust internet so didn’t stay. 2 listened to the presentation, both signed up.
• **Challenges** – Construction noise proved a challenge.
• **Assessment** – Intimate presentation allowed for comfortable pace, walked through virtual tour binder.
• **Result** – Two residents saw the value and signed up.
Other Outreach

• AAA staff promoted PHR at ‘Hospital 101’ sessions
• Both AAA staff and HI.net staff attended Health Fairs, and presented at Senior Centers
• HI.net staff worked with Parish Nurses and took presentations to their faith communities
• Several provider practices promote use through brochures and registration forms
• PHR is promoted in hospital patient information guide and quarterly Health Magazine
Stages of Adoption for Shared Care Plan Personal Health Record ---- Filters & Stickiness

**Mindset**
- Awareness – multiple times and venues
- Overcome Barriers
- Acute Care Mentality & Financial Reality
- Need to ‘See the Relevance’
- Feel safe with technology
- “My doctor has it all”
- “My doctors have it all”
- Think it is a Good Idea
- Benefit to themselves, loved ones or constituents understood
- Someone they know and trust says to do it

**Ability-Willingness**
- Overcome Inertia
- Access to Computer
- Support Available
- Fits with Workflow

**Enrollment Easy**
- Meets needs
- Meets expectations
- Resources to make changes available

**Continued Use**
- tell friends
Next Steps

• Engage Community Care Managers involved in Accountable Care Community and Medical Homes

• Recognize that need to support full range of technical capability
  – From self-sufficient, to those who need full assistance

• Connect PHR to upcoming community HIE to make more data available to PHR and facilitate registration

• Support workflow with the right info, at the right time, whether the person is:
  – Patient and family
  – Care Manager
  – Primary Care
  – Specialty Provider
  – Social Services
  – Emergency Department
Thank you!

Lori Nichols, Director
Whatcom Health Information Network
www.SharedCarePlan.org
Shared Care Plan office: 360-671-6800

Tech4Impact
Supported in part by a grant from the SCAN Foundation, the Public Health Institute, and the Center for Technology and Aging. Additional support comes from Whatcom County Health professionals.
Community Engagement: More than just a website

Teresa Younkin, Community Engagement Manager
November 14, 2012
Keystone Beacon Community

**Communication education focus for individuals and groups:**

- Provide ongoing and meaningful opportunities
- Encourage active participation in or contributions to the development of health information technology
- Focus on ways to improve the health of all participants
- Emphasize community-based participatory research methodology
We found our community members:

- Appreciate when you turn off the smart phone and pursue what’s possible
- Crave a personal connection
- Want to be inspired and engaged through good old fashioned conversation
Keystone Beacon Community

Talking to the right people, in the right way, at the right time...
Keystone Beacon Community
Keystone Beacon Community

![Image of a computer screen showing a web page titled 'MyKeyCare']

### Other Records

Click on the Type for details.

Need Immediate Service? Please call your healthcare provider directly.

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Source Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/29/2012</td>
<td>Clinical Document</td>
<td>Schuylkill Medical Center East</td>
</tr>
<tr>
<td>02/25/2012</td>
<td>Clinical Document</td>
<td>KeyHE Consent</td>
</tr>
<tr>
<td>02/08/2012</td>
<td>Clinical Document</td>
<td>Berea Clinic</td>
</tr>
<tr>
<td>09/30/2011</td>
<td>Clinical Document</td>
<td>Schuylkill-East</td>
</tr>
</tbody>
</table>

© 2009 General Electric Company - All Rights Reserved.
Contact Us  Privacy Policy  Terms & Conditions
Community-based participation is ALSO driven by:

- Personal Stake
- Trust

Engagement

- Inform
- Explore
- Feedback
Keystone Beacon In Action

Initiatives:
- Flu shot reminders
- Personalized health record/MyKeyCare launch
- Health Information Technology education

Target Audiences:
- School Districts
- Universities/Free Clinics
- Keystone Beacon Community
Keystone Beacon Community

- Flu shot reminders • 25,000 sent
- My KeyCare users • 1600 active
- Educational events • 10,000 lives
Materials KBC has developed:

- Bookmarks
- Wipe boards
- Mouse pads
- Trifold cards
- FAQs by audience
- Fact sheet
- Posters about HIT
- Brochures by audience
Questions?

Consumer eHealth Affinity Group

Alex Baker – Alexander.Baker@hhs.gov
Valerie Steinmetz – vsteinmetz@techandaging.org