

PERSONAL HEALTH RECORDS



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Health Informatics
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AGENDA

- Proposition of PHR
- Issues
- Benefits
- Meaningful Use



Proposition of Implementing and Promoting a Personal Health Record System

- Kern Medical
- Personal Agency (Patient Centered, Patient Responsibility)
- Personal Health Records (PHR) system



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For Kern Medical, as the local hospital authority, I am proposing (as an informaticist) a personal agency approach to healthcare based on developing and promoting a Personal Health Records system. By personal agency I am appealing to having patients have a more active involvement in their personal health care, especially, but not exclusively, for prevention of chronic diseases.

Local Health News

- “78% of adults here are either overweight or above the overweight mark and more Kern County residents die form diabetes than anywhere else in California” (Patino & Olumi, 2022).
- Obesity and related issues are a comorbidity for many things and COVID is no exception (Patino & Olumi, 2022).
- Preventable conditions require personal agency.

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In Kern County conditions like diabetes are preventable. Unfortunately, this is not the only health issue in Kern County. In the current COVID environment obesity is an issue as a comorbidity factor. I will present more information provided by some health assessments that were conducted before COVID19.

Community Health Needs Assessment (Kaiser Permanente, 2019)

- Preventable Issues Highlighted: Obesity and Diabetes, Sexually Transmitted Infections.
- “We need a Community Patient Navigator. If someone was having difficulty accessing medical care, they’d tell them where to go. It seems like patients don’t know how to access the system” (p. 30).
- Other Issues Where People Seek Help:
 - Violence “a top 5 cause of death in Kern County” (p. 16)
 - Mental Health needs “especially those from minority and LGBTQ+ communities, are not being met” (p. 16)
 - General Access to Healthcare lacking(p. 15)

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The 2019 Community Health Needs Assessment was a collaboration between Kern Medical, Kaiser Permanente, Delano Regional Medical Center, Valley Children’s Hospital, Adventist Health Hospital, and Dignity Health (Kaiser Permanente, 2019, p. 7). This is an assessment required every 3 years by ACA (Kaiser Permanente, 2019, p. 2). The next one should be out later this year, so this is the most current assessment completed. There are preventable issues where personal agency is required, for things like obesity, and stds. There are also issues like people just not knowing where to get the healthcare help, they need and seek. (Look at highlighted issues).

Community Health Assessment and Improvement Plan 2018-2019 (Kern County Public Health Services Department)

- Identification of 3 Priorities for Kern County
 - Sexually Transmitted Disease Awareness and Prevention
 - Chronic Disease Prevention and Healthy Living Promotion
 - Access to Care

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The Community Health Assessment and Improvement Plan is a report for health department accreditation. This report highlights many of the same issues as the previous report. They highlight 3 priorities (read from slide). They also highlight many programs meant to tackle these priorities.

Benefits of implementing a PHR

- “PHRs offer a tremendous opportunity to generate consumer support in pursuing the triple aim of reducing costs, improving health outcomes for populations, and improving the experience of care for patients and their families” (Ford et. al., 2016).
- Some other benefits are providing links to “information that is high-quality and which enhances (and does not impede) their interaction” (Claire et. al., 2011).

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One scientific journal article, from the Journal of Medical Internet Research, suggests that PHRs have 3 broad purposes to justify implementing one. (Read end of quote). That is from the patient's point of view. Another scientific article from the Cancer Journal, explains patients need a way to share their information with clinicians and family or friends. But also, a way for medical providers to point patients to quality sources of information. Important if we want to promote personal agency from patients.

Programs that exist

- Both the Community Health Needs Assessment and Community Health Assessment and Improvement Plan reports list a myriad of programs provided county wide.
- Examples:
 - Mobile Health Clinic (especially for the half a million residents in rural areas)
 - Know Your Numbers Campaign (basic vitals like blood pressure and BMI)
 - Know Your Risk Campaign (STDs)
 - Waste Hunger Not Food

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That last issue of pointing patients to quality information is just one part of the benefit of promoting PHRs. Creating, implementing and promoting a PHR should provide links to quality information and programs. There are so many available programs a PHR could filter, and suggest, relevant programs depending on an individual patient's situation or demographic. Not only can patients coordinate and understand their own care and issues, the various health and community organizations can be highlighted to help individuals take control of their own health as much as possible. (read a bit from slide). These programs need to be corralled into some central information hub, that individuals can access and know about.

Special Populations

- While a PHR can be beneficial for helping people take charge and understand preventable conditions there are special populations where a PHR can be necessary.
- Rural Population
- Migrant Population
- Cultural and Linguistic Minorities
- Low Socioeconomic Communities
- LGBTQ+
- Survivors of Domestic Violence

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There are many special populations in Kern County. According to the Community Health Assessment by the Kern County Public Health Services Department, Kern County is a geographically large county with National and State Parks (Mountain ranges and deserts), oil fields and agriculture (very rural), and 4 state prisons. A large part of the population is rural, and in the case of agriculture there is a lot of migrants (p. 8). When talking about a Mobile Health Clinic, they have a huge and diverse area to cover. There are also urban population that don't understand community resources available to them and even fear those of their communities because of LGBTQ+ acceptance and Domestic Violence issues. There is one example of cultural, linguistic minorities: "LGBTQ+ people who are from the Sikh religion . . . In that culture there seems to be a very negative view of someone who identifies as LGBTQ+" (Community Health Needs Assessment, 2019, p. 36). There are domestic violence and cultural reasons people do not trust others in their community. For them, a PHR where they can reach out and find information somewhat independently of their community is important. There are also language issues, so having a PHR with language options is important. Due to migrant and rural populations and Mobile Health Clinics it is especially important for them to have a PHR and be able to take their information wherever they go or are met. There might even be a need to help individuals even carry around a paper PHR, even though the focus here is on some

sort of electronic interactive PHR.

Meaningful Use

- There are many existing PHR products that are “likely to meet and exceed meaningful use” targets (Ford et. al., 2016).
- While Meaningful Use is a driver for adoption of PHRs, but “the spirit of why you’re doing it is right” (Well et. al., 2015).
- There are technical issues as well that the informatics department can address if needed. Issues like the portability of a patients record and importing of a patients record (Hersch & Hoyt, 2018).

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A PHR can help compliance with Meaningful Use but should be considered as an additional factor for considering a PHR, not the primary reason. The primary driver should be improving healthcare outcomes, in this presentation there are many issues, but the focus is on personal agency. Patients should be able to have some autonomy and a proactive interest in their personal healthcare. There are many other technical issues to address in implementing a PHR but that is outside the scope of today's presentation. However, there are other benefits, like learning from patients and doctors while developing the User Interface and getting User Experience feedback. Not only can we find out more about how to get others engaged with a PHR, but also the information that people are looking for.

Additional Resources

- Here are some resources to further learn about PHR from a user perspective
- <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/personal-health-record/art-20047273>.
- https://www.health.harvard.edu/newsletter_article/Links-to-resources-for-creating-a-personal-health-record
- <https://www.takingcharge.csh.umn.edu/create-personal-health-record>



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THANK YOU

Esteban Lopez



If you have any further questions feel free to contact me and thank you for listening.