

The Interplay between Healthcare IT and Healthcare Payer
A HIMSS Fact Sheet on Personal Health Records
June 30, 2007

Overview:

One of the most prevalent tools utilized by Healthcare Purchasers and Payers / Managed Care players in the emerging Consumer-Directed environment is PHRs (Personal Health Records). As with Consumer-Directed healthcare in general, there remains a disconnect between the efforts in the provider space to promote healthcare IT and efforts on the Payer-side to promote PHRs. (For an overview of the interplay between healthcare IT and Consumer-Driven Healthcare please refer to the accompanying fact sheet “The Interplay between Healthcare IT and Healthcare Payer – A HIMSS Fact Sheet on Healthcare Information Technology and Consumer-Driven Healthcare”.)

Payer efforts around PHRs have hitherto gone forth on separate tracks from Provider-side efforts to promote clinically-based EHRs (Electronic Health Records) – as well as clinically-derived PHRs — and provider-side efforts to drive Disease Management through healthcare IT. All this despite the common goals and potential synergies between the two.

The purposes of this fact sheet is to provide an overview of the key issues around PHRs from both the perspective of the Payer and the Provider; to review the industry/commercial, legislative and regulatory efforts put forth by these two industry segments; and, to suggest how greater alignment between the two can accelerate the improvements in our healthcare system sought by Payer, Provider and Consumer alike.

Personal Health Records and Electronic Health Records:

Much attention has been given in both the Payer/Managed space and the Provider-side healthcare IT space around the definition and scope of PHRs and EHRs. In 2007, the HIMSS Board of Directors published this definition:

PHR: An electronic Personal Health Record (“ePHR”) is a universally accessible, layperson comprehensible, lifelong tool for managing relevant health information, promoting health maintenance and assisting with chronic disease management via an interactive, common data set of electronic health information and e-health tools. The ePHR is owned, managed, and shared by the individual or their legal proxy(s) and must be secure to protect the privacy and confidentiality of the health information it contains. It is not a legal record unless so defined and is subject to various legal limitations.

For further information, Markel Foundation's Connecting for Health effort in 2004¹ defined the PHR and EHR as:

- **PHR:** "An electronic application through which individuals can access, manage and share their health information in a secure and confidential environment. It allows people to access and coordinate their lifelong health information and make appropriate parts of it available to those who need it."
- **EHR:** "An electronic version of the patient medical record kept by doctors and hospitals. The data in the EHR are controlled by and intended for use by medical providers."

In summary, both PHRs and EHRs are serving as interactive windows into the vast array of one's individual health information. While the EHR is primarily intended as the window for Healthcare Professionals, the PHR is meant as the window for the consumer, him or herself.

The Two Worlds of Personal Health Records:

Over the past two to three years, two separate efforts around PHRs have emerged on either side of industry lines: Payer-based PHRs, derived primarily from Healthcare Payer's vast array of claims-based data, on the one side. And Provider-based PHRs, derived from the Healthcare Provider's clinically-based information systems, on the other. (To complicate things further, yet a *third* realm of PHRs have emerged through independent, third-party PHR vendors, marketing their PHR products directly to consumers through their web portals. However, this third area has yet to gain much market traction and the most successful of these PHR vendors, such as WebMD have actually moved their platforms toward the Purchaser/Payer space – the first of the two "worlds" discussed above.)

Originally, many industry thought leaders assumed that the PHR would emerge as simply a consumer-friendly version of the Healthcare IT industry's EHR efforts -- something the Provider-focused healthcare IT movement would get around to once the initial work around EHRs was further along. However, many have observed that in just the past 18 to 36 months, the Payer/Purchaser/Consumer-

¹ Source: Connecting for Health (*Connecting Americans To Their Healthcare – Final Report*, 7/04, chapter 2, p.13)

Directed space has leapfrogged HIT in terms of both perceived "ownership" of the PHR as well as real-world action and deployment of the concept.²

This has led to potentially dangerous state where two separate national Health Information tracks are emerging: one around Payer-supported claims-based data and the other around Provider-supported clinically-based data. Although widespread adoption of both EHRs and PHRs is still some years off, the time to insure that both Provider and Payer efforts around each are on compatible tracks is *today* while track-widths are being determined -- not five to ten years from now once potentially incompatible tracks have been laid.

HIMSS supports the development of interoperable electronic Personal Health Records which are interactive and use a common data set of electronic health information and e-health tools. HIMSS envisions ePHRs that are universally accessible, layperson comprehensible and may be used as a lifelong tool for managing relevant health information, which is owned, managed and shared by the individual or their legal proxy(s). The ideal ePHR would receive data from all constituents that participate in the individual's healthcare; allow patients or proxies to enter their own data (such as journals and diaries); and designate read-only access to the ePHR (or designated portions thereof).

² The most visible of these Payer-based PHR efforts has been the recent AHIP-Blue Cross Blue Shield Collaboration around interoperable PHRs : "AHIP, and its members, in partnership with the BlueCross and Blue Shield Association have worked together to identify the core information to include in personal health records (PHRs), and have developed and pilot tested standards that enable consumers to transfer PHR data when they change coverage. This ensures that PHRs will be portable from health insurer to health insurer as consumers have requested." (AHIP) For further information: <http://www.ahip.org/content/default.aspx?bc=39|341|18427>