

# **PHR Work Group**

## **Draft Conclusions and Recommendations**

**Revised March 25, 2009**

### **Charge**

- ◆ Gain a greater understanding of the different types of PHRs available, and make recommendations on engaging consumers and providers in the use of PHRS to manage health care.
- ◆ Help understand the interface between PHRs and EMRs and make recommendations on how to encourage providers of health information to populate PHRs with health information.
- ◆ Make recommendations on engaging employers and payers in the adoption of PHRs.
- ◆ Identify and disseminate best practices.

### **Invited Members**

- ◆ Henry Zach, HDC 4Point Dynamics
- ◆ Marsha Morien, UNMC
- ◆ Ellen Jacobs, College of St. Mary
- ◆ Anne Skinner, UNMC
- ◆ Dan Griess, Box Butte General Hospital
- ◆ Clint Williams, Blue Cross Blue Shield of Nebraska
- ◆ Lisa Fisher, Blue Cross Blue Shield of Nebraska (alternate)
- ◆ Dr. James Canedy, Simply Well
- ◆ Michelle Hood, Nebraska Department of Health and Human Services, Immunization Registry
- ◆ TBA, Nebraska Department of Health And Human Services, Medicaid
- ◆ Kevin Fuji, Creighton University
- ◆ Roger Wilson, State of Nebraska, Human Resources
- ◆ David Lawton, Nebraska Department of Health and Human Services
- ◆ Karen Paschal, Creighton University

### **Conclusions**

- Significant progress is being made in PHR interoperability standards and in the development of privacy and security protections.
- PHRs which are interoperable with other types of electronic medical records offer more value and convenience to consumers by reducing the need to personally enter data and by improving the timeliness, availability and accuracy of data.
- PHRs with financial management functions may offer further value to consumers by providing cost and benefit information to support decision making.
- PHRs which are interoperable may offer more value to health care providers. PHRs populated by data from providers may be viewed as being more reliable by health care providers.
- PHR adoption will require consumer education and incentives. Consumers may be more receptive to PHR adoption in conjunction with certain events such as the birth of a child, enrollment in college, the diagnosis of a chronic disease, or the need to manage care of a parent.

- Health care providers may also require education in incorporating PHRs into patient care and assistance in making adjustments in the practice workflow.
- PHRs as part of a broader health management program can help consumers reduce their health risks, better manage their health, and reduce their health care expenditures.
- PHRs as part of a broader health management program can help employers reduce their health care related costs.

## **Recommendations**

- The State of Nebraska should explore making immunization data from the state's new immunization registry available to consumers through PHRs.
- Efforts should be made to encourage Nebraska's providers and health information exchanges to make patient data available to patients through PHRs in the future.
- The utilization of PHRs in conjunction with a broader health management program for State employees should be periodically evaluated as a potential way to reduce health care costs. Continued developments in PHRs may reduce implementation costs and increase the ROI.
- The utilization of PHRs in conjunction with a broader health management program for Medicaid recipients should be periodically evaluated as a potential way to reduce health care costs. Continued developments in PHRs may reduce implementation costs and increase the ROI.
- The eHealth Council should look for opportunities to partner with other organizations in educational efforts targeting consumers and providers on the use of PHRs.
- Continued research on the benefits of PHRs and the ROI for PHRs should be done.