



Forum Session Meeting Announcement

Friday, March 16, 2007
8:30am — Breakfast
9:00–10:45am — Session

Personal Health Records: The People's Choice?

A Discussion Featuring

David C. Kibbe, MD

Senior Advisor

Center for Health Information Technology
American Academy of Family Physicians

Wendy Angst

General Manager

CapMed

Joseph Taylor

Vice President, Enterprise Business Process

Managed Healthcare Delivery

Health Care Service Corporation

Location

**Reserve Officers Association
of the United States**

One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor

*(Across from the Dirksen Senate
Office Building)*

Registration Required

Space is limited. Please respond
as soon as possible.

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Personal Health Records: The People's Choice?

OVERVIEW

This meeting will look at various efforts to promote the adoption of personal health records (PHRs) by consumers. Speakers will offer their perspectives on PHRs as tools that will not only improve consumers' ability to manage their own health care but also enlist consumers as advocates for nationwide deployment of health information technology (HIT). Speakers will discuss what a PHR is, the extent of demand for it, issues that need to be addressed before such records can be expected to take hold among consumers, and public-private initiatives to encourage PHR use.

For more information – See Lisa Sprague, “Personal Health Records: The People's Choice?” National Health Policy Forum, Issue Brief 820, November 30, 2006; available at www.nhpf.org/pdfs_ib/IB820_PHRs_11-30-06.pdf.■

SESSION

Consumers are being encouraged, exhorted, and in some cases forced to take a more active role in their own health management. This may take the form of shopping for insurance coverage and providers, paying a larger share of the bill, searching the Internet for disease-specific information, or paying more attention to diet and exercise. A tool endorsed by many is the personal health record (PHR), designed to let an individual see and stay current with his or her health history, including test results, diagnoses, medication lists, physician interactions, and more.

Many Americans already have access to a PHR, either privately purchased or made available by a health plan or provider organization. The concept is still new to most people, however, and take-up rates have not been dramatic. Research demonstrates that people with chronic illnesses and those caring for elderly parents are most receptive to PHR use. As chronic illness mounts in an aging population, the convenience and comprehensiveness of a PHR may well generate increased interest. However, the majority of physicians who have not made the move to electronic records in their offices likely have given little thought to patient demand for electronic data transmittal.

A variety of stakeholders is involved in bringing PHRs into the public eye. Vendors and sponsors of PHRs are undertaking education campaigns. America's Health Insurance Plans (AHIP) and the BlueCross BlueShield Association (BCBSA) have entered into a partnership to create a standardized PHR model that will be portable among health plans.

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2131 K Street NW, Suite 500
Washington DC 20037

202/872-1390
202/862-9837 [fax]
nhpf@gwu.edu [e-mail]
www.nhpf.org [web]

Judith Miller Jones
Director

Sally Coberly
Deputy Director

Monique Martineau
Publications Director

Forum Session Manager
Lisa Sprague
Senior Research Associate

The American Health Information Community (AHIC) was chartered by the U.S. Department of Health and Human Services Secretary Leavitt to advise him and to identify opportunities for breakthroughs in the advancement of standards that will lead to interoperability. AHIC's Consumer Empowerment workgroup is focused on PHRs. Among a set of consensus standards recently accepted by Secretary Leavitt were those governing the transfer of data between patients and providers. Legislators such as Rep. Patrick Kennedy (D-RI) have pledged to reintroduce legislation that generally provides incentives for PHR development and HIT interoperability.

There is general agreement on a series of issues that need to be resolved before PHRs can emerge as a household staple. Progress is being made on standards and other technical aspects of systems development. Privacy and security assurances remain elusive when stolen laptops seem to be a weekly news item.

This Forum session will provide an overview of the development and adoption of PHRs to date and examine the factors that may spur or impede their more widespread use.

KEY QUESTIONS

- How advanced is consumer demand for PHRs? How can more widespread adoption be encouraged?
- What legal and operational challenges must be met in order for PHRs to gain broad acceptance?
- What are the privacy and security concerns surrounding PHRs, and what proposals have been made to address them?
- Can PHRs go beyond recordkeeping to influence how care is delivered?
- Is there a business case for PHRs? From whose perspective?
- How are PHR initiatives integrated into broader health IT efforts, such as regional health information organizations (RHIOs)?
- How will PHRs be maintained over time, as technology changes, medical knowledge grows, and new quality metrics are developed?

SPEAKERS

David C. Kibbe, MD, is a principal with the Kibbe Group. From 2002 to 2006, he was the founding director of the Center for Health Information Technology of the American Academy of Family Physicians, the membership organization representing 95,000 family doctors in the United States. He continues to serve as a senior advisor to the Center. Dr. Kibbe is a co-developer of the ASTM Continuity of Care Record. He began his

career as a small-town family physician, and he has continued to practice while also teaching informatics in the School of Public Health, University of North Carolina at Chapel Hill, and founding two health software companies. Dr. Kibbe is a member of a number of national boards and workgroups; his responsibilities include serving as project director for the Centers for Medicare & Medicaid Services' Doctors' Office Quality—Information Technology (DOQ-IT) project and as co-chair of the Physicians' Electronic Health Records Coalition.

Wendy Angst is general manager of CapMed, a division of Bio-Imaging technologies. One of the earliest advocates for PHRs, she has been instrumental in the creation of the patent-pending Personal HealthKey, the first portable health record utilizing USB port technology. Prior to joining CapMed, Ms. Angst served as national director for a nonprofit organization dedicated to serving hospitalized veterans. Later she worked in strategy and planning for Delaware's largest health care system. She has also been active in international health care, involved in high-profile projects for Western Australia's largest women's and children's hospitals. Ms. Angst has also held various health care consulting roles in the areas of marketing and business development. She is active with many health information technology initiatives, with sponsors including the Markle Foundation, the standards-setting body HL7, and the Practice Transformation Workgroup.

Joseph Taylor is vice president of Enterprise Business Process for Managed Healthcare Delivery with the Health Care Service Corporation (HCSC), the BlueCross BlueShield plan serving Illinois, Texas, New Mexico, and Oklahoma. He is responsible for developing and implementing re-engineering and process improvements to further the company's future health care vision. He came to HCSC from Mercer Human Resource Consulting, where he was a principal in the Health and Group practice. He holds designations as a health insurance associate, a registered health underwriter, and a certified employee benefit specialist.



The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at www.nhpf.org.