

Interactive personal health records increase clinical preventive services

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Patients who use an interactive personal health record (IPHR) are almost twice as likely to be up to date with clinical preventive services as those who do not, according to a new study led by Alex Krist, M.D., M.P.H., research member of the Cancer Prevention and Control program at Virginia Commonwealth University Massey Cancer Center.

Published today in the journal [Annals of Family Medicine](#), the [randomized controlled trial](#) involved eight primary care practices and 4,500 [patients](#). The patients were divided into a control group and an intervention group. The intervention group was mailed invitations to use an IPHR, and the researchers used surveys mailed at 4- and 16-month intervals to compare outcomes between the intervention group and the control group, as well among patients who did and did not use the IPHR.

At 16 months, 25.1 percent of those who used the IPHR were up to date with all recommended preventive services, nearly double the rate of non-users. At 4 months, delivery of colorectal, breast and cervical [cancer screening](#) increased by 19 percent, 15 percent and 13 percent, respectively, among IPHR users.

"Interactive [personal health records](#) allow patients to make informed decisions about their health care, and could have important public health benefits," says Krist, also associate professor of family medicine at the VCU School of Medicine. "Many of the preventive services that exhibited the largest increases were those identified by the National Commission on Prevention Priorities as saving the most quality-adjusted

life years."

The IPHR used in the study addressed 18 services recommended by the US Preventive Services Task Force, such as weight and blood pressure checks, cancer screenings and immunizations. After patients created a password-secured account that linked them to their electronic health record (EHR), the IPHR generated personalized prevention recommendations based on 167 clinical data points in the patients' EHRs and on an initial health risk assessment that included questions about race and ethnicity, family history, health behaviors and past test results not contained in the EHR. The IPHR generated detailed personal messages that explained the prevention service and its importance, and referenced relevant details in the patient's history. After a patient used the IPHR, the system automatically forwarded a summary to the EHR inbox of the patient's clinician.

In addition, the researchers recently developed a handbook for using patient-centered personal health records to assist more primary care practices in adopting interactive personal health records. "We hope the handbook and the results of this study will lead to more practices implementing similar systems and an increase in the delivery of [preventive services](#)," says Krist.

More information: The full manuscript of this study is available at: www.annfamned.org/content/10/4/312.full

To learn more about the IPHR used in this study, visit www.mypreventivecare.org

The handbook for using patient-centered personal health records is available at: healthit.ahrq.gov/KRIST-IPHR-Guide-0612.pdf

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