

# Improving Health Literacy and Patient-Provider Communication through Directed Use of Personal Health Records (PHR)s

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## Introduction

Homeless healthcare could be a medical specialty of its own. While working with homeless patients, one quickly gains an appreciation of the complexity of patient care – some need emergency visits, some need reassurance, and all need a doctor who will listen. While practicing this “art of listening” with patients at the student-managed homeless clinic (HOMES), I found there were frequently gaps in the management and distribution of care for the homeless. Certainly many issues plague the homeless patient, from living arrangements to mental health care to health insurance. I elected to focus my Albert Schweitzer Fellowship project on continuity of care in the homeless population.

## Background

While volunteering at the HOMES clinic, Dr. David Wallace (our clinical pharmacy mentor) and I had a discussion about medical information technologies and their application in our homeless clinic. Many of the clinics at which our patients seek care had a system, the VA had a system, and the county had a system too. None of these would communicate with each other. If a patient could not have a health record that could travel with them among these larger institutions, how could they be expected to know, understand, and/or relay all of their important health history? Dr. Wallace saw the merit of the PHR and recommended that I further investigate its applicability.

After simulating a few patients in a PHR program and conducting only a few informal patient interviews, the PHR appeared to have exceptional utility. Its benefits can be divided into two broad categories: patients and providers. One of the aims of this project is to empower the patient to take ownership of his or her health care. By using a PHR, patients may learn their conditions, understand what medications they are taking, and help guide their provider to finding a solution to their health care needs. Patients repeatedly come into the emergency room or clinic not knowing what medications they are taking, when to refill prescriptions, or even what surgeries they have had.

The aim of this project was therefore threefold:

- 1) To improve health literacy of Houston’s homeless
- 2) To improve communication between provider and patient
- 3) To help patients document and recall their health history

## The PHR

Providers are continually faced with different sources of information: from the patient, from two or three different hospitals, and from countless clinic paper charts, just to name a few. Although the national trend is to aggregate patient information, ease accessibility, and reduce overall cost to the patient and system, little attention is given to patient literacy of these new types of health records.

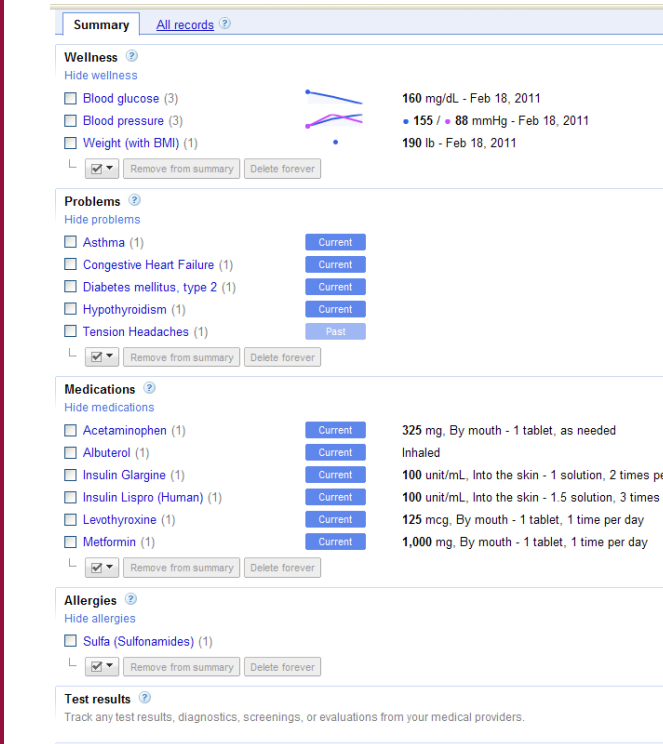
Several electronic versions of the PHR exist. A simple internet search for the term will yield many – some with subscription fees, others offered for free. A personal health record is created and stored online. It is therefore portable, can be accessed anywhere, and the patient always holds ownership (only they can change the information contained therein or allow it to be changed using a username and password). The information contained in the PHR typically includes the information obtained by the doctor on the first visit. This may include pre-existing conditions, medications, allergies, previous surgeries, family history, etc. Certain PHRs can even hold scanned documents, such as graphical test results or pictures.

Personal health care records also top the national health priorities as set forth in Healthy People 2020. HC/HIT HP2020-7 and -8 aim to “increase the proportion of persons who use electronic personal health management tools” and “increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health.”

## Methods

For this project, I chose to use Google Health. This service has high name recognition, ease of use, and the highest chance the patient would already have a requisite email address.

Working with HHH, I asked patients if they wouldn’t mind talking about their health care. If they were agreeable, the ensuing conversation was kept fluid, amiable, and informative. The discussion was directed toward helping them understand why and how they were obtaining care (ie. the difference between chronic and acute care, necessity of primary care provider, etc).



After understanding the patient’s health situation, I would speak with them about a PHR. Generally, the following criteria applied to the creation of a PHR:

I helped the patient create a PHR when the patient:

- 1) Had no consistent primary care provider (PCP)
- 2) Had not seen a doctor in the Houston area
- 3) Had not seen a doctor in several years
- 4) Had complicated medical conditions
- 5) Planned on leaving the Houston area
- 6) Desired to create a PHR

I did not help the patient create a PHR when:

- 1) The patient did not want to create a PHR
- 2) The patient had a consistent PCP

## Outcome

This project is still in continuation until May 31<sup>st</sup>, but preliminary results are certainly encouraging. Of 39 patients, 8 (21%) elected to create a PHR, and 5 additional patients were identified that would have been ideal candidates for a PHR (these were not created out of time constraints, not patient refusal).

Follow-up and patient use of the PHR after the initial creation proved difficult, if not impossible, to record. Anecdotally, however, patients were very excited to talk about their health, record it in a knowledgeable fashion, and potentially relay that information to their provider.

Future projects and sustainability will focus on outcome measures and methods to record patient/provider use and maintenance of PHRs.

## Acknowledgements

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Lastly, and most importantly, a great big thank you to all of the patients at HHH. Without them, I would be uninspired; I would not have the perspective to appreciate how health care affects us all; and I would not remember every day why I wanted to be a doctor. Thank you making this project a true success and helping me grow as a person.