

## An Electronic Personal Health Record for Mental Health Consumers

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<b>Organization:</b>	Emory University
<b>Mechanism:</b>	RFA: HS08-002: Ambulatory Safety and Quality Program: Improving Management of Individuals with Complex Healthcare Needs Through Health Information Technology (MCP)
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<b>Project Period:</b>	September 2008 – September 2012
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**Summary:** Due to the complex health care needs and fragmentation of care faced by individuals with mental health disorders, these patients may benefit from the use of electronic personal health records (PHRs). PHRs can shift ownership and locus of health records, make them less likely to be scattered across multiple providers, and more likely to be longitudinal and patient-centered. However, currently available PHRs typically lack mental health-related modules.

To address this gap, Dr. Druss and his research team adapted an existing PHR to better meet the needs of patients with serious mental illness and one or more co-morbid medical conditions. The investigators are evaluating the impact of this modified mental health PHR (MH-PHR) in a 12-month, randomized controlled trial. During the first 6 months of the intervention phase, a clinical care nurse helps patients access and maintain use of their MH-PHR; during the second 6 months, patients continue use without support. A control group receives education materials about health and self-management. The investigators are evaluating the impact of the MH-PHR on patient self-activation and provider effectiveness in managing mental health by conducting chart reviews and interviews with patients.

### Specific Aims:

- Develop a MH-PHR for mental health consumers. **(Achieved)**
- Implement a randomized trial of the MH-PHR. **(Achieved)**
- Evaluate impact of the MH-PHR. **(Ongoing)**
- Disseminate results. **(Ongoing)**

**2011 Activities:** Activities focused on data collection as the randomized controlled trial was ongoing during the year. Subjects participated in the intervention for 12 months with the final participant completing the trial in September 2011. By the end of the year, all followup interviews had been completed and the chart reviews were ongoing. Due to early project delays with the development of the software module and delays in gaining permission to access patient charts, the project is using a 1-year no-cost extension (NCE) to complete data collection, data analysis, and manuscript preparation.

The project team has also developed a Twitter account and a Facebook page; both are private and invitation only, where study participants can share information, such as relevant health classes and other education materials, with each other. In addition, the team has presented on the study and the interventions at several meetings, including a poster presentation at the 14th Annual ICSI/IHI Colloquium on Health

Care Transformation in May. There has been a lot of interest on the project in that the use of advanced technological tools is feasible in low-literacy, underserved populations.

As last self-reported in the AHRQ Research Reporting System, project progress and activities are completely on track according to the revised timeline based on the NCE, and project budget spending is on target.

**Preliminary Impact and Findings:** Data collection and analysis are currently ongoing. There are no project findings to date.

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**Target Population:** Adults, Chronic Care\*, Low-SES/Low Income\*, Medicaid, Mental Health/Depression, Racial or Ethnic Minorities\*, Safety Net, Uninsured

**Strategic Goal:** Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

**Business Goal:** Implementation and Use

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*\* This target population is one of AHRQ's priority populations.*