A randomized study of the personal health record in the public health setting

James Kahn MD
Professor of Medicine, UCSF

Outline

Main Points

Background

Provide a brief glimpse of the system

What is the data telling us?

What worked and what did not work

Future activities

Main Points

The study design is acceptable

Patients will enroll in a RCT

Investigators remain blinded to the data

Patients have some challenges such as maintaining their online identity

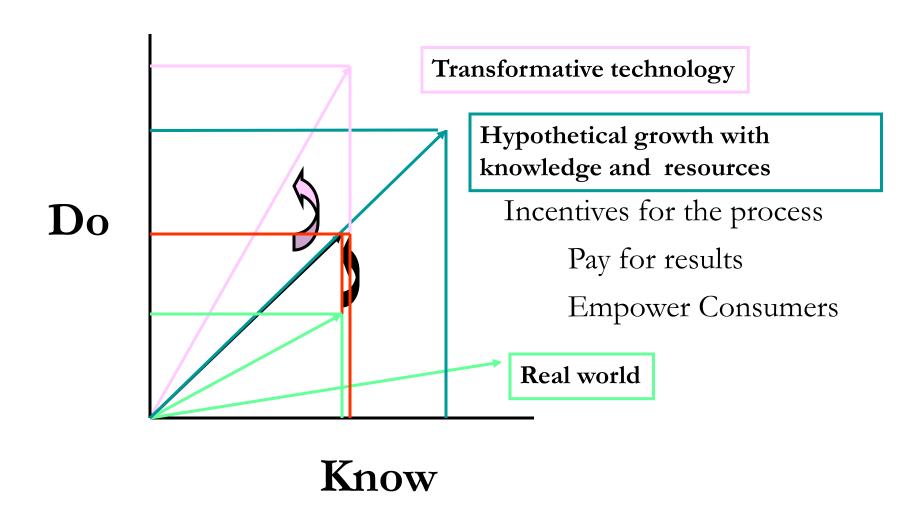
How to reconcile research data and clinical care remains an issue

We will unlikely reach our target full enrollment

Background

- PHRs are becoming more common
- PHR functionality is a criteria for EMR certification under Meaningful Use criteria
- PHR use by persons in public health settings is desired by patients and clinicians
 - Information exchange (lab data)
 - Scheduling appointments
 - Reminders (appointments, medications)
 - Communication (immunizations, concerns)

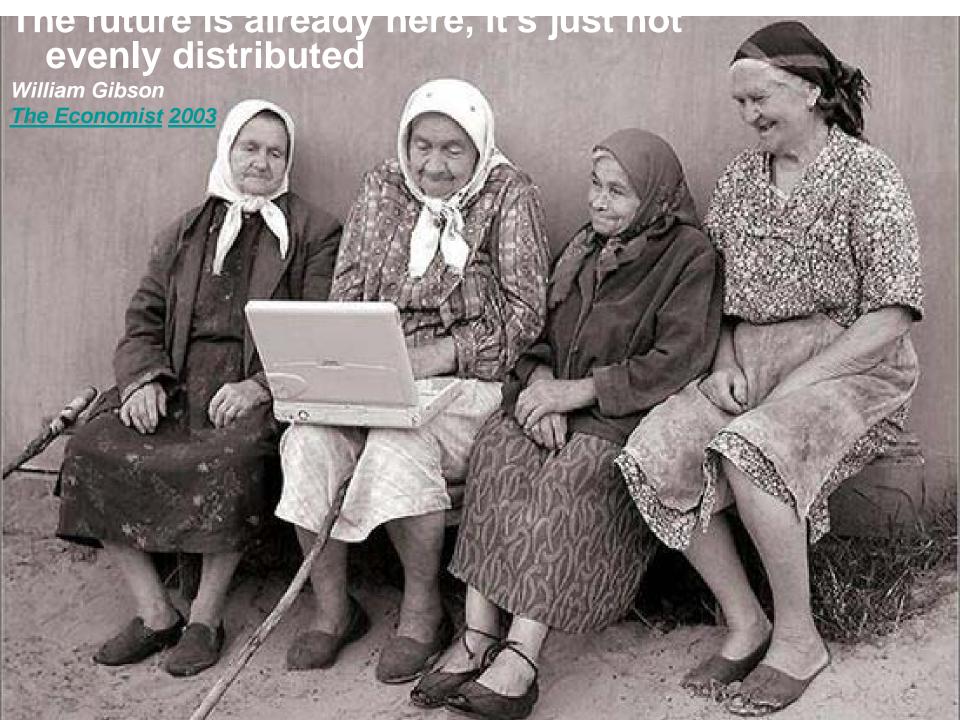
Do vs. know



Goal of the project

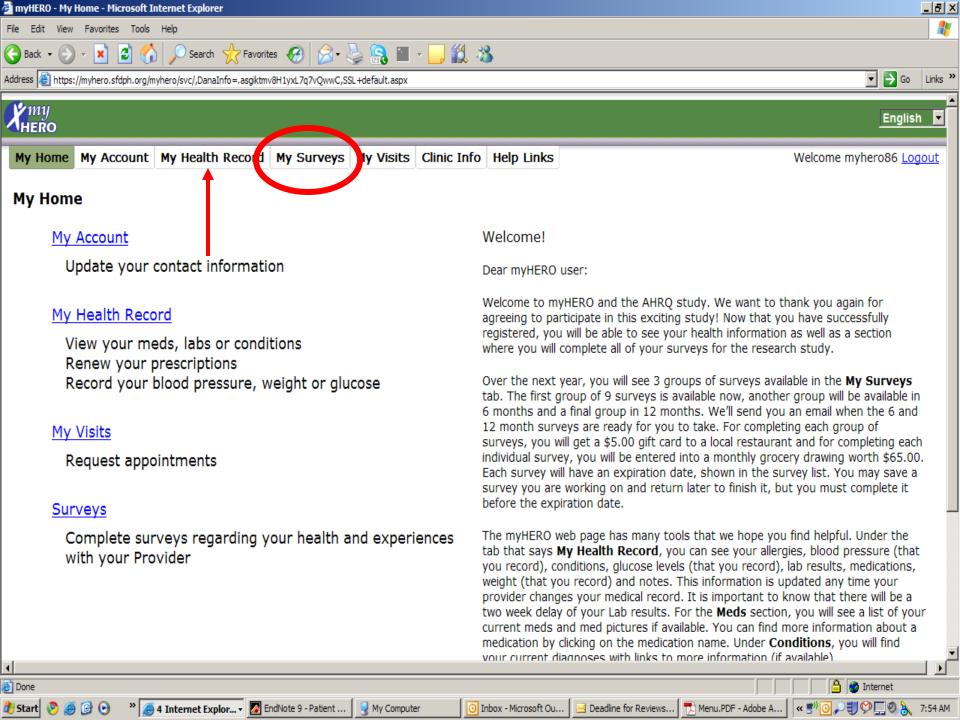
Our central hypothesis is that a secure PHR that combines meaningful information, web-based tools for support and reminders for patients will provide a substantial opportunity to promote self-management and will lead to improved health outcomes

To test our hypothesis we are performing a randomized controlled study to evaluate the biologic outcomes between persons randomly assigned to full use PHR compared with persons assigned to deferred access.



About the Study

- 600 patients followed for one year
- Half are randomized to full access of their online PHR and half randomized to receive ONLY surveys in the PHR without health information
- Patients are incentivized by receiving
 Starbucks gift cards as well as entries into a monthly groceries drawing worth \$60
- Enrollment period from 6/24/09 to 6/1/10



My Home My Accoun

My Surveys

Clinic Info Help Links

Welcome cisne Logout

My Home

My Account

Update your contact information

Surveys

Complete surveys regarding your health and experiences with your Provider

Welcome!

Dear myHERO user:

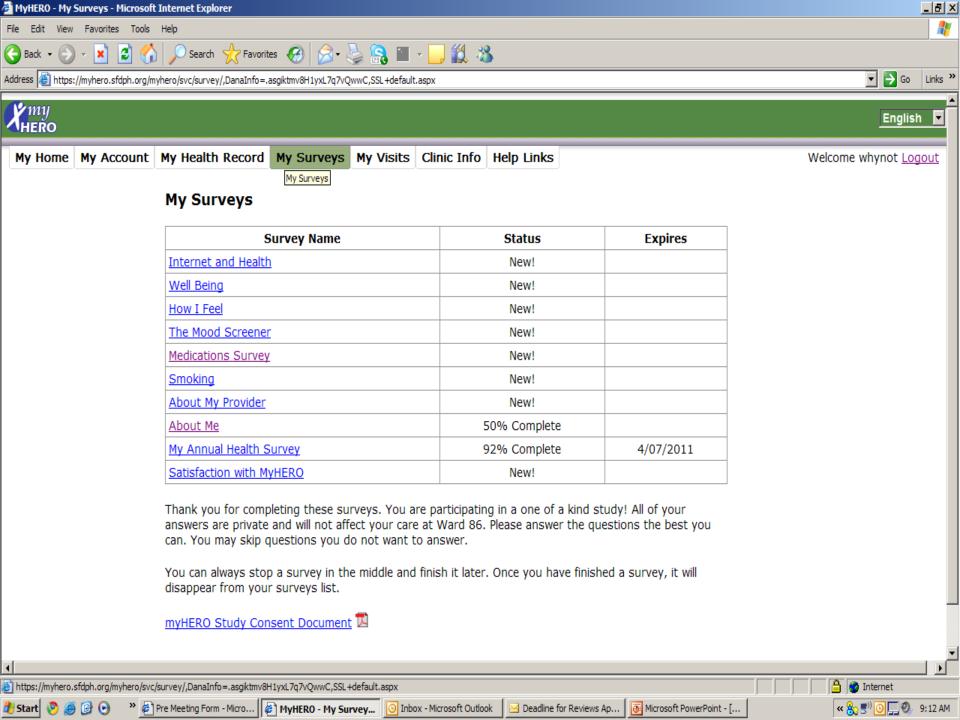
Welcome to myHERO and the AHRQ study. We want to thank you again for agreeing to participate in this exciting study! We hope that you will find the myHERO surveys to be very useful! Now that you have successfully registered. you will have two months to complete the first group of your surveys.

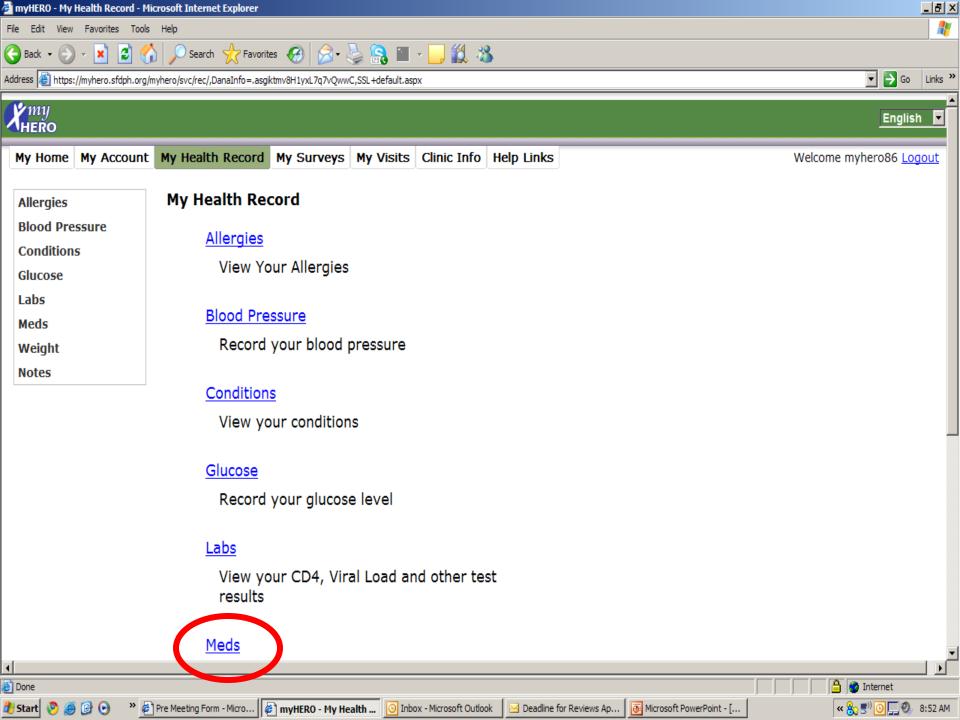
Over the next year, you will see 3 groups of surveys available in the My Surveys tab. The first group of 9 surveys are available now, another group will be available in 6 months and a final group in 12 months. We'll send you an email when the 6 and 12 month surveys are ready for you to take. For completing each group of surveys, you will get a \$5.00 gift card to to a local restaurant and for completing each individual survey, you will be entered into a monthly grocery drawing worth \$65.00. Each survey will have an expiration date, shown in the survey list. You may save a survey you are working on and return later to finish it, but you must complete it before the expiration date.

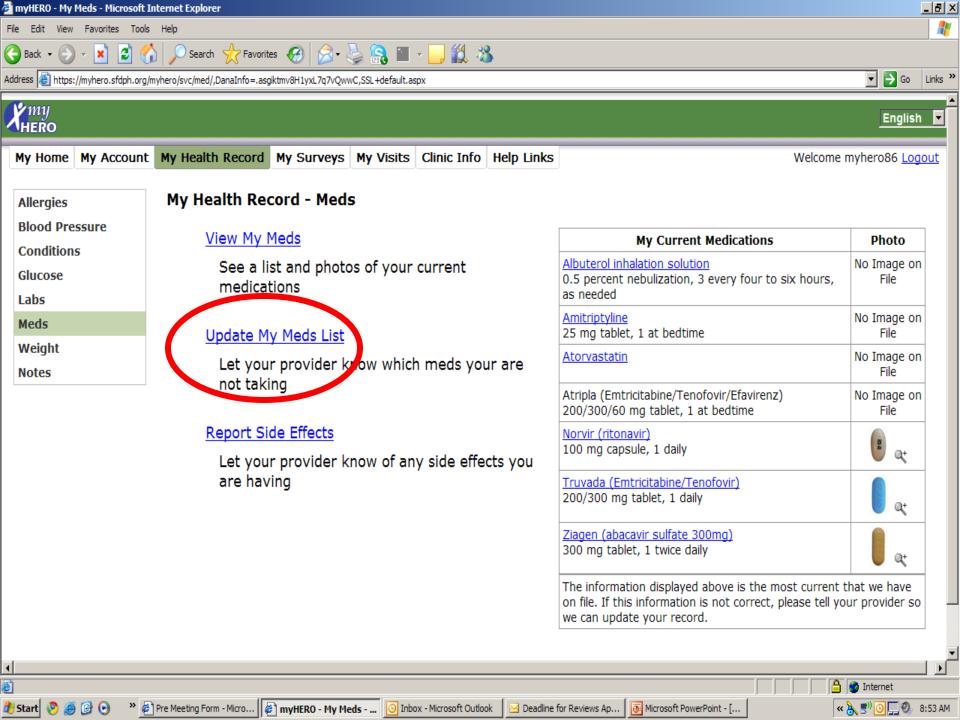
Thank you for your interest in this study, we hope you will have a positive experience with myHERO. If you have any problems with the myHERO site, you can email us at myherosupport@php.ucsf.edu.

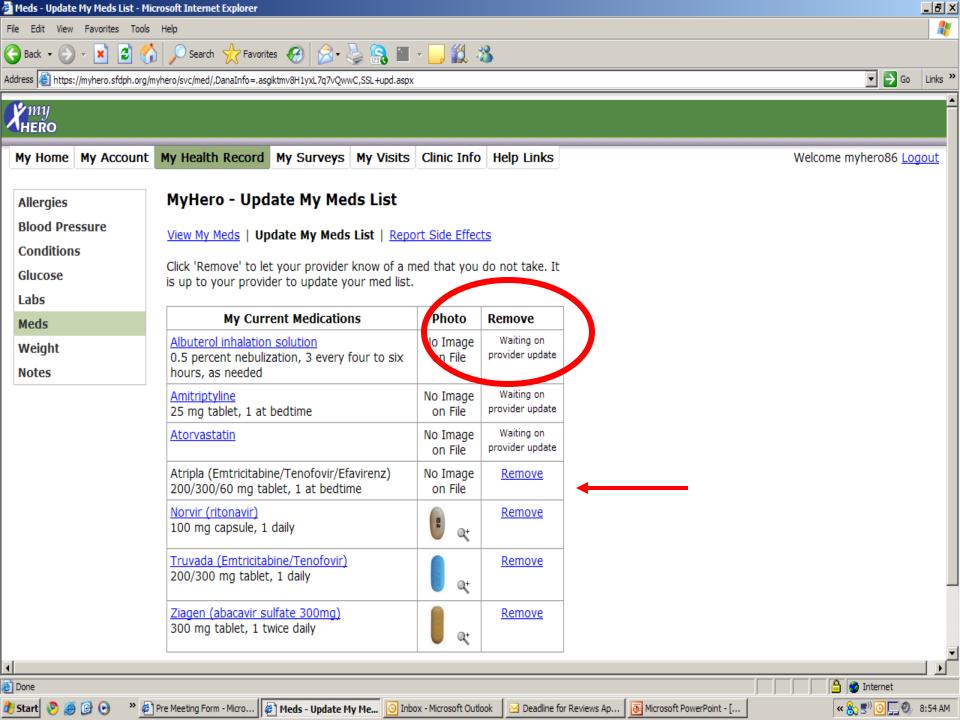
Take a Survey now!

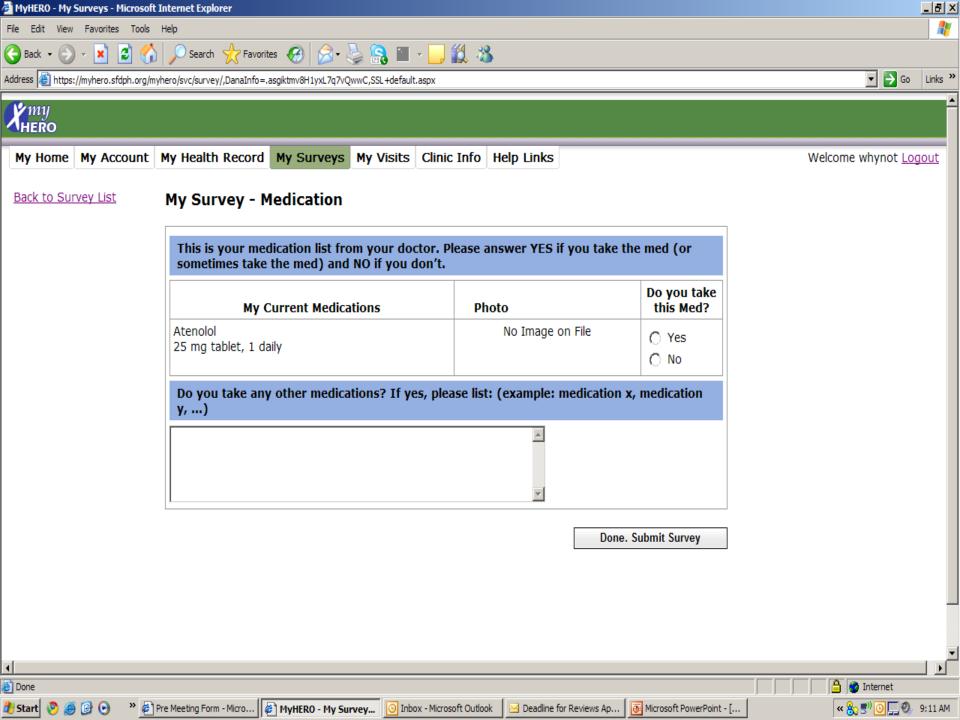
Copyright © 2008 The Regents of the University of California. All rights reserved.











Provider Role

- For each patient that have agreed to take part in the study, the clinician is asked to complete a single survey at baseline, 6 months, and 12 months (based on when the patient first registered)
- Clinicians have 4 months to complete the survey
- Study team sends weekly emails with the names of newly registered patients

Study participants-patients and clinicians

336 Patients have consented for the study

- 2 deceased patients
- -8 withdrawn (reasons recorded)

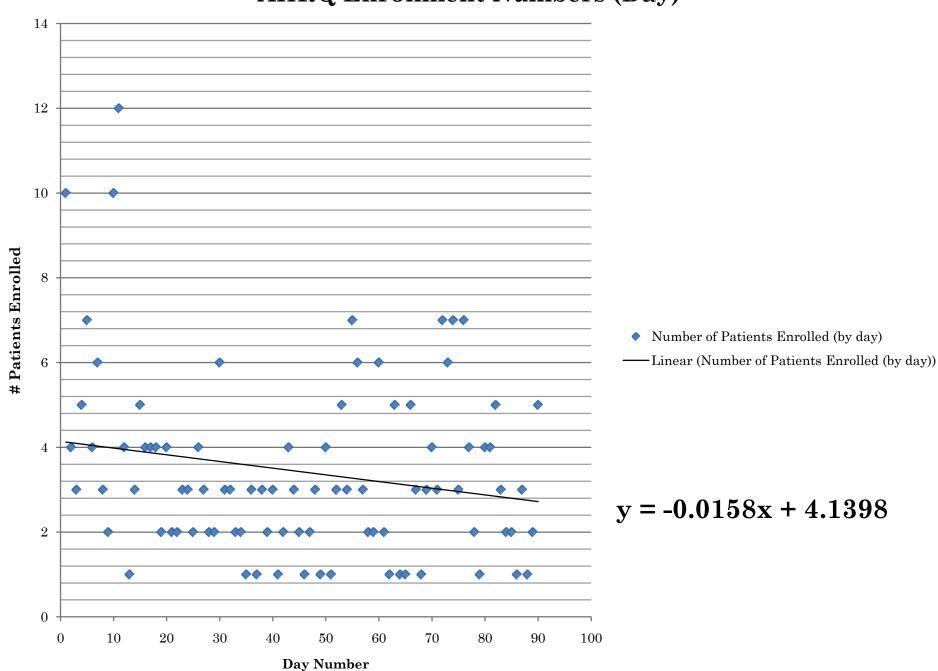
59% of patients have taken one or more baseline surveys (N=254)

61% completion of baseline (N=199)

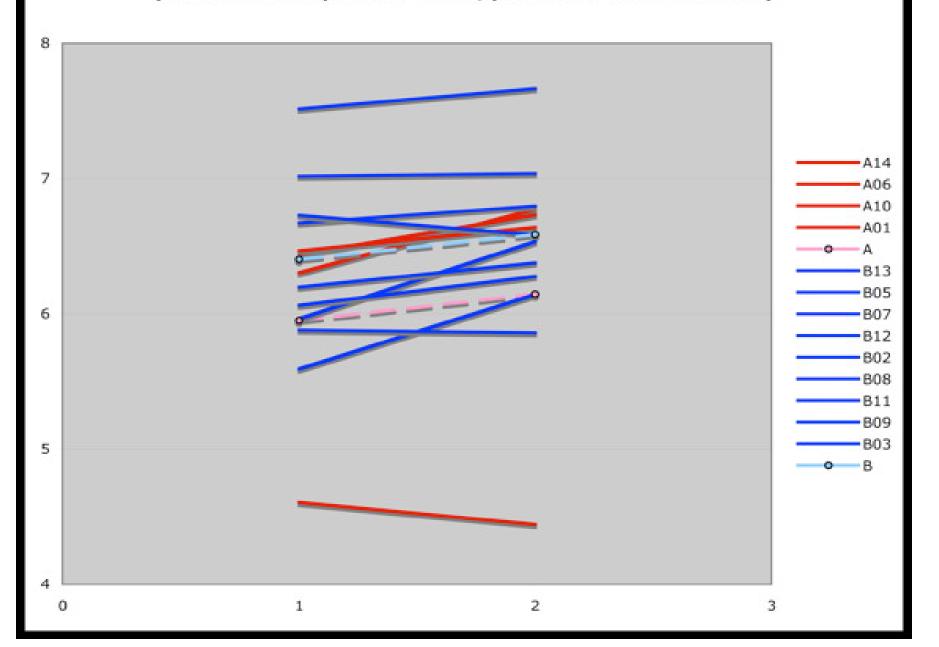
45% completion of R2 surveys (N=38)

149 Provider surveys completed 46% PCPs have taken 1 or more surveys (N=18)

AHRQ Enrollment Numbers (Day)



CD4 levels on log scale, by Collection time (dark colors are patients' levels; pale colors are Arm means)



How do we perform follow-up?

- Email sent every other week
- Phone call* every week
 - Cannot leave messages
 - Set up "appointments" for patients to get back into their email/myHERO account:
 - Many have forgotten their username and/or email account information
 - 11 email changes (create new email address in the database)
- *Major issue: phone numbers are inaccurate

Recent changes to improve follow-up

CHR approved advertising video for patient waiting room

Can give PHR username over the phone

Observing a better survey completion rate (even though it is taking a longer time) in the clinic!

Observations from Recruitment

- Patients who are "full" users are very excited about seeing their personal health information.
 - "This is the coolest thing I have ever seen"
 - "This is truly amazing"
- Deferred users are not thrilled with their assignment but there is no differential drop-out rates

Computer Skills

- 3 types of users:
 - Computers are completely foreign
 - Somewhat familiar with a computer
 - Completely comfortable with a computer
 - Challenges: We can only teach so much in one sitting
 - Opportunities: We are providing resources and some basic skills that can jump start their skill building

Accessibility Issues

- Font Size—we made the Font Bigger
- Radio Button Size—increased the size
- Mouse Use
- "Next Page" vs. "Submit"—now "DONE"
- User names and passwords
 - Patients now write these down
 - New tool to reset passwords online

What worked and what did not

- Patients will use the PHR survey system.
- Patients want accurate data
- Patients are receiving appropriate care especially related to ART.
- Good responses are common
- Problems of sample
- Consider differences between PHR users and non-users.

Future Data Collection

- 1.Do you have a computer at home?
- 2.Do you have your own email address?
- 3. How many times a week do you check their email? Never, daily, few times per week, weekly, monthly
- 4. Where do you use a computer? Home, library, clinic, school, friend/relative, other
- 5. Do you ask for assistance when you are using a computer?

Date	Initial
Patient Notes	
Patient Name:	
Helped patient reset Email	
Helped patient reset myHERO username	
Helped patient reset myHERO password	
Detient took our ove	
Patient took surveys	
Patient picked up coupon -	
Lationt plotted up doupon	
Spent(min) with Patient	
(······) ·······	
Notes:	

Future work

- Allow patients to change data.
- Record data in the data base when patients change their data.
- Automate reconciliation processes
 - Simple confirmation
 - Clinician confirmation
- R18 at AHRQ for
 - Integration CES information
 - Integration and understanding of how to change treatment guidelines
- R01 at NIDA for integration of NIDAMED tool
- Improve access via cellular technology

Main Points

The study design is acceptable

Patients will enroll in a RCT

Investigators remain blinded to the data

Patients have some challenges such as maintaining their online identity

How to reconcile research data and clinical care remains an issue

We will unlikely reach our target full enrollment

Medical informatics group





Demonstration

https://myhero.sfdph.org