Letter to the Editor:
Personally-controlled electronic health records have potential to improve reporting on quality and safety in Australia

Catherine Pettiford


Hordern et al.’s review provides a concise summary of the various e-health tools available to consumers. However, the article overlooks some potential advantages of an integrated personal health record/electronic health record (EHR), particularly the potential to improve safety and quality in healthcare.

The establishment of personally-controlled electronic health records (PCEHR) has been gaining momentum in Australia, thanks to significant Commonwealth Government investment in health reforms. There is evidence to suggest that electronic records improve the quality of patient care through better access to information for practitioners, improved efficiency, reduced medical errors, better continuity of care and improved clinical outcomes for chronic disease management (Cebul et al. 2011; Pearce 2010; Cripps 2011). There has been less research on the use of these tools for monitoring quality and safety indicators. At present, the reporting functions of the PCEHR system are limited to operational information for evaluating the uptake and performance of the system. However, the ‘concept of operations’ notes potential scope to expand the capabilities of the system (Department of Health and Ageing 2011). With a nationally consistent approach to coding and reporting through the PCEHR there may be an opportunity to overcome some of the shortcomings of quality and safety reporting from existing administrative databases (Iezzoni 1997), particularly with the implementation of Individual Health Identifiers to enable tracking of patients across health services.

The PCEHR has a long way to go before it can realise its full potential in contributing to quality and safety. The quality of the data depends on a critical mass of consumers to uptake the PCEHR, which itself requires understanding of what the records are, and how information will be used and confidentiality preserved. Successful realisation of the value of e-health relies on a strong sales pitch by the Government, well-funded implementation processes, and the will to recognise the potential of these technologies as tools for quality improvement.
Response to Catherine Pettiford

Antonia Hordern, Andrew Georgiou, Sue Whetton & Mirela Prgomet

Our paper titled ‘Consumer e-health: an overview of research evidence and implications for future policy’ (Hordern et al. 2011), provided an overview of existing evidence (prior to January 2009) about the consumer use of e-health. The literature demonstrated that e-health offers consumers many possibilities and potential benefits by way of support groups, chronic disease self-monitoring and wide-ranging access to sources of rich information. We thank Catherine Pettiford for drawing readers’ attention to more recent publications, which have appeared since our initial literature review was finalised. We appreciate Catherine Pettiford’s comments. There is, as she mentions, considerable potential for personally-controlled electronic health records (PCEHRs) to improve the safety and quality of patient care. Indeed, our review drew particular attention to an online survey conducted by the Personal Health Working Group of the Markle Foundation, which identified many positive responses provided by participants when asked about the potential benefits of having a PCEHR (Markle Foundation 2003). Two articles were also referred to (Tang et al. 2006; Richards 2007), which highlighted the potential of the PCEHR to improve the safety and quality of health care among patients, as described in our review. However, we believe it is also important to draw attention to the significant challenges involved in successful deploying PCEHRs. A recent scoping review on personal health records (PHRs), conducted by Archer et al. (2011), described existing electronic and paper-based PHR research and examined whether PHRs can provide benefits to consumers. Although the findings revealed a growing interest in PHR use, the authors concluded that there is a long way to go in order to modify PHRs for patient health self-management and sustainability. Our intention was to help inform decision making about this very important development.

References


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