



FOR IMMEDIATE RELEASE
March 10, 2009

BARRIERS TO ADOPTION OF ELECTRONIC PERSONAL HEALTH RECORDS OUTLINED

Interest in personal health records as an electronic tool to manage health information is increasing dramatically. A group led by a UCSF researcher has identified cost, privacy concerns, design shortcomings and difficulties sharing information across different organizations as critical barriers hindering broad implementation of electronic personal health records.

The barriers are discussed in a paper appearing in the March-April 2009 issue of the journal "Health Affairs."

"It is imperative that these barriers hampering adoption of personal health records be addressed. We do not have the 'best of breed' yet, but I do believe that if we encourage nimble innovative solutions, we can achieve the ideal personal health record," said James S. Kahn, MD, professor of clinical medicine at the UCSF Positive Health Program at San Francisco General Hospital.

The paper notes that costs may be offset by improvement in health activities and reduced administrative costs. The difficulty of making personal health record data portable for patients as they change health organizations is a key factor limiting wider and more rapid adoption.

"Personal health records controlled by patients that are interoperable with other systems so that they can take their records with them are also essential for empowering patients and ensuring their control over their own health care. Exploring other technologies such as mobile phones as an easier entry point for consumers to access their records could play an important role as well," said Kahn.

The authors posit a dynamic relationship as patients' behavior influences personal health record acceptance and personal health record adoption influences consumers' behavior.

"For instance, a personal health record could interact with patients through automated mechanisms such as alerts or reminders and improve medication adherence. Consumer-to-consumer interactions through social networking sites could provide group support for healthy behavior changes such as tobacco abatement," said Kahn.

Kahn has directed the development of the Health Care Evaluation Record Organizer (HERO) at Ward 86, UCSF's outpatient HIV/AIDS clinic at San Francisco General Hospital, a public hospital where many patients are in a safety net situation.

"In addition, we need to recognize that some established personal health record vendors may not respond to all patient needs. We are actively trying to understand how personal health records can be used in a safety net setting in a public hospital," added Kahn.

Co-authors include Veenu Aulakh, program director at the California Healthcare Foundation and Adam Bosworth, president and CEO of Keas Inc., in San Francisco.

Funding from the Commonwealth Fund and the National Institutes of Health supports Kahn's work.

The UCSF Positive Health Program at San Francisco General Hospital is affiliated with the AIDS Research Institute (ARI) at UCSF. UCSF ARI houses hundreds of scientists and dozens of programs throughout UCSF and affiliated labs and institutions, making ARI one of the largest AIDS research entities in the world.

UCSF is a leading university dedicated to defining health worldwide through advanced biomedical research, graduate level education in the life sciences and health professions, and excellence in patient care.

###