Improve Patient’s Access to Health Information by Supporting Electronic Medical Record Requests

December 1, 2017  3:00 pm – 4:00 pm
Percent offered access to online medical record

% Offered Access to Online Medical Record by Health Insurer or Provider

2014: 42%
2017: 52%

3 year gap

Source: Health Information National Trends Survey (HINTS) 4, Cycle 4 (2014); HINTS 5, Cycle 1 (2017)
Percent of individuals who have been offered access to an online medical record by number of times they accessed their medical record, 2017.

- 46.7% never accessed
- 27.6% accessed 1 to 2 times
- 15.9% accessed 3 to 5 times
- 5.3% accessed 6 to 9 times
- 4.5% accessed 10 or more times

53.3% accessed at least once

Source: HINTS 5, Cycle 1 (2017)
Online medical records are easy to understand and useful.

Perceived ease of understanding the information in an online medical record by whether patients find their online record is useful for monitoring their health, 2017.

<table>
<thead>
<tr>
<th>Health information in my online medical record is...</th>
<th>Easy to Understand</th>
<th>Difficult to Understand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Useful for Monitoring Your Health</td>
<td>82%</td>
<td>3%</td>
</tr>
<tr>
<td>Not Useful for Monitoring Your Health</td>
<td>10%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: HINTS 5, Cycle 1 (2017)
Why are people NOT accessing their online record?

Reasons for not accessing an online medical record among those who were offered access but chose not to view their online medical record, 2017.

<table>
<thead>
<tr>
<th>Reason</th>
<th>% Among those who did not access online medical record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer to speak to a health care provider directly</td>
<td>75.6%</td>
</tr>
<tr>
<td>Did not have a need to use your online medical record</td>
<td>58.8%</td>
</tr>
<tr>
<td>Concerned about the privacy/security of online medical record</td>
<td>25.0%</td>
</tr>
<tr>
<td>Do not have a way to access the website</td>
<td>19.6%</td>
</tr>
<tr>
<td>You don’t have an online medical record</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

Note: Percentages do not add to 100% because respondents could select more than one reason.

Source: HINTS 5, Cycle 1 (2017)
Among individuals who have accessed their online medical record, percent that have viewed, downloaded, or transmitted health information, 2017.

<table>
<thead>
<tr>
<th>View, Download or Transmit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>View or look up test results</td>
<td>84.2%</td>
</tr>
<tr>
<td>Download online medical record</td>
<td>16.5%</td>
</tr>
<tr>
<td>Transmitted data to outside party (composite of below)</td>
<td>14.0%</td>
</tr>
<tr>
<td>• Transmit to another healthcare provider</td>
<td>10.5%</td>
</tr>
<tr>
<td>• Transmit to caregiver</td>
<td>4.2%</td>
</tr>
<tr>
<td>• Transmit to service or app</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Source: HINTS 5, Cycle 1 (2017)
Gaps in information exchange

Percent of individuals who went to the doctor in the past 12 months and reported being burdened by a lack of health information electronically available at the point of care, 2017.

- Redo a test or procedure because the earlier results were not available: 6.8%
- Provide your medical history again because your chart could not be found: 7.3%
- Wait for results longer than you thought reasonable: 13.9%
- Bring a test result to an appointment (X-ray, MRI, etc.): 18.9%
- Had to do at least one of the above: 32.2%

Source: HINTS 5, Cycle 1 (2017)
ONC conducted interviews with 17 consumers to understand their experiences — and challenges — accessing their patient data.

We also analyzed medical record release information and forms from 50 large health systems and hospitals across the country representing 32 states.

Then, we talked to insiders — ONC and partner stakeholders, as well as 4 medical record fulfillment administrators — to unpack the records request process and look for opportunities to make it better for consumers.

Improving the Health Records Request Process for Patients
Insights from User Experience Research

The Office of the National Coordinator for Health Information Technology
“Typical” process for consumers

- Process begins with a **trigger** – a health crisis, patient is moving, etc.
- Consumers said they start off by **calling provider** to find out how to get or send a copy of their records
- Consumer usually must fill out a form, and will often **mail or fax** it in
- Consumer waits . . . and is often in the dark about the process
- Consumer receives records, but it is often a **printed stack of records that is faxed or mailed** - formats that would require a receiving provider to enter the records manually into their EHR.
Darrell Mosley | Age 56

- **Location**
  - Cleveland, OH

- **Health Conditions**
  - Headaches and back pain from a car accident 6 months ago

- **Frustrated by**
  - Getting conflicting information from office staff about the best way to get his records

- **Record Request Workaround**
  - Went to the hospital’s records office in person, after a follow-up appointment

- **What would make the process easier for him**
  - Consistent, clear instructions
  - A streamlined process

---

**Health Care Literacy**

- LOW
- HIGH

**Digital Literacy**

- LOW
- HIGH

**Motivation to Get Data**

- LOW
- HIGH

To spend all that time chasing down my records, when I was also dealing with trying to recover from my accident — it was an extra stress at a time when I really didn’t need it. I don’t care so much about the security — I just want them to talk to each other and figure it out without me being in the middle of it.”
Trigger

Primary care doctor asked to have hospital and physical therapy records so she has a better understanding of Darrell’s injury and care needs.

1 month

1. Get started
   - How do I get my records?
   - I still have to print out a form? This is useless!
   - Looks on hospital website for how to get health records
   - Signs up for patient portal

2. Make the request
   - Why is this so complicated?
   - I don’t even know what to fill in here.
   - How long will this take?
   - Downloads records request form
   - Prints it
   - Fills out the form
   - Mails completed form to hospital

3. Health system fulfills request
   - Waiting for request to be fulfilled
   - Did they get my form?
   - I wonder if my primary care doctor will even look at this.
   - Calls Health Records office to check progress of request
   - Health Records office confirms they sent PCP a CD of records

Appointment
“It takes so much time. I wish the process was the same everywhere.”

“It feels like a bad scavenger hunt.”

“It was a web of insanity.”

“It was an extra stress at a time when I really didn’t need it.”

**Consumer Pain Points:**

- Varied processes
- Hard-to-understand forms
- Inconvenient, non-digital methods (fax, mail, in person)
- Lack of transparency in the process
- Non-useful formats, like paper and CDs
Health System perspective

- Fragmented and incomplete records are common and problematic
- Verifying the identity of the patient requesting the record can be an issue
- Typical task flow for a health records administrator includes:
  - Receive request for records from patient via fax
    - often will compare signature on faxed form to signature on file
  - May not have all information needed on form and must call patient to complete request
  - Locate and print patient’s electronic records, and make copies of paper records
  - Mail printed EHR records, plus copies of paper records, to patient
This process benefits both patients and health care providers.

**Benefits for patients:**

- Electronic requests are quick and painless
- Patients can choose format and delivery method
- Patients can track the status of their request

**Benefits for health care providers:**

- Records request forms are filled out correctly — the first time
- Patient’s identity is quickly e-verified
- Staff can easily track and fulfill requests electronically
Design Opportunities to Improve the Process Today

2015 Edition Final Rule Supports Access

- The 2015 Edition final rule includes several health IT certification criteria that support patient access to, and patient-directed transmission of, their health information. Of note:
  
  » The API criterion requires health IT to provide application access to the Common Clinical Data Set via an application programming interface (API).

  » The API criteria will enable easier access to health data for patients via mobile devices, which may particularly benefit low income populations where smartphone and tablet use may be more prevalent than computer access.

  » To support the implementation of the 2015 Certification criteria, ONC has developed an API training module aimed at providers and patients to explain how APIs work and how they can support access to health information.
Section 4006 of Cures seeks to empower patients and improve patient access to their electronic health information by:

- Assuring that patients have better access to their secure and up-to-date health information.
- Educating health care providers on allowable uses and sharing of patient health information and clarify misunderstandings that may be currently impeding lawful sharing.

ONC has taken steps to clarify patient access rights and improve patient access to electronic health information:

- Work with OCR to develop materials and sub-regulatory guidance
- 2015 Edition Final Rule supports access
ONC and HHS Resources

- ONC Patient Engagement Playbook – supporting electronic record requests
- Guide to Privacy and Security of Electronic Health Information
- Patient Access Videos
- API Training Module
- Access Infographic
- OCR Access Sub-Regulatory Guidance
- Access Frequently Asked Questions (FAQs)
- Patient Access Video Series
- 2015 CERHT Rule Access Summary
Panel Participants

- **Erin Mackay**, Associate Director Health Information Technology Programs, National Partnership for Women and Families
- **Lauren Riplinger**, JD, Senior Director, Federal Relations, American Health Information Management Association (AHIMA)
- **Cynthia Fisher**, MBA
- **Marissa Gordon-Nguyen**, JD, MPH, Health Information Privacy Specialist, Office for Civil Rights, US Dept. of Health and Human Services

**Moderator**: Lana Moriarty, Director of Consumer eHealth and Engagement, Office of the National Coordinator for Health IT
Thank you for attending!

Lana Moriarty
Lana.moriarty@hhs.gov