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Individuals' Access and Use of their Online Medical Record Nationwide

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The ability of individuals to access and use their online medical records serves as one of the cornerstones of national efforts to increase patient engagement and improve health outcomes (1). Achieving progress in this area relies on concurrent changes among health care providers, individuals, and national policies, such as the implementation of Meaningful Use Stage 2 (MU2) rules for patient electronic access, the recent change to Clinical Laboratory Improvement Amendments (CLIA) to enable patients' direct access to their test results from laboratories, and expansion of the Blue Button Initiative (2, 3, 4, 5, 6). This brief presents national data regarding individuals' access to online health records, and the use of those records among individuals provided access. These findings are based upon a nationally representative survey of over 2,100 respondents conducted in 2013, prior to the implementation of MU2 and CLIA rules. The data may serve as a baseline to further evaluate progress in light of these policy interventions.

About one in three individuals experience gaps in information exchange.

Figure 1: Proportion of individuals who experienced one or more gaps in health information among their providers or between themselves and their providers when seeking care for a medical problem, 2013.



NOTE: When calcula ing percentages, individuals who had not seen a health care provider within the last year (13%) were excluded. The number of respondents for the above items ranged from n=1919 to n=1932.

SOURCE: 2013 Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Health Information Exchange.

★ When seeking care for a medical problem within the last year, about 1 in 3 individuals reported experiencing one or more gaps in information exchange. Common gaps included: recounting medical history because the healthcare provider had not received records from another provider or having to bring test results to an appointment.

Almost three in ten individuals were offered access to their online medical record, primarily by their health care provider.

Figure 2: Proportion of individuals offered access to their online health information and whether a healthcare provider or health insurer provided access, 2013 (n=2,063).



SOURCE: 2013 Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Health Information Exchange.

- \star Almost 3 in 10 individuals were offered access to an online medical record.
- ★ Among individuals given access to the online medical record, almost half were provided access by only their health care provider, and another four in ten individuals were given access by both their health insurer and health care provider.
- ★ Less than one in ten individuals were given access to their online medical record by only their health insurer.

Among those offered access to their online health information, almost half viewed their online record at least once.



Figure 3: Frequency of online access within the last year among individuals given access, 2013 (n=661).

SOURCE: 2013 Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Health Information Exchange

- ★ Among those given access to their online record, almost half viewed their online health information at least once within the last year; whereas 54% did not view their online information.
- ★ Frequency of accessing online health information varied among the individuals given online access to their record: one-fifth accessed it once or twice within the last year and 15% accessed it between 3 to 5 times within the last year.
- ★ Ten percent of individuals given access to their online record accessed it more than 6 times within the last year.

Individuals who accessed their online record used it for a variety of purposes.



Figure 4: Proportion of individuals that used their online record for various purposes, as reported among individuals

NOTE: Percentages do not sum to 100% because respondents could check all hat apply. SOURCE: 2013 Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Health Information Exchange.

- \star Among individuals who accessed their online record at least once within the last year, almost three-quarters used it to monitor their health.
- \star Over 4 in 10 individuals who accessed their online record shared their online health information with someone else, such as a health care provider or a family member.
- \star About 4 in 10 individuals who accessed their online record downloaded their online health information to a computer or device.
- \star Over one in ten individuals who accessed their online record electronically sent the information somewhere else, such as an app or personal health record (PHR).
- \star One in 10 individuals who accessed their online record requested that errors be corrected in their online record



A majority of those who accessed their information online perceived it as very useful



Figure 5: Rating of the usefulness of the online health information among those who accessed their health information online, 2013 (n=384).

SOURCE: 2013 Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Health Information Exchange.

- ★ A majority of individuals who accessed their online medical record at least once within the last year considered their online medical record very useful.
- ★ About 3 out of 10 individuals who accessed their online health information within the last year rated their online heath information as somewhat useful.
- \star Less than 1 in 10 individuals did not consider the information useful.



Figure 6: Reasons for not accessing their online record among individuals who did not access their health information online, 2013 (n=384).



NOTE: Percentages do not sum to 100% because respondents could check all hat apply SOURCE: 2013 Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Health Information Exchange.

- ★ Among individuals who were offered online access but did not access their online health information, three-quarters did not perceive they had a need to use an online record.
- ★ Other common reasons for not using online records reported by individuals included concerns about privacy or security of the online medical record website (28%) and not having Internet access (23%).

Almost 7 in 10 individuals nationwide perceived online access as very or somewhat important.

Figure 7: Proportion of individuals nationwide who consider having secure access to online medical record as very or somewhat important overall (n=2073) and by frequency of use among those offered online access (n=654), 2013.



NOTE: Individuals who were not offered access included in overall national estimate (69%). SOURCE: 2013 Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Health Information Exchange.

- ★ Nationwide, almost 7 in 10 individuals considered having secure access to an online medical record as very or somewhat important.
- ★ Among individuals who were given access to their online medical record but did not access it, a majority (62%) consider online access as very or somewhat important.
- ★ Most individuals who accessed their online medical record perceived having secure access to an online medical record as very or somewhat important.

Summary

This brief presents a measurement of consumer access to health record data and consumer use of that data. In 2013, about one-third of individuals experienced a gap in health information among their providers or between themselves and their providers. This suggests the need for individuals to have the capability to address gaps in information exchange. Yet, only about 3 in 10 individuals were given access to an online medical record. This may in part reflect the limited view, download and transmit (VDT) capabilities of health care providers prior to MU2. Fewer than half of all office-based physicians in 2013 had the computerized capability to provide patients the ability to VDT electronic health record data, and only about a quarter routinely used this capability (7). Among hospitals, fewer than half offered patients access to view health record data, with substantially fewer offering download or transmit capability (8).

MU2 currently requires that more than 50% of unique patients be offered access to their online medical record and that more than 5% of unique patients use VDT capabilities. Performance among eligible professionals who are early attesters of MU2 show low levels of performance on this measure compared to some other MU2 measures (9). However, findings from the survey indicate that among individuals offered access to their online health records, 46% viewed their online record at least once, a rate more than nine times higher than that required by the MU2 threshold. An earlier survey among patients of EHR adopters also found high rates of use among those given online access (10).

These findings suggest that individuals are using their online record in a variety of ways. Threequarters of individuals who did access their online record are using it to monitor their health. Individuals are using the VDT capabilities at varying levels, potentially reflecting variation in their providers' computerized capabilities (7, 8). Among individuals who accessed their health information online, about 4 in 10 downloaded their information and about 10% sent information from their online record to other technology such as apps and personal health record systems, which may help individuals manage their health care needs. Over 4 in 10 individuals shared their health record with others, including their health care provider, suggesting that individuals may be using their online record to address potential gaps in information exchange.

A majority of individuals who accessed their online medical record found the information very useful. Seven in 10 individuals nationwide reported that having an online medical record was very or somewhat important. Among individuals who did access their online medical record, over 90% perceived having access as very or somewhat important, and notably, a majority (62%) of individuals who did not access their online record considered online access to be somewhat or very important. Together, these findings suggest that even in the early stages of online medical records, individuals do value and find use from basic capabilities to access their online medical record.

Definitions

Gap in health information exchange: Individuals who experienced one or more of the following gaps within the last year when seeing a healthcare provider: (1) Had to bring an X-ray, MRI, or other type of test result with you to the appointment; (2) Had to wait for test results longer than you thought reasonable?; (3) Had to redo a test or procedure because the earlier test results were not available?; (4) Had to provide your medical history again because your chart could not be found?; (5) Had to tell a health care provider about your medical history because they had not gotten your records from another health care provider?

Online medical record: The survey defined this as: "Some patients can access information from their medical records online—that is, through the Internet—on secure websites set up for this purpose. By going to the secure website, patients can view parts of their own medical record, download the information, or send it somewhere else."

Viewing online medical record: Proportion of individuals who accessed their online medical record at least once.

Data Source and Methods

Data are from The Office of the National Coordinator for Health Information Technology's (ONC) Consumer Survey of Attitudes Toward the Privacy and Security Aspects of Electronic Health Records and Health Information Exchange. The survey was conducted by NORC at the University of Chicago with MITRE.

The respondent universe for the survey was the civilian, non-institutionalized population ages 18 years old and older within the 50 states and the District of Columbia. This survey utilized a dual random digit dialing (RDD) frame of landline phone numbers and wireless/mobile phone numbers developed by Survey Sampling International (SSI). In order to reduce sampling variability and to represent the nation, NORC stratified the landline RDD frame by Census Region. The 2013 survey oversampled Hispanic, Asian and Black populations. From each household with a selected phone number in a given frame only one adult was selected to complete the telephone interview. The survey utilized the last-birthday respondent-selection method, asking for the eligible person (adult at least 18 years old) within the sampling unit (i.e., household) who had the most recent birthday or would have the next birthday. This method provided a true within-unit probability sample without intrusive or burdensome screening of eligible persons in the household and ensured maximum respondent anonymity, as no identifying information was collected. A total of 2,107 surveys were completed, with an interview completion rate of 41% and a response rate of 21% (calculated based upon the Council of American Survey Research Organizations method).

Data presented in this data brief are weighted national estimates. Items used for this data brief are listed in Appendix Table A1 below.



Appendix Table A1. Selected Items from the ONC Consumer Survey of Attitudes Toward the Privacy and Security Access of Electronic Health Records and Health Information Exchange, 2013, used for this analysis

Question Text	Response Options
1. In the past 12 months, when getting for a medical problem, was there a time when you	
a. Had to bring an X-ray, MRI, or other type of test result with you to the appointment?	YES/NO
b. Had to wait for test results longer than you thought reasonable?	YES/NO
c. Had to redo a test or procedure because the earlier test results were not available?	YES/NO
d. Had to provide your medical history again because your chart could not be found?	YES/NO
e. Had to tell a health care provider about your medical history because they had not gotten your records from another health care provider?	YES/NO
2. Have any of your health care providers or health insurers ever informed you that you could access your health information from your medical record through a secure website?	YES/NO
3. Were you offered access to your online medical record?	
a. By your health care provider?	YES/NO
b. By your health insurer?	YES/NO
4. How many times did you access your online medical record through the website over the last 12 months?	1–2 times 3–5 times 6–9 times More than 10 times None
5. I would like to learn more about why you have not accessed your online medical records through the website. Was it because	
a. You do not have a way to access the website?	YES/NO
b. You did not have a need to use your online medical record?	YES/NO
c. You did not find the medical information provided through the website to be useful?	YES/NO
d. The website was difficult to use?	YES/NO
e. You were concerned about privacy or security of the website that had your medical records?	YES/NO
6. How important is it to you to have online access to your medical record through a secure web site?	Very Important Somewhat Important Not Very Important Not Important At All
7. How did you use the medical record that you accessed through the website?	
a. Did you download the information to your computer or mobile device, such as a cell phone or tablet?	YES/NO
b. Did you send the information somewhere else, such as to an app on a mobile device or to a personal health record? A personal health record, or PHR, is an electronic application that allows you to access, enter, and manage some of your health information.	YES/NO
c. Did you share it with another health care provider treating you?	YES/NO
d. Did you share it with a family member or someone else involved with your health care?	YES/NO
e. Did you ask your health care provider to correct any errors you found in the online record?	YES/NO
f. Did you use the online record to monitor your health, for example by using it to check on a medication or to check the date of a test result?	YES/NO
8. How useful did you find the information that you accessed online, on a scale of 0 to 10, with 0 being not at all useful and 10 being very useful?	Likert Scale, 0-10

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