



# A qualitative study of Australians' opinions about Personally Controlled Electronic Health Records

Never Stand Still

Medicine

Centre for Health Systems and Safety Research

**Elin Lehnбом<sup>1,3</sup>, Andrew McLachlan<sup>2,4</sup>, Jo-anne Brien<sup>2,3,5</sup>**

<sup>1</sup>Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, University of New South Wales, Sydney, Australia

<sup>2</sup>Faculty of Pharmacy, University of Sydney, Australia

<sup>3</sup>St Vincent's Hospital, Darlinghurst, Australia

<sup>4</sup>Centre for Education and Research on Ageing, Concord RG Hospital, Sydney, Australia

<sup>5</sup>Faculty of Medicine, University of New South Wales, Sydney, Australia

# Background

- Medical and medication errors are associated with poor coordination of care.
  - 2-fold increase when seeing 2 or more specialists.
  - 3-fold increase if hospitalised in the past 2 years.<sup>1</sup>
- Other countries have implemented shared electronic health records.<sup>2,3</sup>
- Evaluation studies of small scale PCEHR show mixed results.<sup>4,5</sup>

<sup>1</sup>Lu CY, *et al.* Int J Clin Pract 2011;65:733-40. <sup>2</sup>Gray BH, *et al.* Issue Brief (Commonw Fund) 2011;28:1-18. <sup>3</sup>Grenhalgh T, *et al.* BMJ 2008;336:1290-5. <sup>4</sup>Silvester BV, *et al.* MJA 2009;190:S113-6. <sup>5</sup>KPMG. 2008.



# What is a Personally Controlled Electronic Health Record?

A secure, electronic record of your medical history, stored and shared in a network of connected systems. The PCEHR will bring key health information from a number of different systems together and present it in a single view.<sup>6</sup>

<sup>6</sup>What is a PCEHR? National E-Health Transition Authority  
<http://www.nehta.gov.au/ehealth-implementation/what-is-a-pcher>

# Study Aim

- To explore the:
  1. Knowledge
  2. Understanding
  3. Views

of healthcare providers and consumers regarding personally controlled electronic health records.



ILLUSTRATION: HELENA HALVARSSON



# Research Method

- **Study population:** Healthcare providers and consumers.
- **Sample size:** Recruit until saturation of themes.
- **Recruitment:** Flyers posted in public areas, information about the study was included in newsletters sent out in several Divisions of General Practice.



# Research Method

- **Interview guide design:** Based on the interview guide used by Greenhalgh *et al*<sup>5</sup> two interview guides were designed.
- **Data collection:** Interviewed once either face-to-face (individually or in small groups) or over the phone.
- **Data analysis:** Preliminary data analysis alongside data collection. Thematic analysis once data collection finished.

<sup>5</sup>Greenhalgh T, *et al.* BMJ 2008;336:1290-5.



# Results

- 26 consumers aged between 21 and 78 years.
- 22 healthcare providers aged between 27 and 71 years.
  - Doctors n=9
  - Pharmacists n=8
  - Nurses n=5
- 56% female participants.



# Knowledge about and understanding of PCEHR

**Facilitator:** “Have you ever heard of a personally controlled electronic health record?”

**Consumer 16:** “Yes”

**Facilitator:** “Where did you hear about it?”

**Consumer 16:** “On the TV”

**Facilitator:** “What do you know about it?”

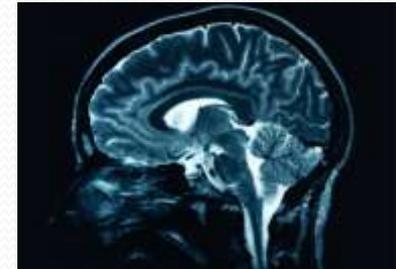
**Consumer 16:** “Very little. I believe it’s where your doctors can just grab your information up off the computer anywhere in Australia”



# Type of information

**Healthcare providers:** As much information as possible.

**Consumers 22:** “I’m having an MRI every four months still. Whether they include the actual MRI results I wouldn’t think necessary but the fact that I had one would be just a salient point”



# Purpose of the PCEHR

## Healthcare providers:

- A tool for them to use, many failed to mention patients.
- Monitor patients (adherence, doctor shopping).

**Consumer 2:** “The purpose of it (PCEHR) is not for me, it’s for the medical profession”



# Anticipated benefits with the PCEHR

- No more lost records
- Ability to electronically search a record
- More information →
  - More holistic approach
  - Prevent misadventures
  - Safer healthcare



# Anticipated drawbacks with the PCEHR

- Privacy concerns

**Consumer 18:** “I have HIV and hep C... so I am very nervous about having my information stored in a single place”

- The system crashing
- Training of staff



# Discussion

- Participants' knowledge and understanding of the PCEHR was poor.
- Several benefits were identified but few would opt-in.
- Fear of unauthorised access.



# Conclusions

- Strong opinions (despite poor knowledge and understanding).
- Challenge to achieve consumer opt-in.
- A quantitative study is needed to make more generalisable conclusions and recommendations.



- Acknowledgements

- All participants
- Widdifield Cardiac Research Scholarship

