



# Effective Health Care Free Standing Personal Health Record for Children Nomination Summary Document

## Results of Topic Selection Process & Next Steps

- Free standing personal health record for children was found to be addressed by three existing AHRQ reports. Given that the existing reports cover this nomination, no further activity will be undertaken on this topic.
  - Jimison H, Gorman P, Woods S, Nygren P, Walker M, Norris S, Hersh W. Barriers and Drivers of Health Information Technology Use for the Elderly, Chronically Ill, and Underserved. Evidence Report/Technology Assessment No. 175 (Prepared by the Oregon Evidence-based Practice Center under Contract No. 290-02-0024). AHRQ Publication No. 09-E004. Rockville, MD: Agency for Healthcare Research and Quality. November 2008. Available at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/hitbarriers/hitbar.pdf>
  - Gibbons MC, Wilson RF, Samal L, Lehmann CU, Dickersin K, Lehmann HP, Aboumatar H, Finkelstein J, Shelton E, Sharma R, Bass EB. Impact of Consumer Health Informatics Applications. Evidence Report/Technology Assessment No. 188. (Prepared by Johns Hopkins University Evidence-based Practice Center under contract No. HHS 290-2007-10061-I). AHRQ Publication No. 09(10)-E019. Rockville, MD. Agency for Healthcare Research and Quality. October 2009. Available at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/chiapp/impactchia.pdf>
  - Shekelle PG, Morton SC, Keeler EB. Costs and Benefits of Health Information Technology. Evidence Report/Technology Assessment No. 132. (Prepared by the Southern California Evidence-based Practice Center under Contract No. 290-02-0003.) AHRQ Publication No. 06-E006. Rockville, MD: Agency for Healthcare Research and Quality. April 2006. Available at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/hitsyscosts/hitsys.pdf>

## Topic Description

**Nominator:** Individual

**Nomination Summary:** The nominator asks whether the implementation of a free standing personal health record for children (1 month to 18 years) with special health care needs improves clinical outcomes, care coordination, communication with providers, cost of care, and emergency department and hospital utilization when compared to the use of a written care plan.

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**Population(s):** Children with special health care needs up to 18 years of age

**Intervention(s):** Free standing personal health record

**Comparator(s):** Written care plan

**Outcome(s):** Clinical outcomes, care coordination, communication between patient and provider, costs, and care utilization

**Key Questions  
from Nominator:**

1. Does the implementation of a free standing personal health record for children with special health care needs improve: 1) clinical outcomes, 2) care coordination, 3) communication with providers, and 4) decrease cost of care and ED and hospital utilization when compared to the use of a written care plan?

## Considerations

- The topic was found to be addressed by several existing AHRQ systematic reviews related to health information technology, including two reports that evaluate personal health records in a variety of populations and a review that has a particular focus on pediatric care.
- Barriers and Drivers of Health Information Technology Use for the Elderly, Chronically Ill, and Underserved (November 2008). Key questions from this report include:
  1. Among elderly, chronically ill, and underserved populations, what is the current level of use of specific forms of interactive consumer health IT?
    - What are the primary uses of interactive consumer health IT?
    - How does interactive consumer health IT use vary?
    - Does use vary in settings where consumers have access to interactive health IT tools?
    - How does the level and type of health IT use for the elderly, chronically ill, and underserved populations compare with that of the general population?
  2. In the elderly, chronically ill, and underserved populations, what type of interactive consumer health IT is most useful and easy for people to use?
    - How useful are various types of interactive consumer health IT applications?
    - What are the usability factors associated with various types of interactive consumer health IT?
  3. In the elderly, chronically ill, and underserved populations, what barriers hinder the use of consumer health IT?
    - How do these barriers vary for these populations of interest?
    - How do these barriers vary by type of interactive consumer health IT application?
  4. In the elderly, chronically ill and underserved populations, what drivers or facilitators may stimulate or enable the use of consumer health IT?
    - How do these drivers and facilitators vary for these populations of interest?
    - How do these drivers and facilitators vary by type of interactive consumer health IT application?
  5. In the elderly, chronically ill, and underserved populations, is interactive consumer health IT effective in improving outcomes?
    - How does the technology's effectiveness vary for our populations of interest?
    - How does the technology's effectiveness in these populations of interest differ from the effectiveness in the general population?
- Impact of Consumer Health Informatics Applications (October 2009). Key questions from this report include:

1. What evidence exists that CHI applications impact:
    - Health care process outcomes (e.g., receiving appropriate treatment) among users?
    - Intermediate health outcomes (e.g., self-management, health knowledge, and health behaviors) among users?
    - Relationship-centered outcomes (e.g., shared decisionmaking or clinician-patient communication) among users?
    - Clinical outcomes (including quality of life) among users?
    - Economic outcomes (e.g., cost and access to care) among users?
  2. What are the barriers that clinicians, developers, consumers, and their families or caregivers encounter that limit utilization or implementation of CHI applications?
  3. What knowledge or evidence exists to support estimates of cost, benefit, and net value with regard to CHI applications?
  4. What critical information regarding the impact of CHI applications is needed to give consumers, their families, clinicians, and developers a clear understanding of the value proposition particular to them?
- Costs and Benefits of Health Information Technology (April 2006). This report includes a focus on healthcare settings providing pediatric care. Key questions from this report include:
    1. What does the evidence show with respect to the costs and benefits of inter-operable electronic HIT data exchange for providers and payers/purchasers?
    2. What is a framework that could be used in this study to describe levels/bundles of HER functionality and to estimate the costs and benefits by such levels/bundles of functionality by payer/purchaser and percentage of provider penetration?
    3. What knowledge or evidence deficits exist regarding needed information to support estimates of cost, benefit and net value with regard to HIT systems? Discuss gaps in research, including specific areas that should be addressed, and suggest possible public and private organizational types to perform the research and/or analysis.
    4. What critical cost/benefit information is required by decision makers (at various levels) in order to give a clear understanding of HIT Systems value proposition particular to them?
    5. What analytic methods (e.g., sources of data, algorithms, etc.) could be used to produce evidence of the costs and benefits within and across health care provider settings, payers/purchasers, and cumulatively across the health care delivery continuum and payers, of deploying electronic health information technology functions examined in this study?
    6. What are the barriers that health care providers and health care systems encounter that limit implementation of electronic health information systems?
  - The following in-process AHRQ health IT reports may also be of interest: *Enabling Health Care Decisionmaking through the Use of Health IT*; *Enabling Medication Management through Health IT*; and *Enabling Patient-Centered Care through Health IT*. To sign up for notification when these and other AHRQ Evidence-based Practice Center Program topics are posted, please go to [https://subscriptions.ahrq.gov/service/multi\\_subscribe.html?code=USAHRQ](https://subscriptions.ahrq.gov/service/multi_subscribe.html?code=USAHRQ).