AHIP

**Testimony on
The AHIP/BCBSA
Health Insurance Plan
Personal Health Record Project**

**by
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**Before the
American Health Information Community's
Consumer Empowerment Subgroup**

July 27, 2006

Introduction

Good afternoon co-chairs Nancy Davenport-Ennis and Rose Marie Robertson and members of the working group. I am Carmella Bocchino, Executive Vice President of America's Health Insurance Plans (AHIP), which is the national trade association representing nearly 1,300 health insurance plans providing coverage to more than 200 million Americans. We applaud the work of the American Health Information Community to achieve a common interoperability framework for health information technology. Thank you for giving me the opportunity to talk about AHIP's partnership with the Blue Cross Blue Shield Association (BCBSA), and its 38 independent, locally operated Plans to spur adoption and increase the value of Personal Health Records (PHRs).

Today I am speaking on behalf of our member health insurance plans that are implementing electronic personal health records. Our early estimates indicate that at least 70 million Americans have access to a PHR offered by their health plan. Attachment A of my written testimony provides examples of health insurance plans that have implemented PHRs.

Our members are committed to advancing an interconnected and interoperable health care system in which health information can be exchanged electronically and in a secure framework. This will empower individual consumers and clinicians to make better health care decisions and help improve quality, value, and efficiency throughout the U.S. health care system.

Today my testimony will focus on defining a PHR, our insights on consumer and provider perceptions of PHRs, a very exciting PHR project underway across our industry, the importance of privacy and security when designing PHRs, and finally I will summarize some key thoughts for the working group.

What is a Personal Health Record?

We are all aware that a PHR has numerous definitions — depending on whom you talk to; and it is important to reach sufficient agreement on a common definition so our industry can move forward to support consumers and their clinicians. We know an individual's health information is dispersed among a number of physicians, hospitals, pharmacies, and other health care providers. This lack of coordination within the health care system results in preventable medical errors, inefficient and inappropriate care, and duplication of tests and procedures. Consumers and their designated care givers need a historical and current view of their health and encounters with the health care system, which is not readily available today.

We view the PHR as a potential solution that will combine information from across the health care system with consumer self-reported information such as family history and health risk assessment data. The PHR is not a replacement for a provider-based electronic health record. It is a consumer-focused record of an individual's interactions with the health care system. We hope PHRs will both complement EHRs and serve as a stimulus for more rapid adoption of EHRs.

Consumer Views

Prior to beginning our industry work, AHIP talked to consumers to get their views about their understanding and interest in an electronic personal health record. Widespread adoption will only occur if the PHR is useful to the consumer. Last year, we conducted six consumer focus groups in

Washington DC, Houston, and Los Angeles. Our objectives were to explore consumer awareness and perceptions of PHRs, including consumer understanding of the benefits of a PHR, barriers, and any concerns. Here is a summary of our findings.

Consumers voiced an interest and a desire to use PHRs; however they asked some important questions that must be addressed. We found consumer reaction to the potential of PHRs to be positive. A demonstration of the benefits of a PHR and their availability from many health plans further peaked their interest and engagement in the discussion. When asked, "Why are you likely to use a PHR?" we heard:

- "For easy and emergency access to my records but it must be secure."
- "…because it's convenient and would be easy to access."
- "The benefits appear to outweigh the disadvantages."

The more consumers understood about health plan-based PHRs, their interest grew. Of special importance to consumers were the following:

- Having control over their information;
- Security of their information;
- Ability to manage complicated medications;
- Receiving reminders about preventive treatment; and
- Having access to their own health information so they could better manage their own care.

For PHRs to be widely used by consumers, they need a clear understanding of how PHRs will reduce confusion about their personal health care and simplify their lives. We learned consumers, especially women, believed PHRs would make managing their family's care easier and more convenient. Women especially wanted access to a complete medical and health history, the ability to correct information, portability of information across health plans, and the option (not necessity) of adding additional information.

Our focus group participants told us loud and clear that PHRs must not add to their record keeping burden. Their lives are already too complicated. The participants wanted their PHR to be pre-populated with existing information, so they would not have to tediously enter data. In addition, consumers do not want to pay for their own PHRs.

To increase consumer understanding and use of PHRs, real life examples or situations of how this information can be useful, such as the emergencies, juggling multiple providers, and managing care of other family members including spouses, children, and elderly parents, will further engage consumers.

Consumers must be assured their personal medical information will be secure and protected. Consumers, especially men, wanted assurances that they will have control over their personal information, how it is used, and who uses it. This includes assurances that their data is secure against theft and unauthorized intrusion, information will not be used against them (either to deny care or discriminate), and information will be kept private (that is, not shared without their explicit permission).

Most consumers understand the value of health insurance plans providing PHRs to their enrollees.

- Health insurance plans have much of the information used to populate the PHR;
- Health insurance plans are a link between patients and their providers;
- Health insurance plans have an infrastructure, enrollee health information and established security protections.

Finally, consumers want portability of their health information. Consumers told us this was a valuable feature of a PHR, especially when:

- Consumers change jobs resulting in a switch in health plans;
- Consumers decide to change health plans during their employer's open season; or
- Employers change health plans, impacting all their employees.

Provider Views

After speaking with consumers, we next sought provider input. We held a meeting with health professionals in multiple specialties to assess their understanding and interest in an electronic personal health record. Providers from different specialties found value in aspects of the PHR, however they all concurred it would be valuable to have information on diagnoses and procedures, treating physicians and the total number of encounters. Emergency department physicians were most interested in information pertaining to previous diagnoses and procedures, allergies, and medications. In the office setting, prior lab data, ongoing health maintenance, and other physicians caring for the patient was seen as the most valuable. Pediatricians were also interested in receiving height and weight and hospital discharge information.

In addition, several physician organizations aware of AHIP member organizations' interest in launching PHRs sent a letter to AHIP's CEO Karen Ignagni urging the industry to use a single standard for the content and message structure to avoid any problems that may arise should there be multiple data formats from different health plans. "PHRs that conform to a single standard will enable interoperability, which allows for the data sets to be read and interpreted by both people (consumers and providers) and computer systems, permitting data to flow from health plans to medical practices……"

Taking Action: The AHIP/BCBSA PHR Project

To help drive implementation and standardization of PHRs throughout the industry and to meet consumer and provider needs, AHIP partnered with BCBSA to both standardize essential data content of electronic health plan-based PHRs and make PHR information portable across health insurance plans.

Our goal is for health plan-based PHRs to contain a core set of information (no matter what vendor is used) which is important to consumers when managing their care and to providers when seeing patients. We are working with key experts and consultants to help us develop a minimum PHR data set (based on consumer and provider input), and the standards and operating rules to achieve portability.

Our research indicates PHRs should include thirteen data categories. The AHIP/BCBSA workgroup validated these categories with consumers, members who have implemented PHRs, and during the provider focus groups. Included are registration (patient information) and medication history, as recommended by your working group. Also included are family history, physiological information, health care encounters, immunizations, health care providers and facilities, health risk factors, advance directives, alerts (includes allergies), health plan information and plan of care (disease management information). For each data category, we have identified specific data elements within the category which are mapped to the definitions in existing health IT standards including ANSI X12, the National Council for Prescription Drug Programs (NCPDP), Health Level 7 (HL7) and the ASTM International Continuity of Care Document.

I want to stress that our industry's work builds on existing health IT standards. However, as no standard currently exists to transfer this data from one health plan to another, working with health standard experts, we expanded upon the existing ANSI X12 standard and XML to define a specific implementation for this scenario. Neither BCBSA nor AHIP will maintain or update any expanded standards used to assure portability; rather we will be working with the appropriate standards development organization to assume ownership and ongoing maintenance.

Beginning next month, we will pilot test this portability model with ten health plans in different geographic regions. They will work with their current vendors to implement the proposed expanded standards and operating rules, resulting in a final data dictionary and implementation guide.

Achieving consumer and provider awareness is very important to us. In addition to the pilot, we have been approached by consumer groups to work together in specific markets to promote awareness and understanding of PHRs and their benefits. As more and more health plans roll out PHRs, we hope the increased awareness and use will help spur interest and adoption of electronic health records.

Privacy and Security

Consumers have told us privacy and security are their top concerns with any electronic health record or where there is portability of health data. As a result, privacy and security have been the focus of everything we have done. Consumers must have confidence that the information in their PHRs will not be misused or inappropriately disclosed. As part of this project, we are working on operating rules that will include consumer consent, record retention requirements and privacy and security requirements.

Currently, health insurance plans are subject to strict federal privacy and security regulations and requirements, as well as varying state privacy laws. These privacy and security requirements, which are consistent with HIPAA, serve as the foundation for health insurance PHR activities to assure consumers can trust that the information in their PHR.

We are looking forward to being active participants in your new working group addressing privacy, security and authentication.

Summary

Let me close with some key thoughts.

1. **PHR must be consumer-focused.** We recommend that AHIC help shape the definition of a PHR, but not define all the possible PHR functionality. The marketplace will drive further innovation based on what customers are demanding. Health plans are advising us that the more functionality the consumer has available, the more likely they are to use a PHR. We hope that you utilize the lessons learned from the health insurance plan pilot as you continue your deliberations.

2. **The role of standards.** While it is important to set data standards, it may be too early to define the detailed requirements for CCHIT certification of PHRs. However, we do see value in ensuring electronic health records have the functionality to feed data into a PHR based on existing transfer standards. We are committed to working with HITSP and the standards development organizations to achieve harmonized of health information technology standards.

3. **Your work should not inhibit the role health insurance plans can play as a PHR service provider to their customers.** Focus group participants told us that health plans can provide a valuable service, especially as health plans roll out advanced disease management and care coordination services to their customers in tandem with PHRs. Health plans may choose to expand the set of data elements in the industry model PHR and the functionality they offer to differentiate themselves in a competitive market.

4. **Education is needed to increase consumer understanding of the value of PHRs.** This should be an essential component of your future work. Improving communication at the patient/provider level offers the greatest potential for affecting a patient's ability to understand and act appropriately on medical instructions and information, and many patients are reluctant to ask for this kind of basic information.

5. **Finally, as adoption proceeds, it is important that the committee does whatever it can to foster market innovation** and highlight the best practices in the marketplace so others can learn and adopt them.

I thank you for the opportunity to speak to you today. I look forward to your questions and further dialogue with this important workgroup.

Appendix A: Sample of Health Insurance Plans Implementation of PHRs

In November 2005, AHIP released an in-depth report on health insurance plans' latest IT solutions in areas such as e-prescribing, digital radiology, online decision support, electronic health records, and personal health records. This report provides an informative on-page summary of each plan's activities and is available at: http://www.ahipresearch.org/pdfs/AHIP_InvHealthIT_05.pdf.

Blue Cross Blue Shield of Florida
Recognizing that engaged health care consumers would like greater access to, and a means for tracking, information about their health care utilization and finances, Blue Cross Blue Shield of Florida created a Personal Health Report for its BlueOptions members in March 2005. The Personal Health Report provides members with summaries of their health care encounters and wellness information.

Empire Blue Cross Blue Shield
In June 2005, Empire Blue Cross Blue Shield created *My Health Record*, a secure, Internet-based PHR to provide members with greater access to and control over their health information.

Harvard Pilgrim Health Care
To give members additional tools for improving their health and well-being, Harvard Pilgrim Health Care established HPHConnect for members in December 2003. Through HPHConnect members can access a secure, password-protected web portal to perform a variety of functions related to their health benefits, health history, and lifestyle and health behaviors.

UnitedHealthcare
UnitedHealthcare's consumer service site, myuhc.com, was introduced in 2000 to provide members with easy access to health information and services so they can manage their health care effectively.

Health Care Service Corporation
To provide physicians and patients with more information that promotes safe and effective care, Health Care Service Corporation—which does business as BlueCross BlueShield of Illinois, BlueCross BlueShield of Texas, and BlueCross BlueShield of New Mexico—is giving members the tools to create electronic, personal health records and become more informed health care consumers.

Kaiser Permanente
KP HealthConnect allows members to view their medical records, including immunization histories, ongoing health conditions, and allergies, online through the kp.org web portal. Members can print this information at any time.