



Effective Health Care Health IT System Designed Around the Patient Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Health information technology (IT) system designed around the patient was found to be addressed by an existing AHRQ report titled *Barriers and Drivers of Health Information Technology Use for the Elderly, Chronically Ill, and Underserved*. Given that the existing report covers 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>

Topic Description

Nominator: Individual

Nomination Summary: The nominator is interested in the difference in patient engagement and subsequent health outcomes of using a health IT system that is designed around both the patient and provider. The nominator is particularly interested in patients with chronic conditions.

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Population(s): All patients, particularly those with chronic conditions

Intervention(s): Health IT systems designed with the consideration of patient and provider needs (i.e., uses the patient as a co-creator rather than just a data receiver)

Comparator(s): Health IT systems designed based only on provider needs without the engagement of patients

Outcome(s): Clinical outcomes, patient use and demographics of users, potential barriers to use by providers, providers utilizing the medical home model, access to care, care management, and costs

Key Questions from Nominator:

1. What is the difference in patient engagement and clinical outcomes of using a health IT system that is designed around the patient vs. just the provider - IE a shared care plan like Group Health Co-op uses vs. an EMR/PHR model?
2. Does the use of a more patient-centered health IT system result in the ability to focus on those with chronic conditions?
3. Are there secondary consequences of freeing up providers' time by shifting healthy but worried well to online contact for simple questions and allowing providers to move to the medical home model as a result?

Considerations

- Topic was found to be addressed by an existing AHRQ report titled *Barriers and Drivers of Health Information Technology Use for the Elderly, Chronically Ill, and Underserved*. This report focuses on studies of interactive health IT used by consumers or patients and targeted to populations of interest to the current nomination including those with chronic conditions. The report describes factors influencing the use, usefulness, and usability of interactive consumer health IT for elderly, chronically ill, and underserved populations. It also summarizes the scientific evidence on the effectiveness of interactive health IT applications and identifies gaps in research. Despite remaining questions that are unanswered by current literature, the report concludes that it is clear that the consumer's perception of benefit, convenience, and integration into daily activities will serve to facilitate the successful use of the interactive technologies. Key questions from the 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?
 - a. What are the primary uses of interactive consumer health IT?
 - b. How does interactive consumer health IT use vary?
 - c. Does use vary in settings where consumers have access to interactive health IT tools?
 - d. 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?
 - a. How useful are various types of interactive consumer health IT applications?
 - b. 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?
 - a. How do these barriers vary for these populations of interest?
 - b. 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?
 - a. How do these drivers and facilitators vary for these populations of interest?
 - b. 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?
 - a. How does the technology's effectiveness vary for our populations of interest?
 - b. How does the technology's effectiveness in these populations of interest differ from the effectiveness in the general population?
- 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.