

How does a patient-accessible health record contribute to patient centered care? A scoping review.



centrum voor
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Health, PhD student

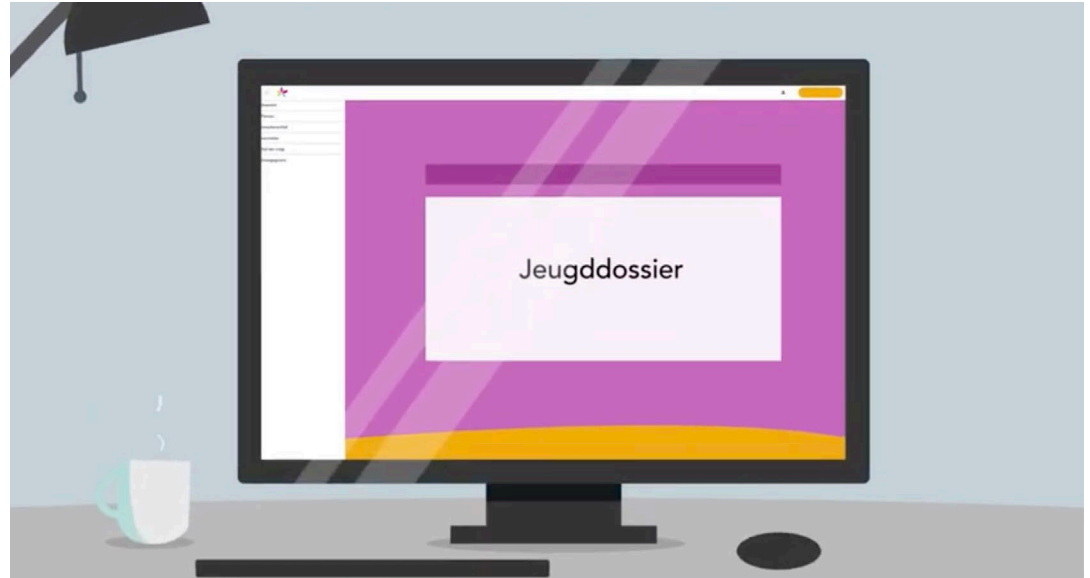
Introduction



- Medical Specialist Public Health – Preventive Child Health
- external PhD – Wageningen University, the Netherlands
- Research topic: impact of EPR for Youth
 - Accessible for parents
 - Accessible for youths >12 years

Background

- EPR for Youth (Veluwe)
- Aim: Patient Centered Care
- Relaton EPR & PCC?
- No existing review yet



Objective

- Scoping review
- overview of recent literature
- experiences of patients and professionals with the use of an EPR
- Does use of an EPR contribute to PCC?
- in general and among specific population groups

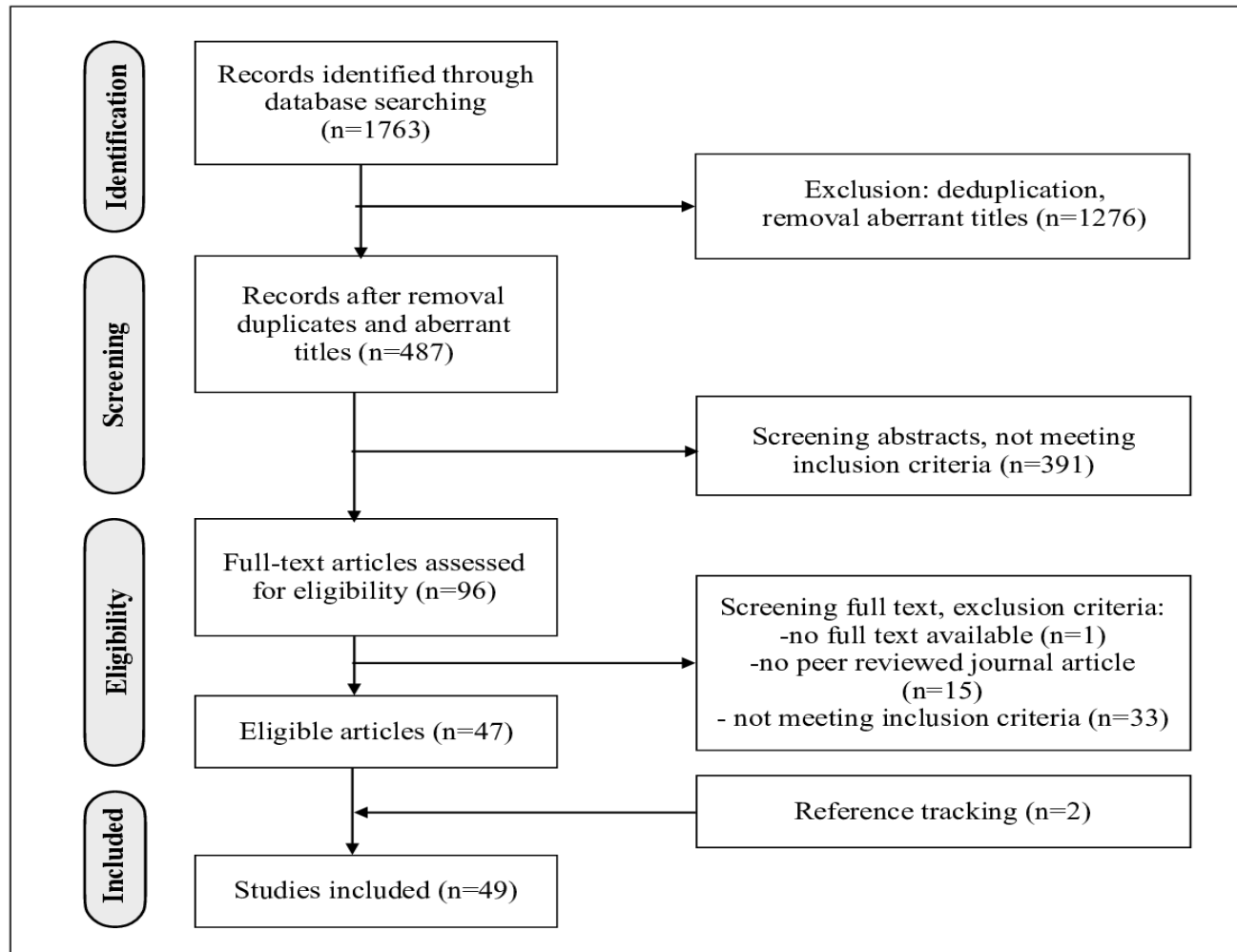
Methods

- Research question: What is the effect of the use of patient-accessible health records on patient-centred care?
- Keywords: experiences professionals, experiences patients/clients, patient-accessible health records
- 5 Databases:
 - Medical: Pubmed, Medline
 - Social sciences: Scopus, Socindex
 - Psychological sciences: Psychinfo
- Search filters:
 - Period: Jan 2000-Apr 2019
 - Languages: Dutch and English

Inclusion criteria

- Research articles (original data)
- Peer reviewed journals
- Full text attainable
- Addressing experiences of professionals and/or patients with use of an EPR

Screening for eligibility



Charting code list

Article information:

- Publication year
- Country
- Research group
- Study aim

Methods:

- Study design
- Number of patients/professionals included
- Age (patients only)

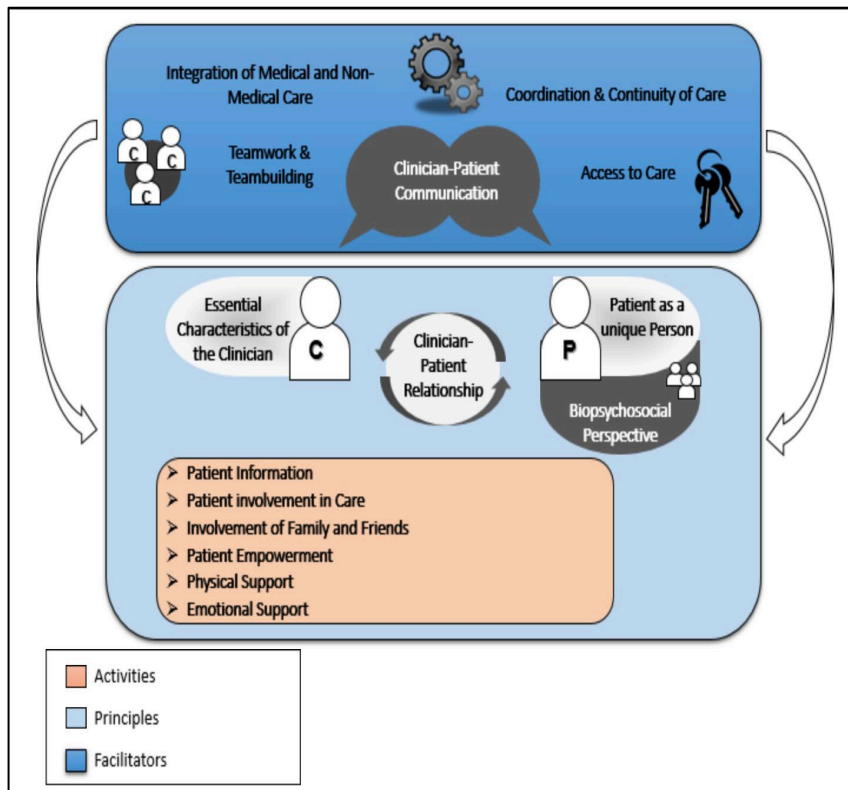
Description EPR

- Term for EPR
- Paper/Electronic
- Functionalities

Outcomes

- 10 dimensions PCC
- Differences between population groups (digital divide?)

Dimensions Patient Centered Care



Source: I. Scholl et al (2014)

- **Principles:**
- Clinician-Patient relationship
- **Facilitators:**
- Integration of medical/non-medical care
- Coordination and continuity of Care
- Access to Care
- Teamwork and teambuilding
- Clinician-Patient Communication
- **Activities:**
- Patient information
- Patient involvement in care
- Involvement family and friends
- Patient Empowerment

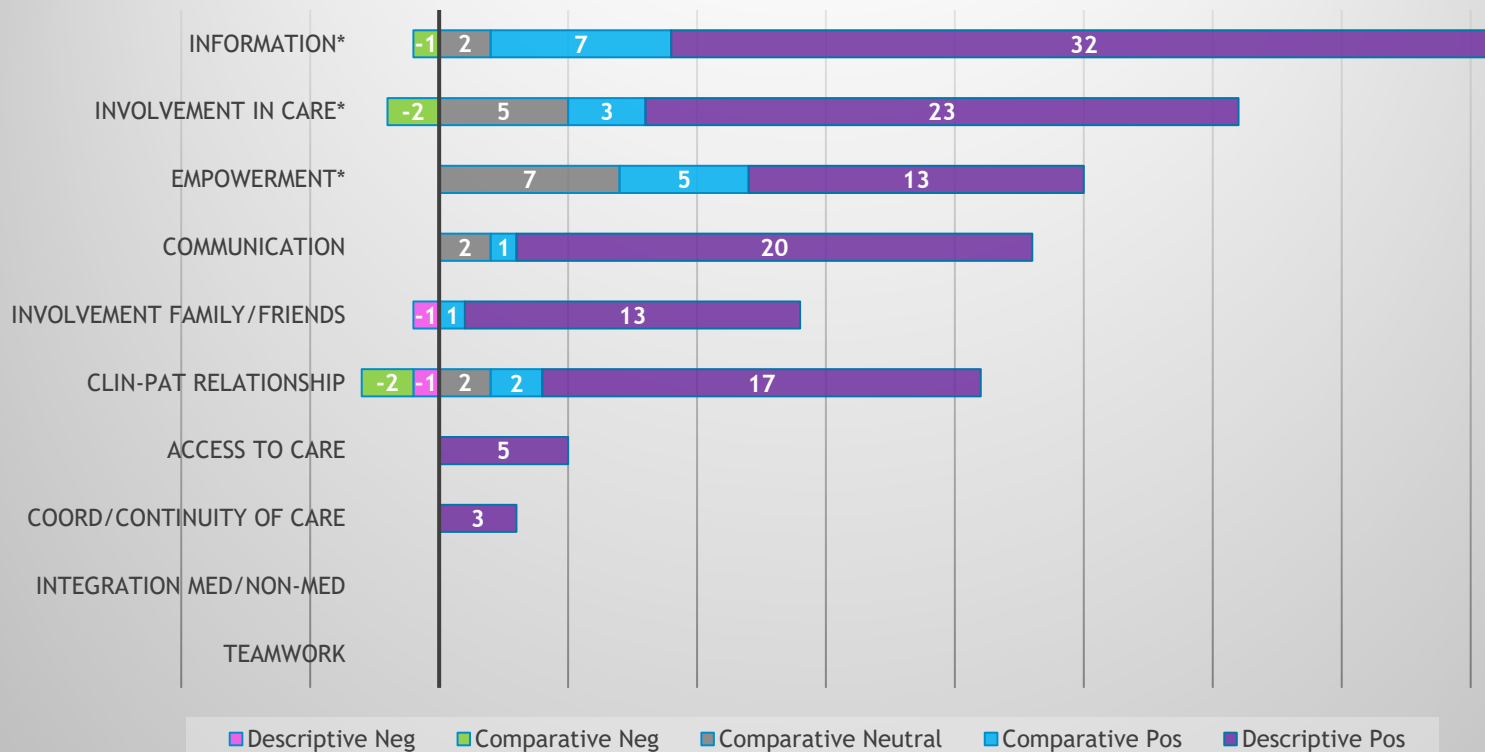
Results:

- 49 articles
- Country: mainly USA (28, 16 Open Notes Studies), 5 Netherlands
- Design: 8 pre-post comparison, 14 intervention-control, 34 Descriptive (both quantitative and qualitative)
- Professional/client: 13 vs 45 (9 combination)
- Age: Only adults. 3x parents, no youths

Results: dimensions of PCC

Number of negative, positive or neutral outcomes for each dimension of PCC

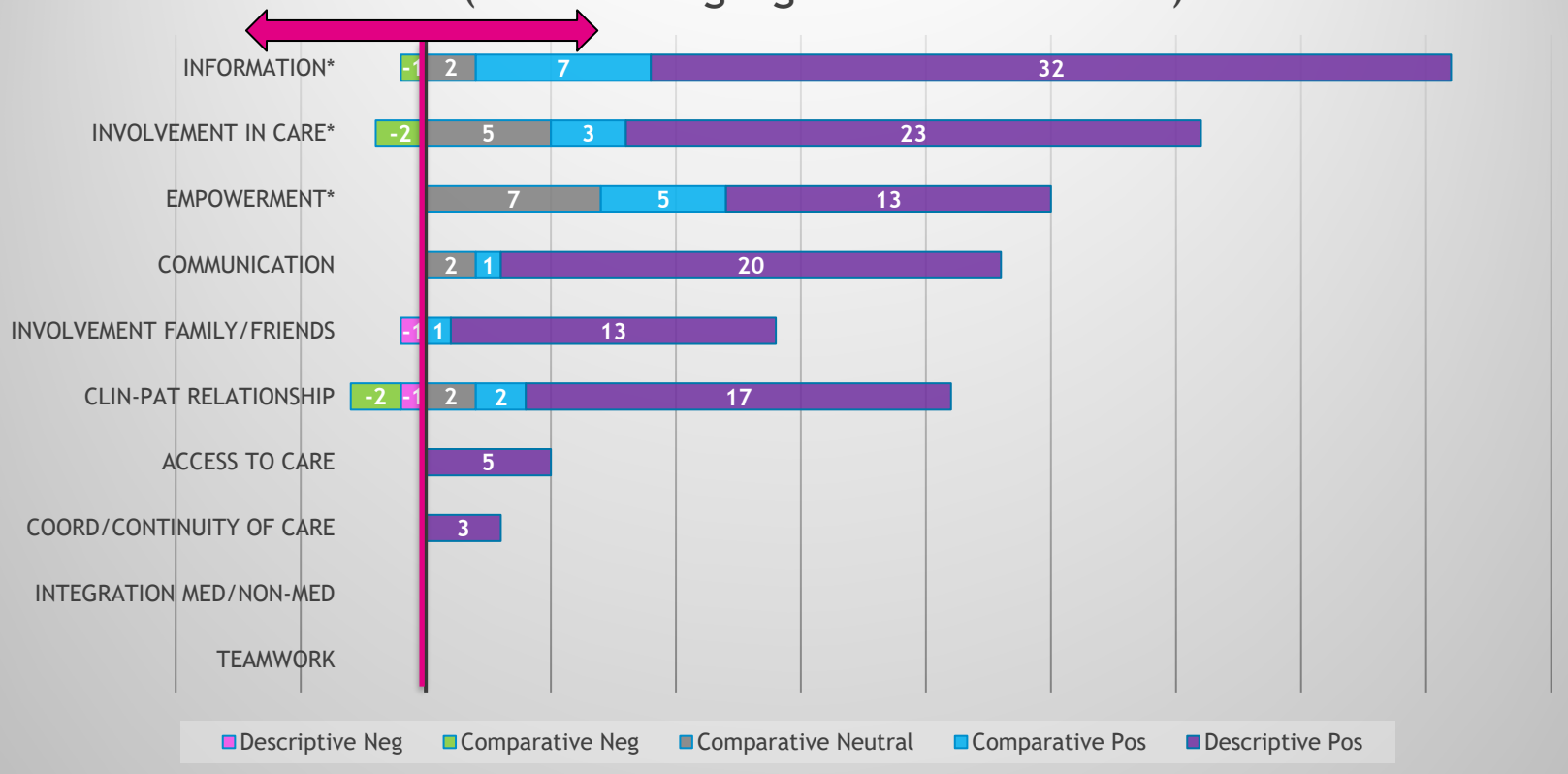
(* containing significant outcomes)



Results: dimensions of PCC

Number of negative, positive or neutral outcomes for each dimension of PCC

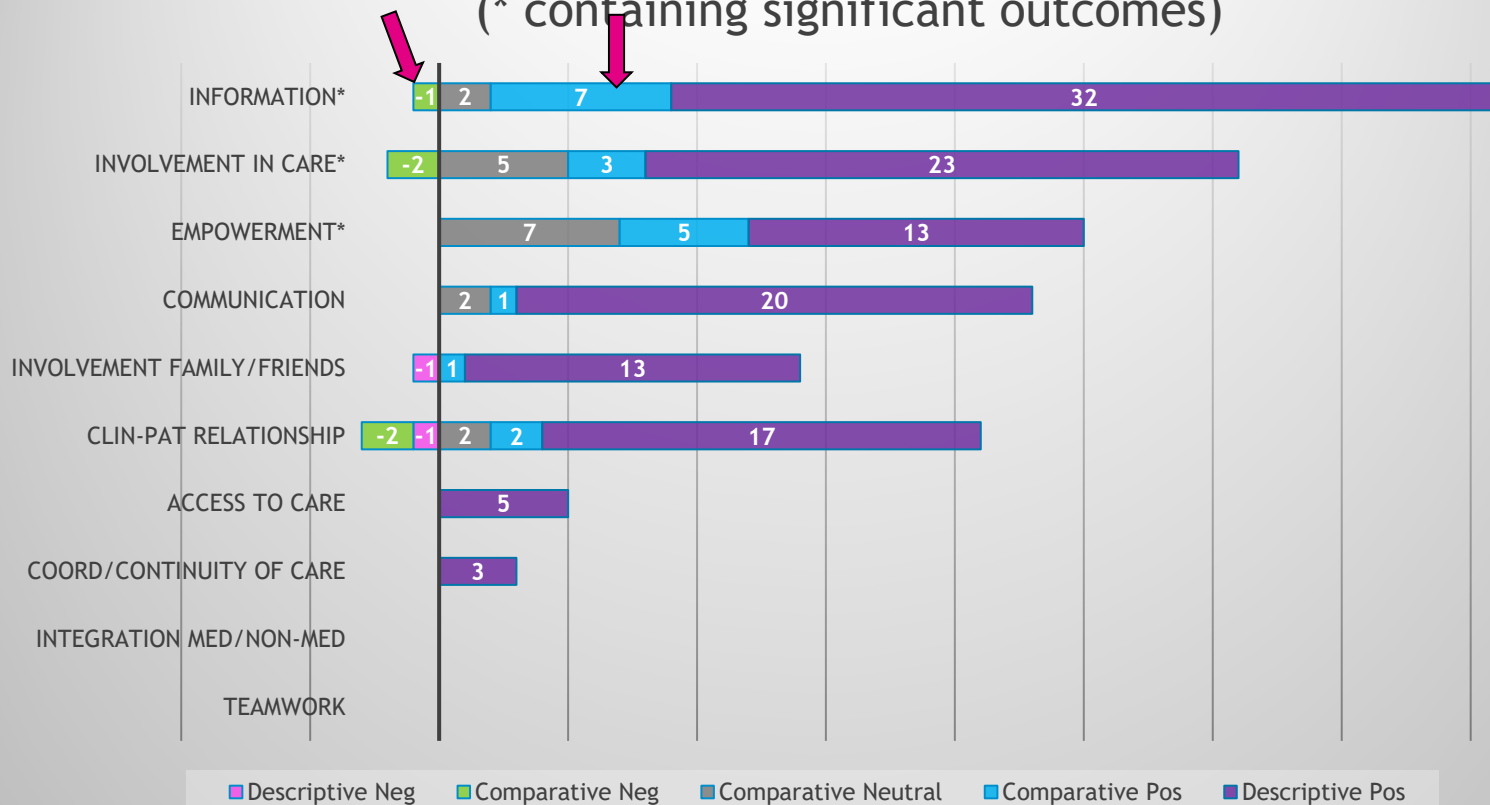
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Results: dimensions of PCC

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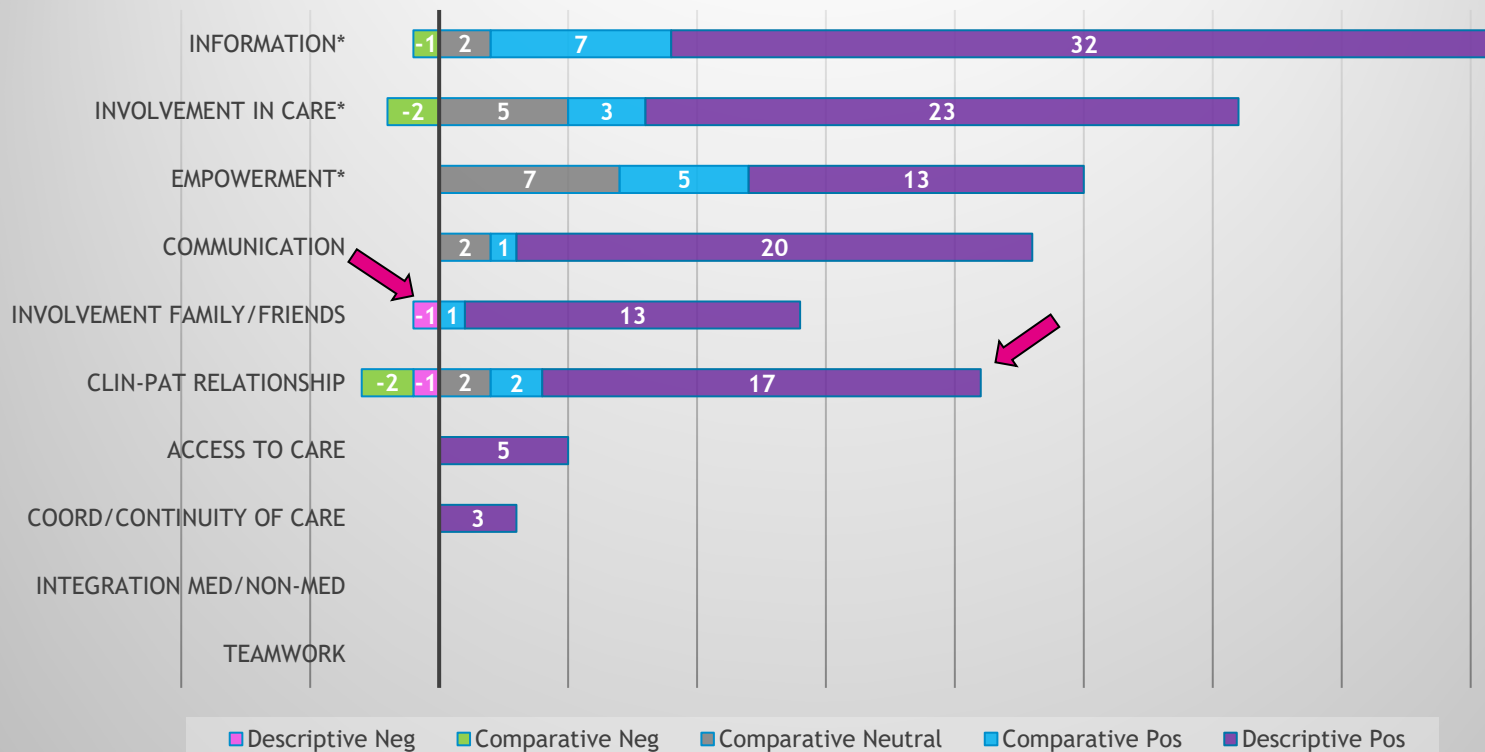
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Results: dimensions of PCC

Number of negative, positive or neutral outcomes for each dimension of PCC

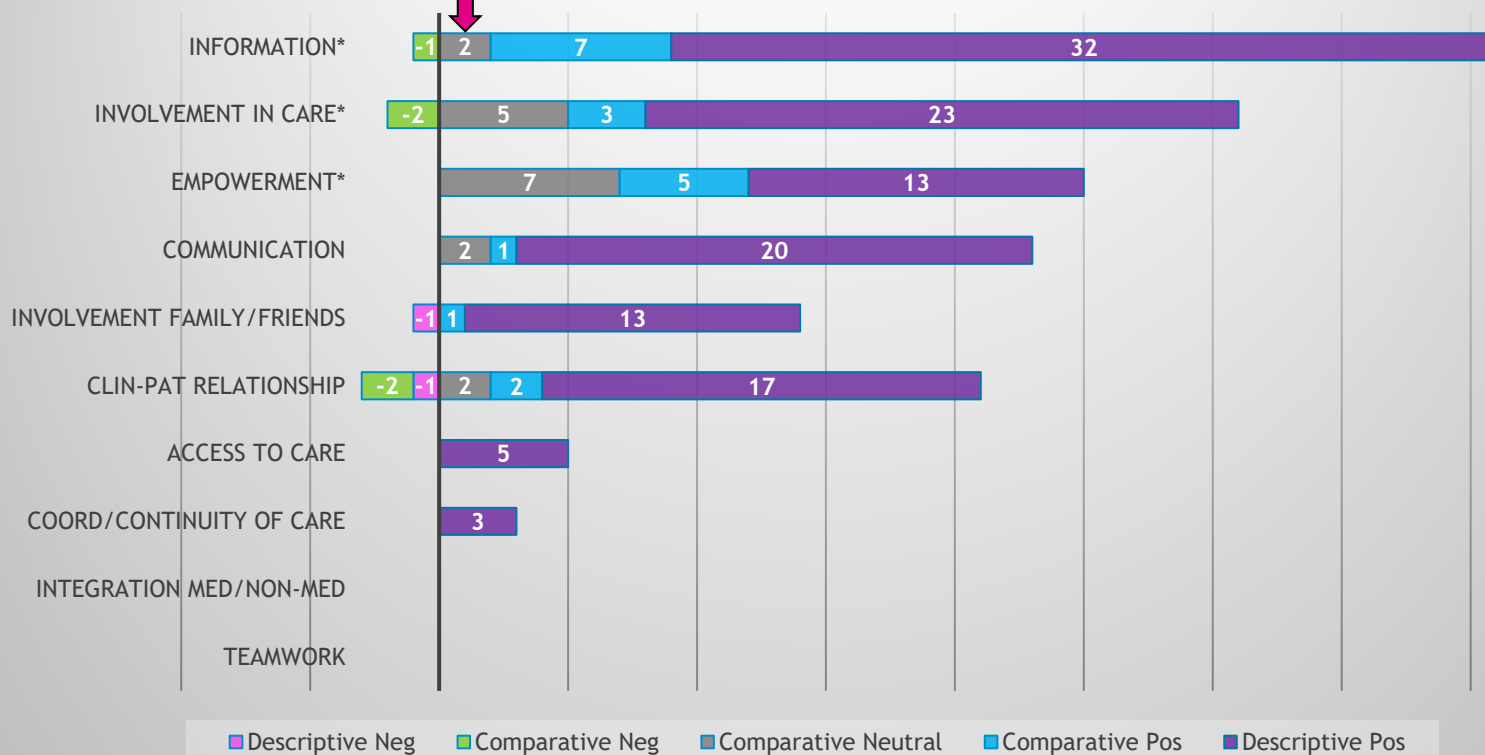
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Results: dimensions of PCC

Number of negative, positive or neutral outcomes for each dimension of PCC

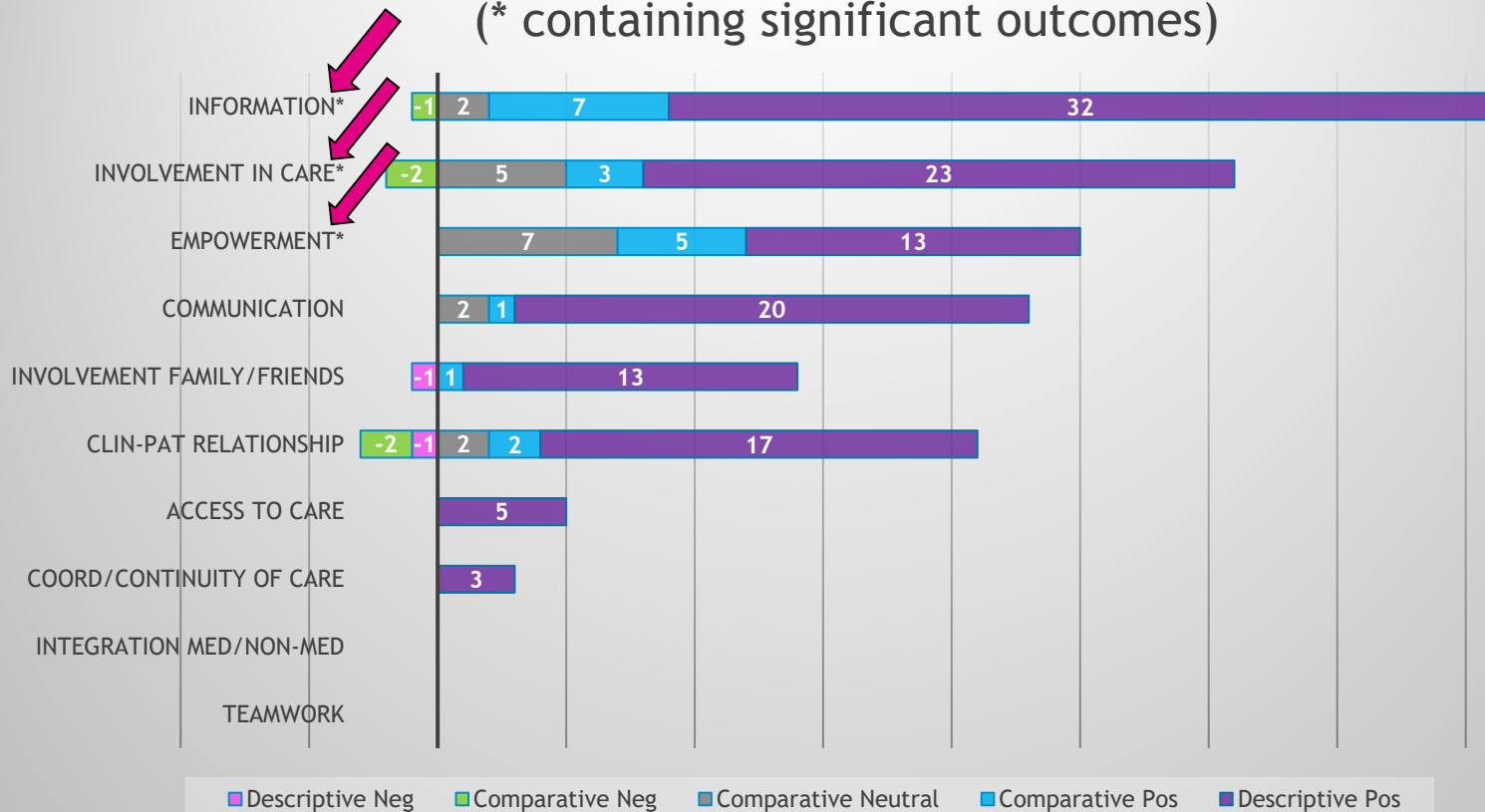
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Results: dimensions of PCC

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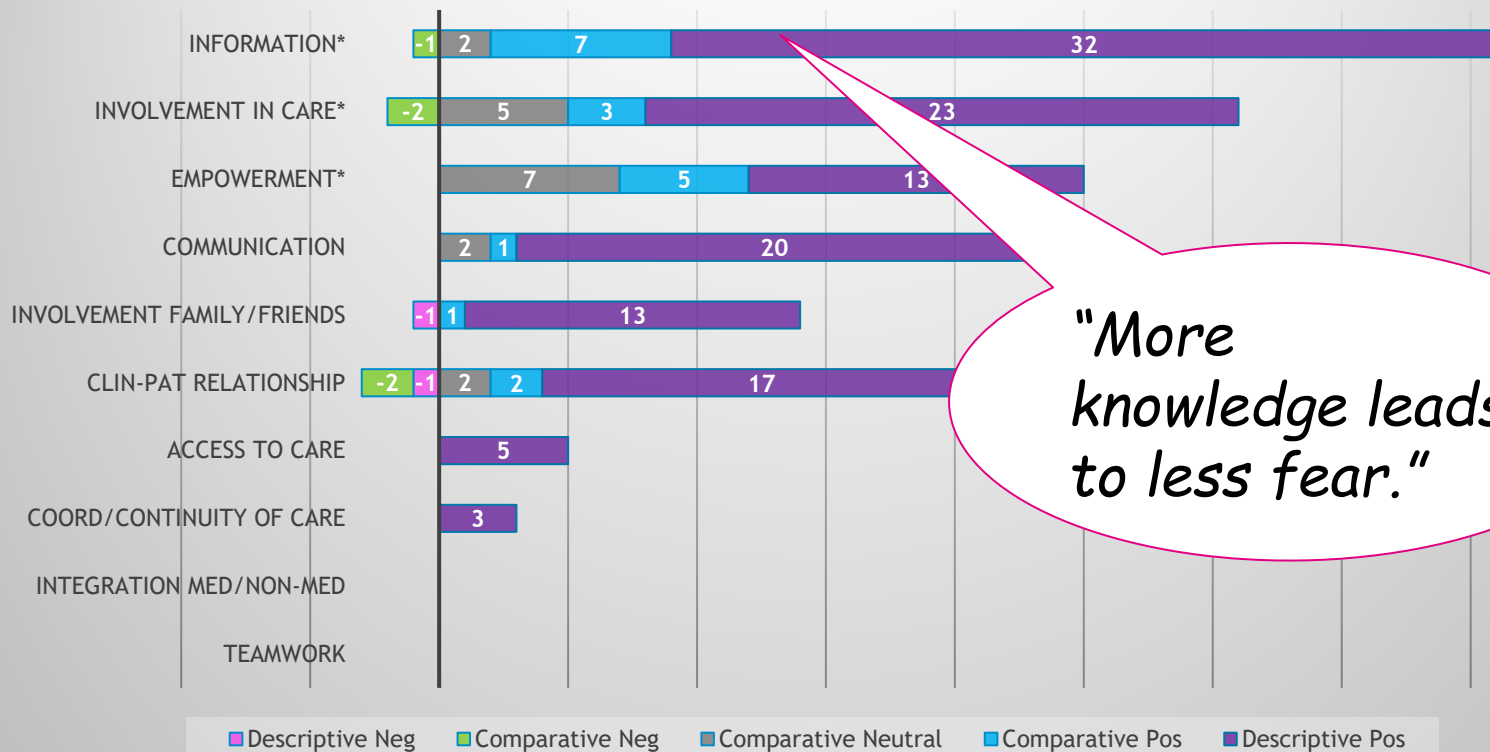
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Dimension 'Informing patients'

Number of negative, positive or neutral outcomes for each dimension of PCC

(* containing significant outcomes)

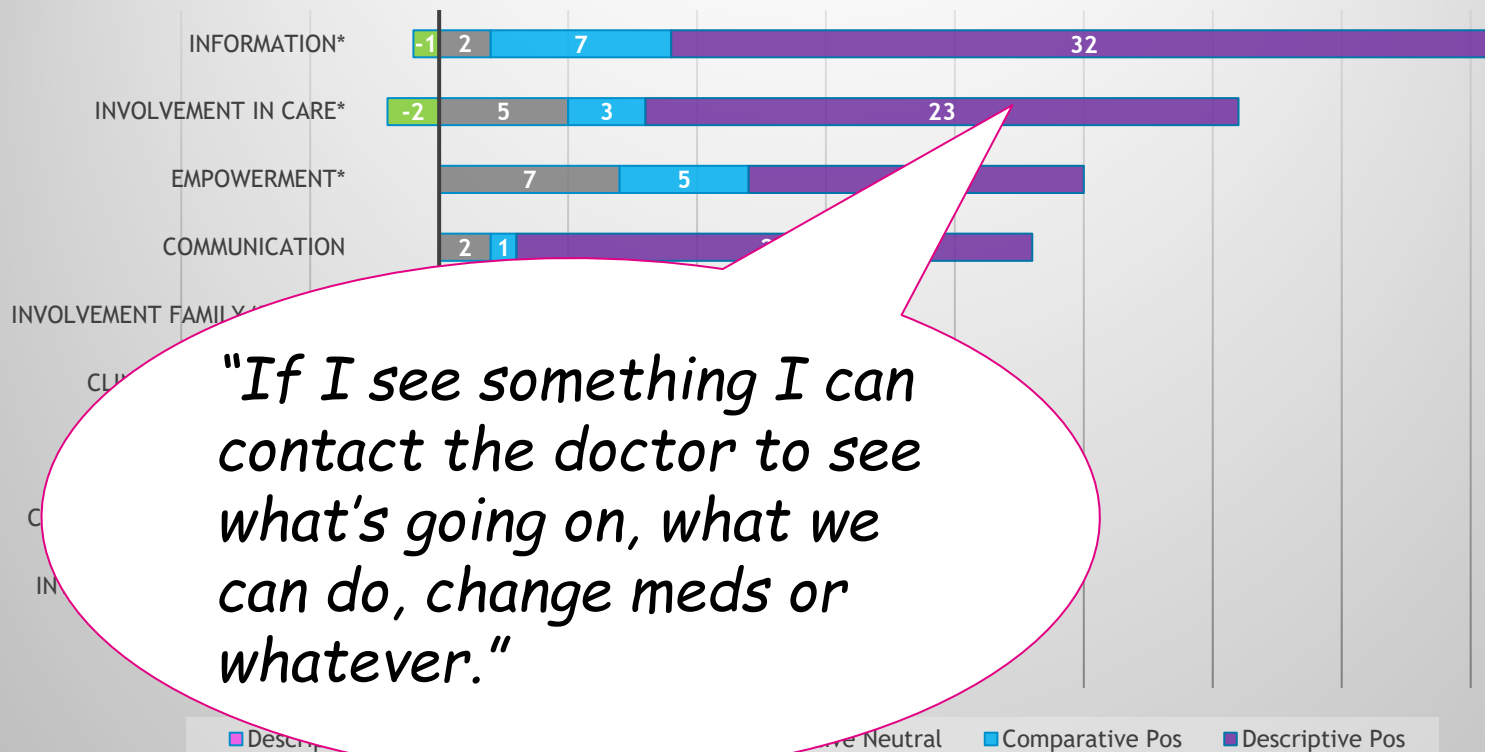


"More knowledge leads to less fear."

Dimension 'involve patient in care'

Number of negative, positive or neutral outcomes for each dimension of PCC

(* containing significant outcomes)

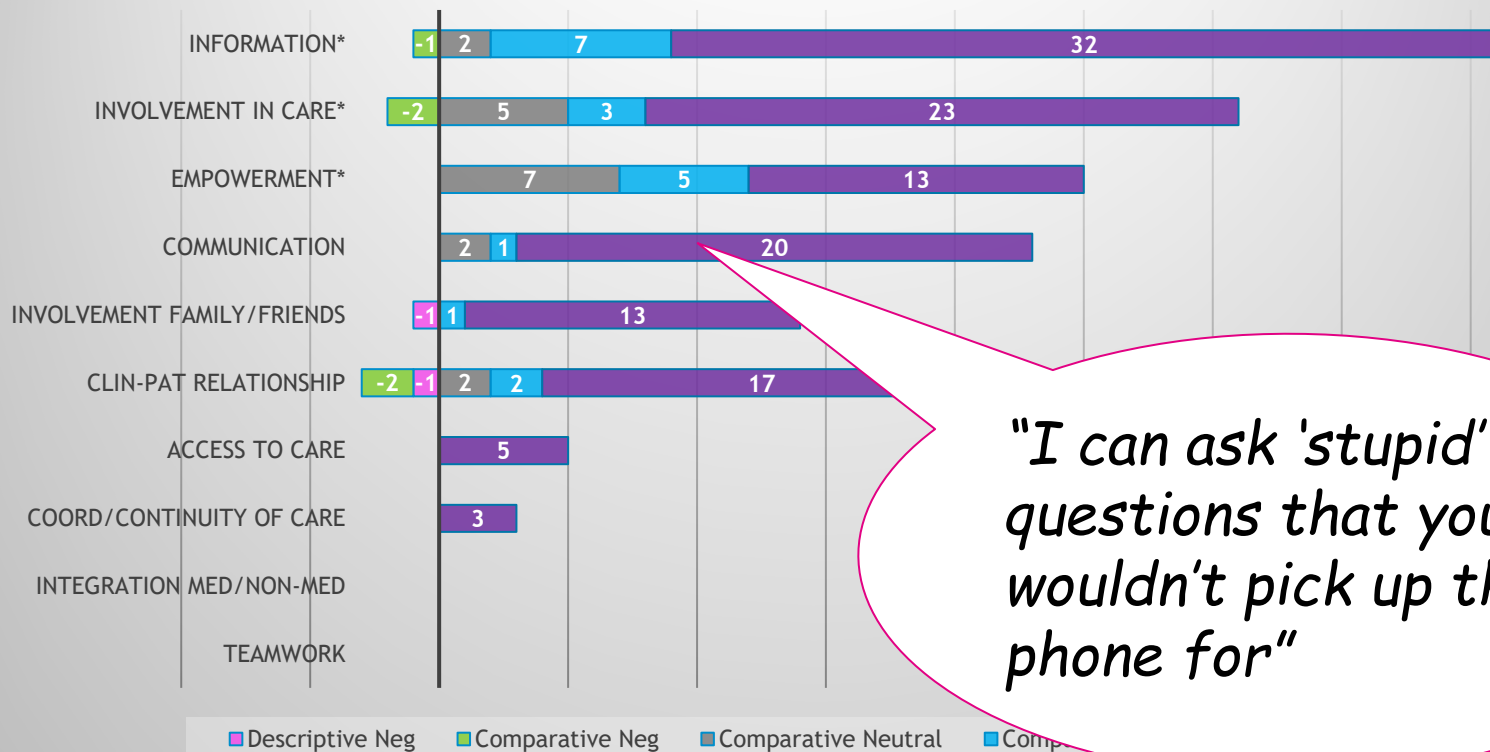


"If I see something I can contact the doctor to see what's going on, what we can do, change meds or whatever."

Dimension 'Patient-clinician communication'

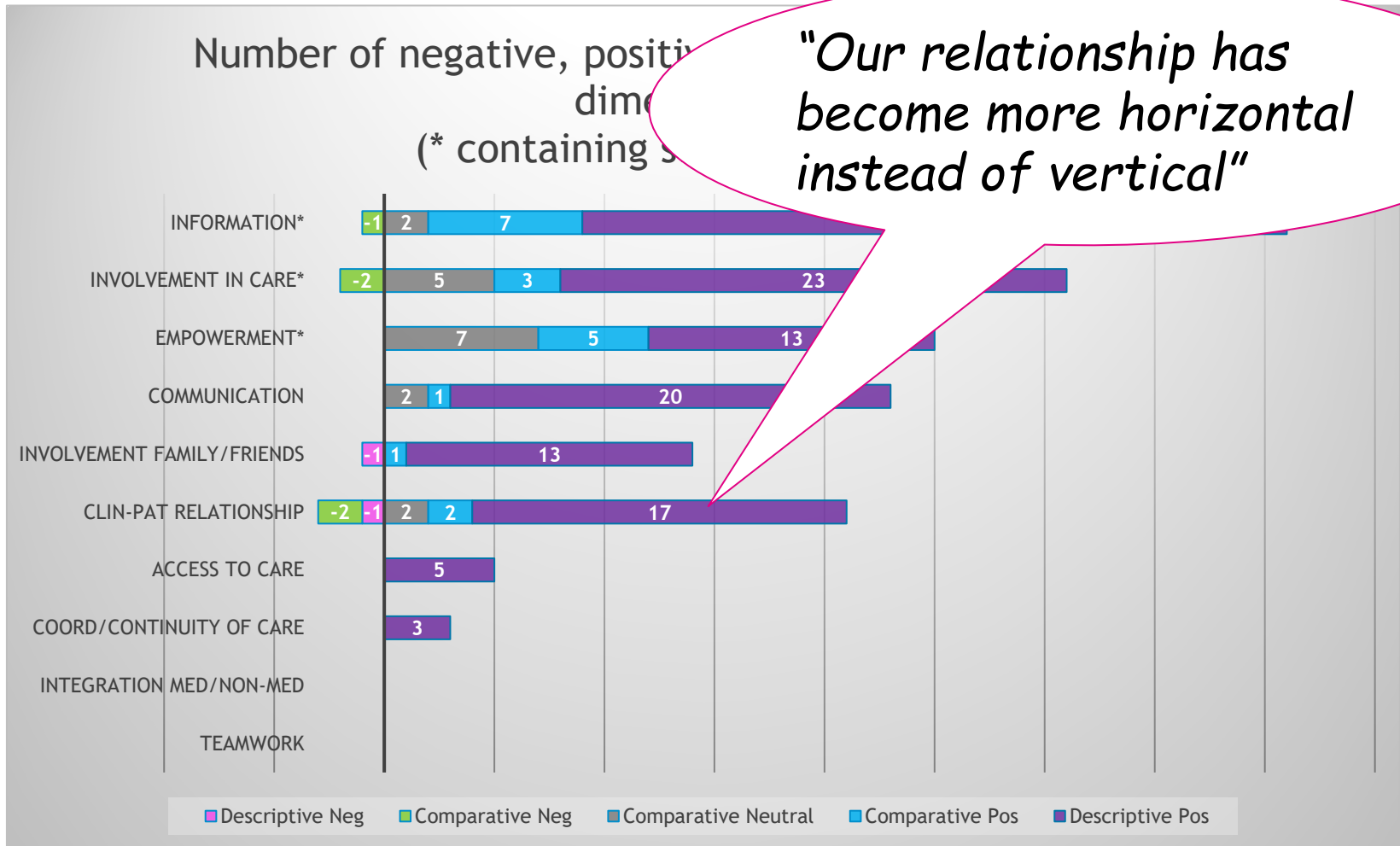
Number of negative, positive or neutral outcomes for each dimension of PCC

(* containing significant outcomes)



"I can ask 'stupid' questions that you wouldn't pick up the phone for"

Dimension 'Patient-clinician relationship'



Differences between population groups

- Portal users appear more likely to be white and high-educated, compared to non-users
- Differences in experienced benefits between portal users:
 - Understand and remember care plans, feel informed, take decisions about care: non-white and less educated patients
 - Engagement in care: female, elderly, non-white patients, less educated patients
 - Sharing notes: elderly, lower educated or unemployed patients + poor self-reported health
 - Trust in doctor: elderly, lower educated, 'non-whites' + poor self-reported health

Discussion

- Differences between population groups
 - Value of rereading and sharing
 - Trust through transparency
 - Important to lower threshold to EPR
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- Patient-doctor relationship: both positive and negative influences
 - Concerns especially in mental health care, therapeutic relationship
 - Patient views
 - Role expectations
 - PCC principles

Conclusion

- EPR's do have potential to contribute to patient-centred care
- Evidence is strongest for dimensions 'patient information' and 'involvement in care'
- Followed by 'communication', 'patient-clinician relationship' and 'empowerment'


Lessons learned:

1. PCC Principles: patient-centred attitude is crucial to render effect from EPR use
2. Easy access is necessary to let disadvantaged groups benefit from EPR

Future research



Any questions?

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