

PHR in a College Setting

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Harvard University

- 20,000 Students
- 7,000 HMO members
- 2,000 Medicare Patients
- We are both a provider and a health plan
- One main campus location and three Satellite Locations
- EMR with all ambulatory visits electronic

Multi-Specialty

- Internal Medicine
- Surgery
- Pediatrics
- OB/GYN
- Pharmacy
- Radiology
- Dental Clinic
- Surgical Specialties
- Dermatology
- Physical Therapy
- Nutrition
- Counseling

Part of College Health Community

- Our mission- to heal, to care, to educate
- Similar to other college health centers
- Not really in competition with other college health centers
- Share same EMR platform with many of college health centers

Our Patients

- Sophisticated
- On-line most of the time
- Time constrained
- High expectations
- A note on non-students

Web Portal

- Pre-registration materials
- Webmail with clinicians
- Appointments on-line
- Other administrative functions
- Potential to make other clinical information available as well

The Gaps (1)

- Every June, we have about 25% of our student patients leave the practice.
 - How can we best support them for their ongoing care?
 - How can we minimize the administrative burden for copying records?

The Gaps (2)

- Every September, the number of patients for whom we are responsible increases by about 25%.
 - How quickly can we get all of the appropriate information into our systems?
 - How much work is involved in this task?
 - Could an automated system be more accurate?
 - Are there things we leave out? What do we do when a patient come to us with a medical record on a CD?

The Gaps (3)

- When our patients go for care outside of our organization...
 - We often print out paper copies of their record to take with them.
 - We do not know if all of the information gets where it needs to go.
 - Even if the information gets there, it may not properly get entered into the outside system. We know lab tests and x-rays are often repeated by the outside organization.

The Gaps (4)

- When the patient come back to us after the outside referral...
 - We hope something come to us in the mail before the follow-up visit.
 - We scan whatever come back to us into a “scanned documents” section of the EMR.

How can PHRs help?

- Could be a common channel for communicating between schools.
- When graduating, students would not have to know where they want their information transferred.
- Complexities regarding releasing sensitive information will be minimized.
- Students can uniquely identify themselves
- Students will be better prepared for life long self care.

Challenges

- Common standards
- Vendor's business model
- Changing definition of visits
- Changing culture of control

Questions or comments?

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