

**Table 2**

## Provider Focus Group Comments on the Personal Health Record (PHR)

Topic	Comments
Benefits of PHR in current primary care workflows	<ol style="list-style-type: none"> <li>1) “I think it helps some of the things we do. I think it’s a time investment thing to make people more satisfied.” (Patient satisfaction)</li> <li>2) “So right now there’s—the only big incentive to use it is to make people happy.” (Patient satisfaction)</li> <li>3) “I use it a lot in my depressed patients where I have them fill out a questionnaire when they’re here, and then six weeks or four weeks from that visit I will program the system to send them that same questionnaire so I can compare the two. Now that’s a very clinically useful use of the system.” (Chronic disease management support)</li> <li>4) “It’s mostly patient initiated from my standpoint. If they need a refill, if they have a question, if they’ve got a concern, they email me.” (Improved patient access)</li> <li>5) “I think it has a lot of potential. We’ve looked at what percentage of our MyChart patients are younger verses middle age or older—it’s almost equal across the board . . . a lot of our middle aged and older adults are using it very well, not just your 24-year old. So I think there’s a lot of potential there.” (Improved patient access)</li> </ol>
Physician barriers to current PHR use	<ol style="list-style-type: none"> <li>1) “I’ll be honest, at the end of the day I care less about how much is reimbursed and more about how much time it takes.” (Time burden)</li> <li>2) “The best usage of MyChart is . . . because it’s so poorly reimbursed and takes so much time, is . . . a supplement for your care in the office and not a replacement, because that appointment that they didn’t get, someone else will get, and then I still have to do the care out of the office after that.” (Poor reimbursement)</li> <li>3) “I have patients that [have started] months long conversations that we have in MyChart.” (Increased work)</li> <li>4) “But it’s not well reimbursed and so it’s a matter of you know how much time are you willing or able to spend there too?” (Poor reimbursement)</li> <li>5) “There is a lot of kind of you know logistical stuff that someone else in the office could handle that. Right now, everything just comes to me.” (Lack of assistance from support staff)</li> <li>6) “So if it’s a supplement [for your care], fantastic. If it’s a replacement, it’s just going to end up consuming too much time.” (Lack of time)</li> </ol>

Physician comments about incentivizing use	<ol style="list-style-type: none"><li>1) “I think, if it were reimbursed and we would get credit for the time—” “Yeah.” “—that would make the time we spend in the office [worthwhile].” (Financial reimbursement)</li><li>2) “I think the reimbursement is not necessarily about the money but just at the end of the day, we have to show that we’ve been busy all day. You know. And for us to say, ‘OK, you know, we’ve seen a certain number of patient volume, but then also like look what else we’re doing with our time.’ Just to show people that we’re not goofing off and [pause] eating bonbons.” (Getting credit for work)</li><li>3) “Maybe if it worked, you know, if the back and forth also included support staff so that there was some filter, and there was an active role by support staff and sort of filtering out what somebody else could answer and what you all could answer.” “Yeah, absolutely.” (Having access to adequate support staff)</li></ol>
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