

Table 2

Pros and Cons of Utilization of Personal Health Records (PHRs) by Patients and Providers

Pros	Cons
<ul style="list-style-type: none"> • Correction of medical errors within the medical record was possible^a • Patients had a broader knowledge base of their health concerns and decreased utilization of healthcare services^b • Opportunities were provided for increased effective communication between patients and physicians^c • Patients initiated health improvement^d • Patients were engaged in their healthcare decisions^e • Records could be shared with other providers^f • Communication with physicians regarding surgeries, medications, immunizations, and allergies had compelling outcomes^d 	<ul style="list-style-type: none"> • Patients had difficulty accessing the PHR and saw a lack in value of accessing PHRs^f • Limited health literacy resources contributed to a lack of understanding of records^g • Challenges were identified regarding the proper information being transmitted to the PHR by the healthcare institution^h • Physicians were concerned with legal liabilityⁱ • Providers had concerns regarding incorrect information being placed in the PHR by patients^h • Health Insurance Portability and Accountability Act (HIPAA) regulations were related to concerns with specific diseases (e.g., AIDS)^f • Concerns were expressed regarding security of information and insufficient provision of information^f regarding privacy policies related to the PHR^j • Health outcomes did not improve as a result of access to the PHR^d • Patients found communicating through the PHR too cumbersome and preferred contacting the provider's office^f • Older patients had limitations related to healthcare literacy and technology use^k

Sources:

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^c Detmer, D., M. Bloomrosen, B. Raymond, and P. Tang. "Integrated Personal Health Records: Transformative Tools for Consumer-centric Care." *BMC Medical Informatics and Decision Making* 8, no. 1 (2008): 45–59.

^d Ancker, C., and P. Dykes. "Electronic Health Records and Personal Health Records." *Seminars in Oncology Nursing* 27, no. 3 (2011): 218–28.

^e Krist, A., S. Woolf, G. Bello, R. Sabo, D. Longo, P. Kashiri, et al. "Engaging Primary Care Patients to Use a Patient-centered Personal Health Record." *Annals of Family Medicine* 12, no. 5 (2014): 418–26.

^f Dontje, K., W. Corser, and G. Holzman. "Understanding Patient Perceptions of the Electronic Personal Health Record." *The Journal for Nurse Practitioners* 10, no. 10 (2014): 824–28.

^g Weitzman, E. R., L. Kaci, and K. D. Mandl. "Acceptability of a Personally Controlled Health Record in a Community-based Setting: Implications for Policy and Design." *Journal of Medical Internet Research* 11, no. 2 (2009): e14.

^h Witry, M., W. Doucette, J. Daly, B. Levy, and E. Chrischilles. "Family Physician Perceptions of Personal Health Records." *Perspectives in Health Information Management* 7 (Winter 2010).

ⁱ Studeny, J., and A. Coustasse. "Personal Health Records: Is Rapid Adoption Hindering Interoperability?" *Perspectives in Health Information Management* 11 (Summer 2014).

^j Kim, K., and E. Nahm. "Benefits of and Barriers to the Use of Personal Health Records (PHR) for Health Management among Adults." *Online Journal of Nursing Informatics (OJNI)* 16, no. 3 (2012).

^k Lober, W. B., B. Zierler, A. Herbaugh, S. E. Shinstrom, A. Stolyar, E. Kim, and Y. Kim. "Barriers to the Use of a Personal Health Record by an Elderly Population." *AMIA Annual Symposium Proceedings* (2006): 514–18.