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## **Industry Leaders Announce Personal Health Record Model; Collaborate with Consumers to Speed Adoption**

*Individuals can choose to transfer PHR information when they change insurers*

**(Washington, DC)** – Consumers will have greater access to the information they need to optimize their health and health care thanks to a new personal health record (PHR) model being developed by health insurance plans.

America's Health Insurance Plans (AHIP) and the Blue Cross and Blue Shield Association (BCBSA) worked together to identify the core information to include in PHRs, and have developed and pilot tested standards that enable consumers to transfer PHR data when they change coverage. This ensures that PHRs will be portable from health insurer to health insurer as consumers have requested. Members of the two groups cover over 200 million people.

The industry model PHR is a private, secure web-based tool maintained by an insurer that contains a consumer's claims and administrative information. PHRs enable individual patients and their designated caregivers to view and manage health information and play a greater role in their own health care.

As a result of insurance claims filed on behalf of consumers, insurers have most information needed to provide PHRs, and are in a unique position to build them for consumers in the near term. PHRs are distinct from electronic health records, which providers use to store and manage detailed clinical information. An estimated 70 million people have PHRs through health insurers, with millions more scheduled for the service in 2007.

Physicians encouraged insurers to adopt a consistent set of core PHR data. Health insurers will continue to innovate in the PHRs they develop, but the goal is to incorporate core data elements into every PHR. These elements include patient histories, medications, immunizations, allergies, risks, plans of care, and other information that physicians identified as the key data. The health insurance community has set a goal of incorporating the core data elements and implementing the standards for portability from a prior insurer to a new insurer by 2008.

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“Efforts such as those by health insurance plans to provide consumers with portable PHRs are a step forward in the national health IT agenda. We welcome your continued work to achieve interoperable, consumer-centric health information,” said Robert M. Kolodner, MD, Interim National Coordinator for Health Information Technology at HHS.

There is consensus among stakeholders that the widespread adoption of health information technology will lead to safer, more effective health care. Experts believe adoption of technology will reduce preventable errors, such as medication errors, increase compliance with recommended treatments, improve treatment for people with chronic disease, and contribute to lower health care costs.

“We are continually looking to utilize new information technologies, such as PHRs, to empower our members to receive the highest quality of care. Developing a model PHR is critical for effective use of this powerful tool by health care consumers,” said William J. Marino, President and Chief Executive Officer of Horizon BCBSNJ.

“Health plans will play a pivotal role in providing consumers with the tools and information necessary to make well-informed health care decisions, and PHRs may be one of our most important contributions to helping improve health care in the U.S.,” said Ronald A. Williams, Chairman, CEO and President of Aetna. “PHRs can also simplify and personalize a consumer’s health care experience and encourage individuals to take a more active role in their health,” he said.

Good health care in the 21<sup>st</sup> century means having the right information in the right hands at the right time. Individuals need real-time access to health information that may be dispersed among a number of physicians, hospitals, pharmacies, and other health care providers. But we are many years away from having a system that is fully interoperable.

“Health insurance plans are in a unique position to make a contribution through consumer-focused PHRs,” said AHIP President and CEO Karen Ignagni. “Until now, the information contained in PHRs has not been consistent -- a concern that led several physician organizations to urge the industry to identify the core data for PHR content -- or portable from health plan to health plan,” she said.

Health insurers worked closely with standards organizations to ensure the health plan-based PHR is compatible with standards that are being developed for the time when our health care system is fully interoperable. According to BCBSA President and CEO Scott Serota, who represents the industry on the federal America’s Health Information Community, “we undertook the project with the idea that we wanted our work to be in sync with the Administration’s priorities and a building block for future efforts,” he said. “PHRs built with these shared standards will go a long way in creating a seamless and efficient health care system that truly benefits the consumer.”

The group also announced a pilot program in two regions of the country with the National Health Council (NHC), whose members believe that PHRs are critical to the needs of people with chronic conditions and disabilities, who often must play a daily role in managing their health.

“The Council is enthusiastic about the prospect of working with AHIP and BCBSA and their members to encourage greater use of PHRs, especially among people with chronic conditions and disabilities, and to foster greater appreciation of the role of PHRs in optimizing health,” said Myrl Weinberg, President of the NHC. “This patient-centered focus in health IT may seem like an ‘add-on’ to the architecture of a system well underway, but we believe that integrating this patient focus now is central to the success of health IT,” she said.

The industry also adopted a guideline that requires an individual’s approval before transferring PHR data from one insurer to another and requires that the transfer take place after enrollment in the new plan. Consumers have indicated that they favor this guideline.

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*America’s Health Insurance Plans – Providing Health Benefits to More Than 200 Million Americans*

*The Blue Cross and Blue Shield Association is made up of 39 independent, locally operated Blue Cross and Blue Shield companies that collectively provide healthcare coverage for nearly 98 million Americans. For more information on the Blue Cross and Blue Shield Association and its member companies, please visit [www.BCBS.com](http://www.BCBS.com). For more information on Blue Cross and Blue Shield Association’s policy positions and the healthcare debate, visit [www.BCBSHealthIssues.com](http://www.BCBSHealthIssues.com).*

*The National Health Council is a private, nonprofit organization of 115 national health-related organizations working to bring quality health care to all people. Its core membership includes 50 of the nation’s leading voluntary health agencies representing approximately 100 million people with chronic diseases and/or disabilities. Other Council members include professional and membership associations, nonprofit organizations with an interest in health, and major pharmaceutical and biotechnology companies. The Council serves as a place for diverse health-related groups to build consensus with a focus on patients and their needs.*