

Press Kit

Personal Health Record

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The PHR

The Basics

What is the PHR?

The PHR was created to provide all public health insurance beneficiaries with a secure electronic medical record, under their own control.

The record will be accessible on-line.

It will contain all relevant medical information required for patient care. It is intended to improve the quality of healthcare by facilitating coordination and information-sharing between healthcare professionals.

What is the purpose of the PHR?

Using the PHR, patients will be able to provide healthcare professionals with the information needed for their care".

The PHR will prevent possible errors due to healthcare professionals' now knowing which other healthcare professionals the patient has seen or what treatment he is under.

The PHR will serve as the interface for healthcare professionals, providing them with quick and easy access to the medical information they need (hospital discharge reports, biological analyses, x-rays, medication provided by a pharmacist) and share the data that a given healthcare professional deems helpful to other healthcare professionals. It is also a means of preventing redundant procedures (which cost EUR 1.5 billion per year) and interactions between medication (128 000 people hospitalised per year).

Practically speaking

The elderly, who cannot recall exactly what medication they usually take will be able to see a doctor while on holiday, without any risk of overdose or harmful drug interactions (iatrogenesis).

An unconscious person who is brought to the emergency room by emergency rescue services will be able to receive care quickly and be sent to the appropriate ward by the emergency physician, thanks to immediate access to the patient's medical history (shortened care provision time and accurate assessment).

A patient with a "serious condition" will no longer have to repeatedly undergo the same complex exams, thanks to instant practitioner access to all of his previous results (preventing redundancy).

The PHR

The Basics

Who can benefit?

The PHR is available to all public health beneficiaries. To receive easier and better-coordinated healthcare, all health insurance cardholders will be able to open a PHR, starting on 1 July 2007.

How much does it cost?

The budget dedicated to implementing the PHR system amounts to EUR 1.2 to 1.5 billion, to be used from 2006 to 2010. It is part of a broader healthcare information systems budget in the amount of EUR 2.3 billion. By better informing all of the practitioners treating a single patient and by fostering better familiarity with and monitoring of the said patient, the PHR will make it possible to downscale healthcare costs. For instance, 15% of all medical procedures are redundant and generate EUR 1 to 1.5 billion in costs per year. Likewise, some 128 000 hospitalisations occur each year, due to drug interactions (iatrogenesis), generating EUR 283 million to EUR 472 million in healthcare costs.

Who is designing the PHR?

To design the PHR, a public organisation for the "Personal Health Record" (GIP-DMP) was established in Spring 2005. The GIP was first asked to conduct experiments and design the national deployment procedure. The GIP-DMP will steer the entire project, in line with the timetable determined by law. It is headed by Jacques Sauret.

The PHR The Basics

*In a single click, I can access my medical history
and a blueprint of my health condition.*

How do I open my PHR?

Electronically, on an access portal. The PHR access portal can be described as a virtual reception centre. If you do not have Internet access, approved public service providers will provide free access points on their premises.

Who will access my PHR?

The PHR belongs to the patient. You are the one who will allow physicians and other healthcare professionals of your choice access to your PHR, and control access rights. Healthcare professionals will have access to specific information, depending on their profession. The PHR will not be open to occupational physicians, or when a supplementary health insurance policy is taken out. Similarly, the site hosting services will not have access to your PHR.

How do I access my PHR?

When at your doctor's office, his professional card (CPS) and your Vitale 2 card will open access to the PHR.

For home use, a secured procedure, with login and password, is being prepared.

Will my PHR be adequately protected?

Yes, your PHR will benefit from at least as much security as do remote banking services.

How is my PHR stored?

Your PHR will be handled by a State-approved healthcare data hosting service. This means that it meets public security requirements. The hosting service will not have access to the content of your PHR.

The PHR

The Basics

What does my PHR contain?

Your last name and commonly-used first name, birth date, information used to identify your personal physician and any information needed for healthcare coordination. At this stage, based on public consensus-seeking efforts on the MPR draft decree, the said information is defined as including:

- **general medical data:** your personal medical and surgical histories, previous use of specialised medical services, recognised allergies and intolerances, and your vaccine history.
- **healthcare data:** results from biological tests, reports from diagnostic and therapeutic procedures, diseases and treatment underway, etc.
- **imaging data:** both reports and images: x-rays, IRMs, etc.

Who can enter data into my PHR?

Doctors and healthcare professionals whom you will have personally approved. Each piece of information listed in your PHR will be dated, signed and its author identified.

Will I be able to add information to my PHR myself?

Health information will be entered solely by healthcare professionals. However, there will be room for personal statements so that you can speak out about your health condition.

Can I hide information?

Yes, you are allowed to hide medical information in your PHR, except from the healthcare professional who wrote it.

The PHR Testimonials

They opened a PHR

Angélique, a patient participating in the experiment

Being lucky enough to live on the border of a region with high-speed Internet services, Angélique logs into her PHR from home, in the blink of an eye. All she has to do is enter her "pass number", user name and, each time she connects, answer a random question. She is then able to access data that she may not have received easily in the past, such as her IRMs, correspondence between doctors and the list of people having visited her PHR. *"The PHR," she says, "is convenient because it contains all of my data. Including the people who have visited my record. That's comforting. It is attractive for the pictures it contains".* The only drawback is that, *"there is only the report from my ultrasound, and not the video from my pregnancy, because the gynaecologist didn't have the equipment required yet. But that will come in due time"*, she hopes. What she also appreciates is the option of keeping certain data confidential, depending on who is reading her record. Naturally, it would not cross her mind to keep her personal physician from having full access.

Denis, a patient participating in the experiment

"I don't see how the PHR could be anything but a step forward".

Denis finds the concept of being able to access medical information at the same time as his doctor very attractive. His record, which he opened barely 10 days ago, contains his cardiologist's medical report, as well as the physical exertion test he must take. Denis Lacaille is "Internet-enabled" first because his children wanted it, but he too uses the Internet on a regular basis. He had no trouble accessing and viewing his PHR. Always lending an ear to others, he wonders how the elderly or, more generally speaking, people who are not computer-equipped will be able to access their PHR. *"Will computer stations be made available to them?"* For patients like him, who require regular monitoring, *"it is very helpful to have all of my medical information in a single, easy-to-access place". "I don't see how this could be anything but a step forward, and I do not see why a patient would not be in favour of it. As to whether this will help save money...I haven't the slightest idea!"*

The PHR Testimonials

Dr Etienne C., general practitioner in Seine-Maritime region, east of Paris

Since early August, Dr Coussens has opened a dozen PHRs for patients who need regular care by more than one healthcare professional.

This computer-literate physician has used medical practice management software for several years, adding to his database with each new visit. He even scans in letters he receives from specialists, to add them to his electronic records. *"It's very time-consuming"*.

In this respect, the PHR is going to save him a lot of time. It will even enable him to "lighten up" his patients' records in his professional software, in that the information will be saved to the PHR.

In his view, the PHR's prime objective is to prevent overlapping and facilitate healthcare coordination. *"I've had enough of seeing patients who undergo the same tests again and again because we are not aware that they have already taken them –either they forget to tell us, or we forget to ask".* Another benefit of the PHR: making it possible to provide information to specialists in a far simpler manner. *"Today, when we send a patient to a specialist, we need a supporting letter that summarises their medical history. The PHR will simplify the whole process. It will also enable the general practitioner to become a true stakeholder in information-sharing and fully take part in the care provision process."*

Nicolas, a patient participating in the experiment

"You don't always have your records on you and you don't always remember the last vaccines you have had. I sometimes have to travel for my work. It is helpful to be able to access my record from anywhere in France".

The GIP-DMP

The Personal Medical Record Project Owner

To design the PHR, a public organisation for the "Personal Health Record" (GIP-DMP) was established in Spring 2005. The GIP was first asked to conduct experiments and design the national deployment procedure. The GIP-DMP will steer the entire project, keeping to the timetable called or by the law.

The Grouping's responsibilities will include the following:

- **maintaining relations with representatives of healthcare professions and patient associations** regarding the personal medical record; informing healthcare professionals and the general public about the personal medical record;
- **determining which personal healthcare data**, regarding prevention, diagnosis or healthcare, will be listed in the personal medical record and making it possible to monitor such aspects as healthcare procedures and services, pursuant to Article L. 1111-8 of the Public Health Code;
- **determining access and hosting conditions** for the personal medical record, whether in terms of viewing or making changes to the personal medical record, and conditions for passing on information from the healthcare data categories in the personal medical record.
- **steering and monitoring the implementation of experiments** with the personal medical record on the 17 pilot sites.
- **designing and producing**, as applicable, the supporting IT systems for the personal medical record.
- **steering and implementing the extension** of the personal medical record to the entire population.

A consensus-seeking body: the guidance committee

- as part of a "participatory strategy", the guidance committee (COR) assists the GIP-DMP. This makes it possible to involve healthcare professionals and patients in the PHR-deployment process and thereby create the requirements for support from the field;
- the COR is currently composed of approximately 70 people. Over half of them are

The GIP-DMP

The Personal Medical Record Project Owner

GIP-DMP Membership

represent healthcare professions (doctors, pharmacists, hospital workers, midwives, dentists, academics, healthcare establishments, etc.) and patients.

The latter will soon be more widely-represented. The other members come from national government agencies (DRASS, ARH), public institutions (AFSSAPS, HAS, CNIL, GMSIH, etc.) and public health insurance bodies;

- In other words, the COR acts as representative for civil society and ensures that the directions set out by the August 2004 Law are complied with. It issues opinions and makes proposals. Its opinion is always sought regarding the professional ethics of using the PHR and data security;
- The COR's members take part in a variety of working groups set up to explore specific topics (content, patient user name, assessment, iatrogenics, change management, etc.);
- The Guidance Committee is kept informed of the Grouping's work agenda.

A decision-making body: the Board of Directors

- 4 representatives of the State: the director of the public health insurance system or a representative thereof, the director of hospitalisation and healthcare organisation or a representative thereof, the national health director or a representative thereof, the director of national civil service employees and budget or a representative thereof;
- The managing director of *Caisse des dépôts et consignations* or a representative thereof;
- The managing director of the National Health Insurance System for Employed Workers or a representative thereof;
- Three qualified prominent figures;
- A representative of a patient association or his substitute;
- A representative of healthcare professions or his substitute.

The Board of Directors shall be chaired by Dominique Coudreau.

A team:

Directed by Jacques Sauret – also head of the Interministerial Task Force for the Computerisation of the Healthcare System (MISS) – the GIP-DMP is structured around a Secretariat General and 4 departments: the Design Department, the Operations Department; the Legal Department; and the Communications Department.

Currently composed of 38 employees, the GIP-DMP will be enlarged as early as 2006 in order to cope with the needs of the step-up process.



According to the BearingPoint study, the Personal Medical Record system
would enable savings of 1 billion euros per year

Summary Findings

The PHR project in France arose from a two-fold desire: **to recognise patients' rights to information about their health** (04 August 2002 Law) and aim for **an efficient healthcare system** (13 August 2004 Law) through improved coordination of healthcare, quality, continuity and security in patient care.

In order to steer the project – which affects the entire French population – as best possible, the GIP-DMP, project manager, wished to validate the PHR's economic rationale and identify, based on the expected benefits, the investments to be released, risks to be managed and prerequisites for success in the project. The GIP-DMP asked BearingPoint to take on a study of the PHR's economic model, likely to guide it in the project leadership process.

BearingPoint was selected for its in-depth understanding of the field and main players in the healthcare industry, for its international coverage conducive to broader feedback, and for its multi-disciplinary team, used to working with national authorities on issues of strategic bearing and recognised for its know-how in assessing large-scale public sector programmes.

A Brief Overview of the BearingPoint Findings

To carry out this economic study, at the request of the GIP-DMP, BearingPoint deployed an in-depth analysis methodology to determine the PHR's value, as well as a complex return-on-investment tool. The process, more common in the private sector, was conducted with the main players from the French healthcare system. Based on a series of hypotheses, it effectively demonstrated that a public and national project with qualitative objectives could yield both satisfactory profitability and indirect effects that would have a positive impact on many related projects.

The study of the PHR's economic model gave rise to the following conclusions:

- the potential direct savings from the PHR system are on the order of 1 billion euros per year, once the PHR comes into widespread use.
- the **indirect outcomes are at least of the same magnitude** considering the incentive, structure and standards that the PHR will set for all related projects intended to improve patient care and better coordination of healthcare services.
- the **costs** would be on the order of **EUR 1.2 billion to 1.5 billion** over a five-year period.
- based on assessment of a variety of scenarios, **the project is deemed profitable from a public funding standpoint.**
- **detailed modelling** of the PHR's step-up process and computation of its return on investment was performed using the **simulation tool** designed with all available assumptions (key success factors, stakeholder expectations, modelled behaviour of operators, etc.). It is based on **value analysis** of metrics on subjects of interest and concern for the players involved.
- **mobilising the parties involved and ensuring effective programme leadership** are two priority areas for action, necessary to foster support for the project.

The PHR: A Reasoned and Consistent Project

The national model is consistent with the projects carried out by other countries.

The benchmarking data gathered shows that many PHR projects are being launched throughout the world, all very much related to the local environment. In France, the PHR adds a structuring dimension to a healthcare system already highly-computerised and brings in the use of new technologies by the healthcare community: Sésam-VITALE card system and the CPS, computerised exchanges with the public health insurance programme, experiments in computerising networks for the past 10 years with the FAQSV, etc. Abroad, such projects are often carried out as part of efforts to reform the healthcare system overall.

For this reason, it is not surprising that France should plan a shorter project, with a controlled scope and lower costs, even though the aspirations in terms of potential savings are similar to those of foreign initiatives (Australia, Germany, etc.).

The PHR: An Opportunity for the Healthcare System in France

The personal medical record (PHR) can, in addition to the objectives assigned to it by law, create incentive, unity and structure on at least 3 aspects of our healthcare system's structure:

- improving patient care and the spread of good healthcare practices,
- communication, exchange and information processing between healthcare professionals,
- support for public health policies: educating about healthcare and prevention.

In the short and medium term, the direct savings will be enough to ensure the project is profitable

BearingPoint developed a value analysis tool capable of computing such factors as operator behaviour and deployment timeframes for such projects. The tool will be useable in the future to monitor the economic impact of the actions carried out under the project, as it progresses.

The economic model set out is suited to projects of this kind:

It effectively establishes the relationship between:

- potential savings (or unnecessary expenses avoided) to be achieved,
- PHR step-up process (key success factors)
- levers that may be used to speed up deployment (action plan).

The assumptions used will need to be fine-tuned based on feedback from experiments and regular study of patient and healthcare professional behaviour.

The assessments performed demonstrate that the PHR can be profitable.

All of the scenarios for extending the PHR to the entire population, designed using more or less positive assumptions regarding deployment, show that the PHR system is profitable and can yield fully satisfactory results from the purely financial standpoint. To wit, using an intermediate scenario, the project's return on investment would come after four years.

The study to quantify potential "gains" expected took a cautious approach.

It focused on two sources:

- preventable "serious undesirable events" (analysed in conjunction with the HAS) and primarily the cost of accidents due to drug incompatibility,
- redundant test and imaging procedures for outpatients, transposing results from foreign studies on French data.

In both of these areas, the potential preventable unnecessary expenses were estimated at EUR 750 to 1350 million per year, once the PHR comes into widespread use.

The indirect outcomes are of the same magnitude.

Considering the incentive, structure and standards that the PHR will set for all related projects intended to improve patient care and better coordination of healthcare services, the indirect outcomes from the institution of the PHR system will be of the same magnitude as the potential direct savings.

The project's forecasted budget is on the order of EUR 1.2 to 1.5 billion over a five-year period. It will, however, require an increase in the budget dedicated to steering the project, which currently accounts for only 3% of the total, less than what is seen in major private-sector or State-run projects.

The Simulation Tool

The first challenge for the economic model was to explain how the full-scale implementation of the PHR would help achieve the potential savings identified. The second challenge was to determine a set of relationships between the number of people using the PHR and the ways it would be used, first of all, then, the actions likely to foster its widespread use. BearingPoint developed a simulation tool that reflects those complex mechanisms as summary data. Each scenario is illustrated both by

financial data regarding return on investment and volumetric information regarding the number of records created and the rate of use. A considerable number of aspects are likely to go into any given scenario and each simulation is the result of over 20 000 computations. Bear in mind also that this upstream approach the exception rather than the rule in public healthcare in France. The existing modelling is based on assumptions set out with representatives of the various parties that make up the national healthcare system.

The model also highlights which directions should be given priority in order to ensure the project's success.

Project value analysis (carried out using the Mareva methodology, adjusted for PHR characteristics) confirms that:

- to reach the levels of return on investment and qualitative benefits listed, **actions must be implemented to foster support from healthcare professionals and users.**
Above and beyond communication and training, the aim here is to create incentive and facilitate access to the PHR for the French population as a whole.
- Budget control will require a special system and coordinated programme governance. It must enable convergence between the technologies and timetables set up by a large number of other projects (pharmaceutical record, reimbursement history, projects regarding biological and radiological testing, etc.).

An Original Approach

To characterise the stepping-up of the PHR system – meaning the pace at which records are opened and the rise of the user rate – BearingPoint has integrated operator behaviour variables (relating to patients and healthcare professionals) into the economic model. A number of hindrances, such as resistance to change or declining interest in the project, were introduced to modulate trends such as the opening of a record for a patient or the decision to use the PHR (whether in medical practice or for database purposes) by a healthcare professional. These factors, combined with levers regarding the number and use of the PHR make it original. During simulation, the return on investment and trends therein over time are determined dynamically, in response to the values associated with different parameters in the scenario.

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