

## CONFERENCE ABSTRACT

### **How does the use of patient-accessible health records contribute to patient centered care? A scoping review.**

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Janine Benjamins<sup>1,2</sup>.

1: Icare JGZ, Meppel, Netherlands

2: Wageningen University and Research, CHL chairgroup, Wageningen, , Netherlands

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#### ***Background***

Giving patients access to their own health information is a global development motivated by its presumed contribution to better quality of care. Patient-accessible records, or EPR (electronic patient records), are seen as a way to deliver patient-centered care, engaging patients as partners in their own care. Patient-centered care is a health system, advocated by the WHO, that is said to increase the quality of care with lower costs and health care utilization. Although the value of an EPR to stimulate patient-centered care is mentioned regularly, no review about this subject could be found.

#### ***Objective***

The objective of this review is to investigate whether and how the use of a patient-accessible electronic record contributes to patient-centered care.

#### ***Methods***

The review was designed and reported according to the PRISMA reporting guidelines for scoping reviews by Tricco et al. Four databases were searched using ‘patient-accessible medical records’, ‘patient experiences’ and ‘professional experiences’ as key concepts. Titles, abstracts and full text were screened, finalized by snowballing. An existing model for patient-centered care was used as a basis for the charting list and the analysis, complemented by topics that had come up from pre-reading and discussion with professionals. Added topics were: ‘concerns, anxiety and safety’ and ‘digital divide’.

#### ***Results***

Initially 1763 articles were found, narrowed down to 49. Included studies were diverse in design, country of origin, functionalities of the investigated EPR and target population. Of the patient-centered care model’s dimensions, ‘information’ and ‘involvement in care’ were mentioned most, followed by ‘clinician-patient relationship’, ‘communication’ and ‘empowerment’. A few control-intervention studies reported significant positive results of use of an EPR on ‘information’, ‘involvement in care’ and ‘empowerment’. This was

strengthened by positive findings in descriptive studies. Especially in mental healthcare, some professionals felt the need to report differently in a patient-accessible record, to protect the 'patient-clinician relationship'. Professionals' concerns about unnecessarily worried patients, information safety and extra time investment were not met. There appeared to be a digital divide in access to and use of patient-accessible records, but the impact of using an EPR was evaluated more positively in disadvantaged groups.

### ***Conclusion***

There is support for the assumption that patient-accessible records contribute to more patient-centered care. The outcomes most strongly support a positive influence on information and involvement of care, followed by communication, relationship and empowerment. Concerns about harm to therapeutic relationships seem to be based on different views on equity in the doctor-patient relationship and emphasizes the importance of embracing the principles of patient-centered care.

### ***Lessons Learned***

1. To profit fully from patient-accessible records the principles of patient-centered care should be embraced. 2. To prevent a digital divide, EPR's should be easily accessible and patient-friendly in use.

### ***Limitations***

1. All studies were based on experiences of voluntary users of an EPR, speaking the native language well, possibly resulting in bias. 2. There were no studies among adolescents.

### ***Suggestions For Future Research***

Further research needs to be done to determine whether these findings also apply for adolescents.

