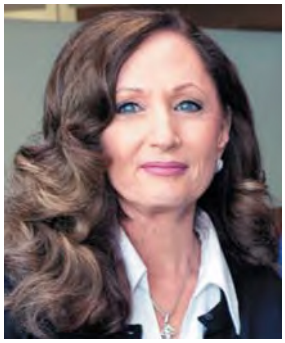
WHAT IF EVERYONE HAD EASY ACCESS TO HIS MEDICAL RECORDS?



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Executive Summary *Within the next few years life insurance applicants in the US and UK are likely to have online access to their electronic health records. What are the underwriting implications of democratising health records and are underwriters ready to take the opportunities? In this article we examine the development and current state of electronic health records (EHRs) on both sides of the "pond" and we review the legal, health and underwriting aspects of insurance applicants having access to their medical records. Easy patient access to medical reports could allow insurers to reduce premiums, simplify application processes and give life insurance customers that elusive claims payment "guarantee."*

After more than 2 decades of online shopping and online banking, online access to medical records for patients is finally entering health care's mainstream. Most US and UK health care providers now have the technology to gather patient medical information electronically, and to provide patients with online access to that information.

For both the US and UK, this represents significant change. In the UK, technology to enable patients to access their records currently covers 99% of the population. Historically, doctors had feared data protection issues and therefore blocked patients from accessing their records. Attitudes, however, have been changing.

Since April 2015, doctors in England have given online access to their Summary Care Records (SCRs) to 55 million patients (97% of the population). Although SCRs currently store limited information–allergies, medicines taken and adverse reactions to any medications–this access is a significant step forward and shows commitment from health professionals to allow patients greater access to their own medical data.

In addition, since being re-elected in early 2015, the UK government has reiterated its ambition to give every patient in the country online access to full health records, including details of every consultation, prescription and test result, by 2018. If this ambition is met, life insurance applicants in the UK will have online access to their medical records within the next 2-3 years.

In the US, health care records have been computerized for decades. In 2004, President George W. Bush laid out a 10-year plan to promote the development and adoption of electronic health records, with the goal that every American would have an electronic health record by 2014. Bush's plan created the Office of the National Coordinator for Health Information Technology (ONC) to oversee nationwide development of policies and standards related to health information technology. The ONC is also responsible for creating a national health IT infrastructure to permit efficient electronic exchange and use of health information, and for certifying the required standards and technologies for effective exchange of health information.

Five years later, President Barack Obama passed the American Recovery and Reinvestment Act of 2009 (ARRA). This economic stimulus act included an allocation that would help to finance the modernization of the nation's health IT infrastructure and strengthen interoperability of information in EHRs. The subsection of the act that provides funding to promote adoption of health information technology is called the Health Information Technology for Economic and Clinical Health Act (HITECH). HITECH supports both EHR adoption and *meaningful use* of the information in the records.

In total, ARRA provided $19.2 billion in health information technology incentive spending. However,

this is not just free money; simply transferring information from paper to digital form is not enough. HITECH mandates the meaningful use of the EHR to improve quality, safety, efficiency and, ultimately, improved health care outcome. EHR technologies must be certified and adhere to common standards and structures.

The good news is that meaningful use is working: adoption rates by hospitals and physicians have nearly doubled since 2009, reaching 80% and 50%, respectively .

Legal aspects

Legal ownership of health care data is not yet clear-cut. It could be argued any data about an individual belongs to the individual. However, some doctors argue they are the legal owners of the information as they recorded the information and it is stored on their practice's computer system. Ownership is further blurred when medical data is recorded by multiple health care practitioners employed by numerous organisations.

Ultimately, however, legal ownership of health data is perhaps less relevant than who has the right to access the data.

In the UK, all individuals have the legal right to view data about themselves under the Data Protection Act (1998). Under Section 7 of the Act, individuals can access any information an organization holds about them, by submitting a Subject Access Request. Health professionals are required to respond to such requests within 40 days and can only charge up to a maximum of £10 (plus administrative expenses) for providing the data.

In the US, legal and technology advances have made medical records progressively more patient-accessible. Once there was only a single copy of an individual's medical record, and patients had to obtain subpoenas to see them. This changed when the Health Insurance Portability and Accountability Act of 1996 (HIPAA) stipulated that "patients must be able to see and get copies of their records, and request amendments."

Additionally, in the US, meaningful use requirements stipulate providers must afford patients timely electronic access to their health information (including lab results, problem lists, medication lists and allergies) within 4 business days of the information being available to the eligible professional. Today, this is typically achieved through the provider's patient portal.

Insurers have an excellent track record in obtaining consent from customers to access their data. Still, even when insurers obtain medical reports via customers, insurers have a duty to ensure customers understand the nature of the information they have been asked to share, and to seek their explicit consent to use that information. It remains vital for underwriters to respect data protection regulations and maintain customers' trust.

Health implications

Better-informed patients are more engaged in their health care. It would seem intuitive that individuals who access their medical records are more likely to understand their medical conditions, comply with treatment protocols and return for follow-up visits.

Following the OpenNotes initiative, piloted in the US in 2010, researchers reported the move to offer patients online access to their clinicians' notes "holds promise of supporting more truly collaborative relationships between patients and clinicians." Currently, more than 30 health systems throughout the US, treating approximately 5 million patients, have implemented OpenNotes.

A systematic review of 143 studies investigated how online access by patients to their medical records affected the provision, quality and safety of health care. The review found that patients reported improved satisfaction with online access, improved self-care, and better communication and engagement with clinicians.

As patient access accelerates, and more research is conducted, it may become possible to confirm improved mortality outcomes in patients who regularly access their medical records.

Underwriting implications

Increased accessibility of medical information from electronic health records will bring significant opportunities for underwriters. When every insurance applicant can access his electronic health record directly, it will no doubt become easier and cheaper for underwriters to obtain historical medical reports.

Opportunities from greater access to electronic health reports

- Shorter application forms
- Higher non-medical limits
- Cheaper premiums
- Claims 'guarantee'

One of the most common complaints about the life insurance application process is the number of detailed medical questions on the application form. Insurer access to electronic health reports will reduce the need to ask such detailed questions. Application forms could then be shortened to only ask questions about recent symptoms and problems that may not yet be in the medical records.

Access to a detailed online account of the medical history might also mean less need for clinical examinations, blood tests, urine tests and electrocardiograms. Significantly increased non-medical limits for these types of evidence would speed up the underwriting process. Ultimately a simplified underwriting process for consumers could attract new customers, which could spur the insurance market to new growth.

Improved access to medical information through online medical records might also reduce the non-disclosure rate. Non-disclosure of smoking and obesity, for example, would reduce significantly, as most medical records include smoking history and a recent body-mass index (BMI). More accurate information can enhance risk stratification, which will improve mortality results and allow insurers to become more competitive. Lower premiums might also help make insurance accessible to a broader market, allowing the market to grow even further.

Finally, although the insurance industry has an excellent record for settling claims, a consumer perception persists that insurers try not to pay. This is often cited as a major objection to buying insurance by prospective purchasers. Improved access to medical reports could virtually eliminate rejection of claims due to non-disclosure. It could allow insurers to guarantee life insurance claim payments or reduce the contestability period duration.

A winning formula?

More affordable premiums, a greatly simplified application process and the potential for guaranteeing claims are likely to be the key ingredients to a winning formula to help insurers to expand their markets. Improved access to medical reports might offer insurers the opportunity to deliver on all three aims.

Key points

- Life insurance applicants will have online access to medical records within the next few years.
- Underwriters can maintain customers' trust by respecting data protection regulations.
- Quick and easy access to electronic health records could allow insurers to reduce premiums, simplify the application process and offer a claims guarantee.

References (All Internet links accessed September 2015)

1. CDC/NCHS. "National Ambulatory Medical Care Survey, Electronic Health Records Survey." NCHS Data Brief no. 143 (January 2014). www.cdc.gov/nchs/data/databriefs/db143.pdf
2. Department of Health and Human Services. Standards for Privacy of Individually Identifiable Health Information. Billing Code 4150-04M. Federal Register, Dec 28, 2000, pp 82461–82829 (45 CFR Parts 160–164)
3. EMIS offers patient record access online (2008); TPP – 26 million patients will now be able to access their records online (2013); INPS – Vision practices offer their patients online record access (2014) www.emishealth.com/news-and-events/news/emis-offers-patient-record-access-online/ www.tpp-uk.com/latest-news-stories/26-million-patients-will-now-be-able-to-access-their-records-online www.inps4.co.uk/my-vision/news/vision-practices-offer-their-patients-online-record-access
4. GPs restricting patients' access to online records (25 September 2014) www.pulsetoday.co.uk/your-practice/practice-topics/it/gps-restricting-patients-access-to-online-records/20007993.article#.VHt7PzGsUk4
5. Over 55 million patients in England can now book GP appointments, order repeat prescriptions and access summary information in their medical record online – according to latest figures (May 2015) www.england.nhs.uk/2015/05/19/patient-online-55-mill/
6. Patient Electronic Access. www.healthit.gov/providers-professionals/achieve-meaningful-use/menu-measures/patient-electronic-access
7. Patients' online access to their electronic health records and linked online services: a systematic review in primary care (March 2015) http://bmjopen.bmj.com/content/4/9/e006021.full 8. Personalised health and care 2020: a framework for action (November 2014 / September 2015) www.gov.uk/government/publications/personalised-health-and-care-2020/using-data-and-technology-to-transform-outcomes-for-patients-and-citizens www.gov.uk/government/news/health-secretary-outlines-vision-for-use-of-technology-across-nhs
9. President Bush continues EHR push, sets national goals (26 April 2004) www.healthcareitnews.com/news/president-bush-continues-ehr-push-sets-national-goals
10. Subject access request – Information Commissioner's Office (accessed 2015) https://ico.org.uk/for-organisations/guide-to-data-protection/principle-6-rights/subject-access-request/
11. US experience with doctors and patients sharing clinical notes (February 2015) www.bmj.com/content/350/bmj.g7785

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