INFORMATION technologies for assisting older adults in managing their health information (e.g., patient portals) have not been widely adopted, in part because they are developed without knowledge of what older adults want and their health information management practices. The purpose of our AHRQ-funded SOARING (Studying Older Adults and Researching Information Needs and Goals) Project is to investigate the personal health information management goals, activities and practices of older adults in a variety of living environments. Findings will be used to inform the design of tools which are tailored to the needs and health information management practices of older adults.

Methods: We conducted 39 in-depth interviews with older adults whom we recruited from adult residential centers, assisted living, and independent homes and apartments. We used a purposeful recruitment strategy to ensure diverse representation of age, gender, socio-economic status, and racial and ethnic background. Inclusion criteria included age 60 years or older, ability to speak and write English, lack of severe cognitive impairments, and ability to provide informed consent. Interviews consisted of standardized surveys regarding demographics, overall health, social networks and use of technology, in addition to open-ended questions concerning how participants manage their personal health information. Interviews focused on health and personal health information management in general and did not focus on the use of specific technologies. We audio-recorded, transcribed, and analyzed interviews for qualitative themes.

Results: Participants described information management styles ranging from complex systems for tracking medication use and clinical visits to simply discarding all but the most critical personal health information. Seventy two percent of participants (28/39) reported using a computer at least 2-3 days per week and 56% of participants (22/39) reported using a computer 6-7 days per week. The majority of computer users reported accessing the Internet. A significant number of participants (8/39) mentioned their use of patient portals, defined as a secure Website through which patients can access a personal health record and often certain information from an electronic health record. The ages of those eight participants ranged from 73 to 93. By and large, those participants live independently, are well-educated, and represent middle to higher incomes. The majority of participants using patient portals said they felt positive about the specific portal they use. A majority of the patient portals mentioned were implementations of Epic MyChart™ (Epic Systems Corp, Verona, WI). Specific discussion about patient portals generally focused on their usefulness and ease of use. Several participants mentioned they have greatly reduced their own personal record keeping of health information because they access this information through the patient portal. One participant reported that they used a portal briefly, but stopped because of frustrations with logging in.

Discussion: Many older adults are using computers and accessing the Internet. Despite reports of barriers to the use personal health information technologies by older adults, a surprising 20% of the older adults we interviewed use patient portals to manage personal health information. This trend is encouraging for potential future adoption of patient portals by older adults. Expanded research is needed to determine the general penetration of patient portals, factors that contribute to portal use by older adults, and associations between use of patient portals and independent living.

Conclusion: Study findings highlight the value of patient portals as a platform to facilitate management of personal health information and demonstrate their potential to help older adults maintain wellness and independence as well as to enhance home care services in various residential settings.

References

