

<b>Title</b>	Home Based Health Record
<b>Agency</b>	HTA Malaysia, Health Technology Assessment Section, Medical Development Division, Ministry of Health Malaysia Level 4, Block E1, Parcel E, Presint 1, Federal Government Administrative Center, 62590 Putrajaya, Malaysia Tel: +603 88831229, Fax: +603 88831230; htamalaysia@moh.gov.my, www.moh.gov.my
<b>Reference</b>	Technology Review Report - 006/2016, online: <a href="http://www.moh.gov.my/index.php/database_stores/store_view_page/30/285">http://www.moh.gov.my/index.php/database_stores/store_view_page/30/285</a>

### Aim

To assess the effectiveness, safety and cost-effectiveness of home based health records in enhancing the delivery of healthcare for primary care patients.

### Conclusions and results

The search strategies yielded twenty-five studies related to the effectiveness and safety of home based health records for primary care patients. The review finally included six studies which consisted of three systematic reviews without meta-analysis, one cross sectional study and two qualitative studies.

- Patients with cancer

There was limited fair to good level of retrievable evidence, which is of moderate quality on the effectiveness of home based health records for primary care patients. The evidence demonstrated that implementing home based health records appeared beneficial in decreasing the level of uncertainty in patient receiving PHR (with exception of those aged 65 and above), in preparing for appointment, monitoring patients' own progress, feeling in control, satisfied with information, compared with usual care. Home based health records were regarded as acceptable and helpful for those with advanced cancer, feasible and helpful as an effective aide-memoire to patients, families and health professionals. Home based health records can be helpful in facilitating communication, understanding medical conditions and treatments, and facilitating end-of-life care discussion; with obstacles identified were lack of adequate instruction about the role of the PHR; undervaluing the role of the PHR; patients' unwillingness to participate; privacy; burdensome nature of self-reporting; and patients' preference for recording.

- Patients with mental illness

There was limited fair level of retrievable evidence on the effectiveness of home based health records and the included evidences were of moderate quality. The evidence demonstrated no significant impact of the intervention compared with treatment as usual in psychiatric hospital admissions, compulsory psychiatric hospital admissions, hospital or outpatient appointment use for individuals with psychotic disorders. Evidence however demonstrated these home based health records appeared beneficial in improving short term knowledge of their physical health parameters in patients with mental illness and co-morbid physical health problems.

- Patients with chronic disease

There was limited fair level of retrievable evidence on the effectiveness of home based health records and the included evidence was of moderate quality. The evidence demonstrated that there is no clear benefit of implementing home based health records in six chronic disease groups, namely diabetes, oncology, mental health, rheumatoid arthritis, stroke and palliative care patients, compared with usual care. Evidence however demonstrated that these home based health records were perceived to be beneficial with these advantages; accessibility in case of accident or emergency, solution to rising forgetfulness, important resource while travelling and greater patient control, compared to usual care.

There was no retrievable evidence on safety and cost-effectiveness of home based health records for primary care patients.

### Recommendations (if any)

Home based health record may be used. However, its comprehensiveness may need to be tailored to the individual facility. This may help to facilitate communication and improve record access for continuity of care.

### Methods

Electronic databases were searched through the Ovid interface: Ovid MEDLINE® In-process and other Non-indexed citations and Ovid MEDLINE® 1946 to present, EBM Reviews - Cochrane Central Register of Controlled Trials – May 2016, EBM Reviews - Cochrane Database of Systematic Reviews - to 2016,, EBM Reviews - Health Technology Assessment – 2nd Quarter 2016, EBM Reviews - Database of Abstracts of Reviews of Effects – 2nd Quarter 2016, EBM Reviews – NHS Economic Evaluation Database 2nd Quarter 2015. Searches were also run in PubMed. Google was used to search for additional web-based materials and information. No limits were applied. Additional articles were identified from reviewing the references of retrieved articles. Last search was conducted on 2nd May 2016.

### Further research/reviews required

-

### Written by

Roza Sarimin, MaHTAS, Malaysia