Personal Health Record Evaluation: My HealthVet and RE-AIM

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Abstract

Evaluation of the U.S. Veterans Health Administration personal health record, My HealthVet, applies the measures of RE-AIM (reach, effectiveness / efficacy, adoption, implementation, and maintenance) to three areas: program evaluation, program management, and research. The initial three metrics developed address release of information baseline and trends, registrations, and visits (usage). Evaluation of My HealthVet using the RE-AIM model and extending resources through collaborative partnerships with researchers and external organizations allows broadly applicable measures.

Introduction

The RE-AIM model is a systematic way to evaluate health behavior interventions.¹ It is used to estimate the potential impact of interventions on public health.² The acronym stands for reach, effectiveness/efficacy, adoption, implementation, and maintenance.

Reach represents the absolute number, proportion, and representativeness of individuals who participate in the program. Reach metrics answer the question “Are we reaching our target population?” Effectiveness/efficacy represents the impact of the program on outcomes (including clinical, economic, and quality of life). Effectiveness/efficiency metrics answer the question “What impact does the program have on participants?” Adoption metrics answer the question, “How do we develop organizational support to deliver the intervention? Where does the program work? For whom does the program work best?” Implementation metrics answer questions such as “How is the program delivered and is it utilized consistently?” to measure the effect on the individual. The organizational aspect is captured by metrics answering the question “How is the program rolled-out across different ‘settings.’” Maintenance metrics capture “The extent to which a program becomes institutionalized or part of routine practice.” This is looking at the long-term (>6 months).effects of the program.

To achieve the desired comprehensive evaluation, collaborative partnerships are essential (Figure 1). The My HealthVet program management office developed relationships with researchers from other programs to extend the scope of the evaluation. In addition, external partnerships with the American Health Information Community (AHIC) Consumer Empowerment Workgroup and the Markle Foundation helped inform the development of broadly applicable measures.

Figure 1. RE-AIM applied to program evaluation, program management, and research.

Conclusion

Evaluation of the personal health record My HealthVet using the RE-AIM model and extending resources through collaborative partnerships with researchers and external organizations allows broadly applicable measures.

References