My Own Health Report: Opportunities for development and expansion

The NCI Implementation Science Team, with the [Office of Behavioral and Social Sciences Research](http://obssr.od.nih.gov/index.aspx) (OBSSR)**,** the [Agency for Healthcare Research and Quality](http://www.ahrq.gov/) (AHRQ), and six academic teams collaborated in 2012 to develop [My Own Health Report](https://secure.myownhealthreport.org/) (MOHR), an evidence-based patient reported behavioral health assessment and feedback system for primary care paired with counseling and goal setting). MOHR may be administered electronically or on paper, alone or with assistance, depending upon the setting.  In 2013, the collaborative partners conducted a pragmatic trial testing the integration of MOHR into usual primary care practice in nine diverse practice settings across the US paired with nine other practices serving as delayed intervention comparisons. Publication of principal results is nearly complete. Generally, results indicate that primary care infrastructure and resources present challenges to sustainable integration of health risk assessment tools and processes such as MOHR.  Partners are now working on dissemination strategies for this [publicly available assessment](http://www.myownhealthreport.org/) and considering revisions of the tool for new and expanded applications.

The R2R MOHR Group is planned as a learning community upon the experiences of the My Own Health Report Project (MOHR). The purpose of the R2R MOHR group is to continue the collaborative innovation begun in the original project. We wish to stimulate creative thinking grounded in practice experience as well as science so as to move, the lessons learned from MOHR into practice in various areas of health research with a focus on cancer control.

After such modifications and expansions we may ask whether MOHR will continue to exist. Yet, the purpose of MOHR "2.0" and beyond is not the perpetuation of MOHR. It is to use the MOHR platform, study results and other lessons learned to produce knowledge about the development, implementation and dissemination of improved and effective tools and processes to incorporate patient reported information in health care and public health practice.

**Areas of opportunity for exploration**

Patient Reported Outcomes

MOHR, in accordance with calls for patient centered research and the use of patient reported outcomes was created to facilitate patients reporting their own information about health status, behaviors, and risks in primary care delivery. MOHR included a process of feedback for patient/provider as well as patient/provider consultation, goal setting and problem solving with follow-up.

The opportunity exists to explore an improved MOHR process in terms of language, health and computer literacy as well as modality of delivery. Information sought from patient report can be amended, targeted to population or context, and expanded. Varying frequencies of patient reporting can also be explored according to population and context. Paths forward and questions to ask should be discussed.

Behavioral Health

The MOHR items focus largely on psychosocial status and behavioral risk factors. Although item selection was based on an extensive process of scientific review, modulated by debate and stakeholder engagement, specific items may be challenged and other items might be championed for inclusion. In particular populations and health care settings a different array of psychosocial issues and behavioral risk factors might be more pertinent. It would also be interesting to compare the implementation of MOHR in primary care practices where behavioral health treatment is integrated vs. practices where it is necessary to refer patients to external sources of behavioral health treatment.

Public Health and Primary Care integration

The IOM has called for exploration of ways to integrate primary care and public health to improve population health. With resources to house MOHR data and provide regular, simple and usable analyses, practices and providers can examine the general health status, changes, and concerns for their patient populations. Collaborations among public health entities, such as community health resources, leaders, and other stakeholders may be formed with primary care providers to improve population health based on aggregated patient reported outcomes.

Cancer-focused Opportunities

MOHR was designed to be employed in primary care. However more specific use should be explored in cancer screening, monitoring of survivors in primary care for key health indicators and late stage effects as well as psychosocial issues and quality of life in survivors. A separate cancer-specific tool could be developed or a cancer-related module added to the basic MOHR tool.

Similar opportunities can be explored for other health conditions.

HIT/E-health

What electronic modalities could be tested and compared for offering the MOHR tool and facilitating the full MOHR process? What technologies might be more appropriate for which populations and in which context? Can a mix of e-modalities be used for improved outcomes? Can integrated information systems be used to improve health outcomes through sharing and facilitating the use of PROs? What are privacy issues arising from this and how might they be solved? The MOHR implementation ran into several challenges related to privacy and data-sharing. The MOHR project can serve as a springboard to systematically work on solutions.

Target specific populations, such as Medicare pts. persons w. MCC, Adolescents

Should risk factors differ?

Methods of report differ?

Contextualizing Implementation in Primary Care

Community

Methodological Issues

Pragmatic Research: could MOHR have been more rigorous? What might be done in the future?

Fidelity vs flexibility for local context, would MOHR lessons learned teach us anything on how to resolve this ongoing quandary.

Refining qualitative methods to study context in primary care, other service delivery settings.

What tools and instruments exist or need to be developed?