



Teaming with Outpatient Clinics To Bring Personal Health Records To Consumers

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Table of Contents:

1.	CURRENT STATE OF INHS HEALTH RECORD BANK.....	1
2.	OVERVIEW OF INHS HRB FUTURE.....	1
3.	2009 ACTIVITIES (NOVEMBER AND DECEMBER).....	2
3.1	MINIMAL FUNDING ACTIVITIES.....	2
3.2	MODEST FUNDING ACTIVITIES.....	2
3.3	IDEAL FUNDING ACTIVITIES.....	2
4.	2010 ACTIVITIES (JANUARY TO DECEMBER).....	3
4.1	MINIMAL FUNDING ACTIVITIES.....	3
4.2	MODEST FUNDING ACTIVITIES.....	3
4.3	IDEAL FUNDING ACTIVITIES.....	3
5.	HRB ROLE IN HIE DEVELOPMENT PROCESS.....	4
6.	ROLE OF GOVERNANCE BODY FOR HIES AND HRBS.....	4
7.	ROLE OF THE ACCESS MY HEALTH.....	4

1. Current State of INHS Health Record Bank

The INHS Health Record Bank (HRB) implementation was started late October of 2008 with three clinics (Rockwood, Hearts Clinic, and Physicians Clinic of Spokane). The development of the HRB was guided by a consumer advisory group and a physician advisory group. The result of this guidance is the current INHS branded 1HealthRecord HRB where Medication and Allergy information is sent from the consumer's Electronic Medical Record in the physician's office to the consumer's Google Health Account.

Throughout the development process, the security of the consumer's data was at the forefront of INHS concerns. To address this concern, INHS invested in a security audit by an outside firm to test all aspects of the INHS HRB (the data staging area to the uploading of data to Google). The result of this effort is a secure environment that reduces the risk of consumer data being compromised by an outside hacker.

With the successful launch of this service to the three participating clinics INHS has changed the focus from primarily a development focus to a recruiting focus in an effort to increase consumer participation. This is reflected in INHS' recent marketing efforts.

2. Overview of INHS HRB Future

In looking ahead to the future of the INHS HRB, INHS has sought guidance from the ONC's definition of "Meaningful Use" for both Primary Care Clinics and Hospitals. These requirements must be kept in mind to bring the most value to any participating clinic or hospital. These requirements are simplified and summarized in the table below.

Meaningful Use Criteria	Care Setting	
	Provider Clinic	Hospital
Provide patients with an electronic copy of their LAB Results	X	X
Provide patients with an electronic copy of their Problem List	X	X
Provide patients with an electronic copy of their Medications	X	X
Provide patients with an electronic copy of their Allergies	X	X
Provide patients with an electronic copy of their Procedures		X
Provide patients with an electronic copy of their Discharge Summary		X

For 2011 the ONC Meaningful Use objective only requires that this electronic copy be provided to the patient upon request, and can be met copying data onto a CD. The 2013 objective requires that a patient's data flow into that patient's PHR electronically in real time.

Within the Meaningful use framework, the future development and expansion of the INHS HRB will focus in three areas. First INHS will recruit hospitals from the INHS network and work to transfer data from a patient's hospital record into his/her Personal Health Record (PHR). The addition of hospitals will require a new technique for extracting data, tracking patient consent, and patient identity matching (between the hospital's patient ID and the patient's online ID).

Second, INHS will recruit non-INHS supported clinics and hospitals to participate. To accomplish this, INHS will develop a new set of interfaces based on the HITSP guidelines. The healthcare industry is adopting the HITSP standards and more vendors are creating HITSP data extracts from their systems (i.e. GE Centricity, Meditech, Epic, NextGen,

Allscripts, etc.). By using the HITSP standards, INHS ensures that as many clinics and hospitals can participate and will experience a high level of interoperability with the INHS HRB.

Third, INHS will expand the number of PHR's that can receive INHS HRB data. The initial selection of Google as a patient HRB was an excellent choice, but there are many other PHR vendors that consumers can choose from including HealthVault, Dossia, Patient Online, MyChart, etc. Before proceeding down the development path, INHS plans to review the vendor offerings and select the PHR's with the largest market share for development. By offering these additional vendor selections, INHS will be able to recruit from a wider pool of consumers.

With these directions in mind, the next two sections provide more detail of the approaches INHS is considering to further develop the INHS HRB.

3. 2009 Activities (November and December)

Since it is so late in 2009, the number of activities that can successfully be started and completed is fairly short. The next section details the development activities for 2010 which are more substantial.

3.1 Minimal Funding Activities

The 2009 Minimal funding activities are intended to help lay the groundwork for expanding the INHS HRB to include new patient types and clinics.

1. Investigate and develop a solution for linking Child Profile to the INHS HRB
2. Investigate and seek resolution on legal issues surrounding importing children's records in the INHS HRB
3. Develop policies for minors to have their own HRB account
4. Continue marketing the INHS HRB to increase enrollment
5. Complete evaluation of the first year's efforts

3.2 Modest Funding Activities

The 2009 Modest funding activities are intended to start the process of recruiting and expanding the reach of the INHS HRB by increasing the number of participating data sources (clinics and hospitals) and Personal Health Record options available to the consumer.

1. The above items, plus the following.
2. Engage in new recruitment activities with physician clinics
3. Engage in recruitment discussions with regional hospitals
4. Engage in partnership discussions with other Personal Health Record providers (HealthVault, Dossia, etc.)

3.3 Ideal Funding Activities

The 2009 Ideal funding activities are intended to secure the expansion of the data sources and available PHR vendors. It is also intended to increase the interoperability of the data extraction for non-INHS supported data vendors by standardizing the message format and data elements on the HITSP standards.

1. The above items, plus the following.
2. Investigate and use the HITSP standards to create an INHS HRB specification / API document for non-supported INHS hospitals and clinics.
3. Investigate and plan the implementation of INHS data feeds for non-INHS supported clinics and hospitals.

4. 2010 Activities (January to December)

The 2010 activities are based on the assumption that the Ideal funding activities were completed in 2009. If these activities are not completed, they will need to be included as a foundation for the 2010 activities.

4.1 Minimal Funding Activities

Minimal funding activities for 2010 are intended to allow the design of the data extract for non-INHS supported hospitals and clinics to the HITSP standard. INHS also will expand HRB coverage for current data elements to multiple new sites and data source providers.

1. Expand physician EMR coverage to include multiple vendors (i.e. Centricity, NextGen, etc.)
2. Expand HRB coverage to include hospital in-patient data for Medications and Allergies
3. Develop data extracts from multiple systems (i.e. NextGen, Epic, etc.) that comply with HITSP standards for Medications and Allergies
4. Continue marketing the INHS HRB to increase enrollment
5. Evaluate the second year's efforts

4.2 Modest Funding Activities

Modest funding activities for 2010 are intended to allow the expansion of data extracts to include additional data sets (i.e. LAB, Problem lists, etc.) for both the INHS supported data feeds and non-INHS supported data feeds.

1. The above items, plus the following.
2. Expand data set to include the following:
 - a. LAB data from hospitals
 - b. Discharge Summary from hospitals
 - c. Problem data from provider clinics

4.3 Ideal Funding Activities

Ideal funding activities for 2010 are intended to allow the expansion of data extracts to include all meaningful use data elements found in the table on page 1 of this document.

1. The above items, plus the following.
2. Expand data set to include the following:
 - a. LAB data from provider clinics
 - b. Problem data from provider clinics
 - c. Problem data from hospitals
 - d. Procedure data from hospitals
3. Recruit additional clinics and hospitals that want to participate in the INHS HRB from a wider geographic area in eastern Washington

5. HRB Role in HIE Development Process

There are certain roles the HRB can and cannot play in the HIE development process. The HRB is intended to serve as a vehicle for patients to access their own health records and to facilitate communication between patients and providers. However, given access restrictions, data quality issues, and the distributed nature of the PHR's and vendors, the HRB cannot play a central role in a community HIE.

INHS takes a pragmatic view of the role of the HRB in the HIE development process. INHS sees the HRB serving as catalyst for initiating HITSP standardization for data extracts between disparate systems. Given the direction from the ONC and feedback from other vendors, the overall healthcare IT market is moving towards widespread adoption of the HITSP transaction standards.

INHS also sees the HRB as a way to meet the Meaningful Use requirement for INHS supported clinics and hospitals. By using the HRB to for this goal, it encourages clinics and hospitals to participate and enables the HRB to become self-sustaining.

In those two instances, the HRB can play a role in the HIE development process. It is important to note that there are areas where the HRB is not appropriate in the HIE development process. For example, the HRB cannot serve as a means for clinician to clinician data exchange. The INHS Physician Advisory Committee stated that they would not rely on a consumer controlled health record to provide them with complete and unaltered information for clinical decision-making. The INHS Physician Advisory Committee stated that they would prefer to see the data either from the HIE or another trusted source (i.e. other clinic, reference lab, etc.).

Further, the HRB cannot facilitate HIE to HIE clinical data exchange for a patient. Given the distributed nature of an individual's PHR and platform independence (Google, HealthVault, Dossia, etc.), locating all of a patient's records across such a distributed system is not possible. Additionally, each PHR vendor is not HITSP compliant with their data export; either this functionality has not been fully developed or is not allowed.

6. Role of Governance Body for HIEs and HRBs

The role of a governance body for HIEs and HRBs should be limited to creating standards and providing recommendations on best practices. This allows for creative solutions at a local level to local issues and concerns that adhere to nationally accepted standards and practices. This approach also helps to insure that there is a base level of interoperability between disparate systems for data exchange.

7. Role of the Access My Health

INHS foresees continuing to use AMH for consumer education materials related to personal health records and health record banks. Having a centralized source for this information ensures consistency across the state. INHS would value their role to develop marketing campaigns with a consistent message that could be used across the state to promote enrollment in the HRB.