

Connecting Americans to Their Health Care: *Empowered Consumers, Personal Health Records and Emerging Technologies*



**NATIONAL CONFERENCE
DECEMBER 7-8, 2006
WASHINGTON, D.C.**

Connecting Americans to Their Health Care:
*Empowered Consumers, Personal Health Records
and Emerging Technologies*

2006

Latest Consumer Technology Innovations and Business Models

Josh Lemieux - Markle Foundation

Ted Eytan - Group Health Cooperative

Edward Fotsch - Medem

Peter Neupert - Microsoft



MARKLE FOUNDATION


Robert Wood Johnson Foundation

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*Empowered Consumers, Personal Health Records
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Latest Consumer Technology Innovations and Business Models

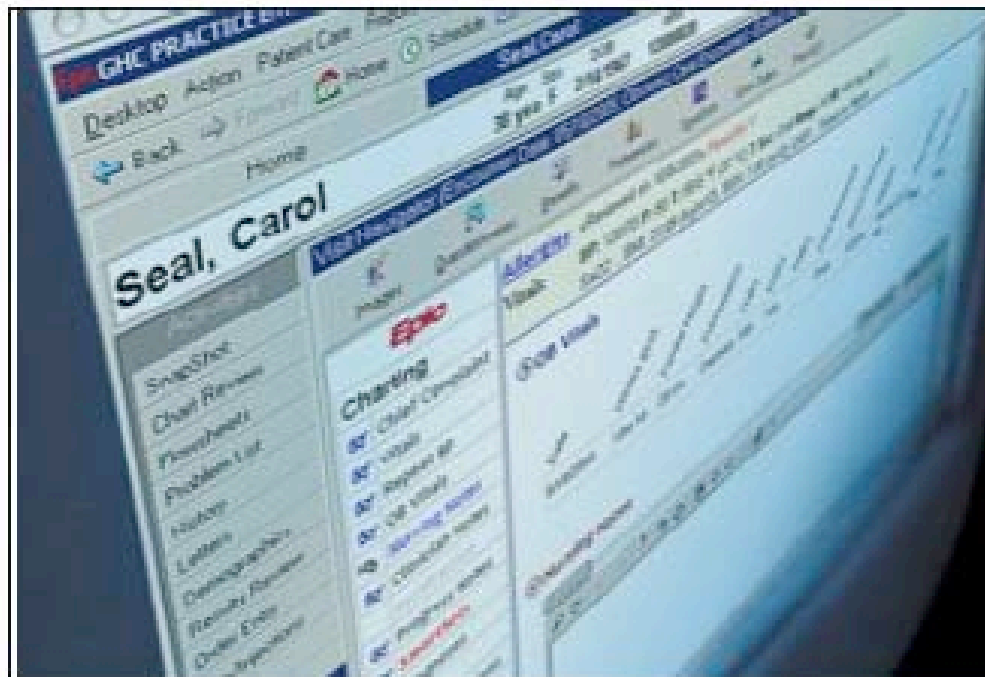
Ted Eytan

Group Health Cooperative



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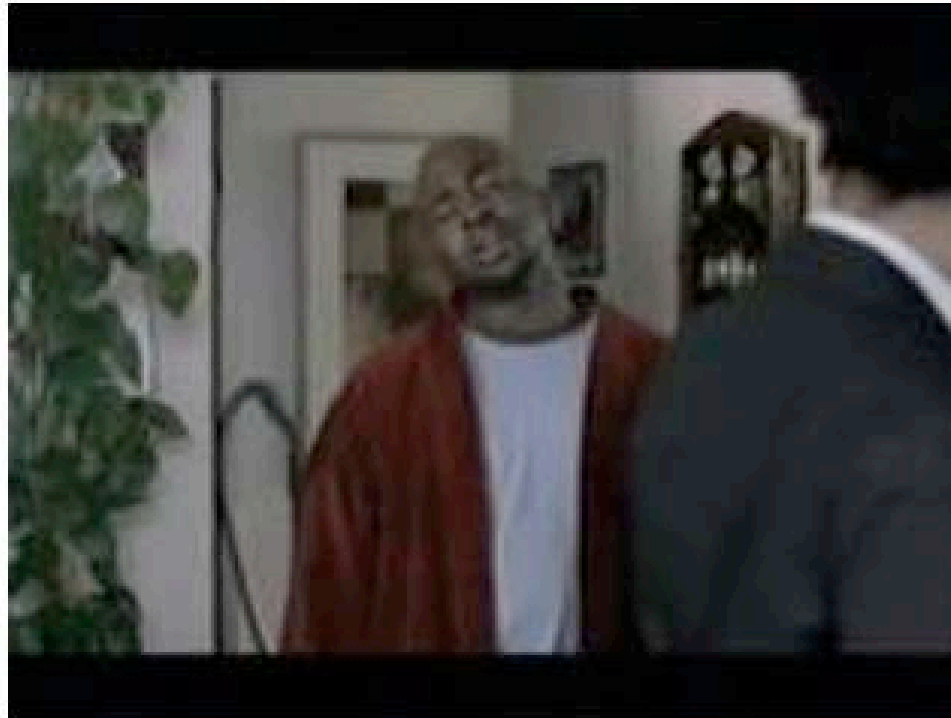


Consumer Technology Innovations and Business Models

Ted Eytan, MD MS MPH

Medical Director, Health Informatics & Web Services

Group Health Cooperative, Seattle, WA USA - December 7, 2008



A Patient View of the Ideal Health Care System

**I get useful interactions
with my health care team
whenever and however
I need to.**

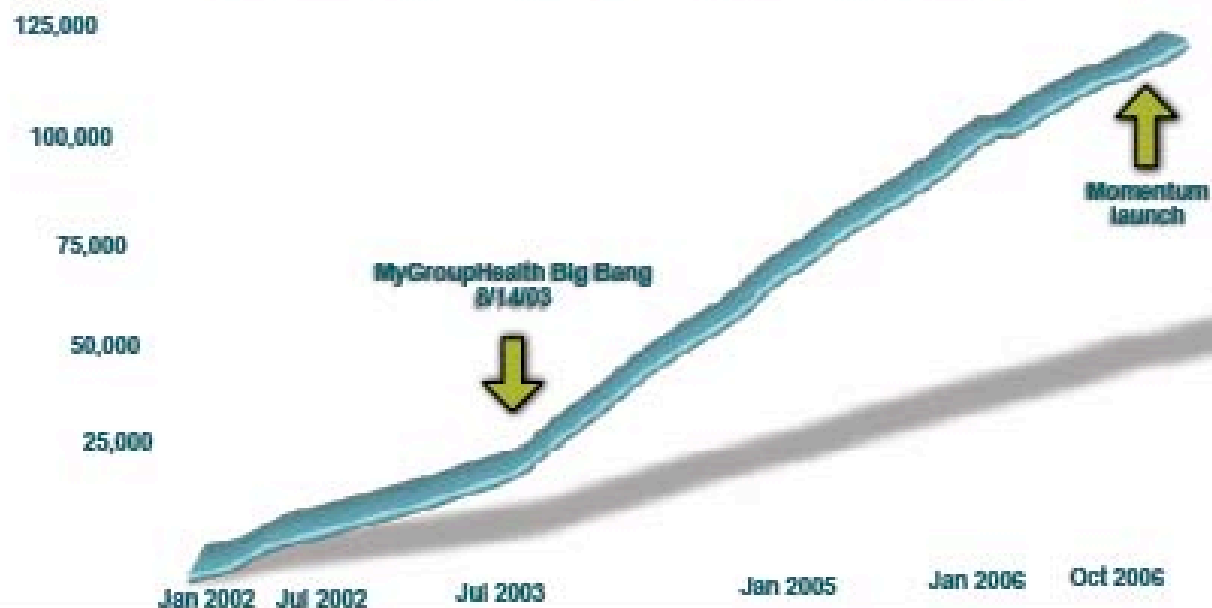
**I get delighted and
surprised by my
health care team
on a regular basis
when they anticipate
my needs**

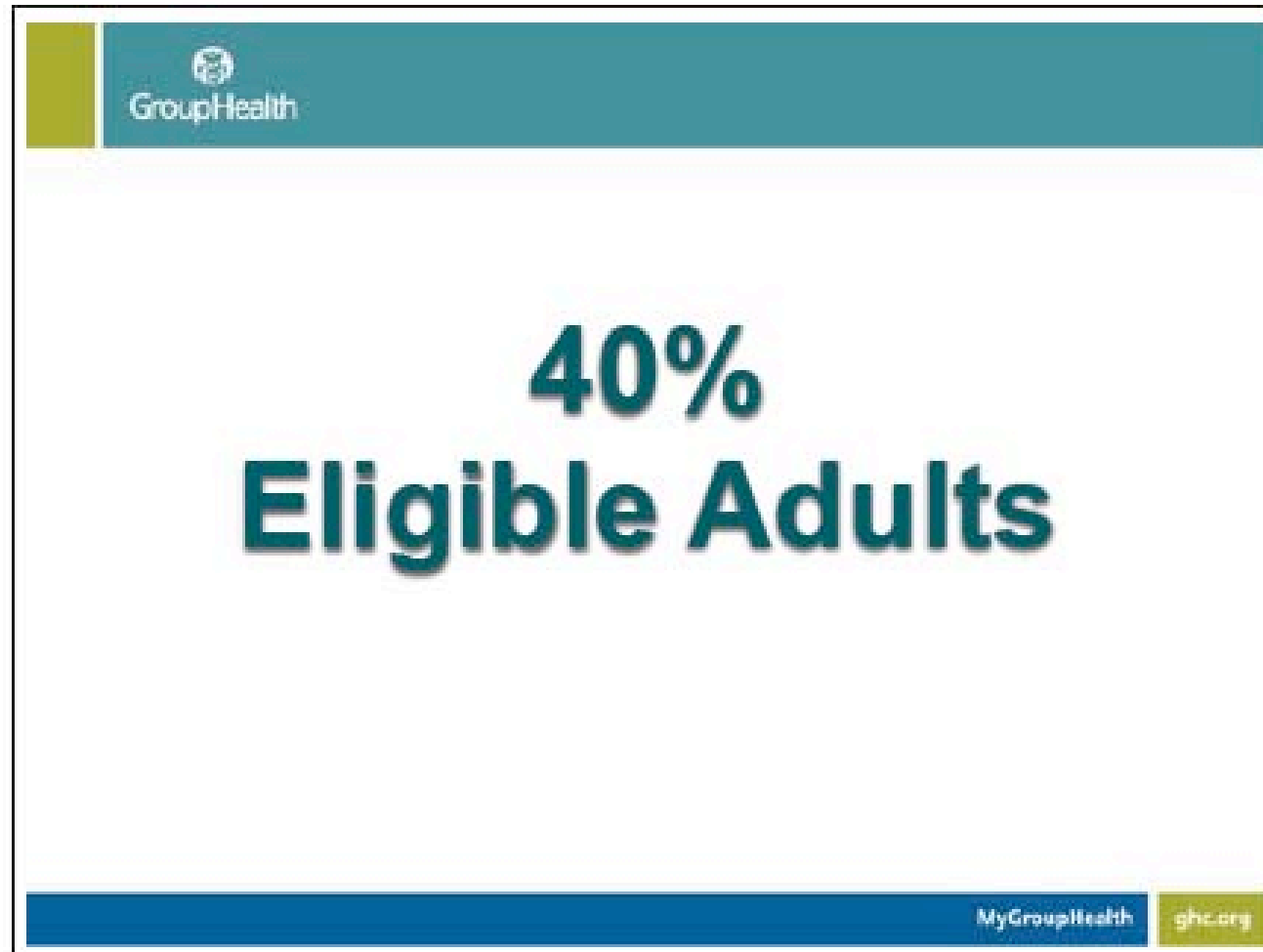
- "Ix" is effective, more affordable, and with less side effects than "Rx"
- The same information, from the exam room to the living room



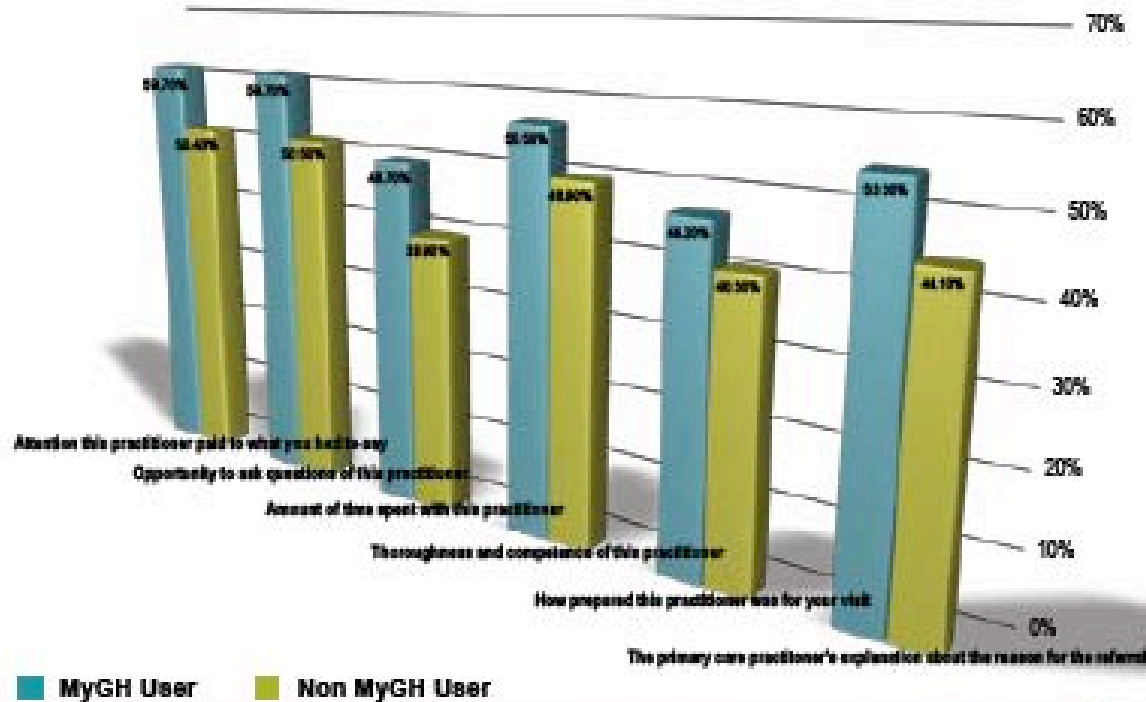
MyGroupHealth for Adults: Continuing to Roar

— 122,717 Enhanced Services Members as of October 31, 2006





From "How much work?" to "How much better service?"



MyGH User

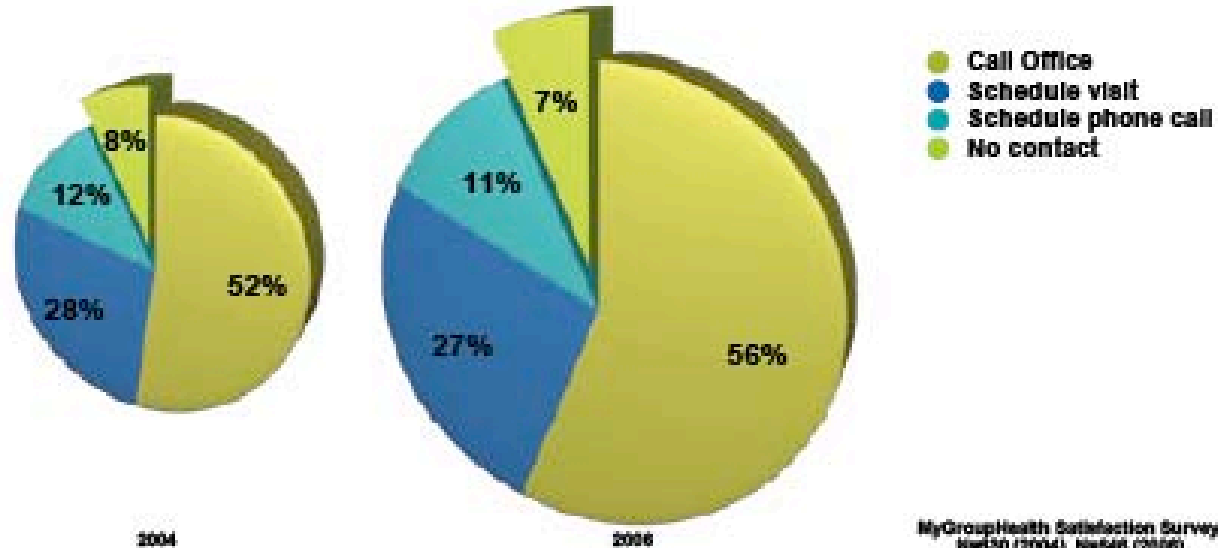
Non MyGH User

MyGroupHealth

ghc.org

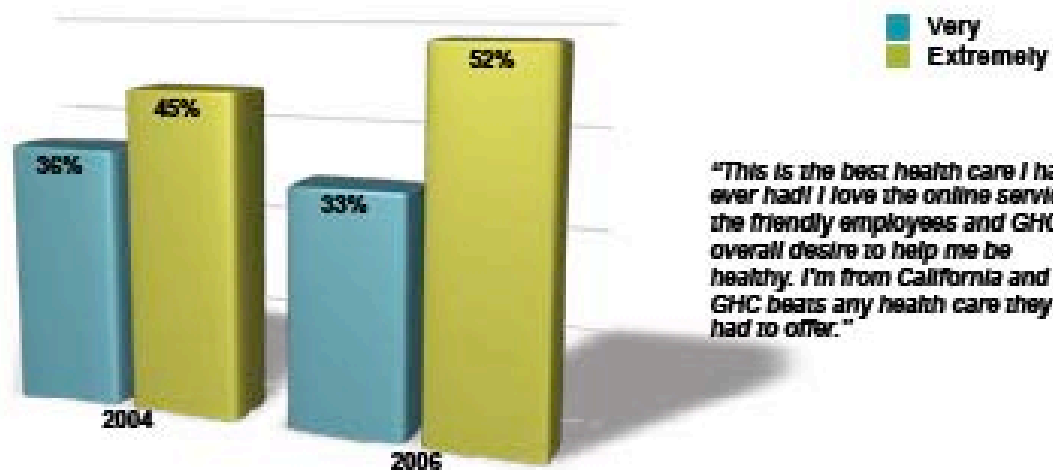
Shifting demand:

If e-mail were not available, would you...



Adding meaning:

How would you rate the value of secure e-mail in enhancing in person visits?

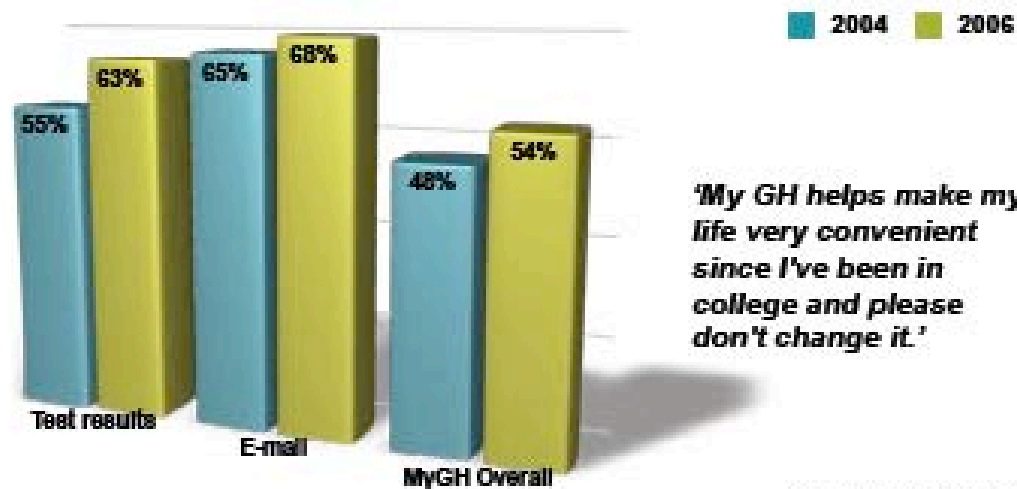


"This is the best health care I have ever had! I love the online services the friendly employees and GHC's overall desire to help me be healthy. I'm from California and GHC beats any health care they had to offer."

MyGroupHealth Satisfaction Survey, N=645 (2004), N=695 (2006)

Gains in satisfaction

"Very Satisfied" responses for online services



MyGroupHealth Satisfaction Survey, N=728, 897, 875 (2004), N=734, 700, 788 (2006)

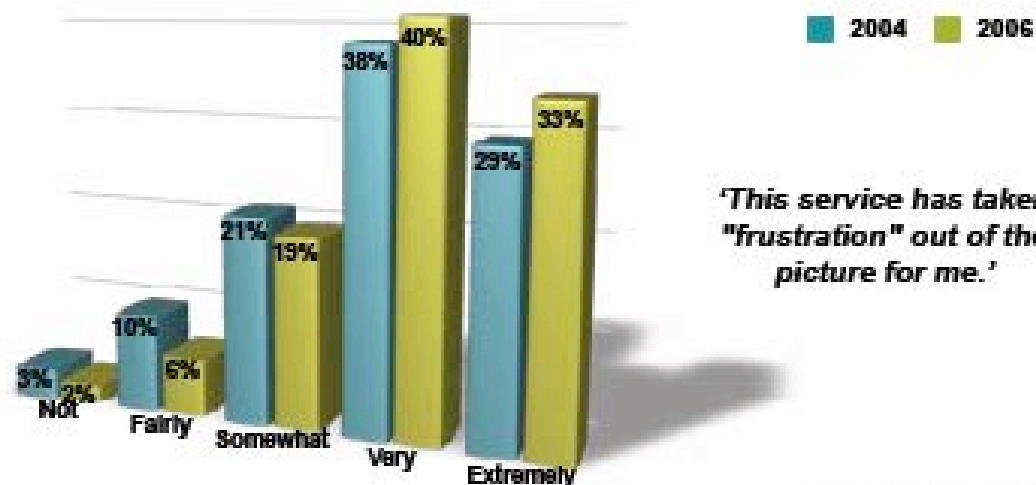
MyGroupHealth

ghc.org



For Group Health members

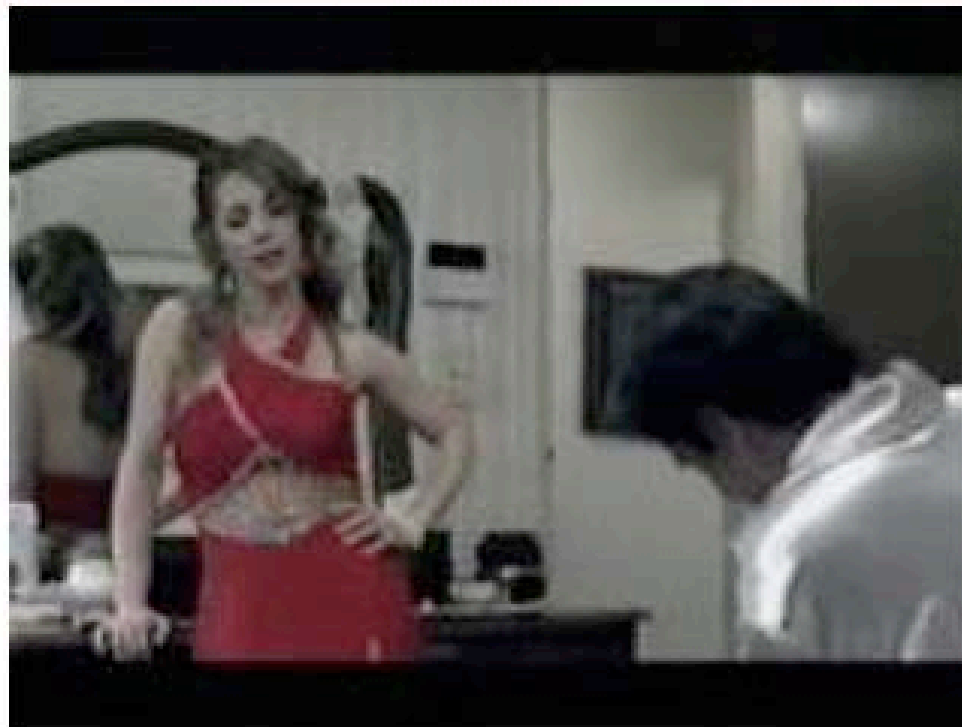
How important would MyGroupHealth's services be in your health plan decision?



MyGroupHealth Satisfaction Survey, N=693 (2004), N=910 (2006)

MyGroupHealth

ghc.org



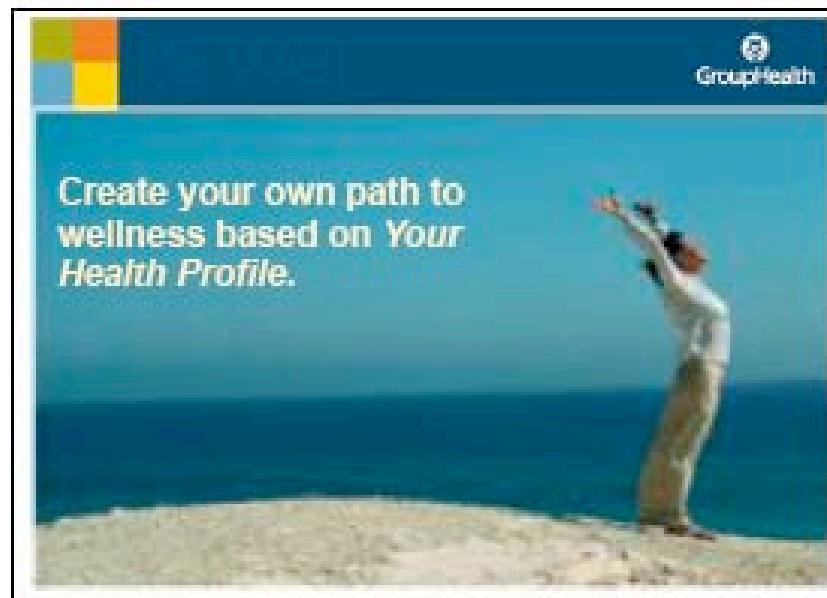
MyGroupHealth

ghc.org

Connecting Americans to Their Health Care *2006*



The future gets brighter....



MyGroupHealth

ghc.org






GroupHealth

Connecting Americans to Their Health Care *2006*

Connecting Americans to Their Health Care:
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and Emerging Technologies*

2006

Latest Consumer Technology Innovations and Business Models

Edward Fotsch

Medem



MARKLE FOUNDATION


Robert Wood Johnson Foundation



Personal Health Records: **A Solution Looking for** **Someone with a Problem**

Edward Fotsch, MD
(ed.fotsch@medem.com)
Connecting for Health, HL7, JCAHO
PHR Committees



PHR Definition

Personal Health Records (“PHR”) consist of:

1. An online collection of basic patient data (meds, conditions, etc.)
2. Direct online communication with patients



PHR Reality Check

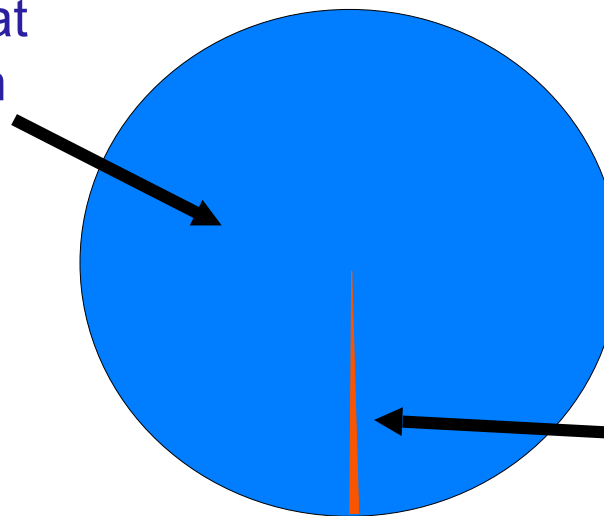
1. Payers, not consumers, are demanding PHRs
2. Patients are largely in denial of healthcare needs and realities
 - They don't pay the bills
 - They don't act responsibly
3. Indifference & lack of relevance are stopping consumer PHR adoption- not security concerns
4. Patients want to share data (PHRs) with providers, not payers & employers
5. PHRs that fail to connect patients to providers are like ATMs with no money in them
6. Providers have traditionally had no reason to adopt or use PHRs- docs go to work to make a living
7. PHR patient adoption will track PHR provider adoption



Events Leading to PHR Focus Nationally

1. Healthcare costs escalating threatening the economy
2. Engaging providers to lower costs has largely run its course (“managed care”)
3. It turns out that consumer behavior, not just physician behavior, impacts healthcare costs

Amount of Time That
Consumers Are On
Their Own



Amount of Time That
Consumers Are
Under Their Doctor's
Direct Care



PHR Premise

Government & Industry Assumptions re: PHRs:

1. HIT and PHRs can increase quality & efficiency of healthcare as it has in other industries
2. Consumers will become a major driver/user of HIT
 - Who would go to a bank that did not have ATMs?



Employer Perspectives on PHRs- Oct 2006 Survey of Major U.S. Employers

- ◆ 75% of employers don't yet offer a PHR but >50% plan to within 3 years
- ◆ 50% plan to put financial incentives behind PHR adoption
- ◆ Top value of PHRs as seen by employers:
 - Access to information in an emergency (80%)
 - Delivering information and disease management to employees (80%)
 - Sharing information with healthcare providers at the time of care (80%)
- ◆ Top PHR concerns by employers:
 - Security & privacy (90%)
 - Employee and provider willingness to use PHRs (85%)
- ◆ Top impact of PHRs on healthcare as seen by employers:
 - Improved safety and quality (>90%)
 - Improved direct employee engagement in their own care & health (90%)



PHR Reality Check

Healthcare IT News

THE NEWS SOURCE FOR HEALTHCARE INFORMATION TECHNOLOGY

Consumers don't believe EHRs will improve care, report says

Healthcare IT News

By [Richard Pizzi, Associate Editor](#)

12/01/06

NEW YORK - There is no public mandate for electronic health records systems in the United States because most consumers aren't convinced that the technology will improve healthcare, claims a new report by PricewaterhouseCoopers Health Research Institute

The results reveal a significant gap between consumer attitudes on major healthcare topics and the perspectives of health industry insiders and policymakers.

"Our research shows that American consumers are not banging down any doors for an EHR or a PHR," said James Fisher, national director for Health IT at PricewaterhouseCoopers. "The primary reason for the lack of public support is that the average American does not see a clear value proposition in electronic health records."



But Consumers are Disengaged and Fearful

- ◆ 52% of consumers are concerned that employers will use healthcare information to limit their employment opportunities; 'up from 36% in 1999 (CA Healthcare Foundation 2005)
- ◆ 59% of consumers do not trust their health insurer (Harris/WSJ 2004)



Consumers Want Convenience

"If you could choose between two doctors, but only one used the following types of information technology in his or her practice, how much would this influence your choice of doctors?"

Base: All adults

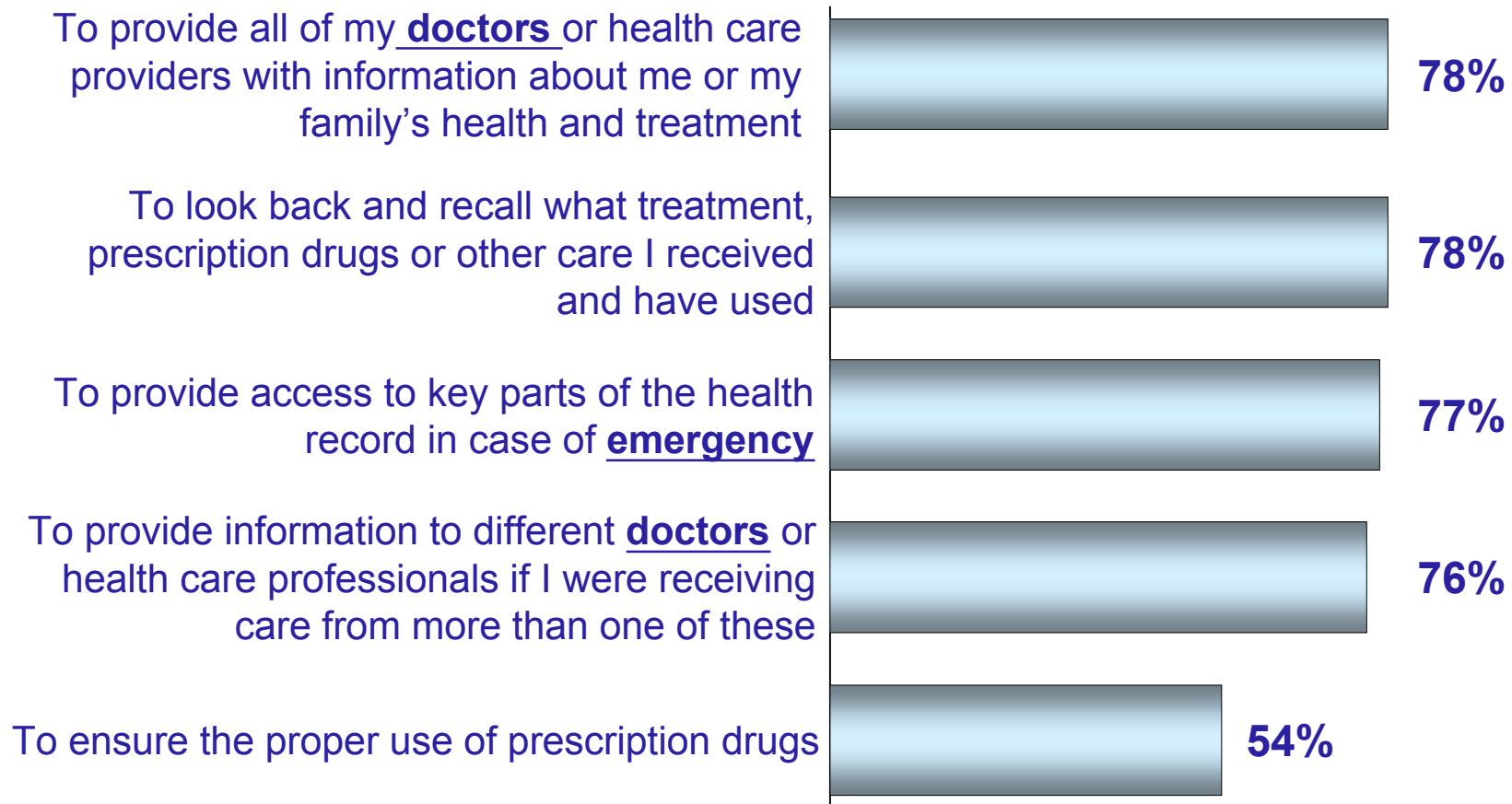


	A Great Deal/To Some Extent (Net)	A Great Deal	To Some Extent	Not Much/Not at All (Net)	Not Much	Not at All	Not Sure
An electronic medical record to capture medical information	54%	18%	36%	34%	17%	17%	12%
Email to communicate directly with me or a family member	62	23	38	29	15	14	9



PHRs: What Consumers Want

“Reasons to have a personal or family health record?”



Base: All Adults

2004 Harris Interactive Inc.



The PHR Conundrum

- Health Plans & Employers want PHRs but;
- Consumers want PHRs from their own providers and;
- Providers have had little incentive to offer PHRs...
- So...

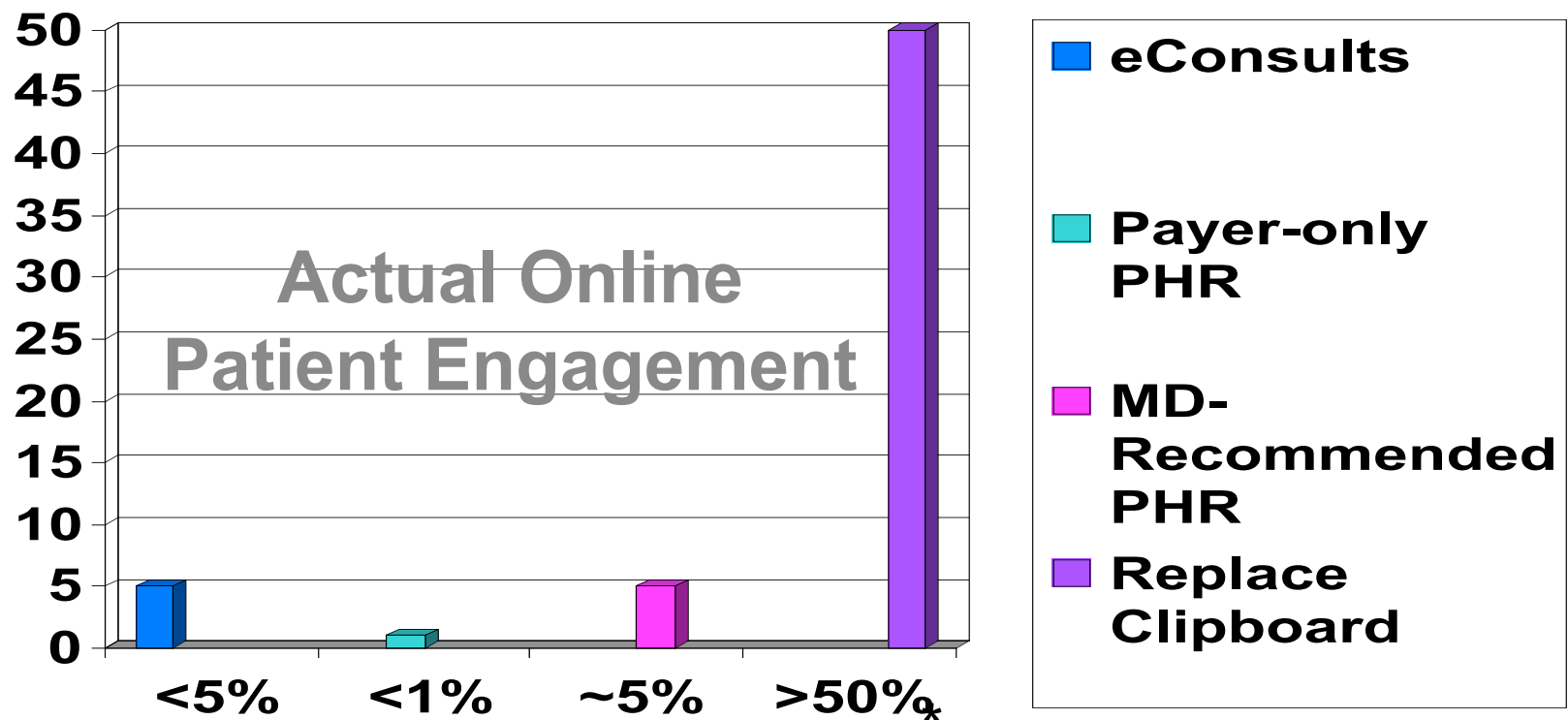
The PHR Solution...

- Health Plans & Employers can incent providers and;
- Providers will offer online PHR services and;
- Consumers will engage in a trusted PHR network and;
- Health Plans & Employers can deliver their health & wellness messages to consumers via a trusted network that links docs and patients



PHR Consumer Engagement Is Tough

Without providers, online consumer uptake is minimal



*Industry data confirms >50% uptake. New AHA PHR study to further document



Key Questions

Who will pay for and support interactive chronic care and PHR services?

Group	Reason for Support	Type of Support
Government	Lowered costs & consumer empowerment	Financial, leadership & promotional
Payers & employers	Lowered costs & improved productivity	Financial & promotional
Manufacturers	Improved adherence = increased sales	Financial & promotional
Patient advocacy groups	Consumer empowerment	Promotional
Medical societies	Strengthen the patient-provider relationship	Promotional
Liability Carriers	Decreased liability	Promotional & financial

***None of these groups can succeed alone but combined and coordinated they engage providers & deliver DM & PHRs to patients**



Formula for PHR Success

Reality:

- ◆ PHR services must work for providers & patients to be adopted
- ◆ Services must be easy to implement, low-cost and not disrupt physician workflow; primarily used by office staff
- ◆ Services can integrate with EHRs but must not require EHRs
- ◆ Services must have a clear and simple ROI measured in dollars and direct practice benefit (3Ps: 'patients, payment and protection)
- ◆ Low cost provider incentives would make PHRs a reality nationally



Simple Systems



Provider Incentives



End Clipboards



Engaged Patient



Market Forces Aligned with HHS to Replace Clipboards with PHRs

Growing forces behind PHR adoption by providers & patients

- ◆ Financial (P4P) including new H
- ◆ Direct consumer awareness can
- ◆ Market-based incentives such a
- ◆ Decreased liability- liability carri
- ◆ Regulatory (JCAHO, NCQA, etc)
- ◆ Draft congressional legislation t

Crittenden's Medical Insurance News™, May 16, 2005

Page 8

DOCTORS MITIGATING RISKS ONLINE WITH MEDEM

Medem expands to national status its iHealthRecord services, an electronic system seen by many med mal liability carriers as another solid step to ensure patient safety and increase a physician's or health care organization's risk management. Better risk management will lead to fewer bad outcomes and reduce med mal claims, and some believe it will also reduce malpractice costs. At last point, but insurers

MEM 6: Innovations in Member Service

13.0 points



uses technology to improve member service.

is an innovator in member service, using technology to improve use of health benefits.

2005 Hospitals' National Patient Safety Goals

Note: New Goals and Requirements are indicated in bold.

Goal: **Accurately and completely reconcile medications across the continuum of care.**

- During 2005, for full implementation by January 2006, develop a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.

- A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.

Technology

13.0 points

	Yes	No
our of the following		
or chronic conditions	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Illness programs	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
enefits information.	<input type="checkbox"/>	<input type="checkbox"/>

50%	20%	0%
The organization utilizes 2 factors	The organization utilizes 1 factor	The organization utilizes 0 factors

UHC Provider Query Results - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://www.provider.uhc.com/cgi-bin/db2www/map3main.mac/report

Links HotMail YPOI

UnitedHealthcare
A UnitedHealth Group Company

Thank you for using the Online Provider Center.

State: CA
City: San Francisco
Search for: Specialists
Product Name: UnitedHealthcare Select Plus P
[Return to Search](#)

Searching for providers...

You requested information for:
The following is a list of providers:

ATKINS, ROGER, MD
OPHTHALMOLOGIST
490 POST ST STE 1502
SAN FRANCISCO, CA 94102-1007
(415) 392-6625
Medical School: UNIVERSITY OF IOWA; IOWA CITY, IA
Graduation Date: 1963

Board Certified
ID NO. 00000204228 06
CALIF PACIFIC MED CTR

BERI, ROBERT, MD
OPHTHALMOLOGIST
490 POST ST STE 1502
SAN FRANCISCO, CA 94102-1007
(415) 392-6625
Medical School: UNIVERSITY OF IOWA; IOWA CITY, IA
Graduation Date: 1963

Board Certified
ID NO. 00000204228 06
CALIF PACIFIC MED CTR

PHR Example



From Clipboards to Quality



Patient Registers for Appointment Online Creating PHR (No more clipboard)

The screenshot displays the St. Joseph Heritage Medical Group website. At the top, there is a header with a physician's photo and name, "Michael Gilbert, MD", and navigation links for "MY DOCTOR" and "MEDICAL LIBRARY". The main content area is titled "Dr. Gilbert's Home Page" and includes sections for "Home Page", "Dr. Gilbert" (listing other physicians), "Care Philosophy", "Practice Locations", "Insurance", "Patient Education Resources", and "Staying Healthy". A sidebar on the left contains links for "Services", "Patients & Families", and "Health Education". A "SEARCH" box is located in the top left. A "Web Site" banner is at the top right. A "Login" box is prominently displayed in the center, with a "GO" button. A "New User?" link is also visible. A "Health Record" link is circled in blue. An "Announcements" section at the bottom right provides information about secure payment and online consultation.

SJHMG Logo on all
physician practice
Web sites

Patients can login and
establish their iHealthRecord
directly from the physician's
practice Web site

Patients access their secure
Health Record with their user
ID and password. If this is
their first visit, they select a
user ID and password to
establish an iHealthRecord



Conditions, Medications, Procedures etc. Selected from Lists or Drop-down Menus

Back to Clinician's Site | Physician finder | Account | Help | Logout

Home | Message Inbox | Education Programs | **My Health Record** | My Clinicians

Health Record
Overview
Basic Information
Registration Info
Identification
Medications
► **Conditions/Med History**
Allergies
Additional Information
Clinicians
Immunizations
Surgeries/Procedures
Specialty Modules
Emergency Contact
Caregiver Info
Employment Info
Insurance
Hospitals
Pharmacies
Legal Documents
Access Privileges
Saved Messages

Add Conditions and Med History

« instructional text goes here »

◀ Previous Add and Continue ▶ Skip ▶▶

Add Conditions and Medical History

List of Common Conditions / Medical History Diagnoses:

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> ADHD / ADD	<input type="checkbox"/> AIDS / HIV
<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Anemia	<input type="checkbox"/> Angina
<input type="checkbox"/> Asthma	<input type="checkbox"/> Atherosclerosis	<input type="checkbox"/> Athlete's Foot
<input type="checkbox"/> Blood Clotting Disorder	<input type="checkbox"/> Breast Lumps	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Cataracts	<input type="checkbox"/> Cellulitis
<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Chronic Constipation	<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)
<input type="checkbox"/> Colitis	<input type="checkbox"/> Colon Polyps	<input type="checkbox"/> Congestive Heart Failure
<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes Type 1
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Drug Dependency
<input type="checkbox"/> Eczema and	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Eye Problems

Patients select, or confirm, conditions that apply to them from a pre-defined list, or from a drop-down menu.

A subsequent screen will allow the patient to enter in additional details. This is the same format for medications and allergies.



Patients are Auto-enrolled in Education Programs for Their Meds and Conditions

[Back to Clinician's Site](#) | [Physician finder](#) | [Account](#) | [Help](#) | [Logout](#)

Home **Message Inbox** Education Programs | My Health Record | My Clinicians

Communicate with:
Dr. Gilbert

View Messages
Inbox
Sent
Deleted
Create a New Message
Online Consultation™ Request
General Message
Prescription Renewal Request
Appointment Request
Pay Your Bill
Secure Pay™

Read Message [Print](#) | [Help](#)

[Save Message](#)
[Reply](#) [Delete](#) [Request OC](#) | [Renew RX](#) | [Request Appt](#) [Back to Messages](#)

From	Dr. Gilbert
To	Angela White
Sent	Apr 5, 2004 1:00 PM
Subject	Lipitor: Information for Patients Beginning Treatment for High Cholesterol

You will recall that when we met about your heart health, we decided to treat your high cholesterol. In order to help you feel more comfortable, we are providing you with information about what to expect from your new medication, together with information on managing high cholesterol, over the next few months.

Lipitor is a member of a class of cholesterol-lowering drugs called "statins," and can make a significant difference in your cholesterol levels. On average, taking Lipitor in addition to making lifestyle changes can lower your total cholesterol by 29 to 45 percent and low-density lipoprotein (LDL) levels ("bad cholesterol") by 39 to 60 percent. Controlling cholesterol is one of the most important things you can do for your health, since high cholesterol puts you at a higher risk for heart disease and stroke – both leading causes of death and disability in this country. Current studies also show that statins help in reducing inflammation that leads to heart attack.

[Reply](#) [Delete](#) [Request OC](#) | [Renew RX](#) | [Request Appt](#) [Back to Messages](#)

Powered by Medem™

[Contact Medem](#) | [SM Terms of Service](#) | [iHR Terms of Service](#) | [Medem Privacy Policy \(Updated 9/2004\)](#)
Copyright © 2004 Medem, Inc. All Rights Reserved.

Secure emails to patients contain education messages specific for their medication and conditions. These can be SJHS specific programs



Users Can Grant Privileges to Their Health Record for Consultations or in Emergencies

Patients are able to grant access to other clinicians or specialists

Patients are able to grant "read-only" access to new clinicians or appropriate third parties.

Patients are able to audit who has seen their record

Medem - Demo - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back to Clinician's Site | Physician finder | Account | ? Help | Logout

Home | Message Inbox | Education Programs | **My Health Record** | My Clinicians

Permissions | Messages

Health Record Permissions

Allow access to your Health Record.
Set viewing permissions for your healthcare providers below. You can change this at any time.

Done Save Changes Back to Overview

Name	Permission Type	Date Last Accessed
Dr. Jane Bluestein	<input checked="" type="radio"/> Open Access to View <input type="radio"/> May View Only Once <input type="radio"/> No Access to View <input type="radio"/> May View Until <input type="text"/> MM/DD/YYYY	Apr 5, 2004
Dr. Patrick Johnson	<input type="radio"/> Open Access to View <input type="radio"/> May View Only Once <input type="radio"/> No Access to View <input checked="" type="radio"/> May View Until 04/20/2004 MM/DD/YYYY	Apr 5, 2004
Dr. Kathy Simpson	<input type="radio"/> Open Access to View <input checked="" type="radio"/> May View Only Once <input type="radio"/> No Access to View <input type="radio"/> May View Until <input type="text"/> MM/DD/YYYY	-
Dr. John Smith	<input type="radio"/> Open Access to View <input type="radio"/> May View Only Once <input type="radio"/> No Access to View <input type="radio"/> May View Until <input type="text"/> MM/DD/YYYY	-

Grant Temporary Access to Health Record
You may create a temporary User ID and Password to allow another person to view your Health Record. This temporary User ID will be valid for 7 days and will allow the person you designate to view your Health Record once. Enter the name of the person below. Last Name is required.

Title First Name Last Name

Generate Temporary ID/Password

Done Save Changes Back to Overview

Local intranet

DEMO

Home

- Patient Home after Login
- Diabetes Service Upload
- Diabetes Service Upload Complete
- View Glucose Data

Message Inbox

- Patient Message Inbox
- Sent Messages
- Deleted Messages
- General Message View
- New General Message
- General Message Confirm
- New OC Request
- OC Charge Info
- OC Confirm
- New Appointment Request
- New Rx Refill Request
- Secure Pay Request
- Secure Pay Confirm
- Print Template

Education Programs

- Patient Education Program List

Health Record

- Patient Health Record Overview (before the wizard)
- Patient Health Record Overview (started wizard/but incomplete)
- Patient Health Record Overview (after the wizard)
- Registration Information
- Identification
- Medication
- Add Medication
- Medication Detail
- Condition
- Add Condition
- Condition Detail



Every Patient Comes to Appointment or Admission with Paperwork Completed

George Washington-11/11/1111 (Report Date 7/27/2005)

Page 1 of 3



iHealthRegistration™

Report created on 7/27/2005

♦ PATIENT INFORMATION ♦			
NAME OF PATIENT (Last, first, middle) Washington, George		DATE OF BIRTH 11/11/1111	GENDER Male
ADDRESS 649 Mission Street #200		SOCIAL SECURITY # 555-55-5555	
CITY San Francisco	STATE CA	ZIP CODE 94105	MARITAL STATUS Married
# OF CHILDREN 2		EMAIL george@washington.com	
DAY PHONE 415-555-1212		EVE PHONE 	
EMERGENCY CONTACT (EC) Franklin, Ben		EMPLOYER Medem, Inc.	
(EC) ADDRESS 		OCCUPATION President	
(EC) CITY 	(EC) STATE 	INSURANCE BCBS of CA	
(EC) DAY PHONE 	(EC) EVE PHONE 	Group #123456	
(EC) CELL PHONE 	(EC) RELATION TO PATIENT 	ID #A0987654	
♦ CURRENT MEDICATIONS: (includes non-prescription products) ♦			
(Drug name - dose/frequency)			
Medication Name - 800mg/Every 4hours			
Medication Name - 800mg/Every 4hours			
Medication Name - 800mg/Every 4hours			
Medication Name - 800mg/Every 4hours			
Medication Name - 800mg/Every 4hours			
Medication Name - 800mg/Every 4hours			
Medication Name - 800mg/Every 4hours			
Medication Name - 800mg/Every 4hours			
Medication Name - 800mg/Every 4hours			
♦ ALLERGIES: (includes drugs, food, insects etc.) ♦			
(Allergy name - type of reactions)			
Allergy Name - Reaction, reaction, reaction			
Allergy Name - Reaction, reaction, reaction			
Allergy Name - Reaction, reaction, reaction			
♦ SURGERIES AND PROCEDURES ♦			
(Year - Procedure)			
2005 - Surgery Name			
2002 - Surgery Name			
1999 - Surgery Name			
1998 - Surgery Name			
1980 - Surgery Name			
♦ IMMUNIZATIONS: (Marked with year of last vaccine if known.) ♦			
<input checked="" type="checkbox"/> Chickenpox (1976)			
<input type="checkbox"/> Diphtheria			
<input type="checkbox"/> Hepatitis A			
<input type="checkbox"/> Hepatitis B			
<input checked="" type="checkbox"/> Influenza (2003)			
<input type="checkbox"/> Measles			
<input type="checkbox"/> Mumps			
<input type="checkbox"/> Pertussis/Whooping Cough			
<input type="checkbox"/> Pneumococcal conjugate vaccine			
<input type="checkbox"/> Pneumococcal polysaccharide vaccine			
<input type="checkbox"/> Polio			
<input type="checkbox"/> Rubella			
<input type="checkbox"/> Smallpox			
<input type="checkbox"/> Tetanus			
<input type="checkbox"/> Tuberculosis			
<input type="checkbox"/> Typhoid			
Combination Vaccines:			
<input type="checkbox"/> Diphtheria / Tetanus / Pertussis			
<input type="checkbox"/> Measles / Mumps / Rubella			
<input type="checkbox"/> Tetanus and Diphtheria booster			



EMR-PHR Integration: CCR-based Data Exchange

Snapshot | ChartViewer | Problems | Meds | New R

Caribee, Mason Sex: M Age: 57 Years DOB: 08/23/1948

Select Patient ▼ i

ChartViewer View: All Item

Group: None ▼ None ▼

Item	Date	Owner
Dx Atrial Fib	18 Aug 2005	Medici, James
Patient eVisit	17 May 2004	Medici, James
Patient Message	17 May 2004	Medici, James
Patient Med Renewal	17 May 2004	Medici, James

Creation and Export Options -- Web Page Dialog

☐ Export to Patient iHealthRecord ▼

☐ Export to File

From: Medici, James ▼ All

Purpose

Patient Use: ☒ []

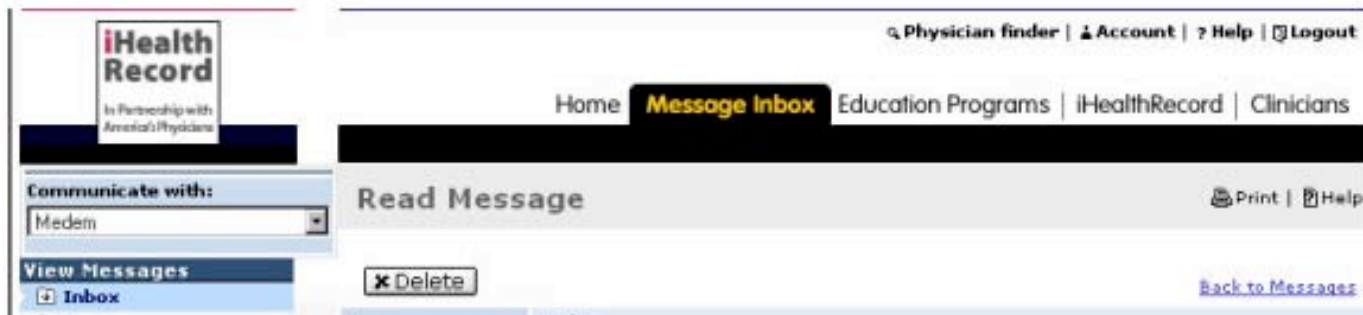
Referral: ☐ []

Continue Cancel

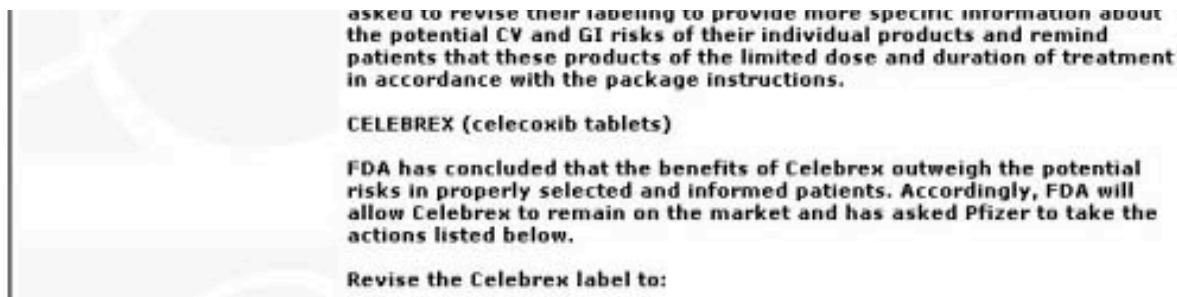
New Note... New Task... New CCR... Print Chart... Import CCR...



PHR Benefits: Patients



The food and Drug Administration (FDA) has asked Pfizer to voluntarily remove Bextra (valdecoxib) from the market. FDA is also asking manufacturers of all marketed prescription Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), including Celebrex (celecoxib), a COX-2 selective NSAID, to revise the labeling (package insert) for their products to include a boxed warning, highlighting the potential for increased risk of cardiovascular (CV) events and the well described, serious, potential life-threatening gastrointestinal (GI) bleeding associated with their use.





PHR Physician & Office Benefits

DOCTOR

THIRD QUARTER

Director's Forum

The Doctor

by David B. Troxel, M.D., Medi

Crittenden's Medical I

DOCTORS MITIG

Medem expands to

liability carriers as

organization's risk

claims, and some be

last point, but insur

UHC Provider Query Results - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://www.provider.uhc.com/cgi-bin/db2www/map3main.mac/report>

Links HotMail YPOL

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Provider Directory Links

Thank you for using the Online Provider Directory. Your Selection Criteria was:

State: CA
City: San Francisco
Search for: Specialists
Product Name: UnitedHealthcare Select Plus POS
[Return to Search](#)

Searching for providers...

You requested information for a maximum of: 25 providers.
The following is a list of providers:

ATKINS, ROGER E., MD OPHTHALMOLOGIST 490 POST ST STE 1632 SAN FRANCISCO, CA 94102-1507 (415) 392-6625 MAP Medical School: UNIVERSITY OF IOWA; IOWA CITY, IA Graduation Date: 1963 Board Certified ID NO. 00000204228 06 CALIF PACIFIC MED CTR	BERT, MELVYN D., MD OPHTHALMOLOGIST 490 POST ST STE 1632 SAN FRANCISCO, CA 94102-1507 (415) 433-1600 MAP Medical School: SUNY-UPSTATE COLLEGE OF MEDICINE; SYRACUSE, NY Graduation Date: 1967 Board Certified ID NO. 00000229644 08 CALIF PACIFIC MED CTR
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Done Internet



When PHRs = Consumer Convenience, They Become Market Relevant & Deliver ROI



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Payer P4P and Proposed Congressional PHR Legislation Adds to PHR ROI



Kennedy to introduce personal health records bill

Rep. Patrick Kennedy (D-R.I.) plans to introduce a bill this week to give ***physicians a financial incentive to create personal health records*** for their patients.

Under the Personalized Health Information Act, physicians would receive a minimum of \$2 for each patient for whom they build a personal health record listing the diagnoses they make and the medicines they prescribe, said Michael Zamore, a policy adviser in Kennedy's office, at the Health IT Summit sponsored by the eHealth Initiative.

The idea is to jump-start the market for electronic health records by getting more physicians on board. Offering an incentive to develop basic digital records "gives them the benefits of EHR without making a big investment," Zamore said.



CMS is Saying the Right Things

Medicare PHR P4P

McClellan said “CMS is already making major investments in our IT systems to support consumer-directed healthcare,” he said. **“A big part of this is the PHR. ... Personalized information integrated with health care costs and quality data can work together.”**

The CMS administrator also touted the agency’s pay-for-performance initiatives...

“It all comes back to identifying and paying for what we want - better quality and lower costs,” McClellan said. “We will create a high value healthcare system”

eHI Summit Sept 26, 2006



Formula for PHR Success

Path Forward:

- ◆ Patients register online for appointments thereby creating PHRs
- ◆ Providers offer PHR systems with a clear ROI measured in dollars, marketing and increased efficiency
- ◆ Payers expand the incentives for providers & patients to use PHRs
- ◆ PHR networks allow for patient-provider-payer communication
- ◆ Patients experience increased convenience and are better connected to their own information & providers
- ◆ The Oprah Winfrey effect drives Healthcare IT forward



Simple Systems



Provider Incentives



End Clipboards



Engaged Patient



Key Final Question

What should Leaders do?

- ◆ **Look for real progress and push government and industry for a consumer-centric approach in a payer-provider partnership**
 - Do not confuse standards and oversight groups with progress; Establishing standards for systems that have little uptake provide only the illusion of progress
 - Look for simple solutions that are consumer relevant focusing on what consumers want- services from their own providers
- ◆ **NFP: Collaborate to increase consumer & provider awareness**
 - Use PHRs as a primary vehicle of online consumer engagement
 - Officially endorse practical approaches to drive PHR uptake- Kennedy PHR bill
- ◆ **CMS & Congress: Incentives to drive consumer and provider uptake**
 - CMS claims data feed to help keep beneficiary PHRs accurate
 - Make interoperable PHR more market relevant w incentives
 - The current direction = many proprietary PHR solutions w/o interoperability;
- ◆ **Understand and partner with leaders driving real PHR adoption**
 - Providers, major consumer Internet firms, proactive payers, etc.



Personal Health Records: **A Solution Looking for** **Someone with a Problem**

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Connecting for Health, HL7, JCAHO
PHR Committees

Connecting Americans to Their Health Care:
*Empowered Consumers, Personal Health Records
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