National Health Information Infrastructure

"Person(al)" Health

This presentation does not necessarily reflect the view of the U.S. Government or the Institution of any participants.

Consumer Health Track Team B

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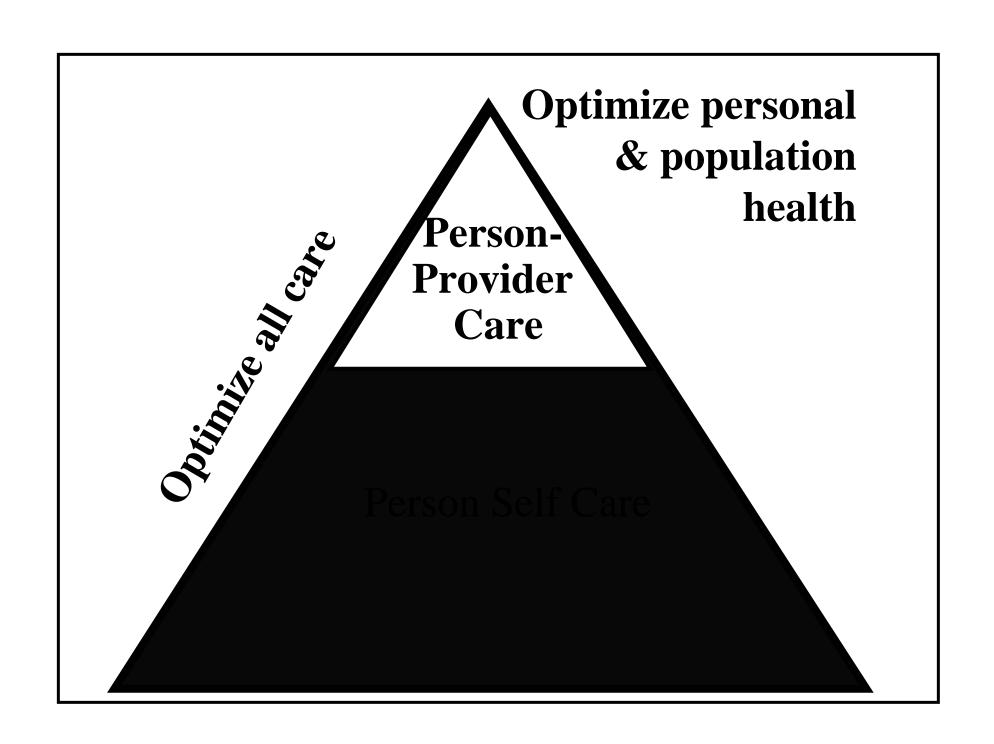- Experts: David Gustafson, Dena Puskin, John Zimmerman

Issues

- Re-title group as "Person (or Personal) Health"
- Person as center of universe
- Person rather than patient, consumer, etc.
- Need to cover EHRs as underlying enabler
- The right thing, at the right time, in the right place, in the right way (quality), at the right cost
- Improve health and reduce cost (make available resources for un and under insured) by more power to person, more self help [less of the pyramid on formal health care]
- Support roles – person, family, friends, provider, …

Vision

Persons are the center of a US "virtual health system" that optimally enables them to optimize their health.

Ideal State

Individuals have the information, tools, services and incentives to manage their own health and wellness throughout their lifetimes.

Optimize personal
& population
health

Person-
Provider
Care

Optimize all care

Person Self Care

Recommendations [actionable 2-5 years]

1. Payers and providers provide health promotion/prevention/treatment information electronically in understandable form to enable people to make informed informed decisions and participate when they choose

2. Public/private partnership establishes "Consumer's Union" type organization that provides synthesis and linked to individual's level of understanding, culture, language; rate quality

3. Federal government provides grants and incentives to make age, race, culture appropriate conversion of health information

Recommendations [actionable 2-5 years]

4. Public/private sector partnership to create mechanism to provide abstract from universal health record alerts and messages tailored to individual needs and provide access to decision support info to decide about current and emerging info

5. Public/private sector partnership to provide Personal Health Record Systems (PHRs) to people free. Includes record (health record; personal information); trusted information; services).

6. Public/private partnership creates infrastructure to promote development and dissemination of ehealth tools (assist developers, technical assistance, enabling partnerships and network)

Back-up Documents Detailing Recommendations Development

Recommendations

Information:

•Establish a method or group for accrediting "trusted" health information

•Develop means to make available more high quality content to be made available by a wide range of means.

•Make information more valuable to individuals and their individual circumstances; tailor information to the individual.

•Provide health promotion/prevention/treatment info to enable people to make informed informed decision and participate when they choose in understandable form

•Provide universal health record

•Awareness of info from trusted services starting in early childhood

•Access to decision support info to decide about current and emerging info

•Medline Plus / Consumer Reports info – evaluative, objective, lay language

•Right information at right time

•Help make people aware of what is available

•Provide info to assist in chronic disease management

•Info re providers, facilities concerning quality/outcomes, practice style

•Search engine to help find info – meet unique

• Make usable by clear vocabulary, large print, ergonomic, …..

•Who:

   •Govt – regulate, mandate, direction, standards, infrastructure

   •New or existing "consumer reports" group to develop tools – grants, RFP at national level

   •Govt as buyer to stimulate public/private

   •Govt set agenda; fund innovation

   •Private sector – incentives for wellness; influence health plans (standards, criteria, innovation)

   •Providers --

Recommendations

Tools, Support & Services:

- Develop a national solution for making personal health record systems available to everyone who wants one
- Encourage every health provider to have and appropriately use an electronic health record system
- Make available electronic health record systems that are affordable, high quality and standards-based
- Develop and implement a national solution for health information exchange among persons, their health providers and other key health organizations
- Develop necessary national standards for health data and communications and information display
- Provide web-based tool to provide performance measures to help people make choices of providers
- CMS requires reporting of quality and outcome measures for providers
- Collaborative tools to support continuum of care for seriously ill
- Employers provide access to health information, services, provider comparisons, health prevention
- Public education for health, how to do self care and track the full range of their self and provider-based care
- Trusted information mechanism on treatment and care options.
- "Consumer's Union" type organization -- provide synthesis and linked to individual's level of understanding, culture, language; rate quality; public-private partnership
- Abstract from universal health record alerts and messages tailored to indiv. Needs (format prefs,etc); issue (who wants to share what)
- Government should fund an inventory of ehealth tools – what works, can be shared, what gaps
- Educational programs to consumers from public and private sector – what available and how to use it
- Search engine tool, e.g. using fuzzy logic, tailored to individual profiles and using the major search engines
- Creation of HISPs (health internet service providers) for recording all information, trusted info, services
- Program issues
- Provider training curriculum – not do treatment without giving information to person and educating person
- Government should support infrastructure……

Recommendations

Incentives:

•Encourage employers, payers (CMS, etc.) and plans to integrate appropriate benefit structures to use electronic means to make informed decision on providers and service choices based on quality/outcomes and cost-effectiveness

•CMS and other payers provide financial incentives to providers to have and appropriately use EHRs

•Provide incentives for disease reporting for public health

•Employers provide incentives to use electronic means for risk reduction/prevention and disease management and report outcomes

•Provide Personal Health Record Systems (PHRs) to people free

•CMS provide incentives to beneficiaries appropriately use health care and engage in better self care

•CMS and other payers provide incentive to use electronic means to help educate patients.

•Financial incentives for wellness program

•Health care credits for managing disease that can be redeemed later

•Incentives to make age, race, culture appropriate conversion of health information

•See Tom Eng table

•Document and educate users, providers, health plans, employers, ehealth developers and investors on "business case" for doing person-oriented ehealth

•Do more research on how to undertake

•Produce publications at no cost to users

•Provide tax breaks on to providers and payers to provide electronic access

•Mega SBIR (move $) to study feasibility big new ideas (e.g. consumer union); NCI model

•Incentives for providing information to patients

•Incentives to use email

•Malpractice insurers incentives to use EHRs by reducing premiums