

The Personal Health Record (PHR) is Alive and Well! Meet Zweena.

☒ A personal health record (or PHR) is an individual electronic health record that is stored securely on the Internet so it can be accessed by medical providers and caregivers who have permission.

PHRs allow the storage of all critical health history information in one place. In the event of an emergency, the patient, caregiver or family member can give providers access to health information. By having the most current information always available, duplicate or unnecessary tests can be avoided as can possible drug interactions. This benefit is achieved without having to rely on the memory or incomplete records of the patient. PHRs also allow patients, caregivers or third-party vendors to update information regularly over the Internet so that new data can always be accessed by stakeholders.

Although Personal Health Records have been around for more than 10 years, they have gained little traction. Amidst a healthcare environment that is increasingly supportive of the empowered patient, most patients have neither the time nor the knowledge to enter their own records into a PHR. Many PHRs can interface with an individual hospital or physician's EHR system, but most are unable to share information bi-directionally with more than one entity or flow seamlessly into a Health Information Exchange (HIE).

With that being said, PHRs could be poised to make a big impact on the future of the delivery of health services. Today's providers are shifting their focus from individual visits to entire episodes of care across the care continuum,

which has the potential to benefit from digitized patient records. As more providers convert to electronic medical records, one of the next steps towards fulfilling the Meaningful Use criteria needed to receive Federal incentive payments is to achieve Enterprise Integration with their electronic records, defined by the HITECH act as:

“the electronic linkage of health care providers, health plans, the government, and other interested parties, to enable the electronic exchange and use of health information among all the components in the health care infrastructure in accordance with applicable law.”

In short, healthcare providers have to adopt systems that can then interface with other providers to share patient data, and collect public health data for comparative effectiveness research.

Although the death of Google Health this year has led many to speculate that the PHR is an idea too far ahead of its time, Zweena is challenging that notion.

Zweena is a personal health record management solution, as opposed to a standalone PHR. Zweena overcomes the traditional downfall of PHRs by taking care of everything for the patient and bridging the (huge) gap between healthcare providers and patients. Upon request by the patient, Zweena contacts the patient's care providers, requesting their records and entering the record information into the PHR properly. The patient record, accessible via Microsoft Healthvault, is then available for easy exchange with hospitals, physician offices, continuing care communities, family members and others permissioned by the patient.

Zweena is involved in a fascinating pilot program starting October 2011. Virtua Hospital in Southern New Jersey has contracted with Zweena to provide ALL residents in a three-county area a free PHR with all the heavy lifting done by

Zweena. This three-year agreement will be a tremendous test of the concept of the personal health record and the improvement of health and healthcare for these communities.

Zweena CEO John Phelan comments, “Most of us only think about our health and our medical records when we are reacting to a health crisis. By then, it is too late to harness the power of our assembled health information. Zweena gives all of us an opportunity to use the information we have today and be more proactive and engaged with our own health information and the information for those we love and care for.”

Image by Mary Pat Whaley

This article was first posted on Technorati.

Digging Into the Details of “Certified EMR” & Tips For Buying an EMR

Steps to digging under the meaning of EMR certification:



Image via Wikipedia

1. Click to see the most recent alphabetical list (by product name not company) of **all products** certified **here**.
2. Find the **company or companies** you are using or are considering using.
3. Check that the exact name of the **product** is what you have or might purchase.
4. Check to find out if a **module or part of the product is certified or if the complete** product is certified.
5. Check to make sure the **version** of the product is the version you have or will have.

If you have questions about each company's exact criteria met, you are in luck! On the **ONC site here**, you can click on each company's detail ("View Criteria") on the far right column labeled "Certification Status" to see what they have and don't have. Compare this to how you are anticipating using your EMR to meet meaningful use. The more check marks a company has, the better-equipped they are (and more flexible) to meet your practice needs and to qualify for the stimulus money.

The ONC site with the Certified Health IT Product List (CHPL) is Version 1.0. Version 2.0 is now being developed and will provide the Clinical Quality Measures each product was tested on, and the capability to query and sort the data for viewing. The next version will also provide the **reporting number** that will be accepted by CMS for purposes of attestation under the EHR ("meaningful use") incentives programs.

You can tell ONC what you think would be helpful in the new version by emailing your ideas to **ONC.certification@hhs.gov**, with "CHPL" in the subject line.

If you'd like a list of just outpatient/medical practice EMR products or just inpatient / hospital products, I've split the big list into two smaller printable lists here:

Medical Practice / Outpatient

Tips On Buying An EMR



Remember that meeting meaningful use does not tell the whole story – if you are shopping for an EMR be prepared to go beyond a product's certification status to consider:

- **Flexibility** – does it make the practice conform to it or can it conform to the practice? How?
- **Templates and best practices** – are you starting from scratch in developing protocols, templates and cheat sheets for your practice, or does it have a storehouse of examples to choose from or tweak?
- **Built for the physician, or the billing office, or the nurses**, but doesn't really meet the needs of all three? Make sure the functionality is not too skewed to one user group, but if it is, it should be somewhat skewed to the provider.
- **Interface and integration with your practice management system.** Does the information flow both ways? Do you ever have to re-enter information because one side doesn't speak to the other?
- **Interface with other inside and outside systems:** Labs, imaging, hospital systems, ambulatory surgical center systems?
- **Built-in Resources:** annual upgrade of HCPCS and ICD codes, drug compendium (Epocrates), comparative effectiveness prompting?
- **Mobile applications** – EMR on your providers' phones?
- **Data entry systems** – laptops, notebooks, tablets, iPads, smartphones, voice recognition?
- **Hosting** – in your office? at the hospital? at the vendor's data center? in the cloud of your choice?
- **What's the plan for ICD-10?** Will they provide practice support and education for the change or will they just

change the number of characters in the diagnosis code field?

- **Price**, including annual maintenance and additional costs for training, implementation, on-site support during go-live, and additional licenses for providers or staff.
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Quick Reference for Acronyms and Buzzwords of ARRA and HITECH

✘ **ARRA**: American Recovery and Reinvestment Act of 2009, also called “The Stimulus Package” or “The Stimulus Bill.” Of the \$850B in the bill, \$51B is pegged for the health care industry and \$19B of that will be used to incent medical practices to adopt EMRs/EHRs.

CCHIT: the Certification Commission for Health Information Technology is a private organization that certifies EMRs and EHRs based on 475 criteria spanning functionality, interoperability and security. CCHIT does not evaluate ease of use of products, financial viability of the company offering the software; or the quality of customer support offered by the software vendor. Whether or not CCHIT will be THE certifying organization to approve “qualified EMRs” will be announced at the end of the year. (Can be pronounced “SEA-CHIT” or each letter can be pronounced as in “C.C.H.I.T.”)

Comparative Effectiveness: Comparative Effectiveness Research (CER) compares treatments and strategies to improve health. For CER, HITECH provides \$300M for the Agency for Healthcare Research and Quality, \$400M for the National Institutes of Health, and \$400M for the Office of the Secretary of Health

and Human Services.

EHR: The aggregate electronic record of health-related information on an individual that is created and gathered cumulatively across more than one health care organization and is managed and consulted by licensed clinicians and staff involved in the individual's health and care.

EMR: The electronic record of health-related information on an individual that is created, gathered, managed, and consulted by licensed clinicians and staff from a single organization who are involved in the individual's health and care.

HITECH: The HIT components of the stimulus package "" collectively labeled HITECH are:

1. Funding to the Office of the National Coordinator of HIT (ONCHIT)
2. HIT adoption incentives through Medicare and Medicaid reimbursement
3. Comparative effectiveness research for the Agency for Healthcare Research and Quality (AHRQ)
4. Funding for the Indian Health Service
5. Construction funds for the Health Resources and Services Administration (HRSA) for community health centers
6. Funds for the Social Security Administration to upgrade HIT systems
7. Funding for the Veterans Administration
8. The Department of Agriculture will receive telemedicine funding
9. Funds to the National Telecommunications Administration for broadband to enable telemedicine.

Interoperability (hospitals): (as defined by HIMSS- Health Information and Management Systems Society) **–not yet defined for ambulatory care**

- Must have all ancillary systems online – Lab, radiology, & pharmacy (Stage 1)

- Must be leveraging a clinical data repository (Stage 2)
- Utilizing clinical documentation to record patient status during treatment (Stage 3)
- Computerized Physician Order Entry (CPOE) mechanisms in use (Stage 4)
- Be able to exchange Continuity of Care Documents (CCD) with other entities (a portion of Stage 7)

Meaningful Use: To qualify as a “meaningful user,” eligible providers must demonstrate use of a “qualified EHR” in a “meaningful manner.” ARRA defers to the secretary of Health and Human Services (HHS) to set specific guidelines for determining what constitutes a “qualified EHR”; however, it does specify that e-prescribing, electronic exchange of medical records, and interoperability of systems will be determining criteria. Starting in 2011, providers deemed to be “meaningful users” of EHR systems will be eligible to receive \$40,000 – \$60,000 in incentive payments paid out over five years in the form of increased Medicare and Medicaid payments.

ONCHIT: Office of the National Coordinator for Health Information Technology. In 2004 the position was created by Presidential Executive Order. In March 2009, President Obama appointed **David Blumenthal, M.D., M.P.P.** to the position. The primary purpose of this position is to aid the Secretary of HHS in achieving the President’s goal for most Americans to have access to an interoperable electronic medical record by 2014 (from the HHS.gov website.)

PHR or ePHR: An electronic, cumulative record of health-related information on an individual, drawn from multiple sources, that is created, gathered, and managed by the individual. The integrity of the data in the ePHR and control of access to that data is the responsibility of the individual.

David Blumenthal, M.D., M.P.P.: Selected by President Obama as

his choice for National Coordinator for Health Information Technology Dr. Blumenthal will lead the implementation of a nationwide interoperable, privacy-protected health information technology infrastructure as called for in the American Recovery and Reinvestment Act.