Integration of EMR/PHR and Patient Portal with Decision Support

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#### Overview

Healthcare Delivery Challenges

Critical EHR, EMR and PHR Functions

Importance of Interoperability

 Patient-Provider Integration with Decision Support

#### Vision

'Medical Home' utilizing an integrated EMR/PHR with decision support will transform the healthcare system by improving patient-provider communication, quality, efficiency and reduced costs

#### Paper-Based Records

- Prone to error
- Lots of information but no data (electronic)
- Limited decision support
- Does not integrate with eHealthcare

Healthcare Delivery Challenges Medical error, patient safety, quality and cost issues

- 1 in 4 prescriptions taken by a patient are not known to the treating physician
- 1 in 5 lab and x-ray tests ordered because originals cannot be found
- 40% of outpatient prescriptions unnecessary

Healthcare Delivery Challenges Medical error, patient safety, quality and cost issues

- Patient data unavailable in 81% of cases in one clinic, with an average of 4 missing items per case
- 18% of medical errors are estimated to be due to inadequate availability of patient information
- Patients receive only 54.9% of recommended care

#### Healthcare Delivery Challenges

 A fractured and 'unwired' healthcare system
 Medicare beneficiaries see 1.3 – 13.8 unique providers annually; on average, 6.4 different providers/yr

 90% of the >30B healthcare transactions in the US every year are conducted via mail, fax, or phone

IOM Recommended 21<sup>st</sup> **Century Health Care System** • Safe - Avoids errors • Effective - Evidence-based Patient-centered • Timely - Reduces waits and harmful delays • Efficient - Avoids waste Equitable - Provides quality of care unrelated to age, race, gender, geographic location, or socio-economic status

#### EMR Linkage to PHR a Critical Solution

 IOM highlighted improved information systems as a means for achieving quality

 "Effective methods of communication, both among caregivers and between caregivers and patients, are critical to providing high-quality care"

#### **Critical EHR Functions**

Core Functionalities for an Electronic Health Record (EHR) System

- Results Management
- Health Information and Data
- Order Entry/Management
- Decision Support
- Electronic Communication and Conductivity
- Patient Support
- Administrative Processes
- Reporting & Population Health Management

Tang PC, and the IOM Committee on Data Standards for Patient Safety. Letter Report: Key Capabilities of an Electronic Health Record System. Institute of Medicine, July, 2003.

#### Personal Health Records





#### Newsroom

Expert Teams to Design New Solutions for Personal Health Records to Help Consumers Manage Their Health Thursday, December 7th, 2006 Project HealthDesign Selects Nine Teams to Design and Test Innovative, Consumer-Centered PHR Applications Read More >>

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Secure login to LifeSensor Personal Health Record

#### LifeSensor<sup>®</sup> user "Katharina Ruhland" homepage



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#### LifeSensor<sup>®</sup> user "Katharina Ruhland" homepage

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#### Patient-Provider Portal

🚰 Tour of Patient Gateway - Prescription Renewal - Microsoft Internet Explorer provid	ied by Partners HealthCare System
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Select a pharmacy:         Image: Select a pharmacy:	
CVS Pharmacy #1866 Name:	
Address:	
City:	
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Phone:	
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#### Importance of Interoperability

Emerging Standards

System Integration

Health Information Exchange/RHIO

Universal Health Care

### How might EMR/PHR Improve Medication Utilization?

- Eliminate over-use, under-use, and misuse of medications
- Make more efficient
  - Brand to generic substitutions
  - Therapeutic substitution
  - Formulary compliance
  - Exceptions to formulary compliance in order to improve patient safety or quality of care
- Provide information to assist patients in the safe and proper use of their medications

#### Solutions

EMR (error reduction)

Drug-drug interactions

Pediatric dosing

Renal-based dosing

#### Solutions

E-prescribing (pharmacy connected solutions)

- Formulary compliance
- Refill requests
- Other providers prescriptions

#### Solutions

PHR (patient connected solutions)

- Patient verification of medication/compliance
- OTC and herbal usage
- Self-management questions and feedback

## How Might EMR Improve Lab and Radiology Utilization?

- Charge display
- Redundant test reminders
- Structured ordering with counter-detailing
- Consequent or corollary orders
- Indication-based ordering

#### **Other EMR/PHR Process Benefits**

Reduced transcription costs

- Reduced chart pulls
- Improved clinical messaging and workflow
- Improved charge capture and accounts receivable
- Improved referral coordination
- Improved patient-provider communication and service

# How Does Healthcare Information Exchange Impact the Bottom Line?

Expected Effects

(Validation Processes Continue to Document Real Life Successes)

- Reduced healthcare information management labor costs
- Reduced duplicative tests and procedures
- Reduced fraud and abuse
- Improved service delivery efficiency
- Improved patient convenience
- Reduced medical error

### Memorial Hospital of RI (MHRI)

- Center for Primary Care and Prevention:
- 2 million dollars in NIH research support yearly
- Best Practice Technology Test Center
- 60+ users of GE Centricity v5.6, moving to v6.0
- 12,000 patients in system

#### MHRI EMR System - Current

- Scheduling, internal messaging, medication lists, problem lists, flow sheets
- Progress notes, lab and transcription transfer, referrals, chart reminders
- Patient self-management tools, chronic disease registries, decision support tools, disease management reporting
- Ongoing quality improvement team and patient satisfaction reporting, patient and family advisory team

#### EMR and PHR Integration Plan

- Personal Health Record (LifeSensor<sup>®</sup>) interoperable with electronic medical record (GE Centricity) at MHRI (3 providers; 1,000 patients for pilot)
- Secure patient portal having evidence-based and patient-centric self management tools (HeartAge, LifeSensor Diabetes)
- Secure emailing between patient and provider
  Adjudicated medication list using e-prescribing

#### MHRI

- HeartAge system Patient self-management support website; Go-to-Goal: PDA and webbased Decision Support tool regarding CHD risk factor reduction and patient-centered communication tool
- In progress seamless integration/interoperability of DSS with electronic health record

#### **User-Centered Design**

Patients' Perceptions of Cholesterol, Cardiovascular Disease Risk, and Risk Communication Strategies

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#### ABSTRACT

**PURPOSE** Despite some recent improvement in knowledge about cholesterol in the United States, patient adherence to cholesterol treatment recommendations remains suboptimal. We undertook a qualitative study that explored patients' perceptions of cholesterol and cardiovascular disease (CVD) risk and their reactions to 3 strategies for communicating CVD risk.

**METHODS** We conducted 7 focus groups in New England using open-ended questions and visual risk communication prompts. The multidisciplinary study team performed qualitative content analysis through immersion/crystallization

Cholesterol Education and Research Trial Hypothesis Informed, activated patient (Computer in Doctor's waiting room)

> Improved Cholesterol Management

Prepared, proactive practice <u>team</u> aided by information technology (PDA)

## Patient Activation Software Program in Doctor's Waiting Room on Computerized Kiosk

Spend a few minutes to see if you can gain a few years...



THIS PROGRAM IS FREE & CONFIDENTIAL

#### Patient Enters Data



## Patient Enters Lipid Values (or Enters Estimates)





If you know your numbers use the keyboard to enter them into the boxes. If you do not know your numbers, take a guess or **Click Here** for an example.

Total Cholester	ol		238
		•	
Low	Average	High	Very High
(130 or lower)	(200)	(240)	(320 or higher)
"Bad" Cholester	rol (LDL)		169
Low	Average	High	Very High
(60 or lower)	(100)	(160) -	(210 or higher)
"Good" Choleste	erol (HDL)		38
-	<u> </u>		
Very High Risk	High	Average	Low Risk
(30 or lower)	(40)	(50)	(60 or higher
Systolic Blood P	Pressure (top nui	mber)	148
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Low	Average	High	Very High
(100 or lower)	) (130)	(140)	(180 or higher)

Software Uses Framingham Risk Equation and Determines 10-yr Risk of CHD, Converts This Risk into Equivalent Risk Adjusted Age



Based upon the factors entered, you have the same chance of having a heart attack, or dying of heart disease, as a typical 80 year old male. This number is an estimate and may not reflect your true HeartAge.







💙 Step 4 🔃

#### Prompt to Discuss with Physician



#### Talk to your health care provider about your HeartAge!





#### HeartAge Patient Activation Tool

- "My HeartAge was good, I am glad I am taking Lipitor for my cholesterol."
- "I couldn't figure out my HeartAge because I don't know my cholesterol values, so I asked my doctor's medical assistant for my cholesterol numbers."
- "It was a little scary (because my HeartAge was higher than my actual age)."



PDAs given to 32 Primary Care Providers (PCPs) representing 15 intervention practices

Go To Goal 🔫

## PDA Decision Support Tool with Patient Education Screen



#### Screening

85% of patients had screening profiles
No change in screening rates with RCT

Practices that used HeartAge frequently\* were more likely to have patients with lipid profile screening

OR=2.44 95% CI 1.88 to 3.16

\*Defined as using tool 80 times per 1,000 patients per week

#### Management ATP III Final Results



#### Management ATP III Final Results



#### Management

Providers that used Go To Goal frequently\* were more likely to have patients at ATP III Goals

OR=1.58 95% CI 1.17 to 1.63 @ LDL goal OR=1.21 95% CI 1.02 to 1.45 @ non-HDL goal

\*Defined as using tool  $\geq$ 3 times per week

#### Interoperability Model for HeartAge



### Good Health Gateway



#### Conclusions

- Integration of the EMR to an interoperable PHR/web portal to create a comprehensive virtual medical home is critical in transforming medical care to meet the IOM 21<sup>st</sup> century patient centric healthcare system
- Patient activation and clinical decision support are essential components for transforming medical care and improving quality
- Further research is necessary to determine extent of benefits and potential ROI for the various stakeholders: providers, patients, payors