

**HIMSS**

*transforming healthcare through IT*

architects of change

# HIMSS and PHRs

## PHR Steering Committee Overview

**HIMSS Utah Chapter**

**John Hoyt, VP of Organizational Services**

**October 20, 2009**

## Some Key Definitions

- **Steering Committees** are small groups of highly qualified volunteers guiding the execution of the Society's strategic initiatives. Steering Committees recommend the hierarchy of Committees, Task Forces, and Work Groups to realize the Society's vision.
- **Committees** are small groups of qualified volunteers executing the Society's strategic initiatives. Committees, and their members, serve at the discretion of the Chairperson of the HIMSS Board of Directors.
- **Sub-Committees** are small groups made up entirely of volunteers from a parent committee. At the direction of the Committee Chairperson, they come together to work on committee projects and then disband.

## Some Key Definitions

- **Task Forces** are groups of volunteers gathering together to work on narrow-issue projects for the Society. Task Forces convene for a particular period of time to work on the project, and then disband.
- **Work Groups** are similar to Task Forces in that they are groups of volunteers gathering together for a particular period of time, and then disband. Work Groups differ in that they gather to work on time-sensitive or single-issue projects for the Society always under the auspices of a HIMSS Steering Committee or Committee.
- **Roundtables** are Board-created groups focusing on strategic subjects and/or audiences for the Society. Each Roundtable has a specific core constituency – for example, chapter liaisons focusing on state legislative and regulatory issues.



*HIMSS FY '09 PERSONAL HEALTH RECORD  
COMMITTEE STRUCTURE*

**Personal Health Record  
Committee**

**PHR Roundtable**

**Clinical Outreach Task  
Force**

**Public Comment**

Legend  
Roundtable  
Task Force  
Work Groups

## PHR Steering Committee Members

**Chair:** Lucy Mancini –Newell, FHIMSS, Consultant, Steller Group, IL (Appointed)

**Vice-Chair:** Lory Wood, VP, Chief Security and Compliance Officer, Good Health Network, FL ( FY09)

**Board Liaison:** Joy Keeler, MBA, Mitre Corporation

- Dr. Kate Christensen, Medical Director, Kaiser Permanente, Oakland, CA
- Shelley DiGiacomo, CPHIMS, Director Clinical Systems, H. Lee Moffitt Cancer Center, Tampa, FL
- Brian Wells, FHIMSS, Chief Technology Officer, University of Pennsylvania Health System, Philadelphia, PA
- Michael Wilson, Farmington Hills, MI
- Michael Solomon, Affiliated Consultant, Point-of-Care Partners, Boca Raton, FL
- Dr. Charles Tuchinda, VP Acute Care Solutions, Eclipsys, Boston, MA
- Penny Black, Manager of PHR & Research, University Hospitals of Cleveland, Shaker Heights, OH
- David Fitzgerald, Aetna, Blue Bell, Pa.
- Debbie Ramundo, RN, Senior Project Manager, Swedish Health Care, Seattle, Wa.
- Sue Sutton RN, CPHIMSS, FHIMSS, President, Tower Strategies (consultant), Houston, TX
- Glenn Galloway, President, Co-Founder & President, Healthia Consulting, Minneapolis, MN.

### **Special Advisors:**

Rick Benoit, Intel (DOSSIA Project representing large employers)

Dana Alexander, RN, CNIO GE Healthcare

### **HIMSS Staff:**

Mary Griskewicz, MS, FHIMSS, Staff Liaison, Senior Director, Ambulatory and PHR Information Systems

Jill Redenius, Coordinator, Ambulatory and PHR Information Systems

# HIMSS PHR Committee Purpose

**Purpose:** The purpose of the Personal Health Record Committee is to lead the profession, the industry, and other key stakeholders in solving challenges and affecting change as related to personal health records from a HIMSS-member's perspective. .... the Personal Health Record Committee will be focused on identifying key elements of a Personal Health Record, identifying barriers to adoption of Personal Health Records and developing strategies for removing these barriers along with strategies aimed at increasing Personal Health Records adoption.

# HIMSS PHR Committee Goal

The **Goal** of the Personal Health Record Committee is to serve HIMSS' membership as an information resource for the personal health record, and to contribute as the voice of the HIMSS members to the national discussion and planning regarding Personal Health Records.

# HIMSS Position Statement on Consumerism in Healthcare

HIMSS defines an ePHR as follows:

*An electronic Personal Health Record (“ePHR”) is a universally accessible, layperson comprehensible, lifelong tool for managing relevant health information, promoting health maintenance and assisting with chronic disease management via an interactive, common data set of electronic health information and e-health tools. The ePHR is owned, managed, and shared by the individual or his or her legal proxy(s) and must be secure to protect the privacy and confidentiality of the health information it contains. It is not a legal record unless so defined and is subject to various legal limitations. PHRs continue to proliferate although adoption by consumers has been gradual. PHRs which are not provided by HIPAA-covered entities have limited privacy protections.*

# HIMSS PHR Committee Structure

- **PHR Roundtable**

- Provide monthly education on updates and trends with content specific to PHR's and Personal Health IT

- **Clinician Outreach Task Force**

- Document the challenges and issues with clinician adoption of PHR's. Develop a HIMSS guidelines and field guide (actual business cases) for overcoming clinician adoption of PHR's.

- **PHR Public Comment Work Group**

- Provide public comment as appropriate to the development of standards on PHR's

# Vantage Point Survey



## Personal Health Records

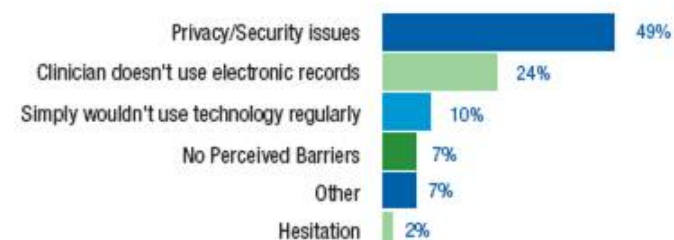
May 2008

### Summary

Recently, both Google and Microsoft launched personal health record (PHR) products. Most respondents believe that the biggest barrier to the adoption of PHRs is a concern about the privacy and security of the data contained within these records. And, while most respondents believe that this data would be most effective if integrated with an electronic medical record to have maximum value, the overwhelming majority of respondents believe that the patient should own the data in a PHR. At present, about one-third of respondents indicated that they access a PHR.

### Biggest Barrier to Use of PHR

Nearly half of respondents have agreed that the biggest barrier that they face to the use of a personal health record is a concern that their information will be private and secure. Another quarter of respondents indicated that they believe their clinician's lack of support for the use of electronic records is a barrier to the use of PHRs.



# Vantage Point Survey

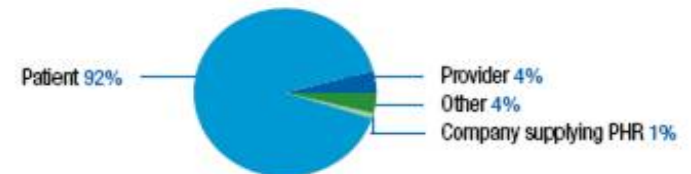
## Access a PHR

About one-third of respondents indicated that they access a personal health record.



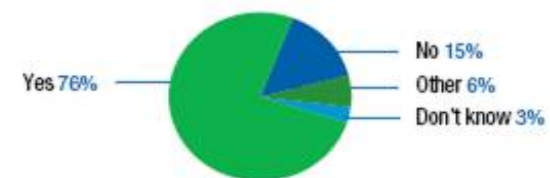
## Owner of PHR Data

Respondents were asked to identify who should be the owner of the data that is captured in a PHR. Nearly all respondents indicated that they, the patient, should be the owner of this data.



## Integration of PHRs with Electronic Medical Record

Three-quarters of respondents believe that PHRs need to be integrated with an electronic medical record in order to have value in patient treatment.



# PHR Roundtable Presenters

- ✓ Holly Miller, M.D. (former committee chair) – University Hospital
- ✓ Dossia – Mary P. Griskewicz, MS, FHIMSS
- Michael R. Solomon - Point-of-Care Partners
- ✓ Thomas L Meyers - America's Health Insurance Plans (AHIP)
- Christopher Sullivan, PhD - Florida PHR for Hurricane Preparedness
- ✓ Dr. Patti Brennan – Project HealthDesign

## A Catalytic PHR Model

Issues

Trends

Evolution

Future

- Private and Secure
- Owned and managed by pertinent individual
- Birth to death records
- Interoperable with all health information systems
- Incorporated Health Saving Account
- Tools to promote disease prevention, health maintenance, and health management
- User interface
  - Facile
  - Comprehensive lay health information
  - Conforms to individuals life style (*device interoperability*)
- Facilitate co-ownership and compliance with a medical plan
  - Reminders, services, Rx delivery
- Incorporates complete provider quality transparency

- **Better is the enemy of good**

Issues

Trends

Evolution

Future

- Implement EHRs, PHRs, insist on data standards
- Create provider/patient partnerships, empower patients
- Focus on disease prevention and health maintenance
  - Providers
  - Society
- Foster the development of true centers of excellence
  - Provider transparency
  - Eliminate or minimize redundancy in healthcare
  - Increase quality and reduce costs
- Eliminate silos of health care and health information
  - HIT Interoperability
  - HIT Standards
- Support changes to traditional care delivery models
  - Health professional licensure
  - ePrescribing
- Foster national discussion of payment for PHRs



# History

Employers are creating Dossia:

- Provide consumers with an important new health benefit: a lifelong personal health record
- Non-profit consortium
- Consumer owned and controlled

<http://www.dossia.org/consumers/faq>

# ... to a Health Plan Model PHR

Health summary in one place

Manage Emergency contacts

**My Personal Health Summary:** Jane Doe  
*Share this summary of your health with any new doctor or specialist. It can be an easy reference when you are filling out forms.*

My Personal Information	
Name:	Jane Doe
Address:	1111 Maple ST, Boston MA 02215
Date of Birth:	6/12/57
Marital Status:	Married
Preferred Phone Number:	617-555-1934
Alternate Phone Number:	617-555-2167
E-Mail:	jane@gmail.com
Height:	5' 2"
Weight:	130
Blood Type:	A-
Preferred Language:	English

My Emergency Information	
<i>Emergency Contacts:</i>	
Emergency Contact Name:	John Doe
Relationship:	Spouse
Emergency Contact Phone Number:	617-555-1245
Emergency Contact Alternate Phone Number:	617-555-2167
<i>Advance Directive:</i>	
Organ Donor:	Yes

My Insurance Information	
Insurance #1:	

→ My Personal Health Summary

- My Personal Information
- My Emergency Information
- My Insurance
- My Doctors
- My Immunizations
- My Family History
- My Medications
- My Allergies
- My Diagnoses
- My Lab Tests and Procedures
- My Hospital Visits
- Home Page

[Print Page](#)

Provide access to Health Assessments, Action Plans and Quality Info

Track Family History

Print for provider. In future, send electronically



Robert Wood Johnson Foundation

**Project HealthDesign:**

Rethinking the Power and Potential  
of Personal Health Records



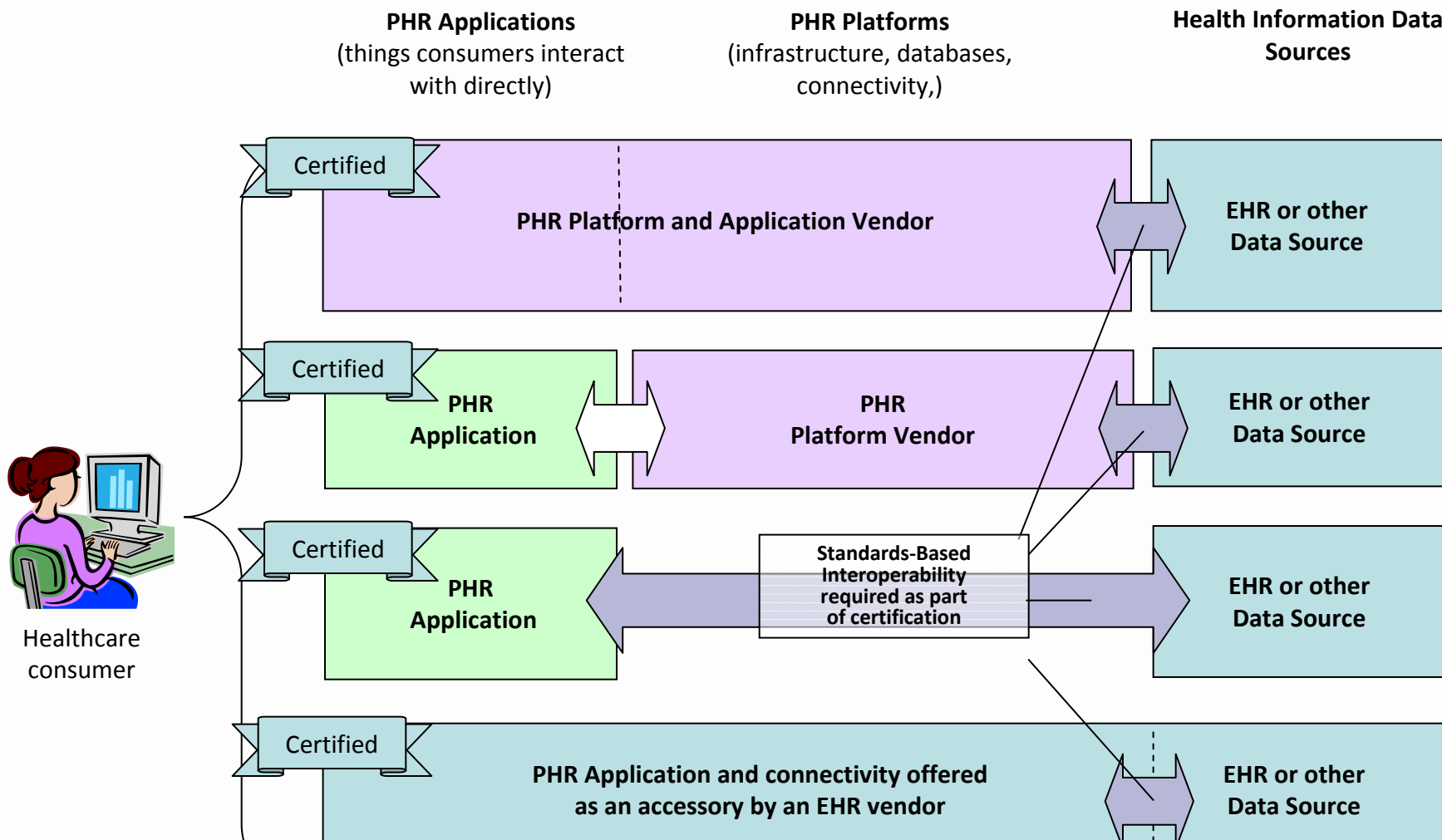
# The Challenge: Rethink the Power and Potential of Personal Health Records

**Dr. Patti Brennan**  
Collaborative project of RWJF &  
CHCF

# CCHIT PHR Domain

- PHR Advisory Task Force
  - Dr. Miller - former Committee Chairperson
  - Rick Benoit - former member now advisor
- PHR Workgroup
  - Lory Wood
    - HIMSS PHR Steering Committee Vice-Chair
    - CCHIT WG co-Chairperson
    - HIMSS CCHIT PHR Public Comment workgroup
      - Town meeting – Friday, October 10
      - Comments on PHR is being provided by HIMSS members
      - [www.phrdecisions.com](http://www.phrdecisions.com)

# CCHIT PHR Advisory Task Force Direction: Accommodate Diverse PHR Models in Certification



## Consumer Education and Pilot Projects

- AHIMA <http://www.myphr.com/> **myPHR**
- CMS Pilot Medicare beneficiaries use of online PHRs
  - Populating commercial PHRs with Medicare claims data
  - One-year pilot, which begins Jan. 2, 2009
  - Two other pilot programs are in place
- AHRQ
  - **AHRQ PHR Web teleconference**

<http://www.ahrq.gov/consumer/phrvid.htm>

# ONC Medical Identity Theft

- Town Hall Meeting – October 15 @ Federal Trade Commission
- Questions from the public and ONC were discussed by 4 panels
- HIMSS and AHIMA represented
- Patient Advocacy and PHRs
- HIS, EMR, EHR, HIE, legal and government

# Questions?

Contact Mary Griskewicz, Senior Director  
Ambulatory IS [mgriskewicz@himss.org](mailto:mgriskewicz@himss.org) to  
learn more about our work.

203-421-8317 office

# Resources

1. HIMSS ePHR Position statement  
[http://www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=228](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=228)
2. HIMSS Resources and tools  
[http://www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=204](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=204)
3. Project Health Design  
<http://www.projecthealthdesign.org/>
4. HIMSS PHR Committee  
[http://www.himss.org/ASP/topics\\_phr\\_committees.asp?faid=183&tid=34](http://www.himss.org/ASP/topics_phr_committees.asp?faid=183&tid=34)
5. Connecting for Health  
<http://www.connectingforhealth.org/aboutus/phase1.html>