My Patient Portal – Overview and Status

Peter Gordon, M.D.
Columbia University
NewYork Presbyterian Hospital

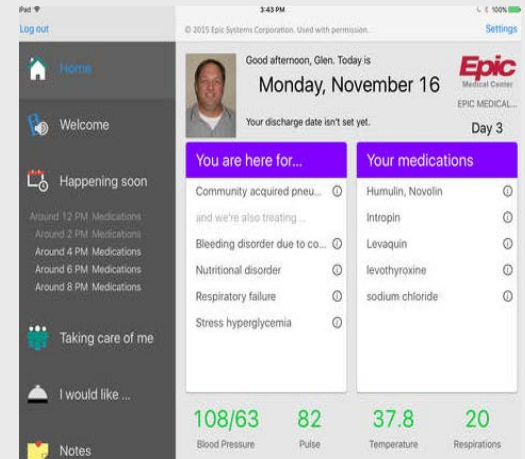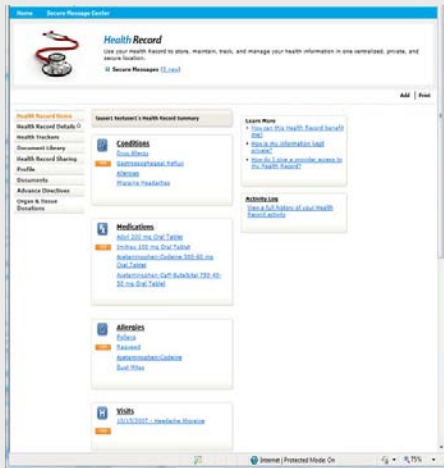# Key concepts that will be discussed

- Personal Health Record (PHR)
- Health Information Exchange (HIE)
- Interoperability
  - the ability of a system or a product to work with other systems or products without special effort on the part of the customer
- Standards
  - In healthcare information technology (HIT), standards provide a common language and set of expectations that enable interoperability between systems and/or devices

The Office of the National Coordinator for Health Information Technology

What is a Personal Health Record?

- An electronic application used by patients to maintain and manage their health information in a private, secure, and confidential environment

- Properly designed and implemented PHRs can help patients manage their health information and become full partners in their quest for good health

The Office of the National Coordinator for Health Information Technology

What are some important PHR characteristics?

- Standalone Personal Health Records
  - Patients fill in information
  - Stored on their own computers or devices
- Tethered/Connected Personal Health Records
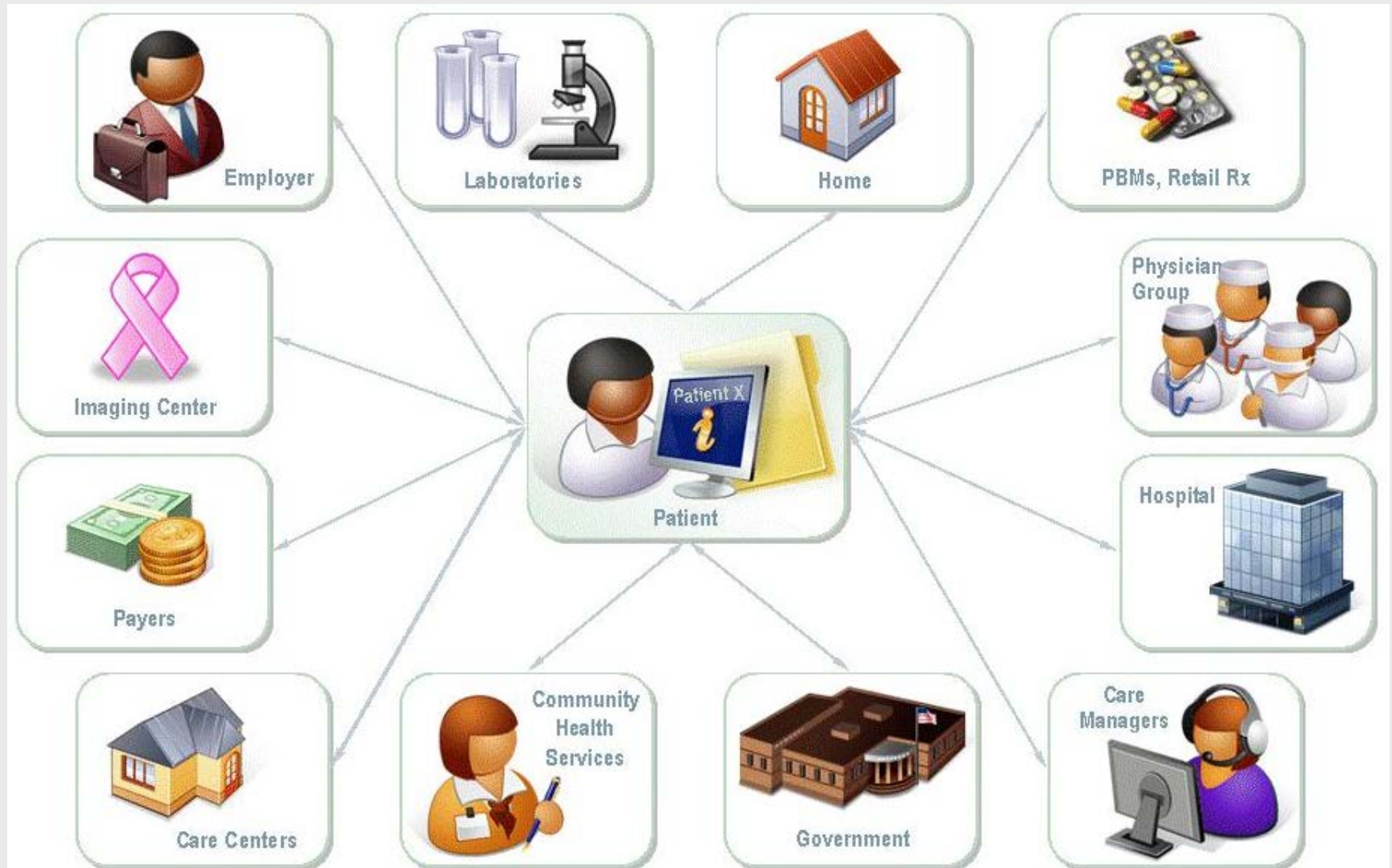 - PHR linked to and EHR or health plan
  - PHR linked to a HIE

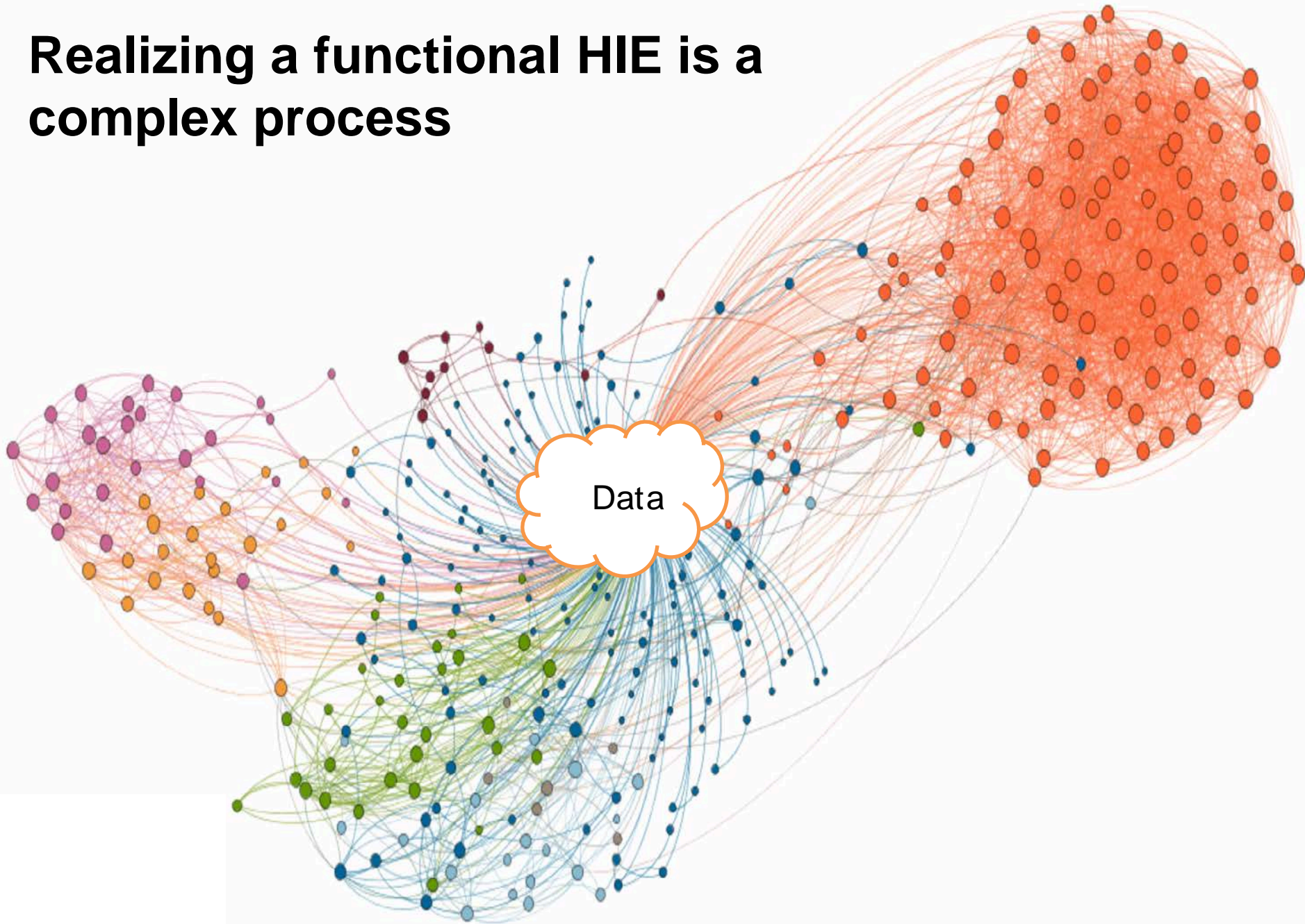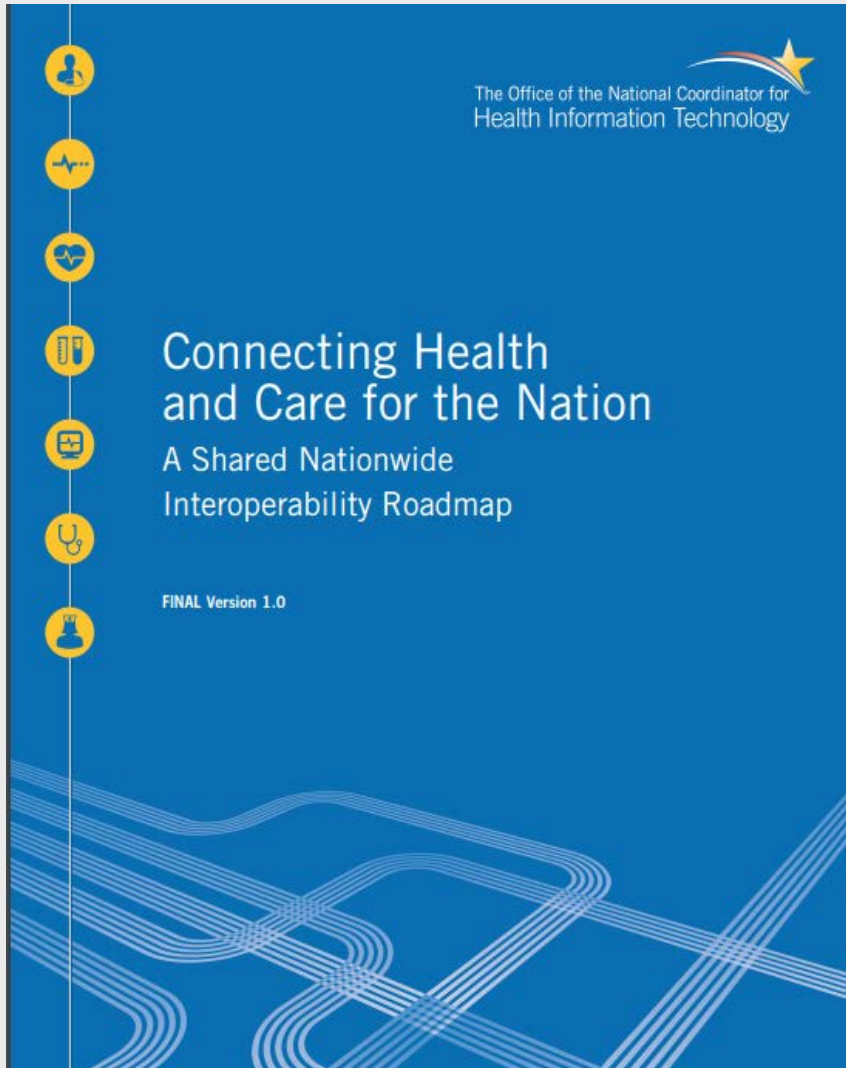**There are many different PHR or Patient Portal models to choose from!**

An ideal PHR, tethered to a robust HIE, can truly help patients become 'full partners' in their quest for good health

Realizing a functional HIE is a complex process

Data

But a good roadmap helps, and the goals are attainable

Goals

- **2015-2017**: Send, receive, find and use priority data domains to improve health care quality and outcomes.
- **2018-2020**: Expand data sources and users in the interoperable health IT ecosystem to improve health and lower costs.
- **2021-2024**: Achieve nationwide interoperability to enable a learning health system, with the person at the center of a system that can continuously improve care, public health, and science through real-time data access.

The broad steps…and a framework to assess progress and iteratively course correct

**Enhance capability to exchange in an interoperable manner** through increased adoption of critical infrastructure, standards, services and policies.

Increase the exchange of electronic health information so that it is available when and where it is needed, and subsequently used to inform decision-making

Improve outcomes sensitive to interoperability (i.e., better health, lower cost, and improved processes enabled by interoperability)

Feedback loop to refine Milestones, Calls to Action and Commitments over time & share lessons learned across the health IT ecosystem

What 'Near-Term' success might look like

An increase in the number of office-based physicians, hospitals and behavioral health, long-term care and post-acute care providers that:

- Send, receive, find and use electronic health information;

- Have electronic health information available from outside sources and make electronic health information available to outside sources; and

- Use electronic health information to inform decision-making.
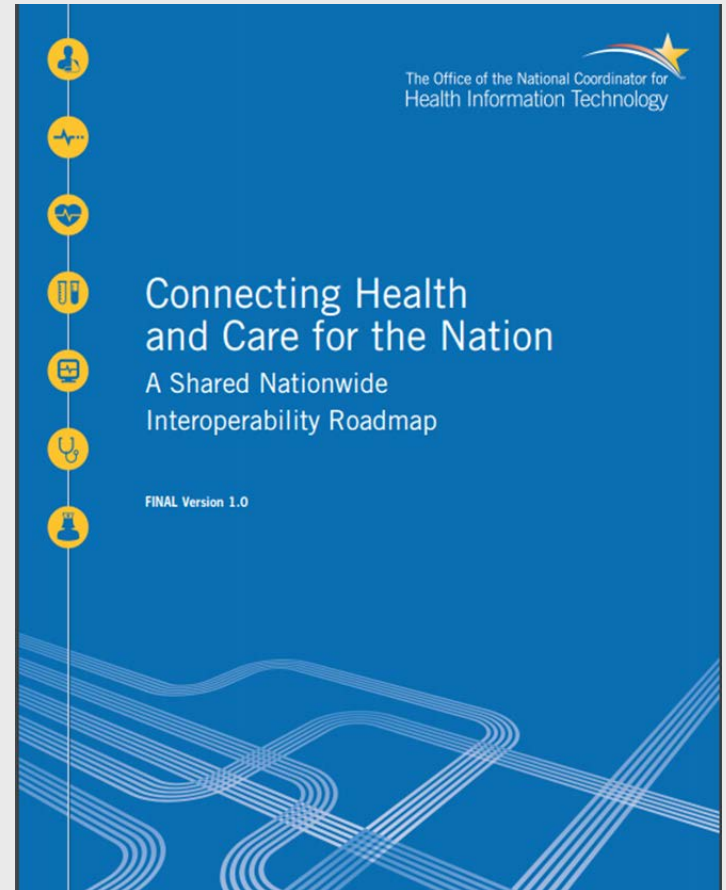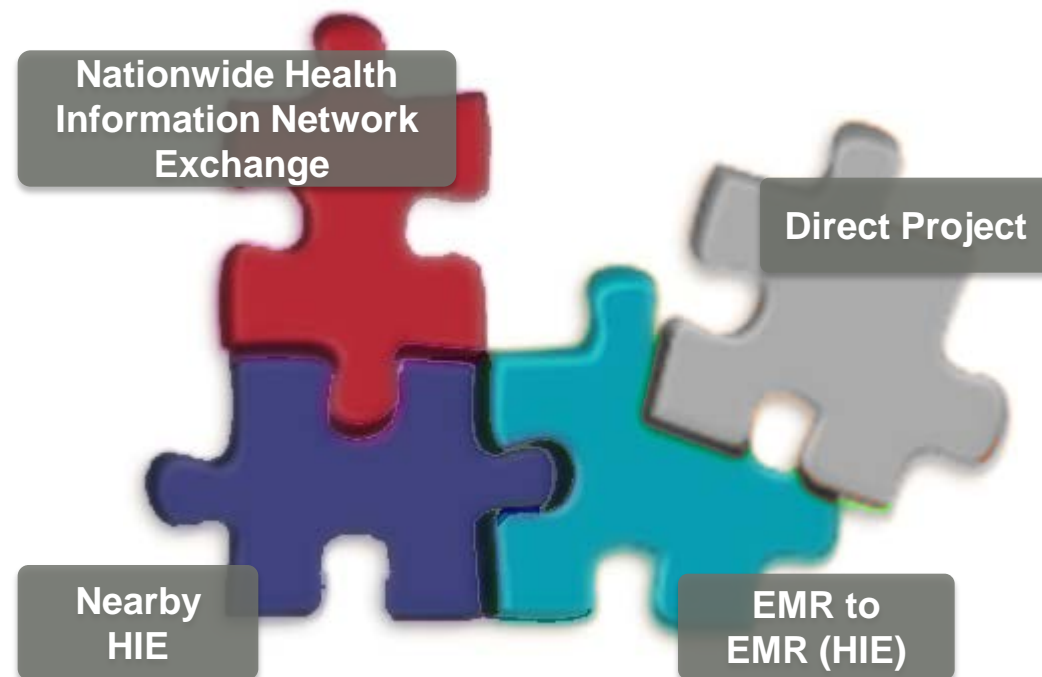
Direct Project and other Information Exchange
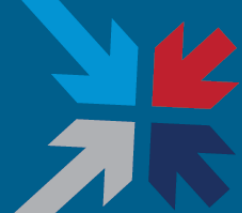
The Direct Project **doesn't replace** other ways information is exchanged electronically today, but it might **augment** them.

The Direct Project supports **simple use cases** in order to speed adoption, but other methods of exchange might be suited for other scenarios.

The Direct Project was designed to **coexist gracefully** with **existing protocols** for data exchange.

The Direct Project seeks to replace slow, inconvenient, and expensive methods of exchange (like paper, fax, or carrier pigeon) and provide a future path to **advanced interoperability.**

Nationwide Health Information Network Exchange

Direct Project

Nearby HIE

EMR to EMR (HIE)

Health information exchange:
a puzzle with many pieces

Community HIE
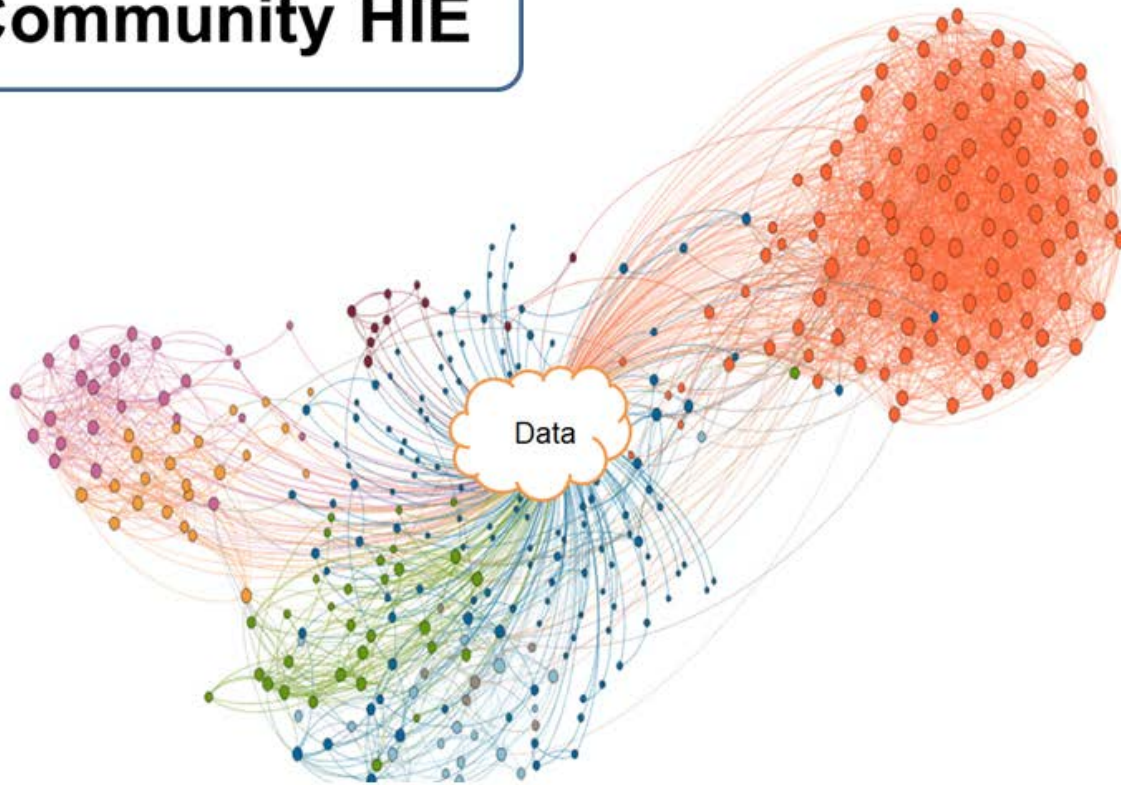
Direct Project

Enterprise HIE

Data

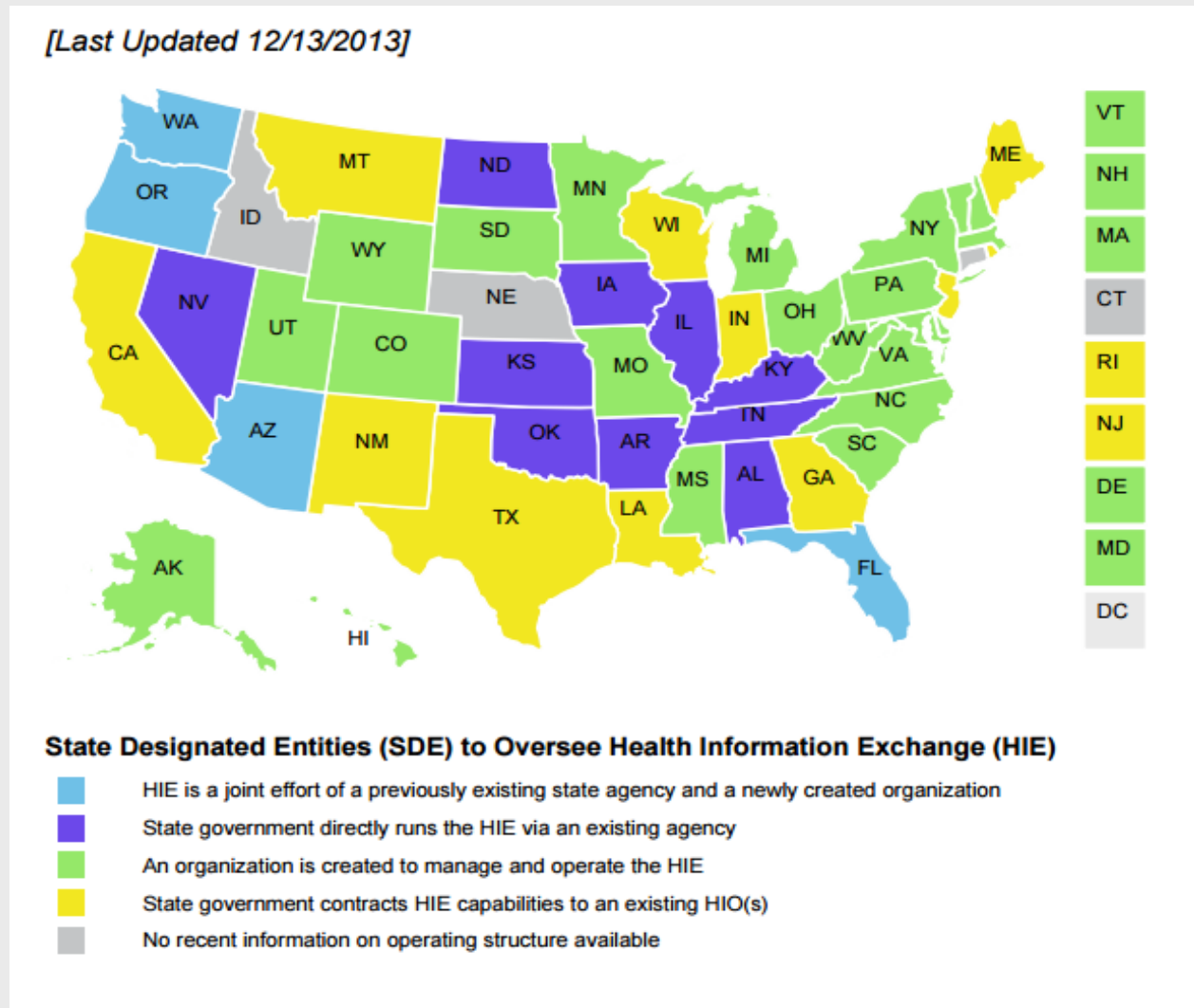# Meaningful Use certainly seems to be effectively driving change
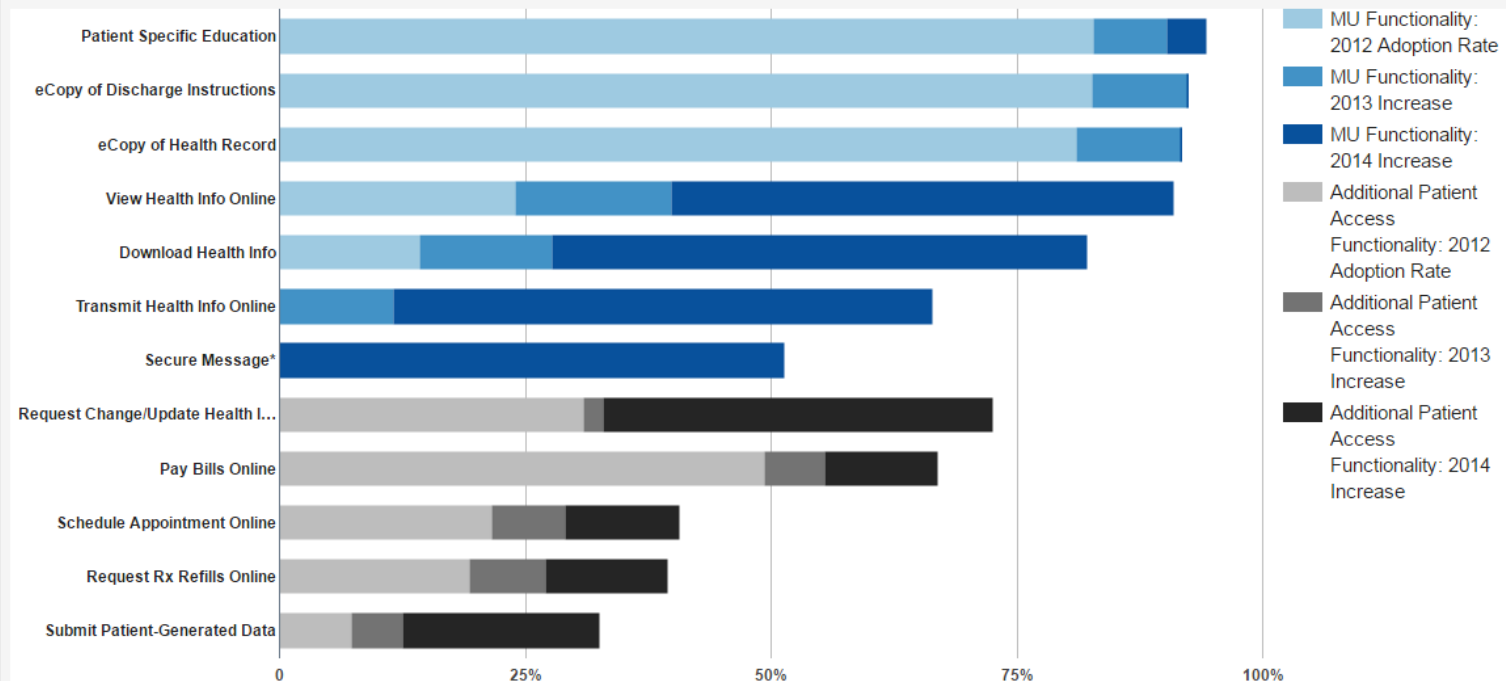
But considerable variability exists in how various states oversee HIE

[Last Updated 12/13/2013]

State Designated Entities (SDE) to Oversee Health Information Exchange (HIE)

- (light blue) HIE is a joint effort of a previously existing state agency and a newly created organization
- (purple) State government directly runs the HIE via an existing agency
- (green) An organization is created to manage and operate the HIE
- (yellow) State government contracts HIE capabilities to an existing HIO(s)
- (gray) No recent information on operating structure available

http://www.healthinfolaw.org/

The Ultimate Goal: A 'Learning Health Care System'

- Data created and collected automatically during routine health care and care coordination

- Information gathered and is transformed, in real-time, into computable data and knowledge that is shared across the learning health system

- Emphasizes person-centered planning as an essential tool for person-centered health, individual-provider partnerships, and coordinating care, particularly for individuals with chronic conditions and multiple co-morbidities.

A few important PHR and HIE considerations

- What *type* of PHR and HIE would work best for your program and your consumers?
- What type of PHR and HIE might be available to your program?
- What model of PHR and HIE will offer the best
  - Care and care coordination
  - Value
  - Public health benefit

THE MILBANK QUARTERLY
A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

Original Investigation

Differing Strategies to Meet Information-Sharing Needs: Publicly Supported Community Health Information Exchanges Versus Health Systems' Enterprise Health Information Exchanges

JOSHUA R. VEST* and BITA A. KASH†

*Indiana University Richard M. Fairbanks School of Public Health at IUPUI; †National Science Foundation Center for Health Organization Transformation and Texas A&M Health Sciences Center

Policy Points:

- Community health information exchanges have the characteristics of a public good, and they support population health initiatives at the state and national levels. However, current policy equally incentivizes health systems to create their own information exchanges covering more narrowly defined populations.
- Noninteroperable electronic health records and vendors' expensive custom interfaces are hindering health information exchanges. Moreover, vendors are imposing the costs of interoperability on health systems and community health information exchanges.
- Health systems are creating networks of targeted physicians and facilities by funding connections to their own enterprise health information exchanges. These private networks may change referral patterns and foster more integration with outpatient providers.

JR Vest, BA Kash. The Milbank Quarterly 94 (1), 77-108

A trip back in time to the 'early' PHR and HIE days (2007)

NewYork-Presbyterian System
SelectHealth – an HIV Special Needs Plan

Patient Characteristics

- 5578 Members living with HIV/AIDS
- High levels of serious co-morbid illnesses
- High levels of unstable housing, poverty, and low health literacy
- Many served by numerous medical, community and social service agencies

HIV/PCP Provider Network

Designated AIDS Centers

NewYork-Weill Cornell Medical Center, Columbia Presbyterian Medical Center, The Brooklyn Hospital Center, St Barnabas Hospital, Lutheran Medical Center, Mt Sinai Hospital, St. Luke's Roosevelt Hospital

Healthcare Centers

Wyckoff Heights Medical Center, New York Methodist Hospital, Community Healthcare Network,

Assorted HIV experienced Community Based Organizations

Specialty Provider Network

Allergy/Immunology	Ophthalmology
Anesthesiology	Optometry
Cardiology	Orthopaedics
Colon Rectal Surgery	Otolaryngology
Dermatology	Pediatric Surgery
Endocrinology and Metabolism	Physical Medicine & Rehabilitation
Gastroenterology	Plastic Surgery
General Surgery	Podiatry
Hematology/Oncology	Pulmonary Medicine
Infectious Disease	Rheumatology
Neonatal-Perinatal Medicine	Thoracic Surgery
Nephrology	Urology
Neurology	Home Health Care
Neurological Surgery	Durable Medical Equipment
Oncology	Community Based Organizations
Ophthalmology	Transportation
Optometry	Behavioral Health
Orthopaedics	HIV Specialty Primary Care Providers
Nephrology	OB/GYN
Neurology	Pediatrics
Neurological Surgery	
Oncology	

Site of HIV Specialty/Primary Care

N=5578

SelectHealth

My Health Profile

• a member *Continuity of Care Document* (CCD) for people living with HIV

• a 'snapshot' of critical clinical and care coordination information

• a standards based approach to HIE and access

HRSA Special Projects of National Significance Information Technology Networks of Care Initiative (2007-2011)

Core Elements of a CCD include:

• CCD Identifying Information
• Patient's Health Status
    • Diagnoses
    • Medications
    • Laboratory results
    • Procedures/Imaging
    • Allergies/adverse reactions
    • Social history/Family history
• Advanced Directives/Life Documents
• Care Documentation
• Practitioners

My Health Profile pre-populated clinical and care coordination data in a Continuity of Care Document (CCD) via an early health information exchange (HIE)
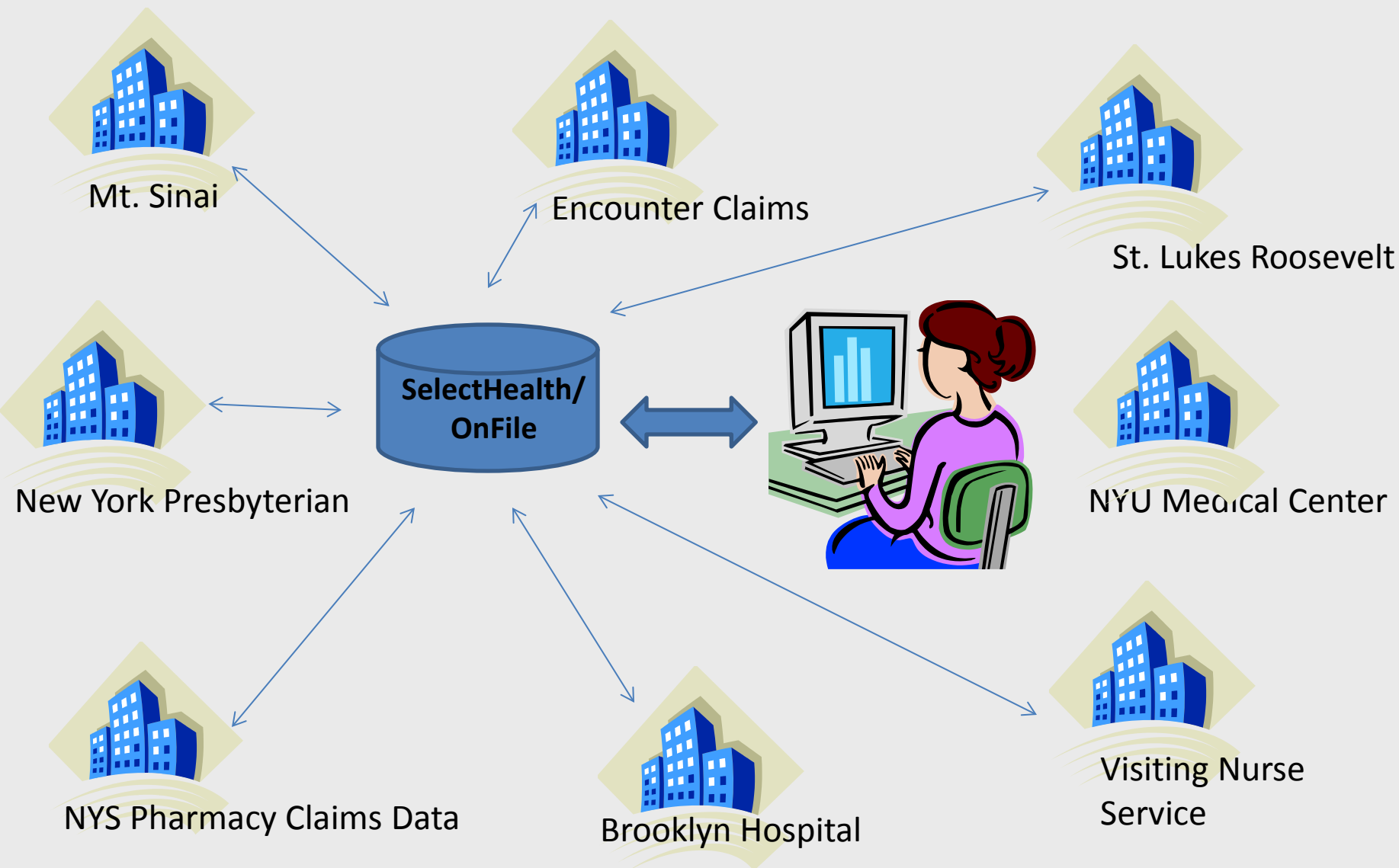
SelectHealth

Member Implementation
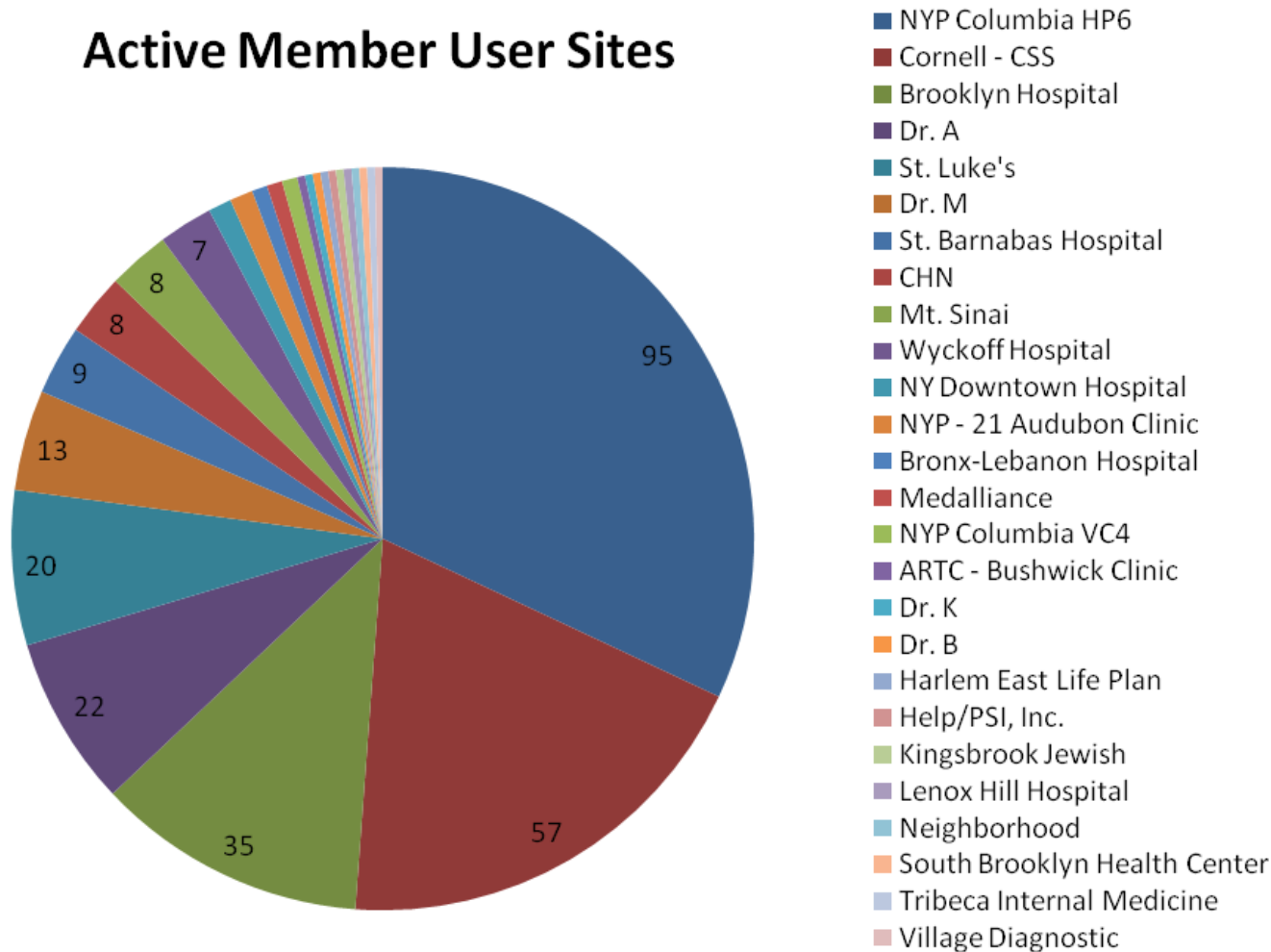
SelectHealth

Care Site Implementation

Care Site Users

6 DACs -111 users
7 COBRA agencies - 73 users

Pie chart values: 43, 40, 23, 20, 14, 12, 10, 6
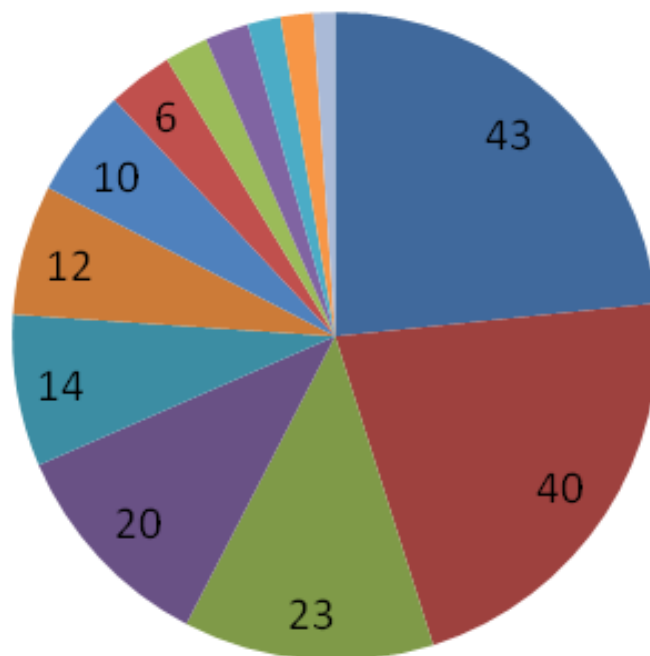
- CHN
- Cornell - CSS
- St. Lukes Roosevelt Hospital
- Columbia
- AIDS Service Center
- Brooklyn PATH Center
- Bronx-Lebanon Hospital
- Wyckoff Hospital
- Housing Works
- Salvation Army
- Argus Community, Inc.
- Dennelisse Corporation
- Diaspora Community Services

Implementation challenges lead to new opportunities and pitfalls, but are also catalysts for important insights!

A one-year SPNS supplement funded PHR enhancements and a partnership between Columbia DBMI, NYP, and RDE Systems

My Health Profile 2.0

- low health literacy
- mobile technology
- HIE adapted
- interoperable standards
- open source

My Health Profile Plus (1.5 or 0.5?)

My Health Profile 1.0

New York State Patient Portal Design Challenge

NYeC
NEW YORK eHEALTH COLLABORATIVE

News & Information   About   Contact   Search Site

SHIN-NY   SHIN-NY POLICY & GOVERNANCE   ADVISORY SERVICES   EVENTS   RESOURCES

Home » Patient Portal Design Challenge Info Session Draws Engaged Crowd

Patient Portal Design Challenge Info Session Draws Engaged Crowd

Posted on February 21, 2013 by NYeC Staff

This week, in partnership with live with design and Health 2.0, NYeC held an information session and networking event for more than 80 designers and developers interested in learning more about the Patient Portal for New Yorkers Design Challenge. NYeC staff made a short presentation about the overall portal project and challenge, and fielded questions.

NYeC is working to provide New Yorkers with safe and secure access to their records by building a statewide patient portal for New Yorkers — a website for patients to access their medical records online. In order to design the best possible and most user-friendly portal interface, NYeC has launched the Patient Portal for New Yorkers Design Challenge. This challenge calls on all interested designers and developers to submit innovative and exciting prototypes that can be used to build the full version of the portal. Challenge submissions are due April 11, 2013. Learn more.

News Categories

Press Releases

Newsletters

Media Coverage

Health IT News

Blog

MyHealthProfile
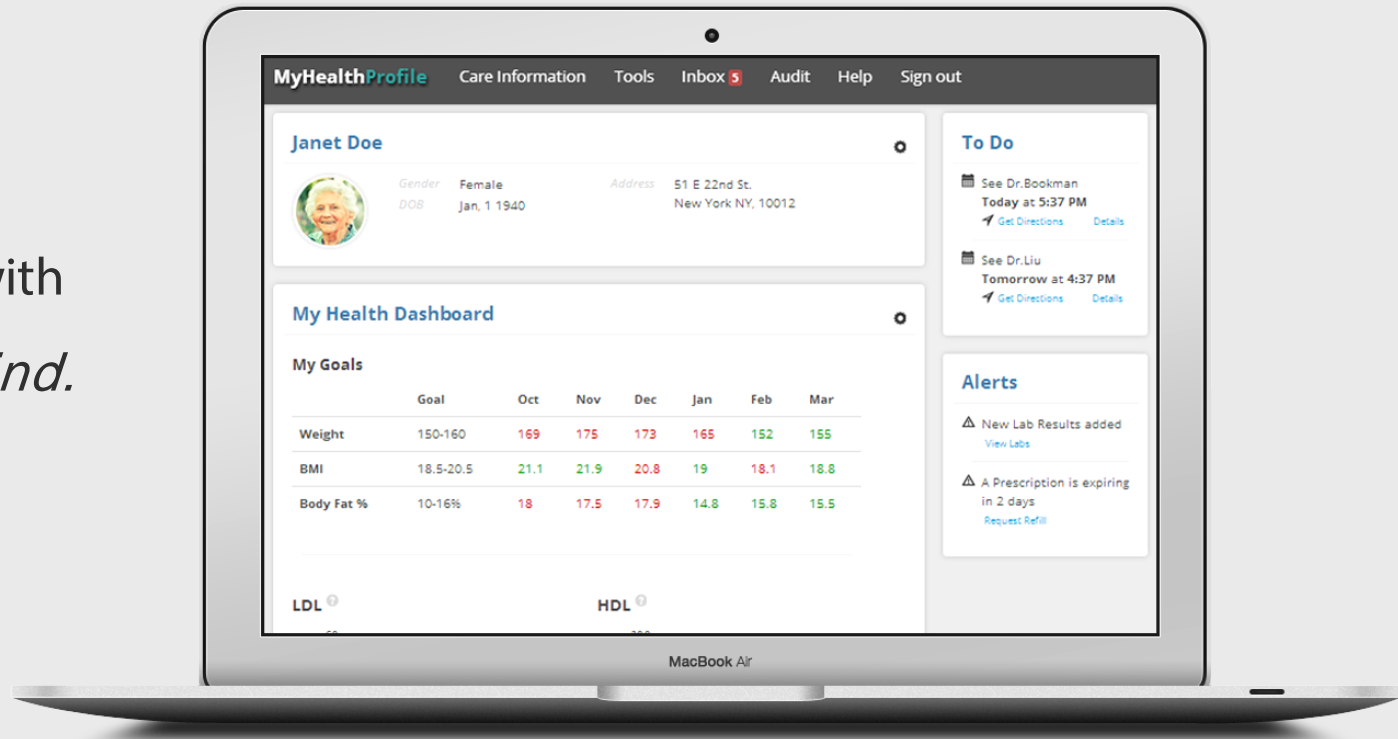
Your Health. *Simplified.*

Jesse Thomas
RDE Systems, LLC

Dr. Peter Gordon, MD
NewYork-Presbyterian / Columbia
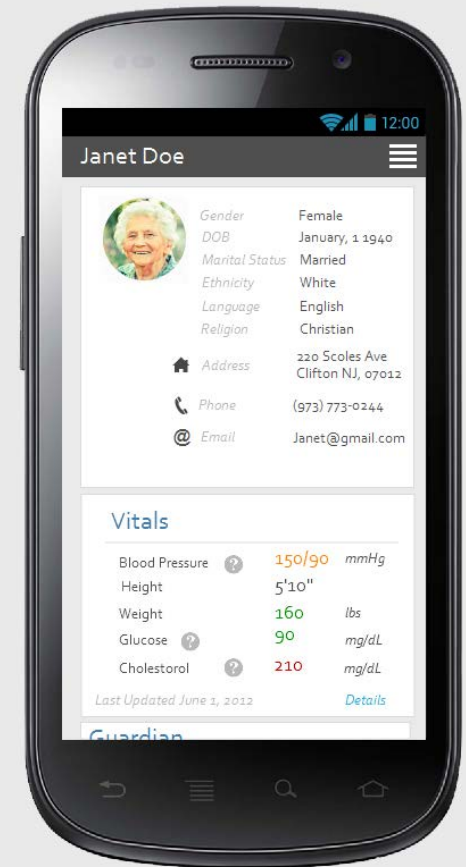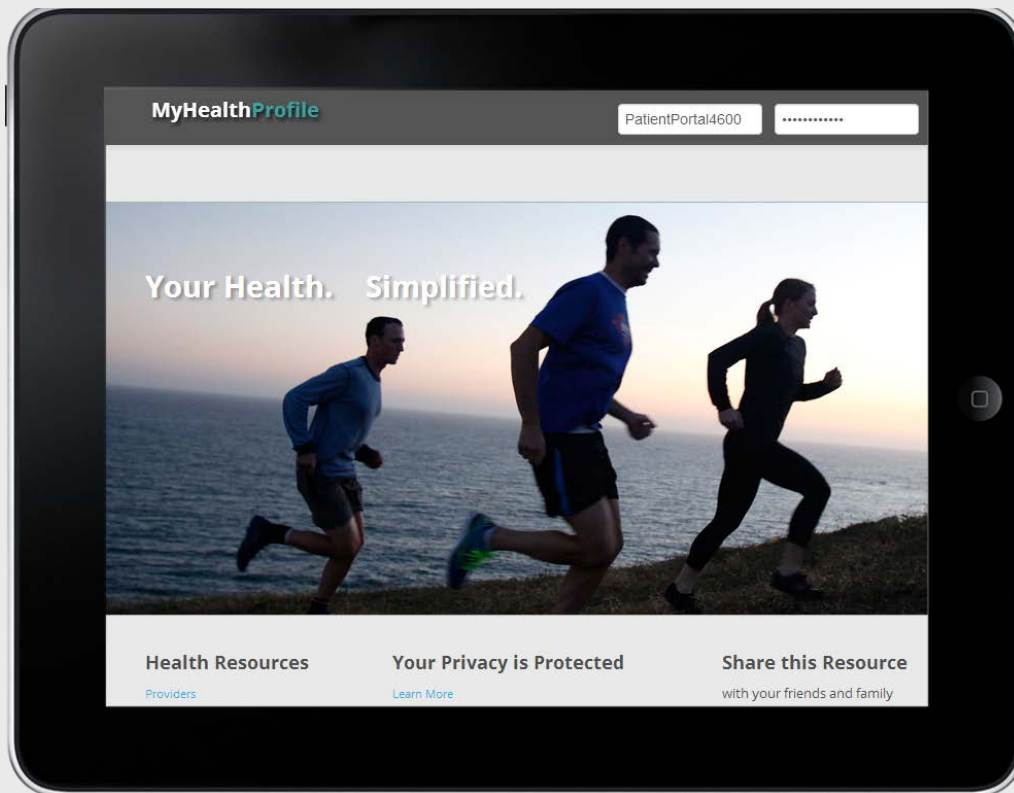University Medical Center

MyHealthProfile is...

...your connection to

your medical record

..an efficient and

intuitive design, with

your health in mind.
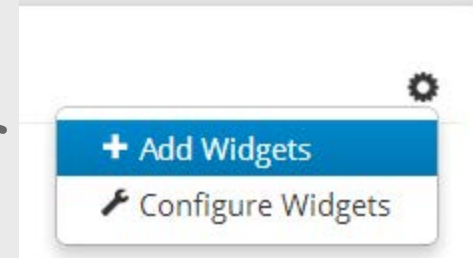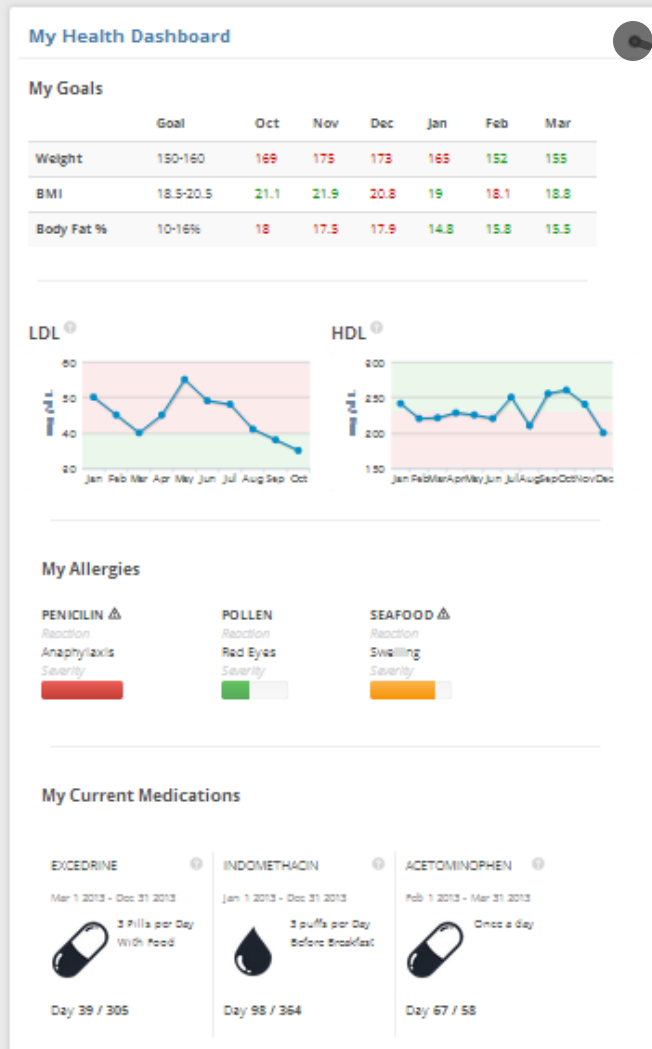
With MyHealth*Profile*...

...you can securely access your

health information on-the-go

...on any device, anytime, anywhere.

Health Dashboard.

Take control of your health with
My Health Dashboard.

My Health Dashboard

My Goals

	Goal	Oct	Nov	Dec	Jan	Feb	Mar
Weight	150-160	169	175	173	165	152	155
BMI	18.5-20.5	21.1	21.9	20.8	19	18.1	18.8
Body Fat %	10-16%	18	17.5	17.9	14.8	15.8	15.5

LDL   HDL

My Allergies

PENICILIN ⚠   POLLEN   SEAFOOD ⚠
Reaction   *Reaction*   *Reaction*
Anaphylaxis   Red Eyes   Swelling
Severity   *Severity*   *Severity*

My Current Medications

EXCEDRINE   INDOMETHACIN   ACETOMINOPHEN

Mar 1 2013 - Dec 31 2013   Jan 1 2013 - Dec 31 2013   Feb 1 2013 - Mar 31 2013

3 Pills per Day   3 puffs per Day   Once a day
With Food   Before Breakfast

Day 39 / 305   Day 98 / 364   Day 67 / 58

+ Add Widgets
🔧 Configure Widgets

Highly Customizable

My Goals

	Goal	Oct	Nov
Weight	150-160	169	175
BMI	18.5-20.5	21.1	21.9
Body Fat %	10-16%	18	17.5

Set your own goals

Health Dashboard.

Visually review your key lab values over time.
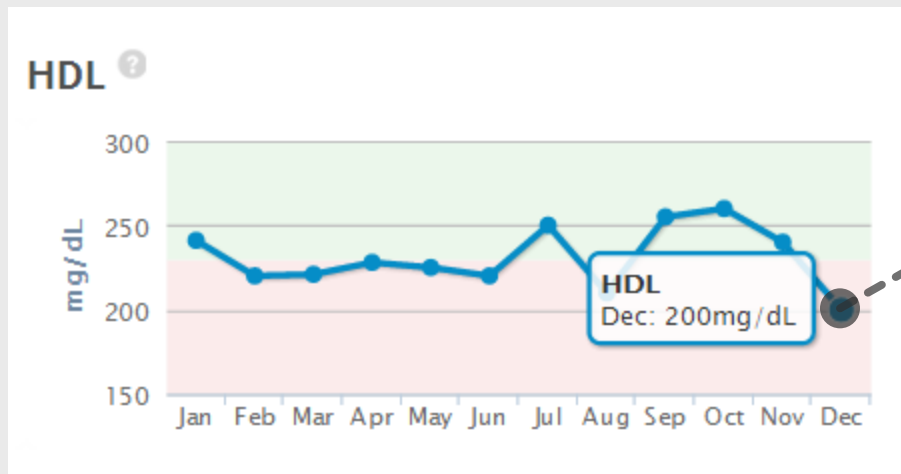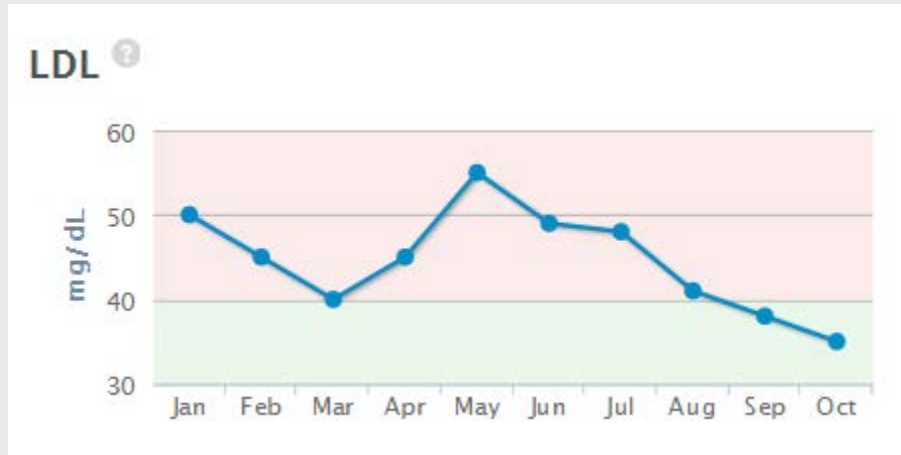
See how well you're doing at-a-glance.

Alerts & Reminders.

Never miss an appointment again, with the easy to use To-Do list.

To Do

📅 See Dr.Bookman
Today at **3:00 PM**
➤ Get Directions   Details

📅 See Dr.Liu
Tomorrow at **4:30 PM**
➤ Get Directions   Details

Alerts

⚠ New Lab Results added
View Labs

⚠ A Prescription is expiring in 2 days
Request Refill

Alerts help you better manage your health.

Access Sharing.

Share your health information with your loved ones.

Janet Doe

Gender	Female	Address	51 E 2...
DOB	Jan, 1 1940		New Y...

👤 Switch to John Doe
👤 Switch to Raymond Gator

🔧 Manage Consents

Emergency Cards.

With MyHealthProfile, you can easily create and print temporary emergency cards so that your information can be accessed when you need it the most.

Care Information.

All of your critical medical history is just one click away.

The comprehensive summary is designed to help you understand your medical information without feeling overwhelmed.

Info Button.

Medical terms and concepts can be confusing…
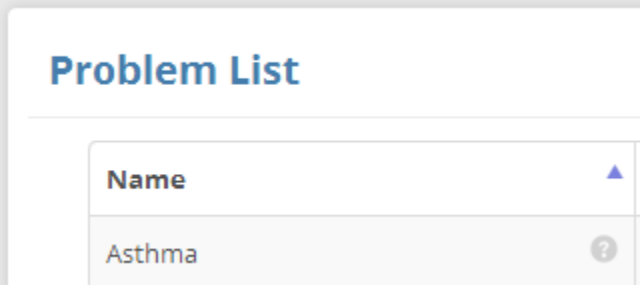
…so MyHealthProfile gives you access to millions of definitions, anytime.

Privacy Protection.

Share your information with a care provider of your choosing.

Consent Management

Facility OID ▲	Consent Status / Access ⬍	Action ⬍
New York Presbyterian Hospital	Granted	⊗ Revoke
St. Luke Hospital	Denied/Revoked	⊘ Grant
Andrew Bookman, Private Doctor	Granted	⊗ Revoke
Palisade Medical Center	Denied/Revoked	⊘ Grant

Showing 1 to 4 of 4 entries

← Previous 1 Next →

You can grant or revoke access to your information, anytime.

Privacy Protection.

We take your privacy very seriously…

…that's why MyHealthProfile keeps a detailed log of who viewed your information, so you can put your mind at ease.

Audit Log Trails

Search: [   ]

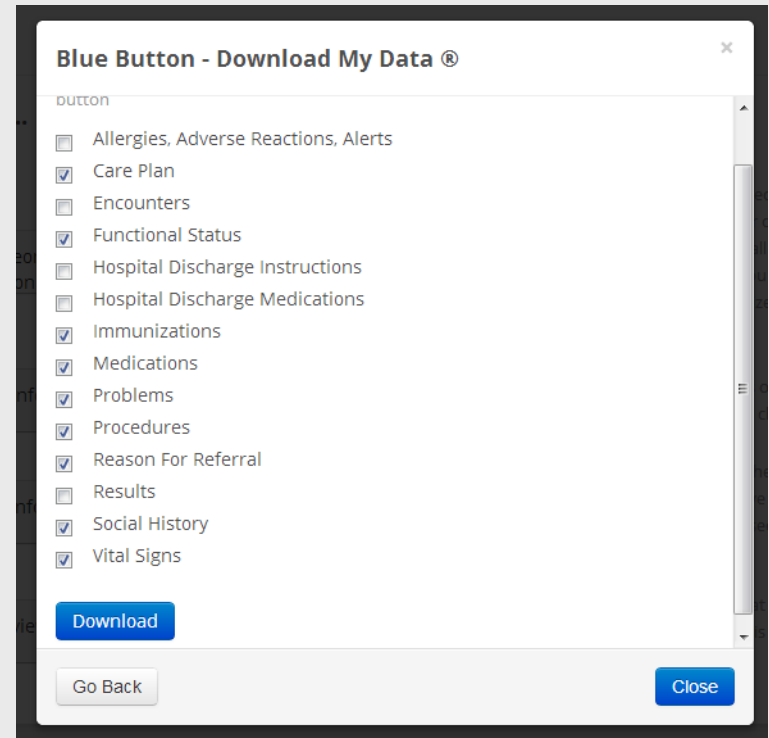| Audit Record ▲	Date ⬍
Patient record was accessed by Physician A from facility 1.2.3.4.5	Jan 26, 2012 7:07 PM
Patient record was accessed by Physician B from facility 1.2.3.4.6	Feb 19, 2012 7:07 PM
Patient record was accessed by Physician C by using Break The Glass functionality from facility 1.2.3.4.7	Jul 31, 2012 8:08 PM
Physician Q was denied access to patient records because facility 1.2.3.4.7 has no consent	Oct 7, 2012 8:08 PM

Showing 1 to 4 of 4 entries

← Previous | 1 | Next →

Download my Data.

*MyHealthProfile supports the federal **Blue Button initiative** and lets you print and download your information*

...so you can keep a record of it, hold it in your hands, or share with your care provider.

Blue Button - Download My Data ® ✕

button

☐ Allergies, Adverse Reactions, Alerts
☑ Care Plan
☐ Encounters
☑ Functional Status
☐ Hospital Discharge Instructions
☐ Hospital Discharge Medications
☑ Immunizations
☑ Medications
☑ Problems
☑ Procedures
☑ Reason For Referral
☐ Results
☑ Social History
☑ Vital Signs

Download

Go Back   Close

Secure Messaging.

You can actively participate in your care by directly communicating with your care team.
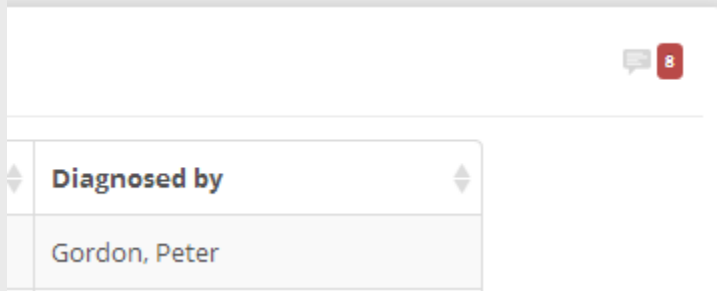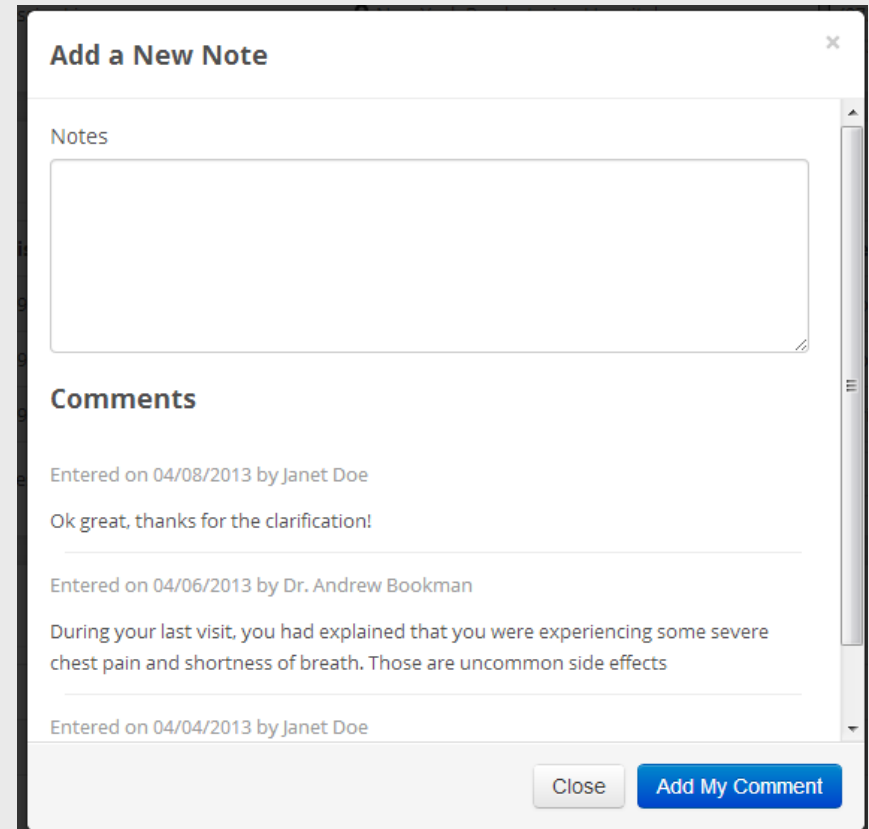
Custom Annotations.

Get involved by adding your own comments to your Care Information.

Your doctor will be notified immediately and can follow up.

Home » Patient Portal Design Challenge Info Session Draws Engaged Crowd

Patient Portal Design Challenge Info Session Draws Engaged Crowd

Posted on February 21, 2013 by NYeC Staff

This week, in partnership with live with design and Health 2.0, NYeC held an information session and networking event for more than 80 designers and developers interested in learning more about the Patient Portal for New Yorkers Design Challenge. NYeC staff made a short presentation about the overall portal project and challenge, and fielded questions.

NYeC is working to provide New Yorkers with safe and secure access to their records by building a statewide patient portal for New Yorkers — a website for patients to access their medical records online. In order to design the best possible and most user-friendly portal interface, NYeC has launched the Patient Portal for New Yorkers Design Challenge. This challenge calls on all interested designers and developers to submit innovative and exciting prototypes that can be used to build the full version of the portal. Challenge submissions are due April 11, 2013. Learn more.

News Categories

Press Releases

Newsletters

Media Coverage

Health IT News

Blog

New York's Statewide Patient Portal Design Challenge Winners Announced!

Posted on May 13, 2013 by NYeC Staff

Boundaries of IT in the current environment (the reality check)

New York to be first state launching health data portal: Health Commissioner

Portal set to launch this year will allow users to view, download and manage their health information, Dr. Nirav Shah said.

BY MICHAEL SORRENTINO / NEW YORK DAILY NEWS / Friday, May 2, 2014, 9:08 PM

- The NYS patient portal did not go live in Jan, 2014
- It did not go live in Jan 2015, or Jan 2016
- It is now slated for early 2017…

Strategy for successful PHR implementation

- Right partners
- Careful process
- Appropriate model (tethered)
- Proven technology
- Consumer Value Based Design
  - Use and usability
  - Security and privacy
  - Health literacy
  - Identify key drivers of adoption

Summing up the journey that *must* occur

*Public and private stakeholders will need to do more than just address our policies and technical approaches to achieve real, meaningful, seamless interoperability – **we will need to change our culture**. We will all need to commit to actions that will define how we work together on behalf of the American public to empower them to improve their health. We are committed to helping consumers easily and securely access their electronic health information when and where they need it most; **to enabling individual health information to be shared with other providers and refrain from information blocking; and to implementing federally recognized, national interoperability standards and policies so that we are no longer competing between standards, but rather innovating on a set of core standards**.*

Karen B. DeSalvo, MD, National Coordinator for Health Information Technology
2014-2016

References

1. Gordon P, Camhi E, Hesse R, Odlum M, Schnall R, Rodriguez M, Valdez E, Bakken S. Processes and outcomes of developing a continuity of care document for use as a personal health record by people living with HIV/AIDS in New York City. Int J Med Inform. 2012 Oct;81(10):e63-73. doi: 10.1016/j.ijmedinf.2012.06.004. Epub 2012 Jul 26. PubMed PMID: 22841825; PubMed Central PMCID: PMC4447096

2. Teixeira PA, Gordon P, Camhi E, Bakken S. HIV patients' willingness to share personal health information electronically. Patient Educ Couns. 2011 Aug;84(2):e9-12. doi: 10.1016/j.pec.2010.07.013. Epub 2010 Aug 17. PubMed PMID: 20724095; PubMed Central PMCID: PMC3010305.

3. Schnall R, Smith AB, Gordon P, Camhi E, Sikka M, Kanter T, Bakken S. Barriers and Facilitators of Implementing Electronic Data Summaries in HIV/AIDS Care. NI 2012 (2012). 2012 Jun 23;2012:361. eCollection 2012. PubMed PMID: 24199121; PubMed Central PMCID: PMC3799141

4. Odlum M, Gordon P, Camhi E, Valdez E, Bakken S. Exploring factors related to the adoption and acceptance of an internet-based electronic personal health management tool (EPHMT) in a low income, special needs population of people living with HIV and AIDS in New York City. Stud Health Technol Inform. 2014;201:145-52. PubMed PMID: 24943537.

5. Schnall R, Gordon P, Camhi E, Bakken S. Perceptions of factors influencing use of an electronic record for case management of persons living with HIV. AIDS Care. 2011 Mar;23(3):357-65. doi: 10.1080/09540121.2010.507745. PubMed PMID: 21347899; PubMed Central PMCID: PMC3129034