

**Health Information Technology and Health Information Exchange Topical Area Meeting
Consumers
September 8, 2006**

Vision

- Universal format for viewing data
- Make information more accessible; in different formats
- Web searches yield vendor based hits
 - Provide information that goes away from vendor based information
 - Information may be unreliable
- Example: Myrecord.com
 - Consumer access to health records, all records not online yet
- Example: Metro Health (online access to records)
 - Departments tied together
 - Inaccessible to individual at home
 - Available to other doctors for increasing quality of care
 - Rehab, dentist, primary care provider
 - Knowledge of all medications taking
 - Go outside of system, information does not follow the consumer
 - Doctors don't have access to information
- Consumer access to data
 - Ability to see data
 - Access in different formats
- Information follows consumer
- Who's in system/Who's out
 - Are they in the system; if not can they access the information
- Consumer's right to know what information is being viewed and by whom
- How to manage trade offs
- What is the new problem posed by EHR
- How to protect EHR?
- What about DNA/Effective testing
- EHR/Continuity of Care Record
 - Diagnosis
 - Medications
 - Patient History
 - Family History
 - Allergies
 - Care preferences
 - Lab results
- Enter information once, patient verifies
- Who is original imputer of data?
 - How much control does patient have over EHR data
- Changing standards
- Telemedicine
- Mental Health Patients
 - Worry that physician attributes mental health status to patients' medical concerns

- See disability first and perform routine procedures
 - Assume sexually inactive
- Use as educational tool for providers (in terms of providing service to persons with disabilities)
- EMR will help providers implement best practices
- Quicker/easier access to durable power of attorney
- Standard setting organizations
- Create adaptors for programs/systems that already exist

Barriers to HIT Adoption

- Physicians nervous about being held accountable due to their opening and viewing of the patient record
- Saving Money
 - Quicker payments = more cash flow
 - Billing to payer
 - Reduction of staff
 - Reduced storage cost
 - Quicker eligibility determination
- Better health outcomes for people
 - Move towards outcome based system
- More efficient and honest system
- Better preventive care

Barriers to HIE

- Consumers afraid of insurance companies getting a hold of data/medical history
 - Ex: employer, government, criminal justice
- Computer causes artificial barrier
- Change dynamics of patient-doctor relationship to use IT
- Room space tighter (for computer)
- Consumers see it as another way to be controlled, analyzed
 - Fear of being controlled, documented
- Concern about privacy and security
 - Health professionals don't know what the rules are
- Belief that paper records are more secure
 - More effort to make copies
 - Trace faxed copies easier
- Rights of parents to see record
- Questions on sex activity, drug, alcohol
- What are underwriting permissions?
 - What family history be used in make decisions

Questions/Concerns

- National State/Where to go?
- Implementation
 - How are we going to implement this system
 - Policies to implement the system