

PROMOTING CONSUMER ACCESS TO THE EMR TO IMPROVE QUALITY OF CARE AND DATA REPORTING



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Workshop Goals

- Describe existing Personal Health Record (PHR) and Patient Portal models and their impact on Clinical Care, Quality Management and Data Reporting
- Alert Grantees to opportunities to engage with local and regional efforts underway to promote consumer access, data sharing, and quality reporting
- Promote awareness and adoption of HIT tools intended to foster data quality management

Learning Objectives

Workshop participants will learn....

- the potential benefits of developing consumer access to their medical records, specifically with regard to improved clinical care, data quality management, and data reporting.
- about existing EHR consumer access resources, including local Regional Health Information Organization (RHIO) activities designed to foster data sharing, consumer access, and public health reporting.
- become knowledgeable about HIT tools and Federal HIT policy initiatives designed to foster interagency information sharing, improve data quality, and consumer involvement via HIT.

An early 'call to arms' to provide consumer access to their EHRs....

AMIA's 2005 PHR 'white paper'

- Not static repositories for patient data
- Should help patients become active participants in their care
- Integrate into EHR systems (no mention of HIE)

White Paper ■

Personal Health Records: Definitions, Benefits, and Strategies for Overcoming Barriers to Adoption

PAUL C. TANG, MD, MS, JOAN S. ASH, PhD, DAVID W. BATES, MD, J. MARC OVERHAGE, MD, PhD, DANIEL Z. SANDS, MD, MPH

Abstract Recently there has been a remarkable upsurge in activity surrounding the adoption of personal health record (PHR) systems for patients and consumers. The biomedical literature does not yet adequately describe the potential capabilities and utility of PHR systems. In addition, the lack of a proven business case for widespread deployment hinders PHR adoption. In a 2005 working symposium, the American Medical Informatics Association's College of Medical Informatics discussed the issues surrounding personal health record systems and developed recommendations for PHR-promoting activities. Personal health record systems are more than just static repositories for patient data; they combine data, knowledge, and software tools, which help patients to become active participants in their own care. When PHRs are integrated with electronic health record systems, they provide greater benefits than would stand-alone systems for consumers. This paper summarizes the College Symposium discussions on PHR systems and provides definitions, system characteristics, technical architectures, benefits, barriers to adoption, and strategies for increasing adoption.

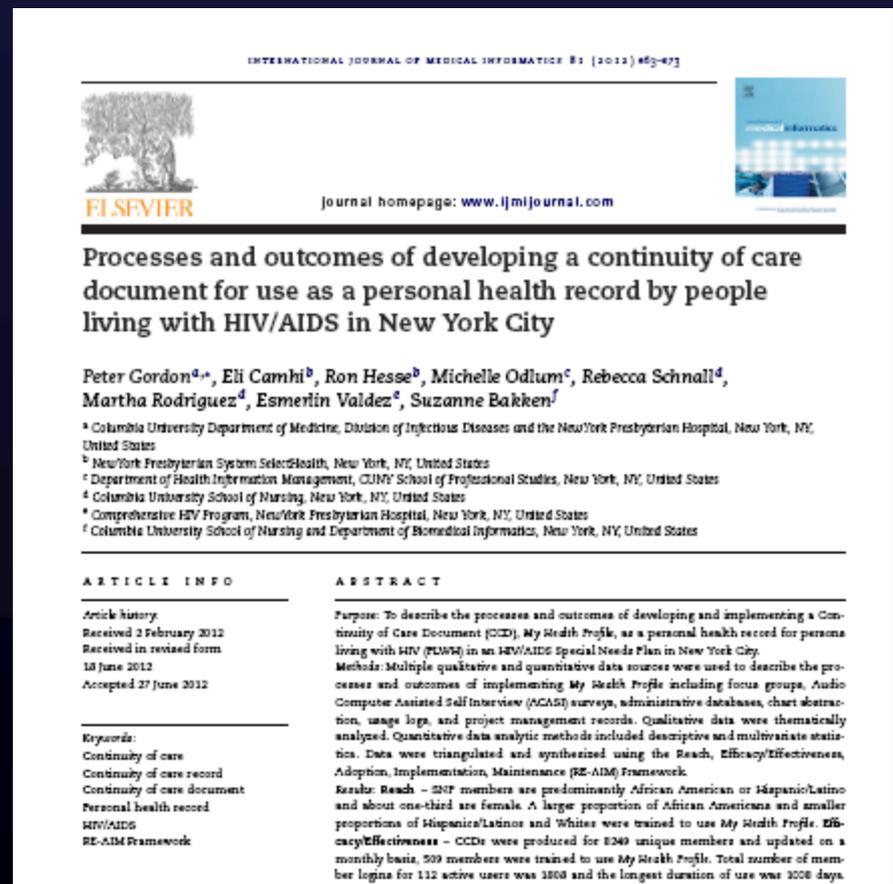
■ J Am Med Inform Assoc. 2006;13:121-126. DOI 10.1197/jamia.M2025.

The 2005 Hurricane Katrina disaster exposed the fragility of America's health information infrastructure. When confronted by a hurricane, an avian flu pandemic, or a bioterror-

records (EHRs). All levels of government—federal, state, regional, and local—as well as the private sector, have encouraged EHR adoption. By contrast, personal health record

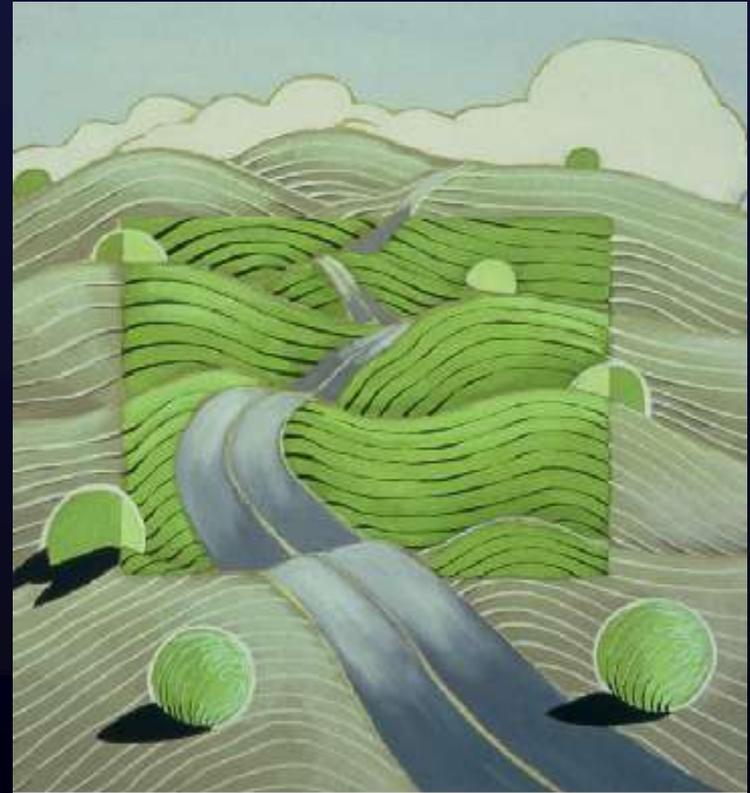
A more recent 'call to arms' to provide consumer access to their EHRs....

- PLWH will adopt PHR use at rates equal to more affluent and health literate populations
 - PLWH and other safety net populations may uniquely benefit from access to 'siloe'd' information
- Security and privacy concerns by PLWH regarding HIE can be successfully met through design and implementation steps



Personal Health Records (PHRs) and Patient Portals

- A long history of conceptual support but little activity
- Multiple 'roadblocks'
- Impact of HIEs
- Research Community and Governmental Support
- Some notable examples



Historic Impediments to PHRs and Patient Portals

- Data entry vs HIE
- Technology
 - Interoperability
 - Adoption of standards
- Provider Community
 - Data embargo
- Business Interests
- PHR Adoption
- Consumer Health and IT Literacy



Consumer Adoption of PHRs and Patient Portals

➤ Has been quite variable, but examples of excellent adoption exist

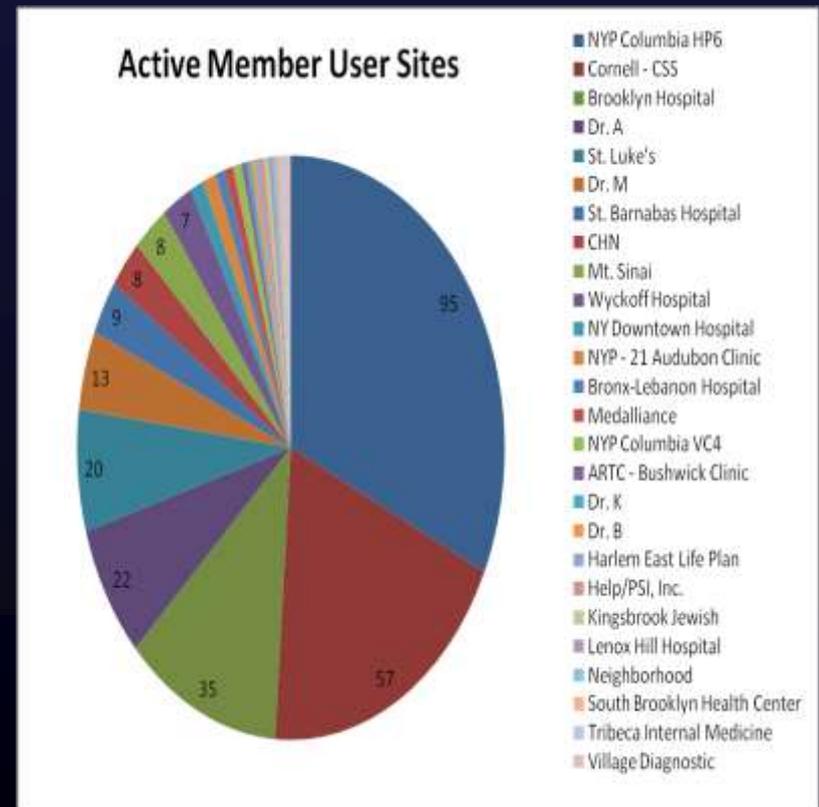
1. KP's *My Health Manager*

2. SF DOH *My HERO*

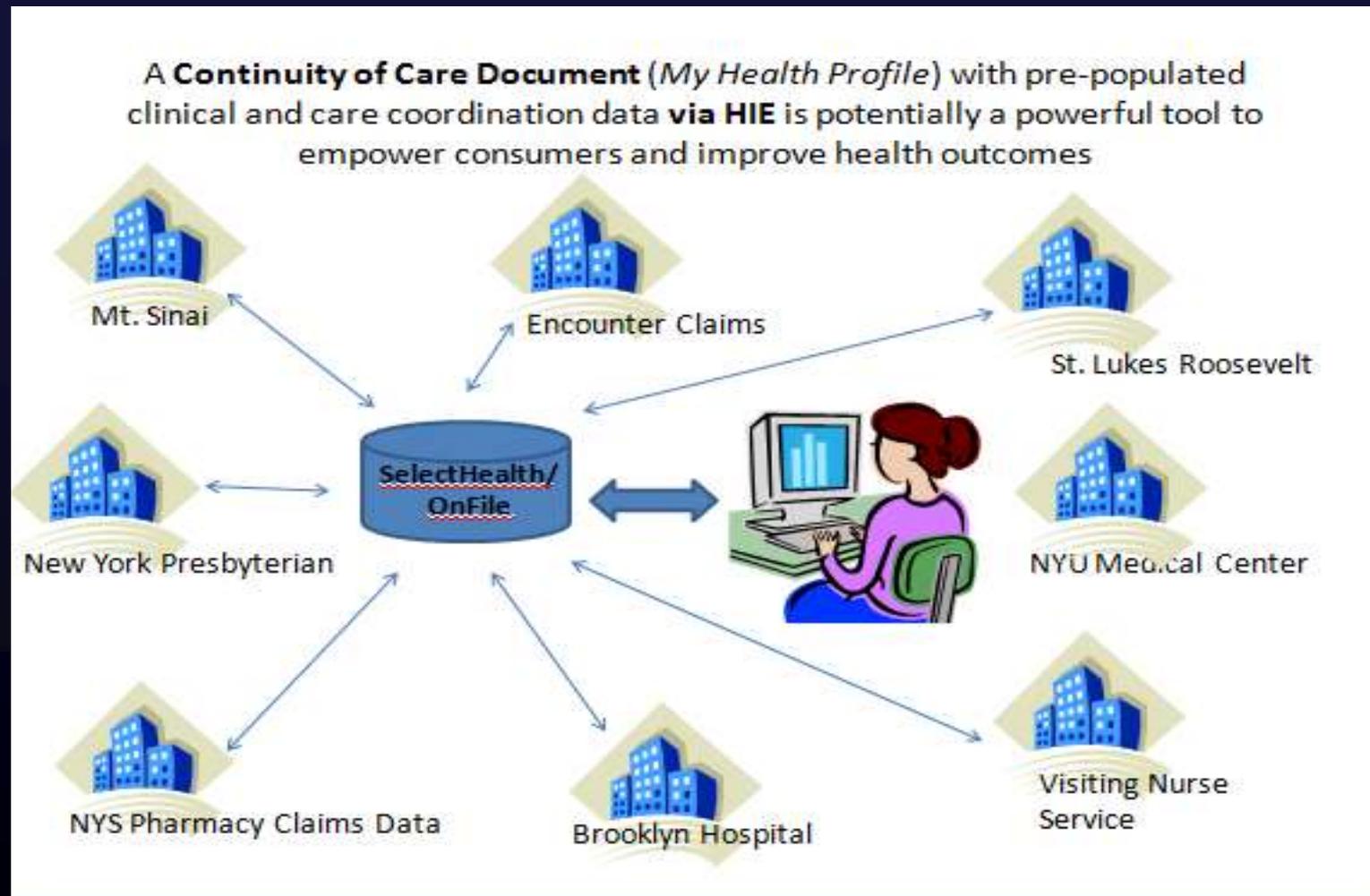
3. NYPS *My Health Profile*

➤ Facilitating factors

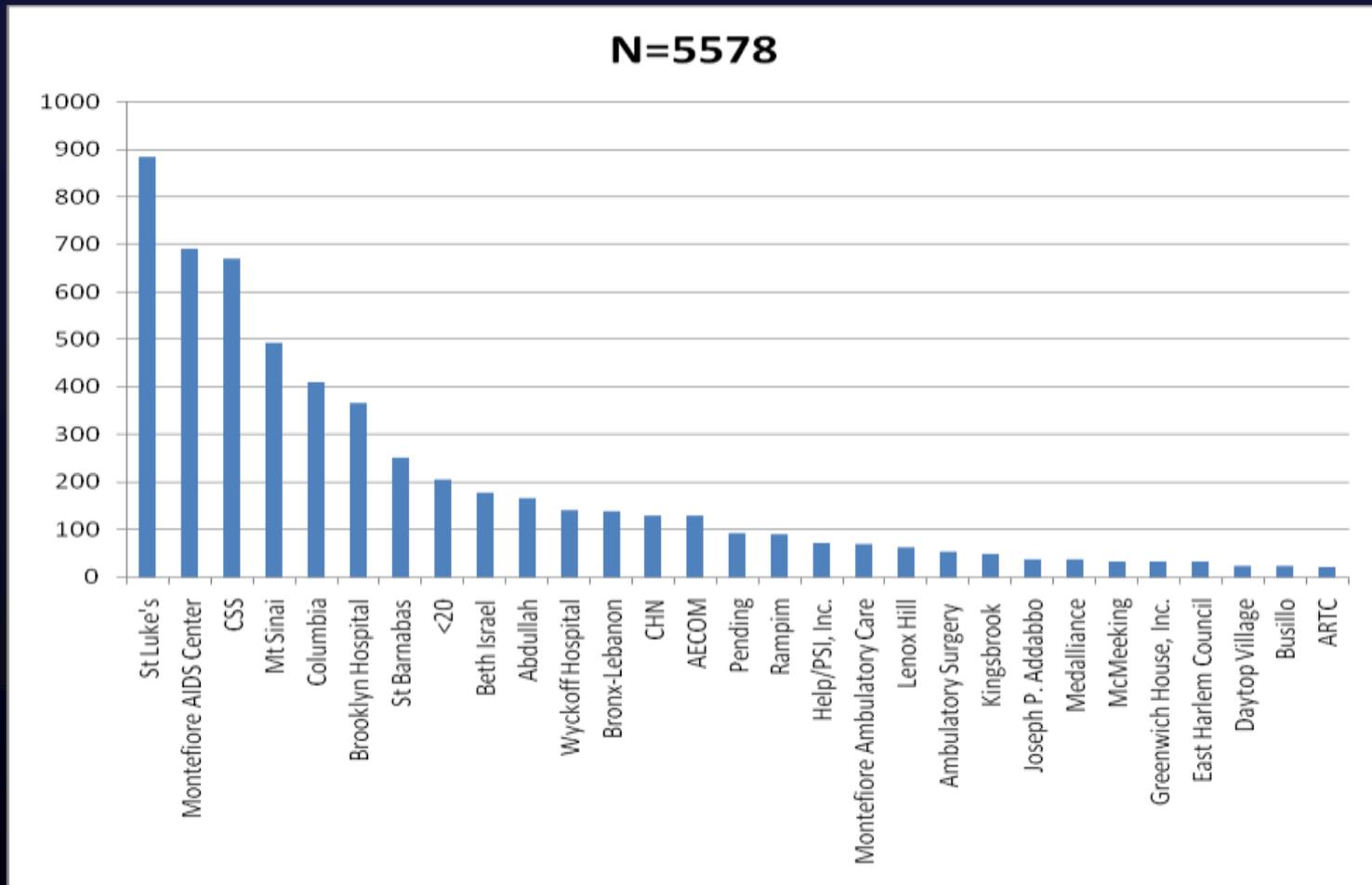
- Minimized data entry by consumer
- Use and usability testing
- Coaching



Empowering consumers via patient portals; the necessity of robust HIE



HIE, or 'tethering', is an essential component of any truly successful PHR or Patient Portal



Some PHR /Patient Portal Examples

- 'enterprise' Electronic Health Record PHR/patient portals
- 'system' PHR/patient portals
 - Kaiser Permanente, NYPS SelectHealth
- IT Industry attempts
 - Google Health, HealthVault
- State Health Information Networks
 - SHIN-NY

IT Industry attempts: Size does not guarantee success!



[About Google Health](#)

Frequently Asked Questions

Frequently Asked Questions

Google Health has been discontinued as of January 2, 2012.

[Google Health Privacy](#)

You can download and delete the data you have stored in Google Health through **January 1, 2013** by signing in at <https://health.google.com>, but you will no longer be able to view, edit, share, or enter new data.

[Help Center](#)

Any data remaining in Google Health after January 1, 2013 will be irretrievably [deleted](#) shortly after that date.

[Terms of Service](#)

Here are answers to some of the most frequently-asked questions about the discontinuation of Google Health. If you don't see your question below, check out our [help forums](#).

[Developer Policies](#)

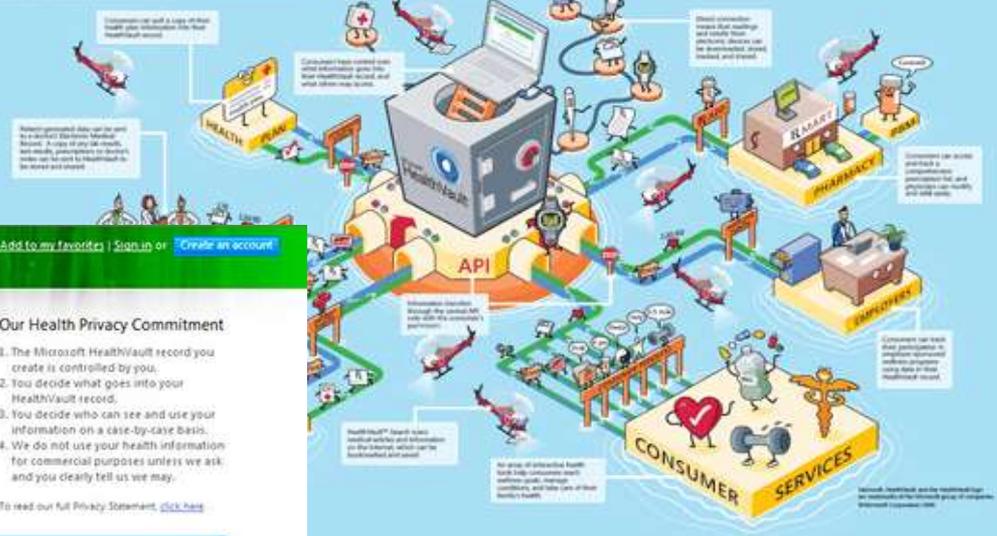
1. [How long do I have to retrieve my data?](#)
2. [What happens to my data after January 1, 2013?](#)
3. [Someone shared a profile with me, can I still access it?](#)
4. [I want to keep tracking my health online. What can I use to do this?](#)
5. [How can I get all of my data off of Google Health?](#)

System complexity is a significant barrier to patients and providers alike...

The Microsoft® HealthVault Future

Microsoft HealthVault™ is a platform designed to put people in control of their health data. It takes from e-mail, mood, and more health information with family members and participating health care providers, and it provides people with a choice of those party applications and devices to help them manage things like fitness, diet, and health.

Microsoft has also developed HealthVault Search, a new intuitive web search service that helps people discover answers to their health questions, learn more about topics important to them, confidentially share the information they discover, and get on-line knowledge to improve their health and wellness. To find out more, visit healthvault.com.



Microsoft HealthVault BETA

Home | Add to my favorites | Sign in or Create an account

Welcome to HealthVault

Be well. Protected.

When it's your job to protect your family's health, you need every advantage. Imagine if you had a way to collect, store, and share the health information critical to your family's well-being.

HealthVault is the new and FREE way to do just that.

Imagine controlling the flow of your health information. Whether you need to search the Web for the most up-to-date treatments, catalog existing health records, receive test results, or monitor current physical readings — HealthVault gives you the control you need.



Our Health Privacy Commitment

1. The Microsoft HealthVault record you create is controlled by you.
2. You decide what goes into your HealthVault record.
3. You decide who can see and use your information on a case-by-case basis.
4. We do not use your health information for commercial purposes unless we ask and you clearly tell us we may.

To read our Full Privacy Statement, [click here](#).

HealthVault Search

The new way to search for healthcare articles and health information on the Web. [Learn More](#)

Web Health Search

A very different approach... standards based, carefully evaluated, targeted to safety net



NewYork-Presbyterian System
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

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

HRSA Special Projects of National Significance
Information Technology Networks of Care
Initiative (2007-2012)

A Continuity of Care Document (CCD) – a first generation PHR

NewYork-Presbyterian - Mozilla Firefox

https://selecthealth.cofh.com/Member/Show/100098053

NewYork-Presbyterian

NewYork-Presbyterian System
SelectHealth

Logout Change Password

My Health Profile

Log In ID: PeterGordon
[Address]
Previous Login: 8/12/2009 11:43:36 AM

Home Members Providers Admin Business Associates

Member Info (View)
12345A
Temporary Membership
Last
Active
Member Admin
Add Log
Create My Member
New CCD
New Statement
My Insurance Claims
View My CCD
Download CCD
Last Modified: 4/22/2009

My Health Profile for Demo Member 1

Patient Detail

Name:	Demo Member	Date of Birth:	01-01-1971
Address:	123 Test St New York, NY 10026	Gender:	Male

Health Care Providers

Name	Organization	Phone
Care Manager Judy Bettoner	Columbia Presbyterian HIV Program	(212) 305-3174
PCP Gordon, Peter	Columbia Presbyterian Program, Dentalize Corporation	(212) 305-2174 (Primary) or (212) 205-2905 (After Hours) (212) 265-1480

Problems

Condition	Effective Dates	Condition Status
MIXCCD AIDS	2/2002	Active
Diabetes Mellitus	9/2009	Active
Depression	1/2006	Active
Hypertension	9/2006	Active
Acute Myocardial Infarction	8/2006	Resolved

Allergies, Adverse Reactions, Alerts

Substance	Reaction	Status
Penicillin	Hives	Active
Codaine	Hives	Active

Medications

Medication	Filled	Quantity	Days Supplied	Order Date	Ordered By
NOXVIR 100 MG SOFTGEL CAP	1/28/2008	30	30	7/7/2008	Gordon, Peter
ALBUTEROL 90 MCG INHALER	10/23/2008	17	25	10/6/2008	Gordon, Peter
FLUTICASON 50 MCG NASAL SPRAY	10/23/2008	14	25	10/6/2008	Gordon, Peter
NEVATAC 150 MG CAPSULE	10/28/2008	50	00	7/7/2008	Gordon, Peter
TRICOR 145 MG TABLET	10/28/2008	50	30	7/7/2008	Gordon, Peter
TRUVADA TABLET	10/28/2008	30	30	7/7/2008	Gordon, Peter
ZETIA 10 MG TABLET	10/28/2008	30	30	7/7/2008	Gordon, Peter
METFORMIN HCL 850 MG TABLET	10/28/2008	90	00	7/7/2008	Gordon, Peter
ACTOS 15 MG TABLET	10/28/2008	30	00	7/7/2008	Gordon, Peter
LISINAPRIL 40 MG TABLET	10/28/2008	30	00	10/6/2008	Sawa, Dorothy
RANITIDINE 150 MG TABLET	10/28/2008	50	30	10/6/2008	Gordon, Peter
TACTIAN 500 MG TABLET	10/28/2008	100	33	9/29/2008	Gordon, Peter
GLIPIZIDE 10 MG TABLET	10/28/2008	120	30	10/28/2008	Gordon, Peter
ACETASOL HC EAR DROPS	10/28/2008	20	10	10/28/2008	Barnett, Michael
NOXVIR 100 MG SOFTGEL CAP	10/13/2008	30	30	7/7/2008	Gordon, Peter
CLOTEMAZOLE 1% SOLUTION	10/6/2008	30	15	9/18/2008	Watts, Alan
RANITIDINE 150 MG TABLET	10/6/2008	40	20	10/6/2008	Gordon, Peter
LISINAPRIL 40 MG TABLET	10/6/2008	30	30	10/6/2008	Sawa, Dorothy
TRIANCINGLONE 0.1% CREAM	10/6/2008	15	8	8/19/2008	Watts, Alan
ACTOS 15 MG TABLET	10/6/2008	30	30	7/7/2008	Gordon, Peter
METFORMIN HCL 850 MG TABLET	10/6/2008	90	30	7/7/2008	Gordon, Peter
ZETIA 10 MG TABLET	10/6/2008	30	30	7/7/2008	Gordon, Peter
TRUVADA TABLET	10/6/2008	30	30	7/7/2008	Gordon, Peter
TRICOR 145 MG TABLET	10/6/2008	20	20	7/7/2008	Gordon, Peter
NEVATAC 150 MG CAPSULE	10/6/2008	60	30	7/7/2008	Gordon, Peter
GLIPIZIDE 10 MG TABLET	10/6/2008	60	15	7/7/2008	Gordon, Peter
FLUTICASON 50 MCG NASAL SPRAY	10/6/2008	14	25	10/6/2008	Gordon, Peter
ALBUTEROL 90 MCG INHALER	10/6/2008	17	25	10/6/2008	Gordon, Peter
TACTIAN 500 MG TABLET	10/6/2008	100	33	9/29/2008	Gordon, Peter
OFLOXACIN 0.3% EAR DROPS	9/26/2008	10	10	9/26/2008	DOZAG 707
GLIPIZIDE 10 MG TABLET	9/23/2008	60	15	7/7/2008	Gordon, Peter
NOXVIR 100 MG SOFTGEL CAP	9/17/2008	30	30	7/7/2008	Gordon, Peter
GLIPIZIDE 10 MG TABLET	9/2/2008	60	15	7/7/2008	Gordon, Peter
NEVATAC 150 MG CAPSULE	9/2/2008	60	30	7/7/2008	Gordon, Peter
TRICOR 145 MG TABLET	9/2/2008	30	00	7/7/2008	Gordon, Peter
TRUVADA TABLET	9/2/2008	30	00	7/7/2008	Gordon, Peter
ZETIA 10 MG TABLET	9/2/2008	30	00	7/7/2008	Gordon, Peter
METFORMIN HCL 850 MG TABLET	9/2/2008	90	30	7/7/2008	Gordon, Peter
ACTOS 15 MG TABLET	9/2/2008	30	00	7/7/2008	Gordon, Peter
LISINAPRIL 40 MG TABLET	9/2/2008	30	00	4/11/2008	Sawa, Dorothy
RANITIDINE 150 MG TABLET	9/17/2008	60	30	4/11/2008	Gordon, Peter

Date

Impediments to PHR and Patient Portal Adoption

- Data entry vs HIE
- Technology
 - Interoperability
 - Adoption of standards
- Provider Community
 - Data embargo
- Business Interests
- PHR Adoption
- Consumer Health and IT Literacy



Demo 1

A 'second' generation PHR, now tethered to a RHIO

The screenshot shows a web browser window titled "My Health Profile Plus - JUAN's Homepage - Mozilla Firefox". The address bar shows the URL "My Health Profile Plus - JUAN's Home...". The page header features the "SelectHealth Every Day" logo and the text "NewYork-Presbyterian System SelectHealth My Health Profile Plus". The user is identified as "JUAN TRAINING" with a "Logout" link. A navigation menu includes "Home", "My History", "My Health", "My Providers", "My Information", "Help", "My Health Profile", and "My Health Profile Plus Home". Below the menu, there are tabs for "Homepage" and "Message Inbox".

Welcome! NewYork Presbyterian System SelectHealth has an improved service for you!

My Health Profile Plus offers you a new and improved way for you to keep track of your health information. You can see key information about your health organized in one place, with access 24 hours a day, 365 days a year so that you do not need to remember your health information each time you see a doctor.

My Health Profile Plus now includes expanded medical information from [NYCLIX](#) (which stands for the New York Clinical Information Exchange) which is a Regional Health Information Organization (RHIO) in New York City.

My Health Profile Plus now lets you put in information about your health that you think is important to include.

My Health Profile Plus has information that you and doctors may need in the case of an emergency. View and print your **'My Health Profile'** document using the main menu link above.

My Health Profile Plus lets you be more in control of your coordinated care!

For more information, please call SelectHealth Member Services at (866) 469-7774. You can also go to the NYP SelectHealth home page at www.nyp.org/selecthealth.

News

SelectHealth Members can **earn rewards** for completing certain health activities such as seeing your doctor by joining the **Steps** program.

SelectHealth Provides **Free Computer Classes** every 2nd and 4th Thursday of the month.

Learn more about your health in general at www.mediclineplus.gov, www.thebody.org, and www.labtestsonline.org.

Messages

Password Changed
Re: Help with portal
Email Changed
Demographic Information Change

Privacy Statement | Terms and Conditions | System Requirements | HIPAA | Home



JUAN TRAINING's / Results

Search Lab Results: From To Name

Lab Results(10)

[Add Comment](#) [Hide Selected](#)

<input type="checkbox"/>	Test Date	Test Name	Facility
Alpha Fetoprotein (1)			
<input type="checkbox"/>	04/08/2010	Alpha Fetoprotein	RVTH
Basic Metabolic Panel (3) Summary			
<input type="checkbox"/>	04/08/2010	Basic Metabolic Panel	RVTH
<input type="checkbox"/>	03/05/2010	Basic Metabolic Panel	RVTH
<input type="checkbox"/>	02/12/2010	Basic Metabolic Panel	RVTH
CBC With Platelet and Differential (1)			
<input type="checkbox"/>	04/08/2010	CBC With Platelet and Differential	RVTH
CD4 T Lymph Panel (1)			
<input type="checkbox"/>	04/08/2010	CD4 T Lymph Panel	RVTH
Comprehensive Metabolic Panel (1)			
<input type="checkbox"/>	03/15/2010	Comprehensive Metabolic Panel	RVTH
HIV-1 RNA(PCR) (US) (1)			
<input type="checkbox"/>	04/08/2010	HIV-1 RNA(PCR) (US)	RVTH
Hepatic Function Panel (1)			
<input type="checkbox"/>	04/08/2010	Hepatic Function Panel	RVTH
Vitamin D 25-OH Total (1)			
<input type="checkbox"/>	04/08/2010	Vitamin D 25-OH Total	RVTH

Why was eCOMPAS chosen to redesign the portal?

Background:

**eCOMPAS & Bergen-Passaic as
Pioneer in
Web-Based Consumer Access
For 10 years**

--- k e y ---



STRONGLY
AGREE

FUERTEMENTE
ESTE DE
ACUERDO



AGREE

ESTAR DE
ACUERDO



SOMETIMES
AGREE

A VECES ESTE
DE ACUERDO



DISAGREE

DISCREPAR



STRONGLY
DISAGREE

FUERTEMENTE
DISCREPAR



NOT
APPLICABLE

NO APLICABLE

- 1.1. I feel comfortable talking to my case manager.
Siento hablar c?modo con mi encargado del caso.



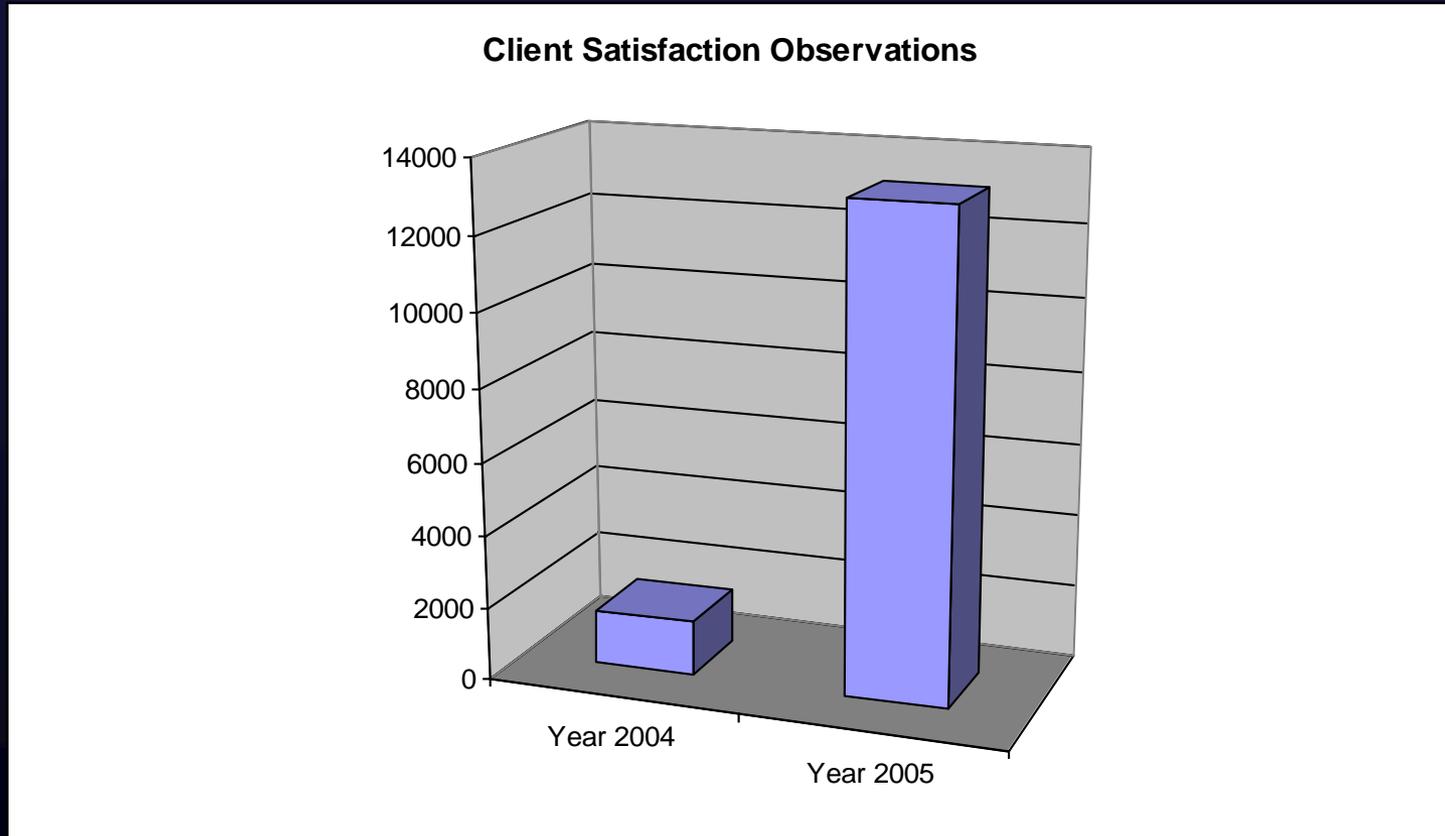
- 1.2. I am able to tell my case manager about things that I need.
Puedo decir a mi encargado del caso sobre cosas que necesite.



- 1.3. I am able to tell my case manager about things that get in the way of my care.
Soy capaz de decir ami encargado del casa acerca de las cosas que me molestan.



Comparison of Number of Observations



We were expecting response rates to drop in moving from paper-based to web-based surveys. Instead going web-based produced a surprising increase in response rates for a primarily urban, disadvantaged population, making internet access barriers a myth.



Successful replication of consumer platform in

California,

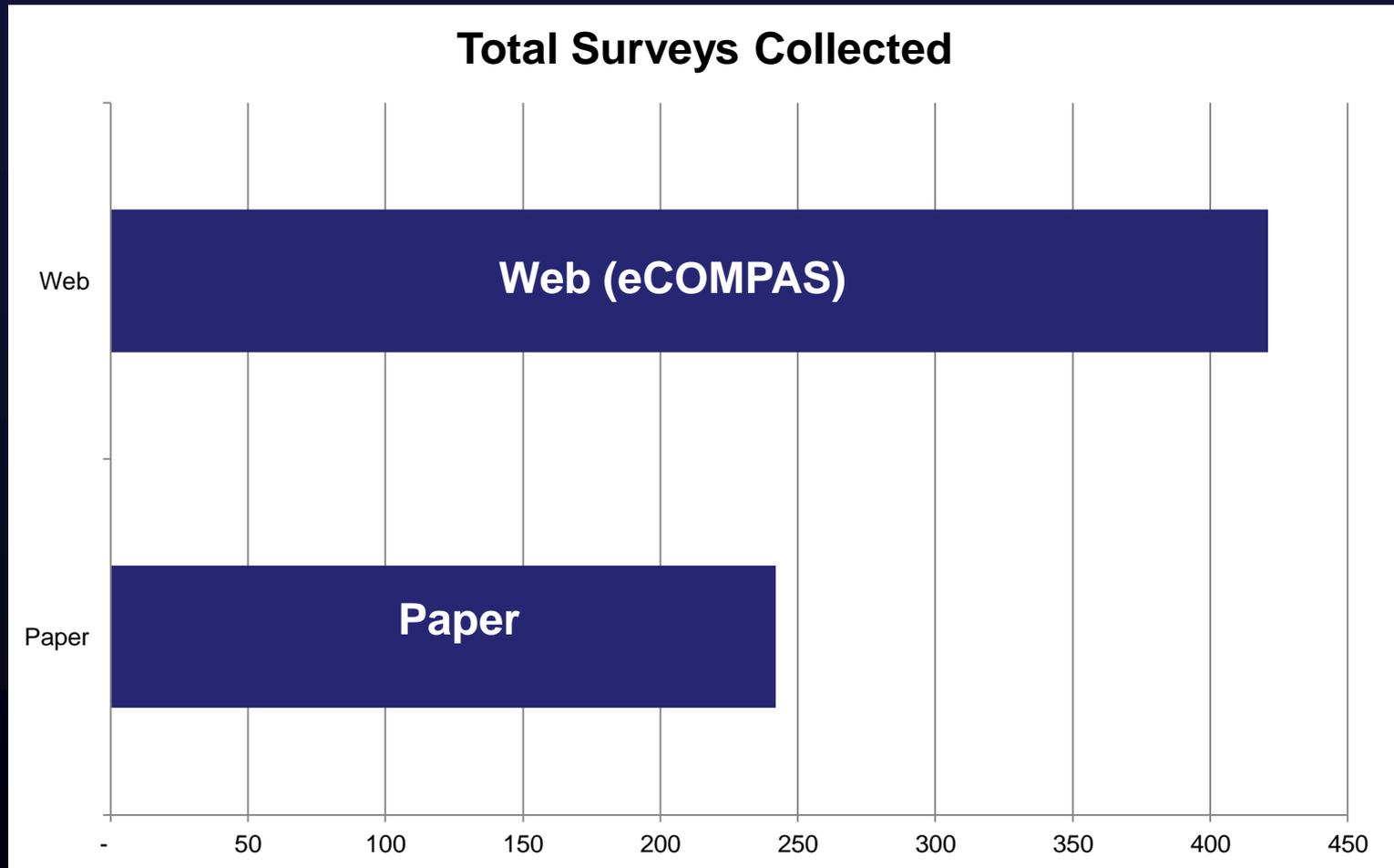
Minnesota, and

North Carolina



Demo 2

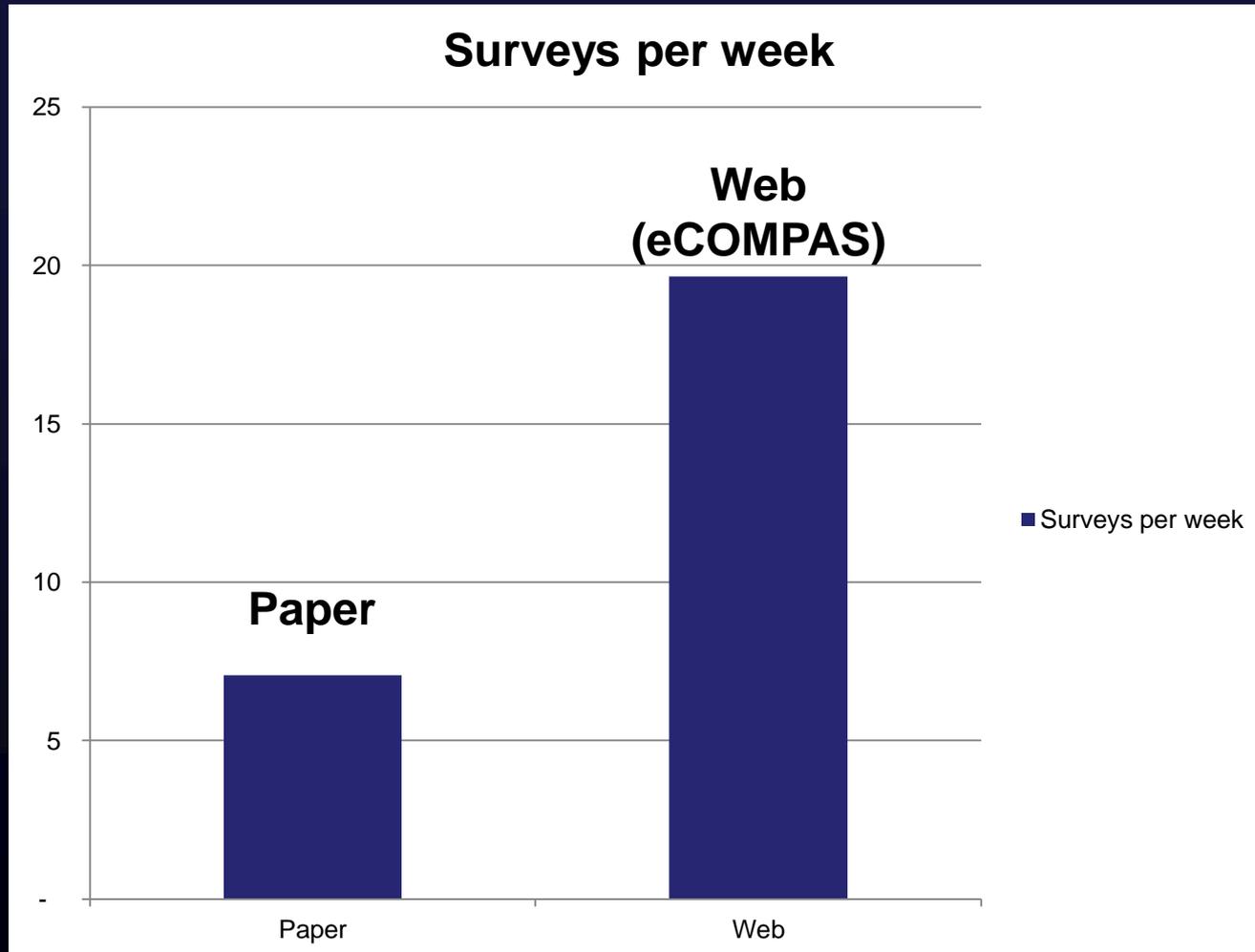
MHSPC Success Stories



Number of surveys completed

- 2003 (paper) = 242 (8 months)
- 2010 (web-based) = 421 to date (5 months with a goal of 500 surveys)

MHSPC Success Stories



Number of surveys completed

- 2003 (paper) = 242 (8 months)
- 2010 (web-based) = 421 to date (5 months with a goal of 500 surveys)

Results/Myths dispelled

1. Clients do not have access to the internet/computers

Nearly 400 clients completed the survey... 180% more than our goal!!!!

2. Older clients do not understand how to use computers

68.7% of those completing the survey were 40 and older.
36.7% were 50 and older. The oldest was over 80.

3. Clients have low literacy rates and will not be able to read/take an online survey without someone to assist them – where is the savings in staff time?

System read aloud to the clients. Limited need for assistance. Savings in staff time ABUNDANT!

Results/Myths dispelled

4. Any online system will still need to be bi-lingual and interpret Spanish language results.

The questions and answers appear and are read in both Spanish and English languages.

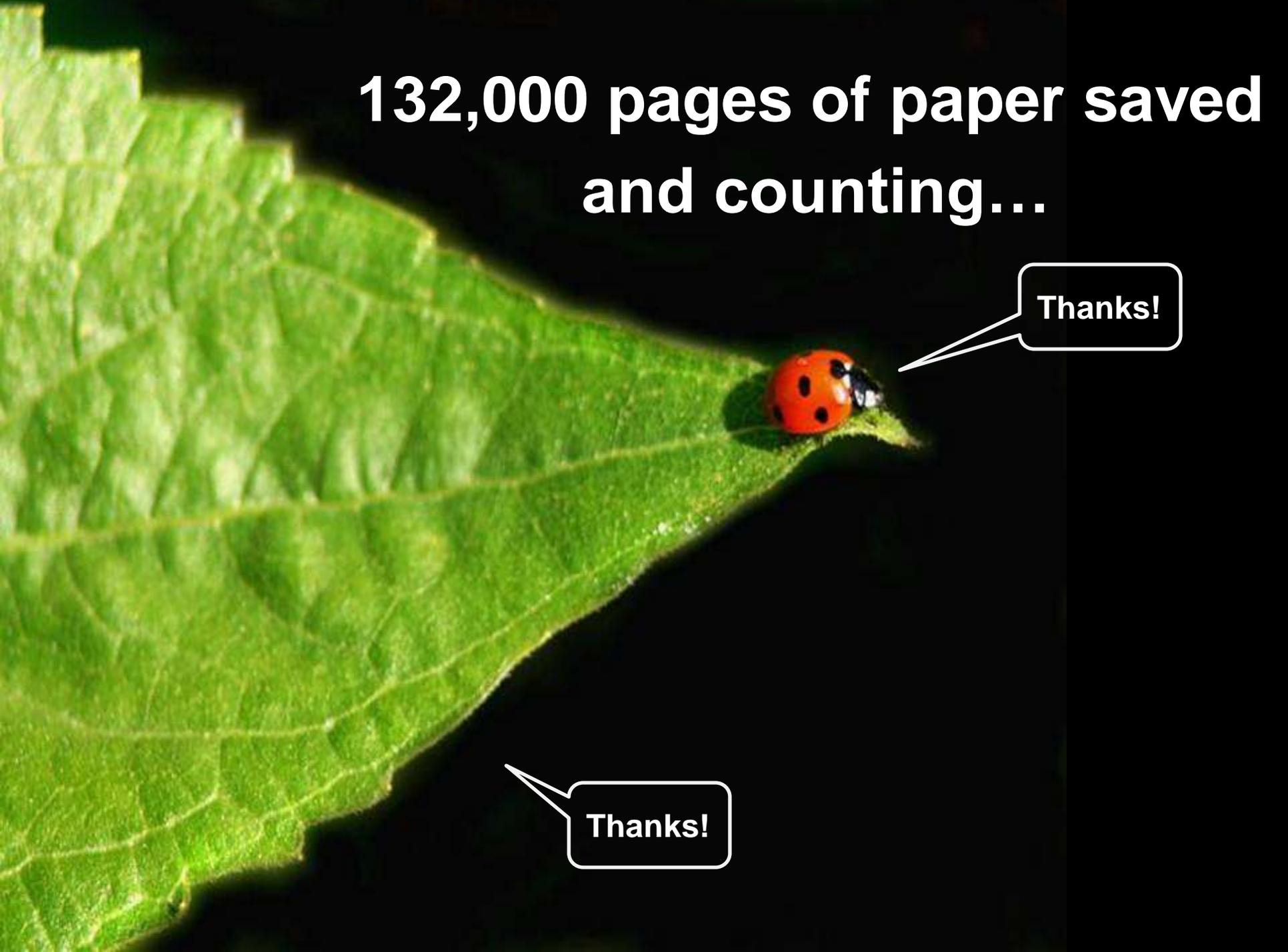
5. Clients will not trust the program

No reported client fears. More than 450 have completed the survey to date.

6. Installing computer software is going to be a problem.

Web-based system. Nothing to install.

**132,000 pages of paper saved
and counting...**

A close-up photograph of a vibrant green leaf with a ladybug perched on its edge. The background is solid black. Two white speech bubbles with black outlines contain the text 'Thanks!'. One speech bubble is positioned above the ladybug, and the other is positioned below the leaf.

Thanks!

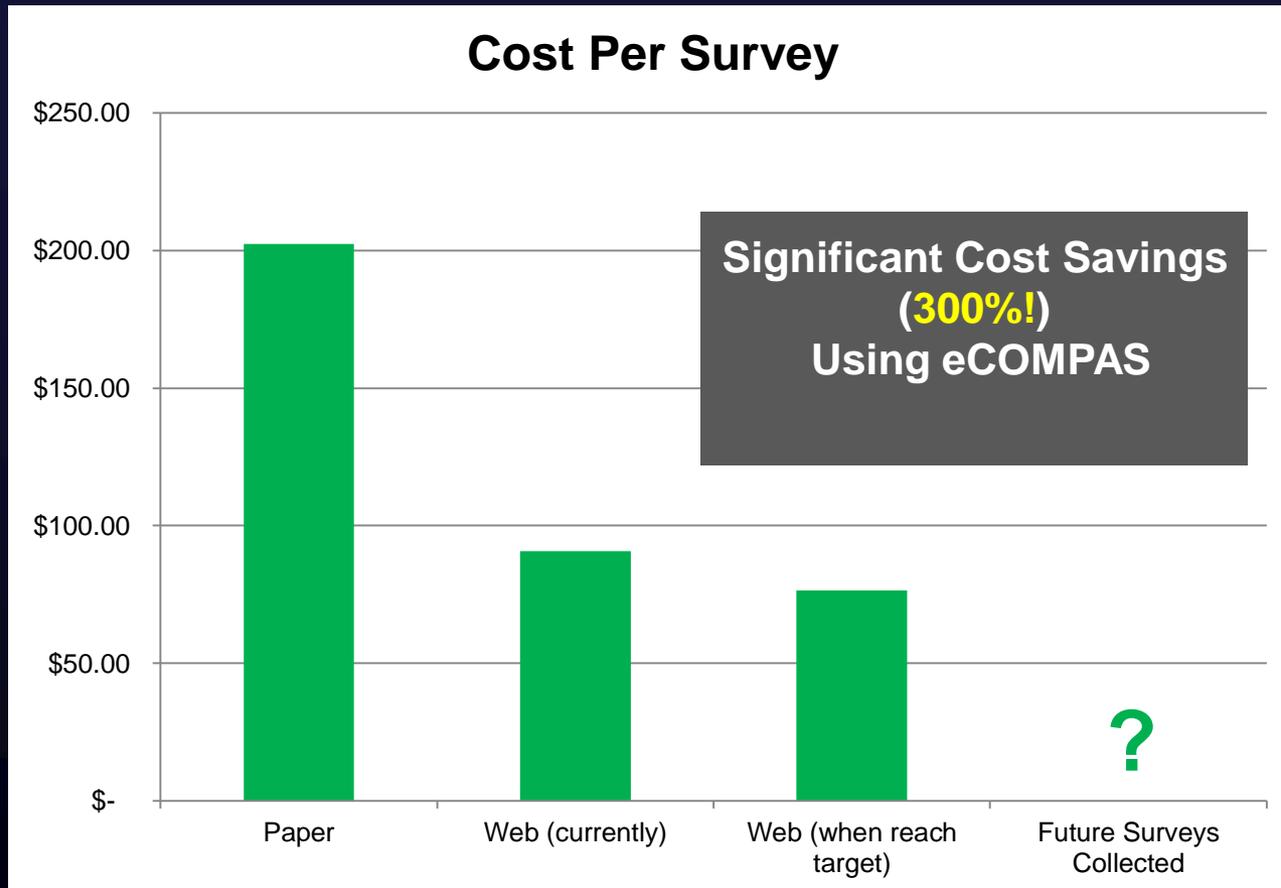
Thanks!

Projected 1,000 Hours of Staff Time Saved

making field workers' feet happier too!



MHSPC Cost Savings Analysis



Cost:

- 2003 (paper) = \$48,980 (\$202.40 per completed survey)
- 2012 (web) = \$38,162 (\$67.00 per completed survey **and dropping**)

Demo 3

A Low Health Literacy PHR/Patient Portal

The screenshot shows a patient portal interface. On the left is a sidebar with a red border containing menu items: My Information, CD4, Viral Loads, STI, HIV Meds, Other Meds, Adherence, ER / Hospital, TB(TST), Annual Physicals, Screenings, and Immunizations. The main content area has a breadcrumb trail 'Home > Care Information'. Below this is an 'About Me' section with a user icon and a table of personal information. The table has columns for Name, Email, E2ID, and Address. The 'About Me' section is followed by a 'My Health Care Providers' section with a provider icon and a table listing roles, names, and organizations. Below this is a 'CD4' section with a table header for 'Result Date' and 'Count'.

Home > Care Information

About Me

Name	A W	E2ID	AWM02165
Email	serge@rdesystems.com	Address	, , 07086

My Health Care Providers

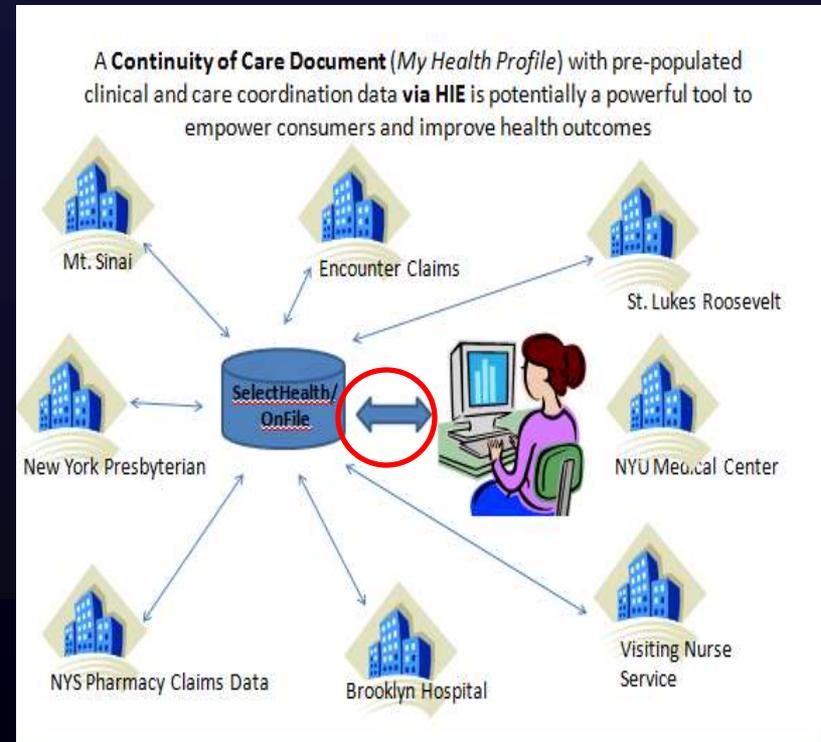
Case Manager(non-medical)	MARIE A. HILL	Organization
Case Manager(medical)	SUSAN STOVEKEN	Organization
HIV Care Provider	Hackensack University	

CD4

Result Date	Count
-------------	-------

PHR/Patient Portal impact on Clinical Care, Quality Management and Data Reporting

- 'bi-directional' data flow , i.e. consumer interacts with data
- Didactic functionality, such as an InfoButton directing to NLM
- Consumer 'editing' of information in the EHR
- Targeted Health Messaging, Surveys, novel care engagement strategies



National and Regional Efforts to Promote Consumer Access to their EHR

❖ The ONC 'Pledge'

“To empower consumers to be partners in their health through information technology”.

- **Access:** Give consumers easier access to their personal health information. Make “real” what is already required by law.

- **Action:** Support the development of tools and services that help consumers to take action using their electronic health information.

- **Attitude:** Support the evolution in expectations regarding access to and use of health information to engage more fully in health.

National and Regional Efforts to Promote Consumer Access to their EHR

- ❖ The National Health Information Network (NHIN) framework and specifications

National and Regional Efforts to Promote Consumer Access to their EHR

New York State RHIOs

The National Health Information Network (NHIN)



HIT Tools Available to Foster Data Quality Management

ONC Health IT Dashboard: dashboard.healthit.gov

State IT Adoption and Use
Regional Extension Center Program
Health IT Workforce Training
Meaningful Use
Datasets & Documentation

HRSA Health IT Adoption Toolkit:
<http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/>



 [hrsa](http://hrsa.gov)

HRSA Health IT Adoption Toolkit



 [healthit](http://healthit.gov)

Health IT Dashboard ONC



 [healthit](http://healthit.gov)

Regional Extension Centers



 [thehealthcareblog](http://thehealthcareblog.com)

David Kibbe CCR



 [sciencedirect](http://sciencedirect.com)

NYPH SPNS Project 2007

<http://sqworl.com/d7wlho>

Important Themes

- PLWH, and other safety-net populations, uniquely benefit from direct access to their personal health information as associated barriers regarding access to care, housing instability, and an often revolving door of healthcare providers, fragment *their* healthcare delivery system.
- PHRs tethered to HIEs, are the ideal mechanism to ensure that essential health information, or ‘actionable information’, is available *at the right time and right place* for clinical care and data quality management.

A heartfelt thanks.....



➤ Leveraging Health Information Technology to Improve Access to and Quality of HIV/AIDS Care

People living with HIV/AIDS (PLWHA) tend to be more mobile than the general population and may seek care from multiple providers. As a result, assessing the complete HIV disease and care history of PLWHA can be next to impossible, particularly because few clinics nationwide have the capacity to exchange patient records securely online.

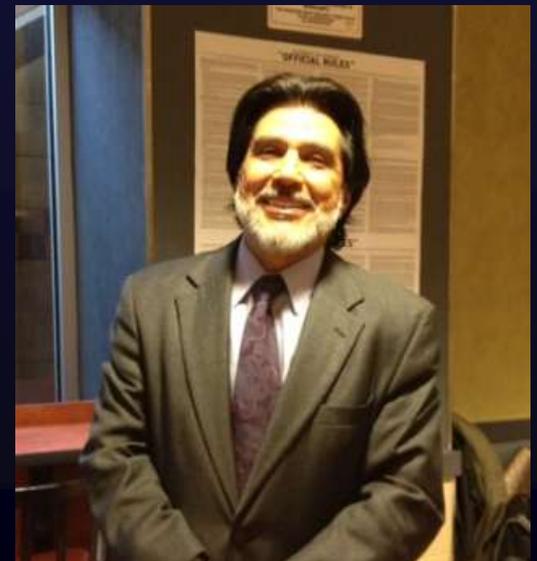
The consequences of incomplete records can be significant. Doctors may find themselves treating clients who have long histories of HIV treatment as being new to care and thus request redundant lab tests and medications. PLWHA—particularly those dealing with common HIV coinfections and comorbidities, such as sexually transmitted diseases, hepatitis, tuberculosis, substance use disorders, and mental health issues¹⁻³—may be wary of telling their doctor that they have been in care at another clinic or have previously fallen out of care. Others may believe that their new doctor has access to their records.

Electronic Medical Records, Health Information Exchanges, and SPNS

To enable clinicians to better serve PLWHA who frequent different providers, the Ryan White HIV/AIDS Program, administered by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), has supported the development and implementation of health information technology (HIT) innovations, most notably through HAB's Special Projects of National Significance (SPNS) Program.

From 2007 to 2011, the SPNS Information Technology Networks of Care Initiative (Networks of Care Initiative) promoted the enhancement and evaluation of existing health information electronic network systems to serve PLWHA in underserved communities. Six demonstration sites (see box, p. 2) were funded for 4 years to demonstrate the benefits of updating electronic medical record (EMR) databases to securely share patient information online with other providers and ancillary points of service, such as mental health clinics and pharmacies. Known as health information exchange (HIE), this technology enables secure transmission of information across disparate database systems, enabling users to update patient records in real time. As Wayne Steward, who served as co-principal investigator with Janet Myers of the Networks of Care Initiative's Evaluation and Support Center, explains, each site used different customizations to achieve the same result: "The Initiative helped bolster the operations of existing systems so that providers could communicate electronically across locations, hence the idea of health information

*Especially,
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The subliminal message....

