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**Personal Health Record:  
Getting There, With Standards**

**Presentation to the  
National Committee for Vital & Health Statistics**

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# Potential timetable \*



Data Standards

Communication  
Standards

Model Health  
Information  
Systems

Paperless (IOM)

Adoption by health care organizations



\* This table represents discussion at a Kaiser-Permanente and IOM sponsored meeting in October 2001.

# Potential timetable \*



Data Standards

Communication  
Standards

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Model Health  
Information  
Systems

Personal Health  
Record Systems

Adoption by health  
care organizations

Adoption by persons

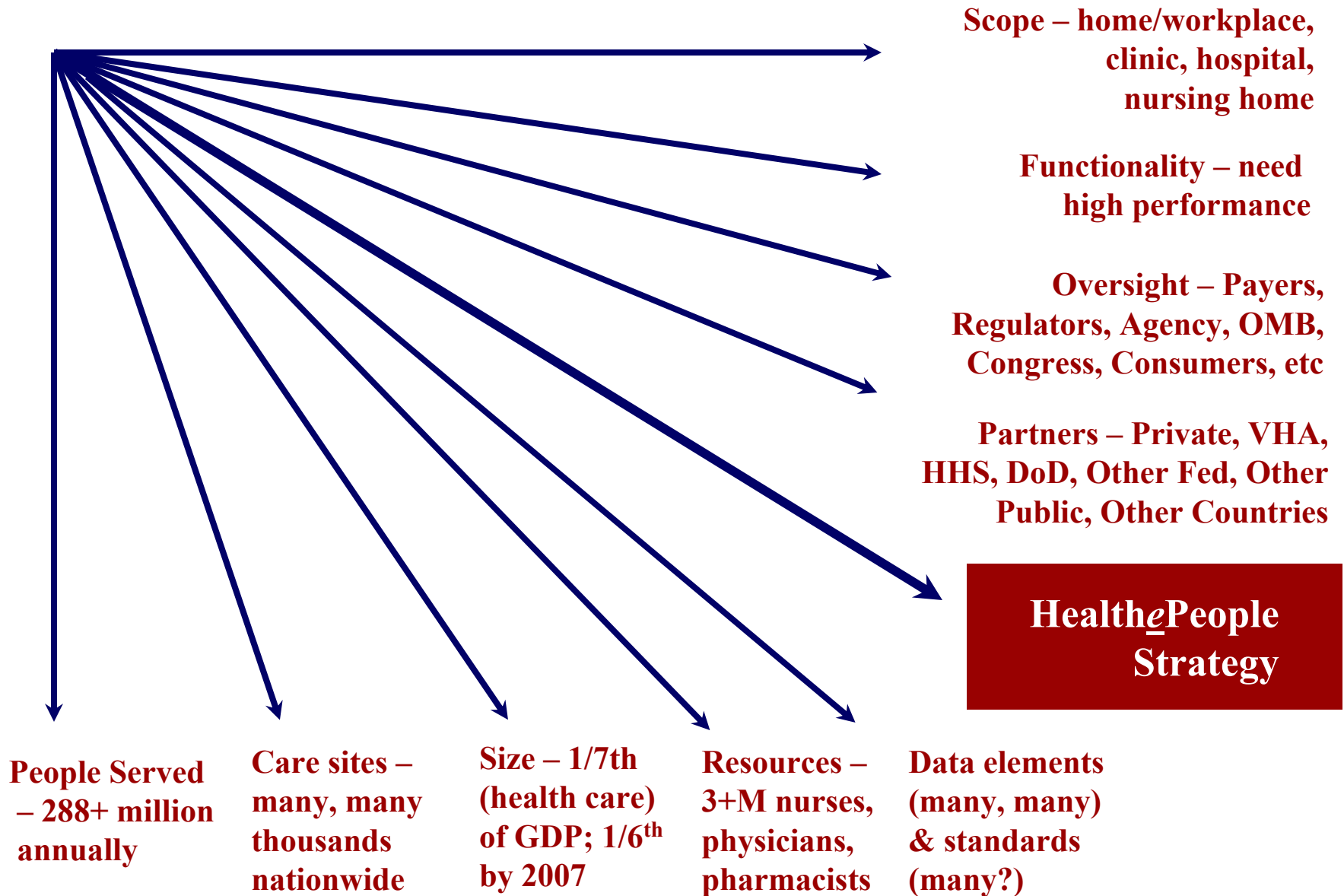
Paperless  
(IOM)

Personal  
Health  
Record

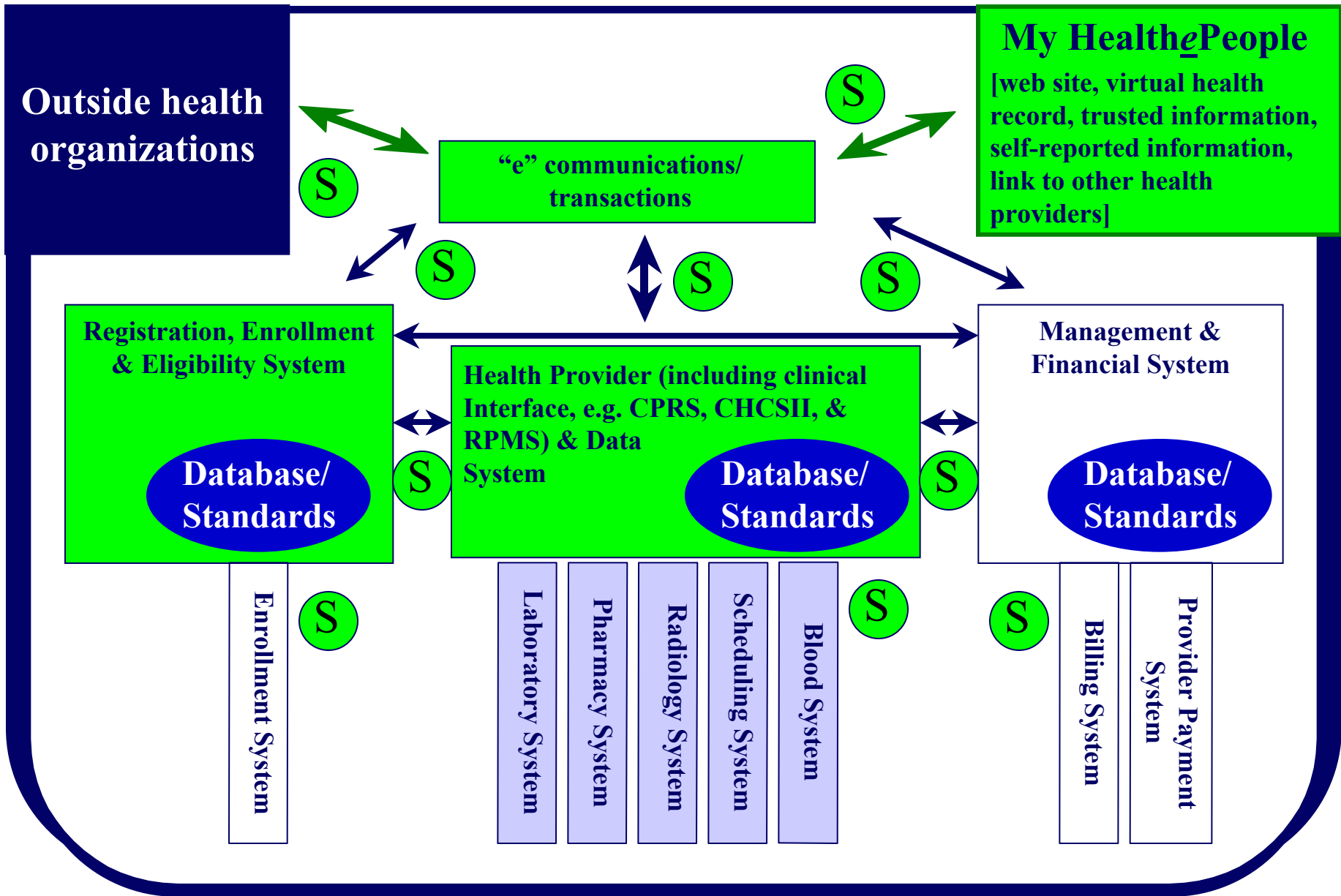


# Dimensions of complexity

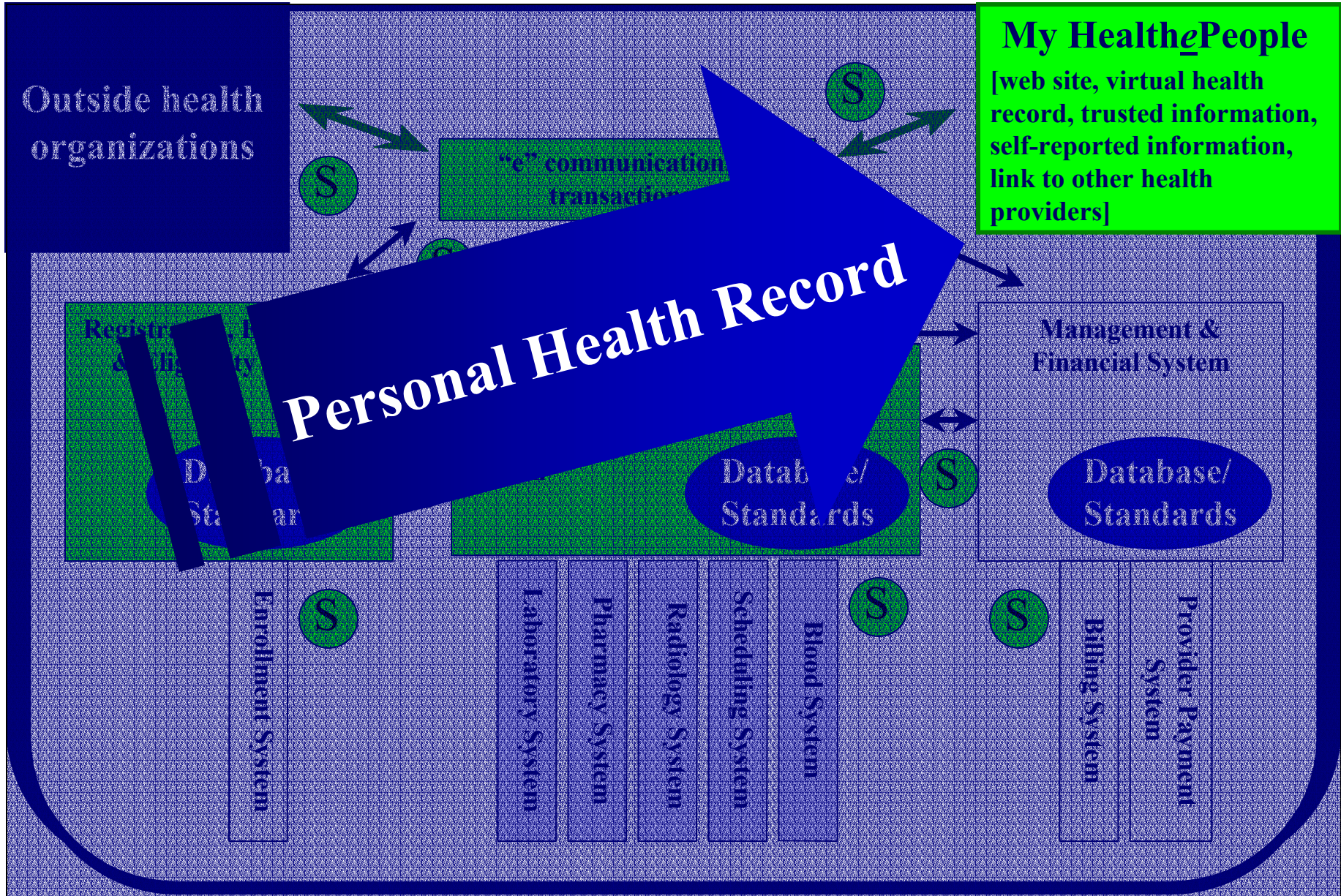
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# Health\_People - High Performance Information Systems Components/Links/Standards



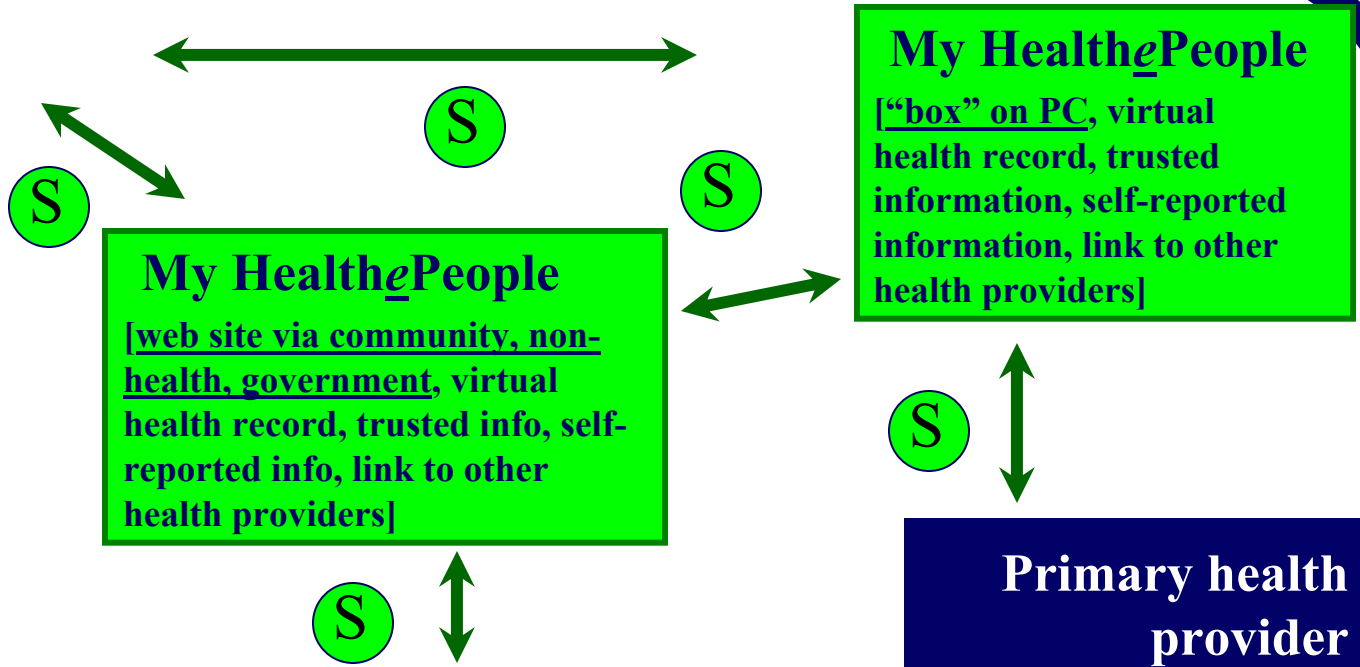
# Health\_People - High Performance Information Systems Components/Links/Standards



# Personal Health Record

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Other health organizations



Registration, Enrollment & Eligibility System

Database/  
Standards

Health Provider (including clinical Interface, e.g. CPRS, CHCSII, & RPMS) & Data System

Database/  
Standards

Management & Financial System

Database/  
Standards

# Potential PHR system models

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- Person owned, controlled on own PC (“health in a box”)
- Person owned, controlled via “community” service provider
- Person owned, controlled via non-health service provider
- Person owned, controlled via government provider
- Person owned/co-owned, controlled/co-controlled via primary health care provider
- Person .....

**Need standards**



# Potential PHR content/services

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- Self-entered health information
- Access to primary health provider record
- Access to all health provider records
- Making appointments & checking/confirming appointments
- Filling prescriptions
- Paying copays & checking payments
- Participating in peer support groups w/ or w/o health expert support
- Accessing trusted health information
- Health decision support
- Health self-assessment
- Providing input from medical devices
- Messaging with health provider
- “Diagnostic & therapeutic” tools
- Genetic information
- Reminders
- “Checking in”
- Safety (e.g. cross-checking medications)

**Need standards**

# Key PHR impediments

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## Moving to personal health record system(s)

- Performance – future models need to deliver full range
- Availability – very early in development; not enough high performance info systems to plug into
- Affordability – need to keep low cost; free for many/all?
- Standardization of systems & plug-in components – vendor, provider, systems standardization of systems/components
- Person's commitment – value; protecting privacy; ability to pay

**Need standards**

## Standardization of data & communications

- Standards exist, but not adopted
- Standards exist, but not in public domain at no/low cost
- Standards work begun, but trouble crossing finish line
- Standards work not even begun

**Need standards**

# VHA's HealthePeople PHR partnerships



## Move to personal record system

- Performance – demonstrate effectiveness; push vendors
- Availability – push vendor development; “My HealthePeople”\*
- Affordability – standardize, greater use; “My HealthePeople”\*
- Standardization of systems & plug-in components – public/ private partnership to develop/adopt standards; vendor support/acceptance
- Management commitment – lead by example; “nudge” other providers; partner with public/private

## Standardize data & communications

- Adoption (VHA & CHI adopt LOINC/HL7/DICOM/IEEE/ NCPDP Script; adopt full suite (incl. SNOMED))
- Acquisition (Federal purchase US SNOMED license)
- “Nudge” (Develop drug reference terminology (VA/FDA/CDC))
- New starts (VHA/CHI/SDOs develop for physicals, prevention, ...)

Need standards

\* For special populations

# Conclusion

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1. Personal health record models just beginning to emerge. Much work lies ahead.

2. Success will depend on adopting/implementing standards

Need standards

3. Success depends on performance, affordability, availability, interoperability standards, & value to person & health provider.

Need standards

# Back-up Slides

# Toward standards & high performance info systems



- **HealthPeople Strategy:**

- Federal & Nation to national standards & high performance health info systems support ideal health systems

- **HealthPeople Concept:**

- Collaboratively develop by public & private sectors
- Support by consumers, providers, payers & regulators
- Meet consumer, provider, payer & regulator needs
- Build around achieving national architecture standards for data, communications, security, systems, & technical
- Build/buy & implement high performance systems
- Public ownership/sharing of at least one high performance system for special needs populations