Slide 1	Networking and Health Information Exchange Unit 6c EHR Functional Model Standards	
Slide 2	Unit 6 Objectives • Understand the standards for Functional Models for the PHR • Understand the certification requirements for the EHR, PHR and functional profiles	
Slide 3	Personal Health Record - FM Does not define PHR but does assume certain characteristics Definition or model of PHR more confusing than EHR Assumes "pull-push" or "push-pull" model Assumes many sources of data	

Assumes controlled by individual

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Models for the PHR

- Provider-based
- · Health record bank
- Payer-based
- · Free standing
- · Employer-based

Profiles are being developed for each of these models from the generic functional model set

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Slide 5

Provider-linked Model

- Portal for consumer to view cliniciancontrolled, institutional EHR
- Added functionality for consumer interaction such as e-mail, refill request, appointment scheduling
- · Maybe self-entered data
- Consumer identify inaccuracies in EHR

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Health Record Bank Model

- PHR maintained by Trust
- Persistent, secure health information repository for individual
- Data aggregated across multiple sources
- · Controlled by individual

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Hybrid Payer/provider Linked Model

- Primarily data source is claims data
- Clinical and administrative data
- May or may not be linked to provider EHR
- Varying amount of aggregation of data across multiple provider groups

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Consumer-centric Model

- Web-based
- Contsumer controls, collects, views, manages and shares copies of health information
- Integrates tools to assist consumer in managing their health care

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PHR-S FM

- Draft Standard for Trial Use in 2008
- Core standard, not exhaustive; standard would evolve through use
- Similar to EHR-S FM in composition and structure

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PHR functionality

- Provides ability to capture and maintain demographic, insurance, and provider information
- Includes capture of problems, conditions, symptoms, allergies, medications, laboratory and other test results, immunizations, and encounters

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PHR Functionality - Optional

Secure messaging, graphical presentation of results, patient education, guideline-based reminders, appointment scheduling and reminders, drug-drug interactions, formulary management, healthcare cost comparisons, document storage and clinical trial eligibility.

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Composition

- Functional outline divided into three sections
 - Personal Health
 - Supportive
 - Information Infrastructure
- · Core set of functions

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	PH.1 Account Holder Profile
Personal Health	PH.2 Manage Historical Clinical Data And Current State Data
Personal Health	PH.3 Wellness, Preventive Medicine, and Self Care
	PH.4 Manage Health Education
	PH.5 Account Holder Decision Support
	PH.6 Manage Encounters with Providers
	S.1 Provider Management
Supportive	S.2 Financial Management
Supportive	S.3 Administrative Management
	S.4 Other Resource Management
	IN.1 Health Record Information Management
Information Infrastructure	IN.2 Standards Based Interoperability
Intrastructure	IN.3 Security
	IN.4 Auditable Records

Slide 14

Personal health functions

- PH.1.0 Account holder profile
- PH.2.0 Manage historical clinical data and current state data
- PH.3.0 Wellness, preventive medicine, and self care
- PH.4.0 Manage health education
- PH.5.0 Account holder decision support
- PH.6.0 manage encounters with providers

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Personal Health Descriptions

- Manage information related to self-care and provider-based care over time
- Example function insures individual's demographic data is complete and maintained so that individual is unambiguously identified
- Actors account holder (principle user)

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Supportive functions

- S.1.0 Provider management
- S.2.0 Financial management
- S.3.0 Administrative management
- S.4.0 Other resource management

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Support Descriptions

- Subset of functions that assist administrative and financial requirements
- Provide input into patient-care systems, promote public health and improve quality of care
- Example Query local immunization registries to determine person's immunization status
- Actors primarily account holder but may also be healthcare provider

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Information Infrastructure Functions

- IN.1.0 Health record information management
- IN.2.0 Standards based interoperability
- IN.3.0 Security
- IN.4.0 Auditable records

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Information Infrastructure Description

- Common functions to support personal health and supportive functions
- Ensures privacy and security, promote interoperability between PHR and EHR systems
 Example Clinical data can be viewed and
- Example Clinical data can be viewed and updated only after being user's identity is authenticated
- Actors functions performed transparently on behalf of end-user

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Certification

- To provide confidence that electronic health information technology products and systems are
 - secure
 - can maintain data confidentiality
 - can work with other systems to share information
 - can perform a set of well-defined functions

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Certification Commission for Healthcare Information

- Technology
 First organization, formed in 2004, to certify HIT products
- Formed by three HIT organizations
 - American Health Information Management Association
 - Healthcare Information and Management Systems Society
 - National Alliance for Health Informatics Technology

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CCHIT

- From 2005-2010 certified over 250 products, representing 85% of the installed market
- Voluntary, consensus-based criteria development
- Strong engagement of stakeholders
- 100% compliance required
- · Rigorous, objective and consistent testing

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Certification Domains

- Ambulatory
 - Child Health
 - Cardiovascular Medicine
 - Behavioral Health
 - Dermatology
- Clinical Research
- Inpatient EHR
- ePrescribing
- Emergency Department
- · Long Term/Post-acute care

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ONC Changes Process

- Two distinct but complimentary certification programs: temporary and permanent
- Established required capabilities, related standards and implementation specifications that certified EHR technology needs to include to support achievement of meaningful use, stage 1
- Temporary certification program, open to any group authorized by ONC
 - Authorized Testing and Certification Bodies

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Permanent Pprogram

- Replace temporary program with more complex structure
- Recognize only one Approved Accreditor
- Would recognize one or more ONC-Authorized Certification Bodies
- NIST would accredit one or more NIST-Accelerated Testing Labs
- ONC-ACBs must use NIST-ATLs

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Principals of Certification

- · Certification criteria
 - Assure providers that certified EHR technology can support achievement of meaningful use
 - Key capabilities that can be tested objectively
 - Minimal set supports innovation
- Standards
 - Incremental build capacity
 - Establish foundation for greater interoperability

Component 9/Unit #1

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Certified EHR Technology (Regulatory)

- Complete EHR or combination of EHR Modules, each of which:
 - Meets the requirements included in the definition of a qualified EHR; and
 - Has been tested and certified in accordance with the certification program established by the National Coordinator as having met all applicable certification criteria adopted by the Secretary, HHS.

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Definitions

- Complete EHR
 - EHR technology that has been developed to meet all applicable certification criteria adopted by Secretary
- EHR Module
 - Any service, component, or combination thereof than can meet the requirements of at least one certification criterion adopted by the Secretary

Component 9/Unit #I

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Categories

- · Content Exchange Standards
- · Vocabulary Standards
- · Transport Standards
- · Privacy and Security Standards

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Summary

- In this unit we have explored a super set of functional requirements for the Personal Health Record. The PHR is still evolving, and the functional requirements will continue to change.
- We also discussed the ONC certification process. This process, also, has just undergone a major change. This topic is important to us because it is connected to meaningful uses and the incentive payments.

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