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BUILDING AN ELECTRONIC
**Medical Banking
Community**

Banks and PHR Adoption

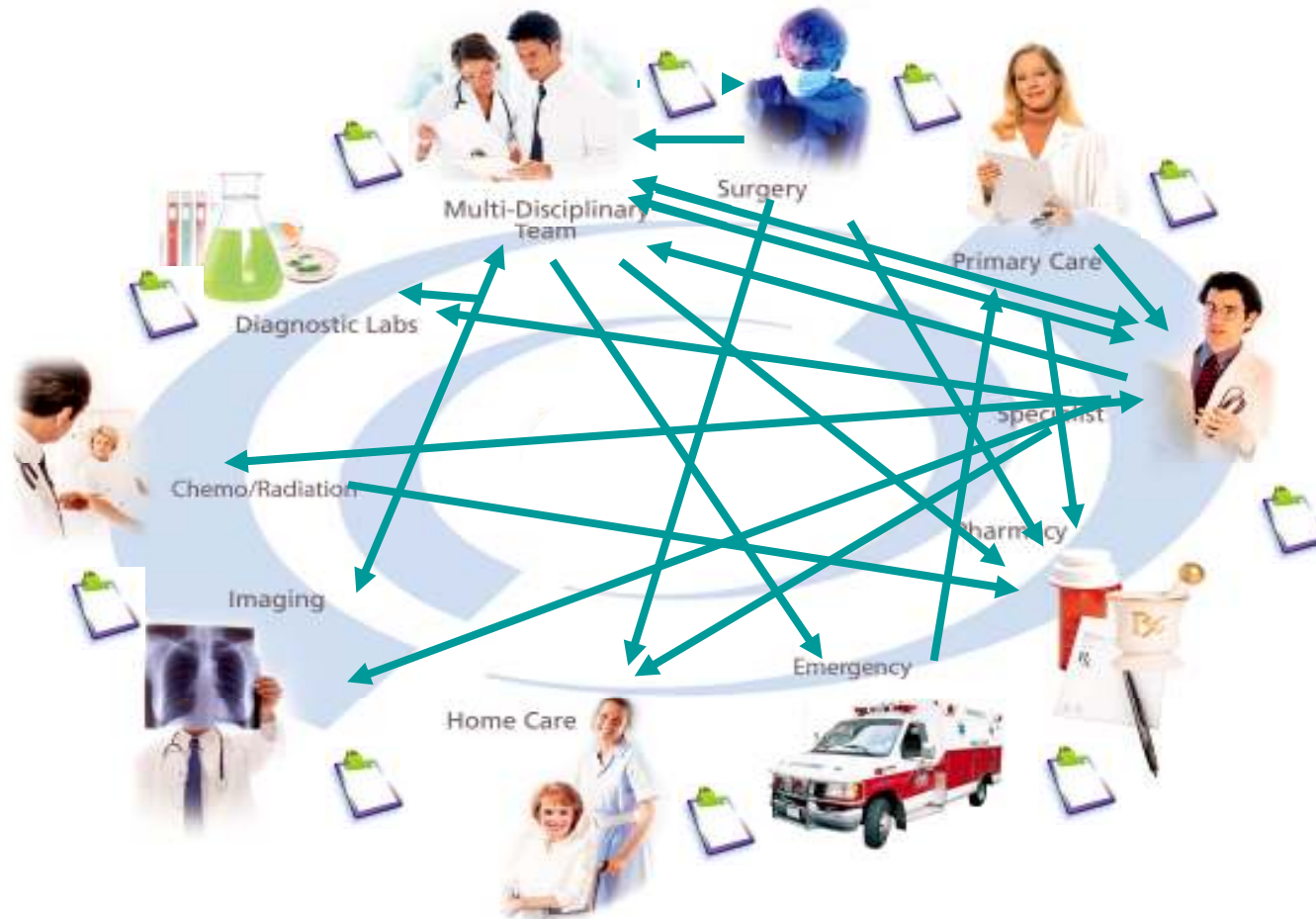
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Discussion Points

- ❖ Needs of the consumer with their health records
- ❖ The evolution of PHRs
- ❖ PHR 2.0
- ❖ Architecture
- ❖ Banking systems and PHR

The Problem: Fragmented Care, Fragmented Records



The Needs of the Consumer

- ❖ Individuals, their personal details and preferences;
- ❖ Their care relationships;
- ❖ Their financial impact;
- ❖ The encounters and events that result from those relationships;
- ❖ The important information those events generate;
 - ❑ Clinical and financial information
- ❖ The incorporation of the information into a coherent understanding of overall care;
- ❖ The linking of the person's information to knowledge;
- ❖ The ability to respond to that information using rules, alerts and notifications.

Evolution of the Personal Health Records

Banking Consumer Experience

- ❖ Paper passport booklet
- ❖ Consumer web site – content only
- ❖ Secure sign-on – review account balances – view only
- ❖ View deposits and withdrawals from anywhere account was used
- ❖ View processed checks – then images
- ❖ Transfer money between accounts
- ❖ Pay bills online
- ❖ Process loan requests
- ❖ Complete a full new mortgage
- ❖ View Payee's e-bill online, then pay
- ❖ More coming.....

Healthcare Consumer Experience

- ❖ Different paper health record with every physician that cares for us
- ❖ Less than 20% of physicians have a computerized health record in their office
- ❖ Even if all your doctors are automated, none of them are connected to each other and your data is not synched
- ❖ Consumers that use personal health records are just self reporting
- ❖ Consumer web site provides content only
- ❖ The GAP -- Provider and consumer connection

Evolution of the Personal Health Records

Item	Tier 1	Tier 2	TIER 3
Tier Name	Basic Personal Health Record	Personal Health Record with Claims Data	Next Generation -- Individual Health Record (IHR)
Tier Definition	<p>The most common type of health record for consumers, this type PHR:</p> <ul style="list-style-type: none"> ▪ is a self-reporting tool ▪ individuals enter personal data ▪ review educational health content ▪ typically standalone ▪ not connected with other systems ▪ must print data to share data w/M.D. 	<p>This type of PHR does Tier 1 plus:</p> <ul style="list-style-type: none"> ▪ interfaces w/financial claims data ▪ stores claims data in a section of the PHR for viewing ▪ may connect with other systems ▪ may connect with physician via a message service ▪ must print to share data w/physician 	<p>This is a next generation PHR that does Tiers 1 & 2 plus:</p> <ul style="list-style-type: none"> ▪ takes financial claims data and transforms it into clinical personal health record elements ▪ pre-populates a single, individual-centric health record accessible by patient and doctor ▪ ontologizes data allowing for intelligent re-purposing ▪ personalized graphical user interface based on specialty ▪ Componentized architecture ▪ Advanced and real-time disease management

PHR 2.0

- ❖ Obtain the information from diverse health care information source systems such as EHRs, pharmacies, laboratories and medical claim streams ---- aggregate it and harmonize it.
- ❖ Re-purpose, transform and incorporate the information sources into a coherent account of the individual's overall health and care.
- ❖ Present that understanding and information to consumers and their care
- ❖ Use the same record for the person and his/her clinicians.
- ❖ Link that information to sources of content and advice, provided by others to assist them in making better decisions.
- ❖ Provide proactive health management that will suggest actions, using the rules engine, placing information where its needed.
- ❖ Support the need to be operational quickly with plug-in services

PHR 2.0 Architectural Components

- ❖ Patient identity
 - ❑ MPI - Federated Vs Integrated Vs Hybrid
 - ❑ MDM - Banks and Healthcare
- ❖ Record locator service (RLS)
- ❖ Integration
 - ❑ Technology infrastructures to support / negotiate computable exchange, orchestration, trading partner collaboration, and policies relating to compliance with jurisdictional requirements, e.g., provider credentialing, privacy and security
- ❖ SOA
 - ❑ Exposed services Vs monolithic applications
- ❖ PHR presentation standardization
- ❖ Interactive Vs View only
- ❖ Data model
 - ❑ Underlying semantically interoperable reference information models for “understanding”
- ❖ Security and Privacy
- ❖ Open source - Its value

Issues and banks' role

- ❖ New roles
 - ❑ Custodian, Advocate.
- ❖ Trust
- ❖ Privacy and security
- ❖ Interoperability, Portability
- ❖ Synergy
- ❖ Business models and opportunities
- ❖ Adoption
- ❖ Realization of value and impact