

PATIENT ENGAGEMENT

Meaningful Use and Beyond
In Long Term Post Acute Care Hearing

*I am a Contributing
Care Team
Member...*

*Nothing About
Me Without Me...*

How Do I Compare?...

*PFS should not be
encumbered by EHR...*

*EHR Action: PFS
Reaction*



***Nothing About Me
Without Me...***

Nothing About Me Without Me

continued

*CC: Me...
Some or all of my
records*

Nothing About Me Without Me

continued

*My preferences inform
care, safety and
decisions...*



*I am a Contributing Care
Team Member...*

I am a Contributing Care Team Member

continued

*I am a credible source
of information...*

I am a Contributing Care Team Member

continued

*The data I generate is
material to care...*

I am a Contributing Care Team Member

continued

*My goals may be
episodic, chronic, or
quality of life and
death...*

I am a Contributing Care Team Member

continued

*I am an important
safety checkpoint...*

I am a Contributing Care Team Member

continued

*I am a health data
exchange of one...*

I am a Contributing Care Team Member


continued

*I am an important
participant in shared
decision making...*

I am a Contributing Care Team Member

continued


*The messages we
share are material to
my health and care*



***EHR Systems Action:
Patient System Reaction***

EHR Systems Action: Patient System Reaction

continued



*Structured data
advances all
systems...*

EHR Systems Action: Patient System Reaction

continued

*Expand and harmonize
standards ...*

EHR Systems Action: Patient System Reaction

continued



*Create once use
often...*

EHR Systems Action: Patient System Reaction

continued

View, download and transfers should be Provider protected and patient directed...

EHR Systems Action: Patient System Reaction

continued

*Orders can be directed
to patients and from
patients...*

EHR Systems Action: Patient System Reaction

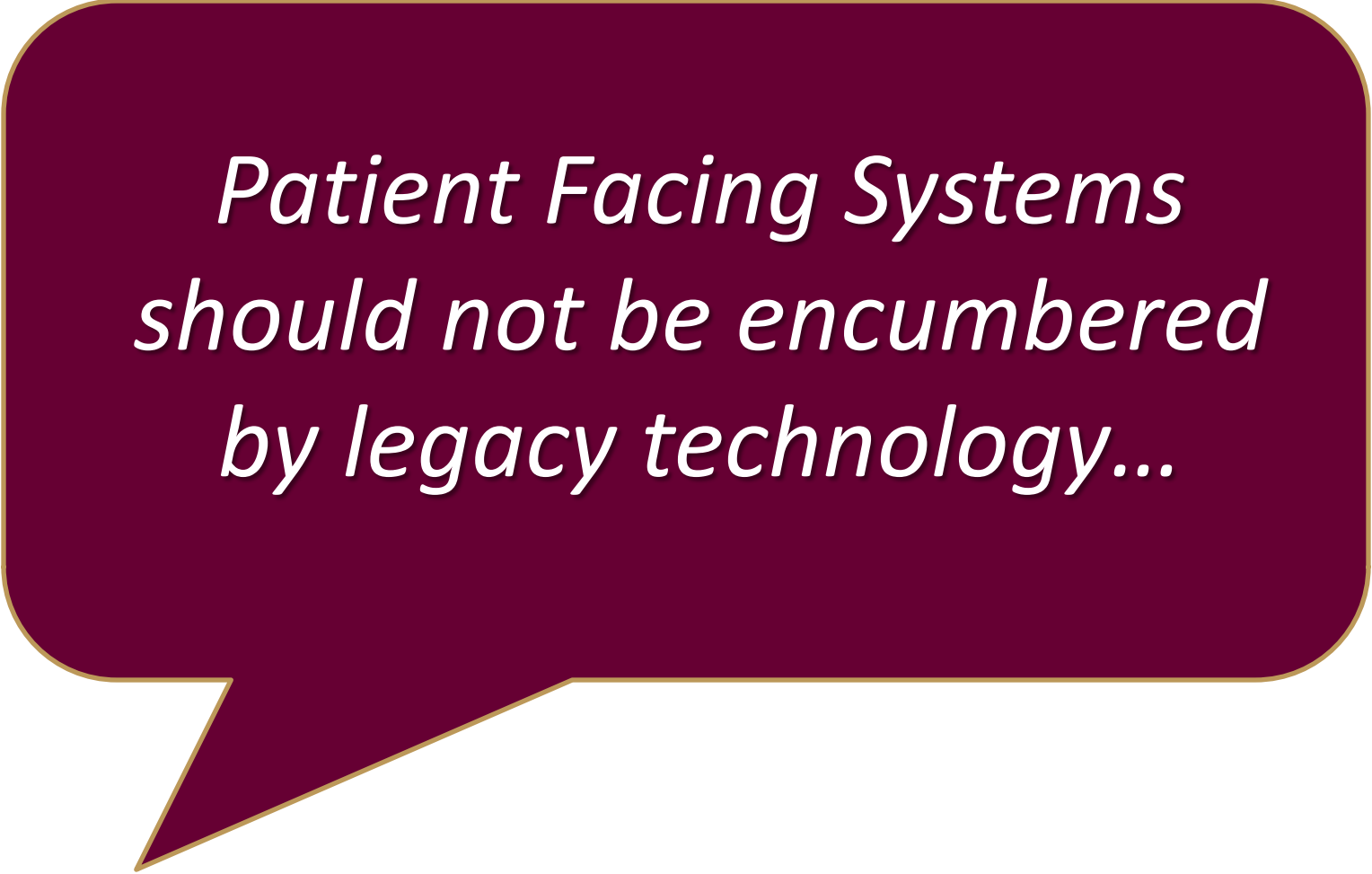

continued

*Patients are the only
source of adherence
information...*

EHR Systems Action: Patient System Reaction

continued

*Data reconciliation
should include the
patient...*



*Patient Facing Systems
should not be encumbered
by legacy technology...*

Patient System: Not Legacy, NEW

*Innovation should be
encouraged not
limited...*

Patient System: Not Legacy, NEW

continued

*Transactional
approaches the
minimum
requirements...*

Patient System: Not Legacy, NEW

continued

*View, download and
Transmit should be
fluid and connected to
education ...*

Patient System: Not Legacy, NEW

continued

*Patient generated data
should be
interoperable...*

Patient System: Not Legacy, NEW

continued

*Standards accelerated
where patient
generated data likely...*

Patient System: Not Legacy, NEW

continued

*Standards accelerated
where patient
generated data likely...*

Patient System: Not Legacy, NEW

continued

*Vocabularies should be
standardized and
harmonized...*

Patient System: Not Legacy, NEW

continued

*New design should be
with the patient in
mind...*



How Do I Compare?...

How Do I Compare?

continued

*Proactively identify the
care I should be
getting...*

Meaningful Use Minimum LTPAC

- Adopt current MU 1-3 as Core items in:
 - Transitions of Care
 - Interoperability
 - Patient engagement
 - Care Coordination

LTPAC Leadership

- Advanced Directives Core Requirement:
 - Record presence
 - Scan or link within record
 - PGHD
 - Reflect use
 - Reflect patient education/participation
 - Quality measure
- Certification Requirements
 - Interoperable standards
 - Query
 - Share
 - Harmonize with PGHD LCC

LTPAC Leadership

continued

- Certification Requirements
 - Interoperable standards
 - Query
 - Share
 - Quality measures
 - Harmonize with PGHD LCC

LTPAC Leadership

continued

- POLST, MOLST as Menu Item:
 - Order entry
 - Care transitions
 - Quality measures
 - Use
- Interoperable standards
 - Order entry
 - Care transitions
 - Quality measures

I am a person, not a label.

