

Overarching Themes

I am a Contributing Care team Member	I am a Contributing Care team Member	Many EHR actions have a corresponding or correlating patient facing system reaction	Patient Facing Systems are not limited by legacy transactional systems	How Does My Care Compare to CQM's?
Specific Rationale				
Understandable to me, plain language	I am a credible source of information and generate meaningful and material data for my care <ul style="list-style-type: none"> • Demographics • Vital signs • Family history • Medication adherence • Care adherence • Diet/exercise • Observations of Daily Living • Smoking Status • Patient Intolerance • Health History • Surgical History • Allergy • Advanced Directives 	Structured data will empower patients through interoperable patient facing systems	Innovation can be encouraged beyond transactional systems with optional advanced standards. <ul style="list-style-type: none"> • E.g. Patient Facing API • Social media • Portable devices 	Patient specific report cards for all clinical quality measures should be included within CQM standards
Understandable to me, my language	Patient generated data is relevant to care <ul style="list-style-type: none"> • Real-time • Historically • Iteratively • Prospectively 	Current workflow can be adapted to support patient engagement	Transactional approaches should be the minimum standard	Patient quality alerts like device recalls and changes should be required.
My preferred communication method is used to contact me	My care goals may be: <ul style="list-style-type: none"> • Episodic • Chronic • Quality of Life 	Standards should be expanded for patient facing systems and harmonized	Data should be VDT in a computable, transferable, moveable way able to be trended, and at the data element level and human readable level at the patient's preference	I know what I am enrolled or what opportunities there are for me in research
CC: ME or my designee(s)	I can contribute to CQM success <ul style="list-style-type: none"> • Counseling • Education • Adherence 	Create once use often in both EHR and patient facing systems	Patient generated data should be able to be broadcast to all care participants based upon patient preference <ul style="list-style-type: none"> • create once use often 	Use of system to proactively identify that I am getting the services that I should, when I should, compared to industry standards and/or people like me (new)
Privacy and security for what I download is within my authority. Download patient directed/ patient protected	EHR should assume multiple providers in the care team including patient and their designee(s)	View and Transmits should be patient directed/provider protected.	Data standards should be accelerated where patient generated data is anticipated	
I can download or transmit none, some or all of my records within my authority:	I am a necessary and important safety checkpoint	Many orders by clinicians are directed to patients and/or are components of care plans	VDT should include links to patient specific education materials: IB standard.	
I expect my information within the EHR is secure and private: Patient directed: provider protected.	I am a health data exchange of one	Patient generate meaningful adherence information, (close the loop)	Single standard vocabularies should be harmonized in patient, EHR and CQM systems.	
Patient preferences inform care, safety and decisions	I am an important part of shared decision-making where preference sensitive care exists	Clinical information reconciliation needs to accommodate patient as participant	Design in "green field" areas like transitions of care should include patient and designee(s)	
My access should be immediate (as available to EP) or at my direction/preference	Secure messaging informs care and should be part of the care record.	Metadata needs to be preserved when communicating with patient facing systems		