

Consumer Empowerment Workgroup Prioritization Process

Overall Process

The American Health Information Community (AHIC) initially decided to focus on four priority areas, they called breakthroughs. Workgroups were formed to focus in the short term on these priority areas that were selected based on their promise to deliver value to the consumer in the next 1-3 years. Workgroups have initially focused on recommendations to the Community for their specific charges that described each breakthrough. They are now identifying and prioritizing components of the workgroup's broad charge with the intention of making subsequent recommendations to the Community. Some of these priority areas pertain to functions or the way HIT is used but can also be relevant to specific policy, social, economic, legal and cultural enablers and barriers to the broad charge. The work groups will consider and rank the priority areas which will then be presented to AHIC in the form of recommendations on October 31, 2006.

Based on the AHIC recommendations adopted by the Secretary, ONC will coordinate the development of the use cases as appropriate. The use cases will provide focus areas for a variety of national health IT activities, especially in the adoption of standards, the development certification criteria and the NHIN. The work groups will continue to address the enablers and barriers in their respective broad charges and, as necessary, focus on the priority areas in developing subsequent recommendations to AHIC.

Ranking of Priority Areas for PHRs

In order to begin a prioritization process, ONC has compiled a list of the functional categories for personal health records that are most desired by consumers as well as model of use, based on recent testimony, published research, and work group members expert opinion. The Consumer Empowerment workgroup will rank the importance of these functions and models of use according to several criteria. The criteria include:

- Would this advance adoption of PHRs by consumers, providers, employers, or insurers?
- Would this encourage a sustainable business model for PHRs?
- Would this improve communication between consumers and their providers?

This ranking process will inform the workgroup's deliberations on the priority areas in 2007 and inform the identification and development of the PHR related use case through a recommendation to the Community on October 31, 2006.

To complete the ranking sheet, please check one of three choices for each question or part of a question. Please base your ranking on the testimony received to date and your own knowledge or opinion with the understanding that this is a judgment based on imperfect knowledge. ONC will total the responses of the workgroup members and present the areas in ranked order back to the workgroup for further discussion.

Please rank the functional categories in order of importance for each question, from 1 being most important to 8 being least important.

Ranking Criteria	Functional Categories							
	Lab results	Prescription refills	Reminders: (e.g., annual check-ups, mammograms, immunizations, etc.)	Educational information	Decision Support	List of conditions and allergies	Summaries of health care encounters	Secure messaging
<i>Example</i>	<i>1</i>	<i>2</i>	<i>4</i>	<i>8</i>	<i>7</i>	<i>6</i>	<i>3</i>	<i>5</i>
Would emphasis on this functionality advance adoption of PHRs:								
• by consumers?								
• by providers?								
• by employers?								
• by insurers?								
Average								
Would this encourage a sustainable business model for PHRs?								
Would this improve communication between consumers and their providers?								
Total Score								
Final Rank								

Please rank the models of use in order of likely impact for each question, from 1 having most impact to 4 having least impact.

Ranking Criteria	Personal controlled health record, untethered but provides the ultimate control of a patients personal health information	Tethered PHR, integrated with other information systems that enables sharing of data with authorized health care providers and caregivers	Employer based PHR with health risk assessment component	Insurance based PHR that manages health care finances and personal health information
<i>Example</i>	<i>1</i>	<i>4</i>	<i>3</i>	<i>2</i>
Would this model of use advance adoption of PHRs:				
• by consumers?				
• by providers?				
Average				
Would this encourage a sustainable business model for PHRs?				
Would this improve communication between consumers and their providers?				
Total Score				
Final Rank				