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THIS CORE OBJECTIVE FOR PATIENT SPECIFIC EDUCATION RESOURCES USES CLINICALLY RELEVANT INFORMATION FROM CERTIFIED EHR TECHNOLOGY TO IDENTIFY PATIENT SPECIFIC EDUCATION RESOURCES AND PROVIDE THOSE RESOURCES TO THE PATIENT'S. NEXT PLEASE. FURTHERMORE THE NATIONAL LIBRARY OF MEDICINE RESOURCES ARE SPECIFICALLY MENTIONED . "THESE RESOURCES OR MATERIALS DO NOT HAVE TO BE STORED WITHIN OR GENERATED BY THE CERTIFIED EHR TECHNOLOGY . WE ARE AWARE THAT THERE ARE MANY ELECTRONIC RESOURCES AVAILABLE FOR PATIENT EDUCATION MATERIALS, SUCH AS THROUGH THE NATIONAL LIBRARY OF MEDICINE , THAT CAN BE QUERIED BY CERTIFIED EHR TECHNOLOGY " ▢ ." NEXT AND FINALLY THE CORE OBJECTIVE FOR PATIENT SPECIFIC EDUCATION RESOURCES FOR THEIR STATES THAT ELECT TO MAKE LINKS TO MATERIALS ARE CONSIDERED AN ACCEPTABLE METHOD OF PROVIDING PATIENT SPECIFIC EDUCATION RESOURCES. NEXT . THE MEASURES FOR PROVIDING PATIENT SPECIFIC EDUCATION RESOURCES INDICATE THIS MUST BE DONE GREATER THAN 10 PERCENT OF THE TIME FOR ALL ELIGIBLE PROFESSIONAL OFFICE VISITS AND GREATER THAN 10 PERCENT OF THE TIME FOR ALL THE UNIQUE PATIENT ADMITTED TO INPATIENT OR EMERGENCY DEPARTMENT. NEXT . THIS CONCLUDES MY BRIEF OVERVIEW AND UPDATE ON MEDLINEPLUS CONNECT AND WHERE IT STANDS IN SATISFYING MEANINGFUL USE. I DO WANT TO MENTION THAT MEDLINEPLUS CONNECT HAS BEEN IDENTIFIED BY THE EIGHT REGIONAL MEDICAL LIBRARY 'S AND THE NATIONAL NETWORK OFFICE AS A NATIONAL OUTREACH INITIATIVE .

WHAT THIS MEANS IS THE EIGHT ICEL MEDICAL LIBRARY 'S ARE WORKING TOGETHER ON A TASK FORCE TO IDENTIFY MEDLINE PLUS CONNECT . THE TASK FORCE WAS JUST FORMED IN EARLY 2012. SO FAR WE HAVE IDENTIFIED FOR AUDIENCES TO TARGET FOR OUTREACH . AND THEY ARE THE RESEARCH , MEDICAL LIBRARIANS▢▢▢▢▢▢▢▢▢▢▢ LIBRARIANS , REGIONAL EXTENSION CENTERS AND FEDERALLY QUALIFIED HEALTH CENTERS. CURRENTLY THE TASK FORCE IS PROCEEDING WITH INTERVIEWING REPRESENTATIVES FOR EACH OF THESE POPULATIONS IN ORDER TO LEARN ABOUT EACH GROUP AND TO HELP US DETERMINE EFFECTIVE STRATEGIES FOR OUTREACH. NOW IT IS MY PLEASURE TO INTRODUCE DIANE HOUSER . SHE COORDINATES CLINICAL AND POLICY RESEARCH ACTIVITIES FOR THE INSTITUTE OF FAMILY HEALTH IN NEW YORK CITY . SHE MANAGES RESEARCH GRANTS AT THE INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN RESEARCH SUBJECTS. DURING HER 16 YEARS WITH THE INSTITUTE SHE HAS BEEN INVOLVED IN NUMEROUS RESEARCH AND POLICY PROJECTS RELATED TO THE HEALTH PROFESSIONS EDUCATION WORKFORCE , RACIAL AND ETHNIC DISPARITIES IN HEALTH INFORMATION TECHNOLOGY . SHE IS CURRENTLY WORKING ON RESEARCH RELATED TO THE USE OF IT BUT TRONIC HEALTH RECORDS , PATIENT PORTALS AND THE PATIENT CENTERED MEDICAL HOME CARE MODEL. SHE PREVIOUSLY SERVED AS THE EXECUTIVE DIRECTOR OF THE NEW YORK STATE COUNCIL ON MEDICAL EDUCATION AND SHE PROVIDED POLICY GUIDANCE AND DATA ANALYSIS FOR THE GOVERNOR APPOINTED ADVISORY GROUP RELATED TO WORKFORCE EDUCATION AND TRAINING. SHE HAS ALSO SERVED AS A RESEARCH DIRECTOR AT THE PUBLIC HEALTH FOUNDATION BASED IN WASHINGTON DC AND AS A RESEARCH ASSOCIATE AT THE US SENATE COMMITTEE ON AGING . THANK YOU DIANE .

I WILL TURN IT TO YOU . Speaker: THANK YOU. GREAT . I'M HAPPY TO BE HERE AND I GUESS I HAVE THE HONOR OF SAYING WE ARE THE FIRST HEALTHCARE ORGANIZATION THAT USED MEDLINEPLUS CONNECT. AND ALSO HAD THE HONOR OF WORKING WITH THE NATIONAL LIBRARY OF MEDICINE TO HELP CONFIGURE MEDLINEPLUS CONNECT AS AN END USER AND TO BE PART OF ALL THE INITIAL TESTING OF THE SYSTEM▯▯▯▯▯▯ SYSTEM. SO WHAT I WOULD LIKE TO DO TODAY AND WHAT WE OFTEN DO FOR HER OWN STAFF IS TO DEMONSTRATE HOW THE SYSTEM LOOKS FROM THE PATIENT PERSPECTIVE BECAUSE IT MAKES IT SO MUCH MORE REAL FOR FOLKS TO BE ABLE TO SEE THIS AND APPRECIATE WHAT A TERRIFIC RESOURCE THIS IS . I WILL GIVE YOU A LITTLE BIT OF BACKGROUND ABOUT HOW WE CAME TO APPRECIATE MEDLINEPLUS .GOV AS A RESOURCE FROM WITHIN THE ELECTRONIC HEALTH RECORD AND GO AHEAD WITH THE DEMO . SO IF I COULD HAVE THE NEXT SLIDE. JUST TO GIVE YOU A QUICK OVERVIEW .

WE ARE A QUAD REALLY -- FEDERALLY QUALIFIED HEALTH CENTER SO WE ARE A TARGET AUDIENCE AT THE LIBRARY WILL BE FOCUSING ON. WE HAVE 18 FULL-TIME SITES AND A VARIETY OF DIFFERENT TYPES OF SITES WHERE WE PROVIDE CARE AND ALL PATIENTS AT ALL SITES ARE ELIGIBLE TO HAVE A PATIENT PORTAL ACCOUNT. AND A QUICK OVERVIEW OF THE KIND OF VOLUME OF PATIENTS WE SEE , WE SEE HIGH PROPORTIONS OF UNINSURED AND PUBLICLY INSURED FOLKS THROUGH MEDICAID, AND VARIES PROGRAMS LIKE THAT . NEXT SLIDE PLEASE. WE WERE AN EARLY ADOPTER OF ELECTRONIC HEALTH RECORDS.

WE IMPLEMENTED THE EPIC PROGRAM IN SEPTEMBER 2002. THAT LED TO US BEING ALSO AN EARLY ADOPTER OF THE PORTAL SYSTEM BOTH IN ENGLISH AND SPANISH AND I PROVIDED THIS PARTICULAR PHOTO BECAUSE I WANTED YOU TO SEE THAT ONE OF OUR -- ONE OF OUR FOCUSES IN IMPLEMENTING ELECTRONIC HEALTH RECORDS FROM THE BEGINNING WAS IT WAS TO BE A RESOURCE FOR PATIENTS AS WELL AS PROVIDERS .

FOR EXAMPLE, WE IMPLEMENTED THE ELECTRONIC HEALTH RECORD WITH MONITOR IN EVERY ROOM THAT WAS A FLAT PANEL IN WHICH PATIENTS AND PROVIDERS COULD BE THE RECORD AT THE SAME TIME AND THIS IS A DEMONSTRATION OF WHAT THAT LOOKS LIKE.

NEXT SLIDE PLEASE. SO BEFORE WE EVER IMPLEMENTED A PORTAL , AS AN EARLY ADOPTER WHAT WE WANTED TO UNDERSTAND WHETHER THE POPULATION THAT WE SERVED WAS READY FOR THIS AND WHETHER THERE WERE ANY PARTICULAR PLANS THAT WE SHOULD MAKE AROUND IMPLEMENTATION THAT WOULD BETTER OPTIMIZE , THAT THE USE OF THE PORTAL BY OUR PATIENT .

SO WE CONDUCTED A SERIES OF FOCUS GROUPS AND AT THIS POINT IT WAS IN ENGLISH. AND I JUST PRESENT HERE SOME OF THE MAIN FINDINGS WHICH IS THAT FOLKS WERE REALLY THRILLED TO HAVE THE PORTAL . THEY WERE PARTICULARLY EXCITED ABOUT ASYNCHRONOUS COMMUNICATION . SO FOR WERE DIFFICULT FROM A JOB FOR EXAMPLE,, A DELIVERY PERSON AND YOU CAN'T BE HANGING ON THE PHONE WAITING TO GET THROUGH TO THE CLINICS OR WHATEVER THE CASE MAY BE THE FACT THAT YOU COULD SEND MESSAGES AT YOUR CONVENIENCE AND RECEIVE MESSAGES IN A SYNCHRONOUS WAY WAS SOMETHING THEY REALLY VALUED. THERE WERE CLEAR CONCERNS ABOUT THE ABILITY TO UNDERSTAND THE INFORMATION IN THE CHARTS WHICH DID NOT AT ALL TEMPER PEOPLE 'S ENTHUSIASM . FOR USING IT . BUT THERE WAS CONCERNED THERE WOULD BE INFORMATION ON THEIR THAT THEY WOULD NOT BE ABLE TO UNDERSTAND. SO JUST QUICKLY A FEW OTHER POINTS .

THERE WAS A CONCERN THAT FOLKS STILL WANTED TO BE ABLE TO CALL THEIR DOCTORS WHICH OF COURSE THEY CAN . THAT WAS AN ISSUE THAT CAME UP AND WE CONTINUE TO COMMUNICATE WITH FOLKS . IT DOES NOT EXCLUDE THEM FROM BEING ABLE TO TALK TO THEIR DOCTOR AND SIMPLY ANOTHER WAY TO COMMUNICATE THAT MAY MEET THEIR NEEDS BETTER AT PARTICULAR TIMES . FOLKS WERE LESS CONCERNED ABOUT THE ISSUE OF PRIVACY THAN WE HAD EXPECTED THEM TO BE. AND WE CONTINUED TO ASSURE THEM ABOUT THE STEPS THAT WERE TAKEN TO PROTECT THEIR PRIVACY AND THERE WERE SOME CONCERNS AGAIN RELATED TO BEING ABLE TO UNDERSTAND WHAT THE MEANING OF A PARTICULAR IN THIS CASE IS RESULT MIGHT BE WITHOUT MORE INFORMATION. SO ALL OF THESE FINDINGS LEAD US TO REALIZE THAT SIMPLY TURNING ON A PORTAL WITHOUT SOME SUPPLEMENTARY HELP FOR OUR PATIENCE AND UNDERSTANDING THE INFORMATION MAY CREATE CONFUSION AND CERTAINLY WAS NOT GOING TO OPTIMIZE THEIR EXPERIENCE. NEXT SLIDE PLEASE. WE ALSO WANTED TO MAKE SURE THAT WE HAD A PATIENT BASE THAT HAD THE ABILITY TO USE THE PORTAL . THAT THEY HAD ACCESS TO THE INTERNET . AND SO AT EACH SITE WE DID A PATIENT SURVEY WITH A SAMPLE OF PATIENTS TO DETERMINE THE EXTENT TO WHICH PATIENTS ACROSS A RANGE OF UNDERSERVED COMMUNITIES WERE ABLE TO ACTUALLY USE THE INTERNET . I PRESENT HERE THE FACT AND THESE ARE -- THESE FINDINGS AND THE SURVEY WAS PRESENTED YEARS AGO . I'M SURE THESE NUMBERS ARE HIGHER , BUT WE'VE NOT REPEATED THE SURVEY . WE WERE HAPPY TO NOTE THAT THREE QUARTERS OF OUR PATIENTS DID HAVE ACCESS TO THE INTERNET AND ARE CONFIDENT THAT NUMBER IS HIGHER . NOW WE WILL SOON BE IMPLEMENTING AN ADDITIONAL FOLLOW-UP SURVEY TO CHECK THE STATUS AT THIS POINT.

NEXT SLIDE PLEASE. SO OUR NEXT STEP WAS TO CONDUCT FEASIBILITY TESTING . WE SAT DOWN WITH PATIENTS ONE-ON-ONE AND WALKED THROUGH THE SYSTEM WITH US WITH A FACILITATOR GUIDE THAT INCLUDED SPECIFIC TASKS WE WERE ASKING FOLKS TO WALK THROUGH AND ALLOW AND WE RECORDED THE SESSION AND TOOK NOTES TO BE ABLE TO DETERMINE WHERE THE BARRIERS WERE FOR PATIENTS AND I PRESENT A COUPLE OF THOSE THAT WERE BOTH RELEVANT TO OUR DEVELOPMENT OF MEDLINEPLUS CONNECT.

FOR EXAMPLE, THE SLIDE YOU SEE HERE AND THE SCREENSHOTS IF YOU GET THAT PARTICULAR TEST RESULTS FOR YOUR MEASLES WHAT DOES THIS MEAN. THERE WAS CONFUSION ABOUT THAT AND HOW TO BETTER HELP FOLKS TO UNDERSTAND THIS WITHOUT HAVING TO ALWAYS CALL THAT THEY ARE CERTAINLY WELCOME TO CALL BUT THERE WAS A SENSE THAT PATIENTS WANTED TO BE BE EMPOWERED .

NEXT SLIDE PLEASE . ANOTHER BIG ONE. IN FACT, I WOULD SAY THIS IS PROBABLY THE BIGGEST ONE FOLKS WANTED TO UNDERSTAND. SOMETIMES THEY ARE TAKING MEDICATIONS AND THEY ARE NOT NECESSARILY SURE WHICH MEDICATIONS GO WITH WHICH CONDITION THAT IS ON THEIR LIST OF HEALTH CONDITIONS. AND THIS WAS A VERY PROMINENT THING THAT FOLKS SAW THE LISTING THAT THEY WANTED TO HAVE A HANDY LIST OF THEIR MEDICATIONS BUT THIS IS CERTAINLY AN AREA OF HIGH PRIORITY. TO TAKE A LOOK AT THE NAME OF THE MEDICATIONS IT WAS ENOUGH TO INTIMIDATE THE PATIENCE AND MAKE THEM FEEL LIKE THEY WANTED MORE HELP.

NEXT SLIDE PLEASE. SO OUR ORIGINAL APPROACH WAS TO USE THE COMMERCIAL ELECTRONIC HEALTH EDUCATION LIBRARY. AND ONE OF THE ISSUES THAT WE HAD WITH THIS WAS THE SEARCHING MAKI MISS HIM AND EXAMPLE WHEN A PATIENT WOULD HAVE GOTTEN THIS IN THEIR PORTAL THIS IS THE RESPONSE THAT THEY WOULD HAVE RECEIVED. AND I SHOW THIS TO YOU SIMPLY BECAUSE AS WE WERE DOING THE USABILITY TESTING IT WAS CLEAR THAT PATIENTS SAW THIS LIST AND THERE REALLY SEEMED TO BE NO RHYME OR REASON WHY CERTAIN MEDICATIONS WERE APPEARING AND WE REALLY FELT WE NEEDED TO DO BETTER BY OUR PATIENTS AND TO HAVE MORE REFINED SEARCH CRITERIA AND TO REALLY MAKE THIS A SIMPLE AND STRAIGHTFORWARD AS POSSIBLE FOR OUR PATIENCE . SO WE APPROACHED THE NATIONAL LIBRARY OF MEDICINE AND BEGAN DISCUSSIONS ABOUT CREATING THE TERRIFIC RESOURCE THAT MEDLINEPLUS CONNECT HAS BECOME. WE KNEW THERE WAS A WONDERFUL RESOURCE AND MEDLINEPLUS .GOV . WE WANTED TO FIND A WAY AS A FEDERALLY QUALIFIED HEALTH CENTER TO OPTIMIZE THE USE OF PUBLICLY AVAILABLE RESOURCES AND WE COULD NOT HAVE BEEN MORE PLEASED. NEXT SLIDE PLEASE. SO A COUPLE OF OTHER ISSUES RELATED TO Y. FOUR FEDERALLY QUALIFIED HEALTH CENTERS IN PARTICULAR THIS IS AN IMPORTANT ISSUE THAT THESE ELECTRONIC LIBRARIES WE HAD EXPERIMENTED WITH OUR EXPENSIVE. THE OTHER ISSUE IS THAT IN MOST CASES THEY WERE AVAILABLE IN ENGLISH AND SPANISH BUT HAD NO OTHER LANGUAGE OPTIONS. AND FOR VIRTUALLY ANY HEALTH SYSTEM IT WILL HAVE MULTIPLE LANGUAGES THEY WILL HAVE TO MAKE MATERIALS AVAILABLE IN.

IN OUR CASE IT IS LANGUAGES . WHILE THERE ARE NOT DIRECT LINKS TO MULTIPLE LANGUAGES FROM THE PORTAL PATIENTS CAN CERTAINLY SEARCH MANY, MANY OF THE TOPICS IN MULTIPLE LANGUAGES. AND I THINK REN?E HAD PROVIDED YOU WITH SOME OF THE OTHER REALLY TERRIFIC THINGS ABOUT

MEDLINEPLUS.GOV AND THE CONTINUAL UPGRADES AND THE NUMBERS YOU PRESENTED ARE HIGHER THAN WHAT WE FIRST STARTED WITH SO YOU'VE ADDED A HUNDRED ADDITIONAL TOPICS AND THIS REALLY IS QUITE A SELECTION OF THINGS FOR PEOPLE TO LOOK AT.

NEXT SLIDE PLEASE. OKAY, SO THIS IS THE PART I WANT TO SHOW YOU WHAT THIS LOOKS LIKE LIVE IN THE SYSTEM. I WANT TO MAKE SURE IT -- I DON'T KNOW IF ANYBODY IS ON MUTE BUT IF YOU CAN TELL ME IF YOU CAN SEE THE SCREEN AT THIS POINT .

>>: WE DO SEE IT. I WILL MAKE IT FULL SCREEN .

>>: GREAT .

>>: SO THIS IS WHAT THE PORTAL LOOKS LIKE . ON THE HOMEPAGE . IT IS AVAILABLE IN ENGLISH AND SPANISH AND I WILL SHOW YOU BOTH. I WILL USE A TEST PATIENT TO GIVE YOU AN IDEA OF WHAT THIS LOOKS LIKE FROM THE USER PERSPECTIVE . SO ONCE A PATIENT GETS INTO THEIR RECORD, THEY HAVE DUPLICATED MENUS THAT ALLOW THEM TO LOOK THROUGH THEIR RECORD. WE ARE GOING TO TAKE A LOOK AT THE HEALTH SUMMARY. THIS IS WHAT WE WOULD CALL WITHIN THE SYSTEM THE "PROBLEM LIST"▢." IN THIS CASE , SINCE THIS IS A TEST PATIENT SHE'S VERY SICK . SHE HAS MANY, MANY HEALTH ISSUES. SHE CAN LOOK AT HER LIST OF DIAGNOSES . SHE CAN LOOK AT CURRENT TOBACCO USE IS THE EXAMPLE I HAVE HERE. IT TAKES YOU DIRECTLY TO THE LINKED PAGE ON SMOKING. AND IT HAS A VERY NICE INTRODUCTORY PARAGRAPH AND YOU CAN LOOK THROUGH LOTS AND LOTS OF DIFFERENT INFORMATION . THIS ONE HAPPENS TO BE AVAILABLE IN ARABIC. AND WE DID DO SOME USABILITY TESTING ON THIS PATIENCE LIKE THE FACT THAT THEY COULD GET A SIMPLE EXPLANATION OF FRONT-END FOR THOSE WHO WANTED TO DATE FURTHER THEY COULD LOOK AT ADDITIONAL INFORMATION. JUST TO GIVE YOU ANOTHER EXAMPLE.

HIGH BLOOD PRESSURE, IT TAKES YOU DIRECTLY TO THE PAGE .

A FEW OTHER OPTIONS. THIS ONE COMES IN MANY, MANY LANGUAGES. WE ARE ABLE TO TRACK THE PREFERRED LANGUAGE OF PATIENTS USING MEDLINEPLUS CONNECT AND WE KNOW WHETHER OR NOT YOU NEED TO ADD SOMETHING ON OUR SITE. TO HELP PATIENTS ABOVE AND BEYOND WHAT IS AVAILABLE IN MEDLINEPLUS CONNECT. WE CAN LOOK AT MEDICATIONS. I'M SURE YOU ARE FAMILIAR WITH THESE SCREENS , BUT JUST SO YOU CAN SEE HOW THEY ARE USED WITHIN THE SYSTEM. AND PATIENT REALLY APPRECIATE IT . VERY CLEAR STRAIGHTFORWARD LANGUAGE.

VERY CLEAR QUESTIONS AND ANSWERS THAT THEY FELT WERE RELEVANT TO THEM AND THE KIND OF QUESTIONS THEY WOULD HAVE. UNFORTUNATELY EPIC AT THIS POINT DOES NOT SUPPORT LOINC SO

OUR TEST RESULTS PAGE DOES NOT HAVE A DIRECT LINK ALTHOUGH MANY OF THE SYSTEMS DO SO I'M SORRY I'M NOT ABLE TO SHOW YOU THAT.

WE JIMMIED IT OURSELVES AND HAVE A SEARCH TOOL WHICH IS NOT AS ELEGANT AS THE DIRECT LINE. WE ALSO CUSTOM BUILT LINKUPS TO THE MEDLINEPLUS .GOV INFORMATION ABOUT ALLERGIES , FOR EXAMPLE.

YOU CAN CHOOSE FROM THINGS THAT ARE AVAILABLE FROM MEDLINEPLUS CONDUCT. SO I WANTED TO ALSO SHOW YOU, WE DON'T HAVE A TOGGLE SYSTEM IN PLACE YET . BETWEEN THE TWO LANGUAGES . SO YOU HAVE TO LOGOUT AND LOG BACK IN TO LOOK IN THE VARIOUS LANGUAGES. OUR BOOST BOX SESSION TODAY. THIS IS A POPULAR TOPIC. WE WANT TO THANK ALL OF YOU SO MUCH FOR JOINING US TODAY. WE HAVE TO SPEAKERS TODAY . REN? AND DIANE . AND ACTUALLY I JUST WANT TO MENTION A COUPLE OF THINGS.

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INFORMATION ON THESE SLIDES HAS BEEN TAKEN OR ADAPTED FROM A MARCH UPDATE THAT STEPHANIE PROVIDED FOR THE REGIONAL MEDICAL IVORY . NEXT SLIDE PLEASE . SO MEDLINEPLUS CONNECT WORKS BY LINKING HEALTH I.T. SYSTEMS , PATIENT PORTALS AND ELECTRONIC HEALTH RECORDS SYSTEMS TO RELEVANCE , AUTHORITATIVE PATIENT HEALTH INFORMATION FROM MEDLILNEPLUS .GOV . THIS IS A SCREENSHOT OF MEDLILNEPLUS . AS YOU KNOW, MEDLILNEPLUS CONTAINS EASY TO READ MATERIALS ON OVER 900 HEALTH TOPICS WHICH ARE REVIEWED TWICE A YEAR WITH NEW LINKS ADDED DAILY.

THE ADDED MEDICAL ENCYCLOPEDIA WHICH IS UPDATED QUARTERLY AS WELL AS INTERACTIVE TUTORIALS AND VIDEOS WHICH ARE UPDATED ANNUALLY . THE NEXT SLIDE PLEASE. MEDLINEPLUS CONNECT ACCEPTS REQUESTS FOR INFORMATION ON DIAGNOSES OR PROBLEM CODES, MEDICATION AND LAB TEST AND THEN RETURNS A RELATED RELEVANT MEDLINEPLUS .GOV INFORMATION. FOR PROBLEM CODE REQUEST, MEDLINEPLUS CONNECTS ICD-9 AS WELL AS SNOW MET CT WHICH IS THE SYSTEM CLINICAL TERM. IT WILL ALSO SUPPORT ICD TEN AND IT BECOMES THE US STANDARD . FOR MEDICATION INFORMATION MEDLINEPLUS CONNECT SUPPORTS THE ARE ASK NORM CONCEPT UNIQUE IDENTIFIER AS WELL AS THE NATIONAL DRUG CODE. IF YOU DON'T KNOW THE DRUG INFORMATION IN MEDLINEPLUS COMES FROM THE CONSUMER MEDICATION INFORMATION WHICH IS LICENSED FOR USE ON MEDLINEPLUS FROM THE AMERICAN SOCIETY OF HEALTH SYSTEM PHARMACISTS . AND LAB TECH ARE SUPPORTED -- LAB TEST THROUGH LOINC WHICH IS THE LOGICAL OBSERVATION IDENTIFIER NUMERIC CODE . THIS RETURNS APPLICABLE INFORMATION FROM THE LICENSED ENCYCLOPEDIA WHICH IS IN MEDLINEPLUS .GOV . IT SUPPORTS THE HL-7 CONTEXT AWARE KNOWLEDGE RETRIEVAL INFO BUTTON STANDARD . NEXT . THIS IS A SCHEMATICALLY COMPLEMENTS THE MEDLINEPLUS TEAM. HOW IT WORKS IS THE APPROPRIATE PROBLEM , MEDICATION OR LAB COAT IS SENT FROM THE ELECTRONIC HEALTH RECORD TO MEDLINEPLUS CONNECT. MEDLINEPLUS CONNECT THEN RETRIEVES THE APPROPRIATE MEDLINEPLUS INFORMATION FOR THAT CODE AND SINCE IT TO EITHER THE PATIENT PORTAL OR THE CLINICAL SYSTEM. NEXT. THESE STANDARDS , BUT I JUST LISTED ON AN EARLIER SLIDE AS BEING SUPPORTED IN MEDLINEPLUS CONNECT HAVE ALSO BEEN RECENTLY IDENTIFIED IN THE FINAL RULE ⬚ ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ FINAL RULE FROM THE OFFICE OF THE NATIONAL COORDINATOR AS DESIGNATED STANDARDS AND IMPLEMENTATION SPECIFICATIONS THAT CERTIFY TECHNOLOGIES NEED TO INCLUDE IN ORDER TO SUPPORT THE ACHIEVEMENT OF MEANINGFUL USE UNDER THE CENTERS FOR MEDICARE AND MEDICAID SERVICES EHR PROGRAM . NEXT . ADDITIONALLY ON AUGUST 23RD, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES PUBLISHED A FINAL RULE ⬚ ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ FINAL RULE THAT SPECIFIES THE STAGE TWO CRITERIA THAT ELIGIBLE PROFESSIONALS , ELIGIBLE HOSPITALS , CRITICAL ACCESS HOSPITALS MUST MEET IN ORDER TO CONTINUE TO PARTICIPATE IN THE MEDICARE AND MEDICAID ELECTRONIC HEALTH RECORDS APPROACH . IT ALSO SPECIFIES MEDICARE PAYMENT ADJUSTMENTS FOR ELIGIBLE PROFESSIONALS AND HOSPITALS THAT FAIL TO DEMONSTRATE MEANINGFUL USE OF CERTIFIED EHR TECHNOLOGY. THE EARLY STAGE TWO CRITERIA WILL BE EFFECTIVE IS IN FISCAL YEAR 2014 FOR ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OR CALENDAR YEAR 2014 FOR ELIGIBLE PROFESSIONALS. NEXT SLIDE PLEASE. TO DEMONSTRATE MEANINGFUL USE UNDER STAGE TWO CRITERIA, ELIGIBLE PROFESSIONALS MUST MEET 17 CORE

OBJECTIVES AND THREE MENU OBJECTIVES THAT THEY SELECT FROM A LIST OF SIX. FOR A TOTAL OF 24 OBJECTIVES . ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS MUST MEET 16 CORE OBJECTIVES AND THREE MENU OBJECTIVES THAT THEY SELECT FROM A LIST OF 64 A TOTAL OF 19 CORE OBJECTIVES. THE EXCITING PART FOR MEDLINEPLUS CONNECT IS A CORE OBJECTIVE HAS BEEN IDENTIFIED AS THE USE OF CERTIFIED EHR TECHNOLOGY TO IDENTIFY PATIENT SPECIFIC EDUCATION RESOURCES. NEXT . THIS CORE OBJECTIVE FOR PATIENT SPECIFIC EDUCATION RESOURCES USES CLINICALLY RELEVANT INFORMATION FROM CERTIFIED EHR TECHNOLOGY TO IDENTIFY PATIENT SPECIFIC EDUCATION RESOURCES AND PROVIDE THOSE RESOURCES TO THE PATIENT'S. NEXT PLEASE. FURTHERMORE THE NATIONAL LIBRARY OF MEDICINE RESOURCES ARE SPECIFICALLY MENTIONED . "THESE RESOURCES OR MATERIALS DO NOT HAVE TO BE STORED WITHIN OR GENERATED BY THE CERTIFIED EHR TECHNOLOGY . WE ARE AWARE THAT THERE ARE MANY ELECTRONIC RESOURCES AVAILABLE FOR PATIENT EDUCATION MATERIALS, SUCH AS THROUGH THE NATIONAL LIBRARY OF MEDICINE , THAT CAN BE QUERIED BY CERTIFIED EHR TECHNOLOGY " ⬚ ." NEXT AND FINALLY THE CORE OBJECTIVE FOR PATIENT SPECIFIC EDUCATION RESOURCES FOR THEIR STATES THAT ELECT TO MAKE LINKS TO MATERIALS ARE CONSIDERED AN ACCEPTABLE METHOD OF PROVIDING PATIENT SPECIFIC EDUCATION RESOURCES. NEXT . THE MEASURES FOR PROVIDING PATIENT SPECIFIC EDUCATION RESOURCES INDICATE THIS MUST BE DONE GREATER THAN 10 PERCENT OF THE TIME FOR ALL ELIGIBLE PROFESSIONAL OFFICE VISITS AND GREATER THAN 10 PERCENT OF THE TIME FOR ALL THE UNIQUE PATIENT ADMITTED TO INPATIENT OR EMERGENCY DEPARTMENT. NEXT . THIS CONCLUDES MY BRIEF OVERVIEW AND UPDATE ON MEDLINEPLUS CONNECT AND WHERE IT STANDS IN SATISFYING MEANINGFUL USE. I DO WANT TO MENTION THAT MEDLINEPLUS CONNECT HAS BEEN IDENTIFIED BY THE EIGHT REGIONAL MEDICAL LIBRARY 'S AND THE NATIONAL NETWORK OFFICE AS A NATIONAL OUTREACH INITIATIVE .

WHAT THIS MEANS IS THE EIGHT ICEL MEDICAL LIBRARY 'S ARE WORKING TOGETHER ON A TASK FORCE TO IDENTIFY MEDLINE PLUS CONNECT . THE TASK FORCE WAS JUST FORMED IN EARLY 2012. SO FAR WE HAVE IDENTIFIED FOR AUDIENCES TO TARGET FOR OUTREACH . AND THEY ARE THE RESEARCH , MEDICAL LIBRARIANS⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ LIBRARIANS , REGIONAL EXTENSION CENTERS AND FEDERALLY QUALIFIED HEALTH CENTERS. CURRENTLY THE TASK FORCE IS PROCEEDING WITH INTERVIEWING REPRESENTATIVES FOR EACH OF THESE POPULATIONS IN ORDER TO LEARN ABOUT EACH GROUP AND TO HELP US DETERMINE EFFECTIVE STRATEGIES FOR OUTREACH. NOW IT IS MY PLEASURE TO INTRODUCE DIANE HOUSER . SHE COORDINATES CLINICAL AND POLICY RESEARCH ACTIVITIES FOR THE INSTITUTE OF FAMILY HEALTH IN NEW YORK CITY . SHE MANAGES RESEARCH GRANTS AT THE INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN RESEARCH SUBJECTS. DURING HER 16 YEARS WITH THE INSTITUTE SHE HAS BEEN INVOLVED IN NUMEROUS RESEARCH AND POLICY PROJECTS RELATED TO THE HEALTH PROFESSIONS EDUCATION WORKFORCE , RACIAL AND ETHNIC DISPARITIES IN HEALTH INFORMATION TECHNOLOGY . SHE IS CURRENTLY WORKING ON RESEARCH RELATED TO THE USE OF IT BUT TRONIC HEALTH RECORDS , PATIENT PORTALS AND THE PATIENT CENTERED MEDICAL HOME CARE MODEL. SHE PREVIOUSLY SERVED AS THE EXECUTIVE DIRECTOR OF THE NEW YORK STATE COUNCIL ON MEDICAL EDUCATION AND SHE PROVIDED POLICY GUIDANCE AND DATA ANALYSIS FOR THE GOVERNOR APPOINTED ADVISORY GROUP RELATED TO WORKFORCE

EDUCATION AND TRAINING. SHE HAS ALSO SERVED AS A RESEARCH DIRECTOR AT THE PUBLIC HEALTH FOUNDATION BASED IN WASHINGTON DC AND AS A RESEARCH ASSOCIATE AT THE US SENATE COMMITTEE ON AGING . THANK YOU DIANE .

I WILL TURN IT TO YOU . Speaker: THANK YOU. GREAT . I'M HAPPY TO BE HERE AND I GUESS I HAVE THE HONOR OF SAYING WE ARE THE FIRST HEALTHCARE ORGANIZATION THAT USED MEDLINEPLUS CONNECT. AND ALSO HAD THE HONOR OF WORKING WITH THE NATIONAL LIBRARY OF MEDICINE TO HELP CONFIGURE MEDLINEPLUS CONNECT AS AN END USER AND TO BE PART OF ALL THE INITIAL TESTING OF THE SYSTEM SYSTEM. SO WHAT I WOULD LIKE TO DO TODAY AND WHAT WE OFTEN DO FOR HER OWN STAFF IS TO DEMONSTRATE HOW THE SYSTEM LOOKS FROM THE PATIENT PERSPECTIVE BECAUSE IT MAKES IT SO MUCH MORE REAL FOR FOLKS TO BE ABLE TO SEE THIS AND APPRECIATE WHAT A TERRIFIC RESOURCE THIS IS . I WILL GIVE YOU A LITTLE BIT OF BACKGROUND ABOUT HOW WE CAME TO APPRECIATE MEDLINEPLUS .GOV AS A RESOURCE FROM WITHIN THE ELECTRONIC HEALTH RECORD AND GO AHEAD WITH THE DEMO . SO IF I COULD HAVE THE NEXT SLIDE. JUST TO GIVE YOU A QUICK OVERVIEW .

WE ARE A QUAD REALLY -- FEDERALLY QUALIFIED HEALTH CENTER SO WE ARE A TARGET AUDIENCE AT THE LIBRARY WILL BE FOCUSING ON. WE HAVE 18 FULL-TIME SITES AND A VARIETY OF DIFFERENT TYPES OF SITES WHERE WE PROVIDE CARE AND ALL PATIENTS AT ALL SITES ARE ELIGIBLE TO HAVE A PATIENT PORTAL ACCOUNT. AND A QUICK OVERVIEW OF THE KIND OF VOLUME OF PATIENTS WE SEE , WE SEE HIGH PROPORTIONS OF UNINSURED AND PUBLICLY INSURED FOLKS THROUGH MEDICAID, AND VARIES PROGRAMS LIKE THAT . NEXT SLIDE PLEASE. WE WERE AN EARLY ADOPTER OF ELECTRONIC HEALTH RECORDS.

WE IMPLEMENTED THE EPIC PROGRAM IN SEPTEMBER 2002. THAT LED TO US BEING ALSO AN EARLY ADOPTER OF THE PORTAL SYSTEM BOTH IN ENGLISH AND SPANISH AND I PROVIDED THIS PARTICULAR PHOTO BECAUSE I WANTED YOU TO SEE THAT ONE OF OUR -- ONE OF OUR FOCUSES IN IMPLEMENTING ELECTRONIC HEALTH RECORDS FROM THE BEGINNING WAS IT WAS TO BE A RESOURCE FOR PATIENTS AS WELL AS PROVIDERS .

FOR EXAMPLE, WE IMPLEMENTED THE ELECTRONIC HEALTH RECORD WITH MONITOR IN EVERY ROOM THAT WAS A FLAT PANEL IN WHICH PATIENTS AND PROVIDERS COULD BE THE RECORD AT THE SAME TIME AND THIS IS A DEMONSTRATION OF WHAT THAT LOOKS LIKE.

NEXT SLIDE PLEASE. SO BEFORE WE EVER IMPLEMENTED A PORTAL , AS AN EARLY ADOPTER WHAT WE WANTED TO UNDERSTAND WHETHER THE POPULATION THAT WE SERVED WAS READY FOR THIS AND WHETHER THERE WERE ANY PARTICULAR PLANS THAT WE SHOULD MAKE AROUND IMPLEMENTATION THAT WOULD BETTER OPTIMIZE , THAT THE USE OF THE PORTAL BY OUR PATIENT .

SO WE CONDUCTED A SERIES OF FOCUS GROUPS AND AT THIS POINT IT WAS IN ENGLISH. AND I JUST PRESENT HERE SOME OF THE MAIN FINDINGS WHICH IS THAT FOLKS WERE REALLY THRILLED TO HAVE THE PORTAL . THEY WERE PARTICULARLY EXCITED ABOUT ASYNCHRONOUS COMMUNICATION . SO FOR WERE DIFFICULT FROM A JOB FOR EXAMPLE,, A DELIVERY PERSON AND YOU CAN'T BE HANGING ON THE PHONE WAITING TO GET THROUGH TO THE CLINICS OR WHATEVER THE CASE MAY BE THE FACT THAT YOU COULD SEND MESSAGES AT YOUR CONVENIENCE AND RECEIVE MESSAGES IN A SYNCHRONOUS WAY WAS SOMETHING THEY REALLY VALUED. THERE WERE CLEAR CONCERNS ABOUT THE ABILITY TO UNDERSTAND THE INFORMATION IN THE CHARTS WHICH DID NOT AT ALL TEMPER PEOPLE 'S ENTHUSIASM . FOR USING IT . BUT THERE WAS CONCERNED THERE WOULD BE INFORMATION ON THEIR THAT THEY WOULD NOT BE ABLE TO UNDERSTAND. SO JUST QUICKLY A FEW OTHER POINTS .

THERE WAS A CONCERN THAT FOLKS STILL WANTED TO BE ABLE TO CALL THEIR DOCTORS WHICH OF COURSE THEY CAN . THAT WAS AN ISSUE THAT CAME UP AND WE CONTINUE TO COMMUNICATE WITH FOLKS . IT DOES NOT EXCLUDE THEM FROM BEING ABLE TO TALK TO THEIR DOCTOR AND SIMPLY ANOTHER WAY TO COMMUNICATE THAT MAY MEET THEIR NEEDS BETTER AT PARTICULAR TIMES . FOLKS WERE LESS CONCERNED ABOUT THE ISSUE OF PRIVACY THAN WE HAD EXPECTED THEM TO BE. AND WE CONTINUED TO ASSURE THEM ABOUT THE STEPS THAT WERE TAKEN TO PROTECT THEIR PRIVACY AND THERE WERE SOME CONCERNS AGAIN RELATED TO BEING ABLE TO UNDERSTAND WHAT THE MEANING OF A PARTICULAR IN THIS CASE IS RESULT MIGHT BE WITHOUT MORE INFORMATION. SO ALL OF THESE FINDINGS LEAD US TO REALIZE THAT SIMPLY TURNING ON A PORTAL WITHOUT SOME SUPPLEMENTARY HELP FOR OUR PATIENCE AND UNDERSTANDING THE INFORMATION MAY CREATE CONFUSION AND CERTAINLY WAS NOT GOING TO OPTIMIZE THEIR EXPERIENCE. NEXT SLIDE PLEASE. WE ALSO WANTED TO MAKE SURE THAT WE HAD A PATIENT BASE THAT HAD THE ABILITY TO USE THE PORTAL . THAT THEY HAD ACCESS TO THE INTERNET . AND SO AT EACH SITE WE DID A PATIENT SURVEY WITH A SAMPLE OF PATIENTS TO DETERMINE THE EXTENT TO WHICH PATIENTS ACROSS A RANGE OF UNDERSERVED COMMUNITIES WERE ABLE TO ACTUALLY USE THE INTERNET . I PRESENT HERE THE FACT AND THESE ARE -- THESE FINDINGS AND THE SURVEY WAS PRESENTED YEARS AGO . I'M SURE THESE NUMBERS ARE HIGHER , BUT WE'VE NOT REPEATED THE SURVEY . WE WERE HAPPY TO NOTE THAT THREE QUARTERS OF OUR PATIENTS DID HAVE ACCESS TO THE INTERNET AND ARE CONFIDENT THAT NUMBER IS HIGHER . NOW WE WILL SOON BE IMPLEMENTING AN ADDITIONAL FOLLOW-UP SURVEY TO CHECK THE STATUS AT THIS POINT.

NEXT SLIDE PLEASE. SO OUR NEXT STEP WAS TO CONDUCT FEASIBILITY TESTING . WE SAT DOWN WITH PATIENTS ONE-ON-ONE AND WALKED THROUGH THE SYSTEM WITH US WITH A FACILITATOR GUIDE THAT INCLUDED SPECIFIC TASKS WE WERE ASKING FOLKS TO WALK THROUGH AND ALLOW AND WE RECORDED THE SESSION AND TOOK NOTES TO BE ABLE TO DETERMINE WHERE THE BARRIERS WERE FOR PATIENTS AND I PRESENT A COUPLE OF THOSE THAT WERE BOTH RELEVANT TO OUR DEVELOPMENT OF MEDLINEPLUS CONNECT.

FOR EXAMPLE, THE SLIDE YOU SEE HERE AND THE SCREENSHOTS IF YOU GET THAT PARTICULAR TEST RESULTS FOR YOUR MEASLES WHAT DOES THIS MEAN. THERE WAS CONFUSION ABOUT THAT AND HOW TO BETTER HELP FOLKS TO UNDERSTAND THIS WITHOUT HAVING TO ALWAYS CALL THAT THEY ARE CERTAINLY WELCOME TO CALL BUT THERE WAS A SENSE THAT PATIENTS WANTED TO BE BE EMPOWERED .

NEXT SLIDE PLEASE . ANOTHER BIG ONE. IN FACT, I WOULD SAY THIS IS PROBABLY THE BIGGEST ONE FOLKS WANTED TO UNDERSTAND. SOMETIMES THEY ARE TAKING MEDICATIONS AND THEY ARE NOT NECESSARILY SURE WHICH MEDICATIONS GO WITH WHICH CONDITION THAT IS ON THEIR LIST OF HEALTH CONDITIONS. AND THIS WAS A VERY PROMINENT THING THAT FOLKS SAW THE LISTING THAT THEY WANTED TO HAVE A HANDY LIST OF THEIR MEDICATIONS BUT THIS IS CERTAINLY AN AREA OF HIGH PRIORITY. TO TAKE A LOOK AT THE NAME OF THE MEDICATIONS IT WAS ENOUGH TO INTIMIDATE THE PATIENCE AND MAKE THEM FEEL LIKE THEY WANTED MORE HELP.

NEXT SLIDE PLEASE. SO OUR ORIGINAL APPROACH WAS TO USE THE COMMERCIAL ELECTRONIC HEALTH EDUCATION LIBRARY. AND ONE OF THE ISSUES THAT WE HAD WITH THIS WAS THE SEARCHING MAKI MISS HIM AND EXAMPLE WHEN A PATIENT WOULD HAVE GOTTEN THIS IN THEIR PORTAL THIS IS THE RESPONSE THAT THEY WOULD HAVE RECEIVED. AND I SHOW THIS TO YOU SIMPLY BECAUSE AS WE WERE DOING THE USABILITY TESTING IT WAS CLEAR THAT PATIENTS SAW THIS LIST AND THERE REALLY SEEMED TO BE NO RHYME OR REASON WHY CERTAIN MEDICATIONS WERE APPEARING AND WE REALLY FELT WE NEEDED TO DO BETTER BY OUR PATIENTS AND TO HAVE MORE REFINED SEARCH CRITERIA AND TO REALLY MAKE THIS A SIMPLE AND STRAIGHTFORWARD AS POSSIBLE FOR OUR PATIENCE . SO WE APPROACHED THE NATIONAL LIBRARY OF MEDICINE AND BEGAN DISCUSSIONS ABOUT CREATING THE TERRIFIC RESOURCE THAT MEDLINEPLUS CONNECT HAS BECOME. WE KNEW THERE WAS A WONDERFUL RESOURCE AND MEDLINEPLUS .GOV . WE WANTED TO FIND A WAY AS A FEDERALLY QUALIFIED HEALTH CENTER TO OPTIMIZE THE USE OF PUBLICLY AVAILABLE RESOURCES AND WE COULD NOT HAVE BEEN MORE PLEASED. NEXT SLIDE PLEASE. SO A COUPLE OF OTHER ISSUES RELATED TO Y. FOUR FEDERALLY QUALIFIED HEALTH CENTERS IN PARTICULAR THIS IS AN IMPORTANT ISSUE THAT THESE ELECTRONIC LIBRARIES WE HAD EXPERIMENTED WITH OUR EXPENSIVE. THE OTHER ISSUE IS THAT IN MOST CASES THEY WERE AVAILABLE IN ENGLISH AND SPANISH BUT HAD NO OTHER LANGUAGE

OPTIONS. AND FOR VIRTUALLY ANY HEALTH SYSTEM IT WILL HAVE MULTIPLE LANGUAGES THEY WILL HAVE TO MAKE MATERIALS AVAILABLE IN.

IN OUR CASE IT IS LANGUAGES . WHILE THERE ARE NOT DIRECT LINKS TO MULTIPLE LANGUAGES FROM THE PORTAL PATIENTS CAN CERTAINLY SEARCH MANY, MANY OF THE TOPICS IN MULTIPLE LANGUAGES. AND I THINK REN?E HAD PROVIDED YOU WITH SOME OF THE OTHER REALLY TERRIFIC THINGS ABOUT MEDLINEPLUS.GOV AND THE CONTINUAL UPGRADES AND THE NUMBERS YOU PRESENTED ARE HIGHER THAN WHAT WE FIRST STARTED WITH SO YOU'VE ADDED A HUNDRED ADDITIONAL TOPICS AND THIS REALLY IS QUITE A SELECTION OF THINGS FOR PEOPLE TO LOOK AT.

NEXT SLIDE PLEASE. OKAY, SO THIS IS THE PART I WANT TO SHOW YOU WHAT THIS LOOKS LIKE LIVE IN THE SYSTEM. I WANT TO MAKE SURE IT -- I DON'T KNOW IF ANYBODY IS ON MUTE BUT IF YOU CAN TELL ME IF YOU CAN SEE THE SCREEN AT THIS POINT .

>>: WE DO SEE IT. I WILL MAKE IT FULL SCREEN .

>>: GREAT .

>>: SO THIS IS WHAT THE PORTAL LOOKS LIKE . ON THE HOMEPAGE . IT IS AVAILABLE IN ENGLISH AND SPANISH AND I WILL SHOW YOU BOTH. I WILL USE A TEST PATIENT TO GIVE YOU AN IDEA OF WHAT THIS LOOKS LIKE FROM THE USER PERSPECTIVE . SO ONCE A PATIENT GETS INTO THEIR RECORD, THEY HAVE DUPLICATED MENUS THAT ALLOW THEM TO LOOK THROUGH THEIR RECORD. WE ARE GOING TO TAKE A LOOK AT THE HEALTH SUMMARY. THIS IS WHAT WE WOULD CALL WITHIN THE SYSTEM THE "PROBLEM LIST"⬚." IN THIS CASE , SINCE THIS IS A TEST PATIENT SHE'S VERY SICK . SHE HAS MANY, MANY HEALTH ISSUES. SHE CAN LOOK AT HER LIST OF DIAGNOSES . SHE CAN LOOK AT CURRENT TOBACCO USE IS THE EXAMPLE I HAVE HERE. IT TAKES YOU DIRECTLY TO THE LINKED PAGE ON SMOKING. AND IT HAS A VERY NICE INTRODUCTORY PARAGRAPH AND YOU CAN LOOK THROUGH LOTS AND LOTS OF DIFFERENT INFORMATION . THIS ONE HAPPENS TO BE AVAILABLE IN ARABIC. AND WE DID DO SOME USABILITY TESTING ON THIS PATIENCE LIKE THE FACT THAT THEY COULD GET A SIMPLE EXPLANATION OF FRONT-END FOR THOSE WHO WANTED TO DATE FURTHER THEY COULD LOOK AT ADDITIONAL INFORMATION. JUST TO GIVE YOU ANOTHER EXAMPLE.

HIGH BLOOD PRESSURE, IT TAKES YOU DIRECTLY TO THE PAGE .

A FEW OTHER OPTIONS. THIS ONE COMES IN MANY, MANY LANGUAGES. WE ARE ABLE TO TRACK THE PREFERRED LANGUAGE OF PATIENTS USING MEDLINEPLUS CONNECT AND WE KNOW WHETHER OR NOT YOU NEED TO ADD SOMETHING ON OUR SITE. TO HELP PATIENTS ABOVE AND BEYOND WHAT IS

AVAILABLE IN MEDLINEPLUS CONNECT. WE CAN LOOK AT MEDICATIONS. I'M SURE YOU ARE FAMILIAR WITH THESE SCREENS , BUT JUST SO YOU CAN SEE HOW THEY ARE USED WITHIN THE SYSTEM. AND PATIENT REALLY APPRECIATE IT . VERY CLEAR STRAIGHTFORWARD LANGUAGE.

VERY CLEAR QUESTIONS AND ANSWERS THAT THEY FELT WERE RELEVANT TO THEM AND THE KIND OF QUESTIONS THEY WOULD HAVE. UNFORTUNATELY EPIC AT THIS POINT DOES NOT SUPPORT LOINC SO OUR TEST RESULTS PAGE DOES NOT HAVE A DIRECT LINK ALTHOUGH MANY OF THE SYSTEMS DO SO I'M SORRY I'M NOT ABLE TO SHOW YOU THAT.

WE JIMMIED IT OURSELVES AND HAVE A SEARCH TOOL WHICH IS NOT AS ELEGANT AS THE DIRECT LINE. WE ALSO CUSTOM BUILT LINKUPS TO THE MEDLINEPLUS .GOV INFORMATION ABOUT ALLERGIES , FOR EXAMPLE.

YOU CAN CHOOSE FROM THINGS THAT ARE AVAILABLE FROM MEDLINEPLUS CONDUCT. SO I WANTED TO ALSO SHOW YOU, WE DON'T HAVE A TOGGLE SYSTEM IN PLACE YET . BETWEEN THE TWO LANGUAGES . SO YOU HAVE TO LOGOUT AND LOG BACK IN TO LOOK IN THE VARIOUS LANGUAGES. SO THIS SITE IS THE ENGLISH SITE. -- SO THIS SITE MIRRORS THE ENGLISH SITE . ONE OF THE THINGS I WANTED TO POINT OUT IT IS EPIC BUT I'M NOT SURE THAT ANY OF THE ELECTRONIC HEALTH RECORD SYSTEMS ARE ABLE TO DISPLAY THE ACTUAL RECORD , THE TEMPLATE IS IN SPANISH BUT THE RECORD ITSELF , THIS IS WHAT IS APPEARING IN THE RECORD IS CURRENTLY IN ENGLISH AND DOES NOT DO A DOUBLE DISPLAY IN ENGLISH AND SPANISH . SO ONE OF THE NICE THINGS ABOUT MEDLINEPLUS CONNECT IS YOU CAN CLICK ON THIS ONCE YOU ARE IN THE SPANISH SITE AND IT WILL BRING YOU TO THE SPANISH LANGUAGE INFORMATION . SO DESPITE THE FACT THAT WE ARE LIMITED IN OUR ABILITY TO SHOW THE ENTIRE RECORD IN SPANISH WE CAN PROVIDE THIS INFORMATION . TO PATIENTS IF THEY WANT TO TAKE A CLOSER LOOK AND THEY ARE ABLE TO READ THE DESCRIPTIONS. IN SPANISH. THOSE ARE KIND OF THE HIGHLIGHTS I WANTED TO SHOW YOU OF THE SYSTEM AND MAYBE WE CAN GO BACK TO THE SLIDES NOW. SO ONE OF THE NICE THINGS THAT EPIC HAS DONE AND I'M SORRY I DO NOT KNOW WHAT THE OTHER -- THE OTHER ELECTRONIC HEALTH RECORD SYSTEMS HAVE PUT INTO PLACE BUT WE ARE ABLE TO TRACK USE . SO WE DO DE- IDENTIFY TRACKING. IT LOOKS LIKE THE DATA ARE NOT POPPING UP HERE.

>>: WE THOUGHT THIS WAS THE DISPLAY SLIGHT BUT IT'S NOT. THE NEXT ONE DOES .

>>: ANYWAY I WAS JUST GOING TO SHOW YOU ON THIS SLIDE THE FREQUENCY WITH WHICH CERTAIN SEARCHES WERE MADE AND I CAN TELL YOU THAT THEY CORRELATE PRETTY MUCH EXACTLY TO THE NUMBER OF TIMES THAT PARTICULAR DIAGNOSIS SHOWS UP IN RECORDS IN GENERAL. SO WE DID KIND OF A CROSSWALK BETWEEN THE FREQUENCY OF THE SEARCH IN THE FREQUENCY OF THAT DIAGNOSIS WITHIN OUR SYSTEM . INTERESTINGLY , BY FAR THE LARGEST SEARCH WAS ON THE

PHYSICAL EXAM . I KNOW REN?E AND I HAVE SPOKEN ABOUT THIS ISSUE AND WE'VE TALKED WITH FOLKS AT THE NATIONAL LIBRARY OF MEDICINE ABOUT AN OPPORTUNITY 󠀠󠀠󠀠󠀠󠀠󠀠󠀠󠀠󠀠󠀠󠀠󠀠 OPPORTUNITY THAT PRESENTS FOR FOLKS WHO ARE THINKING ON A PHYSICAL EXAM THERE ARE A COUPLE OF SLIGHTLY DIFFERENT ICD-9 COATS , PHYSICAL EXAM , MEDICAL EXAM , ANNUAL EXAM THAT COME UNDER THAT SAME KIND OF FRAMEWORK . 󠀠 .

AND THE FACT THAT PEOPLE ARE CLICKING , WE HYPOTHESIZE AND I WILL BE DOING SOME ADDITIONAL WORK ON THIS TO GET A SENSE OF WHAT ARE THE QUESTIONS PEOPLE HAVE . WHAT WERE THEY LOOKING FOR WHEN THEY COULD SEND AN ANNUAL EXAM . WE THINK THAT'S A GREAT OPPORTUNITY TO PROVIDE SOME HELP MAINTENANCE INFORMATION . THERE WAS A LOT OF BEHAVIORAL HEALTH THAT WAS CLICKED ON . FOR EXAMPLE, ANXIETY, MOOD DISORDERS.

OBESITY . THAT WAS ANOTHER HIGH ONE. HIGH BLOOD PRESSURE, CHOLESTEROL THINGS YOU WOULD IMAGINE WE ARE SHOWING UP FREQUENTLY WERE ALSO SHOWING UP FREQUENTLY IN THE SEARCH REQUEST . LET'S GO TO THE NEXT SLIDE. SO I ALSO WANTED TO SHOW YOU SOME DATA AND I APOLOGIZE FOR ALL THE NUMBERS .

THIS IS NOT EASY TO LOOK AT. WE ALSO DID SOME ANALYSIS OF THE DEMOGRAPHICS OF PATIENTS AND THEIR USE OF MEDLINEPLUS CONNECT.

SO WHAT YOU SEE HERE THESE ARE THE PERCENTAGE OF FOLKS THAT ARE USING THIS AS OPPOSED TO NOT USING MEDLINEPLUS CONNECT.

OF THOSE WHO HAVE A PORTAL ACCOUNT AND THIS COLUMN SIMPLY DISTINGUISHES THOSE THAT HAVE MY CHART ACCOUNTS AND THOSE WHO HAVE NOT SIGNED A.

SO WE ARE CLIMBING AND GROWING AND WE ARE PLEASED WITH WHAT WE ARE SEEING BUT WE ARE CERTAINLY NOT SATISFY . WE HAVE MORE PATIENTS WHO ARE NOT USING MY CHART IN GENERAL THEN ARE. BUT WE WERE FOCUSING OUR ANALYSIS ON THOSE WHO HAVE THE OPPORTUNITY TO USE THIS AND WHAT WE ARE SEEING IN TERMS OF USAGE. SO ALL OF THESE ANALYSES ARE STEEPED A GOODLY SIGNIFICANT .

SO WE ARE SEEING WOMEN SEEM TO BE MORE LIKELY TO USE MEDLINEPLUS CONNECT. WE ALSO SEE THAT ARE AFRICAN AMERICAN PATIENTS ARE MORE LIKELY TO USE MEDLINEPLUS AND PATIENTS WHO IDENTIFY THEMSELVES AS HISPANIC ARE SLIGHTLY MORE LIKELY TO USE MEDLINEPLUS CONNECT . WE IMPLEMENTED THE SPANISH VERSE IN OF MY CHART MY HEALTH AND THAT WAS ABOUT A YEAR 1/2 AGO AND WE ARE STILL LOOKING TO SEE MORE UPTAKE ON SPANISH. WE ARE REVAMPING OUR MARKETING EFFORTS TO TRY TO MAKE THAT HAPPEN AND WE ACTUALLY WERE AWARDED A GRANT FROM THE NATIONAL LIBRARY OF MEDICINE TO OPTIMIZE THIS TO MAKE SURE WE ARE MEETING THE NEEDS FOR OUR SPANISH-SPEAKING PATIENTS . HOPEFULLY WE'LL HAVE MORE INFORMATION THAT WE CAN SHARE WITH YOU ABOUT THAT . WE ARE ABOUT TO CONDUCT SOME FOCUS GROUPS WITH THEIR SPANISH SPEAKING PEOPLE AROUND THE HEALTH INFORMATION NEEDS AND WE WOULD BE MORE THAN HAPPY TO SHARE EVERYTHING THAT WE LEARNED WITH THIS GROUP. NEXT SLIDE PLEASE. SO THIS IS JUST A LITTLE BIT MORE OF OUR ANALYSES . I WANTED TO DEMONSTRATE AMONG THE VARIOUS TYPES WE OFTEN USE SELF PAY, UNINSURED AND SORT OF A GROUPING FOR THOSE WHO ARE NOT INSURED . IT LOOKS LIKE WE MAY BE LOST SOME OF OUR NUMBERS. THESE ARE A LITTLE BIT ASKEW. I DON'T KNOW .

>>: OUR APOLOGIES. [INAUDIBLE] WHAT I WAS GOING TO SAY IS THIS POWERPOINT PRESENTATION WE DO HAVE IT AVAILABLE ON THE WEB FOR PEOPLE TO SEE IN THEIR ORIGINAL VIEW.

>>: OKAY. ONE OF THE POINTS I WANTED TO MAKE AND IT LOOKS LIKE THESE NUMBERS GOT A LITTLE BIT MIXED UP BUT WE ARE SEEING A SLIGHTLY HIGHER PROPORTION OF PATIENTS ON MEDICAID THAN OTHER -- IN TERMS OF THEIR DISTRIBUTION WITHIN OUR PATIENT POPULATION . WE ARE SEEING A BIGGER UPTAKE AMONG THAT GROUP WHICH REALLY PLEASES US TO KNOW WE ARE ABLE TO REACH OUT AND OFFERED THIS AND FOLKS ARE TAKING US UP ON THIS.

LET'S TRY THE NEXT ONE. IT LOOKS GOOD. SO THIS IS JUST ONE MORE TAKE ON THE DATA .

WE ALSO WANTED TO LOOK AT THE USE OF MEDLINEPLUS CONNECT IN CLICKING OUT FROM WITHIN THE PORTAL. FOR PATIENTS BASED ON THE VARIOUS DYKE GNOSIS WE WERE LOOKING PARTICULARLY AT CHRONIC HEALTH CONDITIONS.

SO WE SAW THAT THERE ARE A SIMILAR NUMBER OF VISITS BEING MADE . WE WERE INTERESTED IN LEARNING WHETHER PEOPLE MIGHT BE USING INFORMATION AS A WAY TO SUPPLEMENT THEIR VISITS OR TO SUBSTITUTE FOR VISITS . WE SAW THAT REALLY OF THOSE WHO USED THOSE IT SEEMS TO BE SIMILAR . WE DID SEE THAT THERE TENDED TO BE MORE CHRONIC CONDITIONS SLIGHTLY AMONG FOLKS WHO WERE USING MEDLINEPLUS CONNECT AND WE THINK THAT IS A GOOD THING. THAT FOLKS WHO ARE MANAGING MORE CHRONIC HEALTH CONDITIONS ARE USING MEDLINEPLUS CONNECT. JUST

POINT OUT A COUPLE OF THINGS THAT WE FOUND INTERESTING. WE SEE A HIGHER DISTRIBUTION WITH PATIENTS WITH THE DIAGNOSIS OF DEPRESSION USING MEDLINEPLUS CONNECT.

GENERALLY YOU CAN SEE ACROSS THE BOARD THAT FOR SEVERAL OF THESE CONDITIONS WE HAVE MORE FOLKS WHO ARE PICKING UP ON MEDLINEPLUS CONNECT AND WE WERE VERY HAPPY TO SEE SOME OF THAT AND WE ARE CONTINUING TO TRACK THE DATA AND WE WILL HAVE UPDATED REPORTS AS WE GO ALONG.

NEXT SLIDE PLEASE. I ALSO WANTED TO POINT OUT THAT ONE OF OUR GOALS IN OFFERING THE PORTAL IS TO MEET PATIENT WHERE THEY ARE. SO WE HAVE PATIENTS WHO USE AN APP TO LOOK AT THEIR HEALTH RECORDS AND SEND MESSAGES TO THEIR PROVIDERS AND THAT'S AVAILABLE IN ENGLISH AND SPANISH . IT IS AVAILABLE FOR IPHONE 'S .

IT'S AVAILABLE FOR DROID. WE HAVE ALL OF THOSE TOOLS AVAILABLE BUT WE ALSO HAVE A LOT OF PATIENTS WHO ARE STILL STRUGGLING WITH COMPUTER USE . WE DO OFFER CLASSES TO OUR PATIENTS . IT'S A LITTLE LABOR-INTENSIVE SO WE DON'T OFFER AS OFTEN AS WE WOULD LIKE BUT WE ARE WAS A GOOD UPTAKE AND WE HAVE SOME LABS WE ACTUALLY USE FOR STAFF TRAINING WE ARE NOW USING FOR PATIENT TRAINING . ONE OF THE THINGS THAT CAUGHT US A LITTLE BIT BY SURPRISE IS WHEN WE OFFERED THESE CLASSES AND DEMONSTRATE TO THEM NOT ONLY HOW TO USE THE PORTAL AND WE GIVE THEM TEST PATIENTS TO WALK THROUGH ON THEIR OWN AND COMPLETE DIFFERENT TASKS AND MAKE MOCK APPOINTMENTS AND THAT THING . WE ALSO HAVE THEM USE MEDLINEPLUS CONNECT. WE HAVE OFTEN SORT OF HAD TO REDIRECT THE CLASS BACK TO THE WORKSHOP AGENDA AFTER THEY GET THEIR HANDS ON MEDLINEPLUS CONNECT BECAUSE MANY TIMES PATIENTS WILL SAY TO US I WAS NOT AWARE OF THIS RESOURCE . THIS IS FANTASTIC AND THEY START LOOKING AT THE TERMS AND THE PENT UP DEMAND THEY'VE HAD FOR INFORMATION WELL THEY ARE SITTING THERE IN THE CLASS AND WE HAVE TO SORT OF RAIN THEM BACK AND SAY NOW YOU ARE ABLE TO DO THIS . YOU CAN GO HOME . WE ARE GIVING YOU THE LINKS AND EVEN WITHIN THE PORTAL WE HAVE A SEARCH BOX SO THEY DON'T HAVE TO SEPARATELY GO OUT TO MEDLINEPLUS .GOV IF THEY WANT TO DO AN INDEPENDENT SEARCH WE HAVE A SEARCH BOX IN THE PORTAL THEY CAN USE.

THAT'S AN ANSWER TO ABOUT WHAT A THIRST THERE IS FOR INFORMATION AND IF PEOPLE CAN BE DIRECTED AND FEEL COMFORTABLE AND A COMMON THEME AMONG OUR PATIENTS HAVING INFORMATION THAT HAS BEEN VETTED BY THEIR HEALTH CENTER AND BY THEIR PHYSICIAN THEY FIND IT VERY CONFUSING TO DO AN INDEPENDENT GOOGLE SEARCH OR WHATEVER SEARCH ENGINE THEY ARE USING AND COMING UP WITH WHAT YOU OFTEN SEE . 30MILLION HITS FOR WHATEVER THE

CONDITIONS MIGHT BE. AND HOW TO PICK THROUGH THOSE AND MAKE SENSE OF THEM, THIS IS A VALUABLE TOOL THAT PATIENTS HAVE REALLY BEEN PLEASED TO HAVE AND FEEL LIKE THEY TRUST ONCE THEY GET THEIR HANDS ON IT AND ARE FULLY AWARE OF THAT AND KNOW HOW TO USE IT. THAT IS REALLY THE END OF MY PIECE OF THE PRESENTATION. I WOULD LIKE TO HEAR WHAT FOLKS ARE INTERESTED IN KNOWING MORE ABOUT . I JUST WANTED TO PRESENT AN OVERVIEW OF OUR EXPERIENCE.

>>: THIS IS MISTY AND I WOULD LIKE TO THANK YOU BOTH YOU AND REN?E VERY MUCH FOR YOUR PRESENTATIONS TODAY . BEFORE WE HAVE PEOPLE BEGAN ASKING QUESTIONS I JUST WANT TO SEND OUT A REMINDER , TWO THINGS . IF YOU HAVE NOT DONE IT ALREADY IN THE CHAT BOX TYPE IN YOUR ZIP CODE SO WE KNOW WHERE ALL OF OUR ATTENDEES ARE COMING FROM TODAY . AND IF YOU WANT TO VERBALLY ASK YOUR QUESTION PRESS STAR SIX ON YOUR PHONE OR TYPE IT IN THE CHAT BOX AND I WILL READ YOUR QUESTION OUT LOUD.

ANY QUESTIONS PEOPLE WANT TO ASK? ANY QUESTIONS AT ALL?

>>: HELLO.

MISSY . [INAUDIBLE] I WAS HOPING WE WOULD SEE FROM INSIDE EPIC. IS THAT NOT POSSIBLE HOW IT WORKS?

>> FROM INSIDE , YOU MEAN FROM THE PHYSICIAN PERSPECTIVE?

>>: YES, ⍰ .

>>: MEDLINEPLUS CONNECT AT THIS POINT IS LINKING TO THE PORTAL 'S ⍰⍰⍰⍰⍰⍰⍰ PORTAL'S. WE DON'T HAVE IT LINKED WITHIN -- WE DON'T HAVE IT LINKED FROM THE PROVIDER SIDE.

>>: YOU DO NOT HAVE IT LINKED.

>>: KNOW .

>>: DOESN'T IT HAVE TO BE FROM THE CLINICAL [INAUDIBLE] .

>>: I DON'T UNDERSTAND [INAUDIBLE] IS MY QUESTION.

>>: GRENADE MAYBE YOU CAN TAKE THIS ONE.

AS FAR AS I KNOW , THIS IS THE CURRENT LINKING MAKI YES MA'AM AT LEAST THE WAY WE HAVE IT SET UP AND THE WAY THAT EPIC HAS WORKED WITH IT. AND THAT'S SOMETHING PERHAPS THEY COULD DO IN AN ALTERNATE PROGRAMMING ON. BUT THE WAY WE HAVE IT SETUP NOW IS THE LINKAGES FROM THE PORTAL SO IT IS REALLY A PATIENT DIRECTED TOOL BUT A PRIVATE WRITER -- PROVIDER DIRECTED TOOL .

>>: THE PROVIDERS FROM THEIR SITE COULD NOT SEE THIS INFORMATION [INAUDIBLE] .

>>: NOT THROUGH THE PORTAL.

THE PORTAL IS THE PATIENCE ACCOUNT .

>>: BUT I WAS THINKING OF THE SWITCH SIDE OF THING. OR THE CLINICIANS I'D .

>>: AND BEING ABLE FOR EXAMPLE, TO PRINT SOMETHING OUT FOR YOUR PATIENT FROM MEDLINEPLUS .

>>: [INAUDIBLE] . FOR MEANINGFUL USE . SO WE HAVE PEOPLE THAT ARE WRITING MODULES ON PATIENT EDUCATION AND I WOULD LIKE TO BE ABLE TO DIRECT THEM TO SOMETHING LIKE THIS THAT SAYS HERE THIS IS , THIS FULFILLS YOUR PATIENT EDUCATION OR PART OF YOUR PATIENT EDUCATION FOR XYZ.

>> AT THIS POINT THAT IS NOT AVAILABLE . ALTHOUGH REN?E, DO YOU HAVE ANY SENSE OF WHETHER THAT IS ON THE HORIZON FROM L. M. N. PERSPECTIVE?

>>: ACTUALLY IT IS AVAILABLE FROM THE CLINICAL SIDE . I DON'T KNOW WHAT CENTERS ARE SUPPORTING THAT . I WILL DEFINITELY LOOK INTO THAT.

I ACTUALLY DO KNOW OF A GROUP IN NEW JERSEY FROM THE ELECTRONIC HEALTH RECORD THEY ARE USING , THEY ARE LINKING RIGHT INTO MEDLINEPLUS CONNECT FROM THEIR CLINICAL PORTAL AND PRINTING OUT PATIENT INFORMATION AND DOCUMENTING THAT FOR THEIR 10 PERCENT OF MEANINGFUL USE TO SHARE PATIENT INFORMATION DURING THEIR VISIT. SO IT IS POSSIBLE. I ASSUMED IT WAS THROUGH ALL OF THE VENDORS. BUT I MIGHT BE INCORRECT ON THAT. SO SUSAN AND OTHERS, I WILL FIND THAT INFORMATION OUT .

>> AND I KNOW YOU SAID YOU USE EPIC AS WELL CORRECT?

>>: TRYING TO GET IT INTEGRATED☐☐☐☐☐☐☐☐☐ INTEGRATED. THAT'S WHY I'M ASKING THE QUESTION .

>>: IT MAY BE THAT THEY HAVE NOT MADE THAT A PRIORITY BUT WE CAN SORT OF COLLECTIVELY APPROACH THEM AND SAY WE NEED TO TAKE THIS TO A STEP FURTHER .

>>: MY UNDERSTANDING OF IT IS LIMITED THAT YOU MENTIONED EARLIER ITS HL-7 COMPATIBLE . THAT IS THE A B. BUT WITH AN EPIC THE HL-7. OUR FIRST STEP IN GETTING SOMETHING INTEGRATED IS UP TO DATE SO THE DOCTORS CAN DO SEE A NEED . THAT'S MY BABY STEP . WHEN I GET THAT AND I WANT TO ADD OTHER PROGRAMS LIKE MEDLINEPLUS CONNECT AND SO FORTH. THE .

>>: IT IS DEFINITELY A GREAT IDEA . WE HAVE NOT TAKEN IT THAT FAR OURSELVES .

>>: I APPRECIATE ANYTHING YOU CAN DO ON YOUR AND .

>>: I WILL DEFINITELY LOOK INTO THAT AND GET BACK TO YOU SUSAN . I CAN ALSO POST THE INFORMATION TO OUR LIST AS WELL FOR ALL THE OTHERS IN ATTENDANCE.

THAT IS A GREAT QUESTION .

>>: AND I HAVE A FOLLOW-UP QUESTION . ⍰.

THIS WOULD HAVE BEEN GREAT TO INVITE OUR E. HEALTH COORDINATORS , BUT I DID NOT HAVE ENOUGH NOTICE . IS IT POSSIBLE WE COULD CONTACT YOU DIRECTLY TIE IN ?

>>: OF COURSE!

>>: VERY GOOD.

THANK YOU.

>> THIS IS MISSY. WE HAVE A COUPLE OF QUESTIONS PEOPLE PUT IN THE CHAT AUX PICK THE FIRST IS IN THE PATIENT PORTAL , WHAT IS THE WALLET CARD?

>>: AGAIN I NO EPIC . I DON'T KNOW WHETHER OTHER VENDORS HAVE THIS SAME FEATURE. IT IS SIMPLY FORMATTED AND IT'S INFORMATION ABOUT THE PATIENT THAT IS FORMATTED SUCH THAT YOU CAN PRINT IT OUT, FOLDED IN QUARTERS AND FLIP IT IN YOUR WALLET SO YOU CAN HAVE A LIST OF YOUR MEDICATIONS . IT ACTUALLY IS DESIGNED IN QUARTERS SO IT HAS SURE HEALTH CONDITIONS , MEDICATIONS, THE NAME AND PHONE NUMBER . SO FOR EXAMPLE, IF YOU ARE SHOWING UP AT AN ER GOING TO A SPECIALIST YOU HAVE CERTAIN KEY INFORMATION WITH YOU AT ALL TIMES . IT IS A PRINTOUT FUNCTION WITH A SPECIAL FORMATTING THAT ALLOWS YOU TO PRINT CERTAIN KEY INFORMATION DIRECTLY FROM THE PORTAL BUT THE WHOLE RECORD IS ALSO DOWNLOADABLE SO YOU CAN PUT THAT ON A THUMB DRIVE IF YOU WANT TO AS WELL .

>> WE HAVE ANOTHER QUESTION . DO YOU KNOW IF EPIC IS PLANNING TO EVENTUALLY USE LINKING TO LAB TEST INFORMATION .

>>: WE ARE PUSHING THEM . THAT IS ANOTHER EPIC USER ANSWERING THE QUESTION PLEASE PUSH THEM AS WELL. WE WOULD LIKE TO SEE THAT HAPPEN FOR THAT AMONG OTHER REASONS . AT THE MOMENT THEY ARE NOT SUPPORTED -- SUPPORTING THAT.

>>: THE NEXT PERSON SAYS MY UNDERSTANDING IS THAT PROVIDING THE PATIENT INFORMATION THROUGH THE PATIENT PORTAL IS ALSO MEETING THE MEANINGFUL USE REQUIREMENT . STATISTICS WILL SHOW PATIENCE ARE ACCESSING THE MATERIALS.

>>: I'M NOT SURE IS THAT .

>>: I GUESS THAT'S A COMMENT .

>>: ASKING FOR CONFIRMATION OF THAT ?

>>: I GUESS SO.

>>: WE ARE HEDGING OUR BETS ON THIS ONE. AND SOME TRACKING OF PRINTING OUT OF PATIENT MATERIALS .

>>: THIS IS KELLY.

I JUST WROTE IN THAT COMMENT FROM THE SOUTH WEST REGION AND THIS IS REPLYING TO THE OTHER PERSON WHO ASKED ABOUT THE PATIENT EDUCATION MATERIALS AND MEANINGFUL USE IN MY UNDERSTANDING IS THAT BY PROVIDING THIS THROUGH MEDLINEPLUS CONNECT TO THE PATIENT PORTAL SO IT DOES NOT NECESSARILY HAVE TO BE PROVIDED ON THE PROVIDERS SIDE AND THAT IS WHY ALL OF THE STATISTICS ARE AVAILABLE SO THAT THE PROVIDER CAN DEMONSTRATE THEIR PATIENTS ARE ACCESSING PATIENT EDUCATION MATERIALS.

>> WE DEFINITELY PLAN TO REPORT THOSE NUMBERS.

>>: WE HAVE ANOTHER QUESTION, HAVE THERE BEEN ANY STATISTICS REGARDING PATIENT USAGE FOR EXAMPLE, THIS HAS BEEN COMPARED TO LOWER INCOME POPULATIONS SUCH AS [INAUDIBLE]

>> THAT'S OUR NEXT ANALYSES. WE JUST GOT A SMALL CONTRACT TO ALLOW US TO DO THAT AND WE CERTAINLY ARE PLANNING TO DO THAT BECAUSE WE HAVE THE SAME QUESTION IN OUR MINDS AND WE SEE DIFFERENTIAL UPTAKE IN USE OF THE PORTAL IN GENERAL WHICH IS ALWAYS TRACKABLE . WE HAVE NOT DONE AND INDEPENDENT ANALYSIS ON THE USE OF MEDLINEPLUS CONNECT BUT WE PLAN TO DO THAT .

>>: ALSO ARE PATIENT CLASSES AVAILABLE IN SPANISH OR OTHER LANGUAGES AND WHAT IS THE FREQUENCY?

>>: I HATE TO SAY IT'S AD HOC AS WE HAVE STAFF AVAILABLE TO OFFER THE CLASSES AND WE TRY TO DO THEM AS MANY DIFFERENT SITES AND WE MIGHT ONLY HIT A PARTICULAR SITE ONCE OR TWICE A YEAR . WE SIMPLY DON'T HAVE THE RESOURCES AVAILABLE FOR THAT . PART OF OUR NATIONAL LIBRARY OF MEDICINE GRANT AROUND WORKING WITH OUR SPANISH SPEAKING PATIENT IS ALLOWING US TO TRANSLATE ALL OF THE VIDEO VIGNETTES , ALL OF THE CLASS MATERIALS INTO SPANISH AND TO PILOT TEST IT TO SOME FOCUS GROUPS AROUND IT AND TO DO AN IMPLEMENTATION AND TO REPORT THAT . SO WE WILL LET YOU KNOW. AND IF ANYONE USES EPIC AND IS INTERESTED IN DOING CLASSES , EVERYTHING THAT WE HAVE THIS OPEN ACCESS AND I AM HAPPY TO SHARE THE MATERIALS WE HAVE DEVELOPED.

>>: DOES ANYONE HAVE ANY OTHER QUESTIONS ?

>>: THIS IS REN?E.

DIANE I'M JUST CURIOUS IF YOU COULD EXPLAIN WHAT IS DISPLAYED IF A CODE REQUEST IS NOT FOUND.

>>: MY COMPUTER JUST LOGGED OUT OR I WOULD SHOW YOU WHAT IT DOES BECAUSE WE HAVE TESTED A COUPLE OF THOSE.

IT SIMPLY SAYS THAT. THAT IT ASKS YOU WHETHER YOU HAVE CHECKED TO SEE IF YOU TYPED THE WORD INCORRECTLY. NOTHING WAS FOUND. AND WHEN WE DID USABILITY TESTING COME UP OFTEN WORDS WERE TYPED INCORRECTLY. SO IT ASKS YOU TO CHECK AS A FIRST WITH THAT BUT IT WILL SIMPLY SAY IT HAS NOT FOUND ANY SEARCH TERMS. AND WE KEEP AN EYE ON THEM. IF ANYONE ELSE IS USING THIS WE REPORT BACK REGULARLY TO STEPHANE 🔲🔲🔲🔲🔲🔲🔲 STEPHANIE DENNIS IF WE SEE THAT A PARTICULAR LINK DOES NOT SEEM TO BE QUITE RIGHT FROM A PATIENT EDUCATION PERSPECTIVE, YOU KNOW, WE WILL POP HER AN E-MAIL SAYING DID YOU KNOW THIS IS CONNECTING TO THIS PARTICULAR PAGE AND WE THINK THERE MIGHT BE A BETTER PAGE FOR THIS.

FOR EXAMPLE, EARLY ON PAT SMEAR WAS CONNECTING DIRECTLY TO SURGICAL CANCER AND WE WANTED TO SEE SOMETHING THAT WAS A LITTLE LESS ALARMING TO THE PATIENT ABOUT WHAT APAP SMEAR IS AND WHAT YOU MIGHT DO IF YOU HAVE AN ABNORMAL RESULT RATHER THAN GOING DIRECTLY TO CERVICAL CANCER . WE TALKED TO THEM THEY CHANGED THE LINK AND IT'S SORT OF A USABLE -- USER DRIVEN TOOL THAT WE NEED TO PROVIDE FEEDBACK TO LET THEM KNOW HOW THINGS ARE WORKING ON ART AND. -- ARE AND .

>>: I WAS GOING TO MAKE A COMMENT ABOUT LINK AND EPIC . HOPEFULLY THE VENDORS WILL GET UP TO SPEED AND MAKE THAT AVAILABLE .

>>: WE KNOW THEY WILL THEY JUST HAVE NOT DONE IT.

>>: I ALSO POSTED A LINK FOR ANYONE INTERESTED IN THE FINAL REPORT OF THE PROJECT THAT DIANE COMPLETED WITH THE LAST ROUND OF FUNDING IF ANYONE IS INTERESTED .

YOU CAN CLICK ON THAT LINK AND IT WILL TAKE YOU TO A PAGE WHERE WE HAVE ALL OF OUR FINAL REPORTS FROM OUR PROJECT AND SCROLL DOWN AND READ DIANE'S FULL REPORT.

>>: I JUST DID WANT TO SAY WE ARE RIGHT IN THE MIDDLE OF WORKING ON THE PROJECT THAT WE HAVE RELATED TO PATIENT PORTALS AND HEALTH INFORMATION TECHNOLOGY SEARCHING TOOLS , INFORMATION NEEDS FOR SPANISH SPEAKING PATIENTS AND I WOULD LOVE TO HEAR FROM FOLKS ABOUT QUESTIONS AND EXPERIENCES THEY HAVE HAD THAT MAY INFORM SOME OF THE WORK THAT WE ARE DOING AND QUESTIONS WE MIGHT ASK OUR PATIENTS IF THERE ARE THINGS THAT HAVE COME UP THAT YOU THINK SHOULD BE EXPLORED FURTHER.

>>: OTHER QUESTIONS. WE HAVE ONE THANK YOU SO MUCH FOR SHOWING THE EXAMPLES FROM MY CHART . IT'S GREAT TO SEE IT IN ACTION! ALL RIGHT. I WANT TO THANK BOTH DIANE AND REN?E TODAY . IT'S BEEN VERY, VERY INTERESTING .

TO SEE ALL THE THINGS WE HAVE TO LEARN. I DO WANT TO SAY THAT CURRENTLY ON OUR WEBSITE YOU CAN FIND A LINK TO THE POWERPOINT FILES FROM TODAY.

JUST GO TO OUR WEBSITE AND YOU WILL SEE IT RIGHT ON THE FRONT DOOR . LATER THIS AFTERNOON WE WILL MAKE A TRANSCRIPT OF THE SESSION AVAILABLE IF PEOPLE WOULD LIKE THAT. ANY OTHER QUESTIONS BEFORE WE LOG OFF TODAY? I WOULD LIKE TO THANK EVERYONE FOR YOUR TIME . WE HOPE TO SEE YOU HERE IN A FEW WEEKS WHEN WE HAVE OUR LUNCH SESSION. THANK YOU EVERYONE.

>>: THANK YOU. SESSION ENDED 12:54 P.M. EASTERN TIME .   Error: Captioner dropped connection. Added to waiting list.