



The HITECH Act & Health IT

\$40 Billion To Transform Health Care



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H.I.T. Policy Committee Insurance Industry Representative

WellPoint believes in health care reform through:

- Guarantee coverage (access) for everyone
- Improve the quality and value of medical care
- Build on the current employer-based system
- Make common-sense changes to reduce health care costs
- Strengthen the health care safety net
- Provide a helping hand for working families and small businesses

Today's
focus

Source: www.ahip.com

Value Challenge #1: Affordability

Affordability Challenge Caused By Chronic Illness

Chronic Condition	Prevalence	Lost Work Days/1000	Annual Cost
Heart Disease	60 million	1350	\$448 Billion
Diabetes	16 million	400	\$174 Billion
COPD	12 million	430	\$39 Billion
Asthma	15 million	675	\$5 Billion

Chronic disease represents 75% of total health care expenditures nationally

- 50-70% of health care spending is related to **behaviors**
- **Behaviors are managed by the patient more so than the doctor**

Value Challenge #2: Quality & Safety

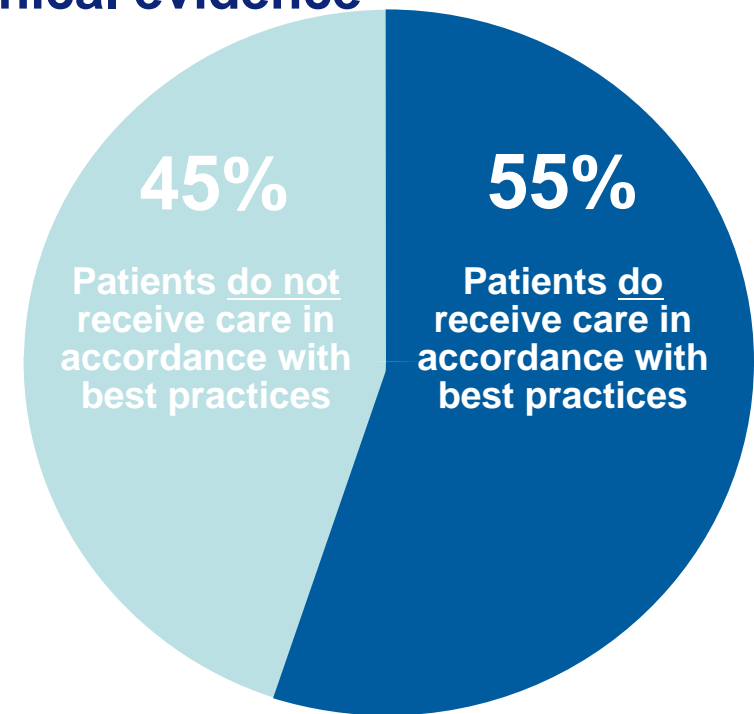
Optimize actual care delivery; align with best practices, comparative effectiveness, and other sources of clinical evidence

% of Recommended Care Received

- 64.7% Hypertension
- 63.9% Congestive Heart Failure
- 53.9% Colorectal Cancer
- 53.5% Asthma
- 45.4% Diabetes
- 39.0% Pneumonia
- 22.8% Hip Fracture

% of Recommended Pediatric Care Received

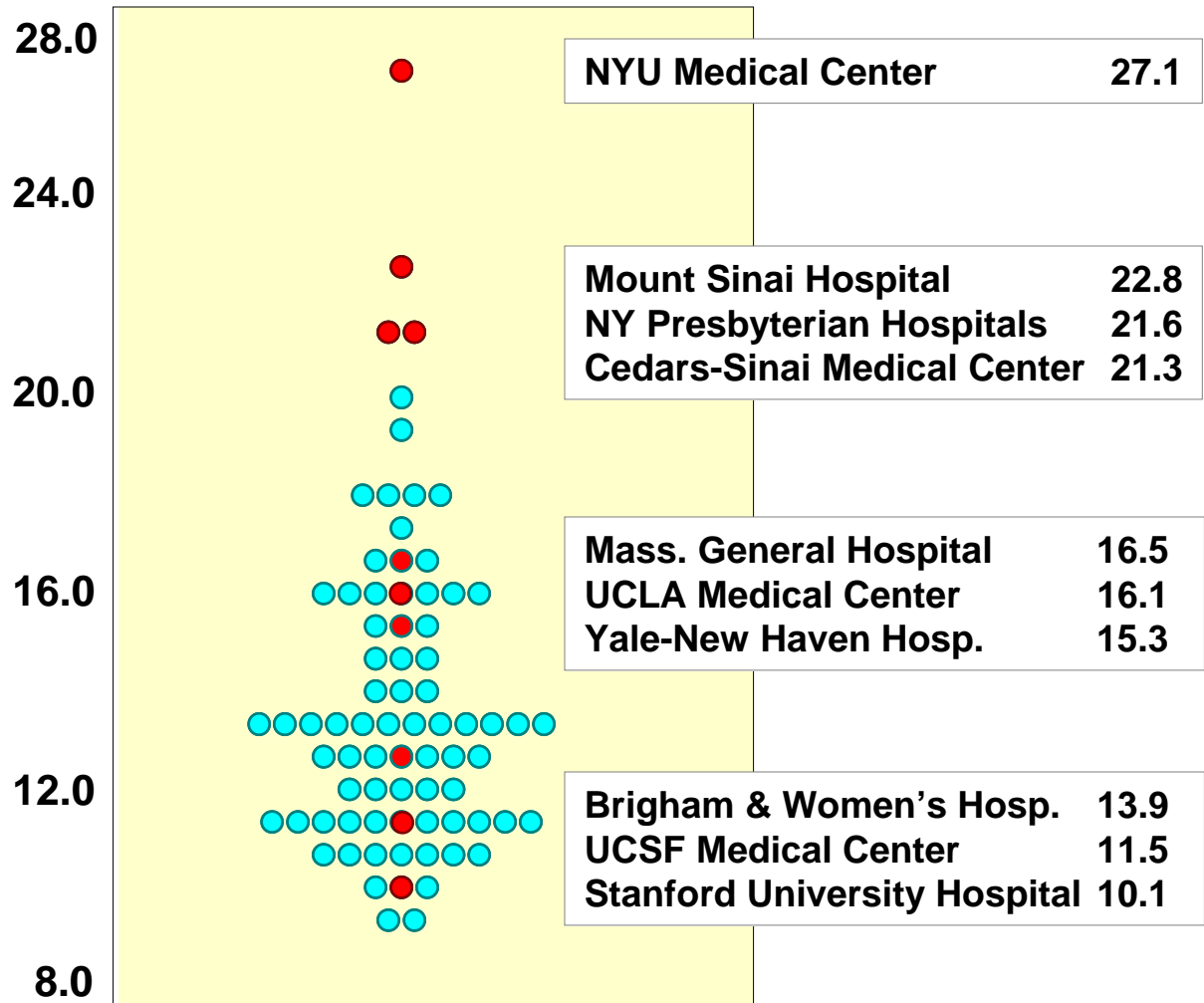
- 67.6% Acute Medical Care
- 53.4% Chronic Condition Care
- 40.7% Preventive Care



Source: McGlynn, E.A, et. al. "The Quality of Health Care Delivered to Adults in the United States." New England Journal of Medicine 348 (26): 2635-45 (2003); Mangione-Smith R, DeCristofaro AH, Setodji CM, Keesey J, Klein DJ, Adams JL, Schuster MA, McGlynn EA. The Quality of Ambulatory Care Delivered to Children in the United States The New England Journal of Medicine, Vol. 26, No. 5, Sept 2007, pp. 644-649

Value Challenge #3: Variation in Care

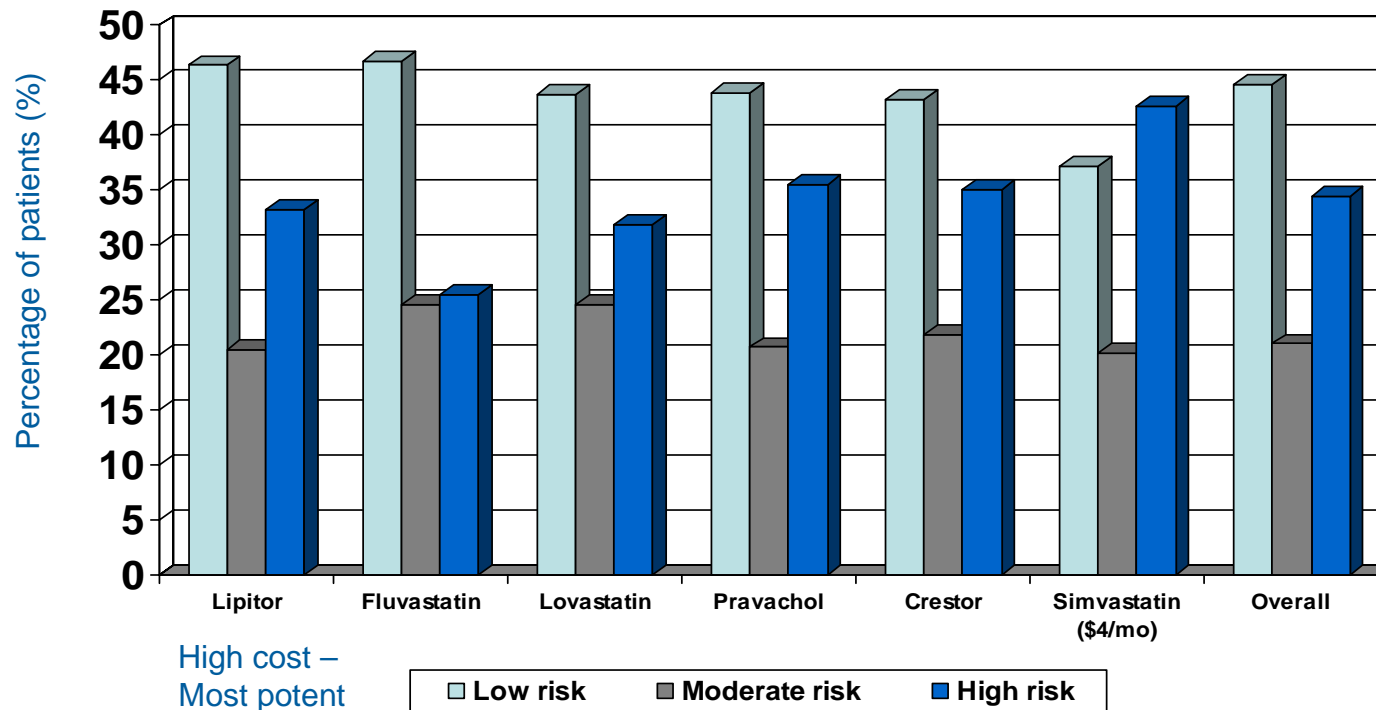
Why, amongst our country's leading academic medical centers, is there a three-fold variation in hospital days during the last six months of life?



Source: John E Wennberg, et. al.; Use of hospitals, physician visits, and hospice care during last six months of life among cohorts loyal to highly respected hospitals in the United States British Medical Journal 2004 328: 607

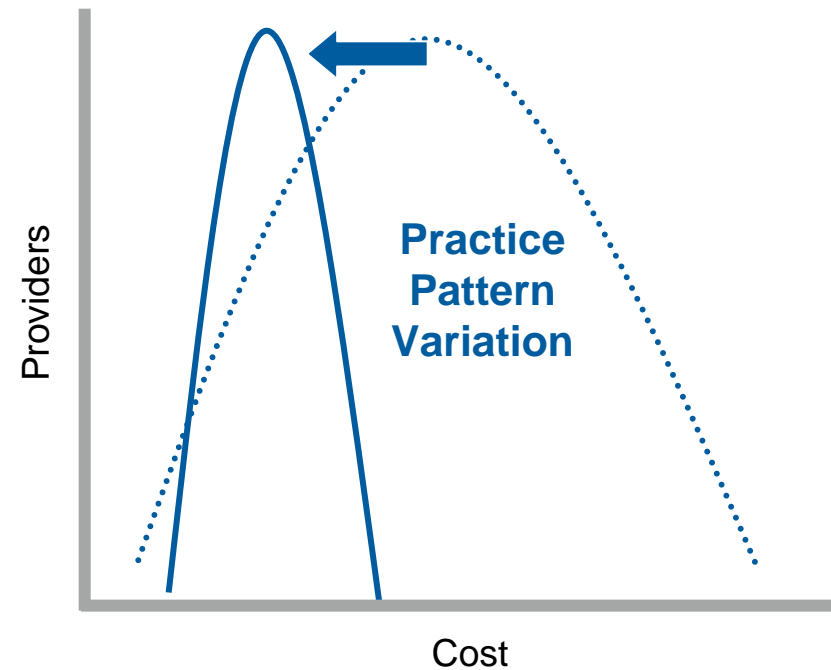
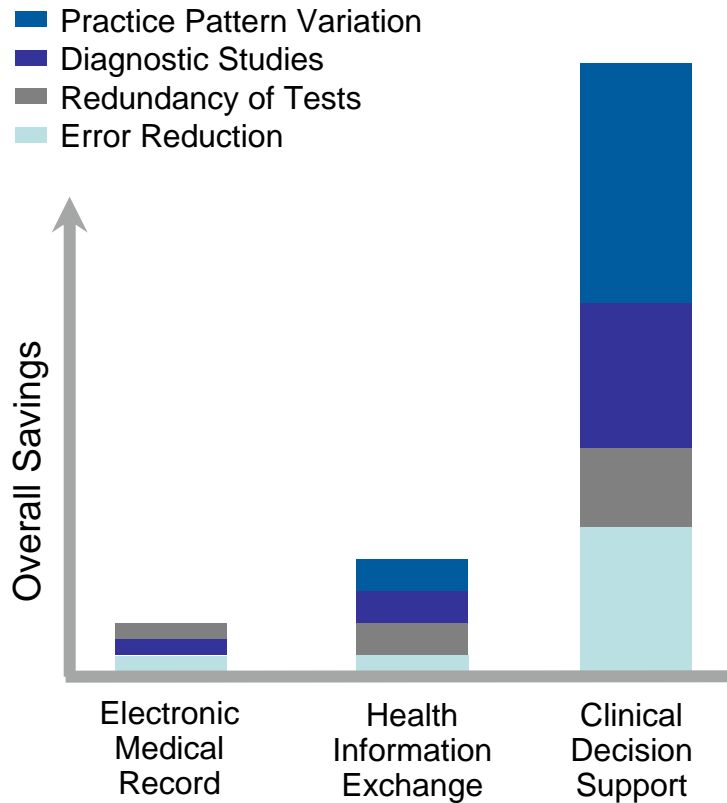
Realizing Health Care Value: Statin Example

A high % of Low/Moderate risk patients receive branded, statins that cost much more while a high % of high risk patients receive \$4/month simvastatin. The opportunity is to systematically use highest cost, highest potency drugs in high risk patients. Creating this change creates Health Care Value.



Health IT For Health Care Value: Clinical Decision Support

Electronic representations of patient health and health history linked to algorithms derived from comparative effectiveness can help maximize health care value



National Academy of Science Report 2/09

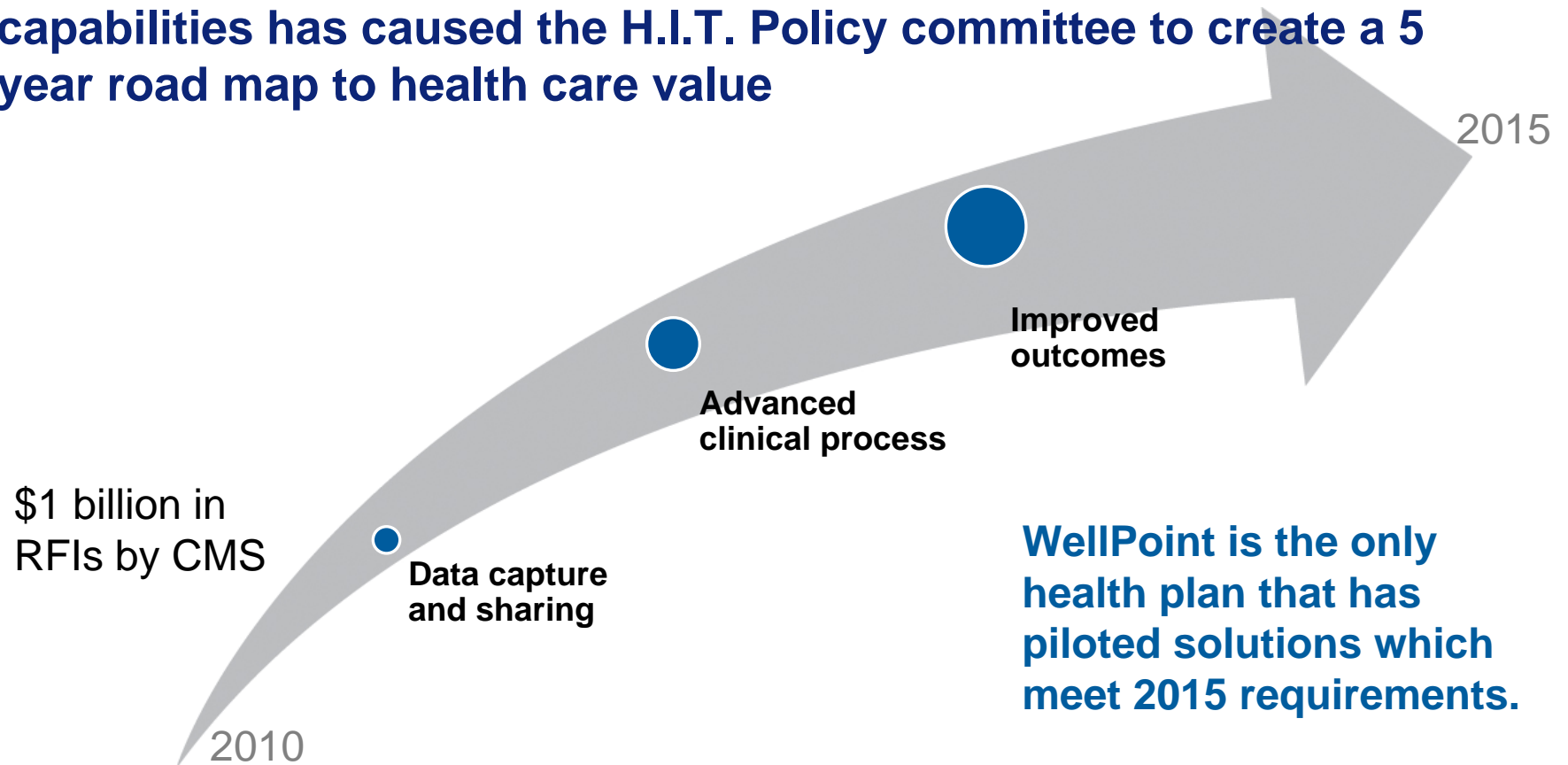
- “Current efforts aimed at nationwide deployment of health care IT are not sufficient” and “may even set back the cause. Specifically, success in this regard will require **greater emphasis on providing cognitive support for health care providers and for patients and family caregivers**”

David Blumenthal article in NEJM 3/09

- “Congress apparently sees HIT — computers, software, Internet connection, telemedicine — not as an end in itself but as a means of improving the quality of health care, the health of populations, and the efficiency of health care systems.
- “Most commercially available systems do not have clinical decision support nor good quality improvement components”

Health IT Road Map to Value: Achieving Meaningful Use of Health I.T.

The lack of decision support, informatics, and quality improvement capabilities has caused the H.I.T. Policy committee to create a 5 year road map to health care value



WellPoint is the only health plan that has piloted solutions which meet 2015 requirements.

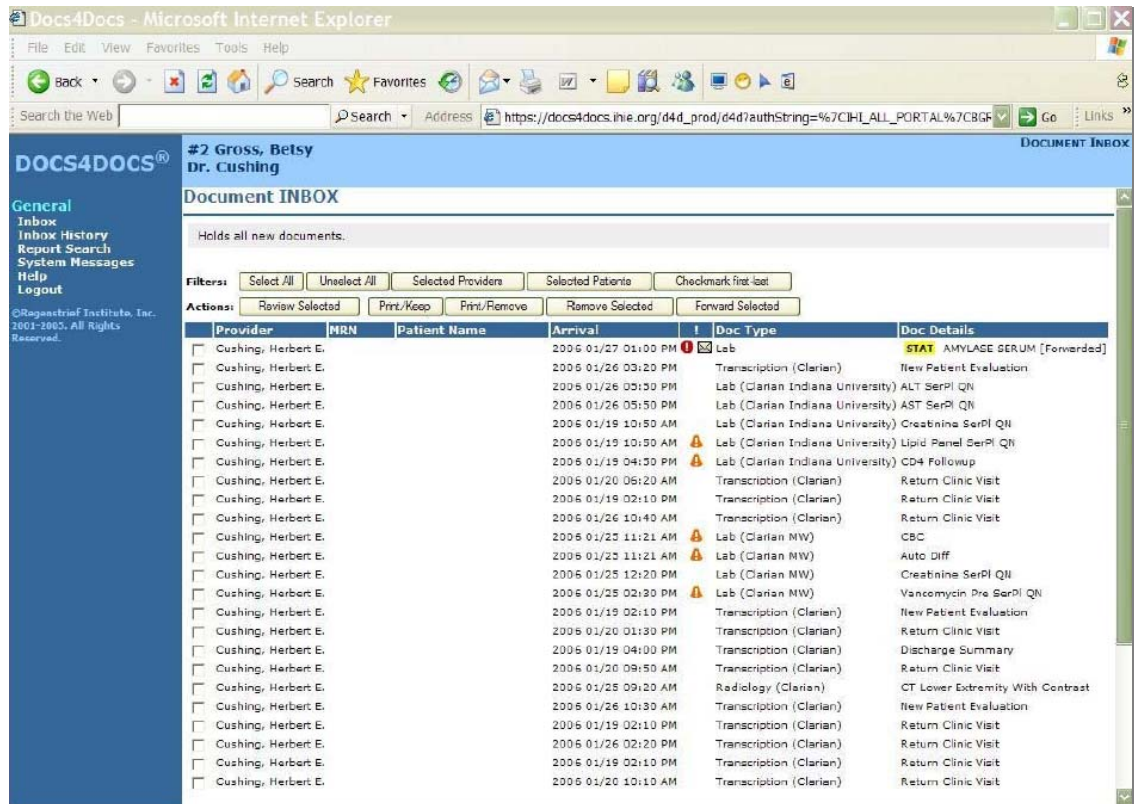
Connecting for Health, Markle Found. "Achieving the Health IT Objectives of the American Recovery and Reinvestment Act" April 2009

Health IT Market Overview

Data Needs for health care value from Health I.T.	Capture data from source & display "Interoperability"	Understand the data in the context of the patient's clinical status	Apply evidence base and business algorithms to data	Inform patient and doctor to take action as care occurs
Claim Data	<ul style="list-style-type: none"> • WLP MMHp • E-Prescribing-- AllScripts, MedPlus, Prematics... • CaRHIO • Google Health 	<ul style="list-style-type: none"> • RHI • ActiveHealth 	<ul style="list-style-type: none"> • RHI • ActiveHealth • E-Prescribing 	E-Prescribing
Clinical Data	<ul style="list-style-type: none"> • CCHIT Certified EMRs <ul style="list-style-type: none"> – E Clinical Works, – EPIC • Most RHIOs • Interface companies <ul style="list-style-type: none"> • Orion 		<ul style="list-style-type: none"> • Kaiser KP Connect with Dz Registry • NY Health Information Exchange 	
Integrated clinical and claim data	<ul style="list-style-type: none"> • MS HealthVault • WellPoint's IHR 	WellPoint's IHR	WellPoint's IHR	WellPoint's IHR
Resulting Record	Unassembled jig saw puzzle – narrow impacts to cost/quality	Assembled puzzle – cost and quality impacts likely	Actionable data to improve cost and quality	Transformed health care

HIE: Interoperability = Data Dumpster

- Interoperability creates value by presenting more comprehensive data to the treating physician at the point of care
- HIEs complement existing vehicles to present electronic data such as portals from lab vendors
- HIEs add value primarily when a physician who did not order the test needs to see the result such as ED settings or referrals.
- Duplicate testing probably accounts for 1-5% of all testing



DOCS4DOCS®
#2 Gross, Betsy
Dr. Cushing

Document INBOX

Filters:

Actions:

Provider	MRN	Patient Name	Arrival	Doc Type	Doc Details
<input type="checkbox"/> Cushing, Herbert E.			2006 01/27 01:00 PM	Lab	STAT AMYLASE SERUM [Forwarded]
<input type="checkbox"/> Cushing, Herbert E.			2006 01/26 03:20 PM	Transcription (Clarian)	New Patient Evaluation
<input type="checkbox"/> Cushing, Herbert E.			2006 01/26 00:00 PM	Lab (Clarian Indiana University)	ALT SerPI QN
<input type="checkbox"/> Cushing, Herbert E.			2006 01/26 05:50 PM	Lab (Clarian Indiana University)	AST SerPI QN
<input type="checkbox"/> Cushing, Herbert E.			2006 01/19 10:50 AM	Lab (Clarian Indiana University)	Creatinine SerPI QN
<input type="checkbox"/> Cushing, Herbert E.			2006 01/19 10:50 AM	Lab (Clarian Indiana University)	Lipid Panel SerPI QN
<input type="checkbox"/> Cushing, Herbert E.			2006 01/19 04:00 PM	Lab (Clarian Indiana University)	CD4 Followup
<input type="checkbox"/> Cushing, Herbert E.			2006 01/20 06:20 AM	Transcription (Clarian)	Return Clinic Visit
<input type="checkbox"/> Cushing, Herbert E.			2006 01/19 02:10 PM	Transcription (Clarian)	Return Clinic Visit
<input type="checkbox"/> Cushing, Herbert E.			2006 01/26 10:40 AM	Transcription (Clarian)	Return Clinic Visit
<input type="checkbox"/> Cushing, Herbert E.			2006 01/23 11:21 AM	Lab (Clarian MW)	CBC
<input type="checkbox"/> Cushing, Herbert E.			2006 01/23 11:21 AM	Lab (Clarian MW)	Auto Diff
<input type="checkbox"/> Cushing, Herbert E.			2006 01/25 12:20 PM	Lab (Clarian MW)	Creatinine SerPI QN
<input type="checkbox"/> Cushing, Herbert E.			2006 01/25 02:30 PM	Lab (Clarian MW)	Vancomycin Pre SerPI QN
<input type="checkbox"/> Cushing, Herbert E.			2006 01/19 02:10 PM	Transcription (Clarian)	New Patient Evaluation
<input type="checkbox"/> Cushing, Herbert E.			2006 01/20 01:30 PM	Transcription (Clarian)	Return Clinic Visit
<input type="checkbox"/> Cushing, Herbert E.			2006 01/19 04:00 PM	Transcription (Clarian)	Discharge Summary
<input type="checkbox"/> Cushing, Herbert E.			2006 01/20 09:50 AM	Transcription (Clarian)	Return Clinic Visit
<input type="checkbox"/> Cushing, Herbert E.			2006 01/25 09:20 AM	Radiology (Clarian)	CT Lower Extremity With Contrast
<input type="checkbox"/> Cushing, Herbert E.			2006 01/26 10:30 AM	Transcription (Clarian)	New Patient Evaluation
<input type="checkbox"/> Cushing, Herbert E.			2006 01/19 02:10 PM	Transcription (Clarian)	Return Clinic Visit
<input type="checkbox"/> Cushing, Herbert E.			2006 01/26 02:20 PM	Transcription (Clarian)	Return Clinic Visit
<input type="checkbox"/> Cushing, Herbert E.			2006 01/19 02:10 PM	Transcription (Clarian)	Return Clinic Visit
<input type="checkbox"/> Cushing, Herbert E.			2006 01/20 10:10 AM	Transcription (Clarian)	Return Clinic Visit

Interoperable PHR = Jig Saw Puzzle

For chronic disease management, **patients** must be empowered with data that is understandable, actionable, and personal to them

Current PHRs suffer from a lack of sophisticated data management. In this PHR, there is recognition that some conditions have been reported more than once, however there is no logic to combine any of the condition entries that might actually be a single clinical issue

See entries regarding Gallstone and Gallbladder Inflammation with Gallstone and abdominal pain. These entries are all related to one clinical condition but no understanding is created

Information is not processed, assessed, or analyzed. It is simply captured and displayed. The result is a lack of actionable information & limited value

MyHealth Record

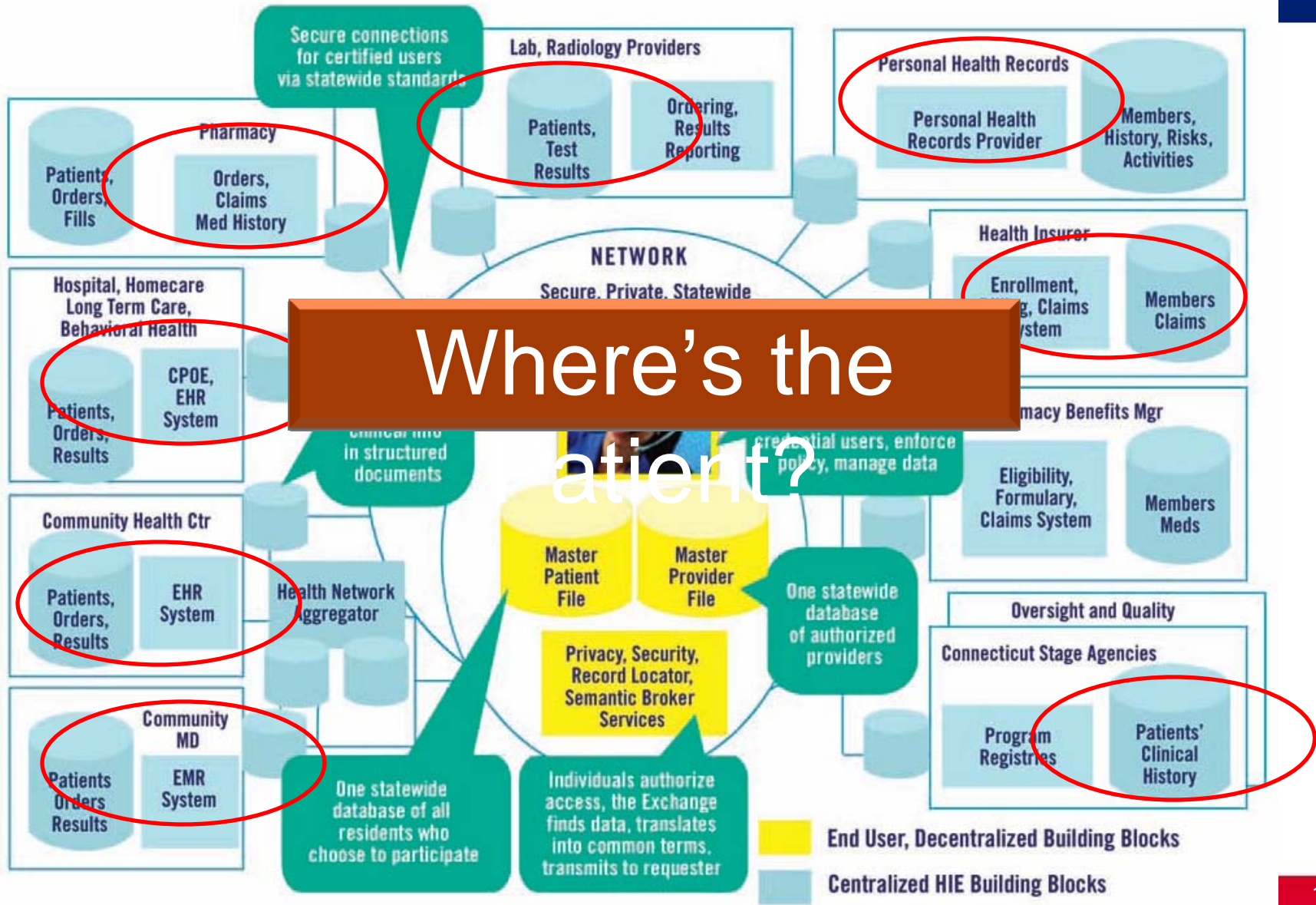
Visits | Conditions | Medications | Allergies | Surgeries | Immunizations | Tests | Coverage | Basics

Please review the following list of health conditions to ensure that it is complete and accurate. You may edit any condition, including moving a condition from being "current" to "past" by clicking on it. To see if any potential conflicts between your current conditions and your current medications exist, click 'check interactions'.

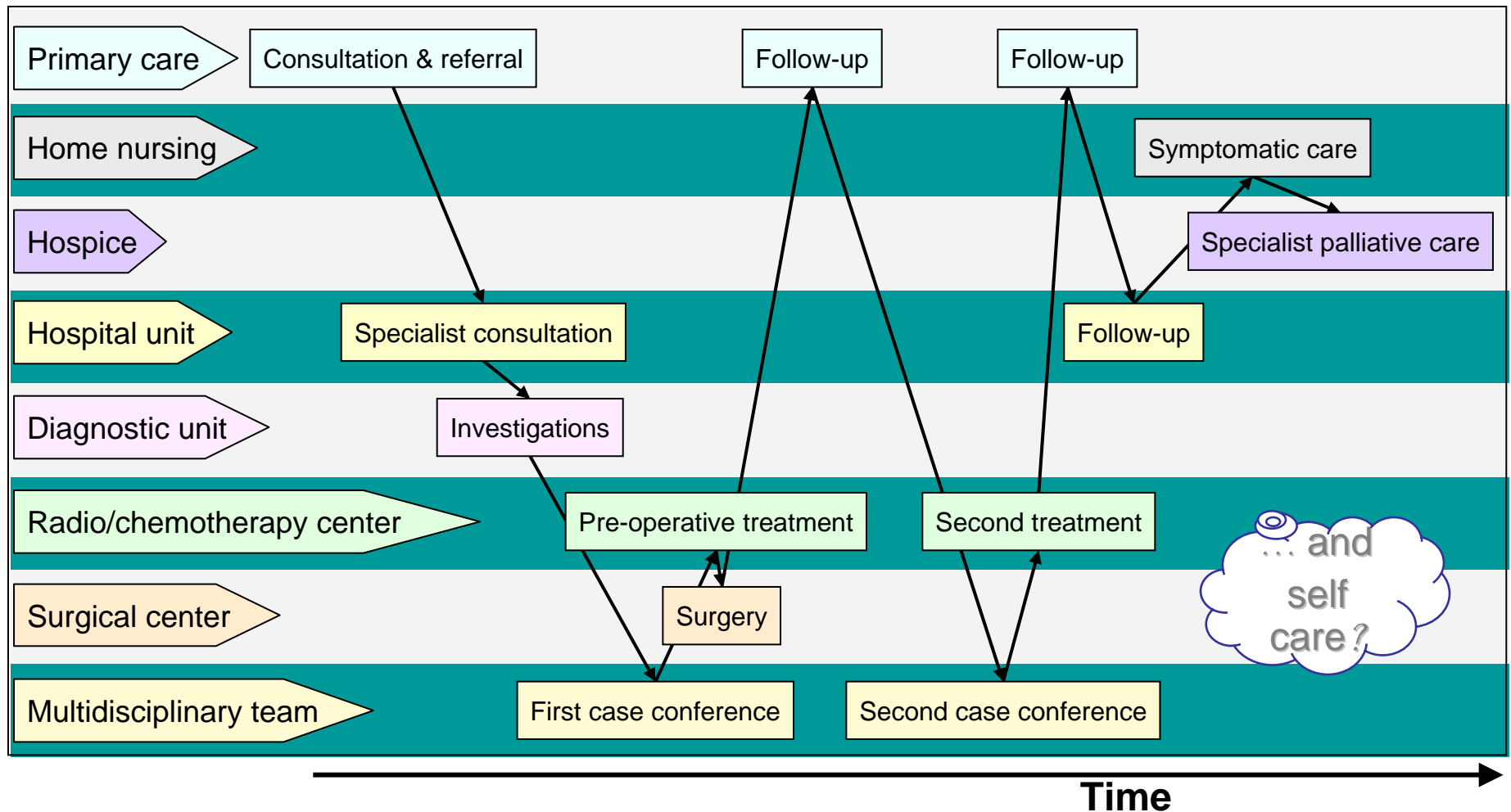
add condition | check interactions | Health Record summary | how to

Current Health Conditions	Date First Diagnosed
Click on an item to edit, delete or view related information.	
Acute Allergic Pinkeye	11/19/2008
Left Lower Quadrant Abdominal Pain	11/19/2008
Anal fissure	11/19/2008
Dizziness and giddiness symptoms (2 entries)	11/11/2008
Fever (3 entries)	07/16/2008
Breast Lump (2 entries)	05/12/2008
Abnormal Breast Xray	05/12/2008
Diverticulosis (2 entries)	04/22/2008
Internal Hemorrhoids	04/22/2008
Nausea (2 entries)	03/20/2008
Acid Reflux (GERD) (3 entries)	03/10/2008
Acute pharyngitis (2 entries)	10/30/2007
Left Upper Quadrant Abdominal Pain	09/06/2007
Abdominal or Pelvic Mass or Swelling	09/06/2007
Hernia (3 entries)	08/16/2007
Gallstones and Gallbladder Inflammation (2 entries)	08/16/2007
Gallstones (3 entries)	08/16/2007
Abdominal Pain (8 entries)	08/15/2007
Diaphragmatic hernia without mention of obstruction or gangrene (2 entries)	08/15/2007
Umbilical Hernia	08/15/2007
Generalized abdominal pain (4 entries)	08/13/2007
Pain above Stomach (9 entries)	08/13/2007
Arm or Leg Pain (5 entries)	06/19/2007
Broken Toe, One or More, without Skin Tear (6 entries)	06/19/2007
Fluid in the Middle Ear	04/16/2007
Hair Loss	04/03/2007
Poor Nutrient Absorption After Surgery (2 entries)	04/03/2007
Obesity	04/03/2007
Ear discharge	03/14/2007
Acute Middle Ear Infection with Mucus	03/14/2007
Asthma	08/04/2006
Tear of Medial Knee Cartilage or Meniscus	08/04/2006

Interoperability = Patient Care?

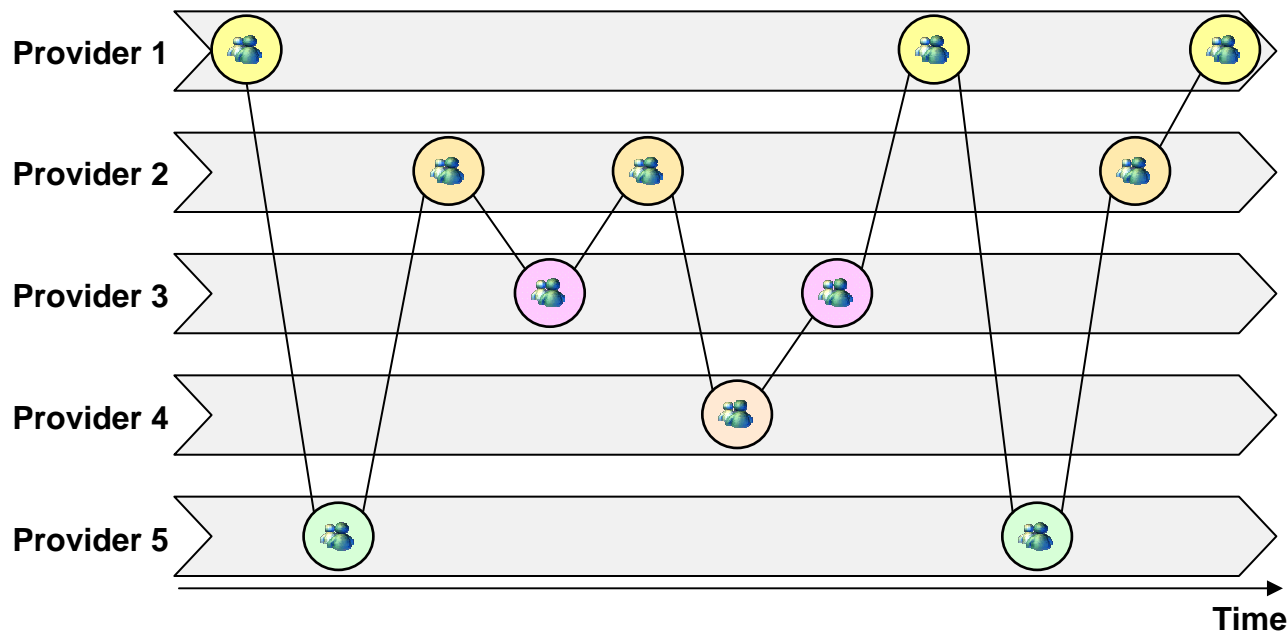


A True Patient Centric Perspective – A Typical Cancer “Journey”








Complexity Crosses Institutional Boundaries

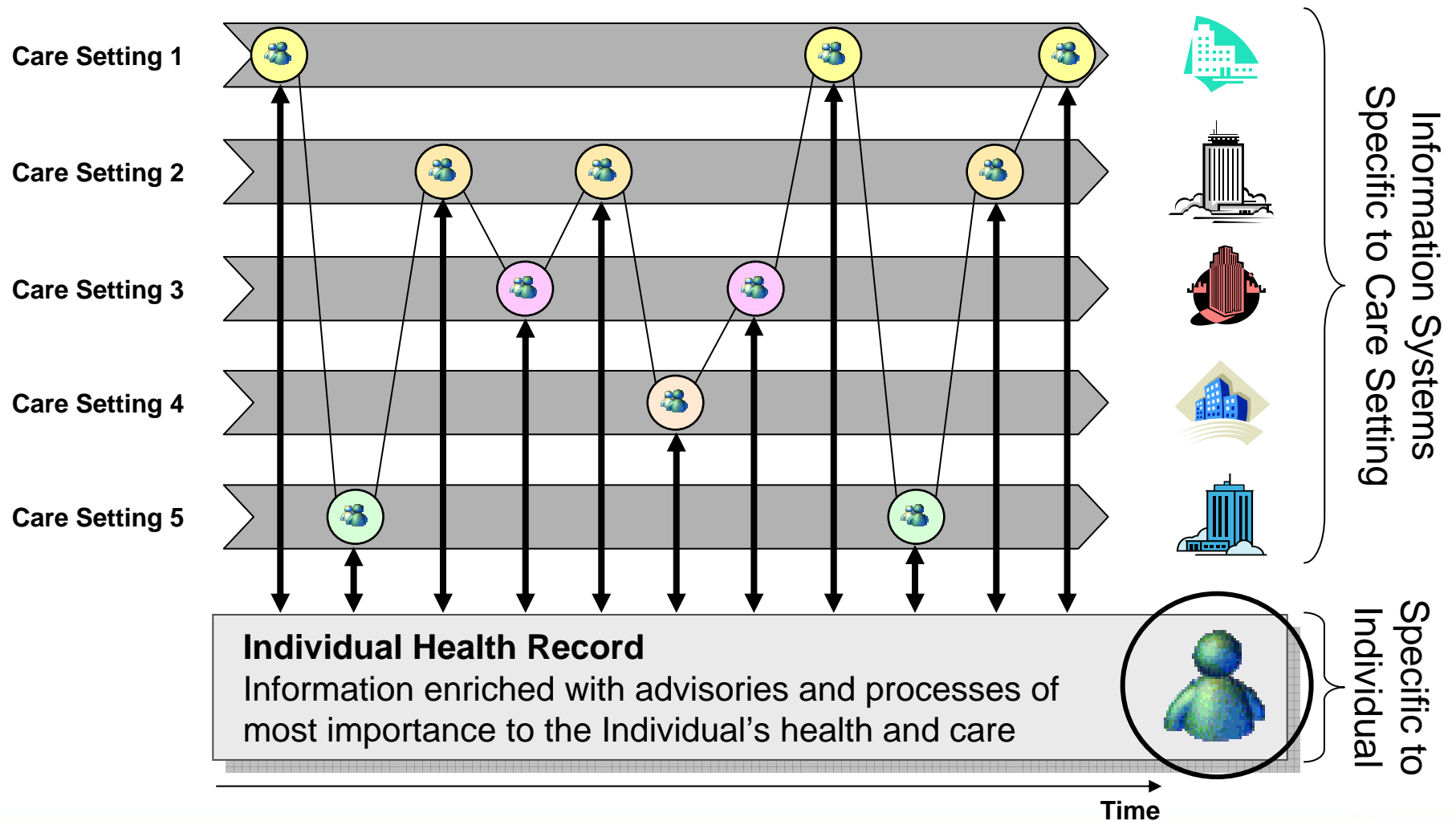
Providers deliver care across institutions yet institutions arrange their I.T. systems with an inward focus. Ability to integrate data to reflect how care is delivered is highly limited resulting in low quality, inefficiency, and general frustration



Systems

-  Hospital I.S.
-  MD 1 EMR
-  Pharmacy
-  MD 2 EMR
-  Radiology Center

Binding The Individual Health System The Individual Health Record





MMHp: Enriching Data Via Decision Support

WellPoint's Member Medical History for Professionals (MMHp) **creates a clinical record** from claim data

MMHp **identifies gaps in care alerts** via WLP's Informatics subsidiary (Resolution Health) impacting 80,000 members

MMHp is **used by over 2000** WLP clinical and administrative users

MMHp is used by hospitals and physician offices **via an AllScripts partnership and direct connections**. Extensions to Availity and our portals in 2010

Currently, we are **averaging over 18,000 transactions / month** from external users and growing

Web Service approach allows **unlimited connections** to delivery systems



DaytonHealthKonnnect is an example of Health IT with sophisticated data management capabilities

DaytonHealthKonnnect is showing interesting results that may be indicative of the value that Health IT can create broadly in diverse patient settings

WellPoint is working with local care providers to extend **DaytonHealthKonnnect** into a regional transformation initiative



The screenshot displays the DaytonHealthKonnnect website. At the top left is a traffic light icon. The header features the Kettering Health Network logo and the text "DAYTON HEALTHKONNECT My Health. My Way." Below the header is a horizontal line with various medical icons: a bandage, a heart, an orange, a pill, and a prescription symbol. The main content area is divided into sections: "Patient Benefits" and "Physician Benefits" on the left; a central text block titled "Innovative · Resourceful · Secure Easy-to-Use Healthcare Tool" describing the service; and three navigation buttons on the right: "Login Here", "Members & Dependents Register Here", and "Providers Register Here". A VeriSign Secured logo is visible in the bottom left corner. The footer contains links for "Contact Us", "Privacy & Security", "Notice of Privacy Practices", and "Terms & Conditions", along with copyright information for Kettering Health Network and a note that the site is powered by CentriHealth.

This pilot integrates clinical and claim data creating a comprehensive, shared clinical and financial profile for patient, doctor, and health plan use

- A Personal Health Record (PHR) for the patient
- An electronic health record and ePrescribing
- A data exchange infrastructure allowing health coaches and physicians to use a common record
- A rules engine with evidence based medicine rules and benefit optimization rules
- In development: Health plan business rules that automate administrative functions



WellPoint's clinical integration platform supports innovative Health IT deployments nationally

Data Viewed by Disease Type

Data can be filtered by Disease or Physician or Procedure

- Allows physician to say **“Show me everything related to Diabetes”**
- Or **“Show me everything related to Orthopedic Medicine”**
- Or **“Show me everything related to patient’s CABG”**

You are here: [Orders and Results](#) [Refresh This View](#) [Help](#)

John Baker Gender: **Male** Birth Date: **03 Oct 1943** Age: **65 yr** [Choose New Individual](#)

Health Service Summary

The **Health Service Summary** lists the health services scheduled or performed for an individual. Examples include an office visit, surgery, laboratory procedure or radiology exam.

Filter These Results

Quick View All

From:

To:

All Any None

Type

Status

Body System

Indication

Anemia

Atherosclerotic Cardiovascular Disease

Benign Prostatic Hypertrophy

Bladder-Neck Obstruction

Constipation

Diabetes Mellitus

Eye Infection

Hyperlipidemia

Health services for John Baker

Filtered by: Diabetes Mellitus

Type	Service	Date	Alert	Service Provider	Source
	Hemoglobin A1c [HbA1c] Blood -	09 May 2008 10:05 AM	●		
	Office/Outpatient Encounter for Established Patient-25 Minute	07 Nov 2006			
	Hemoglobin A1c [HbA1c] Blood -	06 Aug 2006 10:15 AM			
	Outpatient Encounter	03 Jun 2006		Kettering Medical Center Morse, Jaime Kris	
	Outpatient Encounter	07 Feb 2006		Kettering Medical Center Morse, Jaime Kris	
	Outpatient Encounter	01 Feb 2006		Kettering Medical Center Morse, Jaime Kris	
	Outpatient Encounter	27 Sep 2005		Kettering Medical Center Morse, Jaime Kris	
	Outpatient Encounter	06 Jun 2005		Kettering Medical Center Morse, Jaime Kris	
	Ambulatory/Clinic Encounter	03 Jan 2005 02:30 AM		Kettering Medical Center Morse, Jaime Kris	

Rule Example

Simple signal light metaphor creates the output from the rule

Rules can be tied to immunization status or physician ordering or lab results or any other object in the ontology

Creates automated utilization management which reduces physician administrative hassles and makes management process more effective

Immunizations

You are here: Immunizations Refresh This View

Joe Neighbour Gender: Male Birth Date: 01 Jul 2004 Age: 4 yr MRN: PER100000183 Choose New Individual

Immunization Status Tell Me More | Add Immunization

Life Phase	Condition	Alert	Recommendation
	MMR Immunization 15 Months	●	
Infancy 1-2 Months	HEP B Immunization 1-2 Months	●	
Infancy At Birth	HEP B Immunization at Birth	●	
Infancy 2 Months	DTaP Immunization 2 Months	●	
Infancy 2 Months	HIB Immunization 2 Months	●	
Infancy 2 Months	Pneumococcal Immunization 2 Months	●	
Infancy 2 Months	Polio Immunization 2 Months	●	
Infancy 2 Months	Rotavirus Immunization 2 Months	●	<div style="border: 1px solid gray; padding: 5px;"> <p>Content Detail - Mozilla Firefox</p> <p>http://chserv10:20080/CHPortlets/contentServlet?contentUUID=8c1bb2a1-442e-49</p> <p>Rotavirus Vaccine</p> <p>Rotavirus Vaccine: What you need to know.</p> <p>1. What is rotavirus?</p> <p>Rotavirus is a virus that causes severe diarrhea, mostly in babies and young children. It is often accompanied by vomiting and fever.</p> <p>Done</p> </div>
Infancy 4 Months	DTaP Immunization 4 Months	●	<p>Rotavirus immunization guideline compliance not known. The first dose should be administered at age 6-12 weeks.</p> <p>Patient is compliant with recommended immunization guidelines.</p>
Infancy 4 Months	HIB Immunization 4 Months	●	Patient is compliant with recommended immunization guidelines.
Infancy 4 Months	Pneumococcal Immunization 4 Months	●	Patient is compliant with recommended immunization guidelines.
Infancy 4 Months	Polio Immunization 4 Months	●	Patient is compliant with recommended immunization guidelines.
Infancy 4 Months	Rotavirus Immunization 4 Months	●	Rotavirus immunization guideline compliance not known.
Infancy 6 Months	DTaP Immunization 6 Months	●	Patient is compliant with recommended immunization guidelines.
Infancy 6 Months	HIB Immunization 6 Months	●	Patient is compliant with recommended immunization guidelines.
Infancy 6 Months	Pneumococcal Immunization 6 Months	●	Patient is compliant with recommended immunization guidelines.

Dayton Pilot: Chronic Disease Analytics

Continuous Enrolled Study Cohort			
Health IT Non-Users			
	2007	2008	Variance
Allowed Cost	\$ 9,077,150	\$ 11,661,058	28.5%
Mbrs	4126	4126	0.0%
MM	37134	37134	0.0%
Cost PMPM	\$ 244.44	\$ 314.03	28.5%
Avg DXCG		2.13	
Health IT Users (IHR)			
	2007	2008	Variance
Allowed Cost	\$ 1,839,258	\$ 2,226,974	21.1%
Mbrs	666	666	0.0%
MM	5994	5994	0.0%
Cost per Pt	\$ 2,762	\$ 3,344	21.1%
Cost PMPM	\$ 306.85	\$ 371.53	21.1%
Avg DXCG		2.72	

7.5% trend line reduction

.60 higher Risk score

Our Affiliated Health Plans:

- Have completed multiple pilots in Ohio, New Hampshire, and nationally; only ePrescribing and IHR have any evidence of impact to trend or quality
- Have partnered with Kettering Health Network in Dayton, Ohio to measure cost and quality impacts at the employer group level using WLP technology

Operating results over two years show our solution has preferentially attracted users with higher illness burdens and resulted in a reduced trend line compared with non-users **despite** higher illness burden



Preventive & Evidence Based Care: Significant Improvements

Quality gains achieved despite Health IT users having higher illness burden and an improved trend line

Although only one employer group and delivery system, health IT could deliver potential — better use of evidence base, lower cost of care for sicker members and better prevention

WellPoint has additional projects in planning or development stages in California, Indiana, and Dayton, Ohio

Measure	IHR User	IHR Non User	Difference
Colonoscopy	41.50%	25.60%	15.90%
Mammogram	10.50%	-11.20%	21.70%
Pap Smear	12.70%	0.80%	11.90%
PSA	62.50%	24.40%	38.10%
LdL Test	21.70%	1.10%	20.60%
Hemoglobin A1C	13.90%	2.30%	11.60%

Measured in year -over-year change

How Could Health IT Evolve?

Health IT is in the first stage of a multi year path to transform health care

Early efforts will focus on interoperability– allowing system A to share data with system B. However, interoperability will not in and of itself create transformational value

Second and Third phases of Health IT will focus increasingly on data management strategies and algorithm based advisories, alerts, and messages.

Second and Third Phases of Health IT deployments will need to focus on a new Objective– Creating Shared Clinical Intelligence

Shared Clinical Intelligence Defined

Shared Clinical Intelligence takes electronic data, organizes it, and then applies knowledge to it for a more optimized care process

It has been called for by a variety of names—

- Cognitive Decision Support (National Research Council paper from 2/09)
- Clinical Decision Support (ONCHIT publications, clinical products)
- Gaps in Care Alerts (Various health plan product offerings)

Shared Clinical Intelligence has several components:

- A single, electronic representation about the patient – the electronic patient record
- The new task or new patient information— this could be new data such as a clinical lab result or a patient initiated blood sugar measurement or a physician's order such an MRI scan (via CPOE).
- The information about what 'ought to happen' – the protocols, rules, models of care for both assessing what has happened and guiding what care should be delivered (ie the evidence base)

Shared Clinical Intelligence Value

Value to Pharmaceutical firms– Simple, clearer ways to get new products into the right physician-patient interaction

Value to health plans– Reductions in administrative costs for today's care management functions through automation. More effective management processes to reduce over, under, mis use

Value to Physicians– Clear, decision support, less administrative overhead from third parties, more defensible from malpractice charges, better support in carrying out day to day activities

Value to Patients– More consistent, higher quality care

Value to Employers– Lower costs for care that is documented to be higher in quality

Conclusion

Health IT offers a foundation to transform health care by offering a tool which can improve decision making and coordinate care. The result is optimized utilization and optimized care

The stimulus funding provides sufficient funding to build the needed infrastructure and accelerate deployments

Anthem's MMHp program with RHI algorithms and its Clinical Integration Pilot offers a short cut to health care value via integrated clinical and claims data with real time decision support

Anthem is anticipating the development of Shared Clinical Intelligence and identifying opportunities to reduce cost and improve performance as a result of its creation



- [My Home](#)
 - [My Health Status](#)
 - [My Medications](#)
 - [My Immunizations](#)
 - [My Illnesses](#)
 - [My Results](#)
 - [My Health Calendar](#)
 - [My Doctors](#)
 - [My Care Decisions/Wishes](#)
- [My Demographics](#)
 - [My Documentation](#)
 - [My Messages](#)

You are here: **Health Status**

[Refresh This View](#) [Help](#)

Jessica Baker Gender: **Female** Birth Date: **10 Jan 1952** Age: **57 yr**

[Choose New Individual](#)

Women's Health

[Tell Me More](#)

Goal	Status	Alert	Recommendation	Last Update
Annual PAP Test	Unknown	●	Protect against cervical cancer! Annual PAP Smear is recommended NOW! Make appointment or record results of recent exam.	25 Sep 2008
Annual Mammography Exam	Unknown	●	Protect against Breast Cancer! Schedule mammogram now or record the date of any exam performed within the last year.	25 Sep 2008

Immunization Status

[Tell Me More](#)

Goal	Status	Alert	Recommendation	Last Update
Adult Varicella Immunization	Unknown	●		25 Sep 2008

Colorectal Cancer Screening Group

Goal	Status	Alert	Recommendation	Last Update
Colorectal Cancer Screening	Unknown	●	The colorectal cancer screening guideline indicates: Fecal Occult Blood within 1 year; Flexible Sigmoidoscopy or Air Contrast Barum Enema within 4 years; Colonoscopy within 10 years. Please contact your healthcare provider and schedule an appointment.	22 Jul 2008

Cholesterol-Lipids Status

[Tell Me More](#)

Patient View
Action Plan
22 on CIP

+ **Jessica Baker** Gender: **Female** Birth Date: **10 Jan 1952** Age: **57 yr**



Health Issue
Self-Reported Asthma
Type Disease/Disorder
Body System Respiratory System
Status Active
Source Smith, Aubrey C
Last Update 16 April 2008 11:28 PM

Your Asthma Action Plan

This plan will help you control your asthma and know what to do if you have an asthma episode. Keeping your asthma under control will help you achieve your goals.

Your Asthma Goals

- Be active without having asthma symptoms.
- Prevent asthma episodes (attacks).
- Sleep through the night without having asthma symptoms.
- Avoid side effects from medicines.
- Record your Asthma symptoms daily in your Asthma Diary.

Your Personal Best

Your personal best Peak Flow is 210.

Your Current Asthma Status

Your current Asthma status is GREEN.



Your **GREEN ZONE** is 168-210, or 80% to 100% of your personal best of 210. **GO!**

Breathing is good with no cough, wheeze, or chest tightness during work, school, exercise, and play.

Take this daily control medicine:

- Advair 250/50 Disk 1 puff two times per day
- Flovent 110 mg 2 puffs two times per day in the morning and at night

For symptoms with exercise, take

- Albuterol 2 puffs every 3-4 hours as needed

[Click here to update your Asthma Diary](#)

[Information Sources](#)

Patient Management

Create New Progress Note

Write an Order

Write a Prescription

Make a Referral

Medication & DME List

View Vital Signs ▶

View Test Results ▶

View All Health Events

Scheduling/Billing ▶

References ▶



Theodore Smith Gender: Male Birth Date: 08 November 1931 Age: 77 yr MRN: PER100000194

MD View
#24, 21 on CIP

Recent Conditions

Last Update	Condition	Source
21 Sep 2009	Urinary Tract Infection	
21 Sep 2009	Gastritis	
21 Sep 2009	Atrial Fibrillation	
21 Sep 2009	Hyperlipidemia	
21 Sep 2009	Osteoarthritis - Knee	
21 Sep 2009	Benign Hyperplasia Prostate, Localized	
21 Sep 2009	Diabetes Mellitus - Type II	
21 Sep 2009	Hypothyroidism	
21 Sep 2009	Arthritis	
21 Sep 2009	Hypercholesterolemia	

[More...](#)

Health Indicators

Goal	Alert
Adult Varicella Immunization	
Annual DRE Screening Status Unknown	
Annual Influenza Immunization	
Annual Intraocular Pressure Test	
Annual LDL Cholesterol Exam	
Annual Pneumococcal Immunization	
Annual Prostate-Specific Antigen (PSA) Exam Screening	
Colorectal Cancer Screening	
HbA1c <7%	
HEDIS Annual Influenza Immunization Compliance	

[More...](#)

Allergies

Allergen	Source
Sulfa Antibiotics (Allergy)	

Current Medications

Product	Source
Actos Oral Tablet 30 MG	
Aleve Oral Tablet 220 MG	
Cardizem CD Oral Capsule Extended Release 24 Hour 180 MG	
Lipitor Oral Tablet 20 MG	
Lisinopril Oral Tablet 10 MG	
Procardia XL Oral Tablet Extended Release 24 Hour 60 MG	
Synthroid Oral Tablet 112 MCG	
Zantac Oral Tablet 150 MG	

Recent Tests/Exams/Treatments

Date	Service	Alert	Source
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Appointments/Visits

Date	Service	Service Provider	Source
10 Oct 2009 02:30 PM	Physician Office/Outpatient Encounter Established Patient	Baltimore health care P.C. Butler, Alfred	
09 Oct 2009 02:30 PM	Physician Office/Outpatient Encounter Established Patient	Baltimore health care P.C. Butler, Alfred	
08 Oct 2009 02:30 PM	Physician Office/Outpatient Encounter Established Patient	Baltimore health care P.C. Butler, Alfred	
07 Oct 2009 02:30 PM	Physician Office/Outpatient Encounter Established Patient	Baltimore health care P.C.	