HL7 EHR Work Group

Personal Health Record System Functional Model, Release 1
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Chapter Three: Personal Health Functions

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Chapter 3: Personal Health PHR-S Functions

Personal Health PHR-S functions are the subset of PHR-S functions that enable an individual to manage information about his or her healthcare. These functions provide direction as to the individual's ability to interact with a Personal Health Record in such a way so as to individualize the record and maintain a current and accurate record of his or her healthcare activities. The functions include activities such as managing wellness, prevention and encounters. These functions are designed to encourage and allow an individual to participate actively in their healthcare and better access the resources that allow for self-education and monitoring.

1 Example

When an individual has symptoms of a common cold, a Personal Health function will enable the PHR Account Holder to record that event including dates, times and self- medication. That same information can be exported to the EHR-S of the individual's healthcare provider for access in an encounter or for medication ordering. Additionally, decision support functions within the Personal Health section will alert the PHR Account Holder that a vaccination is due and will offer contraindication alerts for the medication if not indicated with symptoms of a cold.

2 Actors

The principal users of Personal Health functions are expected to be individuals referenced as PHR Account Holders; the patient or subject-of-care and healthcare providers will have access to certain functions to view, update or make corrections to their Personal Health Record. The PHR Account Holder will receive support for making healthcare-related decisions, as well as support from the PHR-S and EHR-S to enable effective electronic communication between providers, and between the provider and the PHR Account Holder or PHR Account Holder's designated representative.

3 The "Manage Hierarchy"

Within the PHR Work Group, there was an intentional effort to create language consistency in the conformance criteria. The "Manage Hierarchy" diagram below was used to create semantic harmony within the conformance criteria so that, for example, if the Personal Health Chapter has a conformance criteria using the term "nullify," that term had the same meaning as used in the Supportive Chapter's conformance criteria.

The levels in the hierarchy are granular and have a parent-child relationship. For example, the diagram below depicts that managing the "Capture" of information comes from an External Source or from an Internal Source. Similarly, under the "Maintain" section of the diagram, the term "Store" could invoke all five verbs listed below it (i.e., Save, Backup, Compact, Encrypt, or Archive). If the parent term is not used, then the respective verbs in the child will be cited individually in the criterion. If the term "Manage" is used, all of the applicable verbs included in the table are encompassed in that criterion. Authors are responsible for determining whether one or more of the subverbs are not appropriate for a given function and must write conformance criteria that constrain the use of the verb hierarchy according to the intent of the profile being created.

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MANAGE							
Capture		**Maintain**				**Render**	
Input (External)	Create (Internal)	Store	Update	Restrict Access	Remove Access	Read (Internal)	Output (External)
Receive Accept Download Import	Enter Compute Record	Save Backup Compact Encrypt Archive	Edit Correct Amend Augment Annotate Comment Associate Tag	Hide Mask Filter	Obsolete Inactivate Destroy Nullify Purge	View Report Display Access Present	Send Upload Export Synchronize

The hierarchical principle above was applied during the development of the PHR-S FM. Additional terms used in the model are found in the model's Glossary. It is important to be consistent in the terminology used in the PHR-S FM conformance criteria so there is consistent interpretation of the conformance criteria's intent in defining the functionality.

4 PHR Account Holder Privacy

It is the bias of this model that consumer privacy rights be protected to the fullest extent possible. However, as an international model that attempts to describe functionality for many PHR system sub-types (e.g., integrated PHR/EHR systems, stand-alone PHR systems, or vendor-provided Web-based systems), statements concerning consumer control over information are frequently tempered by the phrase (with some variations) "in accordance with user role, organizational policy, or jurisdictional law." This phrase does not extend license to institutions to violate individual rights, but acknowledges that legitimate exceptions may exist to the general rule of PHR Account- Holder control over PHR-S information. In all cases, the model requires that the privacy policy of a PHR system be fully transparent to PHR Account Holders, and that a PHR-S has the ability to capture a PHR Account Holder's consent on how his or her personal information may be used and disclosed (see functions in IN.3.8, Patient Privacy and Confidentiality for additional detail.)

5 Functionality Versus Implementation

It is important to note that many functions provide the capacity for functionality (e.g., provide for standards-based interoperability), but do not give implementation details. A function, when implemented, must be implemented within the context of the entire PHR-S FM. For example, implementation of many functions throughout the model are expected to conform to the security and audit functions found within IN.3 (Security) and IN.4 (Auditable Records), and functions performed "by the PHR Account Holder" may be actually performed by others as delegated by the PHR Account Holder (see IN.3.2, Entity Authorization).

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6 Functional Outline – Personal Health

Personal Health	PH.1	PHR Account Holder Profile
	PH.2	Manage Historical Clinical Data and Current State Data
	PH.3	Wellness,Preventative Medicine and Self Care
	PH.4	Manage Health Education
	PH.5	PHR Account Holder Decision Support
	PH.6	Manage Encounters with Providers

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
	H	**Personal Health (PH)**	**Statement**: Manage information and functions related to self care and provider based care over time. **Description**: The personal health record may take many forms including a personally maintained paper record or follow a number of different profiles. The functions that follow are a superset of functionality for electronic profiles with certain functions that **SHALL** be present in all implementations. The functions provide for both personal observations and health management as well as by the PHR Account Holder's healthcare providers. The PHR should present a view to the PHR-S Account Holder that is tailored to their level of health literacy and language ability. Many realms already support a PHR Account Holder's ability to withhold health information from providers and other persons at the PHR Account Holder's discretion. Personal Health functions accommodate those realms by providing the PHR Account Holder the ability to withhold such information. Some realms may require, through jurisdictional law, rules, or regulations, clear indications in the record that some information has been withheld. When jurisdictional law requires such indications, the system shall display such indications. If the jurisdiction provides individuals with an option to indicate or not indicate that information has been withheld, the PHR Account Holder can exercise that option (e.g., turn on a flag or not turn on a		PH 2.5.10 IN 3.8	The system **SHALL** capture and explicitly record the source of all data in the PHR-S.	1
						The system **SHALL** provide the ability for the PHR Account Holder to restrict the ability of others to modify the PHR Account Holder's self-created data.	2
						The system **SHOULD** provide the ability for the PHR Account Holder to restrict the input of data from external sources.	3
						The system **SHALL** provide the ability for the PHR Account Holder to remove access to data according to jurisdictional law.	4
						The system **SHALL** provide the ability to restrict access to, as well as the use and disclosure of, data according to user roles, organizational policy, or jurisdictional law.	5
						The system **SHALL** display one or more flags or other indication that information has been withheld by the PHR Account Holder to any stakeholder with whom the information is shared according to jurisdictional law.	6

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
			flag). **Examples**: Produce a summary record of care and present ad hoc views of the health record such as the same unambiguous list of medications that is referenced by all providers, pharmacists, and the PHR Account Holder him/her self.			1. If the jurisdiction provides individuals with an option to indicate or not indicate that information has been withheld, the system **SHALL** provide the ability for the PHR Account Holder to exercise that option.	7
PH.1	**H**	PHR Account Holder Profile	**Statement:** Manage PHR Account Holder demographics, preferences, Advance Directives, consent directives and authorizations. **Description:** The person that is the subject of the personal health record is referred to as the PHR Account Holder. The PHR Account Holder may also be represented by the parent/guardian, or a designated representative (proxy) assigned by the PHR Account Holder or otherwise authorized entity. The PHR includes relevant demographic information and other administrative statements necessary to provide care such as Advance Directives or consents for care. **Examples:** Display and maintain demographics or preferences such as the PHR Account Holder's preferred first or religious preferences.	S.1.4.1 S.2.2.1 S.3.1.2 S.3.1.5 IN.2.1 IN.2.3			8
PH.1.1	**F**	Identify and Maintain a Patient Record	**Statement**: Unambiguously identify the PHR Account Holder; correctly link the information with the PHR Account Holder and vice-versa. **Description**: The PHR Account Holder must be confident that the system can reliably and uniquely identify them and provide access to their health record. Nothing precludes the PHR Account Holder from having more than one PHR such as a tethered PHR-S with	S.1.4.1 S.2.2.1 S.3.1.2 S.3.1.5 IN.2.1 IN.2.3		1. The system **MAY** provide a user guide to assist the PHR Account Holder in installing, initializing, registering, or operating their PHR.	9
						2. The system **SHALL** provide the ability to store more than one unique identifier for each PHR Account Holder's record.	10
						3. The system **SHOULD** provide the ability to capture, store and utilize the PHR Account Holder's unique identifiers from multiple external sources	11
						4. The system **SHALL** associate key identifier information (e.g., medical record number, insurance account number, and voluntary unique identifiers) with each PHR Account Holder.	12

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
			their primary care provider (PCP) and a separate self maintained PHR. The following functions apply to a single PHR system (PHR-S). **Example:** "The system SHALL provide the ability to uniquely identify a PHR Account Holder and tie the record to a PHR Account Holder."		IN.3.1	5. The system **SHALL** provide the ability to uniquely identify a PHR Account Holder and tie the record to a PHR Account Holder.	13
						6. The system **SHOULD** provide the ability, through a controlled method, to merge or link dispersed information for an individual PHR Account Holder upon recognizing the identity of the PHR Account Holder.	14
					IN.1.1	7. IF health information has been mistakenly associated with a PHR Account Holder, THEN the system **SHALL** provide the ability to annotate the information as erroneous in the record of the PHR Account Holder in which it was mistakenly associated and represent that information as erroneous.	15
					IN.3.10 IN.1.12	8. IF health information has been mistakenly associated with a PHR Account Holder THEN the system **SHALL** provide the ability to communicate the error to the source.	16
						9. The system **SHOULD** provide the ability to obsolete, inactivate, nullify, destroy and archive a patient's record in accordance with terms and conditions, organizational policy, or jurisdictional law.	17
PH.1.2	**F**	Manage PHR Account Holder Demographics	**Statement**: Enable the PHR Account Holder to manage information about demographics. **Description**: The system should maintain the current demographic data set that unambiguously defines who the PHR Account Holder is including personal attributes, contact information including emergency contact, next-of- kin information and insurance information sufficient to meet the information needs required to provide health care services, and if applicable, facilitate family member re-unification and expedite next-of-kin notification. **Examples:** Maintain current contact information, emergency contact information/next-of-kin information, and registration information including physical addresses, telephone numbers, and email	S.1.4.1 S.2.2.2 IN.2.2 IN.2.4		1. The system **SHALL** capture demographic information as part of the PHR Account Holder's record.	18
					IN 1.6	2. The system **SHALL** store and retrieve demographic information as discrete data.	19
						3. The system **SHALL** provide the ability to retrieve or accept demographic data from existing digital sources including a provider's EHR-S or a health plan system as part of the PHR Account Holder's record.	20
						4. The system **SHOULD** provide the ability to enter or update demographic data manually not synchronized with other source systems.	21
						5. The system **SHALL** provide the ability to report a PHR Account Holder's demographic data.	22
						6. The system **SHOULD** store historical values of demographic data over time.	23
						7. The system **SHALL** display identifying information with any presentation of PHR Account Holder data unless it is intended to be de-identified.	24
						8. IF related PHR Account Holders share any identical data, THEN the system **SHOULD** provide the ability to propagate that data to all their records.	25
						9. The system **SHOULD** provide the ability for the PHR Account Holder to annotate demographic data with text comments.	26

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
			addresses.			10. The system **SHOULD** provide the ability for the PHR Account Holder to restrict access to demographic information.	27
PH.1.3	**F**	Manage PHR Account Holder and Family Preferences	**Statement**: Enable the PHR Account Holder to add certain preferences that he or she want health care providers to know. **Description**: The PHR Account Holder may hold certain religious or philosophical views that impact how they wish to be treated or even how they might respond to treatment choices. These preferences should be captured and prominently displayed and available during the care process. **Examples:** A religiously-based proscription of blood transfusion is a commonly encountered example of a PHR Account Holder preference.	DC.2.1.4 S.3.7.1 IN.2.5.1 IN.2.5.2 IN.6 DC.1.1.4 DC.1.6.1 DC.1.6.2 DC.1.6.3 DC.1.11.1 DC.1.11.2 DC.2.2.1.1 DC.2.2.1.2 DC.2.2.2 S.3.7.1 S.3.7.2 S.3.7.4 IN.6		1. The system **SHALL** provide the ability to capture, present, maintain and make available for healthcare decisions patient preferences such as language, religion, spiritual practices or culture.	28
						2. The system **SHALL** provide the ability to capture, present, maintain and make available for clinical decisions family preferences such as language, religion, spiritual practices and culture.	29
						3. The system **SHALL** provide the ability to manage PHR Account Holder and family preferences as they pertain to current treatment plans.	30
					PH 3.2 PH 3.3	4. The system **MAY** provide the ability to update care guidelines and options based on documented PHR Account Holder and family preferences, including clinical guidelines and treatment options (e.g., treatment for individuals who refuse blood transfusions).	31
						5. The system **MAY** provide the ability to compare care guidelines and options relating to documented PHR Account Holder and family preferences, including clinical guidelines and treatment options.	32
						6. The system **SHOULD** provide the ability to integrate preferences with appropriate health education materials. (e.g., dietary advice based on dietary preference).	33
						7. The system **SHOULD** provide the ability to integrate necessary documentation of PHR Account Holder preferences, such as living wills, specific consents or releases, and other Advance Directives.	34
PH.1.4	**F**	Manage Patient Advance Directives	**Statement**: Enable the PHR Account Holder to create or input Advance Directives for care under various circumstances. **Description:** The PHR Account Holder along with their immediate family should periodically assess their health status and formally state in writing how they wish to be cared for in different circumstances. This is	DC.2.1.4 S.3.7.1 IN.2.5.1 IN.2.5.2 IN.6 S.3.5.1 S.3.5.3 S.3.5.4 IN.1.5 IN.1.8 IN.1.9		1. The system **SHALL** provide the ability to indicate that Advance Directives or organ donation preferences exist for the patient.	35
						2. The system **SHOULD** provide the ability to indicate the type of Advance Directives completed for the PHR Account Holder such as living will, durable power of attorney, preferred interventions for known conditions, organ donation, or the existence of a "Do Not Resuscitate order" or organ donation preferences in accordance with organizational policy, scope of practice, or jurisdictional law.	36

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
			particularly useful when the end of life is predictably near to avoid inappropriate or undesired care. **Examples:** The system SHALL provide the ability to indicate that Advance Directives exist for the patient.	IN.2.2 IN.2.5.1 IN.2.5.2 IN.6		3. The system **SHOULD** provide the ability to capture, present, maintain and make available for clinical decisions patient Advance Directives documents and "Do Not Resuscitate" orders or organ donation preferences in accordance with organizational policy, scope of practice, or jurisdictional law.	37
						4. The system **SHOULD** provide the ability to index (i.e., identify the document type, the time and date document was created, and the document currently in effect) patient Advance Directives documents and "Do Not Resuscitate" orders or organ donation preferences in accordance with organizational policy, scope of practice, or jurisdictional law.	38
						5. The system **SHOULD** provide the ability to indicate when Advance Directives or organ donation preferences were last reviewed by the PHR Account Holder or their legal guardian or power of attorney.	39
						6. The system **SHOULD** provide the ability to indicate the name and relationship of the party completing the Advance Directive or organ donation preferences for the patient.	40
						7. The system **SHOULD** time and date stamp when Advance Directives or organ donation preferences were stored in the system.	41
						8. The system **SHOULD** provide the ability to document the location and source of legal documentation regarding Advance Directives or organ donation preferences.	42
PH.1.5	**F**	Manage Consents and Authorizations	**Statement**: Enable the PHR Account Holder to manage consent directives and authorizations. **Description**: A variety of consent directives and authorizations are needed to provide healthcare services. Each institution such as an emergency room, each provider, or each health care service such as an operative procedure may require its own informed consent be captured, displayed, and verified before care can be provided. The consent directives may be externally sourced with copies made available for the PHR Account Holder to capture and store. Some consent directives or authorizations may be authored by the PHR Account Holder granting authorizations such as a	S.3.3.1 S.3.5.1 S.3.5.3 S.3.5.4 IN.1.5 IN.1.8 IN.1.9 IN.2.2 IN.2.5.1 IN.2.5.2 IN.6 DC.1.1.3 S.2.2.2 S.3.5.1 S.3.5.4 IN.1.5 IN.1.8 IN.1.9 IN.2.2 IN.2.4		1. The system **SHALL** provide the ability to indicate that a patient has completed applicable consent directives and authorizations.	43
						2. The system **SHOULD** provide the ability to capture the external location of the patient's applicable consent directives and authorizations.	44
						3. The system **SHOULD** provide the ability to create, update, and maintain consent directives and authorizations.	45
						4. The system **SHALL** provide the ability to indicate that a patient has granted, withheld or revoked access to applicable consent directives and authorizations.	46
						5. The system **MAY** provide the ability to view and complete consent and authorization forms on-line.	47
						6. The system **MAY** provide the ability to generate printable consent and authorization forms	48
						7. The system **MAY** display electronic copies of authorization and/or consent directives associated with a specific clinical activity, such as treatment or surgery.	49

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
			parent granting ad hoc authorization for emergency care for a child. **Examples:** Maintain current authorizations in relation to specific health record functions. The system MAY display the authorizations associated with a specific clinical activity, such as treatment or surgery, along with that event in the PHR Account Holder's PHR-S.	IN.2.5.1 IN.2.5.2 IN.6		8. The system **MAY** provide the ability to display electronic copies of authorization and/or consent directives chronologically	50
						9. The system **SHOULD** provide the ability to capture documentation related to an assent for PHR Account Holder legally unable or not required to consent, subject to organizational policy or jurisdictional law	51
						10. The system **SHOULD** provide the ability to capture the source of each consent document, including the PHR Account Holder, or the PHR Account Holder's personal representative if the PHR Account Holder is legally unable or not required to provide it.	52
						11. The system **SHOULD** provide the ability to document the PHR Account Holder's personal representative's authority to make decisions on behalf of the PHR Account Holder.	53
PH 1.6	**F**	Manage PHR Account Status	**Statement:** Enable a PHR Account Holder to open or close a PHR Account, or to transfer PHR information from one PHR Account to another PHR Account. **Description:** A PHR Account Holder may possess one or more PHR accounts over a lifetime, and may have multiple PHR accounts open simultaneously. The PHR system, therefore, needs to provide the ability to open or close a PHR account on a PHR Account Holder's behalf, and to transmit a copy of PHR account data to other PHR systems.			1. The system **SHALL** provide the ability for the PHR Account Holder to open an account.	54
						2. The system **SHALL** provide the ability for the PHR Account Holder to close an account.	55
						3. The system **SHALL** transmit confirmation of the PHR Account Holder's account closure to the PHR Account Holder.	56
						4. The system **SHALL** provide the ability to transmit a copy of the PHR Account Holder's account information to another PHR-S.	57
						5. The system **SHALL** transmit confirmation of the PHR Account Holder's account transfer to the PHR Account Holder.	58
PH.2	**H**	Manage Historical Clinical Data and Current State Data	**Statement:** Historical health information as well as current health status should be captured and maintained in the health record. **Description**: To obtain historical information to populate the PHR, the PHR Account Holder may use strategies that	IN.2.2 IN.2.5.1 IN.2.5.2		1. The system **SHALL** explicitly label and manage the data in the PHR.	59

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
			include entering historical information directly or importing at least part of this data from outside electronic data sources. An outside service such as an employer, insurance plan, primary care physician or care delivery organization may sponsor a particular PHR and add data to the record from their data sources. The PHR Account Holder may use similar strategies to populate their current state information.			2. The system **SHOULD** provide the ability for the PHR Account Holder or proxy to annotate any externally sourced data with text comments.	60
PH.2.1	**F**	Manage Patient Originated Data	**Statement**: Manage information sourced or input directly by the PHR Account Holder. **Description**: PHR data including personal observations and most specific data elements such as allergies or problems may be entered directly by the PHR Account Holder. The source of all data is captured and in this case self entered data should be so labeled. These elements may possess more or less credibility when entered by the PHR Account Holder. When appropriate, patient entered data should be structured and codified. **Examples:** When a problem in the problem list is entered by the PHR Account Holder, it is labeled as such in order to distinguish this problem from others that resulted from a provider's clinical diagnosis.	IN.1.4 IN.2.5.1 IN.2.5.2	IN.1.5 IN.1.6	1. The system **SHALL** accept both structured and unstructured data as defined in IN 1.5 (Store and Manage Unstructured Health Record Information) and IN 1.6 (Store and Manage Structured Health Record Information).	61
						2. The system **SHALL** explicitly label the data as entered by the PHR Account Holder, proxy, or other authorized user.	62
						3. The system **SHOULD** present PHR Account Holder-originated data for use by care providers.	63
						4. The system **MAY** provide the ability to document that a provider has verified the accuracy of consumer-originated data and has included it as a record in the EHR-S.	64
					IN.1.5	5. The system **MAY** provide the ability for the PHR Account Holder or proxy to annotate patient sourced data with text comments.	65
PH.2.2	**F**	Manage Data from External Administrative	**Statement**: Manage information from administrative data sources such as insurance plans and pharmacy benefit			1. The system **SHOULD** provide the ability to capture data from claims and other administrative data sources.	66

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
		Sources	managers. **Description**: Each of the PHR Account Holder's health insurance plans has the ability to extract health-related information or simulate selected clinical information from financial transactions to the extent that health insurance claims include relevant data. Similarly, selected medication records may be available from Pharmacy Benefits Management services. **Examples:** "The system SHOULD provide the ability to capture data from claims and other administrative data sources."		IN.1.1	2. The system **MAY** identify and hide duplicate data referencing the same clinical events from different sources.	67
PH.2.3	**F**	Manage Data and Documentation from External Clinical Sources	**Statement**: Enable the PHR Account Holder to capture and manage historical clinical information. **Description:** The system shall capture structured and unstructured documents and data from outside clinical sources, index, and store them. They may be indexed by contained structured attributes such as source or date or manually by the PHR Account Holder or proxy by annotation with a standard or custom indexing tag. **Example:** Clinical information may include: lab results, radiographic images, EKG, or scanned documents that are captured, annotated and stored, as coded and structured documents or unstructured documents.	S.1.4.1 S.2.2.1 S.3.1.2 S.3.1.5 IN.2.1 IN.2.3 IN.1.5 IN.1.6 IN.1.7 IN.1.8 IN.2.1 IN.2.2 IN.4.2 IN.4.3 IN.5.1 IN.5.2 IN.2.2 IN.2.5.1 IN.2.5.2	IN.1.1 IN.1.5 IN.1.6 S.3.6	1. The system **SHOULD** provide the ability to capture externally sourced clinical documentation as structured content including the original, updates and addenda.	68
					S.3.9	2. IF information is received through any electronic interface or electronically referenced, THEN the system **SHOULD** provide the ability to display it upon request.	69
					S.3.6	3. The system **SHOULD** provide the ability to capture provider sourced original electronic documents including original, updates and addenda.	70
						4. The system **SHOULD** provide the ability to associate documentation and annotations with structured content (e.g., an office visit, phone communication, e-mail consult, lab result, problem, or diagnosis).	71
					S.3.9	5. The system **SHALL** present captured documentation.	72
						6. The system **SHOULD** provide the ability to filter, search or sort structured or unstructured documents.	73
						7. The system **SHOULD** provide documentation templates for data exchange.	74
					S.3.6	8. The system **SHOULD** accept both structured and unstructured data as defined in IN 1.5 and IN 1.6.	75
						9. The system **SHOULD** verify the authenticity of the transmission contents of clinical data received from any external source.	76
						10. The system **SHOULD** acknowledge receipt of clinical data from external sources.	77
PH.2.4	**F**	Produce and Present Ad Hoc Views of the Personal Health	**Statement**: Provide for standard and customizable views of the Personal Health Record.	S.2.2.1 IN.1.9 IN.2.4 IN.2.5.1		1. The system **MAY** provide the ability to create customized views of information based on sort and filter controls for chronology, reverse chronology, date or date range, condition, provider, and care setting.	78

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		Record	**Description**: The PHR system may offer a standard set of views of the PHR Account Holder's data. One such view may be a summary screen or "dashboard" that allows the PHR Account Holder to monitor his or her healthcare progress. The system should also provide the ability for the PHR Account Holder to assemble custom views to meet their needs such as adding a glucose monitoring module to their dashboard view. **Examples:** "The system MAY provide the ability to create customized views of summarized information based on sort and filter controls for custom or other parameters." "Display all clinical documents containing the word "thyroid"."	IN.2.5.2 S.1.8 S.2.2.3 S.3.1.1 IN.1.3 IN.1.6 IN.1.7 IN.1.9 IN.2.4 IN.2.5.1 IN.2.5.2 IN.4.1 IN.4.2 IN.4.3 IN.5.1 IN.5.2 IN.5.4 IN.6		2. The system **MAY** provide the ability for authorized users to create customized views of summarized information based on sort and filter controls for custom or other parameters.	79
					IN.1.1 IN.1.4 S.2.5 S.3.5	3. The system **MAY** provide the ability to create reports or views of all data based on searching on standard or custom index tags	80
					IN.1.3	4. The system **MAY** maintain a word based index of the entire record for searching on any word or phrase in the Personal Health Record	81
					IN.1.3	5. The system **MAY** provide the ability to save multiple customized views for more rapid display of information by the PHR Account Holder.	82
					IN.1.3 IN.1.12	6. The system **MAY** provide the ability for authorized users to maintain individual custom views for their future PHR access.	83
						7. The system **MAY** present summarized views and reports customized by the PHR Account Holder.	84
						8. The system **SHOULD** provide the ability to present reminders and alerts in a view of the PHR Account Holders' choice.	85
						9. The system **SHOULD** provide the ability for authorized users to maintain individual summary views for their future PHR access.	86
PH.2.5	**H**	Manage Historical and Current State Data	**Statement:** Capture and maintain the summary lists depicting the PHR Account Holder's current medical state and history. **Description:** The current state data set is a data model of the PHR Account Holder useful to the PHR Account Holder but particularly useful to any healthcare provider that the PHR Account Holder might solicit to help them. These data characterize the PHR Account Holder in current time and is useful in the evaluation of new conditions and predictive of how they might respond to treatments and/or therapies. Maintaining these in the PHR may obviate having to recreate them with every new encounter. For many of these elements, the PHR Account Holder is the primary authority. These data elements are managed over time, across encounters with providers, and			1. The system **SHOULD** provide the ability for the PHR Account Holder and other authorized users to print information about their health conditions	87

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
			any particular health condition: - Problems (including Diagnoses) - Medications - Test Results - Allergies - Medical history - Surgical history - Immunizations - Family history - Genetic information - Social history Specific complaints, history of present illness, review of systems, and the physical exam are more episodic and encounter specific. **Example:** Current Problems, Medications taken, allergies, immunizations, past medical illnesses, surgeries, family history, and social history including habits along with recent diagnostic studies provide data useful for directing care.				
PH.2.5.1	**F**	Manage Problem Lists	**Statement:** Manage the PHR Account Holder's health problem list and provide the ability to manage the problem list over time in accordance with organizational policy or jurisdictional law. **Description:** Problems are a core feature of the medical record that provides structure and direct management. Problems may include diagnoses. The PHR Account Holder, along with his or her medical advisors, may wish to establish their own guidelines regarding who can add or change self-entered problems on the primary list. The PHR Account Holder may wish to maintain his or her own list of problems authored themselves or from non-traditional providers that have no correlate in allopathic	DC.2.1.3 S.2.2.1 S.3.3.5 IN.2.4 IN.2.5.1 IN.2.5.2 IN.4.1 IN.4.2 IN.4.3 IN.6 S.2.2.1 IN.2.5.1 IN.2.5.2 IN.4.1 IN.4.2 IN.4.3 IN.5.1 IN.5.2 IN.5.4 IN.6		1. The system **SHALL** provide the ability to capture, display and report all problems associated with a PHR Account Holder.	88
						2. The system **SHALL** capture, display and report a history of all problems associated with the PHR Account Holder	89
						3. The system **SHALL** provide the ability to capture the date the problem was documented.	90
						4. The system **SHOULD** provide the ability to capture the chronicity (e.g., chronic or acute/self-limiting) of a problem.	91
						5. The system **SHALL** provide the ability to capture the source, date and time of all updates to the problem list.	92
						6. The system **SHOULD** provide the ability to deactivate a problem.	93
						7. The system **SHOULD** provide the ability to re-activate a previously deactivated problem.	94
						8. The system **SHOULD** provide the ability to display inactive or resolved problems.	95

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			medicine. As in other criteria, all data can have source attribution so as to distinguish patient-entered data from provider-entered data. **Example**: Problem list items may include: chronic conditions, diagnoses, allergies, or symptoms, both past and present, as well as functional status and all pertinent dates, including date of onset, diagnosis, changes and resolution.			9. The system **SHOULD** provide the ability to manually order/sort the problem list.	96
						10. The system **SHOULD** provide the ability to associate encounters, orders, medications, notes with one or more problems.	97
						11. The system **MAY** provide the ability to consolidate or group multiple problems or related problems under a single problem.	98
						12. IF problems are combined or consolidated, THEN the system **SHOULD** maintain any associations with encounters, orders, medications, or notes previously set.	99
						13. The system **SHOULD** provide the ability for the PHR Account Holder to annotate problems.	100
						14. The system **MAY** provide the ability to score problems for importance or severity in a classification scheme.	101
						15. IF the system provides the ability to score problems in a classification scheme, THEN the system **SHALL** conform to function IN 1.1 (Data Management) to define classification schemes.	102
						16. The system **SHOULD** provide the ability to order a problem list by importance or severity of the problems.	103
						17. The system **SHOULD** provide the ability to display a problem list truncated by number of entries.	104
PH.2.5.2	**F**	Manage Medication List	**Statement:** Manage the PHR Account Holder's medication list. **Description:** Medication lists are managed over time, whether over the course of a visit or stay, or the lifetime of a patient. All pertinent dates, including medication start, modification, and end dates are stored. The entire medication history for any medication, including alternative supplements and herbal medications, is viewable. Medication lists are not limited to medication orders recorded by providers, but may include, for example, pharmacy dispense/supply records, patient-reported medications and additional information such as age specific dosage. **Example:** The PHR-S maintains a medication list that may be followed by the PHR Account Holder and referenced by his	S.2.2.1 IN 2.1 IN.2.5.1 IN.2.5.2 IN.4.1 IN.4.2 IN.4.3 IN.5.1 IN.5.2 IN.5.4 IN.6		1. The system **SHALL** provide the ability to capture PHR Account Holder-specific medications data from provider EHR systems, pharmacy benefits management systems or other sources.	105
						2. The system **SHOULD** provide the ability to capture and update a fill status for each prescription.	106
						3. The system **SHALL** provide the ability to capture dates associated with medications such as start date, fill date, and end date.	107
					IN.1.6	4. The system **SHALL** provide the ability to capture medications not reported on existing imported medication lists or medication histories.	108
						5. The system **SHOULD** provide the PHR Account Holder with the ability to notify the prescriber or provider that they believe a medication was erroneously captured or duplicated.	109
						6. The system **SHOULD** provide the ability to capture and update a dispensing status for each medication order.	110
						7. The system **SHALL** present the list of medications to be self-administered.	111
						8. The system **SHOULD** display the timing, route of administration, and dose of all medications on the list.	112

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			or her providers and pharmacists. Copies of the PHR medication list may be kept by their providers in their EHRs.			9. The system **SHOULD** display instructions for administration of all medications on the list.	113
					PH 3.5.4	10. The system **SHOULD** notify the PHR Account Holder when specific doses are due subject to the PHR Account Holder's request.	114
						11. The system **SHOULD** provide the ability to capture medication self-administration details including timestamps, observations, complications, and reason if medication dose was not taken.	115
					IN.3.10	12. The system **SHOULD** provide the ability for the PHR Account Holder to request a refill from the pharmacy or a renewal prescription from the provider.	116
						13. The system **SHALL** provide the ability to annotate the medication list with text comments.	117
						14. The system **MAY** provide the ability to print a medication list containing only medications selected by the Account Holder.	118
						15. The system **SHOULD** provide the ability for the Account Holder to designate which item(s) on the medication list, if any, she or he is currently taking (current medications).	119
						16. The system **SHOULD** provide the ability for the Account Holder to remove the designation of which item(s) on the medication list, if any, she or he is currently taking (current medications).	120
PH.2.5.3	**F**	Manage Test Results	**Statement:** Manage results of diagnostic tests including inpatient, ambulatory and home monitoring tests. **Description:** Recent diagnostic studies further define the Account Holder's current state. The system should capture, display, and maintain the results of tests and diagnostic studies, as limited by legal requirements or organizational policy. These will include laboratory tests with multiple line items such as test panels. Each line item should be treated as a separate document with respect to annotation. Other studies including diagnostic imaging studies should be included. Some tests such as colonoscopy	DC.2.4.3 S.2.2.1 S.3.7.1 IN.1.6 IN.1.7 IN.2.4 IN.2.5.1 IN.2.5.2 IN.6		1. The system **SHALL** provide the ability to manage test results in accordance with organizational policy or jurisdictional law.	121
						2. The system **SHALL** provide the ability to filter results by factors that support results management, such as type of test and date range.	122
						3. The system **SHOULD** display normal and abnormal ranges as reported by the source of the result.	123
						4. The system **SHOULD** provide the ability to filter results by range where range is applicable (e.g., lab results being critical, abnormal or normal).	124
						5. The system **SHOULD** display numerical results in graphical form and allow comparison of results.	125

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			or coronary artery catheterization will be derived from an encounter in PH 1.6 but the test results should be listed here. A useful display will show brief test titles with dates and a simple flag to denote an abnormal component of the test. This gives the reviewer a quick understanding on what tests have been done, which tests were abnormal and which tests are out of date and may need to be repeated. **Examples:** The results reporting list should display when the most recent EKG was done or the last PSA for prostate cancer screening was done and if one was abnormal.			6. The system **SHOULD** provide the ability to group tests in a logical manner such as over a particular time frame or in relation to a particular problem.	126
						7. The system **SHOULD** provide the ability to trigger decision support algorithms from results.	127
						8. IF the system contains the electronic order, THEN the results **SHOULD** be linked to a specific order in accordance with organizational policy or jurisdictional law.	128
						9. The system **SHOULD** provide the ability for Account Holders to annotate results.	129
						10. The system **MAY** display a link to an image associated with results (e.g., an EKG tracing).	130
PH.2.5.4	**F**	Manage Allergy, Intolerance and Adverse Reaction List	**Statement**: Manage the PHR Account Holder's list of known allergens and adverse reactions with all pertinent information. **Description**: Drug allergies must be reviewed with every new prescription to avoid an allergic reaction. Environmental and dietary allergens should be listed and maintained here as well. **Example:** The system SHALL provide the ability to enter, store, update and display information related to allergic and adverse reactions to drug and non-drug allergens or substances.	DC.2.3.1.1 S.2.2.1 S.2.2.3 S.3.7.1 IN.2.5.1 IN.2.5.2 IN.4.1 IN.4.2 IN.4.3 IN.6 DC.1.1.3 S.2.2.2 S.3.5.1 S.3.5.4 IN.1.5 IN.1.8 IN.1.9 IN.2.2 IN.2.4 IN.2.5.1 IN.2.5.2 IN.6		1. The system **SHALL** provide the ability to capture information related to allergy, intolerance, and adverse reaction to drug, dietary or environmental triggers as unique, discrete entries.	131
						2. The system **SHOULD** provide the ability to capture the reason for entry of the allergy, intolerance or adverse reaction.	132
						3. The system **SHALL** provide the ability to manage information related to allergic and adverse reactions to drug and non-drug allergens or substances.	133
						4. The system **SHOULD** provide the ability to capture the reaction type.	134
						5. The system **SHOULD** provide the ability to capture the severity of a reaction.	135
						6. The system **SHOULD** provide the ability to associate allergic reactions to specific treatment or prevention protocols.	136
						7. The system **SHALL** provide the ability to indicate No Known Allergies (NKA).	137
						8. The system **SHALL** provide the ability to indicate No Known Drug Allergies (NKDA).	138
						9. The system **SHOULD** provide the ability to capture the source of allergy, intolerance, and adverse reaction information.	139
						10. The system **SHOULD** provide the ability to deactivate an item on the list.	140
						11. The system **SHOULD** provide the ability to capture the reason for deactivation of an item on the list.	141

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						12. The system **SHOULD** present allergies, intolerances and adverse reactions that have been deactivated.	142
						13. The system **MAY** provide the ability to display user defined sort order of list.	143
						14. The system **SHALL** provide the ability to capture and display the date on which allergy information was entered.	144
						15. The system **SHOULD** provide the ability to capture and display the approximate date of the allergy occurrence.	145
						16. The system **MAY** provide the ability to generate and transmit a standard adverse reaction report within a jurisdiction (for example, a standard report regarding an adverse reaction to a vaccine).	146
PH.2.5.5	**F**	Manage Immunization List	**Statement**: Manage the Account Holder's immunization data and associated capabilities including reminders, alerts, compliance, and administration. **Description**: Immunization records back to childhood vaccinations with booster doses due over the years are difficult to maintain over a lifetime. The PHR-S is an ideal repository to maintain the definitive list. The list can be associated with the health maintenance care plans in PH 1.3.3 maintaining a prospective immunization schedule for routine recommendations. In addition, vaccinations in preparation for foreign travel and episodic public health outbreaks such as bird flu vaccinations can be maintained here. Also, some jurisdictions accept titers or specific dates of infection as proof of adequate protection. **Examples:** The system SHOULD provide the ability to associate standard codes with discrete data elements associated with an immunization.	DC.1.3.2 S.1.1 S.2.2.2 S.3.7.1 IN.1.6 IN.1.7 IN.2.4 IN.2.5.1 IN.2.5.2 IN.3.1 IN.3.2 IN.4.1 IN.4.2 IN.4.3 IN.5.1 IN.5.2 IN.6		1. The system **SHALL** provide the ability to capture, display and report immunization histories associated with a PHR Account Holder.	147
						2. The system **SHOULD** record as discrete data elements data associated with any immunization (may include certification that the immunization was administered), subject to organizational policy or jurisdictional law.	148
						3. The system **SHOULD** provide the ability to capture standard codes with discrete data elements associated with an immunization.	149
						4. The system **SHOULD** provide the ability to associate standard codes with discrete data elements associated with an immunization.	150
						5. The system **SHOULD** provide the ability to capture immunization administration details, such as date, route of administration, type, lot number, manufacturer, and the identity of the immunization administrator.	151
						6. The system **SHALL** provide the ability to capture the currently recommended date for a booster dose with each immunization if needed.	152
						7. The system **SHOULD** provide the ability to report a PHR Account Holder's immunization history to appropriate authorities such as public health immunization registries, schools or day-care centers in accordance with organizational policy or jurisdictional law.	153

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PH.2.5.6	**F**	Manage Medical History	**Statement**: Manage the PHR Account Holder's medical history. **Description**: Significant or serious past medical illnesses and hospitalizations can be referenced in this list with a brief description and date. The past history list can also display standard life event reporting such as birth history used in pediatrics, for example: NVD at 36 wks APGAR 7 and 9 (Normal vaginal delivery after 36 weeks gestation with APGAR scores of 7 and 9 at one and three minutes) and reproductive history used primarily by gynecologists: G4, P3, Ab1, postmenopausal (4 pregnancies, 3 live deliveries, 1 lost pregnancy, now postmenopausal). **Example:** The system SHOULD provide the ability to annotate the medical history.	DC.1.4 DC.1.5 S.3.7.1 S.3.7.2 S.3.7.4 IN.6 DC.1.1.4 DC.1.4 IN.1.2 IN.2.5.1 IN.2.5.2 IN.4.1 IN.4.3 IN.5.1 IN.5.4 IN.6 IN.2.5.1 IN.2.5.2 IN.2.5.1 S.2.2 IN.4.2 IN.6		1. The system **SHALL** provide the ability to capture medical history including positive and negative elements and associated annotations that may exist in the provider(s) EHR-S or other systems, in accordance with organizational policy or jurisdictional law.	154
						2. The system **SHALL** provide the ability to present medical history including positive and negative elements and associated patient annotations that may exist in the provider EHR or other systems.	155
						3. The system **SHALL** provide the ability to request a correction to medical history that was captured from an external source.	156
						4. The system **SHOULD** provide the PHR Account Holder with the ability to annotate the medical history with text comments.	157
						5. The system **SHALL** provide the ability to enter missing information in or subsequent changes to the medical history.	158
PH.2.5.7	**F**	Manage Surgical History	**Statement:** Manage the PHR Account Holder's history of surgical procedures. **Description**: The list of past procedures is a useful summary of what has been done in the past and anatomic changes have occurred that might influence current assessments and treatments. **Example:** The system SHALL provide the ability to request a correction to the surgical history that was captured from an external source.			1. The system **SHALL** provide the ability to capture the surgical history including positive and negative elements and associated annotations that may exist in the provider(s) EHR or other systems, in accordance with organizational policy or jurisdictional law.	159
						2. The system **SHALL** provide the ability to present the surgical history including positive and negative elements and associated annotations that may exist in the provider(s) EHR.	160
						3. The system **SHALL** provide the ability to request a correction to the surgical history that was captured from an external source.	161
						4. The system **SHOULD** provide the PHR Account Holder with the ability to annotate the surgical history with free text comments.	162
					IN.1.1 IN.1.2 IN.1.6 S.3.6	5. The system **SHOULD** provide the ability to enter missing information in or subsequent changes to the surgical history list.	163

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PH.2.5.8	**F**	Maintain Family History	**Statement**: Manage the PHR Account Holder's Family Health History. **Description**: The family history traditionally imparts the PHR Account Holder with certain risks and probabilities of illnesses that have a familial component. The major illnesses and cause of death of primary family members should be captured and displayed. For some illnesses of the PHR Account Holder a negative family history is also pertinent such as for cancer. **Example:** The system SHOULD provide structured data entry templates for the PHR Account Holder or proxy to record their family relationships and major illnesses or cause of death of their family members.		IN.1.1 IN.1.2 IN.1.6 S.3.6	1. The system **SHALL** provide the ability to capture family history including positive and negative elements and associated annotations that may exist in the provider EHR or other systems, in accordance with organizational policy or jurisdictional law.	164
						2. The system **SHALL** provide the ability to present family history including positive and negative elements and associated annotations that may exist in the provider's EHR-S or in other systems	165
						3. The system **SHALL** provide the ability to request a correction to family history that was captured from an external source.	166
						4. The system **SHALL** provide the PHR Account Holder with the ability to annotate the family history with ~~free~~ text comments.	167
						5. The system **SHALL** provide the ability to enter missing information in or subsequent changes to the family history.	168
						6. The system **SHOULD** provide the ability to share and propagate family history entries with the PHRs of other family members.	169
PH.2.5.9	**F**	Manage Personal Genetic Information	**Statement**: Manage the Account Holder's genetic information. **Description:** Limited personal genetic information is becoming available and it is anticipated that a much richer actionable data set will derive from current research. This function serves as a placeholder to take advantage of the scientific breakthroughs as they become available. **Examples:** BRCA (Breast Cancer) I and II genetic markers are positive**.**		PH 1.3 PH 1.5	1. The system **MAY** capture, maintain, and display results of specific genetic tests, genetic markers, or findings in accordance with organizational policy or jurisdictional law and subject to Account Holder preferences and consent.	170
					PH 1.3 PH 1.5	2. The system **MAY** capture and display known genetically based illnesses in accordance with organizational policy or jurisdictional law, and subject to Account Holder preferences and consent.	171
					PH 1.3 PH 1.5	3. The system **MAY** capture and display a known single allele carrier status of a recessive genetic trait or diseases in accordance with organizational policy or jurisdictional law, and subject to Account Holder preferences and consent.	172
PH.2.5.10	**F**	Manage Social History	**Statement**: Manage the PHR Account Holder's social history including, health related habits and risk factors**.** **Description:** The social history provides a	S.1.4.1 S.2.2.2 IN.2.2 IN.2.4 DC 1.6.1 DC 1.3.1		1. The system **SHALL** provide the ability to capture the Account Holder's social history versions including positive and negative elements and associated patient annotations that may exist in the provider(s) EHRs or other systems in accordance with organizational policy or jurisdictional law.	173

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			profile with a number of characteristics that help define the PHR Account Holder's background and health risks. This information can be collected in, or related to, a health risk assessment. The PHR Account Holder is the primary author and authority of these topics commonly included in the social history: - Education and employment - Marital status, care giver resources at home - Living arrangement such as private home, adult family home, nursing home, or homelessness - Habits including smoking, alcohol, recreational drugs, use of seatbelts, helmets, hazardous sports, sexual practices - Travel history - Hazardous exposure such as asbestos, radiation exposure, sun exposure. **Examples:** The system SHALL provide the ability to for the PHR Account Holder to maintain an accurate and current view of his or her health habits and risks.	DC 1.4 DC 1.5 DC 1.6 DC.1.6.1 DC.1.6.3 S.2.2.1 IN.2.4 IN.6 DC.2.2.1.2 IN.6 DC.2.2.3 DC.2.7.1 S.3.7.1	PH (header) criterion #3	2. IF the system captures the PHR Account Holder's social history from an external source, THEN the system **MAY** waive the flags or other indication(s) that information has been withheld by the PHR Account Holder as documented in PH (header level) criterion #3.	174
						3. The system **SHALL** provide the ability to present the PHR Account Holder's social history versions including positive and negative elements and associated patient annotations that may exist in the provider(s) EHRs or other systems.	175
						4. The system **SHALL** provide the ability to request a correction to the PHR Account Holder's social history that was captured from an external source.	176
						5. The system **SHALL** provide the ability to annotate the PHR Account Holder's social history.	177
						6. The system **SHALL** provide the ability to enter missing information in or subsequent changes to the PHR Account Holder's social history.	178
PH.3	**H**	Wellness, Preventive Medicine, and Self Care	**Statement:** Assist the Account Holder with maintaining his or her wellness and management of their health conditions. **Description:** A competency of the personal health record is to encourage thoughtful prospective management of our own health maintenance and conditions. **Examples:** The system should maintain a life long schedule for surveillance evaluations and studies.	DC.2.3.1.1 DC.2.3.1.2 DC.2.3.1.3 DC.2.4.2 DC.3.2.2 S.2.2.1 S.3.3.2 S.3.7.2 IN.2.4 IN.2.5.2 IN.4.1 IN.4.2 IN.4.3 IN.5.1 IN.5.2 IN.5.4 IN.6			179
PH.3.1	**H**	Manage Personal Clinical Measurements and	**Statement:** Provide the ability for the PHR Account Holder to enter personally sourced data and to make it available electronically				180

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		Observations	to authorized Health Care Provider(s) or other Authorized Users or applications. **Description:** The system should provide for a number of methods for the Account Holder to record his or her own health observations. **Examples:** The system SHALL capture Account Holder's self-reported physical symptoms and daily functioning as structured or unstructured data.				
PH.3.1.1	**F**	Manage Personal Observations and Care	**Statement:** Provide the ability for the PHR Account Holder to enter personally sourced data and to make it available electronically to authorized health care provider(s) or other authorized users or applications. **Description:** This is one of the Account Holder's functions to use his or her PHR for capturing and maintaining records of their own health observations. They may wish to use a variety of structured and unstructured formats and several media types. The list would include free or structured text documents, audio files from telephone devices, calendar entries, text messages, scanned or digital images including photographs and personal drawings. **Examples:** The system SHALL capture Account Holder's self-reported health observations such as symptoms, vital signs and other physical conditions.	DC.1.1.4 DC.1.11.1 S.3.7.1 S.3.7.2 S.3.7.3 IN.1.4 IN.1.9 IN.6 IN.2.5.1 IN.2.5.2 IN.3.8		1. The system **SHOULD** provide the ability for the Account Holder to record his or her own health observations (i.e., symptoms, vital signs, physical observations, home laboratory studies such as blood sugars).	181
						2. The system **SHOULD** provide the ability to capture Account Holder's self-measured and externally sourced vital signs (e.g., blood pressure, temperature, heart rate, respiratory rate, and severity of pain).	182
						3. The system **MAY** capture other self-reported clinical measures (e.g., peak expiratory flow rate, size of lesions, oxygen saturation) as discrete elements of structured or unstructured data.	183
						4. The system **MAY** provide the ability to record Account Holder's self-reported mental health status with appropriate privacy and security protections	184
						5. The system **SHOULD** provide the ability to enable access to educational information that can be used by the Account Holder to understand his or her condition(s).	185
						6. The system **SHOULD** provide the ability to enable access to educational information that can be used by the Account Holder to understand and choose from various self care options.	186

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PH.3.1.2	**F**	Communication with Medical Devices	**Statement**: Provide the ability for the Account Holder to capture and view monitoring device data and to make it available electronically to authorized health care provider(s) or other authorized users or applications. **Description:** A variety of commercial devices are being developed to help monitor health conditions and compliance with care plans. Some of these may offer standard electronic interfaces including wireless connectivity that may be captured by the system and integrated into the PHR. Simple examples include a pedometer recording walking activity, a continuous glucose monitor, a sleep apnea monitor and CPAP machine, and a pill dispensing device that prompts and records medication compliance. **Examples**: The Account Holder may download Holter monitor data of cardiac rhythm recordings and transmit it to his or her cardiologist.	IN.1.1 IN.1.2 IN.1.3 IN.1.6 IN.1.7 IN.1.9 IN.4.1 IN.4.2 IN.4.3 IN.5.1 IN.5.2 IN.5.3 IN.7		1. The system **MAY** provide the ability to collect accurate electronic data from medical devices as appropriate.	187
						2. The system **MAY** provide the ability to present information collected from medical devices as part of the personal health record as appropriate.	188
PH.3.2	**F**	Manage Account Holder Implemented Care Plans	**Statement**: Assist the Account Holder to develop, manage, and follow his or her own care plans. **Description:** The Account Holder may develop care plans related to health wellness such as training programs for sports as well as to ameliorate a health condition. Self developed plans can be integrated into a comprehensive wellness plan. **Example:** Develop and implement an exercise program for optimizing cardiac fitness based on age, gender, and other health risks**.**			1. The system **SHOULD** provide the ability to support implementing care plans by the Account Holder based on knowledge through an established and trusted relationship gained from the internet, healthcare providers, or other sources.	189
						2. The system **SHOULD** provide the ability to use structured templates for the Account Holder or his or her proxy to design specific wellness care plans.	190
						3. The system **SHOULD** provide the ability to implement self developed care plans with tasks, alerts, reminders, and calendar entries.	191
						4. The system **MAY** provide the ability to capture compliance with self generated care plans and provide alerts when the Account Holder is out of compliance.	192
						5. The system **SHOULD** provide the ability to integrate all care plans into one set of tasks, reminders, and calendar entries.	193

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
PH.3.3	**F**	Manage Provider Implemented Care Plans	**Statement:** Enable the PHR Account Holder to capture, record, and display Account Holder specific care plans received from authorized health care providers. **Description**: Care plans may encompass a wide variety of styles, goals, and complexity grouped into three categories, health maintenance, health restoration, and chronic disease management. The base care plan is a life long wellness plan that specifies age and gender specific health surveillance, an immunization schedule, and a diet and exercise program. It can be customized to specific health risks such as hazardous exposures or genomic data. Onto this background will occur periodic acute illnesses or natural conditions such as pregnancy that require specific diagnostic and therapeutic measures to manage. Finally chronic disease care plans, including cancer management, fill out the list and consume the majority of healthcare resources. **Examples:** Capture and maintain a cancer treatment plan that contains the pertinent staging details and multimodality plans in one place that can better coordinate the care by the cancer care team including the PHR Account Holder's PCP.	DC.3.1.1 DC.3.1.2 DC.3.1.3 IN.2.2 IN.2.5.1 IN.2.5.2 IN.6 DC 1.3.1 DC 1.4 DC 1.5 DC 1.6 DC.1.6.1 DC.1.6.3 S.2.2.1 IN.2.4 IN.6 DC.2.4.1 DC.2.4.2 S.2.2.1 S.3.3.3 S.3.7.1 IN.1.6 IN.1.7 IN.2.5.1 IN.2.5.2 IN.6 DC.2.2.4 DC.2.7.2 DC.3.2.3 DC.3.2.4 S.3.7.2 S.3.7.3 IN.1.8 IN.2.2 IN.6		1. The system **SHOULD** provide the ability to capture PHR Account Holder-specific plans of care and treatment. (e.g., information about orders, therapies, wound care, or habit changes).	194
						2. The system **SHOULD** provide the ability to track updates to the PHR Account Holder's plan of care and treatment including authors, creation date, version history, references and sources as available.	195
						3. The system **SHOULD** provide the ability to display care and treatment plans captured from providers in their original format.	196
						4. The system **SHOULD** provide the ability to display a list of care plans and instructions indexed by provider, problem, and date.	197
						5. The system **SHOULD** provide the ability to implement care and treatment plans captured from provider(s) with tasks, alerts, reminders, and calendar entries.	198
						6. The system **MAY** capture compliance with provider generated care plans and provide alerts when the PHR Account Holder is out of compliance.	199
						7. The system **MAY** send out of compliance alerts to the originating provider	200
						8. The system **SHOULD** provide the ability to access decision support recommendations for care plans and treatment protocols that are sensitive to the context of PHR Account Holder data (e.g., peak flow, weight, blood pressure, dietary preferences).	201
						9. The system **MAY** provide the ability to capture adequate order details for the PHR Account Holder to understand and comply with an order.	202
						10. The system **SHOULD** provide the ability to capture externally sourced instructions or references to documents containing those instructions.	203
						11. The system **SHOULD** provide the ability to capture details on further care such as follow up, return visits and appropriate timing of further care.	204
PH.3.4	**F**	Manage Medications	**Statement:** Assist the PHR Account Holder to manage his or her individual medications. **Description:** Medications are a key modality of care plans. They provide significant benefit but also a risk of harm if not used appropriately. The original selection of medications as well as obtaining refills and renewals take up much of the	DC.1.3.2 S.1.1 S.2.2.2 S.3.7.1 IN.1.6 IN.1.7 IN.2.4 IN.2.5.1 IN.2.5.2 IN.3.1 IN.3.2	IN.1.3 IN.1.12 IN.1.3 IN.1.12 IN.1.5 IN.1.3 IN.1.12 S.4.5 IN.1.12	1. The system **SHOULD** provide the ability to look up a specific prescription medication to determine what level of insurance coverage is offered by the PHR Account Holder's pharmacy benefit.	205
						2. The system **SHOULD** provide the ability to communicate the refills/renewals requests to the pharmacy and the Health Care Provider(s) or applications in a secure fashion.	206
						3. The system **SHOULD** provide the ability to communicate the user's medication refill request to the pharmacy or pharmacy benefit manager.	207

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			PHR Account Holder's time. They can use their PHR-S to help manage their medications prescriptions, refills, and renewals. **Example:** The system should provide the ability to communicate the refills/renewals requests to the pharmacy and the health care provider(s) or applications in a secure fashion.	IN.4.1 IN.4.2 IN.4.3 IN.5.1 IN.5.2 IN.6		4. The system **SHOULD** provide the ability to communicate the Account Holder's request for prescription renewal to the Health Care Provider(s) or applications.	208
						5. The system **MAY** provide the ability to receive any communication about the request of the prescription refill or renewal from the pharmacy or the Health Care Provider(s) or applications.	209
						6. The system **SHOULD** provide the ability to support an alert that a medication is due for renewal or refill using information from internal and/or external sources.	210
						7. The system **SHOULD** provide the ability to uniquely flag any medication on the medication list due for a refill using information from internal and/or external sources.	211
						8. The system **SHOULD** uniquely flag any medication on the medication list due for a renewal using information from internal and/or external sources.	212
						9. The system **SHOULD** provide the ability to communicate the status of the refill or the renewal of the prescription back to the Account Holder.	213
						10. The system **SHALL** provide the ability to capture and display patient medication instructions sent by the ordering clinician, pharmacist, or other authorized source.	214
						11. The system **SHOULD** provide the ability to capture and display weight-specific doses for over the counter and prescribed medications. (e.g., pediatric doses, Aspirin for heart disease prevention).	215
						12. The system **SHOULD** provide the ability to recommend required immunizations and booster doses, including self-administered immunizations and when they are due, based on current immunization guidelines.	216
						13. The system **SHOULD** provide the ability to recommend required immunizations and booster doses based on Account Holder risk factors.	217
						14. The system **SHALL** present the list of medications to be self-administered.	218
						15. The system **SHALL** provide the ability to capture immunization self-administration details, including date, type, lot number and manufacturer.	219
						16. The system **SHALL** provide the ability to capture, display and report all medications associated with a PHR Account Holder in accordance with organizational policy or jurisdictional law.	220
PH.3.5	**H**	Manage Tools and	**Statement:** Provide various functions to	IN.1.3	IN.1.12		221

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		Functions to Assist Self Care	allow the Account Holder to manage their health care events. **Description:** The healthcare activities required of the Account Holder may be minimal and manageable. For some they may be complex, confusing, and overwhelming. Keeping tack of multiple overlapping problems, providers, and care plans will take organization to manage successfully. Using the commonly understood desktop tools can aid the Account Holder to breakdown complicated processes into more manageable tasks and organizes them. These tools may include: - The health calendar - The task list - The contact list - Reminders - Alerts - Recommendations **Example:** Implement a complex care plan in the form of tasks, reminders, alerts, and calendar entries.	IN.1.12 S.4.5			
PH.3.5.1	**F**	Manage Health Calendar	**Statement:** Provide a health calendar to record and display health care events. **Description:** A health calendar provides a method to view time related healthcare activity both in the future as scheduled events and in the past has historic events. It is a handy and well understood format. The calendar can also be used as a data input device, mimicking the paper calendar where clinical observations (such as gallbladder attacks or menstrual periods) can be written directly onto a calendar and captured as a		IN.1.12	1. The system **MAY** provide a health calendar function for recording and displaying scheduled health appointments or events.	222
					IN.1.12	2. IF a health calendar function is provided, THEN future appointments and other timed events **SHOULD** be displayed on the health calendar.	223
					IN.1.12	3. IF a health calendar function is provided, THEN the health calendar function **SHOULD** provide the ability to annotate directly onto the health calendar and capture these entries as date stamped text entries.	224

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			timed note. This idea was put forward from usability studies with lay people how they would like to interact with their PHR. **Examples:** IF a health calendar function is provided, THEN future appointments and other timed events SHOULD be displayed on the health calendar**.**		IN.1.3 IN.1.12	4. IF a health calendar function is provided, THEN care plans such as a life long immunization schedules or cancer surveillance tests **MAY** be displayed as health calendar entries.	225
PH.3.5.2	**F**	Manage Tasks	**Statement**: Healthcare events or activities that require the Account Holders participation can be organized as tasks. **Description:** Care plans and other health care activities can be broken down into specific steps or tasks and organized on a task list that may be sorted by priority, date and time, problem, provider and so forth. The task list entries should serve as an index to their supporting documents. **Examples:** Directions for a dressing change at a specific time of day can be displayed as an entry on the task list.	S.1.3.1a S.1.3.5 IN.6 S.2.2.2 S.2.2.3 IN.2.4 IN.7	IN.1.3 IN.1.12	1. The system **SHOULD** provide the ability for the Account Holder to manually create self care, health maintenance, preventive and wellness tasks.	226
					IN.1.7	2. The system **SHOULD** provide the ability to automate Account Holder's task creation.	227
					IN.3.2	3. The system **SHOULD** provide the ability to manually modify and update task status (e.g., performed, rescheduled or canceled).	228
					IN.1.7	4. The system **SHOULD** provide the ability to prioritize tasks.	229
					IN.1.12 IN.1.3	5. The system **SHOULD** provide the ability to track the status of tasks (e.g., complete or performed).	230
					IN.1.12 IN.1.3 IN.1.6	6. The system **SHOULD** provide the ability to sort tasks by status or priority.	231
					IN.1.4 IN.1.6	7. The system **SHOULD** represent the task with a brief description and date on a task list displayed on the Account Holder's summary view or dashboard.	232
PH.3.5.3	**F**	Manage a Registry of Actors	**Statement:** Each individual that accesses the PHR should be registered in a directory with his or her contact information and granted specific access rights. **Description:** The PHR Account Holder should have control of who has access to his or her PHR-S. All entities that send information to or request information from the PHR-S should be registered for proper		IN.1.12	1. The system **SHALL** maintain a registry of all actors and organizations that request or have access to the PHR-S including data providers that import information into the PHR-S.	233
					IN.1.12	2. The system **SHALL** provide the ability for the PHR Account Holder to set specific access rights to specific sections of the PHR for each actor in the registry.	234

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			authentication and authorization. The PHR Account Holder may establish specific access rights for each actor or groups such as all emergency room physicians. The registry of actors may be used to capture contact information for those without digital capability as well. Potential actors may include but are not limited to: - Trusted relatives, friends, and caregivers. - Healthcare providers that are part of the Account Holder's team. - Former providers and new providers not yet seen. - Insurance plans. - Pharmacy Benefits Manager, Pharmacies. - Public health registries. - Other registries including cancer, transplant and research. - Hospitals, laboratories and diagnostic imaging centers. All PHR data is associated with a source and all sources should be registered and maintained as long as the data is maintained. All entities making a request for information or receiving information should be registered. **Example:** Each provider should be registered before being granted access rights to the PHR-S.		IN.1.12	3. The system **SHALL** conform to registration functions in Supportive Services Section.	235
PH.3.5.4	**F**	Manage Reminders	**Statement:** Present the PHR Account Holder with reminders either sent by external sources (such as from provider(s)), or internally generated from information in the PHR-S (such as guideline-based reminders, prescription refills, appointment reminders, or other calendar entries). **Description:** The PHR Account Holder will	S.2.2.1 IN.1.9 IN.2.4 IN.2.5.1 IN.2.5.2 DC.2.5.1 DC.2.5.2 DC.2.6.2 IN.6 S.3.7.2	IN.1.12	1. The system **SHALL** present the PHR Account Holder with reminders of scheduled events.	236
					IN.1.12	2. The system **SHALL** capture and display timely reminders from PHR Account Holder provider(s) to include notifications for services, tests or actions that are due or overdue.	237
					IN.1.12	3. The system **SHOULD** provide the ability to capture a history of notifications.	238
					IN.1.12	4. The system **SHOULD** provide the ability to track patient configured reminders.	239

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
			want to manage reminders sent by external sources (such as the PHR Account Holder's provider(s)) or generated from information in the PHR (such as guideline-based reminders, prescription refills, or appointment reminders). A reminder is a notification of an upcoming event or activity that usually requires an action by the PHR Account Holder. Reminders may be displayed on a view in the PHR (such as the summary dashboard) and may also be displayed by other electronic means (such sent to an e-mail account). **Example:** The system SHOULD send a reminder of an upcoming appointment as a text message to the PHR Account Holder's cellular telephone.	S.3.7.4 IN.6	IN.1.12	5. The system **SHOULD** provide the ability to configure patient notifications (e.g., repetitions or timing of the activity).	240
					IN.1.12 IN.1.3 IN.1.6	6. The system **SHOULD** provide the ability to create PHR Account Holder -configured reminders (e.g., repetitions or timing of the activity).	241
					IN.1.12 IN.1.3 IN.1.6 IN.3.10	7. The system **MAY** provide the ability to present options for the PHR Account Holder to configure preferences for reminders (e.g., posting on the PHR summary screen, e-mail, or text messages to another e-mail account or device).	242
					IN.4 IN.1.6	8. The system **SHOULD** provide the ability to update content of notifications, guidelines, reminders and associated reference materials.	243
					IN.1.12	9. The system **SHOULD** provide the ability to receive and update content of notifications, guidelines, reminders and associated reference materials from the PHR Account Holder's provider(s).	244
					IN.1.12	10. The system **MAY** provide the ability to manage the lifecycle of the states of the notifications and reminders.	245
					IN.1.12	11. The system **SHOULD** provide the ability to modify the established criteria that trigger the reminders.	246
					IN.1.12	12. IF indications for specific preventive services and accompanying reminders were previously captured, THEN the system **SHALL** present reminders to the PHR Account Holder of all specific preventive services that are drawing near.	247
					IN.1.12	13. The system **SHOULD** provide the ability to accept secure messages of reminders or notifications from the PHR Account Holder's provider(s) to remind the PHR Account Holder of tests or actions that are due or overdue.	248
PH.3.5.5	**F**	Manage Health Alerts	**Statement**: Notify the PHR Account Holder of an event or situation that may need immediate action. **Description:** Alerts may be generated by processes both internal to the PHR-S and external from outside sources such as a provider or government authority. Alerts may be issued in real time or may be used		IN.1.12 IN.1.3 IN.1.6	1. The system **SHOULD** capture a history of alerts.	249
					IN.1.12	2. The system **SHOULD** provide the ability to track patient configured alerts	250
					IN.1.12	3. The system **SHOULD** provide the ability to configure PHR Account Holder alerts.	251
					IN.1.12 IN.1.3	4. The system **SHOULD** provide the ability to create PHR Account Holder -configured alerts (e.g., repetitions or ignored prior alerts).	252

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			after an event is past due, when a situation may require a response. Alerts are also used to notify of potentially dangerous situations such as drug interaction alerts or public health alerts**.** **Example:** Notify the Account Holder with alerts to a public health emergency situation.		IN.1.12 IN.1.3	5. The system **SHOULD** present a number of options for the PHR Account Holder to configure how they prefer to receive reminders including posting on the PHR summary screen, as well as e-mail or text messages to another e-mail account or device	253
					IN.1.6	6. The system **SHOULD** provide the ability to update content of alerts and associated reference materials.	254
					IN.1.5	7. The system **SHOULD** provide the ability to receive and update alerts from his or her provider(s).	255
					IN.1.1 IN.1.2	8. The system **MAY** provide the ability to manage the lifecycle of the states of the notifications and reminders.	256
						9. The system **SHOULD** provide the ability to modify the established criteria that trigger the alerts.	257
						10. IF indications for specific preventive services and accompanying alerts were previously captured, THEN the system **SHALL** present alerts to the PHR Account Holder of all specific preventive services that are due.	258
						11. The system **MAY** provide the ability to produce a list of all preventive services and the recommended timeframes they are due based on contained care plans.	259
PH.3.5.6	**F**	Manage Recommendations	**Statement**: Capture and track provider recommendations for future care. **Description:** In many care activities recommendations are made for specific future activities. They are easy to let slip by and lose track of them. A thoughtful and documented reason for not following a particular recommendation should be captured to help manage liability risk. Some recommendations may be controversial and there are reasons not to follow them. It is useful to keep a list of recommendations as a separate check on future care to be managed with the help of the PHR Account Holder's provider. **Examples:**			1. The system **SHALL** provide the ability to capture recommendations from encounter and diagnostic studies in structured documents.	260
						2. The system **SHOULD** provide the ability to capture recommended actions along with the recommending provider, the date recommended and the date suggested to carry out the recommendation.	261

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ID#	Type	Name	Statement/Description	See Also in EHR-S FM	See Also in PHR-S FM	Conformance Criteria	Row
			- The radiologist recommends a repeat mammogram in six months rather than the usual twelve months. - The PCP recommends seeing a surgeon for occasional gallbladder attacks. - A screening colonoscopy is recommended after age fifty.			3. The system **SHOULD** provide the ability to associate the recommendation entry on the list with the original document.	262
PH.3.6	**H**	Population Health and Wellness	**Statement:** The PHR-S may serve as a communication tool to help control public health risks to the population and to the PHR Account Holder specifically. **Description:** A formal and well defined communication channel between public health agencies and the PHR Account Holder's PHR-S is useful. It provides for monitoring public health threats through data and observations captured within the PHR-S. Additionally it alerts the PHR Account Holder to take corrective actions in response to public health threats. **Examples:** The system SHOULD provide the PHR Account Holder the ability to subscribe to population health web site information.				263
PH.3.6.1	**F**	Public Health Reporting	**Statement:** Provide reporting to authorized public health agencies as required by applicable jurisdictional law. **Description:** Government authorities with the mandate of preserving the health of the population have a need for early detection of public health threats such as identifying the early stages of an avian flu pandemic. This may require periodic reporting of certain de-identified personal health information (PHI). Other epidemiological studies for public health issues as well as public or private medical research studies may also request de-identified PHI. Certain public health reporting requires identified PHI and contact	S.1.5 S.2.1.1 S.2.1.2 S.2.2.2 S.2.2.3 IN.1.6 IN.1.9 IN.2.2 IN.2.3 IN.2.4	IN.1.5 IN.1.6	1. The system **SHOULD** provide the ability to export de-identified data for bio-surveillance and public health reporting to legally authorized public health agencies with appropriate consent.	264
					IN.1.7	2. The system **SHOULD** provide the PHR Account Holder the ability to subscribe to population health web site information.	265
					IN.1.3 IN.1.12	3. The system **SHOULD** capture alerts or warnings regarding population health threats.	266
						4. IF providing de-identified data to legally authorized public health agencies, THEN The system **SHALL** conform to function S 3.3.1 (*Manage Consents and Authorizations*) regarding "Epidemiological Investigations of Clinical Health Within a Population" when providing de-identified data to legally authorized public health agencies.	267
						5. The system **SHOULD** provide the ability for the PHR Account Holder to access population health web sites.	268

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			information for urgent epidemiologic investigations and countermeasures (such as for a resistant Tuberculosis outbreak). **Examples:** The system SHALL conform to function S 3.3.1 (*Manage Consents and Authorizations*) regarding epidemiological investigations of clinical health within a population.			6. The system **SHOULD** provide the ability for the data requested by public health agencies to be anonymized and with appropriate consent.	269
						7. The system **MAY** provide the ability for notification to the PHR Account Holder on data requests from Public Health Agencies.	270
PH.3.6.2	**F**	Public Health Risk Alerts	**Statement:** Support health risk alerts from authorized sources. **Description:** Alerts of a public health threat can be delivered by a Health Authority through a variety of channels, one of which can be to PHR Account Holders who provided prior consent for this service. The advantage of this modality is that the alerts can be prioritized to any special vulnerabilities of the PHR Account Holder based upon the Health Authority's pre-existing claims data. More comprehensive background information and an action plan can then be included (such as alerts from government agencies regarding medications or devices). **Examples:** Poor air quality alerts from governmental authorities are electronically sent to the registered PHR-S of a PHR Account Holder with a sensitive lung condition to take countermeasures.	S.1.3.6 S.2.2.2 S.3.7.1 S.3.7.4 IN.1.6 IN.1.7 IN.2.4 IN.3.1 IN.3.2 IN.4.1 IN.4.2 IN.4.3 IN.5.1 IN.5.2 IN.5.4		1. The system **SHOULD** provide the ability to capture, identify the document, index and store the notification of a health risk from public health authorities or other external authoritative sources such as either free-text or a structured and codified message.	271
						2. The system **SHOULD** provide the ability to report notifications of health risk to the PHR Account Holder.	272
						3. The system **MAY** provide the ability to present specific actions to be taken by the PHR Account Holder for a public health risk alert.	273
PH.4	**F**	Manage Health Education	**Statement:** Provide reliable patient education and information customized to the patient based on the information in the PHR to help the PHR Account Holder explore treatment options. **Description:** A wide variety of educational materials are available and the problem is to identify authoritative sources that provide	S.3.7.1 S.3.7.4 IN.5.1 IN.5.2 IN.5.3 IN.5.4 IN.6 DC.2.1.4 DC 3.2.3 S.3.5.1 S.3.5.3		1. The system **SHOULD** provide the ability for educational materials to be tailored to the level of health literacy and language of the PHR Account Holder or his or her proxy.	274
						2. The system **SHOULD** provide the ability to access evidence-based healthcare recommendations, with documentation of sources.	275
						3. The system **SHOULD** provide the ability to access information about wellness, disease management, treatments, and related information that is relevant for a specific PHR Account Holder.	276

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			relevant information for the PHR Account Holder's age, gender, medical conditions, wellness goals, and health literacy. The system should be able take a request for information and screen the available libraries of educational materials against clinical information in the PHR-S without divulging personal health information. **Example:** Provide breast feeding instructions in alternate languages for a new mother.	S.3.5.4 S.3.7.1 S.3.7.2 S.3.7.4 IN.1.4 IN.1.6 IN.1.7 IN.1.9 IN.2.2.4 DC.3.4.9 S.3.7.1 S.3.7.2 S.3.7.4 IN.1.4 IN.5.1 IN.5.3 IN.5.4 IN.6		4. The system **SHOULD** provide the ability to access information related to a health question directly from data in the personal health record or other means such as key word search.	277
						5. The system **SHOULD** provide the ability to access patient educational information from external sources	278
						6. IF the information is external-based, THEN the system **SHALL** provide the ability to identify links specific to the information.	279
						7. The system **SHOULD** provide the ability to access a library of educational material for health concerns, conditions, or diagnosis.	280
						8. The system **SHOULD** provide the ability to capture, display, index and store applicable educational materials to the PHR Account Holder and/or PHR Account Holder representative.	281
						9. The system **SHOULD** provide the ability to deliver multilingual educational material.	282
					IN.1.6	10. The systems **MAY** provide the ability to deliver PHR Account Holder educational materials using alternative modes to accommodate patient sensory capabilities	283
					IN.1.5	11. The system **SHOULD** provide the ability to integrate and index guidelines and protocols captured in PH 5.1 (Manage Guidelines and Protocols) with the education files in specific searches	284
					IN.1.3 IN.1.12	12. The system **SHOULD** provide the ability to capture, index, store, and display educational material to assist care givers to directly support the PHR Account Holder.	285
PH.5	**H**	PHR Account Holder Decision Support	**Statement:** Provide clinical decision support appropriate to the use of the PHR-S in self-care, home health, and remote settings. **Description:** The PHR Account Holder may wish to seek assistance from diagnostic decision support tools, drug interaction checking, or published guidelines at the appropriate level of health literacy. The intent is educational for more sophisticated problems as well as support for assuming care of minor conditions. **Examples:** The system should provide assistance to select an appropriate Internet based decision support tool to provide				286

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			guidance in managing a young child with vomiting and fever.				
PH.5.1	**F**	Manage Guidelines and Protocols	**Statement:** Guidelines for general direction in managing a specific problem or condition can be acquired from a variety of sources for improved decision making. **Description:** Guidelines help provide general direction to manage specific health risks or problems. They may be used by the PHR Account Holder to research a specific condition to verify that appropriate care is being provided. They may also be used to help self manage minor conditions. **Examples:** Capture guidelines from the internet for non-operative management of lower back pain.	DC 1.6.1		1. The system **SHOULD** provide the ability to capture and retain PHR Account Holder specific guidelines from the internet or other electronic sources.	287
						2. The system **MAY** provide the ability to modify site and PHR Account Holder specific care plans and guidelines (e.g., isometric exercises in office vs. swimming in home pool).	288
					IN.1.6	3. The system **SHOULD** capture the source of the guideline.	289
					IN.1.5	4. The system **SHOULD** provide the ability for the PHR Account Holder to annotate the guideline.	290
					IN.1.3 IN.1.12	5. The system **SHOULD** provide the ability to implement guideline features specifically relevant to the PHR Account Holder as care plans with task list entries, calendar entries, alerts, and reminders.	291
					IN.1.3 IN.1.12	6. The system **MAY** provide an alert or reminder when the PHR Account Holder is out of compliance with a guideline.	292
PH.5.2	**F**	Drug Interaction Checking	**Statement**: Display warnings and severity levels of potential adverse interactions based on the data in the PHR Account Holder's medication and allergy list. **Description:** Drug interaction checking is a responsibility of the prescribing provider. However, the PHR Account Holder may be taking new over the counter medications or new prescription medications from providers without access to e-prescribing and may want to check for interactions. A complete interaction check would take into consideration other medications, allergies, relevant health conditions, age, weight, gender, and relevant laboratory values such as creatinine clearance. **Example**: Each time a new medication or a new allergy is entered into the PHR, perform an automated check for potential interactions among all of the current medication and allergy entries in the PHR.	S.3 IN.2.4 IN.6		1. The system **SHOULD** provide the ability to check for and alert PHR Account Holders to interactions between prescribed and over the counter medications on the current medication list.	293
						2. The system **SHOULD** provide the ability to relate medication allergies to medications to facilitate allergy checking decision support for medication orders.	294
						3. The system **SHOULD** provide the ability to check for drug - drug interaction for all medications in the medication list either populated prescriptions or over the counter medications	295
						4. The system **SHOULD** provide the ability to check for and alert PHR Account Holders to interactions between prescribed and over the counter medications on the current medication list.	296
						5. The system **SHOULD** provide the ability to relate medication allergies to medications to facilitate allergy checking decision support for medication orders.	297
						6. The system **SHOULD** provide the ability to maintain a list of drug interaction warnings that was presented to a PHR Account Holder.	298
						7. The system **SHOULD** provide the ability to override an alert for adverse interactions or allergic reactions and enter a self prescribed medication on his or her medication list.	299
						8. The system **MAY** provide the ability to set the severity level at which warnings should be displayed.	300

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						9. The system **MAY** provide the ability to check for duplicate therapies.	301
PH.5.3	**F**	Clinical Decision Support	**Statement:** Provide clinical decision support tools. **Description:** The PHR-S should aid the PHR Account Holder with making his or her self-assessments and treatment plans for self care. Some decision support algorithms are straightforward and can be provided as part of the PHR-S service. Others may be more complex and are detailed in function PH 5.4. (Integration with Third Party Clinical Decision Support Services). **Example:** A child's weight and height can be plotted on a growth curve chart which graphically displays growth progress.	DC.1.4 DC.1.5 S.3.7.1 IN.2.3 IN.2.4 IN.6 DC.1.4 DC.1.5 S.3.7.1 S.3.7.2 S.3.7.4 IN.6		1. The system **SHOULD** provide the ability to access health standards and practices.	302
						2. The system **SHOULD** provide the ability to compare health data and context-driven assessments to practice standards in order to prompt additional testing, possible diagnoses, or adjunctive treatment.	303
						3. The system **SHOULD** provide the ability to capture from an authoritative source (e.g., provider EHR-S or a care management system) rules that are related to abnormal trends.	304
						4. The system **MAY** provide the ability to compare context-driven assessments and additional health information to best practices in order to identify PHR Account Holder specific growth or development patterns, health trends and potential health problems.	305
						5. The system **MAY** provide the ability to correlate assessment data with the data in the PHR Account Holder's problem list.	306
						6. The system **MAY** prompt the PHR Account Holder to request additional assessments, testing or adjunctive treatment OR to follow provider-designated care plan related to assessment results (e.g., peak flow results, blood glucose readings, weight, or blood pressure).	307
						7. The system **MAY** provide the ability to integrate health information contained in the PHR with appropriate health education materials (e.g., consumer self-identified as a smoker vis-a-vis smoking cessation materials sent to PHR-S).	308
PH.5.4	**F**	Integration with Third Party Clinical Decision Support Services	**Statement:** Provide the ability to query external clinical decision support services designed for the lay consumer. **Description:** A variety of clinical decision support services are currently available for professional use; a growing number of these			1. The system **SHOULD** provide the ability for the PHR Account Holder to register with a third party clinical decision support service.	309
						2. The system **SHOULD** provide the ability for the PHR Account Holder to specify the PHR-S information that is shared with a third party clinical decision support service.	310

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			services are becoming available for lay use. The primarily focus of these services is to assist with making an assessment and then recommending a treatment protocol. **Example**: Provide access to clinical decision support services that provide differential diagnoses and advice for further management for common complaints such as sore throat or cough.			3. The system **SHOULD** provide the ability for the PHR Account Holder to respond to specific structured questions from a third party clinical decision support service.	311
PH.5.5	**F**	PHR Account Holder Configured Alerts	**Statement:** Alerts and reminders are configured by the PHR Account Holder based on a variety of triggers or conditions. **Description:** The PHR Account Holder may want to set up specific alerts. **Examples:** The system SHOULD provide the ability to present medication recommendations based on findings related to the patient diagnosis.			1. The system **SHOULD** provide the ability to present recommendations for medication regimens based on findings related to the patient diagnosis.	312
						2. The system **SHOULD** provide the ability to present alternative treatments in medications on the basis of practice standards, cost, formularies, or protocols.	313
						3. The system **SHOULD** provide the ability to present suggested lab monitoring as appropriate to a particular medication	314

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PH.6	**H**	Manage Encounters with Providers	**Statement**: Manage information for scheduling, preparation, and assimilation of knowledge gained by encounters with providers**.** **Description**: Each interaction with a provider, including office visits, e-visits, hospitalizations, telephone conversations, or diagnostic procedures, comprise an encounter. Some encounters are non-discretionary such as emergent admission to a level 1 trauma center. Many encounters are initiated by providers in the course of care such as a scheduled chemotherapy treatment. Some encounters are initiated by the PHR Account Holder requiring additional steps facilitated by their PHR-S. **Examples:** The Account Holder makes a self assessment that his or her chest pain warrants urgent evaluation and telephones an ambulance service. Access to the PHR Account Holder's PHR information is provided to the ambulance crew and emergency room staff. The resulting assessments, updates to the current data set including problems, procedures, and medications, and new care plans from the hospital evaluation are then incorporated into the PHR Account Holder's PHR-S during or shortly after the encounter concludes. The PCP receives an alert to the changes.				315
PH.6.1	**F**	Patient Health Data Derived from Administrative and Financial Sources	**Statement:** The system should capture and manage financial information related to the encounter. **Description:** Tracking the personal costs of healthcare can be complex. Charges are typically discounted by the insurance plan to allowed charges. They will pay a portion of allowed charges with the PHR Account			1. The system **SHOULD** provide the ability to capture and store information related to financial data and the current balances from the PHR Account Holder's health related financial accounts.	316
						2. The system **SHOULD** provide the ability to request correction of the administrative or financial data.	317
						3. The system **SHOULD** provide the ability to capture financial details and associate with each clinical encounter or billable service (e.g., charges, allowed charges, or insurance plan paid or PHR Account Holder paid amounts).	318

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			Holder being responsible for the rest. A given encounter such as a hospitalization will have multiple charges from several providers. Capturing the Explanation Of Benefits from the insurance plan can help monitor the expenses. **Example:** The system should capture charge information and payment data from the Explanation Of Benefits (EOB) and associate it with the encounter records stored in the PHR-S.			4. The system **MAY** provide the ability for the PHR Account Holder to query the financial data and the data about his or her health related accounts.	319
						5. The system **MAY** provide the ability to notify the PHR Account Holder of any changes to the financial data or health related accounts.	320
						6. IF health data is derived from administrative and financial data, THEN the system **SHALL** provide the ability to capture and link data about the source of the health data.	321
						7. The system **MAY** provide the ability to capture and link data about the source of the PHR Account Holder's health data (that was derived from administrative and financial data) with that PHR Account Holder's data.	322
						8. IF health data is derived from administrative and financial data, THEN the system **SHALL** provide the ability to present such data and the source of that data for use by authorized users.	323
						9. The system **MAY** provide the ability to interact with the PHR Account Holder's insurance coverage systems (e.g., employer's benefit system or the insurance company's benefit information systems).	324
PH.6.2	**F**	Manage Self-Assessments (i.e., Symptoms)	**Statement:** Manage information related to self-assessments. **Description:** The PHR Account Holder may make a self-assessment regarding certain symptoms they may be experiencing, concluding that they need an encounter with a provider. This self-assessment should include a specific reason or reasons for the encounter (referred to as the chief complaint(s)) and personal observations or measurements that might be germane to the encounter. **Example:** The system SHALL provide the ability to document self-assessments using standard self-assessments germane to the age, gender, developmental state, and health condition as appropriate.			1. The system **SHALL** provide the ability to create self-assessments.	325
						2. The system **SHOULD** provide the ability to use self-assessment templates as available.	326
						3. The system **SHOULD** provide the ability to document self-assessments using standard self-assessments germane to the age, gender, developmental state, and health condition as appropriate.	327
						4. The system **SHOULD** provide the ability to capture data relevant to standard self-assessment.	328
						5. The system **SHOULD** capture PHR Account Holder's self-reported physical symptoms and daily functioning as structured or unstructured data.	329
						6. The system **SHOULD** provide to ability to record PHR Account Holder's self-reported mental health status as structured or unstructured data.	330
						7. The system **MAY** capture other self-reported clinical measures (e.g., peak expiratory flow rate, size of lesions, or oxygen saturation).	331
						8. The system **MAY** compute and display percentile values when data with normative distributions are entered.	332
						9. The system **MAY** provide normal ranges for data based on age and other parameters such as height, weight, ethnic background, or gestational age.	333

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PH.6.3	**F**	Communications Between Provider and Patient and/or the Patient Representative	**Statement:** The system should enable the PHR Account Holder to capture information in preparation for the encounter. The system should enable the PHR Account Holder to request appointments with health care providers and capture information in preparation for the encounter. **Description:** The PHR Account Holder may fulfill specific requests for data or obtain requested diagnostic studies prior to the formal encounter. This may include providing PHR-S access to the new provider. **Example:** The PHR Account Holder MAY fill out a current ROS (Review Of Systems) template questionnaire and specific chief complaint related questions as part of the HPI (History of Present Illness) prior to the encounter.			1. The system **SHALL** provide the ability to capture, index and store documentation of communications between providers and the PHR Account Holder and/or the PHR Account Holder's representatives.	334
						2. The system **SHOULD** provide the ability to incorporate, identify type of document scanned and index scanned documents.	335
						3. The system **SHOULD** provide the ability to document communication originating with the PHR Account Holder or PHR Account Holder representative (e.g., date, entity, details of communication).	336
						4. The system **SHALL** provide the ability to capture, index and store documentation regarding family member or PHR Account Holder representative authorizations to receive PHR Account Holder -related health information.	337
						5. The system **SHOULD** alert the PHR Account Holder to the presence of provider originated communications.	338
						6. The system **SHOULD** provide the ability to communicate between providers and PHR Account Holders or their representative using a secure internet connection.	339
PH.6.4	**F**	Data and Documentation from External Clinical Sources	**Statement:** The system should capture, index, and store documentation related to the encounter. **Description**: Most encounters generate documentation that can be captured in the PHR-S. Additional supporting data such as diagnostic reports or consultations may be included. A prolonged hospitalization encounter may encompass numerous structured or unstructured documents. **Example:** The system should capture, index, and store encounter information include the encounter document or summary, lab results, radiographic images, PACS, EKG, and scanned documents.			1. IF information is received through any electronic interface or is electronically referenced, THEN the system **SHALL** display it upon request, in accordance with organizational policy or jurisdictional law.	340
						2. The system **SHALL** provide the ability to capture externally sourced electronic clinical documentation (henceforth "documentation") including original, updates and addenda, in accordance with organizational policy or jurisdictional law.	341
						3. The system **SHOULD** provide the ability to associate documentation and annotations with structured content including problems, diagnoses, office visit, phone communication, e-mail consult and lab results.	342
						4. IF documentation is captured in or from an encounter with providers, THEN the system **SHALL** provide the ability to present captured documentation to the PHR Account Holder.	343
						5. The system **SHOULD** provide the ability to filter, search or sort notes.	344
						6. The system **SHOULD** provide documentation templates for data exchange.	345
PH.6.5	**F**	Provider Assessments	**Statement:** Enable the PHR Account Holder to capture provider assessments and			1. The system **SHALL** provide the ability to access health assessment data needed to support the assessment.	346

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			their supporting documentation such that the PHR Account Holder or another provider may independently review the assessments. **Description:** The provider may make assessments (observations, working hypotheses, differential diagnoses, or definitive diagnoses) derived from the new clinical information obtained during the encounter supplemented by additional PHR information including the current state data set. These assessments will direct further diagnostic, therapeutic, and health maintenance care. **Examples:** The system MAY provide the ability to compare assessment data entered during the encounter and the accessed health evidence based standards and best practices.			2. The system **SHOULD** provide the ability to create standard assessments that correspond to the problem list including new problems defined during the encounter.	347
						3. The system **SHOULD** provide the ability for the PHR Account Holder to enter a note regarding the assessment.	348
						4. The system **MAY** provide the ability to access evidence based standard assessments, practice standards, or other generally accepted, verifiable, and regularly updated standard clinical sources.	349
						5. The system **MAY** provide the ability to compare assessment data entered during the encounter and the accessed health evidence based standards and best practices	350
PH.6.6	**F**	Referrals and Referral Process	**Statement**: Manage information related to referrals for the PHR Account Holder benefit and convenience. **Description**: For many referrals to other provider organizations, the PHR Account Holder must manage data, approvals, and appointments related to the referral. The PHR Account Holder may need to ensure that relevant data are received by the provider for the referral encounter. The PHR Account Holder may need to interact with his or her insurance company to secure authorization for payment for a referral to a provider. **Examples**: The system SHOULD provide the ability to include test and procedure results with a referral.			1. The system **SHOULD** provide the ability to send clinical and administrative data (e.g., insurance information) as part of the referral process to the provider who is receiving the referral.	351
						2. The system **SHOULD** provide the ability to include test and procedure results with a referral.	352
						3. The system **SHOULD** provide the ability for the PHR Account Holder to assign temporary view, print, download, or export privileges to the referring provider or provider representative to access the PHR Account Holder's PHR-S.	353
						4. The system **SHOULD** provide the ability to allow clinical, administrative data, and test and procedure results to be transmitted to the referral clinician.	354
PH.6.7	**F**	Patient Specific Care, Instructions,	**Statement:** The system should facilitate the development of provider-generated care			1. The system **SHALL** provide the ability to capture externally sourced instructions or references to documents containing those instructions.	355

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		Treatment Plans, Guidelines and Protocols	plans and their capture and integration by the PHR-S. **Description:** The provider may develop and recommend a specific care plan that is tailored to the PHR Account Holder's particular circumstances including information in his or her PHR-S. The care plan may require input from several providers developed over multiple encounters. This includes enabling authorized Health Care Provider(s) to generate, communicate and record specific instructions, including instructions about diet, clothing, transportation assistance, convalescence, follow-up with physician, and other related instructions. **Examples:** The system MAY provide the ability to create and use site-specific and PHR Account Holder care plans and guidelines (e.g., isometric exercises in office vs. swimming in home pool).			2. The system **SHOULD** provide the ability to capture details on further care such as follow up, return visits and appropriate timing of further care.	356
						3. The system **SHOULD** provide the ability to identify and display abnormal trends.	357
						4. The system **MAY** provide the ability to modify site-specific and PHR Account Holder care plans and guidelines (e.g., isometric exercises in office vs. swimming in home pool).	358
						5. The system **MAY** provide the ability for the PHR Account Holder to create and use site-specific and PHR Account Holder care plans and guidelines (e.g., isometric exercises in office vs. swimming in home pool).	359
						6. The system **MAY** identify, track and provide alerts, notifications and reports about variances from care plans and guidelines.	360
PH.6.8	**F**	Manage Patient-Specific Care and Treatment Plans	**Statement:** The system should facilitate the capture and implementation of the care plan in the PHR-S. **Description:** Once a care plan is developed it should be incorporated into the PHR-S. The care plan may be limited in scope or comprehensive involving multiple providers, encounters, institutions, and years of time. **Example:** A comprehensive breast cancer treatment plan may include multiple diagnostic imaging staging studies, surgical procedures, a chemotherapy protocol, details of the radiation therapy plan, plastic surgery reconstruction and long-term post therapy surveillance plan to be posted in the PHR-S and referenced by the cancer care team.			1. The system **SHOULD** provide the ability to capture PHR Account Holder -specific plans of care and treatment (e.g., information about orders or therapies).	361
						2. The system **SHOULD** provide the ability to track updates to a patient's plan of care and treatment including authors, creation date, version history, references and sources as available.	362
						3. The system **MAY** provide the ability to capture adequate order details for the PHR Account Holder to understand and comply with the order.	363
						4. The system **SHOULD** provide the ability to access care and treatment plans that are sensitive to the context of the PHR Account Holder data (e.g., peak flow, weight, blood pressure, or dietary preferences).	364

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