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3 **Title: Support Patient Empowerment Controlled Health Records**  
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5 **Introduced by: Mariam H. Awada, MD, for the Wayne County Delegation**  
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7 **Original Author: Miriam H. Awada, MD**  
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9 **Referred to: Reference Committee A**  
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11 **House Action: Adopted**  
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14 **Whereas, patients records are scattered amongst silos with different**  
15 **providers, payers, and hospital facilities, and**  
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17 **Whereas, patients, their authorized entities, and their identified**  
18 **providers of care would be empowered with more reconciled comprehensive**  
19 **source of information for improved continuity of care, quality of time with**  
20 **provider, and longitudinal care, and**  
21

22 **Whereas, the quality of time for a patient visit would be improved and**  
23 **more effective by supporting the improved workflow for providers, and**  
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25 **Whereas, unnecessary and inefficient provider administrative effort and**  
26 **time spent tracking down a patient's results would be facilitated through HIT**  
27 **tools that centralize results to a patient health record and forward them to**  
28 **ordering and authorized physicians to download copies for their records, and**  
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30 **Whereas, the ability to present and download results to authorized**  
31 **providers' records further avoids patient duplication of testing and would also**  
32 **drive down health cost, and**  
33

34 **Whereas, a reconciled patient health record could function as a direct**  
35 **method to engage, educate, and empower patients while simultaneously**  
36 **maintaining their right to privacy and controllership and supporting workflow**  
37 **of providers, and**  
38

39 **Whereas, a patient-controlled health record linked to all health care**  
40 **providers is key to effectively and efficiently fulfill meaningful use by all**  
41 **providers aimed to improve quality, safety, efficiency, and reduce health**  
42 **disparities by facilitating: drug-drug, drug-allergy, and drug-formulary checks;**  
43 **maintains an up-to-date problem list of current and active diagnoses based on**  
44 **ICD-9 or SNOMED; checks insurance eligibility electronically from public and**  
45 **private payers, where possible, and**

46           Whereas, a patient-controlled health record linked to all health care  
47 providers is key to effectively and efficiently fulfill meaningful use by all  
48 providers aimed to engage patients and families by providing patients with an  
49 electronic copy of their health information (including lab results, problem list,  
50 medication lists, allergies) upon request; sends reminders to patients per  
51 patient preference for preventive/follow up care; provides patients with timely  
52 electronic access to their health information (including lab results, problem  
53 list, medication lists, allergies); provides access to patient-specific education  
54 resources; and provide clinical summaries for patients for each encounter,  
55 and  
56

57           Whereas, a patient-controlled health record linked to all health care  
58 providers is key to effectively and efficiently fulfill meaningful use by all  
59 providers aimed to improve coordination of care by facilitating the capability  
60 to exchange key clinical information (e.g. problem list, medication list,  
61 allergies, test results) among providers of care and patient authorized entities  
62 electronically; and performs medication reconciliation at relevant encounters  
63 and each transition of care, and  
64

65           Whereas, a patient can opt to receive automated support regarding  
66 disease-specific self-care education, chronic care management, motivation  
67 support, automated reminders for preventative care/screening/appointments/  
68 immunizations, and notification and awareness of disease-specific community  
69 support and public health information, and  
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71           Whereas, a patient can opt to pre-enable their central patient health  
72 record for emergency access by authorized individuals to facilitate the  
73 effectiveness of an emergency responder and trauma team whether or not a  
74 patient is conscious in emergency such as a motor vehicle collision or a  
75 natural disaster; therefore be it  
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77           **RESOLVED:** That MSMS support the development of functional patient-  
78 centric information exchange systems to and from a patient-accessible health  
79 record that gives patient control to share with others, protects their individual  
80 rights to privacy, and supports continuity of care, provider work flow, and  
81 provider fulfillment of meaningful use; and be it further  
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83           **RESOLVED:** That the Michigan Delegation to the AMA ask the AMA to  
84 support the development of functional patient-centric information exchange  
85 systems to and from a patient-accessible health record that gives patient  
86 control to share with others, protects their individual rights to privacy, and  
87 supports continuity of care, provider work flow, and provider fulfillment of  
88 meaningful use.  
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91   **WAYS AND MEANS COMMITTEE FISCAL NOTE:   NONE**