Mr. Stuart completes a web-based health risk assessment. He also integrates health data from his smartphone, smartwatch and digital scale. Mr. Stuart receives email instructions ahead of his first meeting with Dr. Weaver to review and confirm his current list of active medications, family and past medical history, and allergy information; he also completes a web-based health risk assessment.

Mr. Stuart selects Dr. Weaver as his new primary care physician. Mr. Stuart uses his previous physician’s online portal to transmit his old medical record data to his new provider, and integrates health data from his smartphone, smartwatch and digital scale. Mr. Stuart receives email instructions ahead of his first meeting with Dr. Weaver to review and confirm his current list of active medications, family and past medical history, and allergy information; he also completes a web-based health risk assessment.

Mr. Stuart agrees to participate in a clinical trial to have his information and residual blood stored and shared with researchers, who may study patients like him to develop new diagnostic tests and treatments. Mr. Stuart is also prescribed a mobile application to help manage his condition. The app helps by tracking his pulse rate, exercise tolerance and dyspnea, and reports this information back to a segmented portion of his health record.

Mr. Stuart’s cardiologist asked if he had an Android or iPhone mobile device and advised him to download an app endorsed by the American College of Cardiologists (ACC) and developed by a startup company working with the cardio-catheterization and is sent a notice from a company regarding Mr. Stuart’s use of a new mobile app to help him manage his condition.

Researchers and innovators use Mr. Stuart’s care experience to inform new treatments and develop patient-centered applications.

Mr. Stuart’s data contributes to local, national research. As part of Mr. Stuart’s surgery, he volunteered to participate in a clinical trial by sharing his data and residual blood. Mr. Stuart’s data can also contribute to the AHRQ-US Research program, so that researchers can compare Mr. Stuart’s data with similar participants across the country. For example, electronic orders and results for laboratory tests and radiological studies are automatically imported into a local study database, as well as a national database for precision medicine efforts across the country.

Mr. Stuart’s clinicians are informed about his condition every step of the way. Dr. Weaver reviews Mr. Stuart’s information for their first meeting. Dr. Weaver opens the electronic record to find that she has one new patient this morning—Mr. Stuart. She clicks on his name and reviews information from his prior provider, and data that Mr. Stuart has reported himself. She creates a check list of the topics she wants to discuss with him, incorporating both the topics she thinks are clinically important and those reported by Mr. Stuart.

Health IT helps close the referral loop for Dr. Weaver. After referring Mr. Stuart to the cardiologist to discuss a shortness of breath, Dr. Weaver receives an electronic summary of Mr. Stuart’s results, including a need for surgery, for her files. After the surgery, Dr. Weaver receives a discharge alert, receives digital images from the cardiac catheterization, and is sent a notice from a company regarding Mr. Stuart’s use of a new mobile app to help him manage his condition.

Mr. Stuart’s episode also created opportunities for innovation. Mr. Stuart’s cardiologist asked if he had an Android or iPhone mobile device and advised him to download an app endorsed by the American College of Cardiologists (ACC) and developed by a startup company working with the hospital. A company called Beats Per Minute, or BPM, calculates a patient’s probability for hypertension-related complications by mining historical records and comparing those to his present-day status to create a personalized risk assessment using an ACC algorithm in the “cloud.”

Mr. Stuart receives quality care, and benefits from a modern, connected, and innovative health care system. Mr. Stuart receives high-value care, delivered by a coordinated care team, and supported by an integrated health IT environment. Mr. Stuart’s clinicians are informed about his condition every step of the way. Dr. Weaver reviews Mr. Stuart’s information for their first meeting. Dr. Weaver opens the electronic record to find that she has one new patient this morning—Mr. Stuart. She clicks on his name and reviews information from his prior provider, and data that Mr. Stuart has reported himself. She creates a check list of the topics she wants to discuss with him, incorporating both the topics she thinks are clinically important and those reported by Mr. Stuart.

Health IT helps close the referral loop for Dr. Weaver. After referring Mr. Stuart to the cardiologist to discuss a shortness of breath, Dr. Weaver receives an electronic summary of Mr. Stuart’s results, including a need for surgery, for her files. After the surgery, Dr. Weaver receives a discharge alert, receives digital images from the cardiac catheterization, and is sent a notice from a company regarding Mr. Stuart’s use of a new mobile app to help him manage his condition.

Mr. Stuart receives high-value care, delivered by a coordinated care team, and supported by an integrated health IT environment. AMIA and its members regularly engage with policymakers and other stakeholders to improve health and healthcare. We provide non-partisan support to both Congress and Executive Branch officials regarding the latest technology developments, research and practice of health informatics. To view AMIA’s full Policy Principles and Positions visit amia.org/public-policy

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