



## **Western Medical Care, Inc.**

**ELECTRONIC HEALTHCARE RECORD TRANSFER NETWORK**

**PATENT PENDING - ALL RIGHTS RESERVED**

**Limited Disclosure – Background and Summary Only**

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For Discussion Purposes Only

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**BACKGROUND OF THE INVENTION**

[0001] The present invention relates to the handling the electronic transfer of digital healthcare records.

[0002] The terms electronic healthcare record (EHR) and electronic medical record (EMR) are often used interchangeably although electronic healthcare records may be the more all-inclusive term. Accordingly, use of it is preferred herein. An EHR for example, may include the following types of records:

- Record number(s);
- Originating provider data;
- Patient name;
- Patient number;
- Address;
- Social Security Number;
- Employer;
- Insurer #1;
- Insurer #2;
- Named Insured;
- Insured's Social Security Number;
- Nearest relative;
- Guardian;
- Lists of treating doctors, facilities, locations and their affiliations;
- Treatment dates;
- Treatment notes;

Test results;  
Allergies;  
Problem list generation;  
Health history;  
Family health history;  
Blood type;  
Admission dates;  
Release dates;  
Medical alerts;  
Immunization documentation;  
CPT codes;  
ICD-9 codes;  
Prescriptions;  
Prescription records;  
Wellness reminders;  
Self-reporting tools and data;  
Consult tracking;  
Travel history;  
Links to other instances of patient EHRs;  
Dental records;  
Surgery records;  
Behavioral health records;  
Payment history;  
Image files - x-ray, CT, MRI Ultrasound, sonograms;  
    EHR requests, tracing and transfer history;  
    Details of file access and update history; and  
Other appended records as needed.

**[0003]** Hospitals, various healthcare practitioners such as doctors' groups, insurance providers, pharmacies and patients all generate and maintain electronic healthcare records and may need to have access to the electronic healthcare records generated and maintained by others in order to provide the best overall treatment of a patient, to reduce duplication of services and to minimize errors. However, sharing of EHRs cannot be done

freely but rather needs to be done securely, within the requirements of the US Health Insurance Portability and Accountability Act of 1996 (or “HIPAA”, Public Law 104-191) and applicable regulatory guidelines and with the approval of the patient and those who maintain these records. Sharing also needs to be done quickly, easily, accurately and with minimal intrusion into each healthcare provider’s business.

**[0004]** However, a single patient may have interacted with various physicians, hospitals, insurance companies, and pharmacies over the years, leaving each with EHRs. These records collectively comprise a constantly evolving mass of documentation. To compound the problem, each of these providers may store EHRs in different formats. When asked by another provider to provide an EHR on a patient, providers’ responses may vary, sometimes out of appropriate concern for providing more information to an unknown party even when that other party also appears to be a healthcare provider, sometimes hesitating based on the scope of the request given the basis for the request, and sometimes because the records are in non-digital form.

**[0005]** For example, if a North Carolina doctor’s group receives a request for the entire medical records of one of their patients from a psychologist in California whom they do not know, they may refuse based on not knowing the requestor and because of the breadth of the request given the narrow nature of the healthcare provider’s medical specialty. Upon further inquiry, it may be that the psychologist is fully licensed, experienced, and HIPAA-certified and is treating their patient for an attempted suicide. The psychologist may be looking for everything in the patient’s medical history and pharmacological history that may shed light on why the patient attempted suicide.

[0006] Currently many different systems are in place to manage EHRs. The US Department of Defense has the ALHTA Network that links nearly 500 Military Treatment Facilities world-wide, as well as the service members deployed abroad, to EHRs, ultimately supporting 9.2 million Military Health Service (MHS) beneficiaries. In addition to the EHRs, the ALHTA system links the laboratory, pharmacy, radiology, order-entry-and-results retrieval, and in-patient documentation, and will ultimately interface with other medical healthcare record information support systems. Its goal is to have a single, comprehensive EHR for each patient. Still, as broad and comprehensive as the AHLTA network is, it is a closed-loop system that does not support communication with civilian systems. In the absence of a purely socialized healthcare system, a secure, independent data transfer agent or gate-keeping mechanism will still be required before the AHLTA system can safely and efficiently communicate with civilian healthcare, which treats 97% of the US citizens without a comprehensive communication system.

[0007] In addition to AHLTA, there are over 100 regional health information organizations and approximately 900,000 private practice physicians. The former allow intra-organizational EHR transfers, typically using proprietary software, and the latter in many cases do relying primarily on paper records.

[0008] Thus, the healthcare provider who is treating a patient for the first time is confronted with a seemingly intractable problem of needing at least a portion of that patient's prior healthcare records, which are likely scattered and in various formats, and needing to request those records under circumstances where the need is urgent but those who have them are prevented by law, a general sense of caution, a respect for the patient's privacy and a fear of liability to not produce those records even when they appreciate the need for the

underlying the request. There remains a need for an open loop, interoperable system to facilitate transfer of healthcare records.

### **SUMMARY OF THE INVENTION**

[0009] The present invention is an EHR transfer network that allows providers who are members of the network to make requests for a patient's EHRs and to obtain a response to those requests quickly and securely. The records are located and transferred based on protocols established by each member of the network who is an EHR holder, which protocols govern the extent to which that member will permit the transfer of the EHR. Furthermore, the transfer is done in such a way that the format received by the requestor is a useful one regardless of the format in which the EHR holder maintains it. Finally, the transfer network manages the traffic over the network by tracking and monitoring network access, requests for transfers and completed transfers looking for abuse and applying protocols for EHR copy control.

[0010] Each provider thus has a secure gateway in the present transfer network to facilitate making requests and receiving corresponding responses to requests for EHRs. That gateway is of significant help in obtaining answers to the two primary questions confronting the recipient of a request for EHRs, namely, who is asking and do they need what they are asking for. Because the transfer network assures each EHR holder that the requesting party is who it claims to be and has the authority to use the transfer network to request EHRs, the responding EHR holder will have a high level of confidence that the request is from a proper requester. In addition, the member holding EHRs defines in advance the information that passes back through that gateway by establishing its own criteria for allowing or refusing EHR transfers. Thus, control of the EHRs is not surrendered.

**[0011]** In a preferred embodiment of the present invention, members are provided with a messaging system so that information can be exchanged by email, most preferably a system that sends the user of a member an email indicating the member has received a message. The user responds to the email by clicking a link in the text of the email that allows the user to see the message and to respond to it, perhaps by attaching an EHR. The initial message and response are stored on the server and the time of each are logged.

**[0012]** The creation of this network would relieve an information bottleneck for each healthcare provider both in responding to requests and in making them, particularly as more and more healthcare providers became members. In addition, a list could be developed of all healthcare providers with designations as to which are members and which are not, and then made available to members so that members could, when possible, choose to interact with those who were members and thus trained to handle healthcare records appropriately.

**[0013]** An important advantage of the present system is that the initial question as to who is asking is at least answered in part in advance of the request, by the fact of membership and qualification of the designated user on behalf of that member.

**[0014]** Another advantage of sending an EHR through a trusted network as opposed to giving the data file directly to another provider, sending it via email or allowing the other provider access to an internal system is that the network, acting as a gatekeeper, will reduce the likelihood of disputes as to what was requested, what was received, when the request was made and when it was responded to. The requesting member will understand the transfer conditions and their limitations before requesting the transfer. Moreover, assuming the original EHR contains accurate information, the secure, consistent, systematic

transfer of approved EHRs lowers the associated liability for the requesting healthcare provider and allows transfer of the EHRs when needed.

[0015] Another advantage of the present transfer network is its neutrality. It has no allegiance to either party in the transfer unlike, for example, medical record software companies that might have an inherent bias in favor of the companies using their software for their medical records.

[0016] These and other features and their advantages will become apparent to those skilled in the art of medical records management from a careful reading of the Detailed Description of Preferred Embodiments, accompanied by the drawings.

Sample Search Interface:

Virtual Private Electronic Record Search (ViPERS) Network. US Patent Pending. All Right Reserves

ViPERS Network Status: **Offline**