Personal Health Record System Based on Standardized Item Sets Generates Personal Advice in Accordance With Clinical Guidelines

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Background & Aims: Six Japanese academic & clinical associations related to diabetes mellitus, hypertension, dyslipidemia, and chronic kidney disease have created standardized item sets to self-manage chronic diseases in Japan. They have also determined clinical criteria to be used in a personal health record (PHR) in accordance with clinical guidelines. In this study, as the first outcome, we developed a PHR utilizing the standardized item sets with clinical criteria to prevent chronic disease complications.

Methods: We, 6 academic clinical association in Japan(*), developed a PHR development guideline with standardized item sets and clinical criteria that could be installed on smartphones. Next, we developed PHR system to conduct a RCT of the PHR on the basis of disease management data to verify a business model of insurer payment with local government collaboration.

(*) Japan Association for Medical Informatics (JAMI), Japan Diabetes Society (JDS), Japanese Society of Hypertension (JSH), Japan Atherosclerosis Society (JAS), Japanese Society of Nephrology (JSN), Japanese Society of Laboratory Medicine (JSLM)

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26

go to B

30

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 $mEn/l \leq$

igur

g/dL 170

Results: By the guideline (shown at right), the PHR (MEDIS PHR) can perform risk stratification, generate acute alerts, avoid data input errors, and generate reminders using combinations of standardized item sets with clinical criteria. Diabetic patients (insured) with nephropathy input daily vital data, and insurers input annual health checkups results. Clinics also input monthly care data and provide blood and data urine test through clinical laboratory outsourced centers. Dispensing pharmacies provide prescription data using QR codes.

How to use MEDIS PHR

Install of PHR application in individual smartphone



Subject can use PHR even when he/she has not inputted any data. Other users (insurers, doctors, etc.) can use PHR with agreement of subject.



Discussion: We developed the first PHR with Japanese standardized item sets with clinical criteria for the selfmanagement of chronic diseases under a national research fund. At least 6 other PHRs are also following this standard, which enables the establishment of interoperable PHR for chronic diseases. We need international standard for sustainability of PHR. We are now conducting a RCT with PHR for 100 diabetic cases X 2 to see preventive effects on diabetic nephropathy for 2 years under three insurers by presented business model in Japan.



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