

UC San Diego Health

# Using Consumer Technology to Integrate Patient Generated Health Data in the EHR

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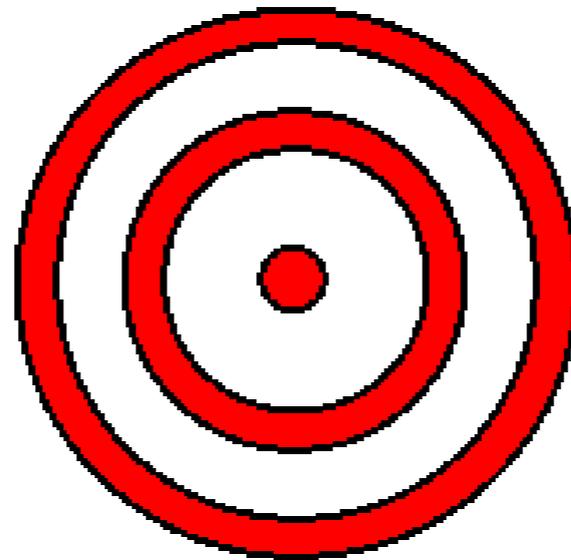
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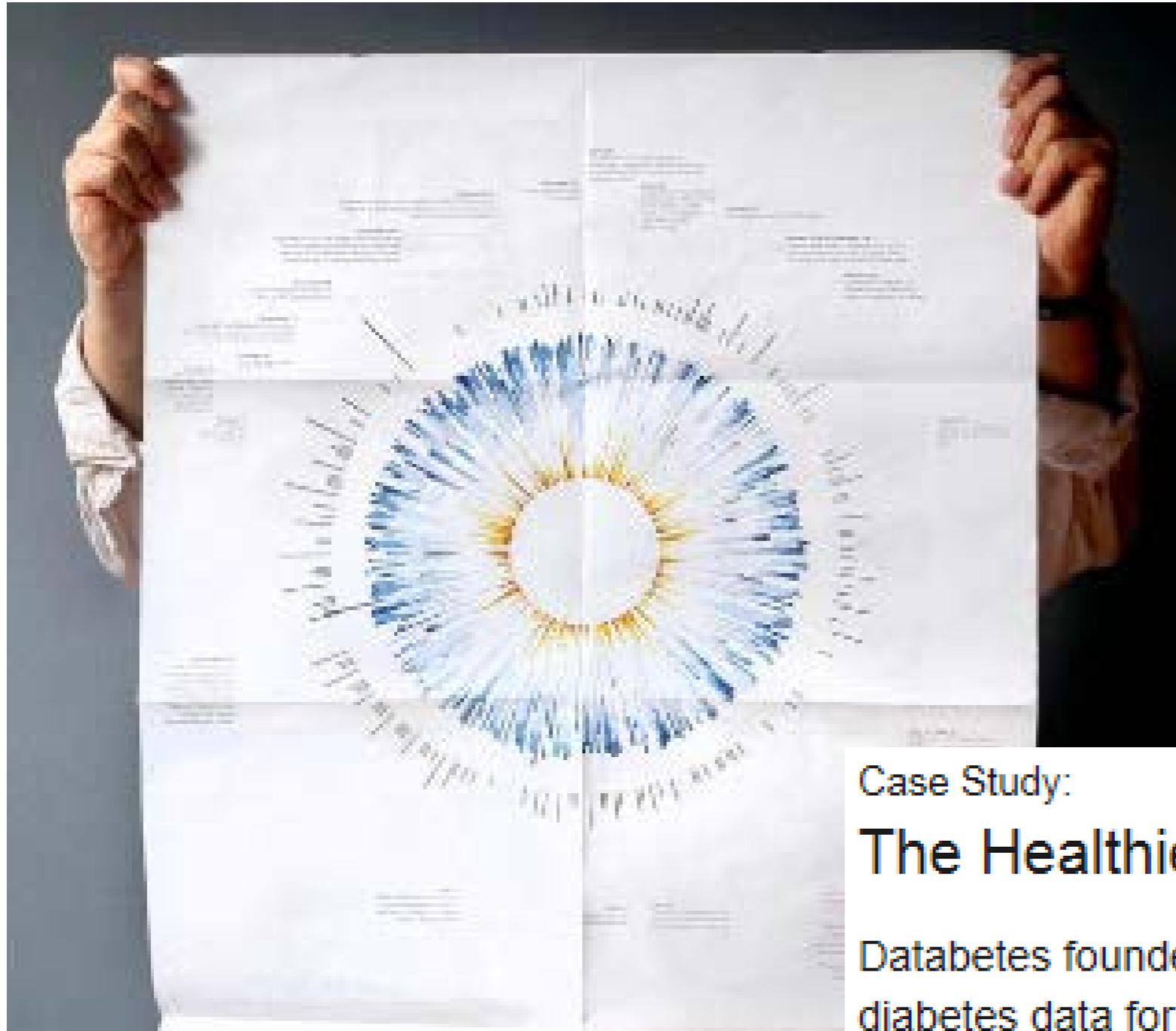
@calonghurst

# Goals

- Review current practice of managing diabetes data
- Share approach and benefits of EHR integration of home data
- Discuss future opportunities



# Diabetes is “big data”

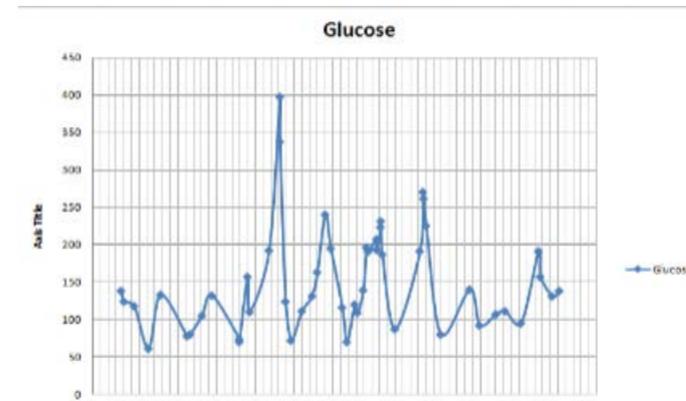


Case Study:

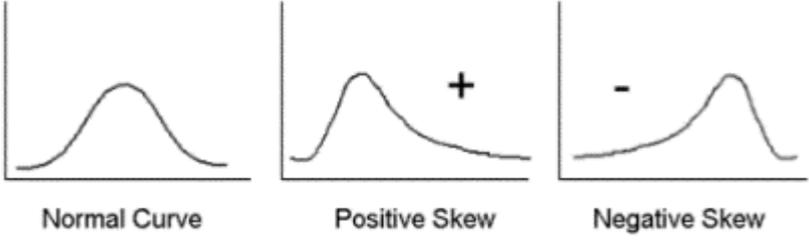
## The Healthiest Year of My Life

Databetes founder Doug Kanter closely tracked all his diabetes data for a full year. As a result, he was able to improve his A1c readings by nearly a full point.

# Primary goal: balance home blood glucose trends



# Quarterly visits with the specialist are insufficient



# Current clinical practice

- Only active delivery of CGM data between visits
- Provider workflow outside of EHR
- Disparate outcomes data
- Workflow demand = increased activation energy



**Dexcom**

Data collection

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**Apple**

Data consolidation

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**Epic**

Data analysis and communication

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*I have no real or apparent conflicts of interest relevant to this presentation*

## Dexcom

Data collection



Patient wears CGM



Glucose data are transmitted to receiver for visualization



Data are conveyed to Share2 app on Apple mobile device

## Apple

Data consolidation



Data are visible remotely by a parent through Follow app on Apple mobile device

## Epic

Data analysis and communication

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Data are conveyed on mobile device to Health app via HealthKit

**Epic**  
Data analysis and communication



Data are conveyed on mobile device to Epic MyChart app

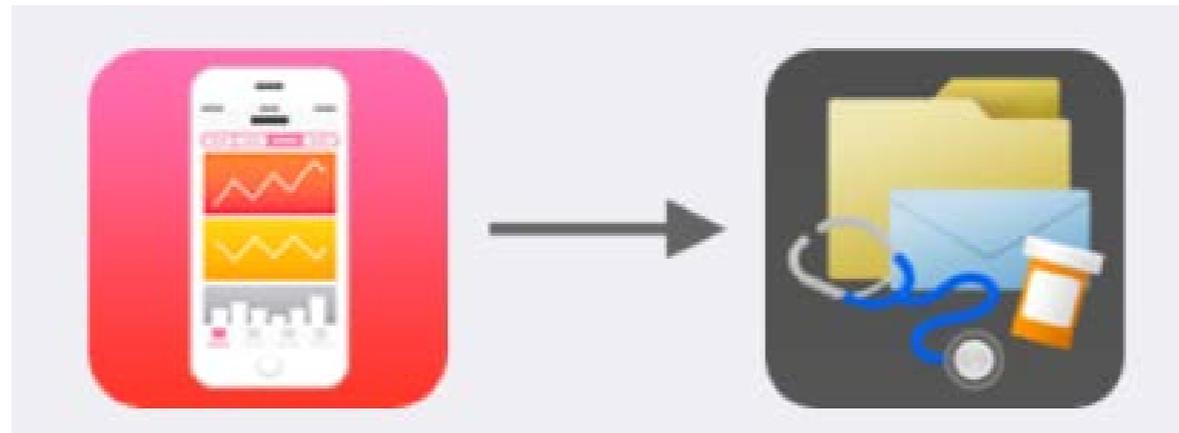
**Passive data communication**

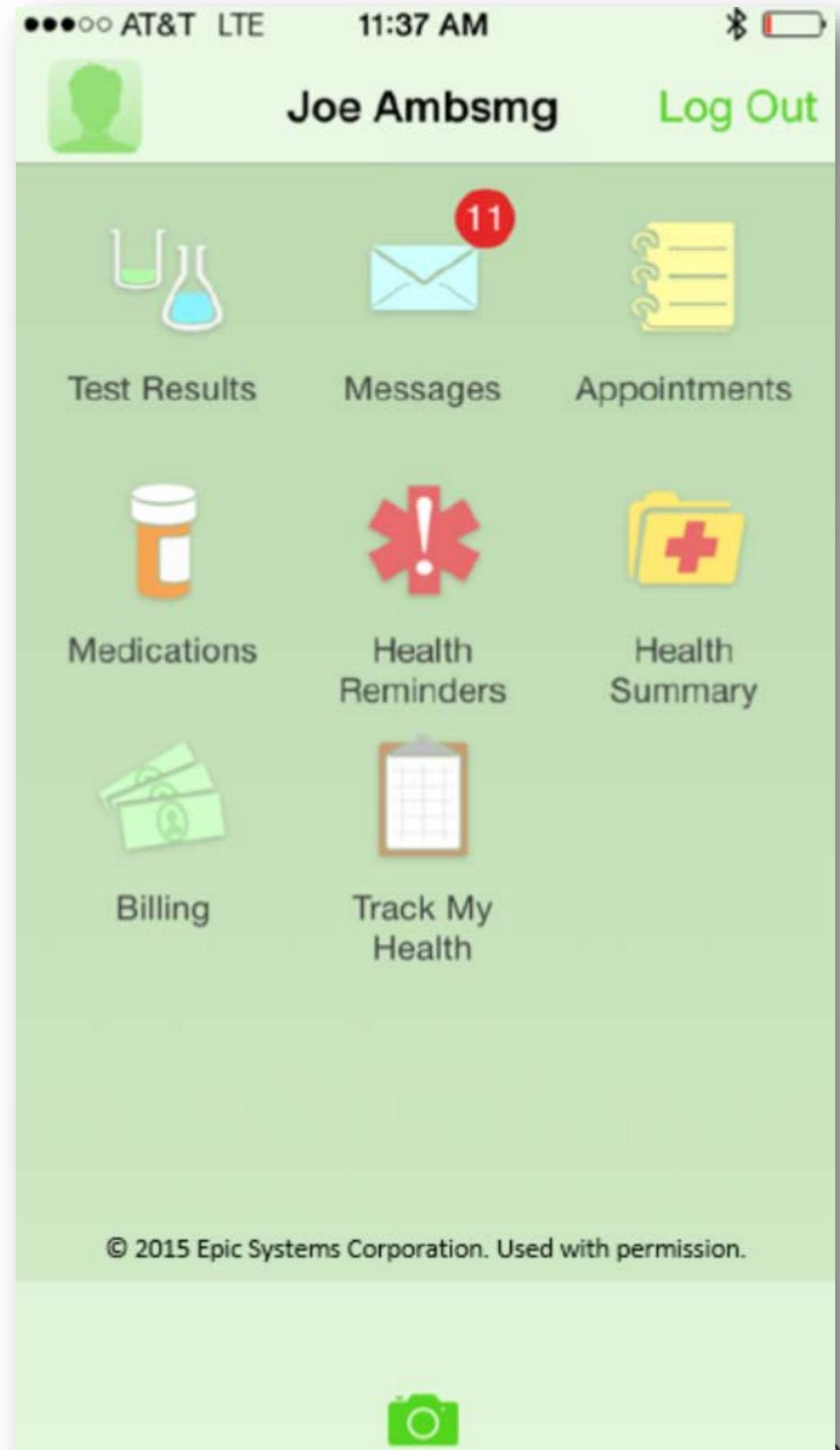
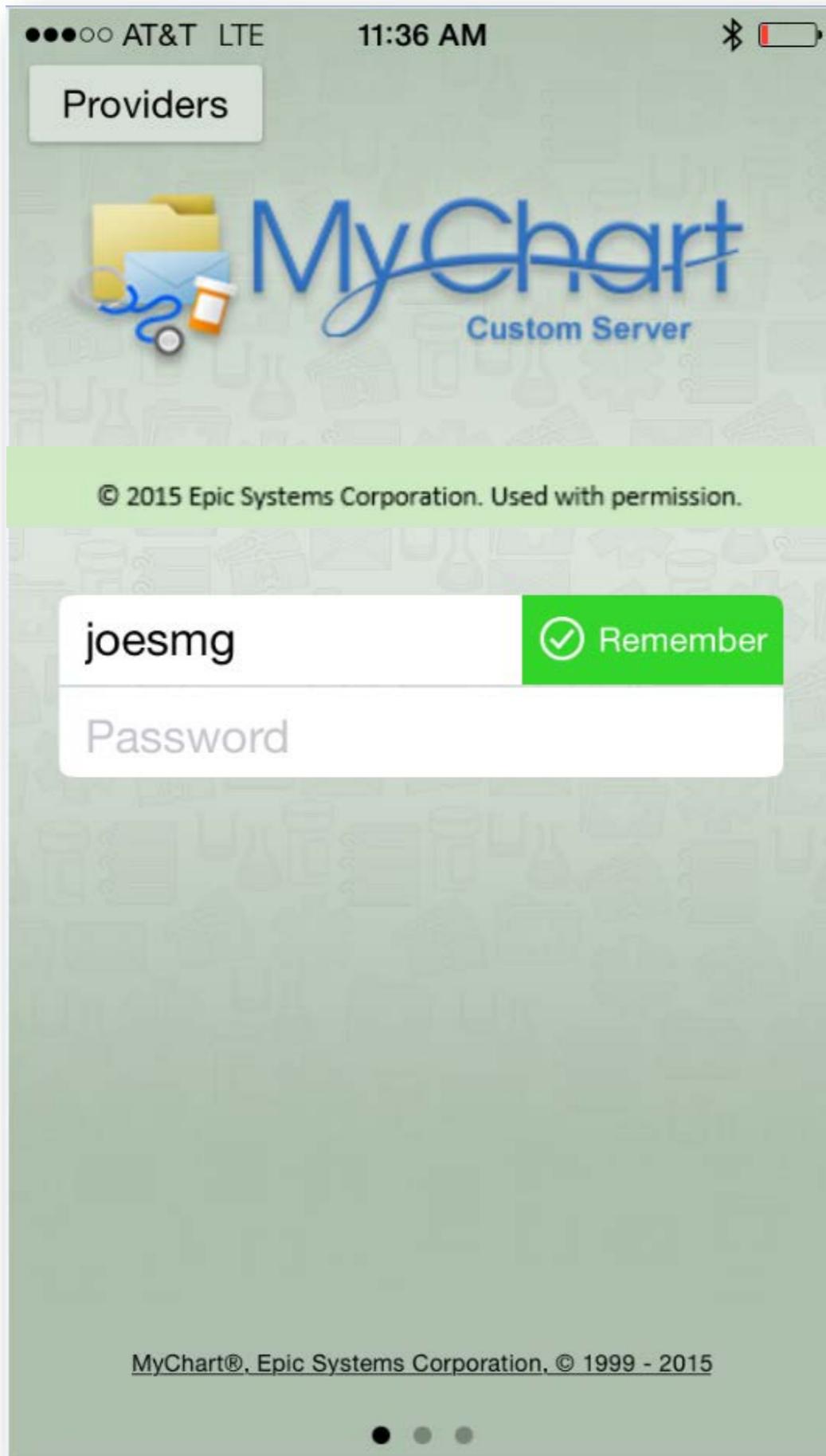


Data are visible remotely by a parent through Follow app on Apple mobile device

# Mobile enables healthcare consumerism

- Mobile phones are increasingly ubiquitous among teens and healthcare proxies for young children and older adults
- Adolescents are adept with electronic media and this technology has been implemented in care models<sup>1,2</sup>
- Youth from low-income families are more likely to access the internet from their phone than a computer<sup>3</sup>







# Track My Health



**Fever Diary**  
Fever Temperature, Associated Symptoms, M...

**CHF Flowsheet**  
Weight, Systolic, Diastolic, Are you following a...

**LPCH HealthKit**  
Blood Glucose (mg/dl)

© 2015 Epic Systems Corporation. Used with permission.



Manage Connections

Close

## Health Connections



This Device



Joe Ambsmg

DATA BEING RECEIVED FROM "HEALTH"



### Blood Glucose

Latest reading: 1/13/15, 10:49 AM

If the latest reading looks incorrect, check "Health" to make sure that you're allowing MyChart to request that data.

Stop Receiving Data

# Dexcom

Data collection



Patient wears CGM



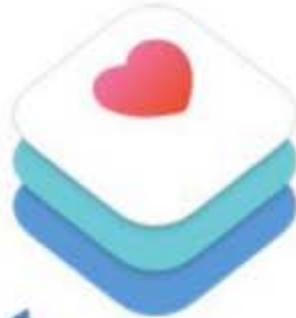
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Data analysis and communication



Data are conveyed on mobile device to Epic MyChart app



Data are available for analytics/review within the EHR

# Diabetes triage report in the EHR

- CGM data within the EHR allows custom reporting to triage care for a large number of patients
- Auto-report generation every 2 weeks, or sooner on-demand
- Patients triaged by episodic nocturnal hypoglycemia, percent overall hypoglycemia, and estimated HgbA1c

Joshua F. Ninja							
24682468		15-year old		M			
	Ave # readings/day	Mean BG (mg/dL)	SD (mg/dL)	%nighttime BGs <70 mg/dL	%total BGs <70 mg/dL	%total BGs >250 mg/dL	Estimated HgbA1c (%)
2 weeks	250	155	67	18	11	16	7.0
4 weeks	260	189	82	9	5	24	8.6
12 weeks	144	151	86	16	7	10	6.9

Tom M. De'Man							
12365412		22-month old		M			
	Ave # readings/day	Mean BG (mg/dL)	SD (mg/dL)	%nighttime BGs <70 mg/dL	%total BGs <70 mg/dL	%total BGs >250 mg/dL	Estimated HgbA1c (%)

# Population health within the EHR

Simrat							
	Ave # readings/day	Mean BG (mg/dL)	SD (mg/dL)	%nighttime BGs <70 mg/dL	%total BGs <70 mg/dL	%total BGs >250 mg/dL	Estimated HgbA1c (%)
2 weeks	223	132	40	4	5	1	6.2
4 weeks	200	120	38	9	5	1	5.8
12 weeks	180	180	60	11	4	3	6.9

# Outcome data in a unified database

Rosalia S. Socool							
72365412		4-year old		F			

Amit B. Phenom							
94682468		17-year old		M			
	Ave # readings/day	Mean BG (mg/dL)	SD (mg/dL)	%nighttime BGs <70 mg/dL	%total BGs <70 mg/dL	%total BGs >250 mg/dL	Estimated HgbA1c (%)
2 weeks	250	155	67	4	11	16	7.0
4 weeks	260	189	82	15	5	24	8.6
12 weeks	144	151	86	3	7	10	6.9

Rajesh S. Fantastik							
28365412		3-year old		M			
	Ave # readings/day	Mean BG (mg/dL)	SD (mg/dL)	%nighttime BGs <70 mg/dL	%total BGs <70 mg/dL	%total BGs >250 mg/dL	Estimated HgbA1c (%)
2 weeks	100	212	100	0	3	20	9.0
4 weeks	50	250	97	0	3	22	10.3
12 weeks	10	300	167	1	5	30	12.1

Arash A. Mazin							
54354354		11-year old		M			
	Ave # readings/day	Mean BG (mg/dL)	SD (mg/dL)	%nighttime BGs <70 mg/dL	%total BGs <70 mg/dL	%total BGs >250 mg/dL	Estimated HgbA1c (%)
2 weeks	223	132	40	9	5	1	6.2
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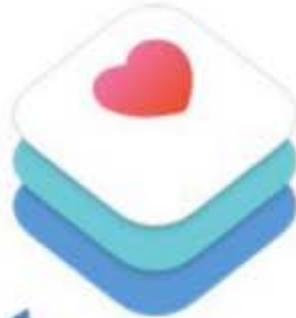
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Data analysis and communication



Data are conveyed on mobile device to Epic MyChart app



Data are available for analytics/review within the EHR



Data are visualized and assessed by diabetes provider

Health



## SnapShot

SnapShot

Encounters

Notes/Trans

Letters

Anes

Surg/Periop

Proced



PCHA Snapshot



After Visit Summary



Chart Review

Care Everywhere

Growth Chart

Results Review

Synopsis

History

Allergies

Problem List

Medications

Immunizations



### Web Resources



### Problem List



New problems from outside sources are available for reconciliation

Endocrine

Type 1 diabetes mellitus



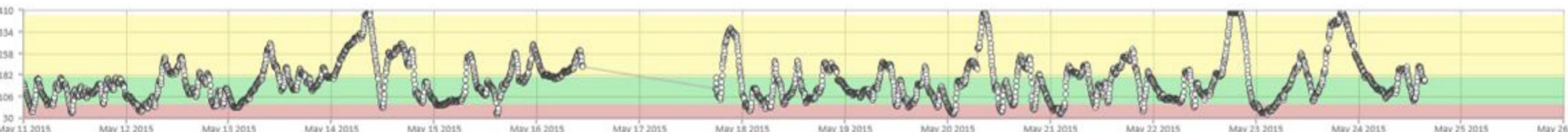
Mark as Reviewed

Reviewed by You on 7/20/2015

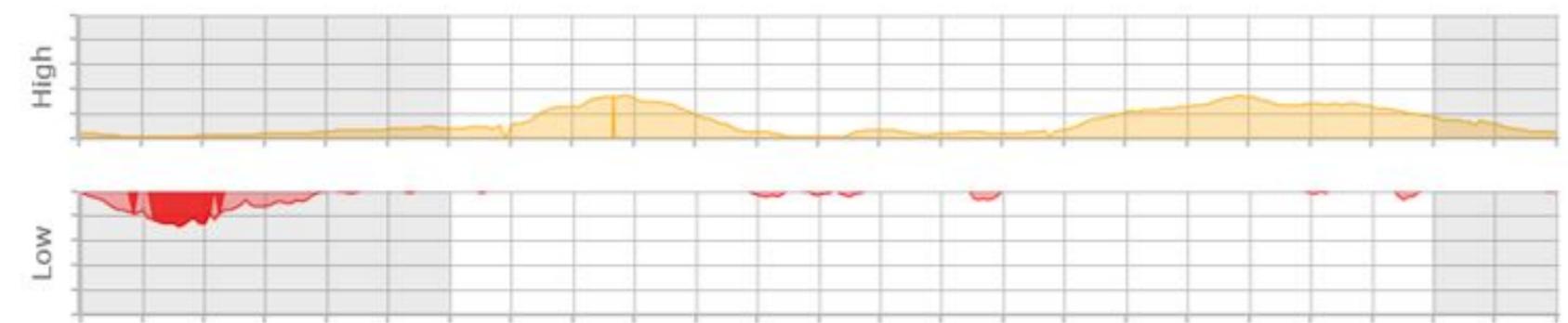
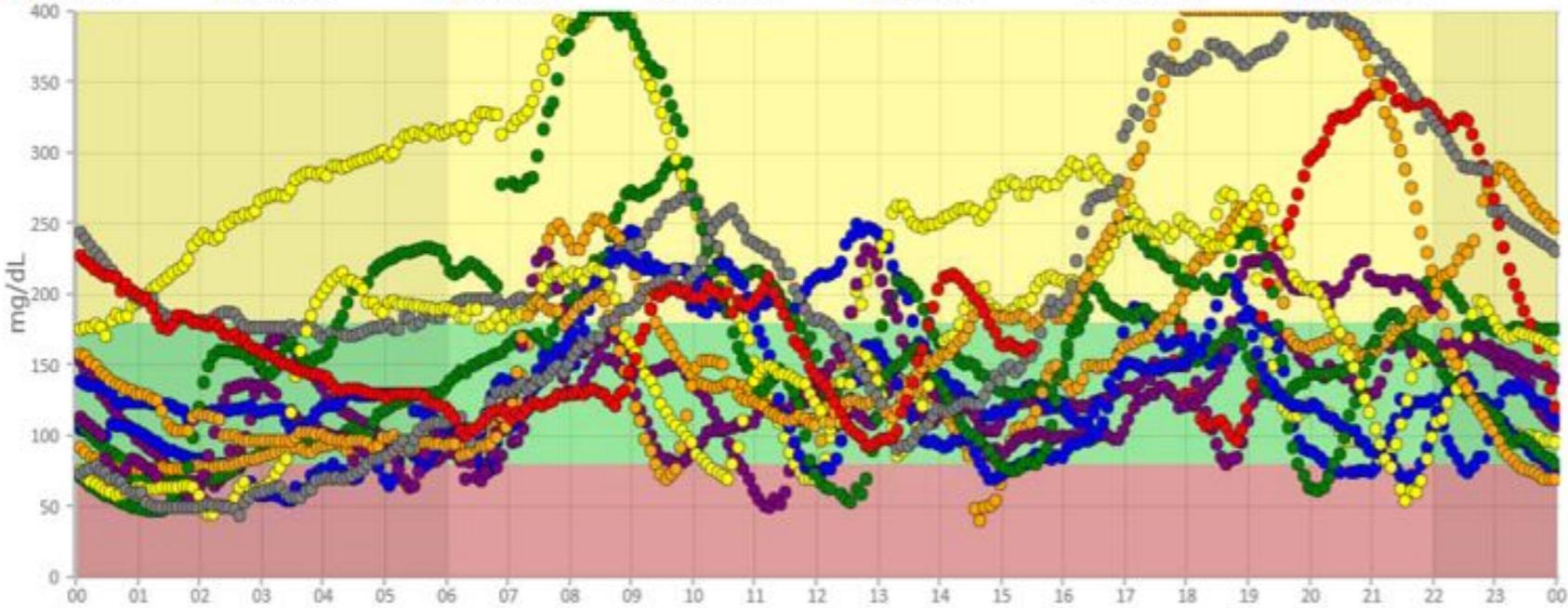
# GluVue

Night Starts  Night Ends  Target = 80 to 180

Lookback  Days From



Legend for days: Mon May 11, Tue May 12, Wed May 13, Thu May 14, Fri May 15, Sat May 16, Sun May 17, Mon May 18, Tue May 19, Wed May 20, Thu May 21, Fri May 22, Sat May 23, Sun May 24



**Cumulative**

Glucose Average	163.8 mg/dL
Standard Deviation	± 76.4 mg/dL
Estimated HgbA1c	7.3 mg/dL

High (35.0%)  
Target (54.9%)  
Low (10.1%)

**Daytime**

Glucose Average	179.3 mg/dL
Standard Deviation	± 78.2 mg/dL
Estimated HgbA1c	7.9 mg/dL

High (42.6%)  
Target (52.9%)  
Low (4.5%)

Significant Lows 01:10 to 02:05

**Nighttime**

Glucose Average	134.5 mg/dL
Standard Deviation	± 63.2 mg/dL
Estimated HgbA1c	6.3 mg/dL

High (20.6%)  
Target (58.8%)  
Low (20.6%)

Significant Lows 01:10 to 02:05

[gluvue.stanfordchildrens.org](http://gluvue.stanfordchildrens.org)

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Stanford[Home](#) [About](#) [Documentation](#)

# EMR Integration

## Introduction

Integrating GluVue with an Electronic Medical Record (EMR) is a relatively straight forward process. There are three principle steps: extract the glucose data for a given timeframe from the backend, format the data into a JavaScript Object Notation (JSON) string, and then post that string to the GluVue site, which will automatically process the data and take the user directly to the GluVue Dashboard. *No protected health information is transmitted.* The following steps provide guidelines for successfully linking an EMR to GluVue.

## Extract the Data

Exactly how to extract the data will be contingent upon the specific EMR in use at your organization. See the section [Integrating With Specific EMRs](#) below for more detailed instructions for several of the most popular EMRs. Now we will go over the data to pull and how to go about pulling it.

Before extracting the data, a timeframe must be specified. For instance, a range of the past seven to fourteen days is a good place to start. This can be statically set within the code, or in more advanced builds, an HTML form could be created to allow a user to select the timeframe that they would like to see. Although GluVue can handle very large timeframes, they will of course take longer to load from the EMR and to process once loaded.

The three data elements to send to GluVue are:

- The start date of the desired lookback timeframe
- The end date of the desired lookback timeframe
- The measurement data-set (in the form of a JSON string)

Basically, the measurement data-set to pull is just a big list of glucose measurements and a timestamp of when the measurement was taken. Exactly which types of measurements to use should be decided by your organization. For example, types of measurements to use could include: Continuous Glucose Monitoring (CGM) results, Ser/Plas Glucose, Fasting Glucose, Nonfasting Glucose, etc. The list does not have to be in chronological order.

## Format the Data

GluVue can accept the start and end dates in most common formats, such as "MM/DD/YYYY", "YY-MM-DD", "YYYY-MM-DD", etc. For processing and display purposes, the start *time* will be midnight (00:00:00) on the start date and the end *time* will be 11:59:59pm on the end date. Note that if using two digit years the format "XX/XX/XX" will be treated as "MM/DD/YY", while "XX-XX-XX" comes out as "YY-MM-DD". Unix Timestamps are accepted but must be preceded by the @ symbol - i.e. "@1215282385". If an invalid format is passed for either the start or end dates, an error message will be generated and processing will stop.

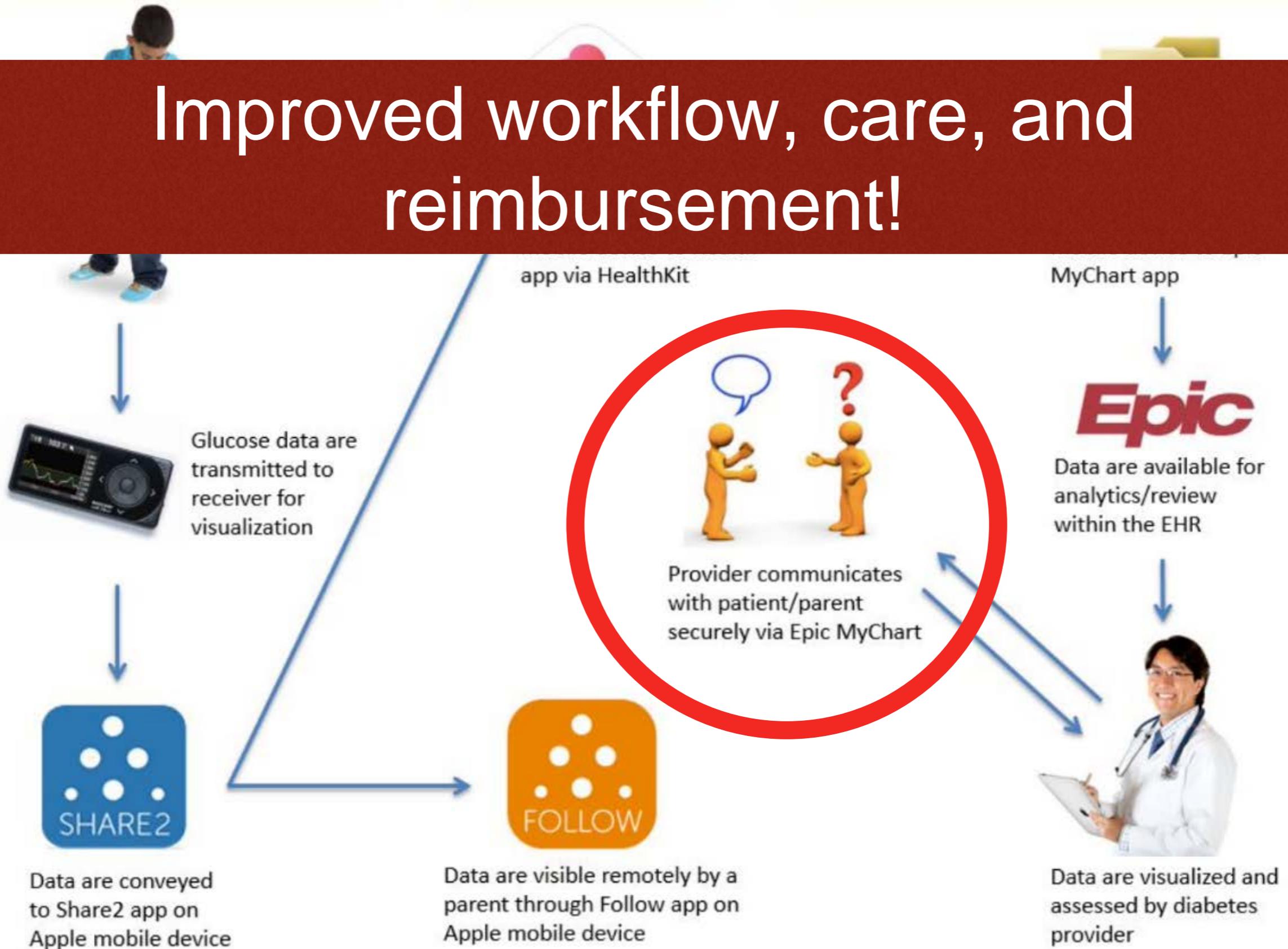
As previously mentioned, the glucose measurement data should be passed in the form of a JSON string. For a

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# Improved workflow, care, and reimbursement!



# Evolving care model

## 2015 Continuous Glucose Monitoring (CGM) Coding Reference

Description	RVU <sup>1</sup> Non-Facility*	Medicare <sup>1</sup> Physician Fee Schedule	Medicare <sup>2</sup> Outpatient Diabetes Center	Private Payer <sup>3</sup>
<b>95251:</b> Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report. (Do not report more than once per month)	<b>1.22</b>	<b>\$44</b>	<b>Paid under physician fee schedule</b>	<b>\$85</b>

In support of At-Risk and Telehealth models providing convenience and enhanced access to multi-disciplinary teams, particularly in locations without pediatric endocrinologists

# Ask the patients about their data

- Goal of enhanced self-management skills and improved provider interpretation of data<sup>4</sup>
- Patient portal facilitates bidirectional asynchronous communication about data
- Adolescents need to be involved in their care and have special needs for security/privacy<sup>5,6</sup>

# Current clinical practice

- ~~Only active delivery of CGM data between visits~~
- ~~Provider workflow outside of EHR~~
- ~~Disparate outcomes data~~
- ~~Workflow demand = increased activation energy~~

- Passive data communication
- Population health within the EHR
- Outcomes data unified
- Improved workflow, care, and reimbursement

*and*

Less documentation + no device downloads in clinic = more time to interact with patients at visits!

# Automated integration of continuous glucose monitor data in the electronic health record using consumer technology

RECEIVED 31 May 2015  
REVISED 29 October 2015  
ACCEPTED 8 December 2015



RB Kumar,<sup>1,2,\*</sup> ND Goren,<sup>1</sup> DE Stark,<sup>3</sup> DP Wall,<sup>1</sup> and CA Longhurst<sup>4</sup>

## ABSTRACT

The diabetes healthcare provider plays a key role in interpreting blood glucose trends, but few institutions have successfully integrated patient home glucose data in the electronic health record (EHR). Published implementations to date have required custom interfaces, which limit wide-scale replication. We piloted automated integration of continuous glucose monitor data in the EHR using widely available consumer technology for 10 pediatric patients with insulin-dependent diabetes. Establishment of a passive data communication bridge via a patient's/parent's smartphone enabled automated integration and analytics of patient device data within the EHR between scheduled clinic visits. It is feasible to utilize available consumer technology to assess and triage home diabetes device data within the EHR, and to engage patients/parents and improve healthcare provider workflow.

**Keywords:** electronic health records, patient generated health data, mobile applications, blood glucose, clinical informatics

## INTRODUCTION

Type 1 diabetes is one of the most common chronic diseases of childhood, and its incidence and prevalence continue to rise.<sup>1-3</sup> Tight control of hyperglycemia (high blood glucose) with intensive insulin therapy, including in early childhood, decreases the risk of serious long-term diabetes complications.<sup>4-6</sup> However, aggressive insulin dosing may result in hypoglycemia (low blood glucose) with risk of adverse changes in the central nervous system.<sup>7,8</sup> As a result, self-monitoring of blood glucose is critical for affected children and their parents to guide mealtime insulin dosing and to facilitate interventions

announced that its patient portal app ("MyChart") would be HealthKit compatible, our team recognized the opportunity to use this platform for integration of patient device data into the EHR.<sup>19</sup> Subsequently, a major continuous glucose monitor (CGM) device company (Dexcom, San Diego, CA, USA) announced compliance of its patient-facing app with the described platform, and we launched a pilot initiative to assess the feasibility of EHR integration of home-based continuous glucose monitoring. Our Institutional Review Board exempted this quality improvement initiative from oversight.

## On the horizon

- Currently we set patient/proxy expectation that we do not have the people-power to monitor all patient data in real-time
- Implications disrupt the current care model to facilitate stronger (real-time) support for our patients, and to optimize our understanding of their disease at individual and population levels
- Broad applicability to all age groups and disease

# Exclusive: Two Apple medical trials shed light on how HealthKit will work

SAN FRANCISCO | BY CHRISTINA FARR



## Apple HealthKit - Epic Integration at Ochsner Health System - David Harlow Interviews Dr. Richard Milani

7:39 pm ET  
May 4, 2015

HEALTHCARE IT

🕒 October 14, 2014

# Cedars-Sinai CIO 'Watching the Data' From Apple's New Health Software



## Duke looks toward next steps with Apple HealthKit



'We've had physicians basically knocking down my door to say, "When can we use this?"'

March 12, 2015

# Conclusions

- Technology-enabled care models improve value for patients
- Updated reimbursement strategies incentivize adoption



# References

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**Questions?**

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