Executive Summary

Introduction

One of the greatest challenges the healthcare industry currently faces is how to leverage new technology to overcome the fragmentation of patient data across all sectors of the industry. Every health insurer, disease management provider, hospital, facility, clinic and practice (to name a few) are required to maintain detailed patient records. With the average patient visit generating 13 pieces of paper documentation (weighing over 1.5 lbs), the economy of scale in the charting of each patient's health history is quickly entering into the realm of un-manageable.

To complicate matters, the average person sees 18.7 different physicians during their lifetime. For patients over 65 years of age, the average number increases to 28.4 doctors, specialists, hospital and urgent care providers. [1] In short, this means that shards of critical information that could be crucial in a physician's decision making process on that particular patient are spread out across multiple locations with no way to collect and aggregate the information. As an example, Health Grades estimates that 195,000 deaths a year are attributed to preventable hospital medical errors resulting from situations similar to the one previously illustrated.[2]

And, while electronic health records (EHR) and electronic medical records (EMR) have become the de facto solution for the reduction of paper charting through the use of sophisticated electronic documentation, the government's rush to implement a process of electronic documentation in lieu of physical paper copies overlooked one glaring detail:

> **There are no standards or commonalities among EMRs, EHRs, PHRs or any payor system that allow the individual platforms to communicate between themselves. There is no predefined, common language among the systems. There is not a common data structure. There is not a common programmer's library that would facilitate cross-platform communication.** **"There is no way for a physician or patient to access an individual's complete medical history."**

In essence, the government has made a tremendous leap forward in pushing an archaic system into a modern age, but failed to facilitate methods that could foster a network of unified healthcare information. This opens the door to an un-tapped market for unifying all healthcare data into a realtime delivery and communication system that seamlessly integrates in all forms of any proprietary software.