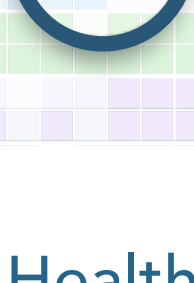


Capture the right data,
the same way, every time.



Standard Health Record

Engineering a US standard for patient health record information

Our vision is to fundamentally shift how healthcare information is created. A well-executed Standard Health Record (SHR) will move the health system towards an integrated, personalized, prevention-focused, and modernized system.

The **Standard Health Record** addresses the national problem of health data interoperability by defining and implementing the core components of a standard, digital health record that will be used for US patients.

The Standard Health Record is:

A simple, computable spec that defines core human attributes for care

Understandable and verifiable by clinicians, patients, and algorithms

Contains all the critical data needed to support patient identification, emergency and primary care

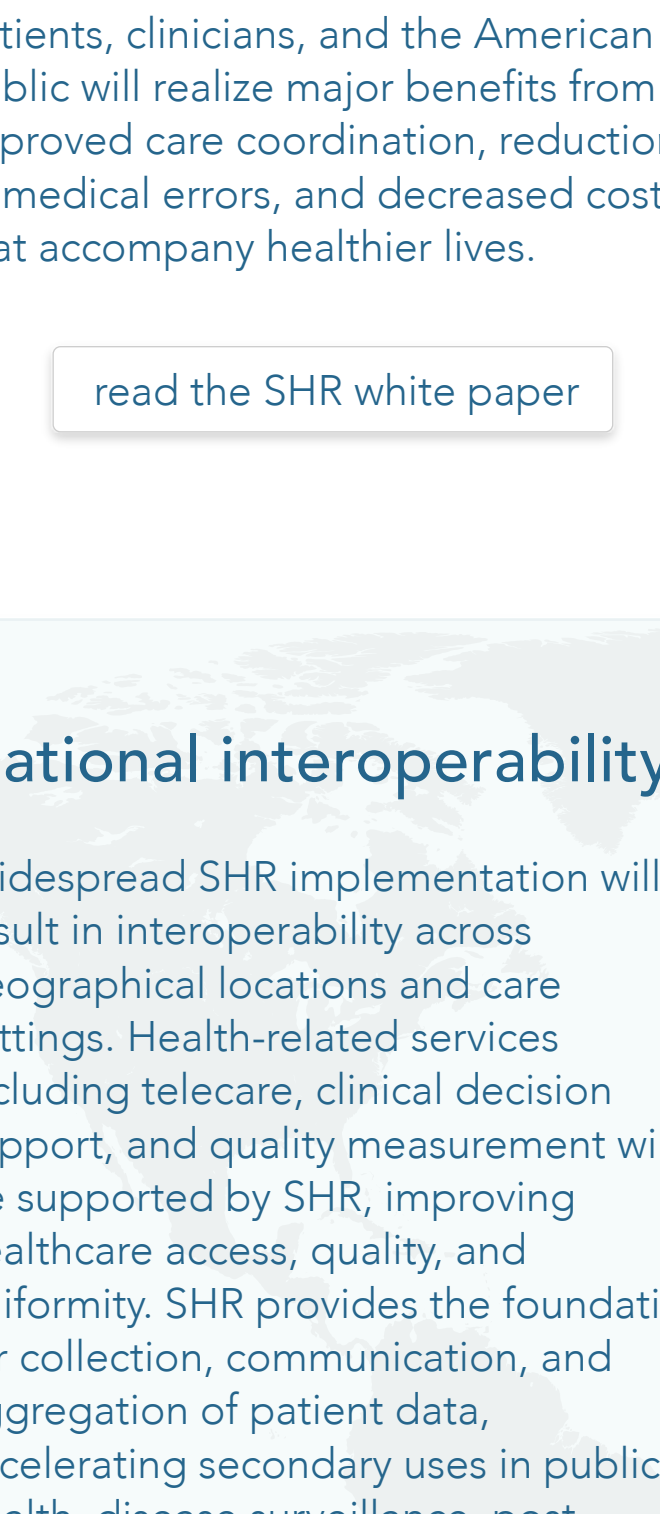
Open source software

Anchors the patient as the atomic unit

Critical to solving healthcare semantic interoperability

Better Patient Outcomes

By defining the core components of a standard, digital health record for US civilian, DoD, and VA patients, the SHR will allow a single source of truth for complete patient health data needed for patient identification, emergency care, and primary care. It will improve care coordination by providing a common operating picture, advancing the nation towards an integrated health system to modernize US health systems and processes.



Patients, clinicians, and the American public will realize major benefits from improved care coordination, reduction of medical errors, and decreased costs that accompany healthier lives.

[read the SHR white paper](#)

National interoperability

Widespread SHR implementation will result in interoperability across geographical locations and care settings. Health-related services including telecare, clinical decision support, and quality measurement will be supported by SHR, improving healthcare access, quality, and uniformity. SHR provides the foundation for collection, communication, and aggregation of patient data, accelerating secondary uses in public health, disease surveillance, post-approval monitoring, and patient-centered outcomes research.

By leveraging existing standards within the US and internationally, it will allow medical information to be stored, transferred, and merged using the SHR specification while at the same time improving information transfer by providing rightly-defined data elements, terminology mappings, and value sets.

Timeline

- 2016
 - Define the components of a standard, digital health record v01
 - Demonstrate a centralized, open source, pilot HIE with SHR for Massachusetts
- 2017
 - Conduct limited pilots using Personal Health Information (PHI)
- 2018
 - Conduct a large scale trial in Massachusetts using Personal Health Information
- Establish a new certification for Health Information Exchanges, based on the ability to store, merge, and disseminate SHRs (certified HIE)
- Establish a DURSA (Data Use and Reciprocal Support Agreement) that permits SHRs to be passed between HIEs and authorized parties
- Work with Commonwealth of Massachusetts to establish digital healthcare policies, including an opt-out HIE policy

We are in the early stages of prototyping and defining the SHR, and seek multidisciplinary collaboration with individuals and organizations that are forward thinking in terms of meaningful health data interoperability and true precision health for individuals and populations.

shr-project-list@lists.mitre.org

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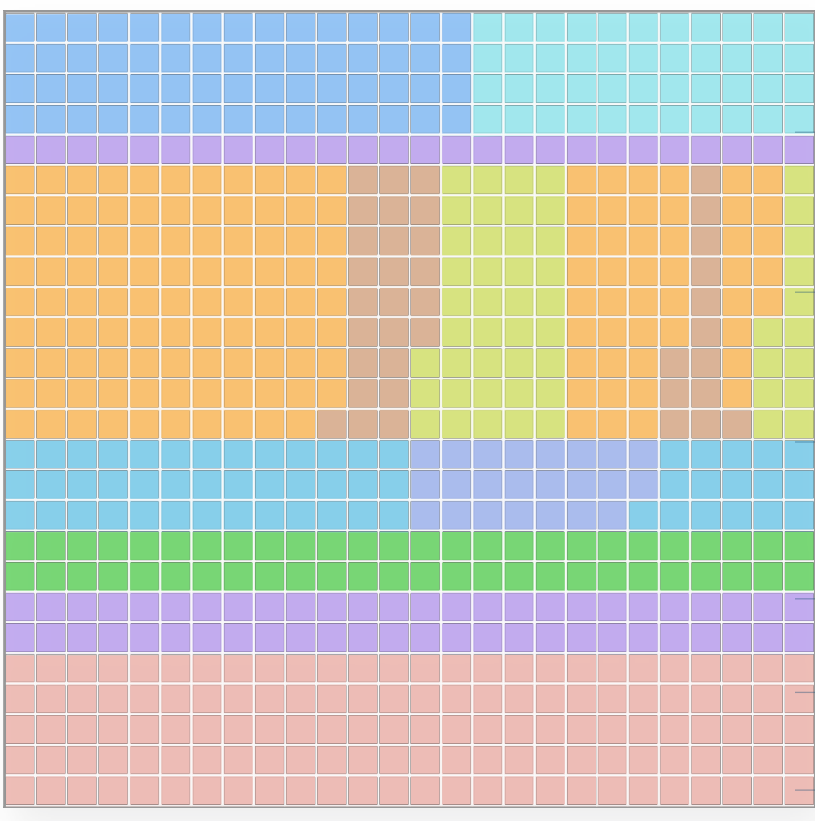


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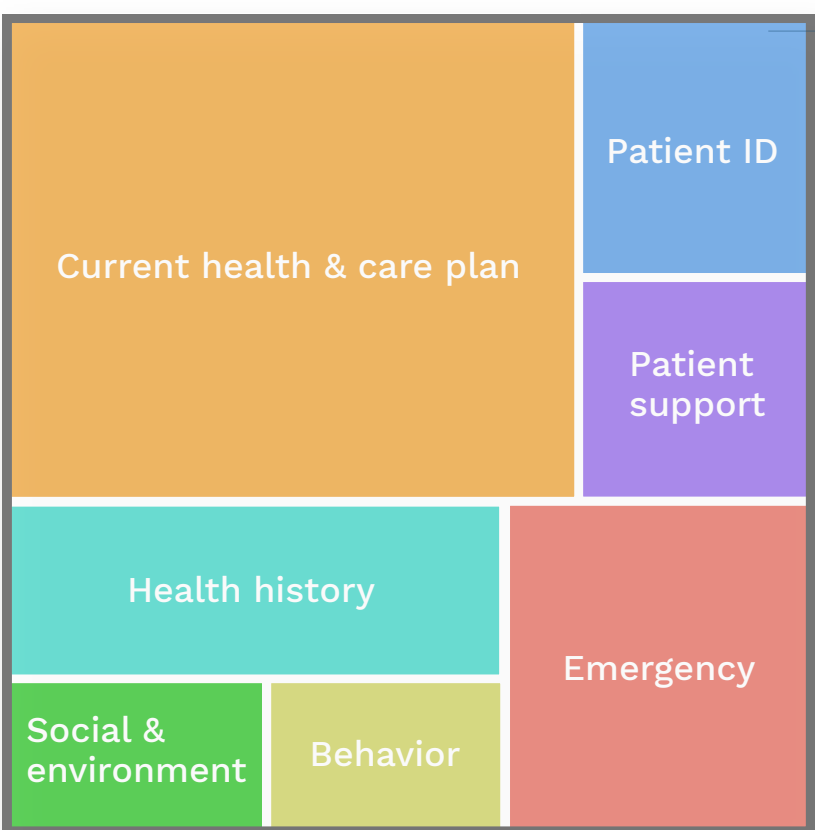


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The Standard Health Record Initiative

Our vision is to fundamentally shift how care providers and individuals obtain and use health information across multiple care settings to manage acute and preventive health. This shift begins by defining the content of a Standard Health Record (SHR) to be used by patients and care providers across the US. Populated by real-time, meaningful data, the SHR will empower individuals and care teams to collaborate, engage in shared-decision making, and achieve improved outcomes.

The level of fragmentation present in the US healthcare system today has reached a point where it is jeopardizing patient safety and creating burden for patients and their caregivers. A well-executed SHR will move the health system past this reactive, fragmented model toward a longitudinal, prevention-focused, and personalized system that will increase quality and reduce cost while addressing patient needs.

Rather than focusing on defining health data exchange standards, the Standard Health Record provides a model for standard content, values, and measurement units. This model provides a common operational picture of the patient, which eliminates many of the core challenges that have limited the realization of successful health data exchange.

MITRE Team

Harry Sleeper

Project owner

Andrew Quina

Project leader

Mark Kramer

SHR specification lead

Mary Quilty

Strategic communications lead

Kathy Mikk

Policy lead

Jay Walonoski

Synthea lead

Greg Quinn

Syntheticmass lead

Blue Ribbon Panel

The Standard Health Record (SHR) initiative will derive critical value from the guidance and support of a Blue Ribbon Panel. The Panel will serve for multiple years during the early stages of the initiative and contain experts representing clinical, patient advocacy, health information technology, health law and policy, and public health domains.

Our growing list of supporters represents a diverse collective of leaders from areas such as nationally recognized provider organizations, health IT vendors, insurance providers, clinical researchers, and government policy makers. Our collaborators are essential to the successful establishment and adoption of the Standard Health Record on a national as well as international scale.

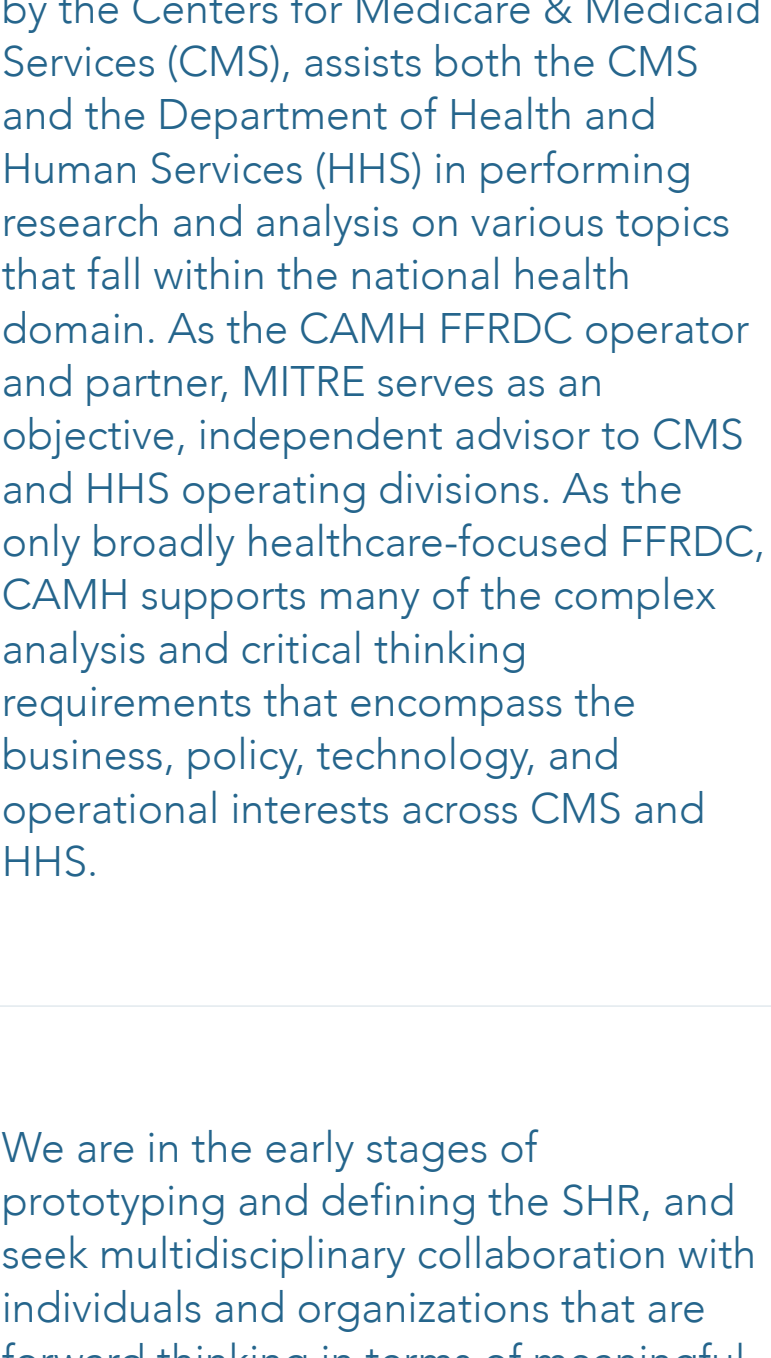
In addition to ongoing outreach efforts, select collaborators will be invited to join our Blue Ribbon Panel; making a multi-year commitment to evolve the SHR's development by advising on its concept, content, and direction.

Panel's Charge

Panel members will provide guidance and support to the SHR development team in all aspects of carrying out the mission, vision, and goals of the SHR initiative. The Panel will be supported by, and have regular communication with, the SHR development team. The Panel may form workgroups from within and outside the Panel membership to carry out its charge.

The Panel will be convened in November 2016 and will meet in full three times a year. At the conclusion of each year of service the Panel will provide recommendations to the SHR development team to guide the following year's objectives.

Timeline



About MITRE

MITRE is committed to adhering to its long-standing fiduciary role as a neutral and trusted advisor working in the public interest as a Federally Funded Research and Development Center (FFRDC) operator and partner supporting the CMS Alliance to Modernize Healthcare (CAMH).

MITRE is a not-for-profit organization that operates research and development centers sponsored by the federal government. MITRE operate FFRDCs, federally funded research and development centers, which are unique organizations that assist the United States government with Scientific research and analysis, Development and acquisition, and Systems engineering and integration. MITRE also has an independent research program that explores new and expanded uses of technologies to solve national problems in the public interest.

The CMS Alliance to Modernize Healthcare (CAMH) FFRDC, sponsored by the Centers for Medicare & Medicaid Services (CMS), assists both the CMS and the Department of Health and Human Services (HHS) in performing research and analysis on various topics that fall within the national health domain. As the CAMH FFRDC operator and partner, MITRE serves as an objective, independent advisor to CMS and HHS operating divisions. As the only broadly healthcare-focused FFRDC, CAMH supports many of the complex analysis and critical thinking requirements that encompass the business, policy, technology, and operational interests across CMS and HHS.

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