| Core Health Record, v01, 3/21/16<br>The Invo list below is a combined list of relevant patient health metrics based on the health metric lists to the right (starting from column E). | Metrics tally (view notes for detail [1] | The following are lists of relevant patient health metrics for medical encounters, from various health organizations. Each organization is a different color. | | The following are lists of relevant patient health metrics for patient health records, from various health organizations. Each organization is a different color. | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Combined Core Health Record (Invo) [2]** | | **Boston University School of Medicine [3]** | **Vanderbilt University Department of Medic [4]** | **National Institutes of Health [5]** | **National Committee for Quality Assurance [6]** | **Group Health [7]** | **CareFirst [8]** | **Capital BlueCross [9]** | **Kentucky Cabinet for Health and Family Serv [10]** | **College of Nursing and Health, Wright State University [11]** | **National Academy of Sciences [12]** | **Corepoint Health [13]** | **US Department of Health & Human Services [14]** |
| | | | | | | | | | | | [15] | | |
| Medical history | oooooo | Patient age | Age | Name | Name | Problem list, including significant illnesses and medical conditions | Patient name or identification number | Patient's name or identification number | Patient history [16] | Patient name | Race and ethnicity | Patient demographics | Personal/unique identifier |
| Patient name | ooooo | Patient gender | Sex | Birth date | Address | Medications | Dated entries and records | Date of service | Exam [17] | Personal identifier | County of origin | Immunizations | Date of birth |
| Major illnesses | ooooo | Past medical history and major symptom(s) and duration | Country of origin or race | Blood type | Employer | Adverse drug reactions | Address, employer, home and work telephone numbers | Medical history [18] | Decision-making [19] | Social security number | Education level | Vital signs | Gender |
| Physical exam results | ooooo | Source of information (whether an interpreter was used, family member, witness, etc) | Summary of chief complaint | Emergency contact information | Home telephone | Allergies | Marital status | Current problem list | History of present illness [20] | Patient birthdate | Employment | Problems & diagnoses | Race and ethnicity |
| Consultation reports | ooooo | Clinicians most involved with the patient's care | All medical problems (active or remote) | Date of last physical | Work telephone | Smoking status | Information necessary to identify patient and insurer and to submit claims | Present medication list [21] | Review of systems [22] | Patient sex | Financial resource strain | Insurance information | Residence |
| List of medications and supplements, the dosages, how long they've been taken | ooooo | History of present illness | Medications (record doses) | Dates and results of tests/screenings | Marital status | History of alcohol use or substance abuse | Name of the PCP for the patient | Current medication list [23] | Past history [24] | Patient race/ethnic group | Health literacy | Health care providers | Marital status |
| Major illnesses | oooo | Past medical history | Allergies (list reaction experienced) | Major illnesses and surgeries, with dates | Dated entry | Biographical or personal data | Initial history and physical examinations | Allergies | Family history [25] | Patient address | Sexual orientation | Encounter information | Living/residential arrangement |
| Major surgeries, with dates | oooo | Medication information | Substance abuse | List of medications and supplements, the dosages, how long they've been taken | Significant illnesses and medical conditions | Pertinent history | Age | Provider coordination of care [26] | Social history [27] | Patient telephone number | Dietary patterns | Allergies/alerting data | Self-reported health status |
| List of medications and supplements, the dosages, how long they've been taken | oooo | Allergy/adverse reactions to medications | Transfusions | Allergies | Medication allergies and adverse reactions | Physical exams | Height | Consultant continuity of care [28] | General multi-system examination [29] | Emergency contact name and phone number | Physical activity | Appropriate results | Functional status |
| Patient ID number | oooo | Family history | Childhood illnesses and immunizations | Chronic diseases | Past medical history (includes serious accidents, operations, illnesses) | Documentation of clinical findings and evaluation for each visit | Vital signs | Advance directive [30] | Diagnostic procedures ordered - labs performed or ordered | Patient marital status | Tobacco use and exposure | Medication | Years of schooling |
| Chronic conditions | oooo | Social history/habits | Family history | History of illnesses in family | Use of cigarettes, alcohol and substances | Laboratory and other studies that signify review by the ordering provider | Past medical and behavioral health history | History/physical exam | Management options selected | Patient primary language | Alcohol use | Procedures | Patient's relationship to subscriber/person eligible for entitlement |
| History of illnesses in family | oooo | Physical exam and vital signs | Social history [31] | | Physical examination results | Working diagnoses consistent with findings and test results | Preventive health maintenance and risk screening | Working diagnosis [32] | | Patient educational level | Stress | Results | Current or most recent occupation and industry |
| Patient's address | oooo | Labs/studies conducted | Physical examination information | | Specific time of return for follow-up care | Treatment plans consistent with diagnoses | Physical examination | Date for return visit | | Living arrangement | Negative mood and affect: depression and anxiety | Necessary medical equipment | Type of encounter |
| Allergies | oooo | Problem list | Laboratory data [33] | | Lab reports | A date for return visits or a follow-up plan for each encounter | Medical impression | | | Patient religion | Psychological assets: conscientiousness, patient engagement/activation, optimism, self-efficacy | Social history | Admission date (inpatient) |
| Marital status | oooo | | | | Imaging reports | Previous problems addressed in follow-up visits | Ordering of appropriate diagnostic tests, procedures, and medications | | | Legal guardian | Social connections and social isolation | Statistics | Discharge date (inpatient) |
| Alcohol use, other substance use | oooo | | | | Consultation reports | A current immunization record | Medication allergies or history of adverse reactions to medications | | | Name and birthdate of spouse | Exposure to violence | Family history | Date of encounter (outpatient and physician services) |
| Specific time of return for follow-up care | ooo | | | | Immunization record (for children) | Preventive services and risk screening | Date the allergy was first discovered | | | Advanced directives | Neighborhood and community compositional characteristics | Care plan | Facility identification |
| Lab reports/results | ooo | | | | | | Smoking habits | | | Payment source and identification number | | | Type of facility/place of encounter |
| Race/ethnicity | ooo | | | | | | Sexual behavior | | | Place of encounter | | | Health care practitioner identification (outpatient) |
| Educational level | ooo | | | | | | Alcohol use and substance abuse information | | | Primary health care professional & ID number | | | Location or address of encounter (outpatient) |
| Birth date | ooo | | | | | | Patient's chief complaint or purpose for a visit as stated by the patient | | | Encounter - primary professional & ID number | | | Attending physician identification (inpatient) |
| Major surgeries, with dates | ooo | | | | | | Telephone encounters relevant to medical issues | | | Encounter - specialty of primary health care professional | | | Operating clinician identification (inpatient) |
| Drug allergies and adverse reactions | ooo | | | | | | Clinical assessment and physical examination | | | Encounter - Collaborative health care professionals | | | Health care practitioner specialty |
| Employer | ooo | | | | | | Current medication | | | Encounter - specialty of collaborative health care professionals | | | Principal diagnosis (inpatient) |
| Dated entries | ooo | | | | | | Documentation of consideration of medication interaction when patient is being seen by multiple practitioners | | | Encounter - total charge | | | Primary diagnosis (inpatient) |
| Tobacco use | ooo | | | | | | | | | Past health history | | | Other diagnoses (inpatient) |
| Blood type | oo | | | | | | | | | Past medical diagnoses | | | Qualifier for other diagnoses (inpatient) |
| Gender | oo | | | | | | | | | Past surgeries | | | Patient's stated reason for visit or chief complaint (outpatient) |
| Height | oo | | | | | | | | | Past hospitalizations | | | Diagnosis chiefly responsible for services provided (outpatient) |
| Vital signs | oo | | | | | | | | | Admission/service date | | | Other diagnoses (outpatient) |
| Emergency contact information | oo | | | | | | | | | Referral source | | | External cause of injury |
| Living arrangement | oo | | | | | | | | | Admitting diagnosis | | | Birth weight of newborn |
| Home telephone | oo | | | | | | | | | Chief complaint | | | Principal procedure (inpatient) |
| Work telephone | oo | | | | | | | | | Family history | | | Other procedures (inpatient) |
| Admission/service date | oo | | | | | | | | | Allergies | | | Dates of procedures (inpatient |
| Social history | oo | | | | | | | | | Current medication identification | | | Procedures and services (outpatient) |
| Immunization record | oo | | | | | | | | | Current medication dose | | | Medications preacted |
| Name of PCP for patient | oo | | | | | | | | | Current medication dose units | | | Disposition of patient (inpatient) |
| Advance directive | oo | | | | | | | | | Current medication timing/quantity | | | Disposition (outpatient) |
| Place of encounter | oo | | | | | | | | | Current medication identification | | | Patient's expected sources of payment |
| Discharge date (encounter) | oo | | | | | | | | | Exposure to communicable disease | | | Injury related to employment |
| Procedures/treatment rendered | oo | | | | | | | | | Exposure to environmental hazards | | | Total billed charges |
| Insurance information | oo | | | | | | | | | Travel out-of-country | | | |
| Patient demographics | oo | | | | | | | | | Blood type | | | |
| Working diagnosis consistent with findings and test results | oo | | | | | | | | | Height | | | |
| Social security number | o | | | | | | | | | Weight | | | |
| Age | o | | | | | | | | | Review of systems | | | |
| Weight | o | | | | | | | | | Head & neck - system review | | | |
| Country of origin | o | | | | | | | | | Breatas - system review | | | |
| Date of last physical | o | | | | | | | | | Respiratory - system review | | | |
| Dates and results of tests/screenings | o | | | | | | | | | Cardiac/peripheral vascular - system review | | | |
| Laboratory and other studies that signify review by the ordering provider | o | | | | | | | | | Gastrointestinal - system review | | | |
| Prentive services and risk screenings | o | | | | | | | | | Urinary - system review | | | |
| Initial history and physical examinations | o | | | | | | | | | Genity - system review | | | |
| Preventive health maintenance and risk screenin | o | | | | | | | | | Neurological - system review | | | |
| Ordering of appropriate diagnostic tests, procedures, and medicationfs | o | | | | | | | | | Musculoskeletal - system review | | | |
| Current problem list | o | | | | | | | | | Hematologic - system review | | | |
| Healthcare providers | o | | | | | | | | | Endocrine - system review | | | |
| Patient primary language | o | | | | | | | | | Psychological | | | |
| Religion | o | | | | | | | | | Current life style | | | |
| Legal guardian | o | | | | | | | | | Nursing diagnoses | | | |
| Name and birthdate of spouse | o | | | | | | | | | Procedures/treatment rendered | | | |
| Past hospitalizations | o | | | | | | | | | Latchest results | | | |
| Significant behavioral health conditions | o | | | | | | | | | Medical diagnoses at discharge | | | |
| Current list of medication names | o | | | | | | | | | Discharge date (encounter) | | | |
| Current medication dosages | o | | | | | | | | | Patient disposition/referral | | | |
| Current medication dose units | o | | | | | | | | | Patient outcome | | | |
| Current medication timing/quantity | o | | | | | | | | | | | | |
| Exposure to communicable diseas | o | | | | | | | | | | | | |
| Exposure to environmental hazards | o | | | | | | | | | | | | |
| International travel information | o | | | | | | | | | | | | |
| Past list of medications | o | | | | | | | | | | | | |
| Procedures/treatment rendered | o | | | | | | | | | | | | |
| Results | o | | | | | | | | | | | | |
| Necessary medical equipment | o | | | | | | | | | | | | |
| Self-reported health status | o | | | | | | | | | | | | |
| Functional status | o | | | | | | | | | | | | |
| Patient's relationship to subscriber/person eligible for entitlement | o | | | | | | | | | | | | |
| Date allergy was first discovered | o | | | | | | | | | | | | |
| Occupation/industry | o | | | | | | | | | | | | |
| Patient telephone number | o | | | | | | | | | | | | |
| Dietary pattern | o | | | | | | | | | | | | |
| Referral source | o | | | | | | | | | | | | |
| Admitting diagnosis | o | | | | | | | | | | | | |
| Chief complaint | o | | | | | | | | | | | | |
| Care plan | o | | | | | | | | | | | | |
| Stress level | o | | | | | | | | | | | | |
| Negative mood and affect: depression and anxie | o | | | | | | | | | | | | |
| Psychological assets: conscientiousness, patient engagement/activation, optimism, self-efficacy | o | | | | | | | | | | | | |
| Financial resource strain | o | | | | | | | | | | | | |
| Physical activity | o | | | | | | | | | | | | |
| Statistics | o | | | | | | | | | | | | |
| Health literacy | o | | | | | | | | | | | | |
| Social connections and social isolation | o | | | | | | | | | | | | |
| Exposure to violence | o | | | | | | | | | | | | |
| Neighborhood and community compositional characteristics | o | | | | | | | | | | | | |
| Sexual behavior | o | | | | | | | | | | | | |
| Sexual orientation | o | | | | | | | | | | | | |
| Diagnostic procedures ordered | o | | | | | | | | | | | | |
| Imaging reports | o | | | | | | | | | | | | |
| Immunization record (for children) | o | | | | | | | | | | | | |
| Previous problems addressed in follow-up visits | o | | | | | | | | | | | | |
| Patients chief complaint or purpose for a visit as stated by the patient | o | | | | | | | | | | | | |
| Telephone encounters relevant to medical issue | o | | | | | | | | | | | | |
| Documentation of consideration of medication interaction when patient is being seen by multiple practitioners | o | | | | | | | | | | | | |
| Documented evidence of continuity and coordination of care for all ancillary services and diagnostic tests ordered by the provider | o | | | | | | | | | | | | |
| Documentation of all referred diagnostic and therapeutic services | o | | | | | | | | | | | | |
| Review of systems | o | | | | | | | | | | | | |
| Multi-system exmination | o | | | | | | | | | | | | |
| Management options selected | o | | | | | | | | | | | | |
| Payment source and ID | o | | | | | | | | | | | | |
| Nursing diagnoses | o | | | | | | | | | | | | |
| Medical diagnoses at discharge | o | | | | | | | | | | | | |
| Patient disposition/referral | o | | | | | | | | | | | | |
| Patient outcome | o | | | | | | | | | | | | |
| Type of encounters | o | | | | | | | | | | | | |
| Date of encounter (outpatient and physician services) | o | | | | | | | | | | | | |
| Facility identification | o | | | | | | | | | | | | |
| Health care practitioner ID (outpatient) | o | | | | | | | | | | | | |
| Location or address of encounter (outpatient) | o | | | | | | | | | | | | |
| Attending physician ID (inpatient) | o | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Operating clinician ID (inpatient) | o | | | | | | | | | | | | |
| Health care practitioner specialty | o | | | | | | | | | | | | |
| Principal diagnosis (inpatient) | o | | | | | | | | | | | | |
| Primary diagnosis (inpatient) | o | | | | | | | | | | | | |
| Other diagnoses (inpatient) | o | | | | | | | | | | | | |
| Qualifier for other diagnoses (inpatient) | o | | | | | | | | | | | | |
| Patient's stated reason for visit or chief complaint (outpatient) | o | | | | | | | | | | | | |
| Diagnosis chiefly responsible for services provided (outpatient) | o | | | | | | | | | | | | |
| Other diagnoses (outpatient) | o | | | | | | | | | | | | |
| External cause of injury | o | | | | | | | | | | | | |
| Birth weight of newborn | o | | | | | | | | | | | | |
| Principal procedure (inpatient) | o | | | | | | | | | | | | |
| Other procedures (inpatient) | o | | | | | | | | | | | | |
| Dates of procedures (inpatient) | o | | | | | | | | | | | | |
| Procedures and services (outpatient) | o | | | | | | | | | | | | |
| Medications prescribed | o | | | | | | | | | | | | |
| Disposition of patient (inpatient) | o | | | | | | | | | | | | |
| Disposition (outpatient) | o | | | | | | | | | | | | |
| Patients expected sources of payment | o | | | | | | | | | | | | |
| Injury related to employment | o | | | | | | | | | | | | |
| Total billed charges | o | | | | | | | | | | | | |
| Encounter - primary professional & ID number | o | | | | | | | | | | | | |
| Encounter - specialty of primary health care professional | o | | | | | | | | | | | | |
| Encounter - collaborative health care professionals | o | | | | | | | | | | | | |
| Encounter - specialty of collaborative health care professionals | o | | | | | | | | | | | | |
| Encounter - total charge | o | | | | | | | | | | | | |
| Encounter information | o | | | | | | | | | | | | |
| Appropriate results | o | | | | | | | | | | | | |

[1] To create the final Invo list of the core health record, each metric from each health organization was added to the Invo list (starting from column E). The Invo list was then organized in order of the most commonly mentioned metric among all health organizations. The number of times a specific metric was listed was denoted by the character "o". Some metrics had different names depending on health organization (patient name vs name for example).

[2] This is a combination of the other health metrics excluding the one from National Academy of Sciences.

[3] Guidelines for the History and Physical Exam Write-up Department of Medicine Boston University School of Medicine. (n.d.). Retrieved February 25, 2016, from http://www.bumc.bu.edu/im-residency/files/2010/10/History-and-Physical-Exam-Guidelines.doc

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[6] Features and Announcements. (n.d.). Retrieved February 25, 2016, from http://www.ncqa.org/ (http://www.ncqa.org/portals/0/policyupdates/supplemental/guidelines_medical_record_review.pdf)

[7] Group Health
Medical Records and Documentation Standards. (n.d.). Retrieved February 25, 2016, from https://provider.ghc.org/open/render.jhtml?item=/open/workingWithGroupHealth/records-standards.xml

[8] Medical Record Documentation Standards. (n.d.). Retrieved February 25, 2016, from https://provider.carefirst.com/carefirst-resources/provider/pdf/medical-record-documentation-standards-bok5129.pdf

[9] Practice Guidelines. (n.d.). Retrieved February 25, 2016, from https://www.capbluecross.com/NR/rdonlyres/DBCE2FA9-900D-4DFD-9AFA-5D7D8090A5DD/0/MedicalRecordDocumentationGuidelines.pdf

[10] Hotlines. (n.d.). Retrieved February 25, 2016, from http://chfs.ky.gov/ (http://chfs.ky.gov/nr/rdonlyres/3c090fd0-7550-4df6-b5a9-54b8b72087ff/0/medicalrecordsmanagement.doc pg.18)

[11] Renner, A. L., & Swart, J. C. (1997). Patient Core Data Set. Standard for a longitudinal health/medical record. Comput Nurs., S7-13. Retrieved March 22, 2016, from http://www.ncbi.nlm.nih.gov/pubmed/9099030/?ncbi_mmode=std

[12] Capturing social and behavioral domains and measures in electronic health records: Phase 2. (2014). Washington D.C.: The National Academies Press.

[13] Understanding the Continuity of Care Record (Rep.). (2009). Retrieved March 22, 2016, from Corepoint Health website: http://corepointhealth.com/sites/default/files/whitepapers/continuity-of-care-record-ccr.pdf

[14] Core Health Data Elements Report of the National Committee on Vital and Health Statistics (Rep.). (11996, August). Retrieved March 22, 2016, from US Department of Health and Human Services website: https://aspe.hhs.gov/legacy-page/ncvhs-report-core-health-data-elements-148766

[15] Organization mentions that this is still a work in progress but this is the current list based on consensus of the reviewers. (ch 3)

[16] a) History of present illness
b) Review of systems
c) Past, family, and/or social history

[17] a) Physical findings and prior or current diagnostic test results
b) General multisystem exam
c) Diagnostic procedures ordered

[18] a) Past medical history
b) Chronic or significant acute medical conditions
c) Significant surgical conditions
d) Significant behavioral health conditions
e) For children and adolescents, prenatal care, birth, surgery and childhood illnesses should be documented on this list

[19] a) Assessment and identification of health risk factors, clinical impression, or diagnosis, i.e., Presenting Problems Management Options Categories. (Assessment)
b) Plan for care, i.e., recommendations, prescriptions for medications, diet or exercise modification, health education and counseling, and a plan of return to clinic. i.e., Management Options. (Plan)

[20] a) Location
b) Quality (specific pattern? sharp, dull, etc)
c) Severity
d) Duration
e) Timing
f) Context (pain with exercise, burning upon urination, etc)
g) Modifying factors (does history indicate what the patient has done to obtain relief?)
h) Associated S/S (does the history list any associated s/s? Headache, sweating, rash, etc)
i) Chronic/inactive conditions (diabetes, migraine headaches, etc)

[21] Includes all current and previously ordered medications for chronic conditions with name, dosage, frequency)

[22] a) Eyes
b) Cardiovascular
c) Respiratory
d) Gastrointestinal
e) Genitourinary
f) Musculoskeletal
g) Integumentary
h) Neurological
i) Psychiatric
j) Endocrine
k) Hematologic/lymphatic
l) Allergic/immunologic

[23] Medication lists must be up to date and include all medications prescribed by any clinician involved in the members care or noted in hospital discharge summaries.

[24] a) Current medications
b) Prior major illness and injury
c) Prior operations
d) Prior hospitalizations
e) Genetic abnormalities
f) Age appropriate immunization status

[25] a) Health status
b) Genetic abnormalities
c) Cause of death of parents, siblings, children, father of baby
d) Specific diseases related to problems identified in the chief complaint

[26] Documented evidence of continuity and coordination of care for all ancillary services and diagnostic tests ordered by the provider

[27] a) Marital status and/or living conditions
b) Employment
c) Occupational history
d) Use of drugs, alcohol and tobacco
e) Dietary habits
f) Extent of education
g) Sexual history

[28] Documentation of all referred diagnostic and therapeutic services

[29] a) Eyes
b) Ears, nose, mouth and throat
c) Neck
d) Respiratory
e) Cardiovascular
f) Chest
g) Gastrointestinal
h) Genitourinary
i) Lymphatic
j) Musculoskeletal
k) Skin
l) Neurological
m) Psychiatric

[30] Documentation as to whether or not the adult patient has executed an advance directive

[31] a) Social support
b) Occupation
c) Education
d) Travel
e) Sex history

[32] There must be a medical diagnosis written by the provider for each presenting complaint or abnormal finding on the physical exam

[33] a) Electrolytes
b) CBC
c) Urinalysis
d) CXR
e) EKG
f) Microbiology