A.

According to Bakken et al., (2021) the integration and designing of EHRs are specific to hospital and ambulatory care settings. When it comes to hospital, EHRs are designed to suit and fulfil the needs of nurses and physicians. This design features support a wide range of functions like nursing care planning, documentation including laboratory results, pharmacy communication etc. (Bakken et al., 2021). This resulted in the integration of information and systems.

In contrast, the designing of EHRs for ambulatory care must fulfill additional criteria than that of hospital. Some of these include, retrieval of past records, decision support, providing constant alerts to clinicians to perform needed care and examinations, avoid contraindicated medications etc. (Bakken et al., 2021).

The features of EHR for home care setting require relatively less sophisticated design. They should be able to support patient care in terms of improving safety, promote health and aid in treatment of disease. Bowles et al., (2014) quotes that EHR adoption had led to effective note completion and timely documentation leading to improved care at home care settings.

With these points I would like to say that, designing EHRs differs according to the clinical care setting.

B.

The five goals of Health Information Technology for Economic and Clinical Health are:

* Improve the quality of care, safety, and efficiency (HIPPA Journal, 2022).
* Engage patients in health care (HIPPA Journal, 2022).
* Improve the coordination of care (HIPPA Journal, 2022).
* Improve the population health status (HIPPA Journal, 2022).
* Ensure safety and privacy (HIPPA Journal, 2022).

HITECH act has provided access to Patient Centered Medical Homes (PCMH), where patients can have the access to informed decisions to a comprehensive list of problems (Bakken et al., 2021). Also, Accountable Care Organizations have integrated various services to provide them to population (Bakken et al., 2021).

This act has generated huge funds that enabled many health care settings to adopt certified EHRs (Mennemeyer et al., 2015). Meaning use (MU) of these systems improved the quality of care.

C.

CAREMINDr is an excellent initiate to take the primary health care to comfort of patient’s home. Primarily, CAREMINDr is intended to help the low-income and underserved people enrolled in Federally Qualified Health Centers (FQHCs) and FQHCs Look- Alikes (LALs) (CAREMINDr, n.d.).

CAREMINDr has put forward two mechanisms to deliver the necessary care to the patients. Outreach, this facilitates the messaging option from the providers to the patients where access to necessary information is granted (CAREMINDr, n.d.). There is no evidence that treatment protocol is based on past medical conditions and there isn’t any portal to address emergencies in case of ARDs or errors by patient. In this case, CAREMINDr acts as a patient portal unit rather than providing the personalized care.

Journeys, these are the tools put forward to manage condition specific diseases like hypertension, diabetes, COVID, flue etc. (CAREMINDr, n.d.). These tools’ function measuring the patient generated data and biometric data to address a specific condition (CAREMINDr, n.d.). Unlike to this, the development and implementation of HELP and AWARE systems, incorporated Clinical decision support, alarming systems in case of bedside monitoring and further expanded the scope for tele ICUs (Herasevich et al., 2021).

With improvements in patient monitoring devices, Tele-ICUs came into practice which was not possible with CAREMINDr. With the above sated reasons, I justify that CAREMINDr is effective for primary health care and not suitable for complicated, inpatient and severely ill conditions. Improvements in the patient monitoring is advised for effective functioning of CAREMINDr.

D.

Patient generated health data have proven to be precise and continuous as they generate it from their everyday lives (Tiase et al., 2020). This has also reduced burden and the chance of medical errors by the physician. PGHD encourages self-awareness as it aids in monitoring their health. In addition to this, the data plays a key role in shared decision making of treatment protocol (Tiase et al., 2020). Integrating such useful data into EHRs save a lot of time to the physicians, bypassing the need to search other portals containing PGHD. When coupled with EHRs, analysis of information and outcomes will be based on recently updated information avoiding multiples recalls of the patient. Also, integrating this data into EHRs makes it accessible to all the connected systems, playing a key role in health information exchange. Apart from the clinical aspects, this data being updated on a regular basis, aid in research and supports clinical decision making (Tiase et al., 2020).

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