

Assumptions:

1. It is advantageous to have complete "real time" medical information and results before or during a patient-provider encounter
2. HIPPA compliant shared medical data improves the process of decision making, care, outcomes and cost
3. Stakeholders' values of improved time management and efficiency are appropriate constructs that have relative interpretations

STAKEHOLDERS	COSTS [due to system fracture]	SAVINGS [appropriate utilization]	EARNINGS [reimbursed opportunities]
Patients	Co-pays visits, studies, meds	Better Health less utilization error prevention uniques lifespan record uniform medication recall	Measured compliance (potential premium rebate)
Payors	Duplication Over Utilization Abuse Fraud Multiple Providers Care Level Transitions Data Loss Provider + Prescription Abuse Workmen's Comp Management Multiple Recent Records Unknown Prevent Drug-Disease, Drug-Lab Interactions	Compliance Patient Engagement MCO Case Management Evidence Based Medicine with Uniform Immediate Updates: HEDIS criteria Care Coordination and Medical Code Authorship Evidence Based Medicine with Uniform Immediate Updates: HEDIS criteria Remote Access: UM/QM, call coverage, ambulance and emergency depts. Formulary Adherence	Specificity Coding (only MA) Increased Enrollment improved rankings competitive premiums enhanced benefits
Providers	Personnel	Malpractice	Communication Coverage Rx/Outcomes Data Release Pay for Performance
Researchers	Multiple Data Aggregation Sites	Time and Resources	Research-Practice Based Population Based
Community	Ineffective/Sick Workforce	Immediate Identification of Epidemics Predictive Modeling	