Patient-Centered Medical Records

Patient centered care focuses on improved care quality and outcomes. Simply implementing an electronic health record as replacement for a paper chart within a physician's practice may provide benefits in matters of "practice management" (e.g. efficient office administration) but in itself is not patient-centered unless its use leads to higher quality care and improved outcomes for patients.

Unfortunately, studies indicate that on a national scale, care quality gains through the use of electronic health records have not emerged[1]. Care improvements have been associated, however, with specific features of electronic records such as, clinical decision support that in certain care settings promotes timely care coordination communication about things that can "make a difference" to patients[2].

The Viva-Care medical record philosophy is based on the premise that a patient-centered record, aggregated around patients and not providers or care settings, can only be effective in achieving improved outcomes if embraced jointly by primary care physicians, specialists and their patients.

Viva-Care is a robust, cloud-based patient-centered record containing organized, up-to-date, and accurate information, encompassing all types of patient data: notes, images, lab tests, orders, and other data stored in a single place so that everyone participating in a patient's care has a comprehensive view. Viva-Care is *ideally developed under the guidance of a patient's primary care physician (PCP)* and organized to reflect all relevant patient encounters with clinicians across diverse acute and chronic care settings.

The goal is to ensure all providers involved in care and patients have timely access to the best clinical information possible that can be relevant and necessary for the delivery of safe, effective care. Using integrated records, Viva-Care analytics and secure messaging support follow-up care through helpful reminders/alerts/educational content, and keeps the care team, including the patient, connected between visits with a bi-directional flow of clinical information that is actionable.

[1] Zhou, L., et al, (2009). The Relationship between Electronic Health Record Use and Quality of Care over Time, J Am Med Inform Assoc. V 16 No 4

[2] Linder, J., et al, (2102). Method of electronic health record documentation and quality of primary care, J Am Med Inform Assoc. doi:10.1136/amiajnl-2011-000788