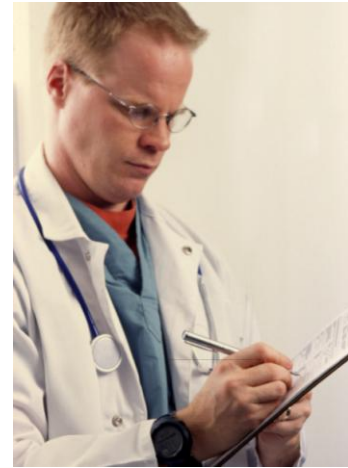


Inner Reach Health History Solutions for Physicians

Our Health Information Gathering System—HiGS



Inner Reach HiGS is a tracking, monitoring, and following-up preventive care technology. The time it takes Physicians to gather and ferret through a patient's health histories, symptoms, and situations can often take most of the time that is spent with a patient, which is time that could instead be spent treating and elaborating on interview.

HiGS can help by providing needed information about a patient that is electronically provided by and paid for by the patient. Physicians can request their patients take specific **HiGS** histories and assessments and even body systems for symptom checks in the **HiGS** prior to going to the doctor office for a visit. This can save physicians' time and money.

The Inner Reach Health Information Gathering System - **HiGS** provides Preventive Care technology which electronically collects, assesses, screens, teaches, tracks, stores, and retrieves individuals' health histories.

Data Collection of the Health History



Histories are kept by numerous institutions and doctor offices in various areas around the nation. Histories can be difficult to locate plus it is typically impossible to update histories without a visit to the doctor office(s). Although there are advantages to computerized records, current electronic systems which use medical hierarchical gathering demands may not be adequate systems for the patient to convey what is going on and what they are concerned about. Additionally, due to preferentially structured interviews around demands from the data-gathering system rather than patients' own narrated accounts, they may not be that helpful to physicians either.

In Kevin Pho's October 1, 2008 article in USA Today, *Why Doctors Still Balk at Electronic Records*, he reports these servers, computers and software systems, paid for out of physicians' monies, generally cost as high as \$36,000. [1] Customarily they are ineffective systems for preserving health. Compounding this, physicians usually do not get paid or reimbursed for health interventions and creating electronic records, since they primarily diagnose and treat disease and attend to patients. Physician's time can be better spent. **HiGS** can help.



PHYSICIANS: How Can HiGS Track Your Patients' Symptoms?

Remember when you used to have time to have a relationship with your patients?

The Inner Reach Health Information Gathering System - **HiGS** is a **Preventive Care Technology** System which allows people to communicate with their physician in a manner that more closely resembles the physician's language. Studies show: histories are even more important to identify potential risk for disease than a physical examination; conditions and diseases can be missed when an adequate and essential history is omitted during a physical examination by a physician in a doctor office. ^[2] High-risk people can be missed by their primary care physicians due to lack of genetic information and its evaluation. ^[3] ^[4]

Gathering data is difficult since time is tight. Studies suggest, *physicians using EHRs preferentially structure interviews around data-gathering demands rather than patients' own narrated accounts.* ^[5] There are too many tasks and not enough time to do them all.

Doctors have always collected and known the importance of genetic, family, and personal histories. Doctors gather histories through time-consuming interviews. In order to properly diagnose and get patients to 'buy into' care and treatment for disease, patients have to convey their story - their history - and doctors have to listen. Patients are more apt to comply when they feel the doctor knows all they want to tell them. This is difficult.

Within the current healthcare system, there is not longer enough time or a comprehensive way for patients to tell their story. Doctors no longer feel they can do a lot of the real care they want or used to do. It can be frustrating. **HiGS** can help.

Old Way: Chances for Incomplete or Altered History

Almost all information about patients is collected in superficial redundant forms or conveyed verbally, then written down or less commonly entered electronically by someone else - not the individual. Frequently information entered about patients needs to fit billable code boxes for payment or institutional requirements.



Alterations and also other possible distortions can occur to accommodate this, because the story is incomplete, rushed, and can be interpreted by a physician or other healthcare professionals in a short-hand while trying to collect relevant facts. Adapted, scattershot, and non-comprehensive, often the history is not really the person's story at all. Crucial points and situations can get left out. **HiGS** can help.



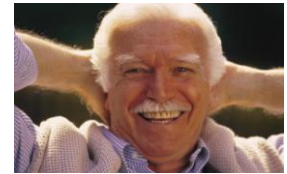
New Way: HiGS Can Help Physicians



HiGS provides a vehicle for people who do not have the medical training or expertise to convey what's what about themselves in a brief and comprehensive manner--saving the physician's time. The HiGS results report can be printed, faxed, or sent electronically. **HiGS** is paid for by the patient; it is inexpensive, costing less than the amount of a monthly email connection.

HiGS:

- Allows more time for a relationship with your patients
- Collects information that takes extensive time to identify, be missed, or overlooked
- Captures information beforehand
- Provides health histories, symptoms, and situations 'at a glance'
- Assists in more efficient use of your precious time
- Provides more information on which to base a clearer diagnosis
- Provides consistent information from one physician to another
- Patients determine what information they want to provide to their physicians



HiGS increases the likelihood of:

- identifying risk and the capturing of symptoms
- physicians' seeing more patients in the course of a day.
- patients' *buying into* care and complying with treatment since patients know - you know what they want you to know – but quickly.

HiGS decreases the likelihood of:

- misdiagnosis through comprehensive information collected by the patients themselves
- people 'falling through the cracks' of the healthcare system

HiGS Protocols and Technology Development

HiGS technology and its protocols were invented and designed by a software architect and a health psychologist who is also a registered nurse. **HiGS** protocol research and development took more than a decade and its technology and related preventive health delivery mechanisms took seven years. **HiGS** was created to make a difference in health by helping to delay disease while providing a system for the lifetime-collecting of histories people themselves can have and control.

HiGS and the Personal Health History (PHH) Report: 'at a glance' Starting Point for Physicians' Interview

The Inner Reach system offers individuals, the ability to create their own **Personal Health History (PHH)**, capturing histories, screenings, symptoms, and situations to know what is needed for health and for individuals to be prepared in advance with their histories for times of illness. The **PHH**, when shared with their physicians, enables patients to communicate better and faster with you at the start of care and each point of contact. **HiGS** histories tell a personalized story quickly.

About Inner Reach



As a stewardship for humanity™, **Inner Reach** is committed to the design, development, and delivery of individual centered health information gathering with the highest standards of excellence. We envelope: software technology, Internet technology, and health psychology. Health psychology is based on health and preventive care using a biological-physical-psychological-sociological-medical model, including nutritional, environmental, cultural, and occupational, components. Founded in 1996 and incorporated in 1998, the **Inner Reach Corporation** is headquartered in Oklahoma City, Oklahoma, USA.

References: **1.** "Why Doctors Still Balk at Electronic Records." By Kevin Pho. *USA Today*. Wednesday, October 1, 2008; page 11A. **2.** Trends in Sudden Cardiovascular Death in Young Competitive Athletes After Implementation of a Preparticipation Screening Program. Corrado, D. Et al; *Journal of the American Medical Association*. 2006;296:1593-1601. **3.** Paula W. Yoon, ScD, MPH et al; "Can Family History Be Used as a Tool for Public Health and Preventive Medicine?" *Genetics in Medicine* 2002; 4(4):304-310. **4.** Krowchuk DP. The preparticipation athletic examination: a closer look. *Pediatric Annals* 1997;26:37-49. **5.** Makoul G, Curry RH, Tang PC. "The use of electronic medical records: communication patterns in outpatient encounters." *Journal of the American Medical Informatics Association*. 2001;8:610-615.