

## HiGS Health Solutions

# Comprehensive Health Histories - the big missing piece for efficient and quality IT delivery and care.

### *Our Health Information Gathering System – HiGS*

- Differentiating Health Technology Markets with **HiGS Preventive Care Technology** through history gathering for identifying risk: where Western methods meet integrative medical models.
- **HiGS places the individual in the center of the health process.**



Preventive care needs this different type of tracking, education, and focus that **HiGS** technology provides. **HiGS** does two main things: **1)** it provides a way for individuals to collect their histories themselves, control their results, identify risks, and get educated to fix problem areas in which risks occur; and **2)** electronically share their **Personal Health History (PHH)** which is their **HiGS** results report with healthcare professionals as they wish.

Constance Y. Fitzpatrick, Ph.D., RN.  
CEO, Health Director  
January/22/2008

## Inner Reach® HiGS Health Solutions

Comprehensive Health Histories —  
the big missing piece for efficient  
and quality IT delivery and care.

*Our Health Information Gathering System—HiGS*



*The Inner Reach system offers individuals, the ability to create their own Personal Health History (PHH), capturing histories, screenings, symptoms, and situations that physicians can read in a brief time at the start of their meetings with patients. Time is money, yet people still need time to tell their story to convey what is going on with them, in order to have their needs met and to 'buy into' any recommended treatments. Once people can tell their story they have more confidence in the process since they know their doctor is aware of their concerns. Also, they are better prepared to stay healthy and prevent or delay disease.*



Dr. Constance Y. Fitzpatrick, the Inner Reach CEO and Health Director, says, "The first step to efficient and effective healthcare is the involvement of the individual. First we need histories since histories are the most important part of identifying risk to preserve health and to deliver healthcare competently and successfully. Everything is affected by histories, including blood testing, imaging, diagnosing, proper interventions, and health preservation. We need histories to figure out what is going on. To obtain adequate histories we must collect the individual's health story so we need the pro-active participation of the individuals. Without their accurately communicated story, all care falls short regardless of how good the IT e-health record might be."

"The difficulty lies mostly with the lack of a place for the patient within the current healthcare system and its technologies. To be successful and work properly, informatics needs a jump start. Individuals have to 'buy-into' e-health records use and need a memorable place in the process. **HiGS** helps this to happen by providing that pivotal place for individuals to matter and get started."

*Studies show histories are more important than a physical exam in a doctor office.<sup>1,2</sup> Imagine that! Comprehensive accurate histories are needed to identify risk, make diagnoses, and save time, suffering, and money. Time constraints reduce opportunities for accurate and more comprehensive histories to be collected by physicians and healthcare professionals. Their time costs money. **HiGS** meets these needs.*



## The Expensive Physician-Patient Interview

Histories are gathered through verbal physician-patient interview. This crucial historical inquiry is time consuming and costly. Time is money. When a doctor or health professional spends time asking questions to learn about a person, it can be very expensive while reducing the time allowed for seeing many people and attending to interventions for care. Much can be missed and omitted. When individuals can collect their own histories with **HiGS** they can have information readily available for travel, crisis, and during times of need. They can be prepared for anything – bird flu, pandemics, infections, hurricanes, earth quakes, trauma, and most of all - simply learning about ways to ensure daily health. When facilities have **HiGS** Preventive Care Technology bundled into some program, they are better prepared to handle a big work load. Doctors or nurses are also more apt to have at-a-glance type of information in a variety of areas, now limiting their time to targeted questions based upon what is already known. Comprehensive histories are the fundamental underpinnings to health and decisive information to detect risk.

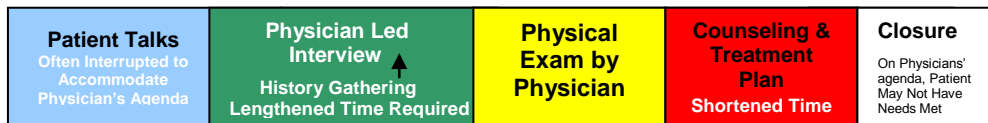


## Problems with Time-consuming Histories and Computers

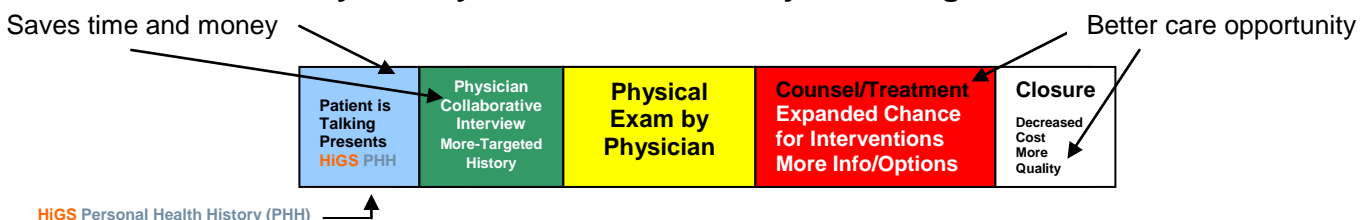
The physician-patient interview is considered the key component of all healthcare. Today, time restrictions limit the scope of history gathering, making histories less comprehensive than they once were or need to be. The physician's inquiry is built upon medical-trained hierarchical diagnostic criteria based upon body systems. A typical query begins with, "Any trouble with your vision? How are your ears? Any trouble hearing? Are you urinating OK? Is your breathing OK? Are you short of breath? How are your muscles and joints? Do you have any pain?"

This guiding-the-patient doctor's agenda method is continued until all body systems have been covered and any problem ones are explored in more detail during an expanded interview. This style of history gathering by physician-patient interview, although well designed for diagnosing a problem being presented, is limiting since it is less likely to 'ferret out' information that can attend to issues or risks beyond the reason for the doctor office visit on that particular day. Interviews tend to refer to, "Why are you here today?" This limiting, sometimes off-putting, common inquiry leads to lost opportunity for defining potential risk and capturing genetic and familial type information to enable change to occur for preserving health and keeping suffering and costs down. Genograms are mostly limited to the first time a person sees a new doctor.

### Current Physician-Patient History Gathering with Physical Exam:



### HiGS Provided History for Physician-Patient History Gathering with Physical Exam:





1. Online with **HiGS**: a health customer can respond to questions in the **HiGS** then assimilate the information.
2. The **HiGS** health customer, now is better prepared, can more efficiently articulate what is going on, including his or her relevant past history due to preparation through relevant self-assessment and self-discovery.
3. Electronically send or authorize: the **HiGS PHH** to be available for at-a-glance reading and assimilation by physician or healthcare professional to contemplate and draw conclusions for more focused line of inquiry.
4. Physician recording or computer entry of medical histories time is reduced due to availability of health story.
5. **HiGS enables individuals' own collected accounts rather than physicians' using only verbal data or electronic health records preferentially structuring interviews solely around data-gathering demands.**
6. Likelihood of identification of risk is increased. **HiGS enables much needed history availability.**
7. **HiGS** subscription lasts one year but can pay for itself during one doctor visit since it cuts physicians' interview time while increasing the likelihood of identifying and addressing risk to keep risks from becoming problems. Additionally, **HiGS PHH** report enables the catching of problems earlier when they are less expensive to treat since it not only addresses the areas of concern for any particular day but is wide-ranging.



## Our Histories are Essential for Our Health and Medical Care

Studies from around the world show the importance of collecting and knowing histories to get good medical care and to have good health. Studies reveal that conditions and diseases can be missed when adequate and essential history is omitted during a physical examination by a physician in a doctor office.<sup>1,2</sup> They suggest, “*physicians using electronic health records preferentially structure interviews around data-gathering demands rather than patients' own narrated accounts*”.<sup>3,4</sup> **This results in lost opportunities for gathering histories and patients powerful stories. Screening to gather an individual's history is a more sensitive tool than the physical examination. cursory examination often fails to uncover problems.**<sup>5</sup> In the absence of genetic testing, studies suggest that family history can be used as a tool to form risk into layers for common chronic diseases; thereby identifying individuals with increased disease susceptibility.<sup>6</sup> High-risk people are missed by their primary care physicians due to lack of genetic evaluation.<sup>7</sup> **HiGS** histories can enable ‘ferreting-out’ potential problems and risk factors, supplying individuals with a *missing piece* of health management and healthcare. This is needed since time in doctor offices has become limited, resulting in essential thorough histories not being collected and risk missed.



*Currently, histories are mostly gathered verbally during physician-patient interview and the patient rarely has access to his or her own histories.*

*Histories are most often collected in doctor offices, clinics, and upon admission or at the bedside in hospitals. Institutions guard these histories and are reluctant to share them without the patients' 'jumping through hoops' to have access to them. Relatively useless redundant questions are frequently asked in the institutional required forms to be filled out. Snippets of histories are scattershot and everywhere. As good as technology is, comprehensive history collection and availability falls short. **HiGS** helps.*



## Information Technology (IT) e-health without **HiGS**

**IT records** build the disease and illness information record being investigated, diagnosed, and treated. IT health records collect what is being done today and is part of a past diagnostic and treatment record. Companies that design technologies and store health records are looking for ways to differentiate themselves to penetrate the healthcare marketplace but much is being duplicated for medical mechanisms' markets.



## Information Technologies with Differentiating HiGS

Something else is needed. **HiGS** builds the **health history**. **HiGS** includes all health experiences and exposures to identify risk and prevent and delay disease and illness. **HiGS Histories, Assessments and Screenings, and Body Systems** collect what has occurred throughout an individual's lifetime that he or she feels is relevant, including factors that influence risk and can bring disease. Governments together with IT records' companies are trying to find ways to *allow* patients to access their own information more easily but engagement of individuals is and will be difficult. **HiGS** provides a system for individuals to start their own health histories to be central to their own health information and processes so they can get involved in a way that also can save time and money.

**HiGS** is a tracking, monitoring, and following-up preventive care technology. **HiGS Histories** can be bundled with other technologies to increase e-health delivery efficiency while also incorporating integrative medical models used throughout the world as well as preventive care education. To insure the correct information gets to the correct people in time for quality care delivery, **HiGS PHH** is controlled and electronically delivered by individuals to other entities on a need to know basis. **HiGS'** focus is on health not disease while engaging individuals in a meaningful process.

## Individual Centered HiGS



We ask "*Why manage diseases we can prevent?*" We are positioning our company to lead the way in **individual-centered health information gathering**. Healthcare costs for individuals, corporations, communities, and governments increase yearly, while the quality and effectiveness of healthcare decrease. We designed our system to turn this trend by providing increased ability for individuals to know their baselines (what is normal) and their uniqueness (what is special) through self-introspection and collection of histories, signs, and symptoms in physical and psychological areas. This seemingly small but immensely useful *preventive care technology* system, and its resulting **Personal Health History** report, increase self-knowledge and communication between individuals and their healthcare professionals. It helps prepare individuals for anything and especially ways to have health.

## Medical Mechanisms



Medical mechanisms consist of all aspects of healthcare. They are the hospitals, doctor offices, clinics, pharmacies, doctors, nurses, home healthcare professionals, elder care facilities, insurance companies, and more. Computers are installed to help physicians, nurses, and health professionals to provide healthcare to people. What is missing is a way for the individuals who receive the healthcare to start their own health process and history gathering. Healthcare chiefly diagnoses and treats diseases. Probably misnamed, healthcare is really more about disease care. It primarily looks after us after we become sick.

## What Is Missing in Healthcare and Healthcare Informatics?



Health record technology companies are working hard to provide a way for individuals to have access to the information collected about them and determine which entities have access to their records. Nevertheless, an organized common system for making that happen is still lacking due in part to multiple technologies and specific requirements of each institution and governments they

**inner Reach® Corporation** This White Paper in PDF has been downloaded from an Inner Reach web site. [www.higshealth.com](http://www.higshealth.com)

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serve. Finding a common method can be difficult. The comprehensive **HiGS History** enables the individual to have an automatic self-actualized place within any IT system and the healthcare process. IT companies are in competition to provide technology systems and solutions to customers. **HiGS Histories** can help **Inner Reach** partnering technology companies to differentiate themselves from usual ways of doing things and competitors' similar IT products.

## Healthcare Technology and the Missing Piece – the Patient



*The United States White House National Economic Counsel on reforming healthcare reports: The technology has already developed to the point that many hospitals and medical systems can track patient records, laboratory tests, drug administration, and follow-up care. What is needed is better involvement to improve consumer participation and access to this technology.<sup>8</sup> The only missing element is placing the individuals in the center of the process; **HiGS** helps fill this void.*



## HiGS – Integrative Methods for the World Stage

*“The function of protecting and developing health must rank even above that of restoring it when it is impaired.”  
—Hippocrates*

**Cultural components** are built into the **HiGS** in various ways, including integrative and traditional medical approaches such as Ayurveda and Traditional Chinese Medicine (TCM). Awareness of cultural aspects is essential to understand health needs and ways in which culture impacts health. Governments are addressing particular health issues of populations. **HiGS** can reorder emphasis and target health problems areas to accommodate these government needs. Although **HiGS** is based on Western medicine, nursing, and DSM-IV psychiatric standards criteria, **HiGS** includes a variety of integrative medical models used around the world. This integrative inclusion affords **HiGS** users familiarity with methods while increasing opportunities for preventive self-care.

## The HiGS Report – The Personal Health History (PHH)



**HiGS** 'knows' individuals are central; **HiGS** starts the health history process. The **Personal Health History (PHH)** is available through Internet access, anywhere in the world, at any time, for any need. The information is gathered by the person for the person's use. The information gathered by the **HiGS**'s user is about the user's health, so it is in-depth and relevant rather than the general and non-specific information available currently. With the ability to be incorporated into other technologies, the **PHH** is controlled solely by the *health customer*.

## About Inner Reach - Lifesaving Knowledge is One Click Away



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 genetic-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.

(Study reference sources: 1. Trends in Sudden Cardiovascular Death in Young Competitive Athletes After Implementation of a Preparticipation Screening Program. Corrado, D. Et al; JAMA. 2006;296:1593-1601. 2. "What is a good physical exam? - Preventive Medicine" Harvard Health Letter. July, 1997. 3. Patel VL, Arocha JF, Kushniruk AW. Patients' and physicians' understanding of health and biomedical concepts: relationship to the design of EMR systems. J Biomed Inform. 2002;35:8-16. 4. Makoul G, Curry RH, Tang PC. The use of electronic medical records: communication patterns in outpatient encounters. J Am Med Inform Assoc. 2001;8:610-615. 5. Krowchuk DP. The preparticipation athletic examination: a closer look. Pediatric Annals 1997;26:37-49. 6. 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. 7. Haylick SJ, Eiff MP, Carpenter L, Steinberger J. Primary care physician's utilization and perceptions of genetic services. Genet Med 1998; 1: 13-22. 8. Reforming Healthcare for the Twenty-first Century. The White House National Economic Council, February 2006.)

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