

## Glossary

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Below are definitions of key terms in the Common Framework for Networked Personal Health Information:

**Business Data Streams** consist of transactions of personal health information among business partners conducted without a consumer view or participation. For example, consumers generally don't see the transactions between their doctor's office and the insurance company, or between the insurance company and its data warehouse, etc. (See **CT1: Technology Overview** for a discussion of *Business Data Streams and Consumer Data Streams*.)

**Consumers** include patients, their families, and caregivers. Our vision is that individual consumers will be able to compile and share electronic copies of their personal health information captured at various points, including the home (e.g., monitoring devices, patient diaries).

**Consumer Data Streams** involve transactions of information into or out of a consumer-accessible application, such as a PHR.

**Consumer Access Services**, an emerging set of services designed to help individuals make secure connections with Health Data Sources in an electronic environment. Consumers may be offered such services by a variety of organizations, ranging from existing health care entities (e.g., providers, payers, self-insured employers) to new entrants to the health sector (e.g., technology companies, employer coalitions, affinity groups, health record banks, etc.). Such services are likely to provide functions such as authentication as well as data hosting and management. Consumer Access Services may or may not offer PHR applications; some may serve as data-storage platforms that support a variety of applications, including multiple PHRs. (See **Consumers as Network Participants** and **CT7: An Architecture for Consumer Participation** for the rationale for PHRs and Consumer Access Services.)

**Health Data Sources** encompasses any institutional custodian of the individual's personal health information. This may include health care providers and clinics, hospitals and health care systems, health insurance plans, clearinghouses, pharmacies and pharmacy benefit managers, laboratory networks, disease management companies, and others that hold data related to the personal health of individuals.

**Electronic Health Records (EHRs)** are different from PHRs in that they are used by clinicians rather than consumers and patients. EHRs are designed to replace and improve upon the paper patient "chart." We do not envision PHRs as a substitute for the professional and legal obligation for recordkeeping by health care professionals and entities.

**Personal Health Records (PHRs)**<sup>1</sup> encompass a wide variety of applications that enable individuals to collect, view, manage, or share their health information and conduct health-related transactions electronically. Although there are many variants, PHRs are intended to facilitate an individual's ability to bring together (or designate others to help them bring together) their personal health information into an application that the individual (or a designee) controls. PHRs may contain data developed and managed by health-related institutions as well as information developed by the individual.

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<sup>1</sup> The term "personal health records" is inadequate because of its emphasis on "records" as past information. To make sense of their health and health care, consumers likely want useful tools and convenient services more than mere records. Some prefer the term "personal health applications." However, we use the term PHR because it has become a term of art.