

# Web Tool Lets Patients Access Medical Records

BY DENISE NAPOLI

Since the launch of the new “blue button” on the Medicare and Veterans Affairs patient Web sites this summer, tens of thousands of patients have downloaded their personal health records to computers, flash drives, and disks – including claims data, test results, and more.

Now, physicians’ groups and patients are calling for this practice to be commonplace for all.

“If the patient has access to his or her [personal health] information, they become part of the decision-making process, they are more engaged in their care, and they’re empowered to make better decisions,” said Dr. Steven Waldren, director of the American Academy of Fam-

ily Physicians’ Center for Health Information Technology.

Now, many physicians and physician groups want to see the concept of downloadable personal health records extended to all of their patients. A policy paper on the topic published by the nonprofit Markle Foundation aims to promote the use of the blue button by calling on “organizations that display personal health information electronically to individuals in Web browsers to include an option for indi-

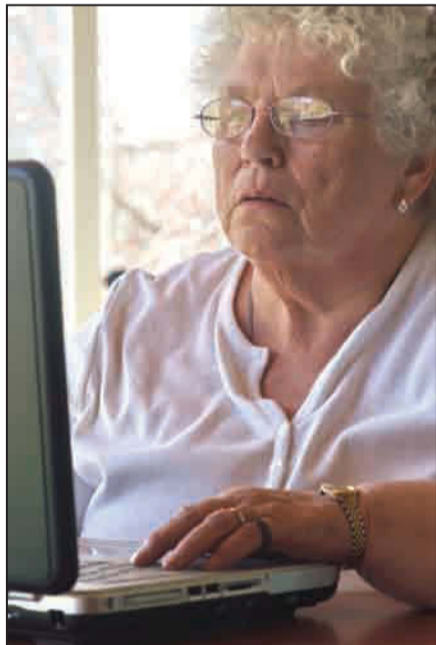
viduals to download the information.”

Additionally, the paper recommended making the download capability a “core procurement requirement for federal- and state-sponsored health [information technology] grants and projects” that come about as a result of the American Recovery and Reinvestment Act of 2009, which allocated billions of dollars for the development of health care technology.

Dr. Waldren was a member of the

work group that reviewed the foundation’s paper; he and more than a dozen physicians and other stakeholders endorsed it, including Dr. Jack Lewin, CEO of the American College of Cardiology, Dr. Brian F. Keaton, past president of the American College of Emergency Physicians, and Dr. Allan Korn, chief medical officer for the Blue Cross and Blue Shield Association.

Patients, too, seem to embrace the



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Patients who can access their records “are more engaged in their care.”

ily Physicians’ Center for Health Information Technology.

The blue button, developed jointly by the Department of Veterans Affairs, the Centers for Medicare and Medicaid Services, and the Department of Defense, is a “a Web-based feature through which patients may easily download their health information and share it with health care providers, caregivers, and others they trust,” according to Todd Park, chief technology officer at the Health and Human Services department, writing in a post on the White House’s Office of Science and Technology blog.

The blue button went live in August on [www.mymedicare.gov](http://www.mymedicare.gov) and [www.my-health.va.gov](http://www.my-health.va.gov). Since then, more than 60,000 vets and more than 5,000 Medicare beneficiaries have made use of the feature, according to Mr. Park.

“This new option will help veterans and Medicare beneficiaries save their information on individual computers and portable storage devices or print that information in hard copy,” Mr. Park wrote. “Having ready access to personal health information from Medicare claims can help beneficiaries understand their medical history and partner more effectively with providers.”

For adult patients with type 2 diabetes in addition to diet and exercise

## Add Onglyza™ to improve glycemic control

- Onglyza significantly improved glycemic control across A1C, FPG, and PPG when added to metformin, glyburide, or a TZD\*
- In a pooled analysis of add-on and monotherapy trials the overall incidence of adverse events was similar to placebo (72% vs 71%, respectively)
  - Discontinuation of therapy due to adverse events occurred in 3.3% and 1.8% of patients receiving Onglyza and placebo, respectively
- Onglyza is widely accessible,<sup>1</sup> with most commercially-insured eligible patients paying only \$10 per month<sup>†</sup>

### Indication and Important Limitations of Use

ONGLYZA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

ONGLYZA should not be used for the treatment of type 1 diabetes mellitus or diabetic ketoacidosis.

ONGLYZA has not been studied in combination with insulin.

### Important Safety Information

- **Use with Medications Known to Cause Hypoglycemia:** Insulin secretagogues, such as sulfonylureas, cause hypoglycemia. Therefore, a lower dose of the insulin secretagogue may be required to reduce the risk of hypoglycemia when used in combination with ONGLYZA
- **Macrovascular Outcomes:** There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with ONGLYZA or any other antidiabetic drug
- **Most common adverse reactions** (regardless of investigator assessment of causality) reported in ≥5% of patients treated with ONGLYZA and more commonly than in patients treated with control were upper respiratory tract infection (7.7%, 7.6%), headache (7.5%, 5.2%), nasopharyngitis (6.9%, 4.0%) and urinary tract infection (6.8%, 6.1%)
- When used as add-on combination therapy with a thiazolidinedione, the incidence of peripheral edema for ONGLYZA 2.5 mg, 5 mg, and placebo was 3.1%, 8.1% and 4.3%, respectively

**Laboratory Tests:** There was a dose-related mean decrease in absolute lymphocyte count observed with ONGLYZA.

**Drug Interactions:** Because ketoconazole, a strong CYP3A4/5 inhibitor, increased saxagliptin exposure, the dose of ONGLYZA should be limited to 2.5 mg when coadministered with a strong CYP3A4/5 inhibitor (e.g., atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, and telithromycin).

concept of downloadable personal health records. In an online survey commissioned by Markle, 70% of almost 1,600 adult respondents agreed that they should be able to download and keep copies of their personal health information.

The real benefit, however, lies in the potential of Internet- and mobile phone-based “apps,” or applications, which can access the data and increase its usefulness for patients and physicians alike.

For example, said Dr. Waldren, imagine a tool that parses through all of a pa-

tient’s downloaded health data, highlighting all potential and actual medical problems, making lists of all prescribed medications and doses, assessing them for drug-drug interactions, and communicating that information to the physician at every visit.

He went on to say that such a smart app also could scan resource Web sites to find new scientific data and government findings that affect patient care. “Those are the things that can start to happen,” with blue button technology, Dr. Waldren said.

Despite the myriad possible benefits of

downloadable records, however, privacy remains a concern, for patients and physicians alike.

According to the Markle Foundation paper, “Any online download capability for personal health information must be provided via secure access. That means the identity of each individual given credentials to access their own data must be proofed to an acceptable level of accuracy, and the individual must present those credentials or some acceptable token of those credentials upon login in order to get access to the data for download.”

Dr. Waldren agreed. “There’s no ques-

tion that privacy and security are real issues,” he said. And that means not only keeping the site secure, but educating patients, too.

“Every time the patient clicks on that blue button, they need to be reminded, ‘You’re doing something that puts your information at risk,’ ” he said. But he added that privacy concerns should not be something that keeps technology like the blue button moving forward.

The Markle Foundation’s paper, “The Download Capability,” is available at [www.markle.org/downloadable\\_assets/20100831\\_dlcapability.pdf](http://www.markle.org/downloadable_assets/20100831_dlcapability.pdf). ■



**Patients with Renal Impairment:** The dose of ONGLYZA is 2.5 mg once daily for patients with moderate or severe renal impairment, or with end-stage renal disease requiring hemodialysis (creatinine clearance [CrCl]  $\leq 50$  mL/min). ONGLYZA should be administered following hemodialysis. ONGLYZA has not been studied in patients undergoing peritoneal dialysis. Assessment of renal function is recommended prior to initiation of ONGLYZA and periodically thereafter.

**Pregnant and Nursing Women:** There are no adequate and well-controlled studies in pregnant women. ONGLYZA, like other antidiabetic medications, should be used during pregnancy only if clearly needed. It is not known whether saxagliptin is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when ONGLYZA is administered to a nursing woman.

**Pediatric Patients:** Safety and effectiveness of ONGLYZA in pediatric patients have not been established.

For more information about Onglyza, visit [www.onglyza.com/three](http://www.onglyza.com/three).

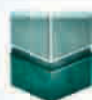
Please read the adjacent Brief Summary of the Product Information.

\*Proglitazone or rosiglitazone

†Based on Tier 2 coverage and the Onglyza Value Card Program.

See Onglyza Value Card Program details at [www.onglyza.com/hcp/value-card.aspx](http://www.onglyza.com/hcp/value-card.aspx).

Reference: 1. Fingertip Formulary® data as of April 9, 2010. Data on File, April 2010.



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