

June 2021



Appendix: Prototype for How's My Health Dashboard

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This appendix accompanies a set of resources on developing a prototype for a new digital resource, **How's My Health Dashboard**, which would help patients and health care providers work together to achieve health goals that are important to patients. It consists of the blueprint version of the How's My Health prototype, its landing page, and all other pages a patient would navigate to input the information they would want to share with their clinician. Also included is a key to interpreting the scores and color codes. This project was conducted by United Hospital Fund and supported by a grant from the New York State Health Foundation.

Other resources from this project may be found at [the United Hospital Fund website](#).

My Pre-Visit Check-In

MY PRE-VISIT CHECK-IN

You have a visit coming up on We want to make sure that we address your main concerns. Below is a list of 9 health concerns. Please select up to three **health concerns** that you want to discuss during your upcoming appointment.

My Top 3 Health Concerns

- ☐ My Quality of Life Overall
- ☐ My Physical Function
- ☐ My Social Function
- ☒ My Mental Wellbeing
- ☒ Issues with Pain
- ☐ Number of Medications
- ☒ Medication Side Effects

My Health Concerns

MY HEALTH CONCERNS

You've selected three health concerns for this visit on In the space below, please say more about each concern that you want to bring up with your doctor. *(Responses limited to 250 characters.)*

Issues with Pain

I have recurrent toe pain and nothing has been able to resolve this.

My Mental Wellbeing

I've been really scared of going out of my home since the pandemic. I have strange dreams.

Medication Side Effects

My pharmacist told me that a prescription for Vit D has been called in for me. I don't know what it's for, why I have low levels of Vit D, whether this is dangerous? And I already take a daily Vitamin that has Vit D, so should I take another pill?

My Health Concerns in the past year:

[Visit 12-5-2020](#)

[Visit 8-3-2020](#)

[Visit 5-4-2020](#)

My Top Three Health Concerns

Medication side-effects

Do you think any of your pill are making you sick?

Yes	No	Maybe	I am not sure	I am not taking any pills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

My pain

During the past 4 weeks how, much did pain interfere with your life, and your normal work (including both work outside the home and house-

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

My mental wellbeing

In general, how would you rate your mental health, including your mood and your ability to think?

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

My Health Overall

In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to one year ago, how would you rate your health in general now?

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same
- ☒ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

My Health Score

During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, irritable, depressed, or sad?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Moderately <input checked="" type="checkbox"/>	Quite a bit <input type="checkbox"/>	Extremely <input type="checkbox"/>
During the past 4 weeks how, much did pain interfere with your life, and your normal work (including both work outside the home and housework)	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Moderately <input type="checkbox"/>	Quite a bit <input checked="" type="checkbox"/>	Extremely <input type="checkbox"/>
How many prescription medicines are you currently taking more than three days a week?	None <input type="checkbox"/>	1-2 <input type="checkbox"/>	3-5 <input checked="" type="checkbox"/>	More than 5 <input type="checkbox"/>	
Do you think any of your pill are making you sick?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>	I am not sure <input checked="" type="checkbox"/>	I am not taking any pills <input type="checkbox"/>

My Health Confidence

How confident are you that you can control and manage most of your health problems?	Very confident <input type="checkbox"/>	Somewhat confident <input type="checkbox"/>	Not very confident <input checked="" type="checkbox"/>
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My Satisfaction with Achieving Previously Discussed Priorities

Your chosen priorities were: My Mental Wellbeing, Issues with Pain and Medication Side Effects

To review more on your priorities click [HERE](#).

How satisfied are you with achieving your previously discussed priorities?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Moderately <input checked="" type="checkbox"/>	Quite a bit <input type="checkbox"/>	Extremely <input type="checkbox"/>
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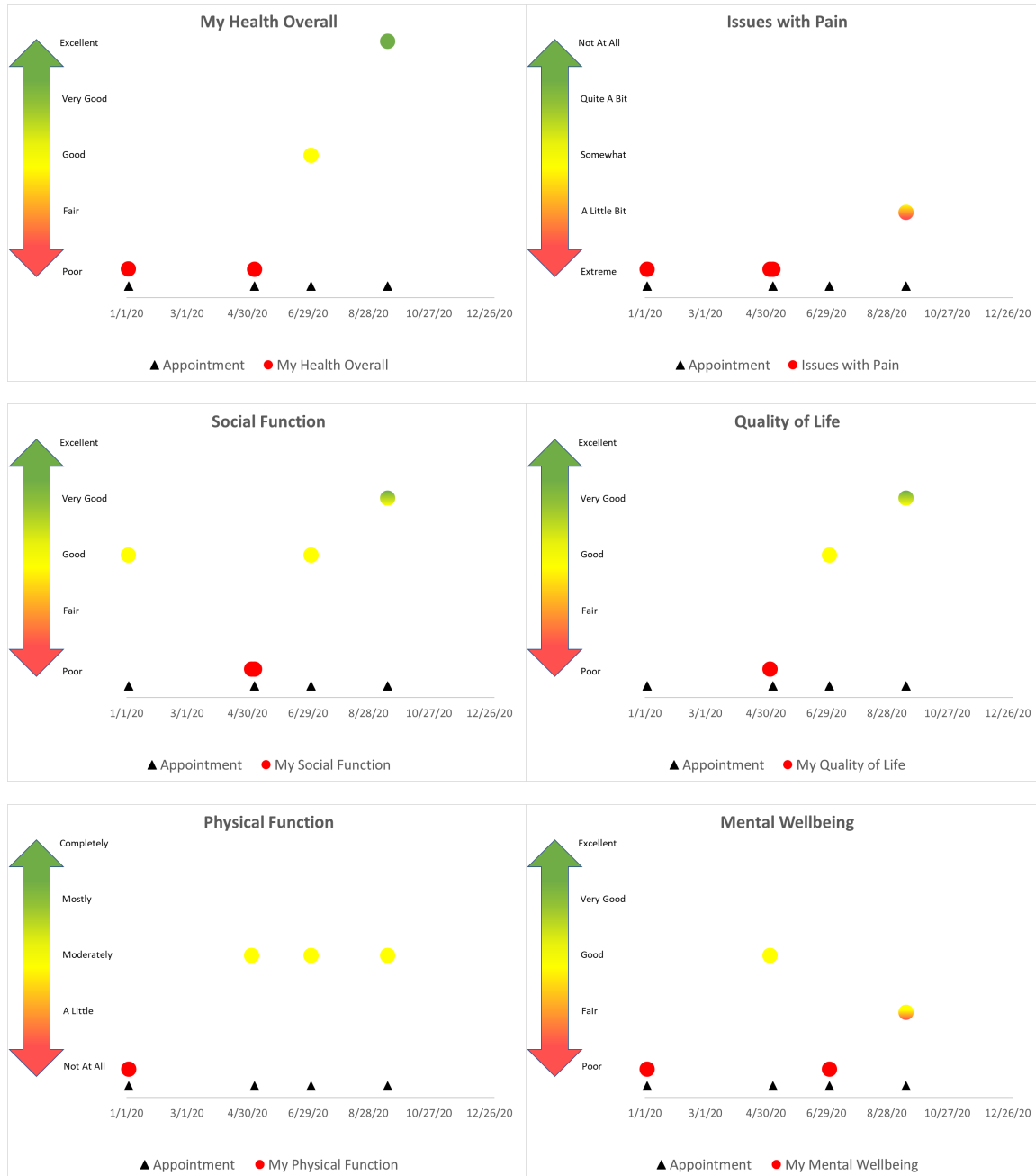
About Me

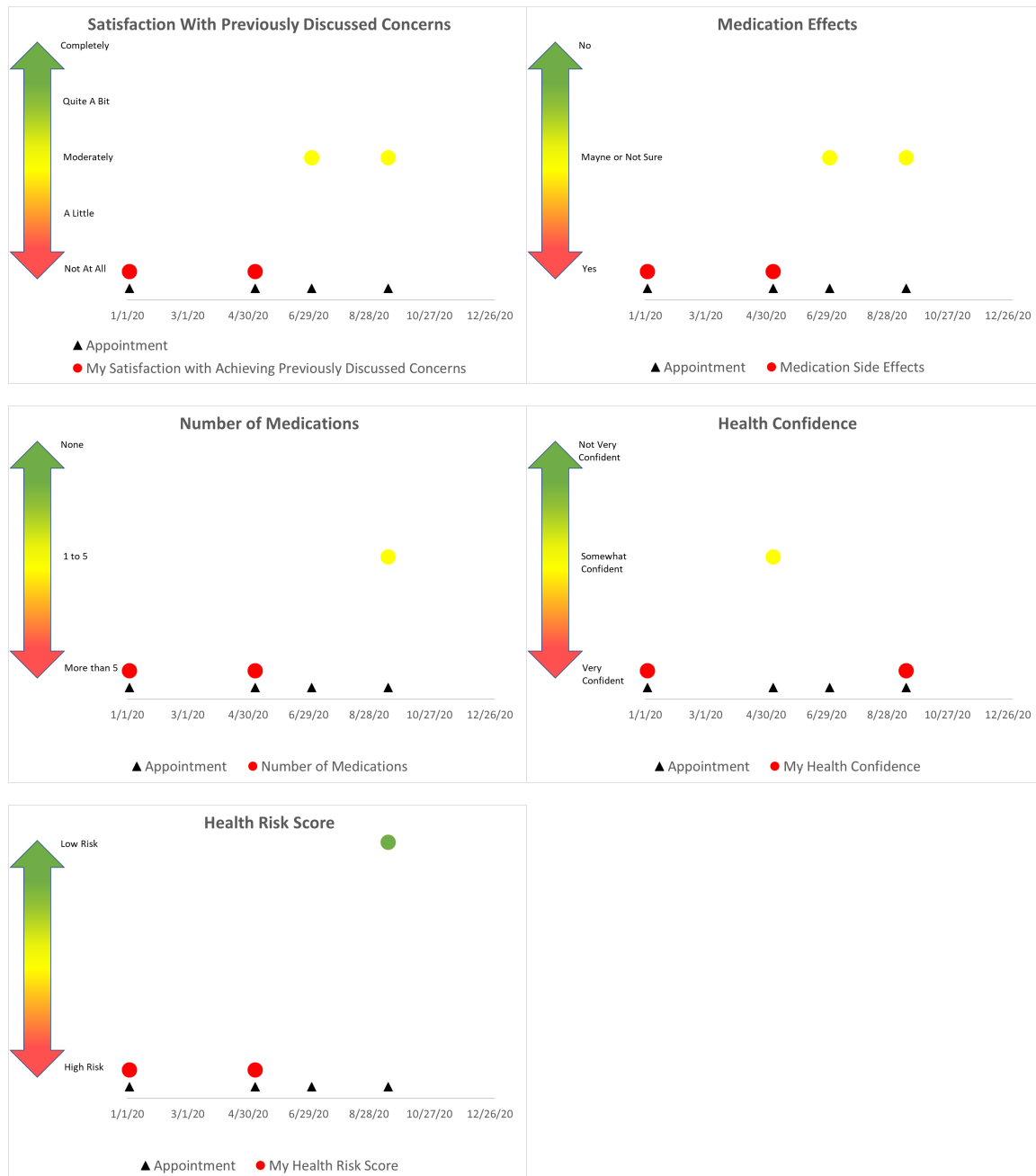
Patient will complete this section during initial How's My Health Dashboard setup and can make updates at any time which will be shared with care team.

ABOUT ME
I prefer to be called: Ms. Smith
My preferred communication method is (check up to 2): <input type="checkbox"/> Phone <input type="checkbox"/> Patient Portal <input type="checkbox"/> Video chat <input checked="" type="checkbox"/> Text <input checked="" type="checkbox"/> E-mail
Things I enjoy: Spending time with my family and friends, walking in the park, knitting
Who do you feel safe talking to about health issues? My husband and my son
How I make decisions (check one option below): <input type="checkbox"/> I prefer to make decisions on my own <input checked="" type="checkbox"/> I prefer to seek my doctor's opinion and then to make the final decision myself <input type="checkbox"/> I prefer for my doctor to seek my opinion and then for my doctor to make the final decision <input type="checkbox"/> I prefer to let my doctor make the decision

My Health Trends

My Health Trends allows you to see how your experience of your health is changing over time.





My After-Visit Follow-up

Once your visit is complete, you'll see a link that connects to your after-visit summary on MyChart.

MY AFTER-VISIT FOLLOW-UP
<i>Your after visit to-do list.</i>
Refer to your After Visit Summary in Epic MyChart here for your most recent visit on 10/20/2020

Annual Wellness Visit

We collect information from all health concerns during your annual wellness visit.

Let's walk you through how this would work.

First, you will answer questions related to each section of the dashboard.

My Health Concerns

My Quality of Life

In general, would you say your quality of life is:

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to one year ago, how would you rate your quality of life in general now?

<input type="checkbox"/>	Much better now than one year ago
<input type="checkbox"/>	Somewhat better now than one year ago
<input type="checkbox"/>	About the same
<input type="checkbox"/>	Somewhat worse now than one year ago
<input type="checkbox"/>	Much worse now than one year ago

My Physical Function

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries or moving a chair?

Completely	Mostly	Moderately	A little	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Social Function

During the past 4 weeks how, much did pain interfere with your life, and your normal work (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

Not at all	A little	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Mental Wellbeing

In general, how would you rate your mental health, including your mood and your ability to think?

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, irritable, depressed, or sad?

Not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely ☐

Issues with Pain

During the past 4 weeks how, much did pain interfere with your life, and your normal work (including both work outside the home and housework)

Not at all ☐ A little ☐ Moderately ☐ Quite a bit ☐ Extremely ☐

Number of Medications

How many prescription medicines are you currently taking more than three days a week?

None ☐ 1-2 ☐ 3-5 ☐ More than 5 ☐

Medication Side Effects

Do you think any of your pill are making you sick?

Yes ☐ No ☐ Maybe ☐ I am not sure ☐ I am not taking any pills ☐

My Overall Health

In general, would you say your health is:

Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐

Compared to one year ago, how would you rate your health in general now?

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same
- ☐ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

My Health Risk Score

During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, irritable, depressed, or sad?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Moderately <input type="checkbox"/>	Quite a bit <input type="checkbox"/>	Extremely <input type="checkbox"/>
During the past 4 weeks how, much did pain interfere with your life, and your normal work (including both work outside the home and housework)	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Moderately <input type="checkbox"/>	Quite a bit <input type="checkbox"/>	Extremely <input type="checkbox"/>
How many prescription medicines are you currently taking more than three days a week?	None <input type="checkbox"/>	1-2 <input type="checkbox"/>	3-5 <input type="checkbox"/>	More than 5 <input type="checkbox"/>	
Do you think any of your pill are making you sick?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>	I am not sure <input type="checkbox"/>	I am not taking any pills <input type="checkbox"/>

My Health Confidence

How confident are you that you can control and manage most of your health problems?	Very confident <input type="checkbox"/>	Somewhat confident <input type="checkbox"/>	Not very confident <input type="checkbox"/>
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My Satisfaction with Previously Discussed Concerns

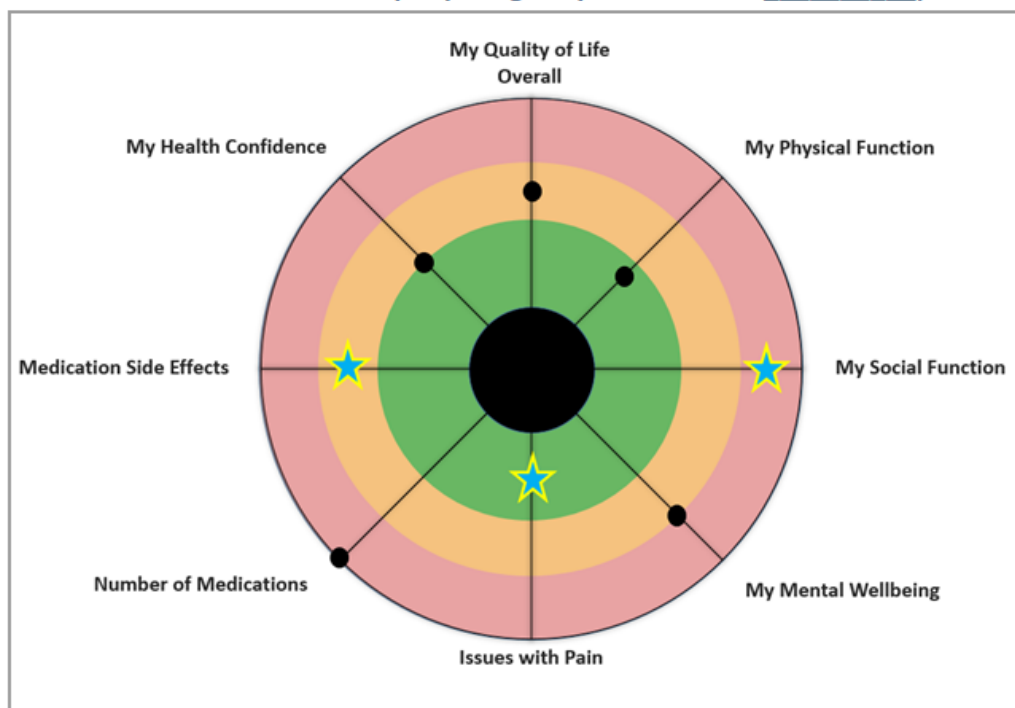
How satisfied are you with achieving your previously discussed priorities?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Moderately <input type="checkbox"/>	Quite a bit <input type="checkbox"/>	Extremely <input type="checkbox"/>
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My Pre-Visit Health Circle

The circle below shows you and your doctor how you evaluate your health priorities and what is currently most important to you. The circle comes from your answers to the series of questions about these areas that matter to you. We collect information for all areas from you during your annual visit. Before each visit during that year, you will select 3 topics you want to talk to your doctor about during that visit, and the circle will be updated to reflect your answers to the questions about those topics. Your updated health circle for your recent top 3 priorities is below.

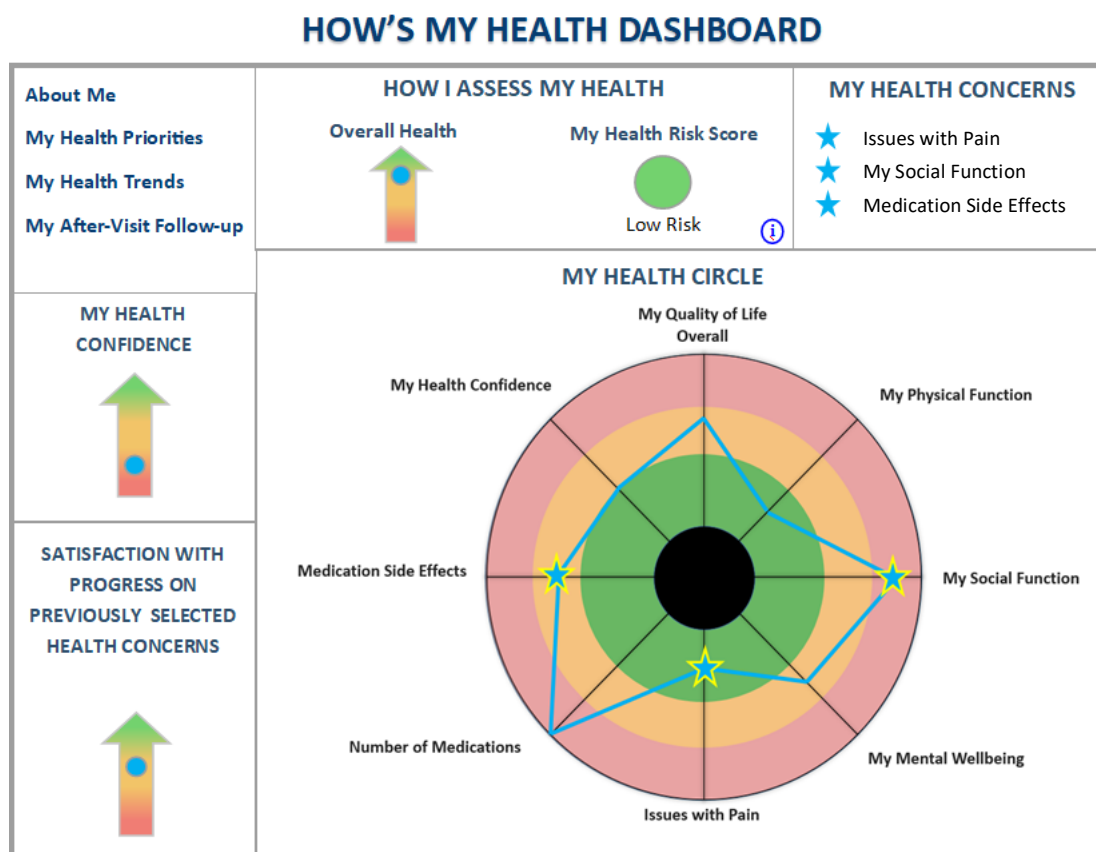
Hover over the stars to see trended scores and patient-provided details of these chosen priorities.

MY PRE-VISIT HEALTH CIRCLE (Preparing for your next visit _____)



How's My Health Dashboard Home Page

The home page will provide a snapshot of your most recent health score, goals and health circle with links to navigate to other sections of the dashboard.



How to Interpret the Dashboard

The information displayed in each section is derived from patients' input either as free narrative text, or as answers to standard questionnaires. Answers are then scored, and each score is assigned a color code, red for worse, orange for average and green for better.

If the patient chooses either of the two top positive responses, this will appear in the green section of the radar. The middle response will be in the orange section of the radar, and the two bottom (negative) responses will be in the red section of the radar.

The health risk score was modified but is based on a validated questionnaire developed by J. Wasson.¹ Each question receives a score, and the four scores are added to make the final total score. The first two questions are scored as: (extremely/quite a bit = 1; rest = 0. The third question is scored as: more than 5 = 1; rest = 0; And the fourth question is scored as: yes or

maybe = 1; rest = 0). If the total score is higher than 2, the patient is considered as increased risk for an adverse health event).

Support for This Work

Support for this work was provided by the New York State Health Foundation (NYSHealth). The mission of NYSHealth is to expand health insurance coverage, increase access to high-quality health care services, and improve public and community health. The views presented here are those of the authors and not necessarily those of the New York State Health Foundation or its directors, officers, and staff.

¹ Wasson JH et al. Development of a Care Guidance Index Based on What Matters to Patients. *Qual Life Res* 27, 51–8 (2018). <https://doi.org/10.1007/s11136-017-1573-x>