Investigation of a Consumer Focused Health IT System: The Role of Claimant Information in the Social Security Determination Process

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Abstract

This paper examines a system driven government process and articulates how this system can be transformed into a consumer driven process through the use of Health Information Technology (Health IT). In order to achieve this, expert interviews were conducted with stakeholders familiar with the process, followed by a convening meeting to review status and directions. The findings identified a range of Health IT uses that would facilitate enhanced consumer access and active benefit and health management.

1. Introduction

Health Information Technology (Health IT) has the potential to improve the quality of the healthcare that Americans receive. Furthermore, it can empower consumers to become partners in the management of their health. The exploration of the use of Health IT for system improvement has typically been examined from a system or process perspective.

This paper examines a system driven government process and articulates how this system can be transformed into a consumer driven process through the use of Health IT. In order to achieve this, we will build upon a previous study on the improvement of the U.S. Social Security Administration’s (SSA) disability determination process. This previous study examines the disability determination process from a consumer focused perspective [1].

In the next section, we provide background on health information and Health IT, SSA’s disability determination process, and the study in which we examined that process. In section 3, we present the findings of the study, which are organized according to the framework, which was one outcome of the study, followed by a discussion of the findings and conclusion.

2. Background

2.1. Health Information and Consumer Focused Health IT

For processes such as SSA’s disability determination process, health information is needed as a primary input in order to facilitate movement through this process. One of this process’s primary challenges is difficulty in receiving the medical records needed to make a determination regarding a claimant’s disability relative to the allegation. This information can come from three different electronic sources: Personal Health Record (PHR), an Electronic Health Record (EHR) or a Health Information Exchange (HIE).

The PHR is defined by Markle’s Connecting for Health as “an electronic application through which individuals can access, manage, and share their health information, in a private, secure, and confidential environment; personal data created, developed, maintained, and/or provided by individuals about themselves” [2]. PHRs, which can be a subset of larger Health IT systems, can be divided into categories according to the entity providing the system. A tethered PHR is characterized as associated with a clinic, hospital, or insurance company using that data created by that organization to populate the PHR [3]. Examples of tethered PHRs are Kaiser Permanente’s My Health Manager and Aetna’s personal health record. A personally controlled PHR is characterized as associated with a third party [4]. Examples of
personally controlled health records would be those offered by private organizations such as Microsoft HealthVault [5]. The potential to aid in consumer-focused process improvement for the SSA disability determination process potentially lies with both of these PHR types. SSA has examined the use of Microsoft’s HealthVault PHR platform as a potential source for disability determination application data [6].

The EHR is defined by the Healthcare Information and Management Systems Society (HIMSS) as “a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR automates and streamlines the clinician’s workflow. The EHR has the ability to generate a complete record of a clinical patient encounter.” [7]

HIEs are aggregators of health information. HIMSS defines an HIE as a system that “automates the transfer of health related information that is typically stored in multiple organizations, while maintaining the context and integrity of the information being exchanged. An HIE provides access to and retrieval of patient information to authorized users in order to provide safe, efficient, effective and timely patient care.” [8]

One SSA Health IT innovation, which focuses on enhancing the authorized request for and receipt of medical evidence, is the Medical Evidence Gathering and Analysis through Health IT (MEGAHIT) system application. MEGAHIT, an SSA application utilizing healthcare industry standards, requests (with a signed authorization form) and receives patient information as an automated electronic transaction from a participating provider.

Through the MEGAHIT application, SSA can also perform a preliminary analysis of the health information that is acquired electronically from the HIE. For example, the use of MEGAHIT with two organizations, MedVirginia, an HIE serving central Virginia and Beth Israel Deaconess Medical Center (BIDMC) serving Boston, Massachusetts, showed faster medical information gathering times and shortened time between application and determination [9, 10].

Consumer empowerment has been defined as improving consumer capacity (i.e., knowledge, skills/abilities, access, resources, confidence) to effectively engage Health IT systems processes resulting in improved SSA disability claims processing for the claimant [11]. Consumer control and consumer engagement were found to be important concepts leading to consumer empowerment in healthcare [12]. Empowerment of consumers in healthcare has been linked to better health outcomes in the form of significant positive impact in such areas as diet, exercise, physical activities, when consumer health informatics (CHI) applications were utilized [13].

In cases where claimants are not “empowered,” the capacity to access personal health information electronically may empower the claimant and aid in processes such as the SSA disability determination process. The aim of this research was to examine the use of HIT applications, such as PHRs, as a means to empower Social Security disability claimants.

2.2. Social Security Administration’s Disability Determination Process

SSA is one of the largest providers of benefits to people with disabilities in the United States, with over 54 million beneficiaries in 2010 [14]. SSA uses its disability determination process to determine consumer eligibility for disability benefits. SSA pays only for total disability as either SSDI (Social Security Disability Insurance) or SSI (Supplemental Security Income). SSDI is financed with Social Security taxes paid by workers, employers and self-employed persons. To be eligible, the worker must earn sufficient credits based on taxable work. Disability benefits are for those workers determined as disabled, widow(er) who is disabled or adults disabled since childhood, who are otherwise eligible. Auxiliary benefits may be payable to a worker's dependents. Disability benefit payment is based on the Social Security earnings record of the worker under whose Social Security number the disability claim is filed. SSI is financed through general tax revenues payable to adults or children who are disabled or blind, who have limited income and resources, who meet living arrangement requirements, and are otherwise eligible. Payment varies up to the maximum federal benefit rate standardized in all states, but not everyone gets the same amount because it may be supplemented by the state or decreased by other income and resources.

To begin the disability determination process, claimants or their representatives must complete a Disability Report and an Authorization to Disclose Information to SSA. These forms gather information related to the claimant, including demographics, work history, medical information, and a list of medical treating sources. The required information can be submitted in person at a local field office, through a telephone interview, or online via SSA’s secure website.

Regardless of the method of application, a telephone or in-person interview may be required by a
field office employee to resolve any missing or unclear information. SSA field office employees review the claims materials for non-medical eligibility requirements and completeness before sending the application for further consideration at a state Disability Determination Services (DDS) office. Based on the information provided by the claimant, the DDS examiner requests the medical information or evidence from the claimant’s treating sources and, if the medical information provided is incomplete, the DDS examiner arranges for a consultative examination (CE) [15].

Consultative examiners are independent medical professionals and subcontractors to SSA who perform evaluations of claimants and submit their medical findings to the DDS. Based on all the received evidence, the DDS office then renders a decision on the case. This decision can either be “favorable” or “unfavorable.” If the claimant disagrees with the decision, they can re-enter the process by filing an appeal. This process is illustrated in Appendix B.

2.3. Study Description

This study examined the potential use of claimant-focused Health IT, including the PHR, in the SSA disability determination process. Early in the application process, SSA requires the claimant to recall a vast amount of information (e.g. providers, work history, etc.). Examining the potential for a PHR to aid in the provision of this information was one of this study’s aims. This research was conducted using a two-phase approach. Phase I, conducted from June 2009 to October 2009, provided an overview of key stakeholder perspectives on claimant challenges in applying for disability benefits. This phase concluded with the development of a framework (Appendix A) for considering claimant-focused Health IT innovations, such as the use of PHRs, across the disability determination process. Phase II, conducted from November 2009 to February 2010, consisted of a convening meeting that brought together policymakers, disability benefit experts and other stakeholders. The aforementioned framework from Phase I was the centerpiece around which discussions took place and the resulting recommendations.

2.4. Study Methodology

Phase I consisted of 25 interviewees who were selected based on their knowledge of the disability determination process. Table 1 shows the interviewee organizational membership and the interview method.

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<tr>
<th>N</th>
<th>Organization</th>
<th>Method</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>SSA field office</td>
<td>In person/group</td>
</tr>
<tr>
<td>8</td>
<td>SSA staff and officials</td>
<td>In person/phone</td>
</tr>
<tr>
<td>3</td>
<td>Health IT expert</td>
<td>In person/phone</td>
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<tr>
<td>8</td>
<td>Disability expert</td>
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<tr>
<td>1</td>
<td>DDS expert</td>
<td>In person</td>
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Two members of the study team already familiar with SSA’s disability determination process and trained in conducting focused interviewing, conducted the interviews and led the discussions either in person or via telephone. Based on eight open-ended questions designed to capture insights associated with three pre-defined dimensions in relation to the disability determination process, interviewees were asked to share their insights, suggestions, experiences and perspectives for improving the disability determination process.

- Dimension 1: Disability Application Process
- Dimension 2: Challenges due to Claimant Circumstances
- Dimension 3: Future Directions

Upon consent, the interviews were audio taped while three others on the study team took notes. The interview analysis was conducted in several phases. First, the interview summaries were reviewed by at least two members of the team for consensus/agreement on the accuracy of the summary. Second, a content analysis was conducted to identify emergent themes, of which five were identified. These themes were categorized as “claimant situations” and included: 1) the diverse backgrounds of the claimants, 2) limited understanding of the disability program, 3) mental health/psychiatric disability conditions, 4) personal health information management, and 5) trust and privacy. Third, once the themes were identified the interview summaries were revisited to further define the scope and characteristics of each theme according to the data. Lastly, these themes were aligned to each step of the SSA disability determination process. The result of Phase I was the creation of the framework that nested key themes and issues within the stepped order of the disability application and determination process.

In Phase II, the study team held a convening meeting, gathering a group of stakeholders and experts (including some interviewees from phase I). These stakeholders and experts included representatives from SSA, the Office of the National Coordinator (ONC), the Veterans Health Association (VA), the United Spinal Association, and Paralyzed Veterans of America. At the convening, the framework was used to guide discussions about how claimant-focused Health
IT could enhance the disability determination process and mitigate common challenges encountered by claimants. The convening meeting was transcribed and analyzed for themes. Findings (See Figure 1) were used to modify the Phase I framework. Phases I and II findings were synthesized into a final report.

### 3. Findings

The findings from this study included a framework (Appendix A) that illustrates the SSA disability determination process from the claimant perspective. Phased-based findings are presented first, followed by more global findings of disability consumer challenges.

#### 3.1. Step-Linked Consumer Findings

The Phase I framework is organized by the steps in the disability determination process, beginning with pre-intake, intake, medical evidence development and review, disability adjudication and review, and post-disability (including their interrelationships).

##### 3.1.1. Pre-Intake

Pre-intake is defined as the time period before a claimant files for disability benefits. Because disability is not a planned event, there is a need to efficiently gather health information from disparate sources. Study participants noted that Health IT, such as PHRs, should ideally be in place before the onset of a disability. This would allow important information to be "at the ready" should a disability event occur.

##### 3.1.2. Intake

The intake process is the event during which the claimant files for SSA disability benefits. For the intake process, there is the opportunity to electronically access healthcare information with claimant authorization. This access could include direct connections to claimant providers via the National Health Information Network (NwHIN) and linkages to claimant-controlled information within their PHR. NwHIN is an initiative for the exchange of healthcare information being developed under the auspices of the U.S. Office of the National Coordinator for Health Information Technology (ONC). Electronic access to health data at this stage would be especially important to SSA in addressing gaps in medical history and otherwise locating previously identified treating sources.

Several participants noted that for some claimants, filing for disability is their first encounter with SSA. This can elicit stress for claimants as they try to describe their disability allegation and give SSA authorization to obtain medical evidence relative to the claim. Participants also noted that claimants often have strong privacy and trust concerns, especially individuals with a psychiatric disability and these concerns may require special handling during the intake process.

The initial application is a critical stage in the determination process because inaccuracies and gaps in information can lead to costly delays for claimants, their families, and SSA, sometimes delaying the determination. For example, not having the appropriate required information such as authenticating documentation (e.g., birth certificate), work history, specific medical provider contact information, medications, and income and resource related information (if the claimant is also applying for SSI benefits) contribute to an incomplete application. If the information provided does not result in a completed application, the field office staff must follow up with the claimant to obtain the missing information. A well executed Health IT system could reduce these problems, according to participants.

##### 3.1.3. Medical Evidence Development and Determination

Medical evidence development and determination are handled by the SSA DDS. A central component of medical evidence development is obtaining the medical evidence related to the claimant’s allegation, and then ascertaining if the evidence is both relevant and sufficient for making a disability determination.

Within the context of medical evidence development, study participants raised the issue of trust at two levels. At a technical level, claimant representatives felt that claimants often had inadequate knowledge about what is being authorized as well as the security protocol adherence that is followed in the collection of medical evidence. At a more global level, representatives expressed that claimants had perceived...
feelings of reduced control regarding the information that was being accessed, who was accessing it, and for what purpose. Health IT could address these feelings of loss of control by the claimant in the form of transparency and communication between the claimant and SSA regarding the status of their claim.

Appendix C shows the disability determination process, highlighting the paper intensive nature of this phase and current lack of communications with claimant at this phase. Study participants noted that an SSA IT system could do more to maintain a communications linkage with claimants at this phase.

### 3.1.4. Disability Adjudication and Review

The SSA disability adjudication system is considered to be one of the largest systems of adjudication in the world, currently employing approximately 960 full-time administrative law judges (ALJ) [10]. Given this, Health IT and the use of business rules may aid in more consistent, standardized, and timely benefit decisions, which could lead to reduced appeals.

Furthermore, Health IT can help alleviate the workflow and caseload challenges currently experienced in the hearings process. One such approach expressed by participants was a means to use Health IT to maintain currency by electronically updating pending cases to reduce the unnecessary backlog. For example, a disability advocate described a scenario surrounding durational denials, which is when DDS determines that the condition is not expected to last for twelve consecutive months. If such a case is pending after, for example, an 18-month period without improvement in the claimant’s condition, then this may be a straightforward instance in which the case could be pulled from the backlog for an update of the records (using Health IT). This was offered as an example where Health IT could impact the backlog.

Participants noted the importance of expert judgment during adjudication and review and commented on how the holistic claimant “story” remains important in making determinations, and that Health IT can potentially capture this claimant narrative for use in the process.

### 3.1.5. Post Disability Determination

Post disability determination is defined as the time period after which a decision has been rendered on a claim. In the post determination phase, the claimant can authorize Health IT to efficiently update disability related medical evidence in support of continuing disability reviews (CDR).

### 3.2. General Consumer Challenges

Beyond the general process issues, participants were asked to characterize specific circumstances that presented challenges to claimants’ ability to submit accurate and complete disability applications. The study revealed five overarching themes or claimant situations:

- Diverse socio-economic condition of claimants
- Understanding of the disability benefits program
- Mental health/psychiatric disability conditions
- Personal health information management
- Trust and privacy concerns relative to SSA

#### 3.2.1. Diverse Socio-economic Condition of Claimants

On numerous occasions, study participants noted that claimants from lower socioeconomic backgrounds often experience challenges in filing their disability applications. Field office participants explained that claimants with such backgrounds typically receive little to no healthcare from primary providers or what is provided often comes from “safety-net providers” such as community health centers and hospital emergency rooms. DDS examiners discussed challenges in collecting medical evidence from such disparate and often uncoordinated medical providers. In a similar vein, DDS examiners expressed that safety-net providers seem less likely to respond to requests for information, and suggested this was possibly due to staff shortages or concern for the sensitivity of the medical information.

As outlined earlier, the inability to gather or obtain sufficient medical evidence (frequently due to lack of requested response from the provider) then leads to the need for SSA to arrange for a CE. In terms of perceptions of this process, these examinations were sometimes perceived as challenging for claimants due to logistics (e.g., scheduling, traveling in rural areas). Due to the “snapshot in time” that CEs provide, they were also viewed as potentially problematic for complex conditions (i.e. claimants with multiple disability, mental health, or psychiatric conditions). As one disability expert noted, “The CE only captures a the claimant as they are on that day and from someone who has never treated the claimant before.”

#### 3.2.2. Limited Understanding of the Disability Program
3.2.4. Personal Health Information Management

The limited understanding about the SSA disability program, including how disability is determined, and a lack of information preparedness at time of application were noted as key claimant challenges throughout the study. For example, well-meaning family and friends may encourage an individual to apply for benefits without a thorough understanding of the program’s eligibility criteria. Even though an application may not meet eligibility requirements, SSA is required to process all applications received. There is also a wide variation in claimant understanding of the information required at intake. When asked to estimate the variation in claimant preparedness, a field office claims representative said: “1 in 5 applicants is completely prepared, maybe 2 out of 5 are not prepared, and another 2 out 5, partially prepared.”

3.2.3. Mental Health/Psychiatric Disability Conditions

Participants identified mental health/psychiatric disability claims as a challenge for disability determination because these disabling conditions are more difficult to substantiate. As noted earlier, the last three decades has seen a rise in mental health/psychiatric disorder claims. This increase presents a new set of challenges as mental health records are among the most sensitive categories of information and have many privacy safeguards in place to ensure confidentiality. Several study participants commented that when states have restrictive laws that supersede federal laws on collecting this type of medical information, it makes it very difficult for SSA to actually get all of the information it needs.

In addition to medical information, work history was highlighted as being particularly difficult to obtain in cases that involve cognitive or mental disability allegations since such claimants may have difficulty holding jobs. One participant noted that claimants with mental health/psychiatric conditions can have 10 or 15 different jobs in a year and attempts to document this work history based on claimant recall can be extremely difficult.

According to disability representatives, there is a tendency for claimants with these disorders to not disclose or only partially disclose this information to non-medical sources. This was thought to be due to privacy concerns or social stigma. For example, a disability expert explained, “I think this population is so sensitive to these issues and I don’t know if there is a way to handle this successfully. It’s going to take a really different type of approach than most federal agencies might be used to doing.”

3.2.4. Personal Health Information Management

There are many situations that lead an individual to file for disability benefits, but once a person decides to file; there is a time-bound need to assemble the appropriate medical and employment history information. Study participants who worked with claimants stated that many claimants find it extremely difficult to collect and maintain the claim related information that SSA requires for filing an application. A disability expert detailed personal difficulty in collecting and managing this information and recognizes that electronic systems can assist with this task: “I wish I had electronic systems available. I’ve moved many times in my life and I have no idea the names of my doctors or when I was hospitalized, or where, or for what going back the last few decades.” However, there are also challenges to overcome in using electronic systems. This may be because claimants and their families may have little or no technology experience and therefore cautious optimism should be exercised when considering the percentage of applicants who would readily be able to move to electronic information management and submission.

3.2.5. Trust and Privacy

From the perspective of the disability community, a central issue is how personal health information would be controlled and tracked once it is shared. Controlled access to and audit trails of electronic systems such as PHRs were discussed frequently by participants. Those needing access to claimant health data may include stakeholders with differing needs such as claimants, claimant’s representatives, family members, providers, or government agencies, such as SSA. Controlled access, known as delegation of access, to electronic health information (via PHR or other means) is an important issue and there is a high level of interest in having the ability to manage authorization. At the time of this study, SSA was addressing this through a workgroup examining the prospect of electronic authorization.

Another important issue is the need to track who has accessed personal health data, when it was accessed, and which part of the record was accessed. A level of transparency is needed, allowing the claimant the ability to be informed about the specifics of who has accessed which parts of their records and when.

4. Limitations

This research has limitations as to the generalizability of the findings. This study examines the disability determination process of SSA, which is a U.S. governmental agency and was limited to
governmental agents within SSA and experts in the disability determination process. Only one claimant was interviewed. Future research that expands beyond the boundaries of the initial disability determination process (i.e. appeals) or beyond a single federal agency might illuminate other benefits or challenges. Furthermore, opportunities exist to understand benefits of linking data such as that from a PHR with other systems that support SSA programs [16].

5. Implications

As Health IT software developers consider consumer-focused Health IT solutions, it would be important for them to understand the general guidelines of SSDI eligibility and information requirements for the disability application, including each step outlined in this study and illustrated in the framework (see Appendix A) as well as the more general challenges faced by disability consumers.

In the intake stage of the process, the earlier medical evidence collection is initiated, the less likely subsequent delays in the determination process are to occur [9]. One such method, for example, could allow providers to initiate disability filings for certain conditions. At the field office level, there is considerable potential to use Health IT (including PHRs) to minimize the perceived stress of the application process.

Health IT enhancements in the intake phase can have downstream impacts in medical evidence development and subsequent disability determination. Increased claim processing transparency could enable electronic claim tracking by the claimant. A first step towards automated claim tracking is SSA’s MEGAHIT application, which provides an enhanced method for requesting, retrieving, and analyzing provider medical evidence. In shifting the information flow to the claimant retrieving rather than producing information, the general direction of information could be that required health information would be electronically retrieved by the claimant (or authorized representative) from electronic sources (as available) and then transmitted in a secure manner (e.g., PHR) for use by SSA in completing the disability application.

Health IT features such as delegation of access and audit trails are important in gaining the trust of providers, claimants, and SSA, and in terms of verifying the integrity of medical evidence received. The ability to engage in this form of electronic authorization and audit trails usage was widely perceived as a feature that would create a valued level of trust on both sides of the information exchange. With delegation of access and audit trails implemented, the claimant would know who has accessed their information and for what purpose. Likewise, SSA representatives noted the importance of being able to validate the authenticity of medical evidence as a key concern, as well as their ability to pursue all relevant evidence related to a claim. The implementation of Health IT applications that can pull down verified medical evidence from providers represents a start towards alleviating this concern.

Looking beyond the benefit determination, Health IT can play a role in facilitating information interoperability across the full spectrum of disability related services, such as vocational rehabilitation and employment support practices (e.g., Ticket to Work program) [1]. Some of the challenges in this phase include the extent to which claimant authorization could authorize systems to connect with other electronic tools, including PHRs, to manage disability and disability-related health benefits (e.g., Medicare, Medicaid), thereby providing an electronic source of current health and benefit information about the claimant.

Finally, the use of Health IT can contribute to the more general understanding of disability determination trends and patterns, through the creation of an electronic database of de-identified disability information. Such information could be very valuable in considering and crafting policy enhancements and improvements to ensure that the process performs to the needs and expectations of claimants.

Reflecting on these possibilities, an SSA official summed it up as follows: “In recent years, I’m excited to say that opportunities for claimants to use SSA’s electronic services available on the Internet have really been growing and this makes the application an easier experience for people. The effort the claimant puts into completing the electronic forms really does help them to tell their story and gives better information to the DDS examiner.” However, as the general challenges outlined above suggest, such intentions need to consider the often trying social-economic and related contextual factors inherent in the disability population if such approaches are to be successful.

6. Conclusion

This study has illuminated the potential for use and utility of Health IT across the disability application and determination process. The very nature of such use suggests a consumer-focused approach to system development and thus a keen understanding of how the consumer would drive the use.

Reducing the information-gathering burden on the claimant could be accomplished by using Health IT to leverage existing information. These findings are supported by an SSA study noting that a time delay of
over 10 days can occur due to incomplete information at the point of intake. [17]

As discussed in our findings and supported by the literature, there is a need to broaden the use of PHRs as well as diversify the communities who use Health IT [18]. Such broadening and diversification requires depth and breadth for understanding use, users, and usefulness of Health IT applications such as PHRs.

7. Acknowledgements

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8. References


Appendix A – Study Framework

| Social Security Administration Disability Determination Framework for Claimant Utilization of Health IT |
|---|---|---|---|
| **Issues Identified** | **Pre-Intake** | **Intake Process** | **Medical Evidence Development & Claim Decision** |
| Disability needs to be seen within the overall context of health information management | Lack of preparedness; arduousness of intake form; memory problems regarding work and medical history | Lack of timely and adequate evidence from treating sources; non-response to provider requests for medical evidence; incomplete information from claimants |
| **Information Needed** | Collection of information related to work and medical history, including treating sources, medications, etc. since disability incurred. Collection of required documentation (e.g., birth certificate) | Detailed rendering of work and medical history, including treating sources, medications, etc. since disability incurred. Contextual information on claimant’s ‘story’ | Medical records from treating sources; Consultative Exams |
| **Key Actors** | Claimant, treating sources such as doctors, community health centers, hospitals, emergency rooms, family members, advocate or representative (e.g., legal) | Claimant, Field Office, disability advocate or representative, family members | Medical Providers, State Disability Determination Services (DDS), claimant |
| **Key Challenges** | Diverse socio-economic background of claimants; cognitive capability to comprehend determination process; limited understanding of determination process; personal health information management practices | SSA and external sources Health IT readiness; claimant authorization; claimant understanding of Health IT; perceptions of trust in information exchange | Obtaining medical evidence from disparate providers and through a currently paper-based system; treating sources; claimants especially persons with a mental/psychiatric/cognitive disorder and other challenging allegation provider Health IT readiness |
| **Key Benefits** | Health IT (including PHRs) can assist in having appropriate medical information “At the Ready” | Ability to electronically access required information through connectivity with external sources regarding medical history would greatly increase efficiency of Intake Process | Greater transparency in system of informing claimants of claims status; expedited assessment; financial stress relief; enhanced consistency of decisions |

<table>
<thead>
<tr>
<th><strong>Disability Adjudication and Review</strong></th>
<th><strong>Post Disability Determination</strong></th>
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</thead>
<tbody>
<tr>
<td>Lack of updated medical evidence and other claims information (i.e., education, training and employment information)</td>
<td>Ongoing need for medical information not only for Continuing Disability Reviews (CDR) but to support (holistic) health management</td>
</tr>
<tr>
<td>Third party input—primary medical provider and legal advocate; enhanced medical and employment longitudinal data</td>
<td>Updated medical evidence; treating sources; vocational rehabilitation and employment information</td>
</tr>
<tr>
<td>ODAR staff and judges, disability advocate or representative, medical providers</td>
<td>SSA, claimant, medical providers, legal disability advocate or representative; vocational rehabilitation and employment representatives</td>
</tr>
<tr>
<td>Lack of efficient means to electronically update cases under review with new medical evidence</td>
<td>Lack of easy to use system for organizing medical evidence for disability use and reuse (limited integration among disability service providers)</td>
</tr>
<tr>
<td>More informed and timely benefit decisions including elapsed time on appeal</td>
<td>More efficient management of health data for disability use, such as by SSA; enhanced integration and use of health information by claimant</td>
</tr>
</tbody>
</table>
Appendix B – SSA Disability Determination Process

Appendix C - Disability Determination Process with Paper-intensive Portions in Red.