Inefficient Delivery of Healthcare

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Continuity of Care

The Problem: Paper Records

- Low transportability from office to office Not easily accessible for patients/clinicians
- •Waste time and space in the office
- •Can often be illegible and misread (15%)
- •Complicate billing process with insurance



The Solution: Electronic Health Records (EHR)

- Greater accessibility for doctors and patients Quick, easy communication between offices
- •Enhances continuity of care, reducing error
- •Relevant records delivered when needed Patients share responsibility for maintenance

Current State of EHRs

•Complicated with a high learning curve •Impersonal and time consuming to use •High startup and maintenance costs Incompatibilities between different systems Difficult transition from paper records

Combating the Low Adoption Rate

•Focus on ease of use, reducing complexity •Allow multiple modes of input for physician Digitization strategy for paper records is key •Focus on interoperability and lowered cost User-centric, community driven software

Record Management for the Developing World

- •Free, open-source tools can lower cost barrier •Open-source means the tools can be adapted
- •Web based SW reduces system requirements
- •Better records can help improve compliance
- •Reduces physical overhead for physicians



Problem Statement

The delivery of healthcare is inefficient largely due to problems with accessibility and continuity of care.

These problems, however, can be resolved through the implementation of recent logistical innovations.



providing the care that the patient needs in the manner the patient desires..."

Action Plan:

Develop and publish **PSAs** directed toward educating patients and clinicians of the given solutions.

Distribute educational brochures to local practices and hospitals.



This diagram shows the complexity of EHR certification

Special thanks to Jill Rulfs and Helen Vassallo

Accessibility

The Problem: Scheduling

- Demand exceeds supply; supply decreasing Worried well seen more than stoic sick
- •Self-fueling shortage reduces quality of care
- Different patients have different needs

Solution: Open Access

A model in which patients schedule appts the day of instead of booking in advance.

- •Meets demand as it develops
- •Patients are seen for original concerns
- Closes gap between supply and demand
- •Reduces crowding of ER's

Solution: More Appt Types

- •Routine physician visit: for most
- •Non physician visit: for minor issues
- Telephone consult: for those without time
- •Home visit: for those without a ride
- · Group visit: for collaborative work on common treatment plan

Accessibility in the **Developing World**

- ·High cell phone penetration can be leveraged Information sharing with scheduling/transit
- Gov't provided laptops spread connectivity
- Telemedicine consults from local physicians
- •Use VOIP to allow international aid as well

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