

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
- Reduces physical overhead for physicians
- Better records can help improve compliance



"Two cardinal goals of primary care are accessibility and continuity of care." - JAMA

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.



"A patient-centered vision would define quality as 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.

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

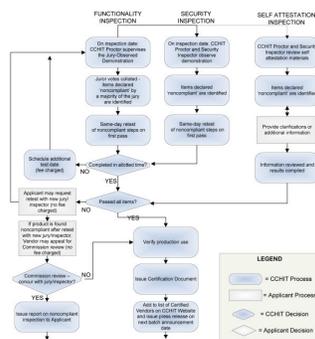
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This diagram shows the complexity of EHR certification