

NEW CLINIC RECOMMENDATIONS

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The following are recommendations for the new clinic based on secondary research only. They are not meant to be specific product requirements, but general features and functionalities that the clinic should have to solve existing physician and patient pain points.

CAREPLAN & HISTORY	While the careplan and history should be its own distinct section within the clinic, is should also serve as an outline for the entire PEAS/ EHR. It is a contract between the patient and physician to commit to improving and maintaining patient health. It should only ever be edited when physician and patient are together, either virtually or physically (which should be on a regular basis). History and careplan should be integrated into one section of the system, as planning for future improvement depends significantly on past trends. Projections of future health based on these trends and genetic risk factors should be available to the patient to provide incentive for making necessary changes. The care plan should include patient/physician goals and the rationale for those goals, as well as a plan for case management and rehabilitation, psychological health, exercise, nutrition, birth/sexual health, and advance care/death.	
PEAS [Patient Side]	EHR [Physician Side]	
In office, home, or virtual visits should be focused on informing the doctor of any significant life changes, voicing concerns or questions, and working with the physician to update their careplan based on new insights.	PERSONAL INTERACTION	In office, home, or virtual visits should be focused on building patient relationship, address patient concerns, and work with patient to update their careplan based on new insights.
Patients should be able to deliver a concern or question, associate a certain urgency level, and provide supplementary material like photos or videos. They should receive immediate aid, either in the form of direct communication with doctor, canned response and educational material, or referral to someone who can immediately help. The patient should be informed immediately when their physician has seen the message. The patient should also be able to pinpoint a particular topic and send it to their physician with a related question.	24/7 INSTANT COMMUNICATION	Physicians should be immediately informed of patient questions, in the order of most urgent to least, and should be able to easily and quickly respond to patient or send a request for a face-to-face appointment. Physicians should also easily be able to send related educational material to patients. This section of the EHR should be closely integrated with the general health overview, so that the physician can quickly assess all patients’ health, problematic issues, and concerns at once. This way, action items are grouped and visible.
The patient’s general health overview should be a quick, understandable status update of patient health. It should be presented in a very basic way, such as a singular score, and allow further exploration into the breakdown of what makes up that score, highlighting certain problematic areas. The general health score in this section of the PEAS should integrate seamlessly with its components throughout the rest of the platform.	CURRENT GENERAL HEALTH OVERVIEW	The general health overview serves as a quick status update for the physician to easily check up on many patients. It should allow patients with poor health conditions to become apparent, and seamlessly integrate with the rest of the EHR to allow the physician to quickly understand what components are causing the patients’ poor status.
Many people already use physiological sensors to monitor various aspects of their life. This section of the PEAS simply provides a way to send a collective report of this data to the patients’ physician. This data can be gathered through external devices and their respective apps, such as wearable activity trackers, food logs, spectrometers, blood pressure monitors, smart scales, etc. The patient can allow permission for the PEAS to pull that data and send it to their physician. This data will contribute to the patient's general health overview. Exercise and nutrition monitoring devices should be strongly encouraged, while other physiological devices should be recommended based on patient history.	EXERCISE, NUTRITION, AND OTHER PHYSIOLOGICAL DATA	The EHR should collect aggregated data from whatever external devices the patient has synced with their PEAS, and present that information in a coherent way to the physician. It should highlight problematic areas based on baselines that the physician can set for each patient, and alert the physician if something is immediately wrong with one of his patients.
The patient should be able to request timely face-to-face appointments with their physician, respond to scheduling requests from their physician, and review their upcoming appointments. The system should notify the patient when their regular careplan review is due.	APPOINTMENT SCHEDULING	The physician should be able to request face-to-face appointments with their patients based on concerns with their remotely-measured health, respond to scheduling requests from their patients, and review their upcoming appointments both for an individual patient and for all of their patients. The system should notify the physician when a patient’s regular careplan review is due.
The patient should be able to receive and review medications prescribed by their physician, see what it will cost, and see if it is covered under their insurance policy. The patient should also be able to update their pharmacy information and contact their pharmacy about prescriptions.	PRESCRIPTION MANAGEMENT	The physician should be able to send prescriptions to patients, and review past prescriptions.
The patient should be notified when educational material is sent and be able to easily review that material. They should also be able to flag certain parts of the material and send questions or concerns to their physician.	EDUCATIONAL MATERIAL	The physician should be able to send educational material to individual patients, groups of patients tagged with certain conditions, or all patient at once. The physician should also be able to save packages of educational material for common conditions to limit workload. Physicians should also be able to review which items have been shared with which patients, and see read receipts to assess if patients have reviewed the material.
	CLINICAL DATA/POPULATION HEALTH RESOURCES	There can be a resource within the system that allows the physician to review the latest clinical studies and population health data to incorporate directly into their treatment plans. There should be a built in feature where physicians can send found resources directly to patients in the educational material section.
The patient should be able to review their current health insurance plan, and be given resources for finding new/ better coverage based on their history or conditions.	INSURANCE INFORMATION	
The patient should be able to add other physicians, counselors, trainers, etc. to their caretaker network and review them at any time. Contact information for each should be easily available.	NETWORK OF CARETAKERS	The physician should know what other caretakers are involved with patients and be able to easily communicate with them. The physician should also be aware of goals made with other caretakers, as well as diagnoses and treatments the patient has received.
Patients should be able to view the clinic’s menu of services and their prices, apply for scholarships to support payments, and pay their monthly/yearly bill.	BILLING/PAYMENT	Physicians should be able to review scholarship applications for financial aid, manage billing and payments, and update their menu of services.

IMPORTANT CONSIDERATIONS

- Patient acquisition process

Transitional care (when patients are moving, entering school or work, etc.)

Patient access to home health monitors

Cooperation limitations with other caretakers
- Security/privacy of information

Family management

Invasiveness of 24/7 communication

Patient motivation to be involved in careplan

Feasibility of general “health score”