

Careons Healthcare



SECTOR

Healthcare



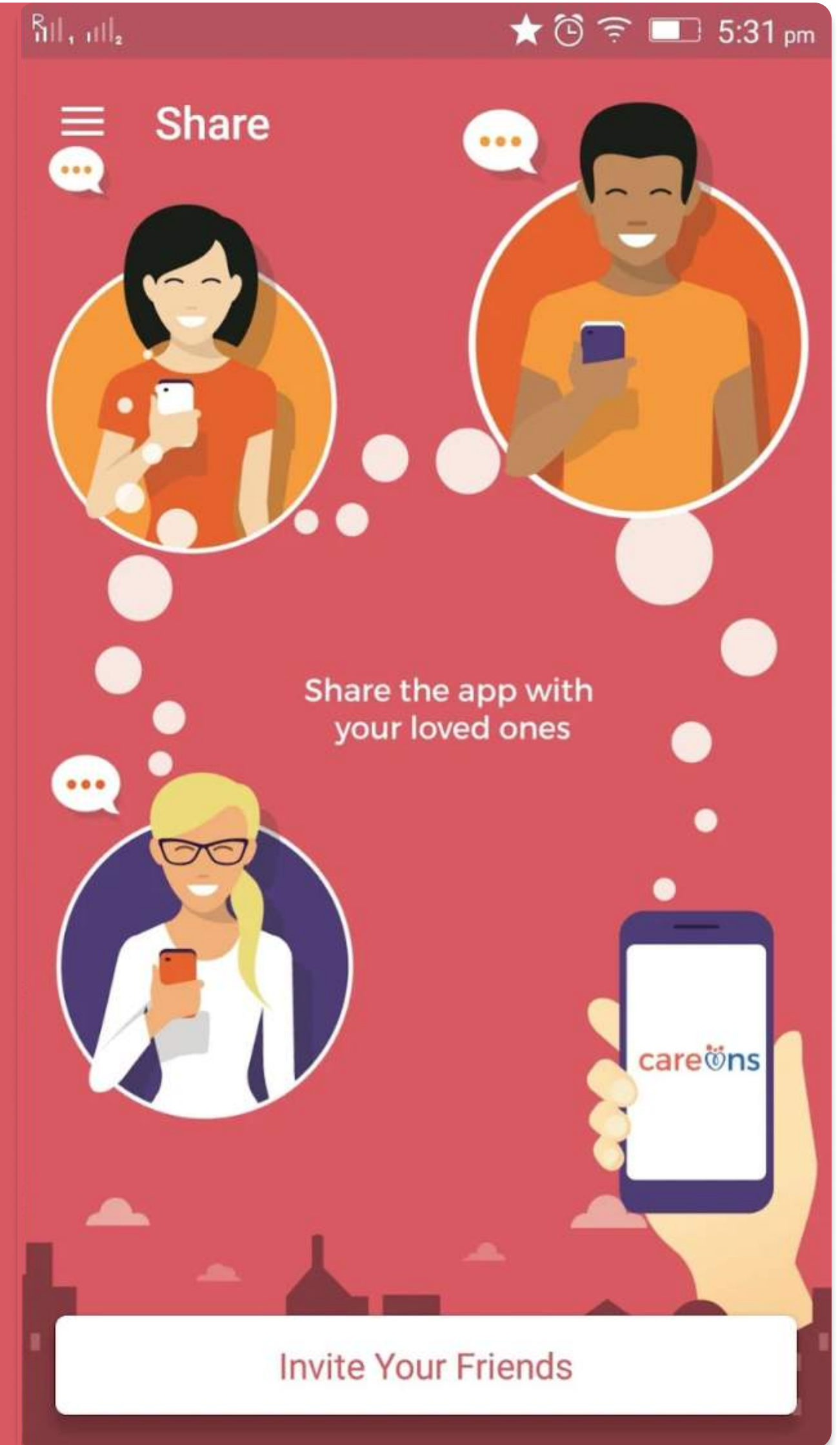
MY ROLE

Sole researcher investigating
all three keypoints of
interaction



TIME

3 Months



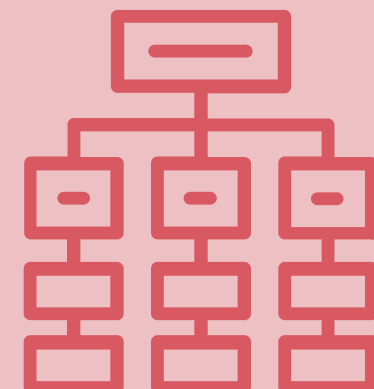
Research Methods

Some of the research methods used for this project to form insights (attitudinal and behavioral) are:



User Interview

User Interviews helps in understanding the painpoints and the needs.



Card Sorting

Open Card Sorting often gives us an idea of how users collate data points for information architecture



Shadowing

Following users to just observe how they navigate the problem without our solution



User Survey

User survey enables us to get a glimpse into the problem from diverse backgrounds

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1. Incident

4. Action

7. Denouement

2. Questions

5. Insights

8. Delivey

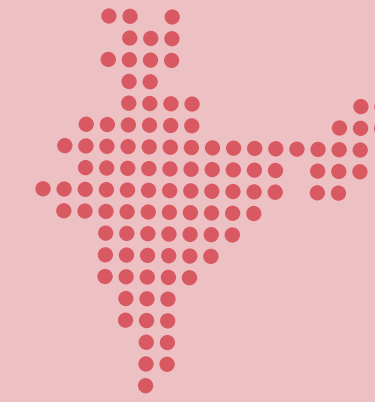
3. Crisis

6. Solutions

9. Conclusion

1. Problem Investigation

A huge population depends on manual transcriptions with no data curation centers and prior patient information system in place. This leads to repeated doctor-patient interaction, wasting time and resource and thus, no extrapolation of information for continuous data driven investigation.



1.3 B population



No Unified Healthcare



Longer Waiting Time



Limited Data Curation

2. Questions



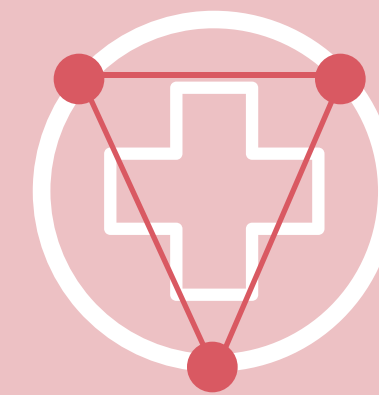
**Reduce Waiting
Time**

Can we reduce waiting time of patients and improve information exchange?



**Improve Data
Curation**

Is it possible to facilitate and improve data curation for faster medical history check-up?



Unified Healthcare

Can we create a unified healthcare portal for doctors, patients and pharmacists?

3. Crisis



Hand-written prescriptions

Hand written prescriptions are poorly managed and kept and is often lost by patients



Medical Jargons

Difficult for patients to understand medical jargons and tell exactly what has happened.



Multi-lingual country

More than 29 languages and dialects across India



Non-English Literacy

While literacy is not an issue, English Literacy is important since medical terms are in English.

4. Action



Patients seeking medicine were “shadowed” to observe the process of medicine procurement



Patient interview was conducted to understand the painpoints and expected outcomes.



Doctor interview was conducted to understand their challenges and what could be improved.



Pharmacists were interviewed to understand their need and painpoints

5. Insights



Patient History

Prior documentation and patient history saves time and effort. Improves time for treatment.



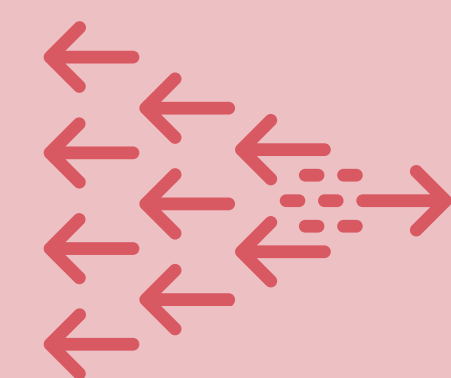
Prescription Reuse

Reuse of prescriptions by Doctors and Patients. If a single prescription is lost, information is lost for both patient and doctor.



Pharmacist Explanation

A huge population is dependent on explanations and signs drawn by pharmacists on medicine pouches.



Change of Doctors

Frequent change of doctors for consultation led to higher time for diagnosis and cure.

6. Solutions

We created a comprehensive workflow that linked the three verticals of this product: the patients, the doctors and the pharmacists.

Patients:



- 1) Curates patient and family history
- 2) Can connect with doctors immediately
- 3) Can connect with pharmacists for procurement.

Doctors

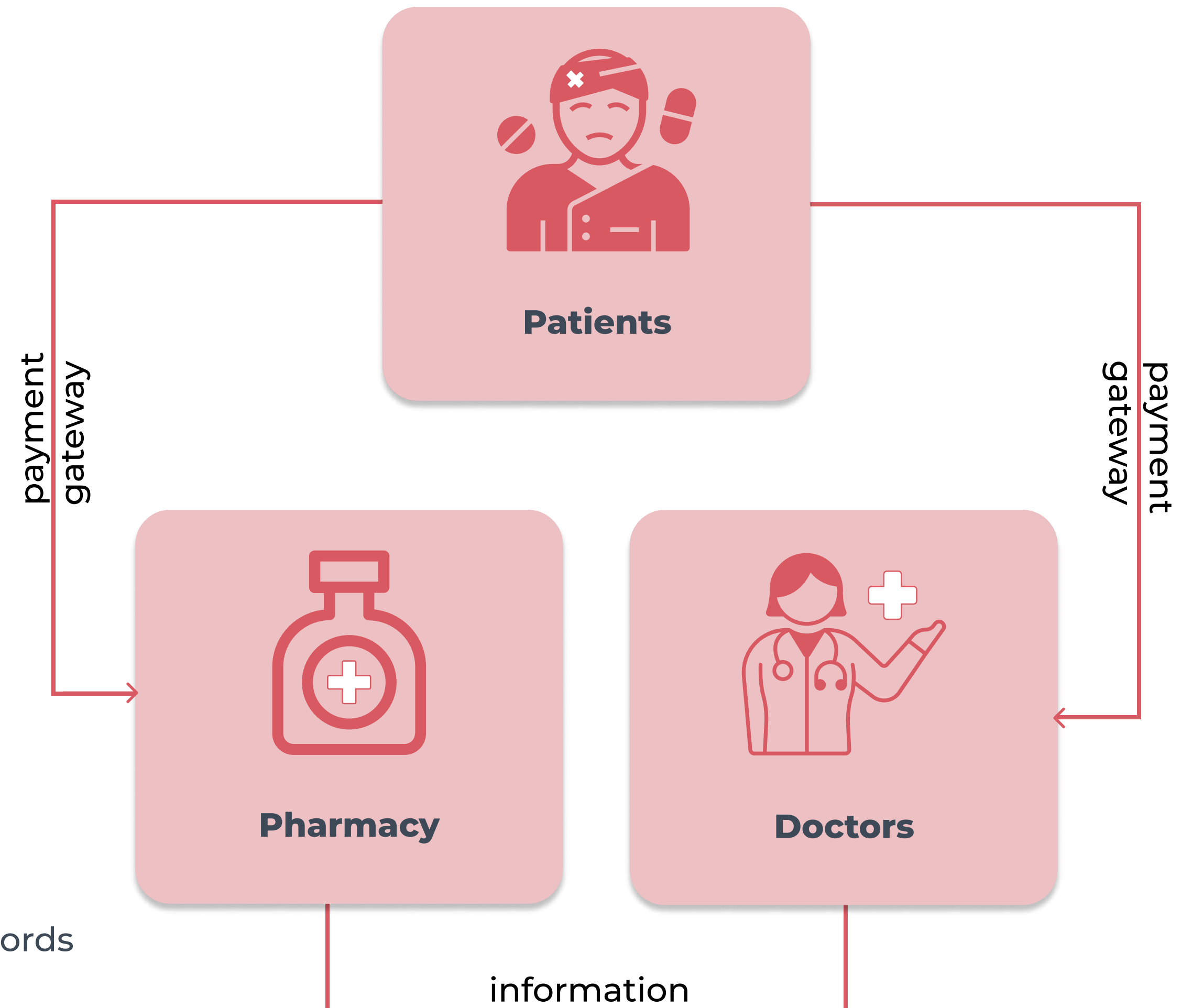


- 1) Faster access to patient history
- 2) Connect to patients via app
- 3) Generate digital documentation for patients and records

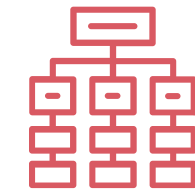
Pharmacists



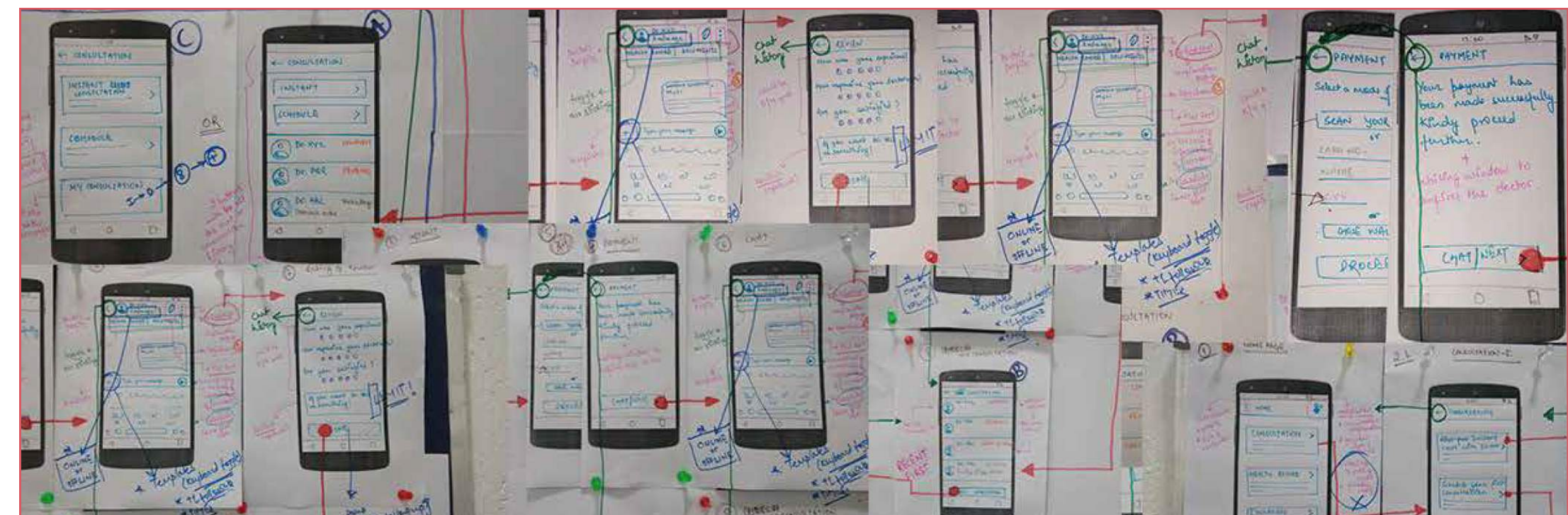
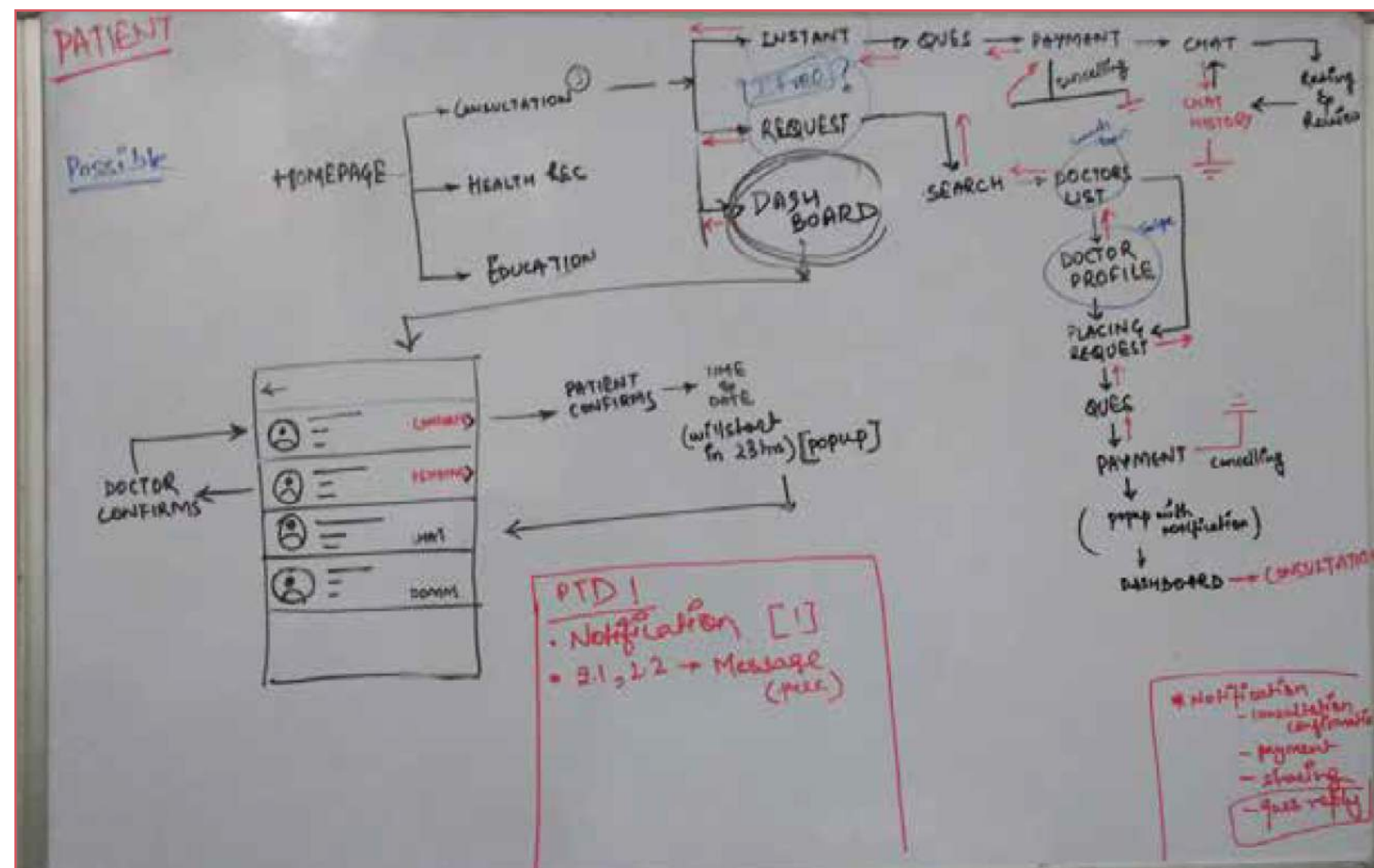
- 1) Sync inventory with availability
- 2) Connect to patients via app when medicines are in stock
- 3) Access digital prescription from doctors



7. Denouement



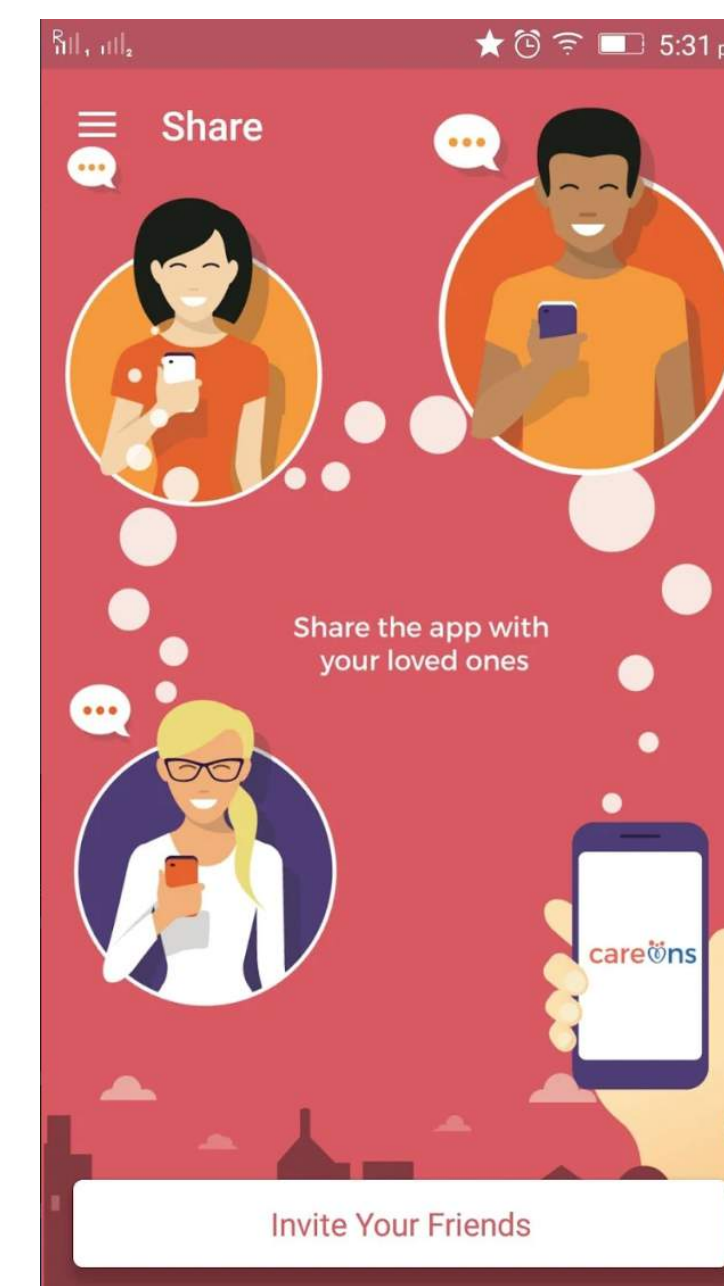
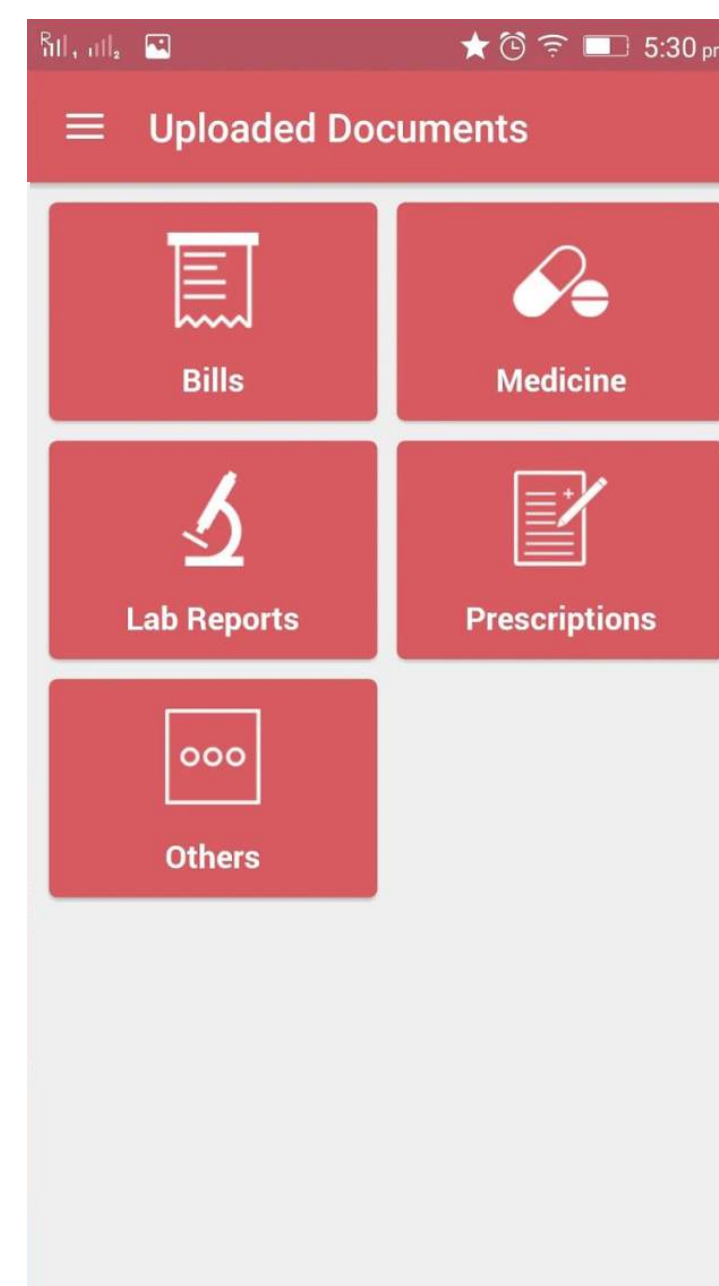
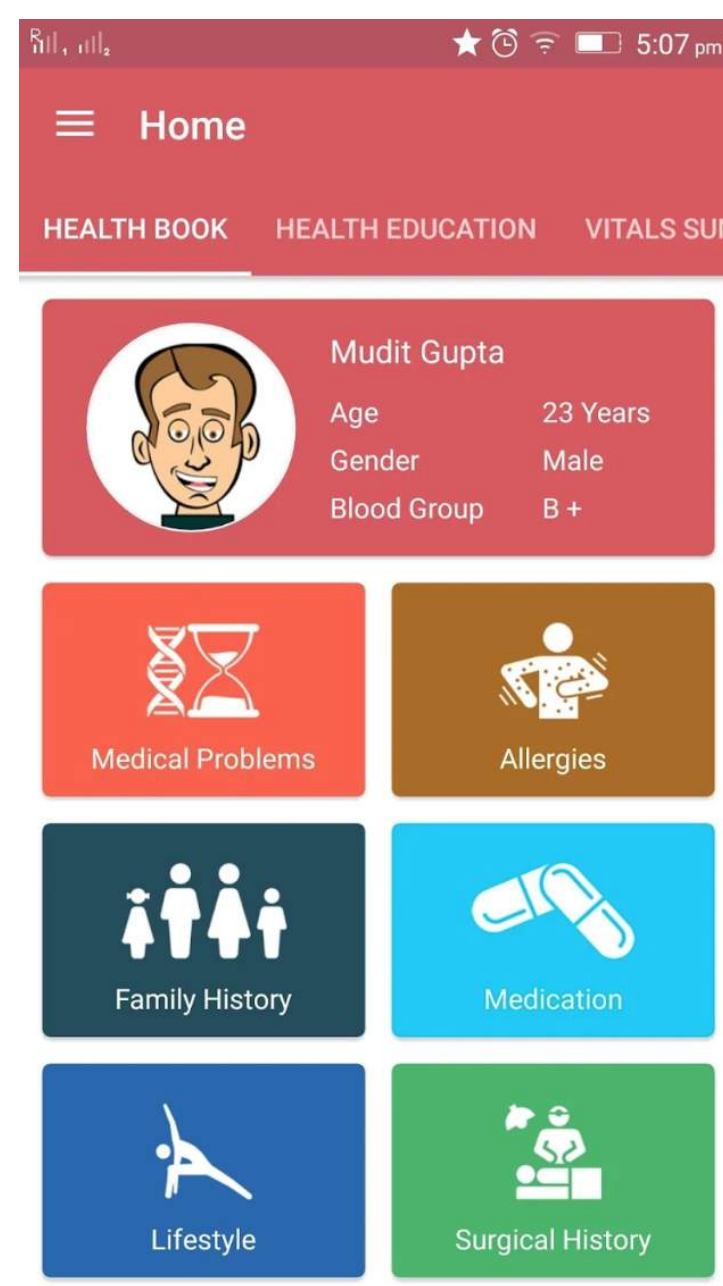
Data Hierarchy and Wireframes



Card Sorting Exercise leading to Information/Data Hierarchy and that being reflected in initial wireframes that present the initial workflow.

8. Delivery

- 1) Pictorial app - less language overload
- 2) Document curation
- 3) Connect Doctors, Pharmacist and Patients for unified network



9. Conclusion



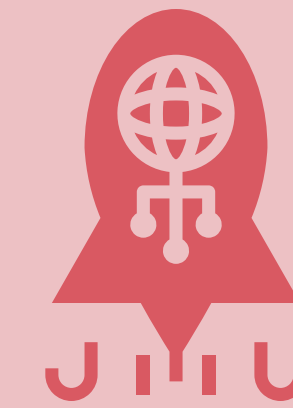
Achievement

- 1) Patients-Doctors-Pharmacists unification
- 2) Pictorial assistance
- 3) Efficient Data Curation



Limitation

- 1) Medical Jargons
- 2) Patient Education



Future Work

- 1) Local Language Integration
- 2) Voice-based information exchange