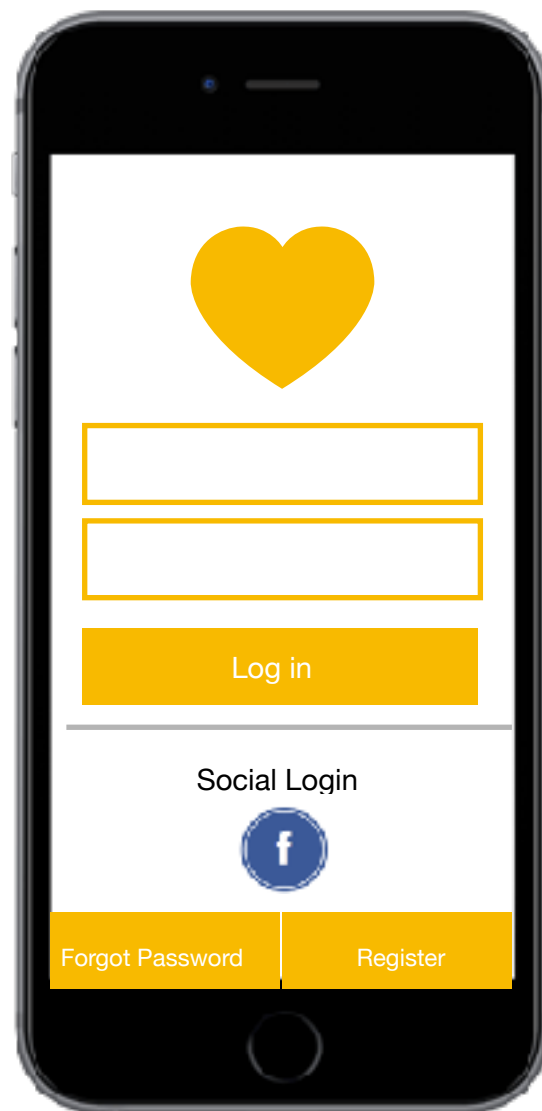
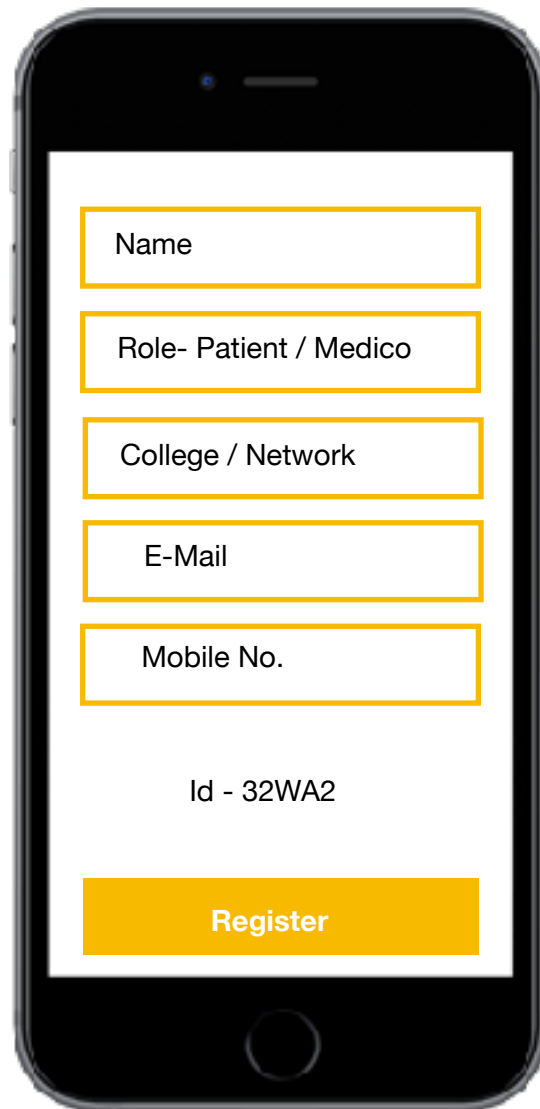


1) Open Med Login



2) Open Med Registration



The image shows a black smartphone with a white screen. On the screen is a registration form with five yellow-outlined input fields stacked vertically. The first field is labeled 'Name'. The second field is labeled 'Role- Patient / Medico'. The third field is labeled 'College / Network'. The fourth field is labeled 'E-Mail'. The fifth field is labeled 'Mobile No.'. Below these fields, the text 'Id - 32WA2' is displayed. At the bottom of the form is a solid yellow button with the word 'Register' in white text.

Every user have a unique secret id sent in email and mobile no. on registration and using this id pt. can find their medico, and medico can find their pt.

This id is base of deidentifying everything from pt. who is giving data to dr. / student who is sharing and commenting on data.

College or Network will be used in keeping deidentification solid by avoiding sharing a case from clg in same network ppl. (but can also be used as a learning tool by bringing all current cases in network at one place if its not violating HIPAA).

3) Registered pt. talking to medico of id 3232AS who met, took history, examination and now connected all time via app

3a)

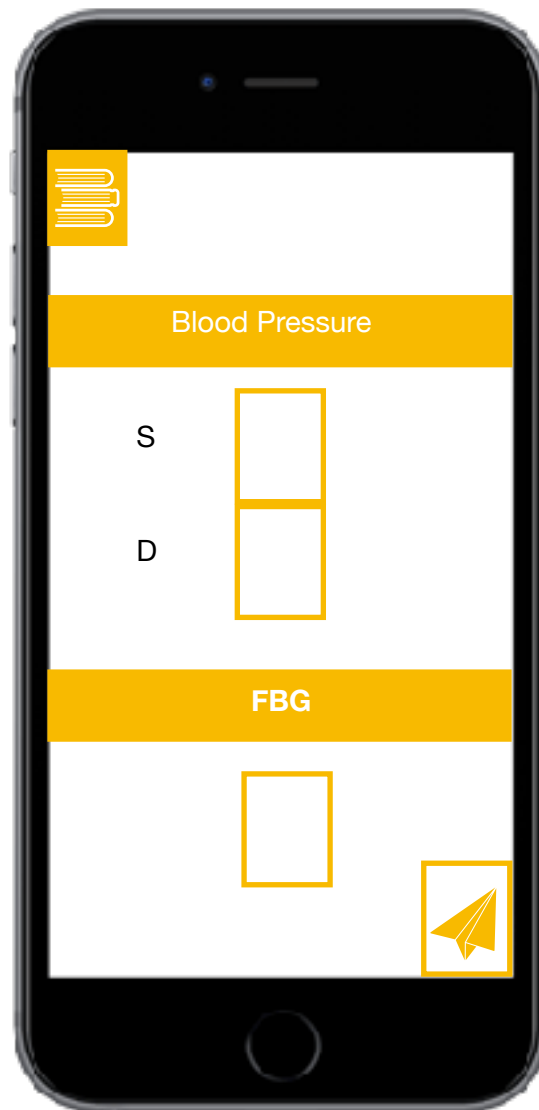


3b)



There is a menu button for patient to access more options.

3c) On click Notification screen opens to get latest updates requested by medico via notification or self reported by patient and only this screen updates directly in patient records as various updates of vitals, SpO2 etc. Also same way connected IOT send data directly.

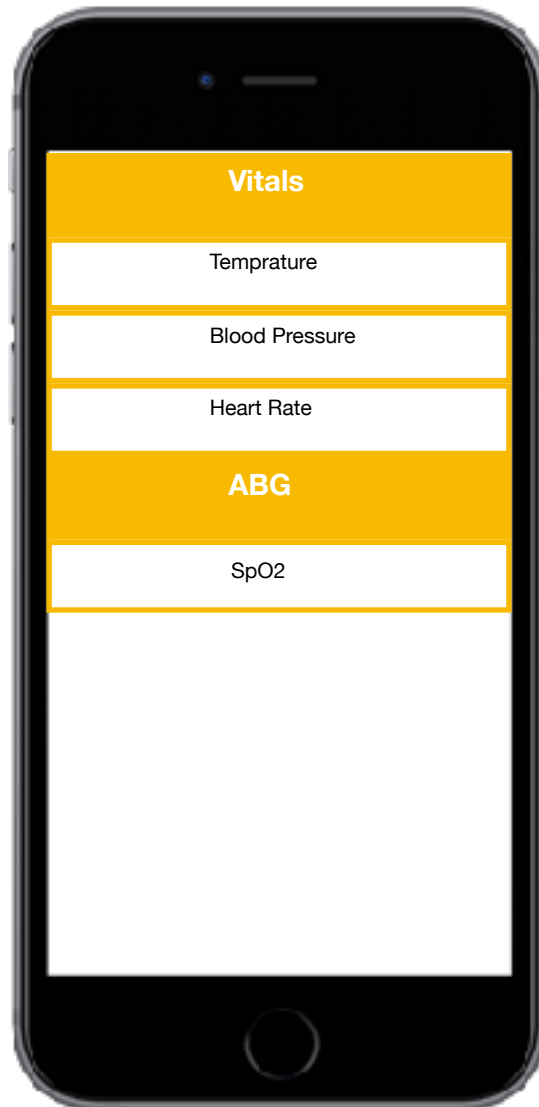


4) Medico get that data in similar chat Screen and have these 3 new screens accessible via menu button on chat screen (chat screen same as above). Additional Round Icon on top right is click to edit this case.

4a)

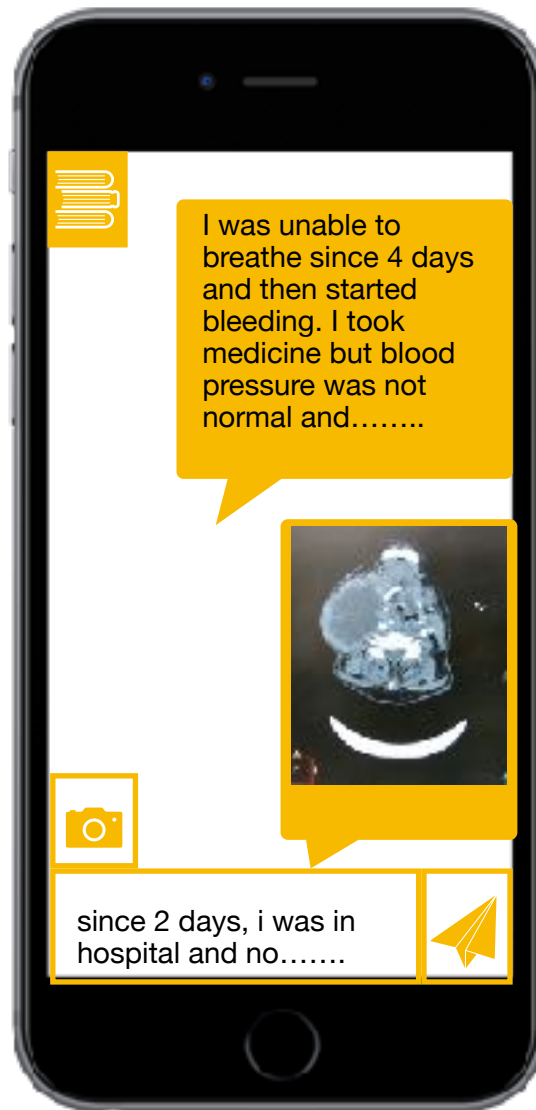


4b) Requesting direct updates with notification (like once medico select temp. it will be asked to patient to update tempeature hourly and will be reminded in notification as shown earlier. This list opens on clicking Menu.

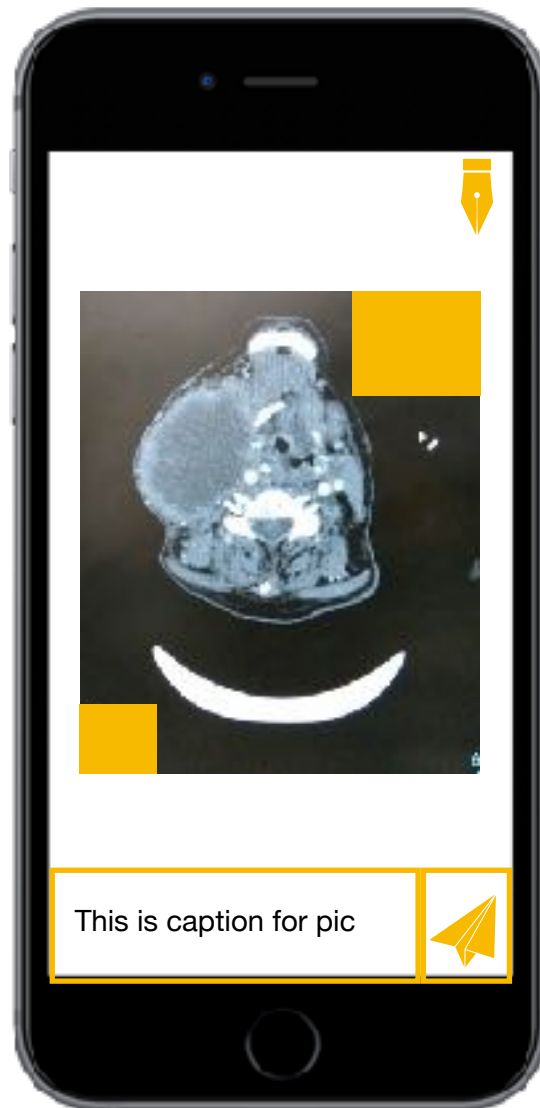


4c) on click to edit this case. 3 options. 1 - Blog, 2 - PICO, 3 - IMRaD

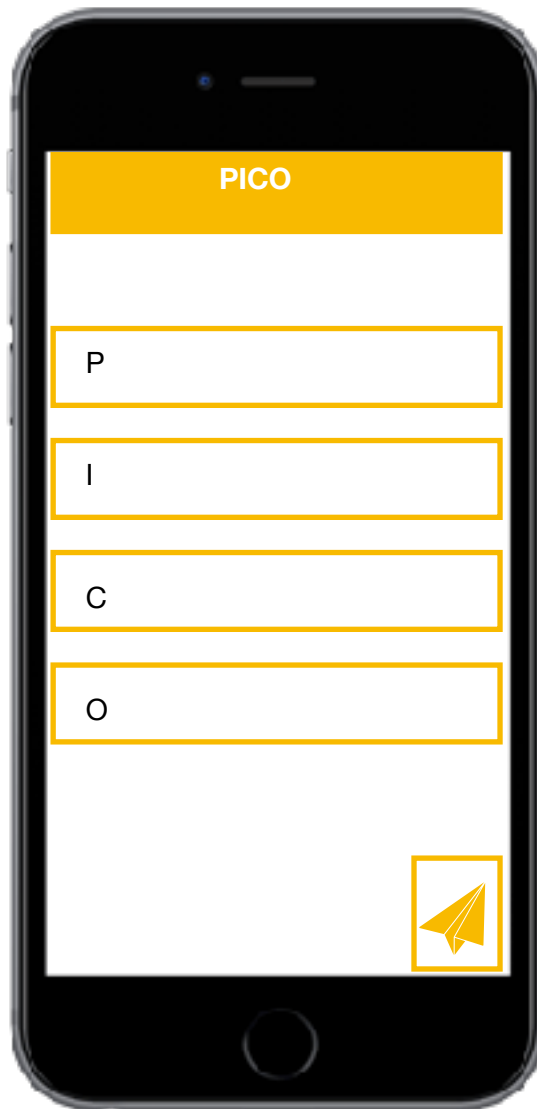
4c.1.a) audio can't be sent to blogs. only text and images. These msgs and images will take a shape of blog. msgs are by medico in pt. voice. Images are by medico but deidentified. Everytime an image is uploaded, a small tier 1 community of volunteers get to review it and pass or send back with comment to de-identify.



4c.1.b) whenever medico select and image to send he gets quick deidentification option like this



4c.2) Edit case in PICO format




PICO

P

I

C

O



4c.3) Edit case in IMRaD format



IMRaD

I

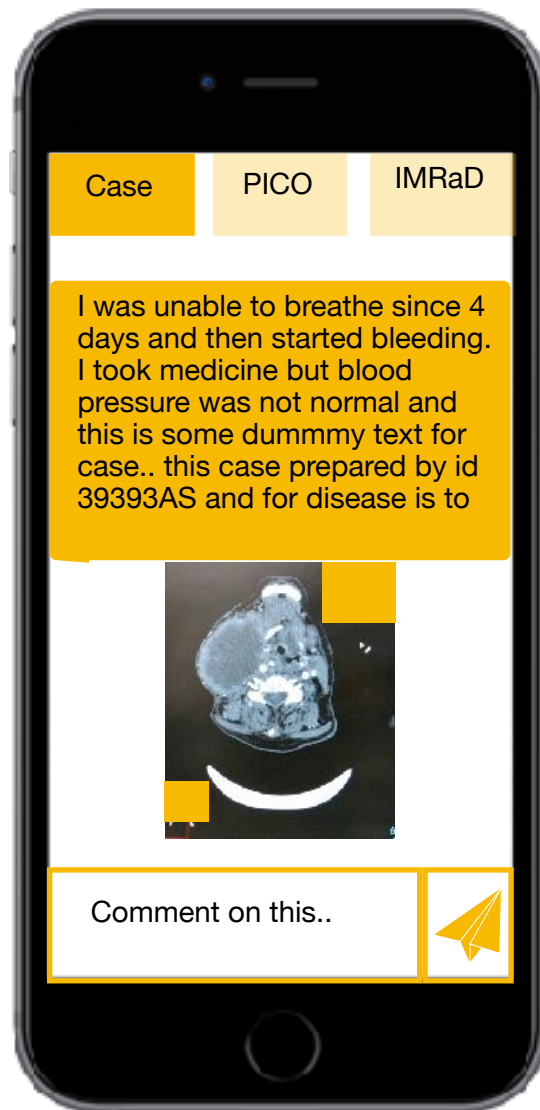
M

Ra

D



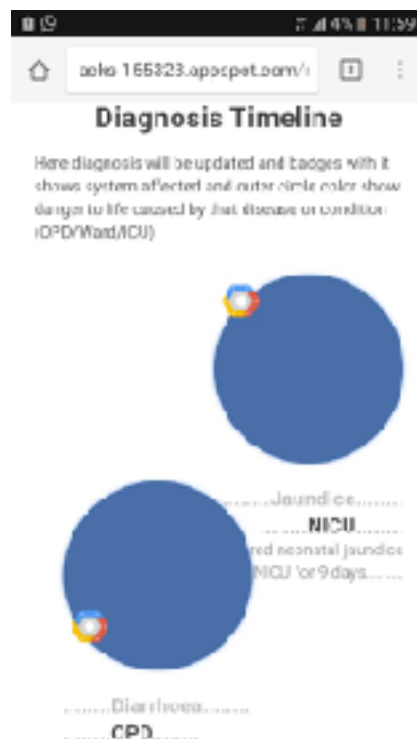
5a) Case, where patient can see, medico deling with patient can see + edit + comment, and community can only see + comment.



5b) All vitals, and values requested by reminders (that medico selected and autogenerated as per protocol like hourly temperature reminder), all values self updated by pt. and all values coming from IOT are available in side menu on case screen like this. (these data charts are interactive and available in chart + table format)



- Every feature is also available in web interface.
- Medico can recommend CMEs to pt. directly from app
- Operator from pt. side can be pt. self or family member.
- While pt. install app, agree to terms to share data (all data is encrypted) and consent
- While medico share data, medico agree to consent
- While community discuss, spammers to be black-listed
- Community have to be in tiers
 - a) tier 1 - volunteers who review deidentified images (newbies/non-medicos)
 - b) tier 2 - volunteers who tag cases in respective department (medicos)
 - c) tier 3 - volunteers of active medical community mbbs seniors & PGs
 - d) tier 4 - volunteers who will only see cases that have been discussed a little (experts)
- every medico making cases/discussing in community can be part of various groups (specialities) and will see maximum cases from specialities.
- A non medico can also create a case and proceed to rest with help of a medico.
 HOW -> when a patient (case id) is talking to a medico, another can also join on same by adding same patient's case id and hence doing a collaborative case creation (medico + medico, or a non medico + medico) and same can be used for transferring a case from 1 medico to another if patient needs or not satisfied.
- whenever a case is opened it will be available in for of timeline and then on click it dives deeper on current scenario or from whatever timeline point clicked.



- UI given above is not complete, only to represent idea. some more improvements need to be done.

- Heavy Gamification.

- a) every deidentification mistake cost big negative points.
 - b) every partial shortcut made case get some points.
 - c) every good made case get higher points. higher if in patient's voice.
 - d) every discussion involvement gives more points and if with text reply there are links then higher points expecting link to be reference/evidence but if reported as spam again losing points.
 - e) every pico format ready case shown more frequently to active users and more points to case author/authors.
 - f) every IMRaD format case to be give even higher points but not shared more to active ppl, its just kept in searchable (pubmed) like format.
 - g) every medical keywords linked to wikipedia/medical dictionary
 - h) option to search cases by keywords
 - i) leaderboards by no. of points users have (daily weekly monthly)
 - j) leaderboards based on qualification too (like among UGs, pgs, etc.)
- etc..... Gamification, credits etc. will attract...

Training Non-Medicos to use app and create case in pt voice by video tutorials.

before launching app, using it to trial in small network and make small documentary for patient's to understand benefits people had in form of early diagnosis, or better care, life saving and innovative care.

Will be waiting for feedbacks. in OpenMed group,

Thanks!