

Health Informatics: Not Just EHR

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HISTORY

HISTORY

1940 - 1950

Germany's Dr. Gustav Wagner established the world's first professional organization for informatics

German Society for Medical Documentation, Computer Science, and Statistics.

1951 - 1960

Dr. Arthur E. Rappoport spoke about using the McBee manual punch card, the first computer used in clinical practice, at the American Society for Clinical Pathology.

1961 - 1970

Pappalardo, Marble, and Greenes develop MUMPS, a programming language which made it easier to create medical databases and integrate them into healthcare environments.

HISTORY

1971 - 1985

Release of computerized provider order entry system.

Launch of patient scheduling software, Cadence.

1988 - 1995

Launch of the American Medical Informatics Association to educate healthcare professionals in informatics standards and systems.

Launch of EpicCare the first Window-based electronic health records software.

2000 - 2013

Wearable health monitoring devices used in hospital trials.

Nearly 3/4 of physicians use tablets to maintain electronic health records.





DEFINITION

HEALTHCARE

The management of illness through the services of medical and allied health professionals



INFORMATICS

The Science of collecting, storing, manipulating, retrieving, analyzing and classifying recorded information (data)

HEALTH INFORMATICS

"The study of nature and principles
of information and its applications
within all aspects of health care
delivery and promotion"

Protti DJ
AMIA Proceedings
Masson Publishing, 1982



HEALTH INFORMATICS TWO DECADES LATER

Health informatics is concerned with the systematic processing of data, information and knowledge in medicine and healthcare.

It covers computational and informational aspects of processes and structures, applicable to any clinical or managerial discipline within the health sector.

Health informatics is delivered by operational health practitioners, academic researchers and educators, scientists and technologists in operational, commercial and academic domains.

Jean Roberts – Medinfo2001



HEALTH INFORMATICS - WHO

'an umbrella term referring to the application of the methodologies and techniques of information science, computing, networking and communications to support health and health related disciplines such as medicine, nursing, pharmacy, dentistry, ...'



Clinical

Consumer
Health

Imaging

**HEALTH
INFORMATICS
SUBSPECIALTIES**

Clinical
Research

Public
Health

Nursing

Biomedical

HEALTHCARE

The prevention, treatment and management of illness and the promotion of health and well-being through the services offered by the medical, nursing and allied health professions.

INFORMATION SCIENCE

The collection, classification, manipulation, storage, retrieval and dissemination of information; The application and use of knowledge. The interaction between people, organizations and information systems.

COMPUTER SCIENCE

The theoretical foundations of information and computation together with their implementation and application in computer systems.

HEALTH INFORMATICS

HEALTHCARE: PROMOTING WELLNESS

- Organizational development and change management
- Resource allocation models
- History and culture of clinicians
- Clinical practice content and process
- Clinical practice guidelines and protocols
- Evidence-based decision making
- Health outcomes and health status
- Epidemiology
- Population health
- Health economics and fiscal management
- Individual and group decision support systems
- Ethics and legislation

INFORMATION SCIENCE

- Data
- Power and value of information
- Coding, classification, nomenclature
- Data modeling data standards
- Managing information resources
- Statistical methods
- Systems analysis and design
- Information sources
(local, national, international)
- Data analysis



COMPUTER SCIENCE

- Hardware processing and storage technologies
- Computer languages
- Software: operating systems, databases, application
- Communications technologies
 - Local Area Networks
 - Intranets and the Internet
 - Telemedicine
- Security and Confidentiality



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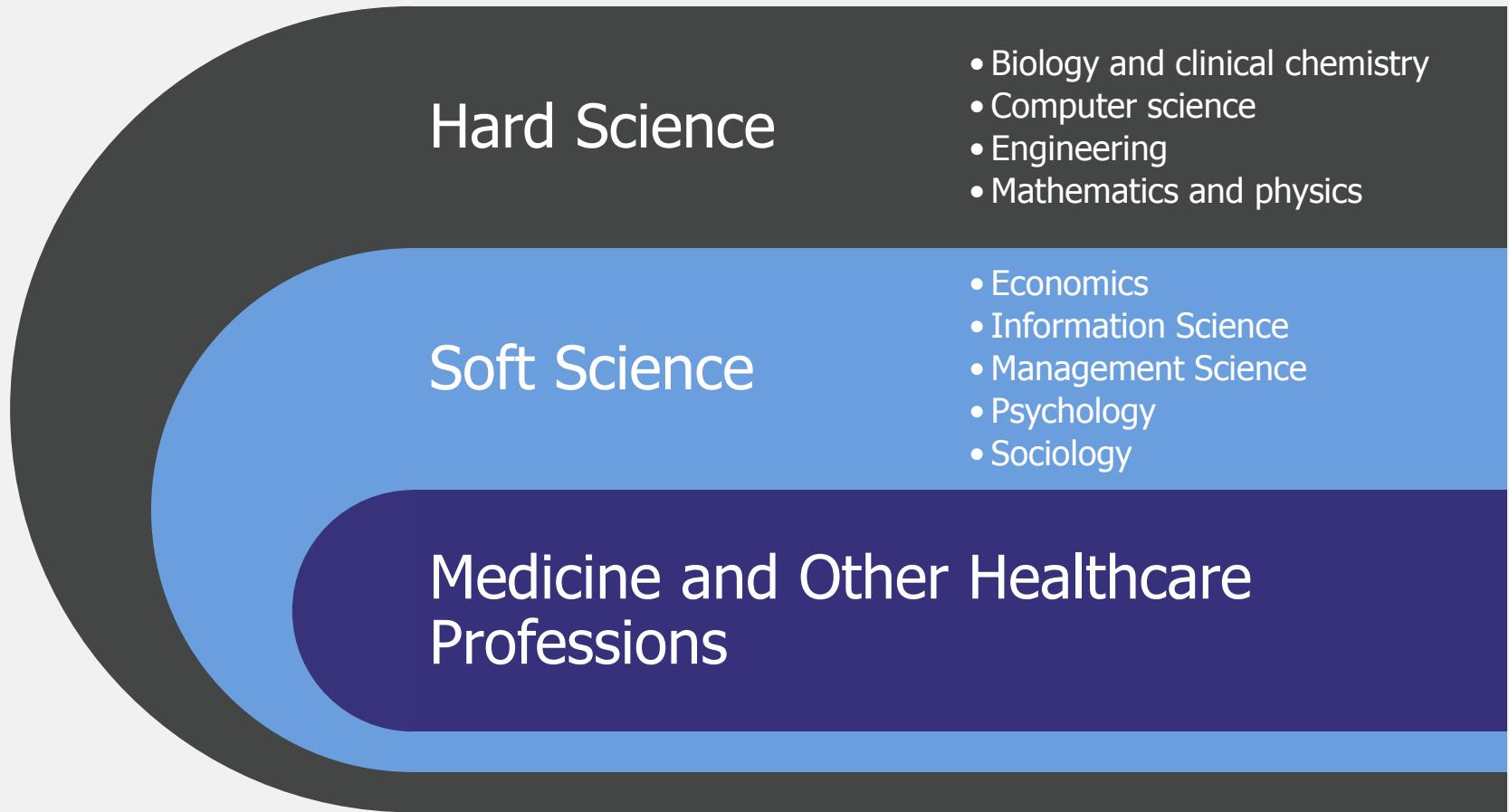
The theoretical foundations of information and computation together with their implementation and application in computer systems.

HEALTH INFORMATICS



THE MELTING POT: KNOWLEDGE TANK STAKEHOLDER DIVERSITY APPLICATIONS

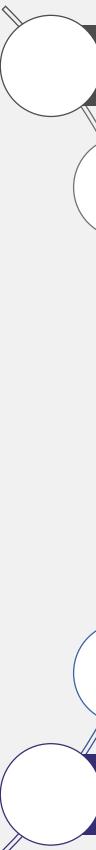
HEALTH INFORMATICS KNOWLEDGE



STAKEHOLDER DIVERSITY WILL ONE SOLUTION SUIT ALL?

- Patients, Tax Payers and The Public at Large
- Healthcare Professionals
- Government Bodies, Policy Makers, Strategists and Agencies
- Finance/Admin. Management in Hospitals
- Facility Management/Operational Management
- Healthcare Providers
- Healthcare Researchers
- Healthcare Educators and Their Students

HEALTH INFORMATICS APPLICATIONS



Recording accurate data

Data availability in a timely manner

Support and inform to make better decisions

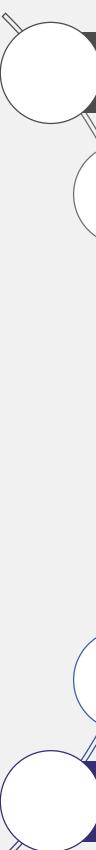
Remote therapy

Risk management

Support for shared care

Patient Assessment, Tracking and Monitoring

HEALTH INFORMATICS APPLICATIONS



Evaluation of patient care

Staff training and coordination

Drug control – medication dispensing/ordering

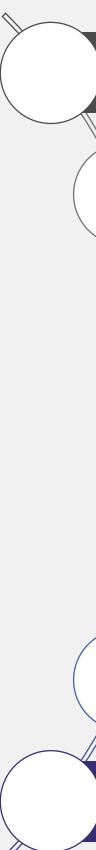
Payroll

Clinical Pathways

Labour management

Patient scheduling

HEALTH INFORMATICS APPLICATIONS



Budget analysis

Research

Quality Assurance

Donor databases

Purchasing equipment

Resource allocation and planning

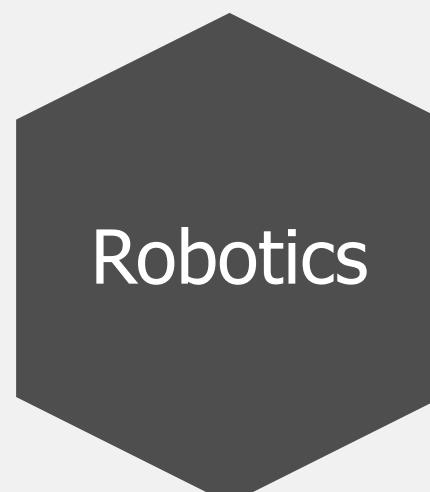
Device management



TRANSFORMATION



HEALTHCARE TRANSFORMATION THROUGH HEALTH INFORMATICS



ELECTRONIC HEALTH RECORDS - EHR

Enacted in 2009, the **Health Information Technology for Economic and Clinical Health Act** (HITECH) required that all health care providers in the US adopt EHRs by 2015.

This legislation paved the way for health informatics to grow increasing the possibility for interoperability of patient records between providers.



MOBILE HEALTH - mHealth

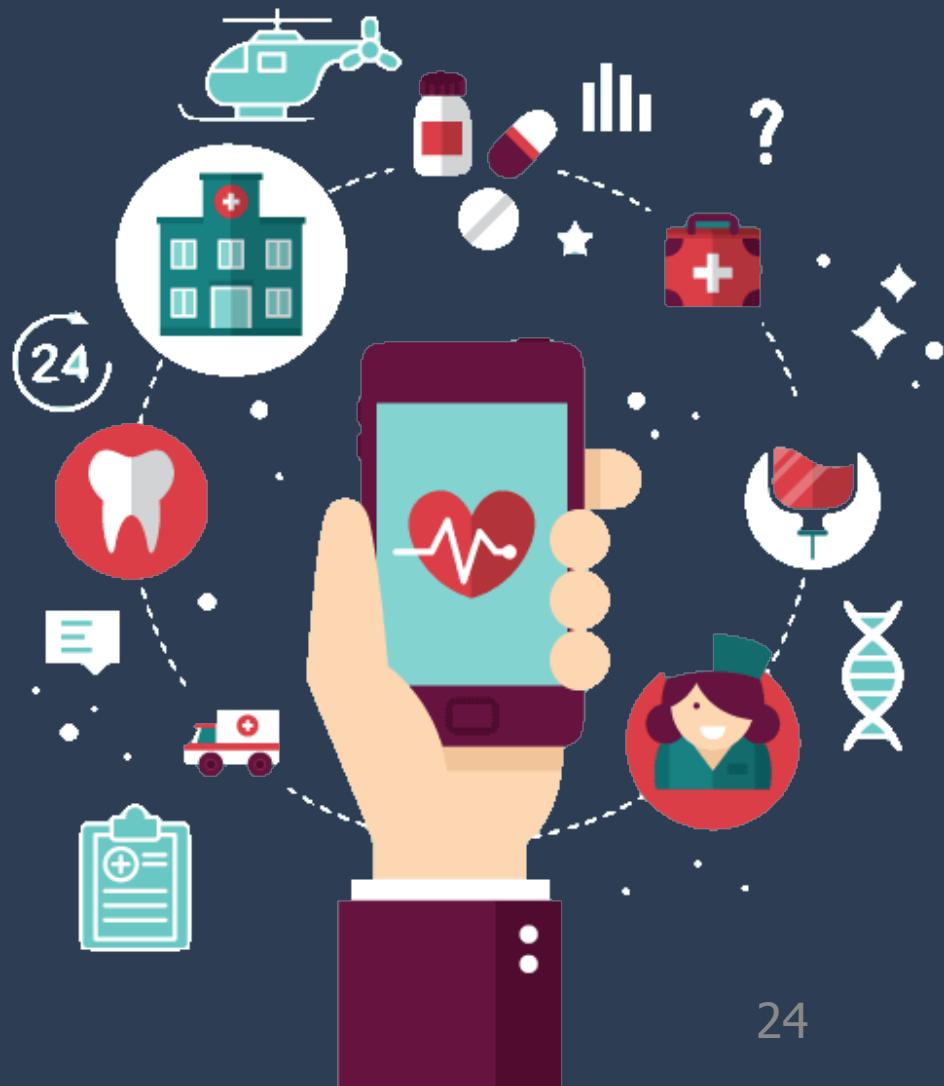
mHealth applications are transforming how doctors and patients interact in the modern era.

For the patient:

- Convenient patient experience and care
 - Streamlining management of health
 - Easier communication with healthcare providers
 - Appointment scheduling
 - Access to health information

For the care provider:

- Improved patient compliance with tools that provide remote monitoring of certain health conditions and medical devices



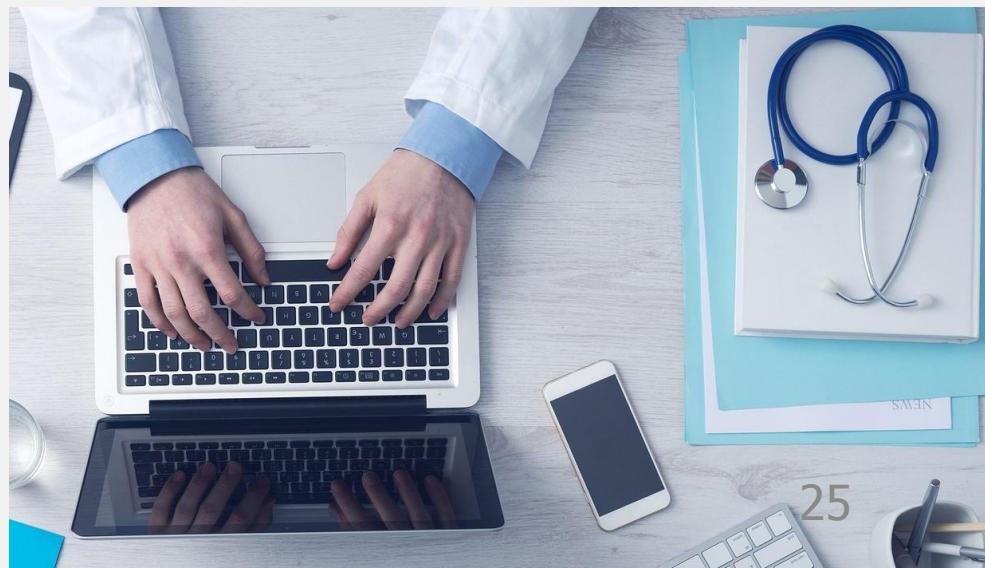
TELEMEDICINE

Virtual communication between patients and caregivers.

Use of telecommunication tools, patients and their caregivers may interact without the need for transportation.

Telemedicine includes:

- Tele-Health
- Tele-Radiography
- Tele-Surgery



INTEROPERABILITY



Interoperable Healthcare Information Technology (HIT) Systems
“the extent to which systems and devices can exchange data, and interpret that shared data” - HIMSS

According to the Healthcare Information and Management Systems Society (HIMSS), Interoperability is still a pipe dream for the health care industry. In reality, it is rather a Goal for those in the industry, working steadily towards achieving.

As systems and networks become more and more interoperable, the healthy and open flow of information among health care practitioners, patients and networks will ultimately lead to better health care and more informed patients who are in charge of their own health.



WEARABLES

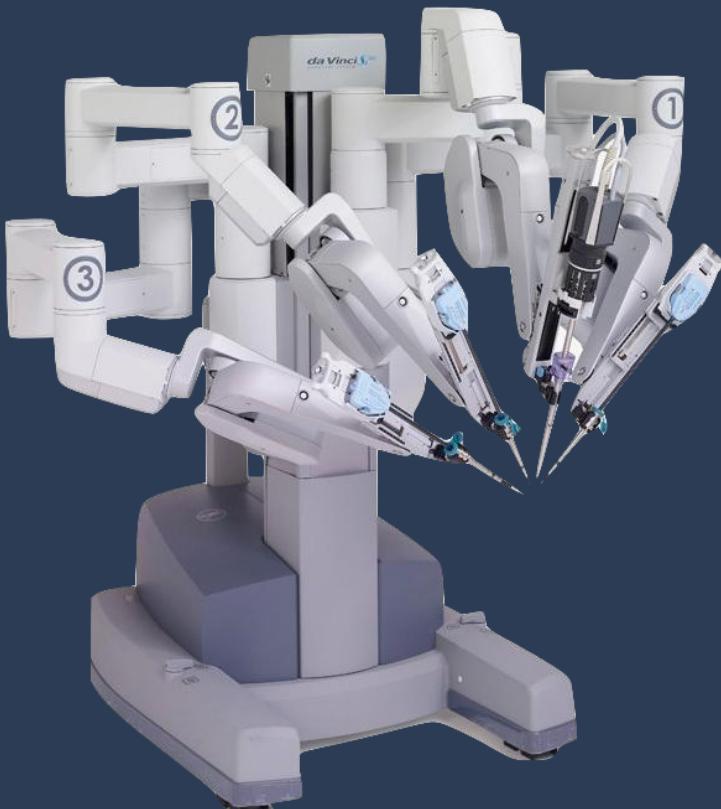
Wearables offer yet another avenue beyond electronic patient records to collect data, increase prevention and improve health outcomes for users.

Wearables can monitor and record everything from sleep and rest patterns to heart rate and calories.

As the wearables industry continues to expand, developers are looking at ways to take the technology even further

According to TechRepublic “Intel teamed up with the Michael J. Fox Foundation to use wearables to find certain characteristics of Parkinson’s disease”.

AI AND ROBOTICS



Advancements in Artificial Intelligence and robotics have lead to real uses for robots in hospital settings, whether as surgical assistants, nano-robots for intravenous drug delivery or for delivery and transportation of goods within the facility, the impact is immense.

HEALTHCARE TRANSFORMATION THROUGH HEALTH INFORMATICS

THE INTEGRATED OPERATING ROOM



HISTORY



John's Hopkins Hospital OR (1904)

PAST



A modern OR in the mid 1980's

IMAGE / VIDEO STREAMING



- Image Transmission: Direct connectivity
- Single source to single destination
- Very primitive and limited distances
- Limited or no editing/annotation functionalities

IMAGE / VIDEO STREAMING

Two main players emerged:

- 1) Endoscopy Suppliers, capitalizing on their existing strength in the healthcare industry and widely available resources in the hospital environment
- 2) IT companies with extensive and broad knowledge in the field of technology but not necessarily in Healthcare

IMAGE / VIDEO STREAMING

- Digitizing the endoscopic image to allow advanced transmission (over LAN) and additional features (storage, documentation, transmission, processing, conferencing, etc.)
- Digitizing the HMIS and CIS to allow networking and sharing of all clinical data using advanced methods.
- Digitizing the surgeon panel through BMS integration with various IT systems and subsystems.

THE DIGITAL OR – VIDEO STREAMING

SOURCES	DESTINATIONS
OR Light Camera	Anywhere
Laparoscopic Camera	Anywhere
Surgeon Helmet Camera	Anywhere
Wall mounted Camera(s)	Anywhere
Video conferencing	Anywhere
	In room monitors, In-facility offices, clinics, conference rooms, auditoriums, CCTV-Network, etc. Off-grounds, anywhere in the world on a connected device

IMAGE / VIDEO STREAMING



IMAGE / VIDEO STREAMING

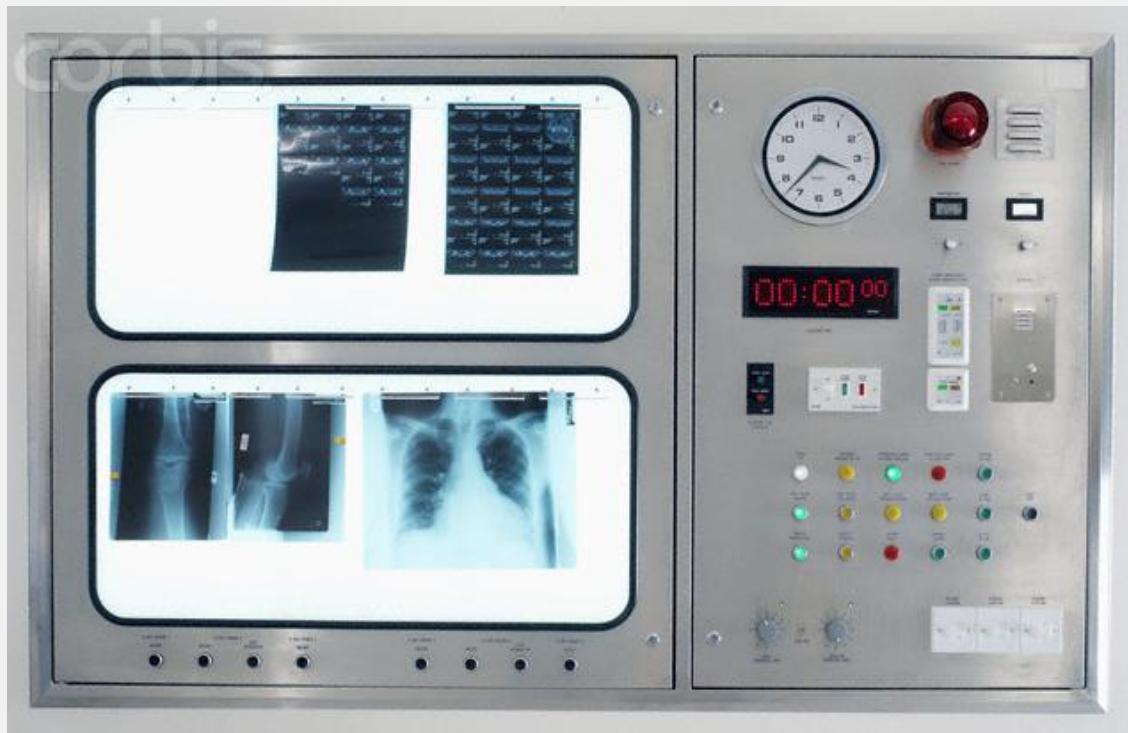


INTEGRATED CONTROL

- The nurse and surgeon can operate all components in the room from a single interface either inside or outside the sterile field.
- The interfacing capabilities include surgical planning and navigation, image data management, advanced visualization, and intra-operative imaging.

SURGEON PANELS

- Electrical Mechanical systems
- Patient data



INTEGRATED CONTROL





OLYMPUS ENDO ALPHA



KARL STORZ OR1



BERCHTOLD SUPERSUITE



RICHARD WOLF CORE



MAQUET AND HOWORTH AIRTECH OR3G







ADVANTAGES & DISADVANTAGES

HEALTH INFORMATICS ADVANTAGES



Time and
Cost Saving



Safer
Healthcare



Geographical
Independence



Patient
Education



Patient
Autonomy



Increase
Quality Care



Environmentally
Friendly

HEALTH INFORMATICS DISADVANTAGES



Expensive



Timely
Implementation
and Adaptation



Impersonalization
of Care



Over
Dependency
on Technology



Cybersecurity



THANK YOU

