Collecting information near the patient – The CHMI vision

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Sources of information

- Hospital in-patient records
- Hospital out-patient records
- GP and other primary care records
- Out of hours services
- Ambulance service
- Treatment/walk-in centres
- Pharmacies
- Opticians, dentists, ...
- Patient self-testing
- Home monitoring
- Care home monitoring
- Friends and family
- Sport/leisure monitoring
- Workplace monitoring
- Many more ...
What can you do with quantity?

- Population-level analyses
- Monitor lives rather than episodes
- Assess risk
  - mortality
  - morbidity (e.g. bed stays, frequent flyers)
- Specialised/focused to:
  - condition
  - physiological state (incl. age, chronic condition)
  - ? environment
What has changed? 1

- New ways of collecting information near the patient
  - sensors (incl. wearable)
  - mobile IT devices (laptops, PDAs, etc.)
  - mobile IT networks (Wifi, mobile phone networks, etc.)
  - web-based applications

- Richer information can be shared
  - no longer just summaries
  - detail can be shared where previously only summary
What has changed? 2

• **Market** for better health and care
  - hype cycle
• **Partnerships becoming** better recognised
  - public/private
  - health/social care
  - professional/patient
Opportunities

- Information contributing to improving processes
  - decision support
  - better care (spot outliers)
  - predict adverse outcome and prevent
- Audit to gain knowledge
  - symptoms
  - diagnosis
  - treatment
  - outcome
- Develop additional information sources
  - Tesco
  - Overseas
Issues

• Integrating data
  – identity
  – provenance (quality)
  – quantity
  – timeliness (for diagnosis or prevention)
  – centralisation (actual no, virtual yes)

• Confidentiality
  – Big Brother
  – obtaining consent
  – implementing access controls

• Many patients assume that their records are **already integrated**
Observations 1

• Quality comes from closing the feedback loop
  – patient is best quality checker
  – clinician who records information is next best
  – make quality part of the process
Observations 2

- Self management
  - patient access to records
  - patient has best view of their care pathway
  - patient in control
  - patient does more of the "work"
**Observations 3**

- Is the NHS the best organisation to develop radically new services?
  - people inside it think so
  - Government isn't so sure!
What's your view?