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## MAXIMISING CLINICAL AND FINANCIAL OUTCOMES THROUGH INTEGRATED CARE

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The healthcare mission remains to improve the health and wellbeing outcomes for patients. Achieving that focus must reflect capabilities to meet patient needs regardless of the location of physicians, caregivers, elaborate diagnostic equipment or hospitals. These capabilities are particularly needed for caring for patients in locations remote from larger, more urban populations, representing more state-of-the-art equipment and specialists for diagnosing and defining interventions. And optimal care reaches balanced, integrated outcomes for clinical, financial and efficiency optimisation, all with the greatest access and outcomes for patients.

Distance capabilities require inter-location communication to connect remote and urban clinicians, the Internet being the most achievable in the 21st century. Telemedicine, with information exchange and visual interactions, requires equipment in place, and clinical professionals sharpened for sending information, interacting with specialists and diagnostic equipment in the more populated areas. Capable professionals with sufficient equipment collect initial diagnostic information provide information at the patient location and the information-enabled clinician interactions provide best care: Telemedicine.

Examples of telemedicine successes shared include pregnancy, through Labor and Delivery, through postpartum care, all including mother, fetus and newborn. Also Stroke care, integrating information from remote pre-event patient records, through Stroke, through care, follow-up and care thereafter. Another example includes ideal medication selection and dosing. Especially for paediatric patients, again reflecting full knowledge from patient history gathered at the remote patient and clinician location. Each is evidence by clinical, cost and efficiency metrics.

Every example of telemedicine illustrates the beneficial impact accomplished through inter-location information sharing, remote and urban-based clinical professionals optimizing diagnoses, interpretations and best-care determinations. Each undertaking must prove optimal modelling as quantified by outcomes metrics for clinical, financial and efficiency metrics. Each must also reflect evidence-based best care for patients in terms of medical benefits and access to care.

### Biography

Steven H Shaha was introduced at three international conferences as "the premier outcomes researcher globally in breadth and depth" in 2016. He has 35+ years of experience in studies, consulting, lecturing, teaching and speaking. He's provided advisory work to 11 non-US governments on 4 continents, has 250+ conference presentations, 140+ journal publications, 4 books, and in 2015 three requested chapters for international reference books. With two PhDs, he is full Professor and has taught, adjuncted or lectured at 30+ universities in 6 countries, among them Harvard, Cambridge (UK), Oxford, the King's College, Macquarie University (Australia), UCLA, Westminster, Columbia, Cornell, and others. Beyond the 200+ healthcare-focused organisations, he has also advised 50+ of non-healthcare organizations, including e.g. Disney, Ritz-Carlton, RAND, Coca-Cola, Time-Warner, Intel, IBM, Marriott and New Line Cinema organizations. He also served as the Special Assistant to the President of Coca-Cola during crucial months and years of Coca-Cola history.

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