Health 2.0

Group #7

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**Group #1**

Between friends and family, I've heard stories of visiting multiple doctors for the same health concern where one doctor will prescribe one course of action and another will prescribe another for the same issue, or sometimes even having completely different diagnoses. Do you think using information from the medical knowledge sites in the talk will help patients understand when they may need a second opinion?

Absolutely it would help. Most doctors will give you a couple of options to what you would need to do for a medical condition. Now those options might not be what you want to do so you seek a second opinion. If you research prior to entering your doctors office, then you should already know what his response is going to be and if you will need to seek a second opinion. This can also lead to not even seeing the first doctor, and instead going straight to the second, whom has a medical opinion and thought process that sits more inline in what you want to do.

**Group #2:**

With physicians now being required to move to ehealth which includes online prescription writing, and online charts for patients, do you think that this poses a serious risk with the confidentiality of a patients medical records?

There will always be any security risk when it comes to posting confidential information online somewhere. However there are some security practices in place that help prevent that. The practice that maintains and holds your Electronic Health Record is responsible for providing the security necessary to protect your information. There is a 10 step security plan which is suggested to each practice who use and maintains EHRs.

1. Confirm you are a “Covered Entity”
2. Provide Leadership
3. Document your process, findings and actions
4. Conduct Security Risk Analysis
5. Develop Action Plan for addressing threats & vulnerabilities
6. Manage and mitigate risks
7. Prevent with workforce education and training
8. Communicate with Patients
9. Update your business associate agreements
10. Attest for the security risk analysis MU objective.

More information can be found on it here: <http://www.healthit.gov/providers-professionals/ehr-privacy-security/10-step-plan>

**Group #3 Question:**

How could Health 2.0 reduce to overall cost of Americas medical bill?

Simply put, it can reduce the amount of times that you are required to see a doctor. To expand on this, a lot of patients nowadays are moving into the “e-patient” status. This means that they are diagnosing and treating medical ailments wholly online, without any in-person interaction with a health care professional. This reduces costs of not just visits, but can also reduce the cost of pharmaceuticals as natural remedies can be found. In all the patient can then reduce the amount of health insurance coverage, reducing his overall health costs even more.

**Group #4**

With the large amount of medical data that is about to be digitized in order to make this leap to Health 2.0, doesn't that create a huge security gap that an identity thief would now have access to?

Refer to the question from Group #2. It may be large, but it is up to your provider to provide the security. As such, one must research how strong or weak the security is on a practice or provider, so as to provide yourself with the best protection possible for your health information.

**Group #5 Question:**

With the problems we are experiencing now in the U.S. surrounding the Health Care Reform program, how does it compare to the digital health care systems already in place in some of the other countries?

Many other countries have had a high adoption rate of the Electronic Medical Records. However they are experiencing many of issues that we are with Health 2.0. The data records generated by an EMR is still withheld in a large database, with minimal access to the actual patient to their record, and it doesn’t work well outside of the doctor’s office that generated it. It operates on a server-client principle. However the big reform here in the States is that of Electronic Health Records. This is a health record that can be used from any doctors office, meaning that it contains information that all clinicians involved in the patients care would need. This would encompass your general physician, specialists and even laboratories.

**Group #6:**   
  
Patients sometimes visit several doctors for second opinions, often omitting the fact they have already seen another professional. Doctors all have different backgrounds, and can come to different conclusions for diagnosis. Some people might see a benefit in getting an unbiased second opinion.   
  
With a central database of patient data that can be easily accessed (hopefully by the right people) for review, would it be likely for a doctor for forgoe rediagnosis if a patient's record already has once recorded? (Assuming the doctors are not pressured by another entity to accept a certain diagnosis, or a set of acceptable diagnoses).

That question is impossible for us to answer. Its dependent on to many variables and opinions of all the doctors in question, as well as outside pressure from insurance companies. It is a possibility for sure, but it’s impossible to determine the likeliness of it happening.

**Group #7** – This is our group

**Group #8** – Did not post a question

**Group #9**

Do you think, in the future, globalization and digital health could help establish a "World Health Care" program funded by partnered countries around the world (Such as U.S. with European countries), that will allow health issues to be free for citizens of those countries? Could that ever happen?

Anything is possible given enough time and money. However we feel that the way that this would only happen if and when there was established a global government first.

**Group #10 - Professor Shankar**

Comment on the Web 2.0 patterns used and not used as of today in US Health Care.

There are a couple of Web 2.0 patterns being used within US Health Care. One of the main patterns is that of participation and collaboration. That is the users themselves are generating the content. A large amount of networking sites for both patients and doctors are springing up. Another that is starting to gain credence, is that of Data as a Service. This is coming into play with the Electronic Health Records. This will allow both patients and doctors to access the patient’s medical record through the web. Others that are not in use so much, like SOA, as they only provide functionality to other services. Perhaps as DaaS grows within the industry, so will SaaS and the need for SOA will become clear.