

Newsletter Archives

Nov 3, 2015

South by Southwest Panel

Are You Making Health Tech or Wealth Tech?

Dr. Sarkar, Veenu Aulakh, Executive Director for the Center for Care Innovations ^[1], Joseph Flesh, President and Founder of Purple Binder ^[2], and Dr. Peter Long, President and CEO of the Blue Shield of California Foundation ^[3], led a panel at South by Southwest's Interactive Festival, a five day event featuring innovative technology across industries. Their panel, "Are you making health tech or wealth tech?" engaged the audience in a discussion of the current state of health technology and the untapped impact of building and designing health technologies for the populations that need them most.

You can listen to an audio recording of the panel discussion here ^[4].



4th Quarter, 2015

PROJECT SPECIFIC ACTIVITIES

- **Project 1: Timely, Accurate, Active Test Result Management.** Last quarter's focus groups allowed us to gather desired attributes of an IS or workflow solution for timely notification and follow-up of abnormal subcritical test results. We have since built a mock-up of the front-end of this tool that incorporates these attributes and are continuing to solicit feedback from SFHN subspecialists to iterate our prototype. Through this feedback, we have drafted a Request for Information (RFI) and more realistically estimate features and prioritization when we select a vendor to build a technical tool that manages test results across specialties.
- **Project 2: Population Management to Monitor High-Risk Conditions and Treatments.** Since coordinating with hospital clinical leadership to align this project with a larger SFHN initiative to identify subspecialty patients for registry work, we have partnered with eight subspecialties across the system (workflows include: abnormal colonoscopy, prostate cancer monitoring, pulmonary nodule, head and neck cancer, anti-coagulation clinic, urology, rheumatology, and abnormal mammo/pap). We are completing a

workflow mapping project so we can identify how our planned intervention can address the vulnerabilities within the monitoring workflow.

- Project 3: Improving Medication Comprehension through Plain-Language Instructions. We are working with our pharmacy leaders and front-line staff to implement conversion of standard medication instructions into UMS language at SFHN pharmacies. We are developing an evaluation framework for measuring the implementation of UMS into pharmacies within the SFHN that have begun prescribing medications in UMS language. Additionally, we continue to explore the possibilities of implementing and evaluating UMS with retail pharmacy and health IT vendor partnerships.
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3rd Quarter, 2015

GENERAL ACTIVITIES:

- In May we completed the last of 3 design thinking workshops with GravityTank, an innovation consultancy. Our final products are digital prototypes of patient safety IT solutions accessible through an application called Marvel.
- We are moving towards approval of the ASCENT information systems project charter.

PROJECT SPECIFIC ACTIVITIES:

- Project 1: Timely, Accurate, Active Test Result Management. Project co-leads held focus groups about existing practices and ideal attributes of an IS or workflow solution for timely notification and follow-up of abnormal subcritical test results. Inpatient hospitalists, quality and risk management officers, ambulatory care committee members, radiologists, and ED nurses and physicians have participated in focus groups. In the coming months, project leads will build an IT solution prototype, with attributes suggested in the focus groups, and then solicit feedback from SFHN subspecialists.
- Project 2: Population Management to Monitor High-Risk Conditions and Treatments. ASCENT project leads are coordinating with hospital clinical leadership to align this project with a larger SFHN initiative to identify subspecialty patients for registry work across the system. We've held additional meetings with stakeholders involved in creating a patient registry for abnormal pap smears and mammograms and a registry that identifies patients with positive fecal immunochemical tests. We will continue to hold discussions with our current and new SFHN subspecialty partners, getting their feedback and final approval.
- Project 3: Improving Medication Comprehension through Plain-Language Instructions. The Universal Medication Schedule (UMS) is a simplified and standardized instruction format that improves patients' understanding of their medications. Medication prescriptions in UMS language have been embedded into the outpatient SFGH pharmacy software and will be in eCW, through a global favorites list for 400 of the most commonly used medications. Data on UMS conversion rates will be collected for both initiatives. Prescriber and pharmacist training re: UMS is an ongoing process.

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Links

[1] <http://www.careinnovations.org/>

[2] <http://purplebinder.com/>

[3] <http://www.blueshieldcafoundation.org/>

[4] <https://soundcloud.com/officialsxsw/are-you-making-health-tech-or-wealth-tech-sxsw-interactive-2016>