

# The Patient-Physician Relationship in Remote Healthcare Monitoring

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## Abstract

Market growth of personal medical device comes from a number of factors:

- Aging population requiring more attention;
- Patients with chronic diseases may measure blood pressure and blood glucose at home;
- Reducing the cost of these devices;
- Ease of use and availability of medical devices;
- Risen cost of a series of medical tests.

This article discusses the new challenges that arise in the relationship doctor - patient in the remote Monitoring human healthcare. With the advent of a greater variety of low-cost medical devices, as well as low-cost high-quality mobile communication system will allow the system to tell the Remote Healthcare Monitoring System has also become possible. This system should be as ready to doctors and patients themselves. there is a new quality in the interaction between doctor and patient. Considers a new model of doctor-patient relationship in the light of the transfer of active interaction to the virtual world.

**Keywords:** physician-patient relationship, Internet, empowerment, health information, health care consumer.

## Introduction

The Institute of Medicine identifies patient centeredness as a core component of quality health care.[1] Patient centeredness is defined as: **Healthcare** that establishes a **partnership among practitioners, patients, and their families** (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care. [2]

**Patient-centered care** is supported by good provider-patient communication so that patients' needs and wants are understood and addressed and patients understand and participate in their own care. Physicians practicing patient-centered care improve their patients' clinical outcomes and satisfaction rates by **improving the quality of the doctor-patient relationship**, while at the same time **decreasing the utilization of diagnostic testing, prescriptions, hospitalizations**, and referrals. Patient-centered practitioners focus on improving different aspects of the patient-physician interaction by employing measurable skills and behaviors. This type of care can be employed by physicians in any specialty, and it is effective across different disease types. Given the sensitive nature of healthcare information, and the high degree of dependence of health professionals on reliable electronic medical records, the issues of integrity, security, privacy, and confidentiality are of particular significance and must be clearly and effectively addressed by health and health-related organizations and professionals. Two factors make the matter a subject of great significance:

the intrinsically sensitive nature of patient data; and the growing use of network computing, particularly the Internet, for healthcare information processing. We will get using remote healthcare monitoring a number of benefits for both patients and physicians.

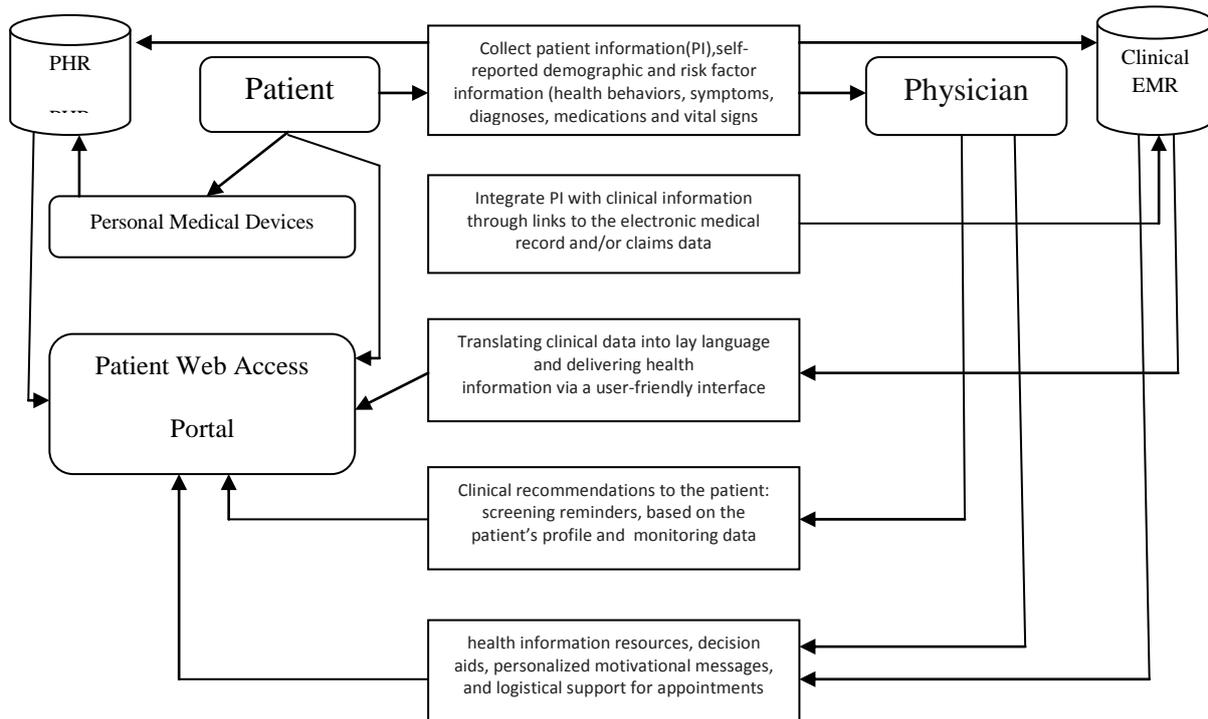
### **Business process level of potential functionalities for a Patient-Centered Health Information System**

The health information technology focuses on the use of Electronic Medical Records (EMR) by clinicians, but patients need access to EMR either. Outside of health care, the public routinely uses computers and smart phones to access information and perform tasks with a click of a button, patients seek similar ease in accessing health information.

A technology that **should respond** to this need is Remote Healthcare Monitoring System with personal health record (PHR). Initially, Personal Health Records (PHR) were merely an electronic substitute for the home medical file. The simplest function of the Personal Health Record is to store similar information, often entered by the patient. The user may be asked prompting questions about health behaviors and diagnoses, but the answers come mainly from the user's memory or home records. Although patients are the ultimate authority on some details, such as eating habits and symptoms, **they may not be as precise** about diagnoses, medications, and laboratory values. More advanced PHRs address this problem by linking electronically to clinical information in EMRs or claims data. These systems provide a portal to clinical information, but too many deliver unmodified content to the patient, who may have difficulty understanding the terminology or putting the information in context. For example, a patient may not know whether to be concerned about specific medical term. A higher function of PHRs is to interpret content—to explain technical information in language that patients easily understand or to render clinical advice, as when personal health records call attention to overdue screening tests or the need to reduce blood pressure or serum lipid levels. The highest level of functionality is to help patients take action. Information is plentiful on the Internet, but some PHRs give patients vetted information, such as a health encyclopedia or hyperlinks to useful resources. Some Personal Health Records personalize information for the individual patient and some can incorporate motivational messages to help patients take action to confront challenges, such as weight loss or smoking. The Personal Health Record offers a platform for applications or decision aids that help patients weigh difficult tradeoffs. By assisting with self-management, offering logistical support for appointments, and providing follow-up, personal health records can extend care beyond the clinical encounter. This must be done in coordination with the patient's physician, a level of functionality that many standalone systems lack. Trust comes when the Personal Health Record has the endorsement of the physician and is designed to interface seamlessly with care delivery, as when output is shared and the personal health record refers patients back to their physician for assistance or helps them prepare for upcoming office visits.[5] Thus, the usual procedure visit a specialist through the system of remote monitoring of health allows the doctor to prepare for the arrival of the patient, to get acquainted with Electronic Medical Record, as well as the patient did not need long to tell that it led to a doctor. That, ultimately, will significantly reduce the time for a doctor that will lower the cost of treatment.

### **Discussion**

A model for shifting personal health records to become patient centered, which stratifies these interactions by arbitrarily defined levels, is Remote Healthcare Monitoring System.



**Figure 1.** Business Model for Patient-Physician Relationship

## Conclusion

Patients, armed with their smart phones and home computers, want real access to their electronic medical records and that many individuals would be willing to switch doctors to have it. Physicians shows the majority believe patients should only have limited access to their electronic records.

When patients are part of the record-keeping process, such as self-tracking their personal health information, it can increase their understanding of their condition and the required treatment.

Not only are patients demanding that their physicians communicate with them electronically, but physicians are already discovering that this media can be an important tool in managing the mounting demands and time pressures facing their practices. Thus it makes sense for physician practices to begin getting experience in expanding their use of electronic communications. Doing so will help their practices evolve with this new technology and start the process of exploring the unique mix of telephone, email, internet, and web site uses that will best meet their practice needs.

The process of engaging the patient in the treatment process believes the key to success for many chronic diseases. The patient must understand the main points of his disease. The doctor has an effective way to influence and monitor the patient out of the hospital.

In particular, implementation of glycemic control in patients with diabetes type 2 with each year becomes more expensive, primarily due to the steady increase in the number of patients

with the disease, and the lack of glycemic control entails the risk of cardiovascular disease in patients with diabetes type 2. Implementation of systems, such as patient health monitoring subsystem with diabetes type 2, will improve glycemic control this population of patients, without increasing the cost of its implementation, as well as to relieve the doctors and give more time for patients by remote glycemic control.

### **Acknowledgment**

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