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Engagement with technology
The only way to survive????

Nearly 40% of GPs in the South West of England say they are highly likely to quit the profession because of low morale and overwhelming workloads, a survey suggests. April 2017

The poll of more than 2,200 general practitioners found that 70% intend on reducing their contact with patients in some way over the next five years - through permanently leaving, taking a career break, or by cutting their hours.
More than half of those polled by the University of Exeter reported low morale - and the professor behind the research has warned that similar figures across other British regions would necessitate robust action "swiftly and urgently" to prevent a staffing crisis.

Professor John Campbell has urged the Government to move away from "sticking plaster solutions" and to tackle the workload pressures that GPs face - with younger doctors reluctant to take on a practice because of the financial risks and responsibilities involved.
According to Prof Campbell, GPs and their staff are responsible for 90% of patient contacts with the health service, yet receive just 7p in every £1 of NHS spending.

The survey has been published in BMJ Open, and doctors in the region believe the situation is likely to get worse as demand increases because of fewer beds in community hospitals.

"There simply aren't enough GPs to deal with the anticipated further rising demand due to lack of entrants into the profession, retirements, those choosing to leave through burnout or disillusionment, or who have reduced their hours or moved abroad"
How are a variety of technological alternatives to GP consultations being used in eight general practices of different sizes, in different geographical areas – some urban, some rural – and in different areas of socioeconomic deprivation in the UK.

Some potential benefits, **BUT:** significant barriers to implementation, with practices often responding to incentives to introduce new technologies without a clear rationale or clearly thinking through the likely costs and benefits for patients and practice staff.

“Our findings suggest that policy-driven top-down approaches that use financial incentives as a way of encouraging adoption of alternative consultation methods is not the best way forward if efficiencies are to be made.

Instead, individual practices should take a considered and tailored approach, based on the needs of their practice population, and available resource, so that there is equitable delivery of care.”

Alternatives to face-to-face GP consultations unlikely to deliver hoped-for benefits in practice NIHR 2018
The realities of implementing alternatives to face-to-face GP consultations, such as telephone, email, online and video consultations, mean that hoped-for reductions in GP workload and increases in available appointments for patients might not be realised, an NIHR-funded study has found.

GP practices are struggling to identify and implement the most beneficial uses of these new technologies and they are frequently being adopted without sufficient understanding or support.

There is a tension between the desire to make access to health care easier and more convenient, while at the same time aiming to reduce GP workload. We found that new ways of accessing health care advice may well increase rather than decrease GP workload.

The research was a collaboration between the Universities of Bristol, Warwick, Oxford, Edinburgh and Exeter.
The money “spent in adoption should have been spent in innovation and development and research to show what works and what doesn’t well before you started pushing adoption,“

“But at this stage, we can’t go backward ... the plan is in flight, and we have to try to repair it in the air at this point.”
To that end, The Joint Commission in March 2015 issued a Sentinel Event Alert to highlight that the safest use of HIT still needs structural improvement. The Joint Commission analysed 120 sentinel events (which it defines as unexpected occurrences involving death or serious physical or psychological injury or the risk thereof) that were HIT-related between Jan. 1, 2010, and June 30, 2013. Eighty percent were issues with human-computer interface, workflow and communication, or design or data issues tied to clinical content or decision support.

Potential Dangers of Using Technology in Healthcare
The Hospitalist. 2016 March;2016(3)
“Most fields that go digital do so over the course of 10 or 20 years in a very organic way, with the early adopters, the rank and file, and then the laggards,”
AGAINST HACKING

Even with advanced technology, human error can’t be erased completely. Mobile devices can be easily lost or stolen. Smartphones and tablets are also vulnerable to hacking, malware, and viruses – especially if the devices are used on unsecured internet connections.
• Minimized/Impersonal Health Care
  Of course, while technology is beneficial, it is only as good as the person who has programmed it and the medical professional that is using it. In some cases, health care providers lean too heavily on this technology and don't spend enough time getting to know their patients as individuals. Instead, they spend their time interacting with the equipment. Because of this, they could end up missing a symptom that may not necessarily fall into the “black and white” areas of the electronic medical records. It may be an underlying symptom that could indicate that something else is wrong in addition to the primary diagnosis, or perhaps could indicate an entirely different diagnosis altogether.

• If you’re on the hunt for SEO services in Winnipeg, then it’s time to stop your search. Executive SEO Inc. is a highly respected Winnipeg Manitoba SEO company and is known as the best in central Canada.

• Negative Results
  While it’s true that many technological advancements have been life-saving, many of them have risks for the patients. For example, things like radiation or chemotherapy can be very beneficial for cancer patients. However, it can also have some very negative effects. Of course this is true even of the simple medical procedures, such as aspirin when it’s inappropriately used. Still, when it comes to technology, you should always weigh the risk versus the rewards.

• Increased Costs
  Advances in medical technology can also lead to much higher patient costs due to the amount of research and the money needed for marketing to bring it to the public, as well as to profit the one who created and manufactured it. As technology moves forward, the cost typically goes up, especially due to the fact that it offers a solution that may not have been available previously. While it’s a blessing that these are available for conditions that may not have been treatable before, the technological advances will lead to additional and long-term costs.

• Invasion of Privacy
  With new technology, patient records are kept electronically through Electronic Medical Records, or EMR, stores. With EMR patient information is managed and shared both with the patient as well as with other health care professionals. The medical history that is shared can include results of testing, any medications you’re on, your billing information and so much more. While this is truly convenient, it also offers the possibility for misuse, which can result in a loss of personal data as well as privacy.
Theft

• In 2015, the largest healthcare-related data theft took place. Hackers stole records for almost 80 million Anthem customers and employees, the second-largest health insurance company in the US. Only names and addresses were stolen, and no details of illnesses or treatments were exposed.

• However, if this can happen to an insurance giant such as Anthem, it raises questions about how safe patient records really are in your local clinic. Patient records are apparently big business, with stolen health credentials fetching £10 each – about 10 or 20 times the value of a credit card number. The information on these records can be used to create fake IDs to purchase medical equipment or drugs, or even to submit false insurance claims.
The American Academy of Paediatrics (AAP) has published guidelines for reducing the risk of sudden infant death syndrome (SIDS), suffocation or other accidental sleep-related infant deaths.

• researchers analysed the first 100 websites identified by each of the thirteen Google searches (total of 1300 websites).
• Only 43.5% of these 1300 websites contained recommendations that were in line with the AAP recommendations.
• 28.1% contained inaccurate information.
• 28.4% of the websites were not medically relevant.

AGAINST

 ISSUES & ANSWERS
 Cardiovascular Disease
High-profile health app (Babylon)
Health under scrutiny after doctors’ complaints

The Financial Times tested Babylon’s symptom checker to understand its response to the two conditions at the centre of the first complaint. When told a 66-year-old obese male smoker was experiencing sudden chest pain and excessive sweating, Babylon suggested 9 out of 10 people with similar symptoms were likely to be having a panic attack and made no mention of the risk of a heart attack.

An app that uses artificial intelligence to assess medical symptoms and boasts more than 2.5m users faces regulatory scrutiny after complaints from doctors, who warn it can miss signs of serious illness.
Be wary!!

• use common sense and be wary.

• If it seems too good to be true, it probably is. Beware of quick-fix cures. And remember that a money-back guarantee does not mean that something works.

• As with any kind of website, it is important to be careful with your personal information. DO NOT give out your Social Security number.

• Before you buy anything, be sure that the site has a secure server. This will help protect your credit card information. You can tell by looking in the box near the top of the screen that cites the web address. At the start of the web address, look for "https".

• Personal stories are not scientific fact. Just because someone claims that their personal health story is true, it does not mean that it is. But even if it is true, the same treatment may not apply to your case. Only your provider can help you find the care that is best for you.
Search for websites of well-known health institutions. Look for ".gov," ".edu," or ".org" in the web address. A ".gov" address means the site is run by a government agency. A ".edu" address indicates an educational institution. And a ".org" address often means a professional organization runs the site.

A ".com" address means a for-profit company runs the site. It may still have some good information, but the content may be biased.

Find out who wrote or reviewed the content.

Look for health care providers such as doctors (MDs), nurses (RNs), or other licensed health professionals. Also look for an editorial policy. This policy can tell you where the site gets its content or how it is created.

Look for scientific references. Content is more reliable if it is based on scientific studies. Professional journals are good references. These include the Journal of the American Medical Association (JAMA) and the New England Journal of Medicine. Recent editions of medical textbooks are also good references.

Look for the contact information on the site. You should be able to reach the site sponsor by telephone, email, or a mailing address.

Check how old the content is & when it was last updated.

Beware of chat rooms and discussion groups. The content in these forums is typically not reviewed or regulated. Plus it may come from people who are not experts or have an ulterior motive.
7 Reasons You Shouldn’t Trust the Health Advice You Just Found on the Web

• It’s not produced by a reputable source
• The information is not written by an expert
• Non-traditional forms of medicine are being recommended ("If a patient has cancer, they should not be following advice to refuse traditional medication and use herbal meds instead as a cure")
• The article uses words such as “miracle cure,” and “immediate results”
• Those giving the advice are selling their own product
• Studies are cited but when you look closer, there are only a handful of subjects (A good example of this is anti-vaccine websites that use disproven research to support medically unsound statements)
• The advice you read clashes with what your doctor or other provider told you
• Consider the information you’ve gleaned from the website as knowledge you’d like to take back to your doctor, but remember that he or she is the person you should trust most.

• It’s best to consider your physician your most trusted source and to use online research as a mere basis for questions to ask your physician.