THE USE OF HEALTH ECONOMICS TERMINOLOGY IN CLINICAL PUBLICATIONS: BRIDGING THE GAP FROM CLINICAL EFFECTIVENESS TO COMPARATIVE EFFECTIVENESS

Rachid S

PARADEXL, Hackensack, NJ, USA

OBJECTIVES: As the demands of the current regulatory climate and US Health Care Reform call for greater outcomes-based evidence in health care, the scientific literature is increasingly incorporating pharmacoeconomic clinical publications in order to demonstrate value to payer audiences. Data from clinical outcomes and cost studies are increasingly finding their way into traditional clinical papers and review articles. It has been observed that variations may exist in the use of health outcomes data and terminology. The purpose of this presentation will be to demonstrate how clearer and more consistent terminology can be integrated into scientific publications and other vehicles in order to more effectively communicate economic and clinical outcomes information.

METHODS: Using specific examples from clinical publications, the presentation will identify and analyze common terms used for communicating health economic and outcomes research information to determine if they have multiple and/or unclear meanings. How they are being used to convey information. Define the specific meaning of these terms, using language that is understandable to all stakeholder audiences; Provide examples/case studies demonstrate.

MOBILE MEDICAL RECORD—A LIFE SAVING TOOL

Friedman N, Goldberg A

Ben-Gurion University of the Negev, Beer-Sheva, Israel

BACKGROUND: An emergency services team is launched to treat a man who collapsed in the street. The team takes John Doe’s mobile phone, and within seconds retrieves the required clinical parameters from his Mobile Medical Record (MMR) thus providing a life-saving treatment suited to his personal health condition. Have the necessary clinical parameters, required at emergency situations, ever been examined in order to best match both emergency situations and cellular technology?

OBJECTIVES: Characterization of the clinical parameters which assemble an MMR in the context of saving life and propose a model for an MMR in emergency medical scenarios.

METHODS: Characterization of the essential emergency medical clinical parameters in the context of life-saving treatments, through interviews with prehospital and hospital experts in emergency medical support. Used by a Cellular multimedia expert, analysis of the results in order to incorporate the clinical parameters into the cellular world as an MMR.

RESULTS: Emergency medicine teams chose individual and specific clinical parameters in a certain order of appearance from the general medical record which should assemble, in their opinion, emergency medicine MMR. MMR was chosen by emergency medicine treatment teams as one of their preferred communication method among the possible communication methods presenting a patient medical record in the context of life-saving treatment. CONCLUSIONS: The MMR model, if applied correctly, will provide the emergency medicine treatment teams with the most suitable, homogenous database of real time clinical parameters adapted to life-saving conditions. The MMR model represents a conceptual revolution of taking out the medical record from the caregiver and transferring it to the patient, which can be constantly at hand at any given time or place. By doing so, the MMR contributes and becomes integrated with the leading approaches in the world of medicine supporting a patient-centered care policy.