

Meeting the Needs of Those Healthcare is Meant to Serve

Our Health Information Gathering System—HiGS



What is missing in healthcare? Technology systems provide a channel for healthcare professionals to record, receive, and distribute information about us in part to provide healthcare to us. The difficulty lies mostly with the lack of a place for the patient within the current healthcare system and its technology.

What is missing is a smooth way for individuals to know about health and themselves and for physicians to collect relevant information and histories, which are essential for care. To do that, we have to tell our story and the doctors have to listen. Sadly, there is not enough time for listening. Our story, which is usually complex, is incomplete and roughly collected and managed by everyone else but us. HiGS can help.

The Forgotten People Healthcare is Meant to Serve – Scattershot Stories

Studies show histories are even more important to identify potential risk for disease than a physical examination. In order to get and 'buy into' good care for disease, we have to convey our story – our history and to about risk. Within the current healthcare system, there is not longer enough time or a comprehensive way to tell our story. Almost all information about us is collected in superficial redundant forms or conveyed verbally during physician-patient interviews, then written down or entered electronically by someone else - *not us*.

Frequently what is entered about us needs to fit billable code boxes for payment or institutional requirements. Alterations commonly occur to accommodate this. Distortions may occur because the story is verbal, incomplete, rushed, summarized, and interpreted by a physician or other healthcare staff. Unless requested, we do not even get to see what others have written about us. Our story gets told by others for others to be shared among others and insurance companies. Adapted, scattershot, and non-comprehensive, it is not really our story at all. HiGS can help.

Left Out of the Loop

Healthcare technology is designed to help the healthcare system and the medical mechanisms that provide us with healthcare. When done well, technology eases the strain of time constraints and the complexities of healthcare delivery methods for healthcare professionals, in order for healthcare professionals to better assist those they serve. The trouble is, this does not help...us.

Healthcare consumers are left out of the loop. There is no substantial place for them within the healthcare system and its technologies, except in databases and at the end of assembly-lines on the receiving end of whatever care or treatment is being done. What is missing is a smart starting point - the collection of comprehensive useful accurate history data, which is authentic. What is needed is the type of system for history, risk, and health preventive information gathering that could be a 'front piece' for other technology systems. What would be ideal is having history information that people can collect themselves about themselves so they can know it is accurate. **HiGS** does this, meeting this need.

"Approximately 95% of the \$1.4 trillion that we spend as a nation on health goes to direct medical services, while approximately 5% is allocated to preventing disease and promoting health. This approach is equivalent to waiting for your car to break down before you take it in for maintenance. By changing the way we view our health, the Steps initiative helps move us from a disease care system to a true health care system." ¹

Health Education – Lost Opportunities

The preventing of disease is equally as important as treating disease. Medical doctors are trained in disease. They are not trained in health and preventive care. With the exception of early detection of disease through diagnostic testing or immunization, medical doctors are not paid from providing preventive care.

Preventive health measures and services need the influence of certain other factors for people to receive them. Studies have identified many barriers to opportunities to teach about health so people can learn ways to have health and stay out of trouble.

Some identified factors for physicians include: lack of health and preventive health training, competing time demands, conflicting recommendations, and low or inadequate reimbursement for providing such services. ² Some identified barriers related to health institutions include: not enough knowledge and motivation or willingness for change, or shortage of support among office staff members. ³ In both situations there is an emphasis on clinical rather than preventive care. ⁴

Based on disease and its treatment, clinical healthcare systems are inadequate systems for tracking, monitoring, and following-up for “preventive health”. Preventive care needs a different type of tracking, education, and focus. **HiGS** was designed with all these factors in mind.

Getting Into the Loop



The Inner Reach system offers healthcare consumers the ability to create their own **Personal Health History (PHH)**, capturing histories, symptoms, and situations to know what is needed for health, for self-care, and as preparation for healthcare. **HiGS** gives individuals a way to learn about their own histories, identify risks and ways their health can be affected by their histories. Its health educational modules show ways to make changes to have health and delay disease. **HiGS** histories tell a comprehensive personalized story.

About Inner Reach®



As a Stewardship for Humanity®, **Inner Reach** is committed to the design, development, and delivery of individual centered health information gathering with the highest standards of excellence. We wrap together software technology, Internet technology, and health psychology. Health psychology is based on health and preventive care using a genetic-biological-physical-psychological-sociological-medical model, including nutritional, environmental, cultural, and occupational components. Founded in 1996 and incorporated in 1998, the **Inner Reach Corporation** is headquartered in Oklahoma City, Oklahoma, USA.

References:

1. U.S. Department of Health and Human Services. Steps to a healthier U.S. Washington (DC): Office of Public Health Promotion; 2001. Available from: URL: http://www.healthierus.gov/steps/steps_brochure.pdf.
2. Falkenheimer, S. A; The Adequacy of Preventive Health Care: Does the Health Care Provider Matter? The Center for Bioethics and Human Dignity. 2004.
3. *ibid.*, 2.
4. *ibid.*, 2.