

CONNECT THE DOTS WITH CLINIGRAPHICS



THANKS TO INTERSYSTEMS HEALTHSHARE®, THERE ARE NEW WAYS TO ENHANCE A PHYSICIAN’S ABILITY TO “**SEE THE PATTERNS AND CONNECTIONS THAT MATTER,**”¹ EXPEDITING CARE DELIVERY.



Information overload is a widespread problem in healthcare.² Physicians are bombarded by clinical information from multiple sources in a way that makes it difficult, if not impossible, to process. So it’s not enough for technology to get the information in front of them; it also should help them efficiently use it within their daily workflow.



Here’s a hypothetical example. Mark Schilling, a 47-year-old with type II diabetes and undiagnosed congestive heart failure, goes to an emergency department (ED). **The ED physician on duty pulls up a long list of diagnoses and medications from his longitudinal health record.**

Clinigraphics leverage Symedical® terminology management technology to pull together and display related information in a single concise view, helping clinicians focus on what is relevant and important about a patient. This allows providers to use “all the data” more effectively in delivering care.

My Account
Show Connection Details

Patient Record

SCHILLING, MARK
Male · 48 Years (1968-10-20) · 508 FAKE AVE, KNOXVILLE, TN 37203 · (999)555-1212 · (SessionId=8kq2iL1MC1, AgKey=T80)

Summary

Demographics

Allergies

History

Documents

Labs - Tabular

Radiology Results

Medications

Discharge Summaries

Conditions

Procedures

Vaccinations

Encounters

Appointments

Care Team

Patient Alerts

Clinical Inferences

Vital Signs

Vaccinations-New

Diagnoses-New

DIAGNOSES

Show all diagnoses

ENTERED DATE	DESCRIPTION	STATUS	TYPE	FACILITY	CLINIGRAPHIC
	Chronic kidney disease stage 3	Active	Final diagnosis (discharge)	GHM	
	Paroxysmal atrial fibrillation	Active	Final diagnosis (discharge)	GHM	
	Hypertlipidemia	Active	Final diagnosis (discharge)	GHM	
	Hypokalemia	Active	Final diagnosis (discharge)	GHM	
	Coronary arteriosclerosis in native artery	Active	Final diagnosis (discharge)	GHM	
	Secondary pulmonary hypertension	Active	Final diagnosis (discharge)	GHM	
	Hypertensive chronic kidney disease	Active	Final diagnosis (discharge)	GHM	
	Type 2 diabetes mellitus without complication	Active	Final diagnosis (discharge)	GHM	
	Obstructive sleep apnea syndrome	Active	Final diagnosis (discharge)	GHM	
	Chest pain	Active	Final diagnosis (discharge)	GHM	
	OTHER DYSPNEA AND RESPIRATORY ABNORMALITY	Active	Admitting diagnosis	GHM	
	Body Mass Index 40.0-44.9, Adult	Active	Final diagnosis (discharge)	GHM	
	Dyspnea	Active	Reason for visit diagnosis	GHM	
	Malignant arteriolar nephrosclerosis	Active	Final diagnosis (discharge)	GHM	
	OTHER CHRONIC PULMONARY HEART DISEASES	Active	Final diagnosis (discharge)	GHM	
12/10/2015	Atrial flutter	Active	F	GHMP	
12/10/2015	Benign essential hypertension	Active	F	GHMP	

PROBLEMS

Show all present illnesses

ONSET DATE	END DATE	PROBLEM	STATUS	LAST UPDATE HOSPITAL
06/11/2015		Benign essential hypertension	Active	GHMP
01/29/2015		Cardiomyopathy	Active	GHMP
01/29/2015		Pulmonary hypertension	Active	GHMP

On the **Clinigraphic** for Mark’s diabetes, the ED physician can see labs for hemoglobin A1c, glucose, and LDL over time, along with a list of medications and comorbidities – all in a single view. Clinigraphics for other types of diseases show data relevant to those conditions. Clinigraphics can even present information generally found in unstructured data, such as ejection fraction for congestive heart failure patients. All of this can help improve patient care and outcomes.

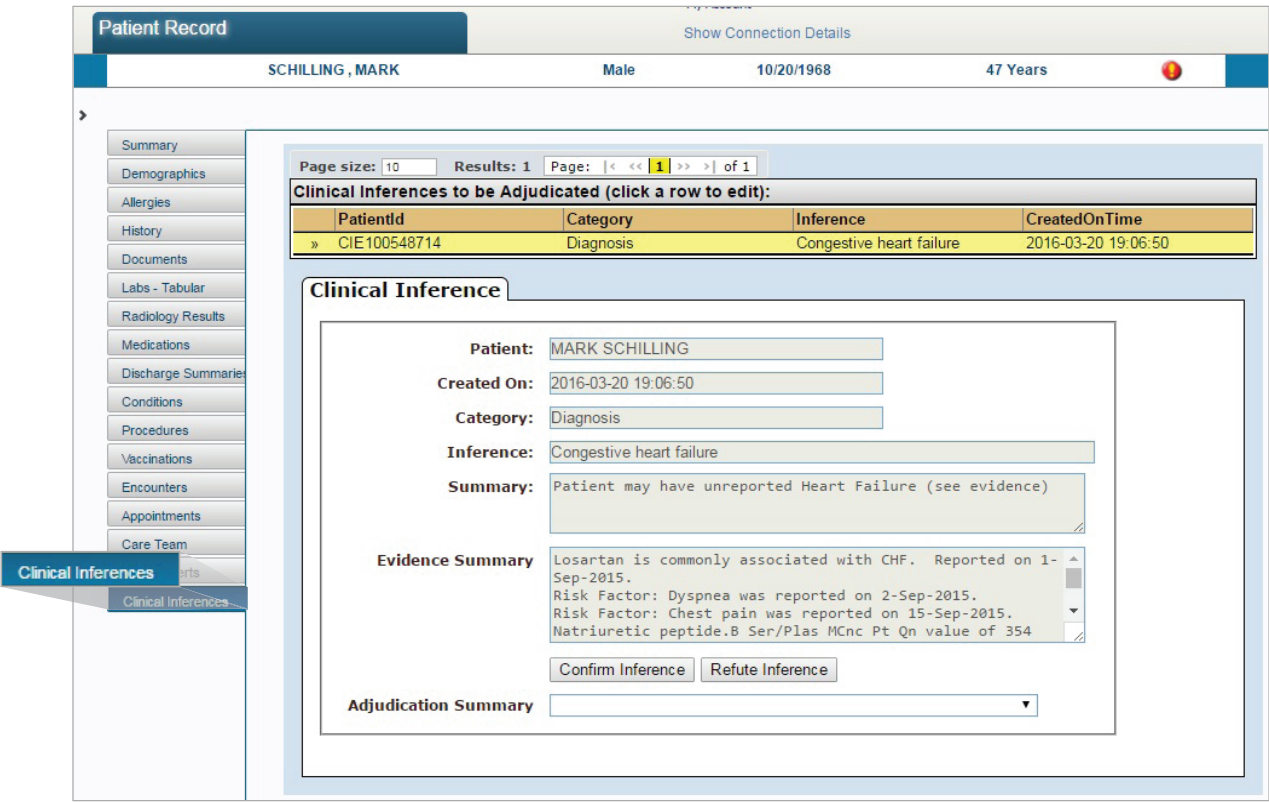


FIND CARE GAPS WITH CLINICAL INFERENCE

DECISION SUPPORT THAT HELPS PHYSICIANS
PROCESS INFORMATION CAN IMPROVE CARE
AND HELP AVOID MEDICAL ERRORS.²



But what about the missing diagnoses or other gaps in care? Using Clinical Architecture’s Advanced Clinical Awareness Suite, Clinical Inference runs behind the scenes as the longitudinal health record is updated, continually evaluating against advanced diagnostic rules. After clicking on the Clinical Inference menu item, our ED physician learns about Mark’s missing diagnosis for congestive heart failure. The inference is supported by data found across the disparate information sources connected by InterSystems technology.










BUILT WITH WORLD-CLASS INTERSYSTEMS TECHNOLOGY

Clinigraphics and Clinical Inference are the result of a unique partnership between InterSystems and Clinical Architecture. They combine Clinical Architecture's terminology management expertise and inferencing engine with comprehensive, longitudinal health records built on the InterSystems Health Informatics Platform. The result is a reliable, scalable solution that effectively supports the clinical information needs of even the largest healthcare system.

CLINICAL, OPERATIONAL, FINANCIAL BENEFITS

Clinigraphics and Clinical Inference empower clinicians and other stakeholders to:

-  Process information from multiple disparate sources quickly and efficiently, anywhere in the healthcare continuum
-  Better leverage comprehensive population and patient-centric clinical data that often goes unseen
-  Easily integrate these technologies into existing clinical workflows, including those for care management
-  Eliminate the risk and cost of undertreated patient populations
-  Support new care models, including those for accountable care organizations and clinically integrated networks
-  Reduce unnecessary costs, such as those for duplicate tests
-  Optimize investment in care for chronic conditions

SOURCES

¹ David McCandless, The Beauty of Data Visualization, produced by TED, 2010.
² Jesus J. Caban and David Gotz, “Visual analytics in healthcare -- opportunities and research challenges,” Journal of the American Medical Informatics Association, 22 (2015):260.
³ Ruben Amarasingham, Laura Plantinga, Marie Diener-West, Darrell J. Gaskin, and Neil R. Powe, “Clinical Information Technologies and Inpatient , A Multiple Hospital Study,” Archives of Internal Medicine 169 (2009): 108, 112.

The power behind what matters.

