wat if ?

HEALTH PORTAL

Utilizing Technology to deliver healthcare to resource constrained communities

Innovating for Global Sustainable Development

Introduction

Primary Healthcare Re-imagined

This presentation will demonstrate:

- WatIF Health Portal's design as a precursor to **AI**

- A proposal for **POC on AI** in primary healthcare for resource constraint community

- Expected outcomes from the POC

About WatIF Health Portal

It is a multi-platform, High-impact, clinical application, designed for Primary Healthcare in resource constrained communities.

➤ Positioned as a Precursor to AI
- Support clinical outcomes for PHC
- Up-skills Ward Based Outreach Teams
- Strengthens health systems
- Supports **UHC** and **SDG3**

➤ A preconfigured clinical-Knowledge-system with clinical decision support capabilities.

➤ **Has Predictive analytics without machine learning capabilities**

➤ Comes with proprietary IOT devices

➤ Web Based and Cellphone enabled

➤ Works **ON** and **OFF-line**

➤ **HL7** and **DHIS2** Compatible and

➤ **Highly Scalable with self supporting tools for users in remote locations**

Blood Pressure Homeostasis   22-Apr-2018

GUIDELINES   **CLINICAL MANAGEMENT INFO**   **Medical Treatment**   **Lab Investigations**

Pregnancy induced hypertension with high risk of developing cardiovascular accident. Has a high mean arterial pressure and normal pulse pressure,uncontrolled with step 2 treatment using Calcium Chanel Blocker (CCB) Adalat PA 30 mg (At optimal Dose), Thiazide-like Diuretics (THIZ-L) Natrilix Loxol (At optimal Dose) consider Labetalol as a third drug and alter the modifiable risk factors:- Cigarette smoking, Alcohol intake, lack of exercise, and dyslipidemia. **There are clinical Signs of Target Organ Damage with Renal function Stage 3B CKD in association with a very high risk of progressive chronic renal disease.**Recommended target SBP for age and risk, less than 140mmHg and DBP less than 90mmHg

Systolic BP:- 155(mmHg), Diastolic BP:- 92(mmHg), Pulse Pressure:- 63(mmHg), Mean arterial Pressure:- 113.00

Cholesterol Metabolism   22-Apr-2018

GUIDELINES   **CLINICAL MANAGEMENT INFO**   **Medical Treatment**   **Lab Investigations**

A very high estimated risk of developing **atherosclerotic** cardiovascular disease in a pregnant patient. Not on treatment for dyslipidemia. Her LDL-c is above recommended therapeutic level she is a candidate for high intensity Statins therapy, but now contraindicated due to pregnancy.Consider therapeutic lifestyle changes, use Niacin or Fibrates with periodic lipogram tests. Recommended LDL-c for risk profile should be less than 70mg/dl or less than 1.82mmol/l. There is a High risk triglyceridemia, High risk HDL-c, and Very high risk non-HDL-c,TG/HDL-c ratio in keeping with **insulin resistance.**

HDL-c 0.75mmol/L(28.96 Mg/dl), LDL-c 3mmol/L(115.83mg/dl), Triglyceride 3.5mmol/L(309.73 mg/dl), Total Cholesterol 5.6mmol/L(216.22mg/dl), Non HDL-c4.85mmol/L(187.26mg/dl)

Current Needs

1. **Collaboration with a global AI organization to conduct a joint POC on the use of AI in primary healthcare**

2. **Use-Case**
   - A **high-impact** Integrated care service for **hypertension** and **diabetes** in a resource constrained environment
   - Incorporate machine learning capability to the current application

3. **Resources Required**
   - Access to device agnostic **IOT** technology
   - Mobilization of partners
   - **Machine Learning Capability**
   - Ability to Handle **Big Data**
   - Strengthen current **HL7** and **DHIS2** compatibility
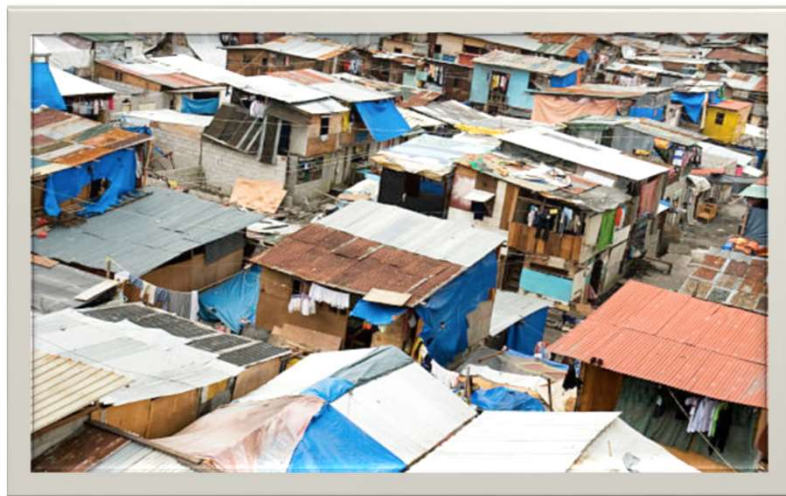   - Strengthen current **HIPAA** and **POPI** compliance

Expected Outcomes

Demonstrate Improved Access to UHC

Demonstrate Scalability and Fit for Purpose

Demonstrate Strengthening of Health Systems

Demonstrate Improvement in efficiency and Quality of Care

Better Sooner

Care **better** than we've ever seen before,

Provide Health **better** than we've ever known,

At a cost we can all **afford**.

To Everyone

Everywhere,

Every-time !

Creating Better Future

Rethinking the Last Mile

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