E-Health Management System

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Abstract

Most of the reasons for implementing the EHMS (Electronic Health Management System) focus on improving medical care as a whole for Patient, Physicians and Doctors. However, achieving an excellent quality of best medical care through EMR (Electronic Medical Record) is neither lowcost nor easy. Based on our qualitative study on physician practices we have found that quality improvement depends heavily on doctors' use of the EMRs, not use of papers for their daily tasks. I also identified Key barriers to physicians' use of EMRs and also observed that EMR software becomes useless for doctors due to its complex interface. E-Health Management System for Outdoor patient is the complete comprehensive solution for hospitals and clinics. This solution caters the full life cycle of modern hospitals and clinics, using this system patients can take appointment form their homes and confirm the availability of particular doctors. A consultant can access the medical record of their patient, and prescribe to their patient using this system. In this FYP document, I have briefly described all the phase that it has gone through from its inception to the implementation. I have highlighted the key features of E-Health Management System for OPD (Outdoor Patients).

1 INTRODUCTION

Electronic health record (EHR) systems are currently deployed or are being deployed in a number of large countries *e.g.,* the United Kingdom, Canada, Australia, and the United States. Recently, the United States enacted new legislation that provides $18 billion dollars in incentives to speed the adoption of EHR systems. The stated goal is to digitize the health records of every American by 2014. The ability to share health records between healthcare providers is projected to cut healthcare costs dramatically. Researchers have responded to this burgeoning demand by investigating the security requirements and design of such a system, while others are investigating the usability issues associated with adopting EHR systems and other health information technology solutions. Neither of these approaches is addressing the usability of managing the access control policies.

For EHR systems to be successful it is critical that they are able to enforce an access control policy that states who can access what information and under which conditions. One aspect of implementing access control for EHRs is designing systems that are flexible enough to enforce a large range of access control policies. Repressibility is of concern due to the large number of rules, roles, and objects that will be needed (a case study of EHR usage in England had approximately 310 rules and 58 roles). Proposed solutions include alternative database access protocols, systems that supplement preventative access control with audit-based access control, and solutions that support declarative policies using a trust management system. This work is certainly needed but immediate attention must be given to who will manage the access control policies. Indeed, audit-based access control will likely useful in this dynamic environment where users cannot always predict who will need access to what and when. However, someone will need to specify a base set of preventative rules since an audit-based system, one that primarily relies on logging and accountability, will not offer sufficient protection against unauthorized access. It will also be necessary to limit who is trusted to "break the glass" and under what conditions.

These are access control decisions and policies that must be authored by a person.

The fact that a person is needed to author the access control policies implies the access control system must have a strong usability component. This will be a requirement regardless of whether the responsibility of managing access control falls on an administrator, a healthcare provider, or the patient. It will also be a requirement regardless of where the record is stored. With personal health record (PHR) systems, the patient maintains most of the data stored in the record and there are features that

allow the patient to share their record with family members, healthcare providers, and other relevant parties. In this case, the patient will manage their access control policy.

Policy management is a difficult task for users and even administrators need usable tools. Policy management has been a topic of interest in the usable security community, where the primary focus has been on file access control and privacy settings, progress has been made but a solution for fine-grained access control has not been identified.

2 USABLE POLICY MANAGEMENT

The user who fills the role of the policy author is responsible for creating, editing, and managing policies. This means the user must have a clear understanding of the policy goals and be able to formulate how to achieve the goals using the policy language or interface provided. They must have a way to verify they specified the policy correctly, or as closely as possible, and they must have a way to quickly get an overview of the effective policy.

3. FILE ACCESS CONTROL AND PRIVACY SETTINGS

Currently, the average user might have experience with file-sharing but is more likely to have encountered a policy management task when using a social networking website. Users have a difficult time reading and modifying file permissions though changes to the interface can improve performance. Empirical evaluation has shown that most users share files via email attachments. Even users who know how to use file-sharing tools use email as a fallback when they have trouble. Online social network users have more incentive to manage their privacy settings since they can protect their personal data, but most users accept the default settings. Relying on default settings could be a reasonable option, but this assumes the default settings are useful.

These results have interesting implications for EHR policy management. It is possible that users do not have enough incentive to manage file permissions and privacy settings, but will put more effort toward managing their EHR. Or, existing tools are too difficult to use and fail to demonstrate enough utility to encourage users to learn to use them correctly.

4. EHR SYSTEMS

End-users have never been required to manage an access control policy for data as sensitive as medical information. Because the data is more sensitive than data shared on social networking sites, users should be more motivated to manage the access control policies carefully. Prior research introduced tools that improve usability on small policy authoring tasks. Guided natural language and structured entry lists are more usable for policy authors compared to unstructured natural language. And tools to visualize the effective policy that help users understand file access control policies. However, more advanced methods of managing access control are necessary.

Policy templates composed of smart policy elements offer a new approach that has not been explored. Policy elements are objects that represent the elements of a system that are controllable by a policy. Policy templates are natural language policy statements composed of policy elements. The policy author creates new policies by selecting values for each policy element. For EHRs the policy elements will include: an object for each role/user who can access a record, an object for each data item in the EHR, an object for each possible action in the system, and objects to represent the conditions under which users can access information. Policy elements can be augmented to include risk information to be communicated to users and metadata that indicates which combinations of values are valid.

In existing EHR systems users are expected to self-police their access based on the knowledge that the system is auditing how they access patient's medical records. Fine-grained access control management tools are required to prevent hospitals from using this technique.

The development of tools for the visualization of the effective policy is important. Policy authors need a usable overview of the policy and end-users must be able to determine who has access to what. Expandable Grids was shown to be useful for representing the effective policy for file access control. Further research is needed to determine the best method of displaying

a large number of rules. The number of rules in an EHR policy is likely to be large so it is important to research effective methods of easily determining what access a specific user has, or which users have access to a piece of data of interest.

5. CONCLUSION

It has been concluded that cloud-based web application of E-HMS system will provide comprehensive, effective and efficient solution for carrying out management of hospitals and clinics fulfilling the needs and requirements of all stakeholders such as doctors, patients and staffs. This system has nighty percent been implemented. It has also future scope and more features will be added with time.

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