

**TITLE OF SUBMISSION:**

Smart Glass Technology Changes Paradigm of Healthcare Delivery

**SUMMARY/DESCRIPTION OF IDEA:**

Innovation is the intersection of challenge and opportunity. With an aging population that continues to grow and technological development that connects individuals throughout the world, healthcare needs to catch up. We do not need to train more professionals to care for patients; we need to connect more professionals with patients. Mobile connectivity has to be utilized to provide care. Gone are the antiquated notions of telemedicine where the method of care is based on our current exam room delivery model. The new model of care needs to embrace ubiquity. Ubiquity of smartphone technology and utilization of new tools for care provision, such as smartglass (example: Google Glass), have to be introduced into the care arena to obtain the necessary efficiency demanded by the market. Our team has successfully utilized smartglass technology for care delivery in the long term care setting for clinical and financial benefit. Use of smartglass technology is feasible, affordable, efficient, accepted, and compensated. We would like to share this forward thinking idea with you, which has succeeded proof of concept and awaits greater adoption throughout the healthcare landscape. Healthcare is being disrupted as we speak. This presentation will allow the participant to pursue the leading edge of care delivery as geographic healthcare markets are redefined through the use of mobile technology.

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**TITLE OF SUBMISSION:**

We should measure and reduce "Work After Work"(WAW)

**SUMMARY/DESCRIPTION OF IDEA:**

To have quality improvement, it is necessary to have metrics. We need to improve the quality of primary care practice as primary care is in crisis with over 50% of physicians showing signs of burnout. A substantial part of this relates to clinicians' need to do "Work After Work" (WAW!). In the same manner that Health Care Organizations (HCOs) are graded according to metrics related to the "Triple Aim", they should be graded on metrics related to the "care of the clinician" in the "Quadruple Aim". One metric which can be easily obtained from EMRs, and which can help organizations meet the quadruple aim, is the amount of work clinicians are doing after normal working hours (exclusive of normal on-call duties). HCO's should obtain, and make publically available, data regarding their success at reducing WAW. The extent of the WAW problem and three specific methods to reduce WAW will be discussed.

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