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Cheng-Kai Kao, Quality in Primary Care



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Primary care 2.0: Use of information technology to enhance care quality and to deliver high value care

he modern primary healthcare is entering a new stage- a truly patient-centered, personalized care model with the aid of health information technology (IT), such as mobile technology, patient portals, telemedicine, and online patient communities. This innovative health IT tools significantly enhance chronic disease management, mitigate health disparities, personalize individual treatments, strengthen patient education, empower patient self-management, provide home monitoring, and solidify the patient-provider relationship. However, challenges remain before the full adoption. For example, healthcare providers now have access to a bevy of mobile health apps in almost every domain of medicine that can be used at the point-of-care to facilitate a variety of tasks. Certain prescribed apps have shown promising results in randomized controlled trials. Nonetheless, with estimated over 165,000 mobile health apps in major app stores and lack of supervising

authorities, it is challenging to know how to best use these apps. Therefore, today's frontline providers must not only be compassionate to healthcare professionals but also become cutting-edge leaders in 'primary care 2.0.' In order to enhance care quality, reduce healthcare cost, achieve better outcome, and meet the ultimate goal of improving population health, the primary care providers have to adapt and learn how to best utilize information technology in their day-to-day practice to deliver high-value care in this modern world.

Biography

Cheng-Kai Kao is an Academic Hospitalist who is board certified in Clinical Informatics. His areas of interests include Mobile Health, Clinical Decision Support, Population Health Management, and International Patient Care. He currently serves as Medical Director of Informatics at University of Chicago, and his work focuses on leveraging information technology to enhance healthcare outcomes, optimize clinical workflow, develop clinical decision support tools, and make innovations to improve care quality and patient experience. He is the Principal Investigator of two cross-national phase III clinical trials. He is also the Course Instructer of Biomedical Informatics at the University of Chicago Pritzker School of Medicine and the Master's Program in University of Chicago Graham School.

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