



Full-service, multi-specialty Medical Clinic, Ambulatory Surgery Center and Urgent Care

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Interventional Nephrologist and Internal Medicine

C LESSEN



TELEHEALTH GOAL

Patient visits with specialty providers from around the world without leaving the island





Pictured Standing Left to Right: Andrew Hayes (USDA Rural Development),Kimme Bryce USDA Rural Development), Aminah Saleem (Patient), Dr. Jan Tawakol (Plessen Healthcare), Angela East (Plessen Healthcare); Seated: Dena Romero (Plessen Healthcare)



USDA RD Telemedicine

GRANT RECIPIENT PLESSEN HEALTHCARE



Covid-19

- No in person Doctor visits unless urgent
- Telemedicine visits whenever possible
- Over 50% of clinic visits now Telemedicine visits



Covid-19 and Remote Patient Monitoring







Current Plessen HIE Infrastructure

- Maintained in Amazon HIPAA-compliant AWS cloud
- Proven scalability (already 150k labs and 20 providers)
- Open architecture designed for modular functional growth
- Using modern open standards interfaces
- Complete isolation of Results and Identifiers
- Multi-factor authentication required for access
- Different levels of access clearance
- Blockchain security and accountability



What do we need?

- Providing measurable improvements to the care of USVI patients
- Exchange of useful data between healthcare providers, suppliers, and receivers
- Designed to provide open interoperability between systems (EHR, Lab, Xray/PACS, Public Health/Gov., etc.)
- Database designed for research, prevention and vector intervention (e.g. CDC)
- Bidirectional (Orders and Results)
- Prescribing, reconciliation and monitoring (e.g.opioid use)

Questions to be answered

- Who owns the data patient?
- What are meaningul uses of the data prevention?
- Who manages the data?
- Who verifies and maintains credentials?
- Who pays for the upkeep?
- Is it an opt-in or an opt-out structure?
- How do we grow functionality to improve patient care?
- Best approach? (modular approach?)