Survey on Online Medical Centre

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Abstract:
While the internet has long been a source of medical information, it has only recently been used for online private patient-doctor centre. Online Medical Centre (OMC) is now offered by many providers internationally with diverse models and features. This study reports a review of the literature on OMCs and an empirical analysis of existing OMC web sites to explore their major themes, modalities, costs, and geographical coverage. These features have been studied for a better understanding of the promise on which these services operate. OMC is a growing phenomenon featuring several interaction modalities, serving various medical consultation purposes, and accessible to consumers throughout the world. The main aim of this project is providing essential medical services online to everyone hardly matters we live in metro or a remotely located village. User can connect through their home internet or approach any near to get these services.

Keywords: OMC, Patient, Doctor, Data, Reports, Medical Counselling.

I. INTRODUCTION

The main aim of this project is providing essential medical services online to everyone hardly matters we live in metro or a remotely located village, user can connect through their home internet or approach any nearby kiosk to get this service. With OMC, the service is usually open to patients with a wide range of medical needs coming from different regions or countries. Patients may choose or be assigned to any doctor/ care provider who is available online.

What motivate to build this system are:
- Very few or no doctors at remote location.
- Limited hour services and lack of sophisticated Medical equipment.
- No patient’s history/lab data management.

II. LITERATURE SURVEY

Databases including MEDLINE and inspect were searched for relevant publications mainly within the past five years. Multiple search terms were used, combining “online consultation” with “health or medical”, using the Mesh term “remote consultation”, or using “e-visit”, “econsultation”, and “video consultation”. A convenience sample of current OMC web sites was derived from sites that appeared among Google’s first one hundred results when searching for “online health/medical consultation” or “online doctor”. These sites were examined against our OMC definition to eliminate web sites that did not match with the inclusion criteria such as health information sites, health advertising, generic wellbeing advice, automated symptom checkers, telephone-only consultations, or sites with no private channel for communicating information. This left 28 web sites which were examined more closely to determine the modality of the consultation, the intended purpose of the consultation, the cost, the medical specialty, the geographical coverage, web site establishment date and the geographic location of the service provider. Data were sourced directly from the web sites, requested from the providers by email or found in public media reports. The majority of papers provided an evaluation of remote consultation use for a particular medical practice but not for a large group. They mainly discussed medical implications, communication styles, and information exchange. Some eVisit studies evaluated consumers’ demographics, disease categories, response times, and some impact and financial aspects (Padman et al., 2009, Mehrotra et al., 2013, Adamson and Bachman, 2010, Albert et al., 2011). Diverse terminology is used to label various medical services delivered through internet and there are no universally accepted definitions of these terms (Bailey, 2011). Consultations over internet have many names: teleconsultation (Verhooven et al., 2010, Deldar et al., 2011), e-Visit (Padman et al., 2009, Mehrotra et al., 2013, Handler, July 2013, Adamson and Bachman, 2010, Albert et al., 2011), e-Consultation (Liddy et al., 2013, Drop et al., 2012), video consultation (Jiwa and Meng, 2013, Joseph et al., 2012, Smith et al., 2012), or online medical consultation (Brookes et al., 2012, Bailey, 2011, Braverman and Samsonov, 2011, Lu et al., 2011, Medaglia and Andersen, 2010). OMC carries several opportunities for research and practice. OMC has attracted providers’ and consumers’ attention since the beginning of this century. In 2006, the editor of the Health Management Technology magazine reported that healthcare consumers have always wanted to be able to communicate with doctors - electronically - the way they now do with the rest of the world, especially for non-urgent matters not requiring a face-to-face office visit (Blair, 2006). The same point is affirmed by recent research (Dudas & Crocetti, 2013). OMC is expected to attract demand from patients who live in remote areas, from aged and disabled patients, and from patients with chronic diseases. It may also be favoured by young and internet-savvy people, and employees with inflexible working conditions. Academic reviews of telemedicine/OMC/eVisits have cited several advantages for patients such as increased convenience, accessibility to health services, reduced travel and waiting time to see a doctor, and being a more cost-effective delivery mode (Moffatt and Eley, 2011, Albert et al., 2011, ATA, 2012, Moffatt et al., 2010).

III. PROPOSED WORK

Various operational works that are done in a Hospital are:
Recording information about the patients that come.

http://ijesc.org/
Recording information related to diagnosis given to patients.

Keeping information about various diseases and medicines available to cure them.

The work is done as follows:

Information about patients is done by just writing the patients' name, age and gender. Whenever the patient comes up his information is stored freshly.

Information about various diseases is not kept as any document. Doctors themselves do this job by remembering various medicines. All the work is done manually by the receptionist and other operational staff and lot of papers are needed to be handled and taken care of. Major points which are to be included in proposed planning described below: such as cost and effort estimation and project scheduling. The main objective of this project to do all the work online using this web application & to save time, cost & less use of paper work.

Some of more objectives as follows:

User profile management and registration

Patients to make online appointment, look their previous health record, doctors’ prescriptions, lab reports or medical expenses

Doctors to give appointment, e-prescription view patient history

24*7 availability

Better component design to get better performance at peak time.

IV. METHODOLOGY

This project methodology is needed to make sure the project that consists of software development will be developed systematically in order to acquire a better result. I decided to use incremental model in development of my project (Online Medical Centre). Incremental model combines the linear sequential model with the iterative use philosophy of prototyping. It applies linear sequence in a staggered fashion as time progresses. Each linear sequence produces a deliverable increment in software. The first increment often a core product. In this the basis requirement are address, but many supplementary features remain undelivered. A part of the system is delivered they may experiment with it and provide feedback to later parts of the system. System component are incrementally developed and delivered. Once this has been validated delivered neither the framework nor the components are hanged unless errors have been discovered.

Advantage:

- This Application provide easily medical services
- Consultation by doctors on disease
- User can get easily information some generally used drugs like painkiller

V. CONCLUSION

This Web Application provides facility to conduct online examination world-wide. It saves time as it allows number of students to give the exam at a time and displays the results as the test gets over, so no need to wait for the result. It is automatically generated by the server. Administrator has a privilege to create, modify and delete the test papers and its particular questions. User can register, login and give the test with his specific id, and can see the results as well.

VI. FUTURE WORK

For future research, planned to develop a system which will allow privacy to the system and restrict the access of information to the third party. And a system can be generated which will allow only authorized person to access the system.

VII. REFERENCES


