Heading towards the future of healthcare

A framework for designing better consultations

What makes a consultation?

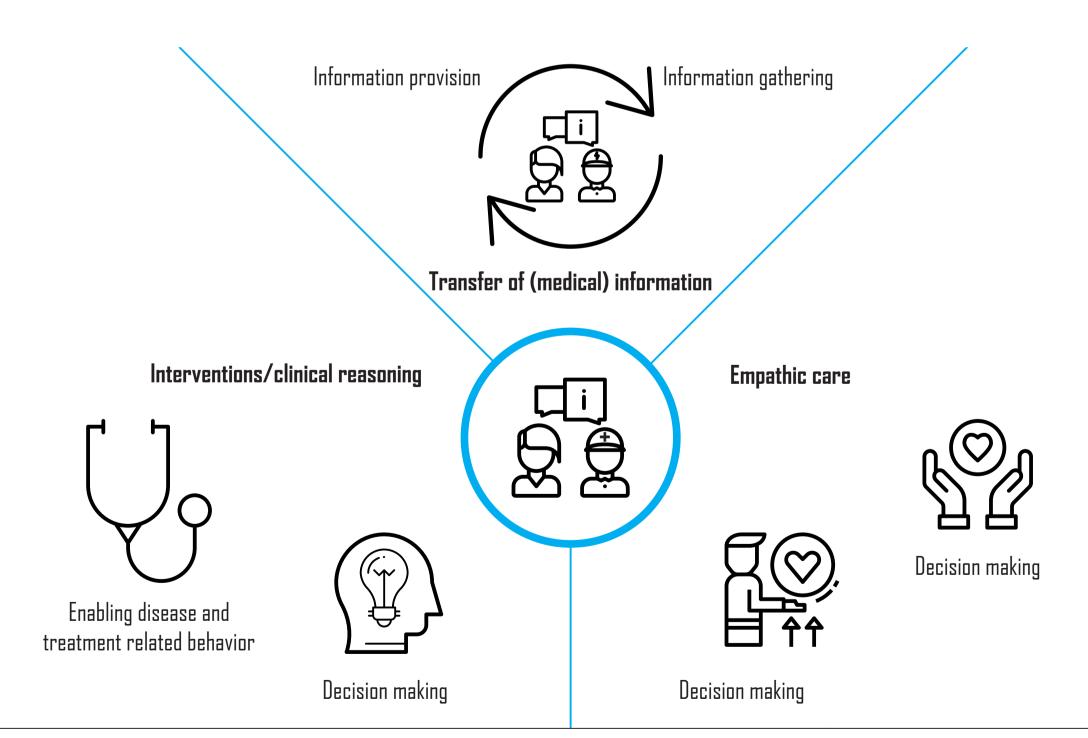
By 2030, healthcare as a whole will have changed significantly. A lot of care is offered over a distance (Telecare), making the consulting room a concept which is no longer bound to a physical space.

Whilst the location consultations take place is changing, the core of consultations does not seem to be disturbed by all innovations and changes being introduced to healthcare in the coming years. This is expected, because the most important aspect of consultations is the interaction between doctor and patient.

With this in mind, the main goal of consultations for 2019 is identified as: Offering a connection with care to patients, with the sub-goals to offer the possibility to: transfer (medical) information, empathic care and medical interventions.

For 2030, the goals remain the same, however, one more sub-goal should be added:

'Bringing doctor and patient together with the same goal.'



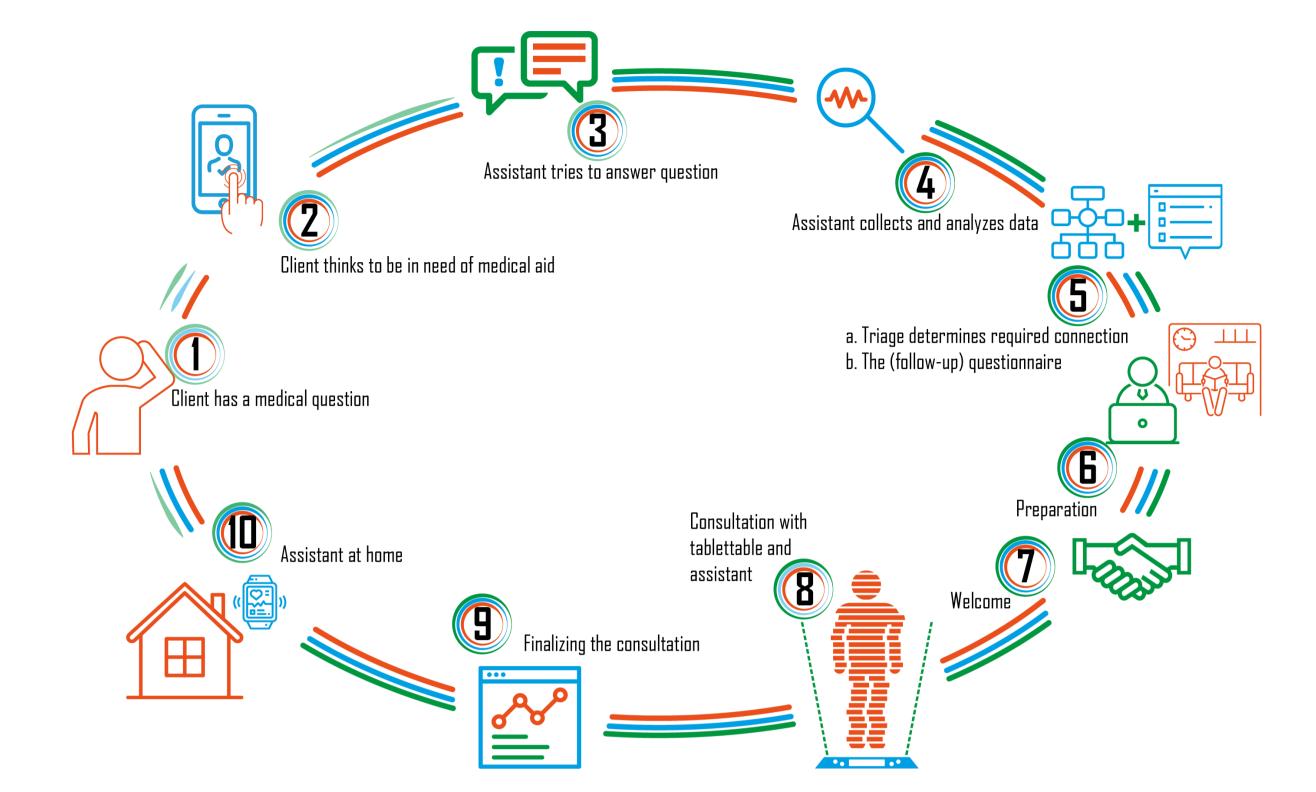
Boris 't Hart Developing a consulting room for the Erasmus MC in 2030 27 June 2019 Strategic Product Design

Committee

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Aligning goals and expectations

To facilitate the new goal of consultations for 2030, the Digital Medical Assistant (DMA) is introduced. It serves as a communication platform between a patient and healthcare when there is no need for an actual consultation and it can be used to record the conversation when there is a consultation taking place.

The DMA is an app that patients can download on their personal device/ smartphone to help them monitor their own health. It serves as a remote extension of healthcare and it can provide information, perform a diagnosis, anamnesis or survey to help determine the cause of different health conditions. Inside consultations there will be a tablet table instead of a pc, which the DMA can be plugged into. The DMA can then present the patients' gathered medical information on the tablet table on which doctor and patient can discuss the overview together, whilst being recorded by the assistant.

Information presented this way will be more visual than textual, to make it easier for patients to understand the working principle, instead of having a hard time understanding the medical terms doctors tend to use.

This way, there will be more room for doctor and patient to focus on their conversation, as the doctor will no longer have to make notes and the patient is less distracted by medical terms, while the DMA records the consultation.

