**Transforming Healthcare Delivery**

Name

Institution

Course

Instructor

Date

**Transforming Healthcare Delivery**

Transforming healthcare delivery is an ongoing process that , over time, seeks to improve the quality, efficiency, and accessibility of healthcare services. A healthy nation is a wealthy nation, this saying is true in every aspect. It has, therefore, been the deal to transform the health industry into a more efficient and accessible sector.

The growing technology and the wind of civilization have facilitated the move to improve service delivery. I am proud to be among the beneficiary of the great move to comfort and sustainable health. Among others, this document will highlight the milestone traversed by AI technology.

**Artificial Intelligence**

Over the years, Artificial Intelligence has made a great deal in healthcare industry through the numerous development of gargets and equipments like deep neural network, computer vision and robotics. Clinicians and health services are facing great pressure because of changing administrative requirements, workforce shortages, and increasing morbidity, as well as changes in information technology demand and expectations. In the past, there has been major progress in artificial intelligence (AI) and its application in healthcare. In the coming years, these techniques are predicted to take over some of the activities currently being delivered by clinicians and healthcare administrators. However, there has also been an ever growing amount of questions the abilities of AI and even sometimes claims that AI will replace human clinicians altogether.

Also, AI has a significant role in diagnosing and treating critical diseases like cancer, as proven by Zhao,Q.(2020). Developments in statistics and computer engineering over the years have encouraged many scientists to apply computational methods such as multivariate statistical analysis to analyze the prognosis of the disease, and the accuracy of such analyses is significantly higher than that of empirical predictions.

**Electronic Health Records**

Extensive libraries of files were often the cause in traditional hospitals. This was so since filling patients' progress reports was manually done. Electronic Health Record HER provides an opportunity to ensure patient care and clinical research are in order. The initial application of electronic health records as the data source has been envisioned to make the accessibility of patients' files easy and first. For instance, a patient can book an appointment with her dentist in the comfort of her bed. Over the years, this was not the case, as patients were forced to form long queues in hospital corridors waiting for their doctors.

Also, HER data has been used to support observational studies. For example, the Euro Heart Survey and subsequent Eurobservational Research Program represent clinic data collected from health records into Electronic case reports designed for the specific registries. However, modern EHR systems can minimize or eliminate the need for duplicate data collection (i.e., in a separate registry-specific eCRF), and are capable of integrating large amounts of medical information accumulated throughout the patient's life, enabling longitudinal study of diseases using the existing informatics infrastructure.

**Population-based Approach**

A population-based approach to healthcare goes beyond the traditional biomedical model and addresses the importance of cross-sectoral collaboration in promoting the health of communities. A strong artistry and service delivery industry is made by establishing a solid bridge between public health and the private health sector. In the long run, the ordinary person in the community can enjoy healthcare service at any healthcare facility without prejudice. The movers of the medical sector are, therefore, tasked with formulating deals and programs that show the unity of both sectors. Out of 2962 reviewed articles, 45 studies with interventions leading to collaboration were classified into the following four synergy groups developed by Lasker’s Committee on Medicine and Public Health: *Coordinating healthcare services* (*n* = 13); *Applying a population perspective to clinical practice* (*n* = 21); *Identifying and addressing community health problems* (*n* = 19), and *Strengthening health promotion and health protection* (*n* = 21).

Furthermore, select empirical examples of interventions and their key features were highlighted to illustrate various approaches to implementing collaboration interventions in the field. The conclusion from the committee suggested that The findings of our review can be utilized by a range of organizations in healthcare settings across the included countries. Furthermore, we developed a self-evaluation tool that can serve as a resource for clinical practices to identify opportunities for cross-sectoral collaboration and develop a range of interventions to address unmet health needs in communities; however, the generalizability of the findings depends on the evaluations conducted in individual studies in our review.

From a health equity perspective, our findings also highlight interventions from the empirical literature that address inequities in care by targeting underserved, high-risk population groups. Further research is needed to develop outcome measures for successful collaboration and determine which interventions are sustainable in the long term. Any regime-running government needs to take this approach for the best interest of its people.

**Reference.**

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