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## HEALTHCARE INFORMATICS FINANCIAL APPLICATIONS

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With the rapidly evolving changes in Healthcare, the dividing line between clinical transactions and financial transactions has marginalized. No longer these are mutually exclusive events, but have a significant bearing on each other compliances.

Also the focus changing from meaningful use information to advancing care information has enforced changes in the clinical decision support system to evolve new quality based outcome methodologies. Though the regulatory framework has undergone a change in terms of more stringent reporting and compliance guidelines, there has been an inherent need from Providers to use the structured as well as unstructured data in a meaningful way to enhance patient care & patient safety outcomes.

Internet of things (IOT) and bring your own device (BYOD) strategies have enhanced patient coordinated care activities. Six Sigma tools coupled with enhanced analytic competencies have ensured quantifiable success within the regulatory work environment. Actionable alerts, visual cues and verification trails has brought in cost and quality efficiency on board. Big data have given bigger insights for cost leadership and revenue optimization in spend management and reimbursement cycle.

The significant surge in the data variables available has facilitated research and education programs. (189)

Healthcare Informatics is not about IT but is about process, people and skill set. Not everything that counts can be counted, and not everything that can be counted counts. IT plays a key strategic function in leading the dynamic changes in the rapidly evolving healthcare environment & also provides agility & sustained efforts to improve patient care & patient safety goals for the healthcare organization.

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## A COMPARATIVE STUDY BETWEEN HYALURONIC ACID AND CORTICOSTEROIDS FOR THE TREATMENT OF THE GREATER TROCHANTERIC PAIN SYNDROME

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To date, there are no studies addressing the efficacy of hyaluronic acid (HA) injections at the trochanteric bursa in patients with greater trochanteric pain syndrome (GTPS). The objective of the study was to compare the efficacy and safety of HA to corticosteroid injections for the treatment of the GTPS. Patients received an intra-bursal injection of 40 mg triamcinolone acetonide plus 1 ml lidocaine, or 60 mg HA. Patients completed visual analog scales (VAS) and Likert scales to evaluate interference of pain with daily activity, recovery from pain, and treatment satisfaction. A non-inferiority analysis was performed. Results: Mean VAS score for pain significantly decreased compared baseline with 1, 3 and 6 months in both treatment groups. VAS score for pain on palpation was also significantly lower than baseline in both arms. No significant differences were found between groups. Analysis of Likert scales at the sixth month did not detect statistically significant differences between treatment groups. The non-inferiority analysis showed that the treatment with HA was no inferior to corticosteroids. No secondary adverse effects were found among the patients in both groups during the follow-up. Conclusions: The treatment with HA has demonstrated to be non-inferior to corticosteroids after 6 months of follow-up in patients with GTPS. Therefore, the treatment with HA may be considered an effective alternative therapeutic strategy to reduce pain in patients in whom the treatment with corticosteroids, or other therapies have been unsuccessful or contraindicated.

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