IRIS PATIENT IDENTIFICATION SYSTEM

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Problem









2 Part Problem

- 1. **Identification** of patients in developing world is very difficult.
- 2. Medical Records in developing world are poor or non-existent and difficult to access/use.



Patient Identification

- Very difficult in developing countries
 - Lack of infrastructure
 - Lack of national accounting/tracking of citizenry (eg, USA SSN)
 - Lack of photo ID cards
 - means of authenticating cards...
 - Linguo-Cultural hurdles
 - Maybe not enough names in language/dialect to accommodate entire population



Medical Records

- Often little or no records kept in developing world
 - (logistical issues)
- If records are kept, often of little use
 - Social Constraints
 - Similar to ID problems
 - (No national ID system, no photos, language, etc.)
 - <u>Additionally</u>:
 - Security/privacy concerns can cause poor record-keeping



Medical Records (cont.)

- Paper medical records may be of low value
 - Nomadic populations, mobile providers
- Electronic Medical Records (EMRs) may be of low value (or not used) because
 - Access problems
 - poor connectivity (eg, rural areas)
 - Hardware/Software problems
 - no hardware
 - power problems









How is identification done now?

- Frequently, by recruiting locals to help ID people
 - Translators
 - Tribal/village elders, etc.
 - "Connectors" (to use Malcolm Gladwell's term)
 - Unfortunately
 - Expensive / Difficult / Not always available
- ... It's done as best it can be per situation
 - Sadly, the results are often unsatisfactory



Who needs this? Who will it affect?

- Healthcare Workers and Researchers in Developing World
 - Providers, Researchers
 - Analysts / Policymakers
 - BONUS: in developed world
- Funders
 - Governments, NGOs



Solution



RISBiometric Patient ID and
EMR system











Project Description

Major Components

- Device
 - Smartphone, etc.
- Fingerprint scanner
 - or other biometric
- <u>Database</u>
 - Cloud-based, primarily
 - Local: temporary, caching, etc.



• Remote: (sometimes)

Project Description

Stakeholders

- <u>iRespond</u>
 - IRIS
 - preliminary testing of some elements
 - other systems

Thailand

- Ministry of Public Health
- Two universities participating



Design Challenges

- Device Agnostic
 - Browser-based
- Language Agnostic
 - Input only numerals (outside EMR)
 - Numeric-only SIDs

<u>Users may have <HS equivalent eduaction</u>

- GUI
- Globally scalable
 - Numeric only SIDs (can't use alpha characters)
 - Length of SIDs



Related Work

ODK (Open Data Kit)

- India's UIDAI project
 - 2010: biometric backed UIDs
 - 600 million by 2016



Findings so far

- Met with iRespond
 - Other biometrics possible in future
 - iris scanning, palm scanning , voice printing
 - Planning architecture is complicated
 - security, anonymity, scalability
 - securely assign UIDs
 - Designing UI is difficult
 - universality, language





Architecture - Fingerprints



Lossless Image Huge!

Template File Very Small



Architecture - Verification



Architecture - Storage

uid	template
853461885514	fingerprint

uid	name	dob
853461885514	John Doe	2012-12-21





Architecture - Localization





Design and Evaluation

- Prototype/UI iteration:
 - iRespond feedback
- Evaluate
 - User testing
 - locally
 - field by iRespond staff
 - Criteria
 - success/failure of functions
 - used or avoided



effect on work

Plan for Next Quarter



Next quarter (rough plan)

First

- Finish Backend Development
 - Database, interaction with fingerprint scanner, etc.
- Finish UI Design
 - Test paper prototypes in laboratory

Second

- Local testing of system
 - Evaluation, iteration
- Execute Field Testing
- Third



• Write-up / Present





Questions?



This presentation was on the IRIS system by iRespond.

We are Graham Blair, Angela Liu, and Mark Tull.

Thank you for your time.