

Proposal One Idea

1. **How to prevent readmission for a secondary Stroke**
 1. Readmission before 30 days affects Reimbursement
 2. ideas: Risk factors, Diagnostic, compliance, psychology
2. **Increasing Visibility of Data (Access to Data.)**
 1. Focusing on Rural Health, Telehealth, connecting, understandability, usability, and veracity
 2. Data is a priority: We lack data entirely in some areas and have useless data in other areas (and informatics)
 3. Better Data Management Approach
3. **Hard to Diagnose Pain (unmeasurable)**
 1. Non-opioid Pain Management
4. **Lost of Elasticity w/ age**
 1. It can occur in the eyes and lungs
 2. Question 1: Why does it never improve?
 3. Question 2: How to improve it?
5. **Gene Therapy?**
 1. It's a push area
 2. Bioinformatics may be useful
 3. Gene sequencing and Deep screening are expensive when in-depth
 4. Question 1: Could you make in-depth screening cheaper?
 5. Can look at more than just a gene associated with a disease, but other abnormalities as well
6. **Dimensioning barriers to healthcare**
7. **Late Covid**
 1. Question 1: Is it the same as long Covid
 2. Question 2: Does it have any effect on loss of elasticity?
 3. Question 3: Is Brain fog a symptom?
 4. Question 4: Could two teams split and work on the pulmonary vs neuro side of Covid?
8. **Digestive Biodome**
 1. Question 1: Does replacing the bacteria in your digestive tract with a fecal transplant cure IBS?

Proposal Two Idea

1. How to prevent readmission for a secondary Stroke
 1. -Readmission before 30 days affects Reimbursement
 2. -Patients Quality of Life
 3. -Reasons: Risk factors, Diagnostic, compliance, psychology

2. Increasing Visibility of Data (Access to Data.)
 1. Focusing on Rural Health, Telehealth, connecting, understandability, usability, and veracity
 2. Data is a priority: We lack data entirely in some areas and have useless data in other areas (and informatics)
 3. Better Data Management Approach

Pick a feasible Idea:

Improving Data usage as a way of "Preventing Secondary Stroke.

Question:

“Does educating patients about risk factors lessen the likelihood of secondary stroke? “

Premise

Are the medical guidelines helpful?

If not, what is helpful?

How do Demographics affect what is helpful?

Why:

1. Hospitals want to be reimbursed
2. Patients who have multiple strokes can have compounded symptoms.

Partners

Data Mine sources: Primary Stroke Centers and Community health partners

Clinicians: Nurses, Doctors, Residents (Internal Injury), psychologists

School collaborators: HIIM (Health informatics and information management), Communication Department, Vista, and Industrial Engineering Department