

HEALTHY PROVISION SYSTEM

Access to health services can only be optimized by adjusting health policies parallelly to social and demographic changes and via a collaboration between the governments and health authorities. The diagnosis and treatment procedures, preventive procedures, and improving public health are all sub-topics under healthcare. This means that the expression healthcare does not only refer to regulatory measures and hospital services, it also refers to many social programs, outreach efforts, service and appointment system design and many other areas functional in making healthcare more easily accessible and more efficient most of which are invisible to healthcare receivers.

In addition to these complementary branches, while measuring the efficiency of a healthcare system, experts need to look at the structure of healthcare providing organizations and whether it is fairly designed. They also need to look at cost-effectiveness of the steps taken, financial situation of the organization, and the extent and type of services provided. Due to growing need for affordable and accessible healthcare, it is now a must for healthcare providers to wisely distribute their resources to ensure the efficiency and sustainability of their organizations. Detecting the tendencies in healthcare service use and collecting data about the incidence and prevalence trends regarding diseases along with other epidemiological data will allow the healthcare providing organizations to be prepared in times of surging demand such as fast-spreading infections. It will also allow them to manage their services in the best way possible by knowing their patients and their susceptibilities to various diseases.

Today, health and disease are not regional concepts, one crack in the health system of one region, or one viral infection creates a worry and sometimes concrete damage worldwide. The ease and comfort of intercontinental travel makes diseases that are carried via air or bodily fluids easy. This makes it a necessity to fight with infections spreading worldwide with extended counter-measures, collaboration between institutions and health and government authorities, and a wide service network carefully designed to meet the needs of as vast a population as possible. Advancing technologies offer both private and public health organizations ways to offer sustainable and expansive healthcare despite the increasing costs by allowing them to save time, the most valuable thing we all have, and minimize effort devoted to errands. Healthcare providers that are aware of these opportunities fastly turn to technological solutions that will allow them to cut back on costs that does not jeopardize a patient's health or financial situation, and increase the quality of healthcare that way.





Health economics is a branch of economics that concerns with the value created by healthcare organizations, their costs, and their procedural structure. The duty of the regulators within the health sector is to keep costs at a manageable level while prevent any compromises on part of patient care, and increase quality. To maintain the ideal order in the sector, it is essential that these regulators to define and group the ethical breaches within the sector while also defining and offering the best practices to reduce costs.

The common ethical breaches in the health sector can be defined as;

Medical ID theft,

Billing the patient for a service that had not been provided,

Prescribing or ordering treatments or tests that are not essential for the treatment of the patient to increase the costs,

Listing the treatment or service provided under a different category or with a different code to receive.



Against the damages and reputation loss that can be caused by identity theft in health services, the organizations are turning to a technology that offers marginal accuracy and effectively prevents identity thefts. Today, biometric identity verification had become an active part of health organizations' internal control mechanisms. Biometric control systems verify a person's ID by using unique biological and behavioral features such as their irises, faces, or postures etc. Using biometric technology to control access to the services, data, treatment facilities, and assets successfully prevents misuse and exploitation of the patient's identities, their data, and the organization's valuable and confidential assets.

Verifying a person's identity correctly is the first step towards providing her with the care that she deserves as verifying patients' identities also means verifying their medical history and thus constitutes the first phase of devising a treatment plan. So, any mistakes or gaps in ID verification may result in the loss of human life, and can bring huge liabilities. However, in the current situation where the whole world battles with the coronavirus, and in possible future outbreaks, providing means that are compliant with preventive measures and social distancing is a must. Because of that Papiilon offers no-contact iris and face scanners to verify the identities of patients and of the hospital personnel.

With Papiilon's no-contact biometric verification units, it is possible to inquire people's insurance information and their rights to services defined by it. With our systems, the patients' biometric data gets matched to the electronic records kept in the databases and is used both to enable access to healthcare services, and to allow the authorized healthcare professionals access to the patients' records, their test results, previous treatments, MRI and other imaging results to help them devise the ideal treatment plan. Lastly, these records can also be used to determine any discrepancies and abuses of the patient's insurance or financial situation and allow healthcare administrators to spot any misconduct right on time.