



Dial a  
**Doctor**  
DIRECT

TELECOMMUNICATION

TELEHEALTH

HEALTHCARE

**OUR  
PROFILE**

CARE | CURE | CONNECT





# WHO WE ARE

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**Connecting healthcare consumers to healthcare providers; one individual, one institution at a time!**

We are a local, indigenous, result-oriented, digitally inspired social healthcare service delivery organisation, that provides real-time, coordinated clinical health/healthcare supervisory support to individuals and institutions alike - via a call center manned by medical doctors. We do so through the utilization of simple and readily available telecommunication technologies, on a model closely resembling a typical outpatient clinic visit only in this case, healthcare 'provider' and 'receiver' are in different spaces and maybe, even different times.

Our tele-healthcare services provide integrated clinical assistance to persons and populations through tele-consultation, tele-investigation, tele-prescription, tele-referral, tele-training, tele-education, tele-monitoring, tele-assessment, tele-evaluation, tele-management, tele-control, tele-rehabilitation, tele-review, etc.

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You will find us in the: TELE-HEALTH/E-HEALTH, TELE-MEDICINE/E-MEDICINE or DIGITAL HEALTH/DIGITAL MEDICINE section of the HEALTHCARE sector; these currently represent the all-inclusive terms for virtual healthcare.

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## OUR FOUNDATION

- Around 200 Million Nigerians
- Over 154 Million Active GSM Subscriptions
- Nationally, about 20% is repeat ownership
- Slightly more than 30,000 PHC Centers
- Approx. 45,000 Medical Doctors/1:4,444
- Roughly 35-45% access to BHC services nationwide
- 70-75% to telecommunication services/telephones
- Meaning more people have access to telecommunication services (+/- 145 Million)
- Than access to BHC Services (80 Million)

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## OUR INTENTION

To ensure that every individual/institution with a phone has access to timely, appropriate, adequate and reliable digital healthcare information and support; support that would influence the healthcare choices they make and outcome they experience wherever they are.



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**Millions of Nigerians currently do not have access to BHC Services**

**Millions of Nigerians presently have access to telecommunication services but do not have access to BHC information**



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## OUR GOAL

- To expand local population access to health care services, improve outcome and advance coverage towards universality;
- To enhance healthcare knowledge, attitude, practice and skills of local populations, especially of local healthcare workers within their local health systems.

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## OUR PURPOSE

To provide people from the comfort and convenience of their own spaces, sustainable, affordable access to adaptable healthcare information and counsel.

With a focus on building capacities of local populations and strengthening local health systems through effective, reliable health info. communication. Such that people are better able to cater to their own health or/and the health of their loved ones.



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## OUR VISION

To have local populations, even those in our most remote communities, achieving more meaningfully 'healthful' lives by sustainably connecting them to available local healthcare resources through digital inclusivity

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## OUR MISSION

To leverage simple and available telecommunication technology to promote good health and encourage healthy behaviours in people; Protecting people from diseases; Preventing avoidable discomforts, disabilities, deaths and destitutions, through the active formation of strategic partnerships - working progressively with individuals or communities, public or private sectors, GOs or NGOs, social, political, financial, cultural, religious associations etc.



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## OUR ETHICS

Are bound to pay the P.R.I.C.E with you,  
Through evolving:

- Partnerships
- Re-invention
- Individualism
- Content
- Excellence

### PAUSE TO PROCESS

“Provided with the right information in a simple, clear and concise manner, ordinary non-medical persons will prevent and likely treat most common health problems they will experience, and they will do so earlier, cheaper, faster and maybe even better than medical personnel will, more so under certain 'peculiar', dare I say 'extenuating' circumstances as prevalent in LMICs. As while it is absolutely scandalous for anyone, anything to die from a disease that is curable, the real tragedy is to die from one that is preventable.”



## WHAT WE DO

We provide tele-clinical health support to persons and populations by utilizing telecommunication technologies (telephone audio and video calls, text and picture messaging) to deliver reliable clinical healthcare information and education from one person to another. We assist persons/populations through diverse healthcare challenges, providing sustainable adaptable recourse for making better informed healthcare decisions - with a keen attempt to making every individual central to his/her own health care choices.

Our personnel are primed to answer socio-clinical questions and bio-medical queries, offer investigative and pharmaceutical guidance, give drugs and prescription advices, proffer tele-referrals, feedbacks and recommendations. We provide convenient and confidential, accessible and adaptable, secure and safe, effective and efficient virtual clinical options to conventional healthcare model of service delivery, while maintaining a close perspective on international best practice.



In the simple words, we connect anyone with a phone and a health concern to adequate and appropriate care.



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## WHY WE DO WHAT WE DO

- Because for everyday regular people like you and I, there exist real-life relatable reasons for which we may decide against physically presenting ourselves in a healthcare institution when faced with certain peculiar health challenges. Whether these reasons are real or perceived, tele-health offers those of us who choose 'not to' physically visit their local health facilities amidst poor health indices an alternative ingress into the healthcare system.
- Because this solution builds a bridge between access to telecommunication and access to healthcare, so that everyone with a telephone, irrespective of their proximity to a health facility has direct access to reliable actionable healthcare information. Thus ensuring that, all persons regardless of their peculiar extenuating circumstances have first, foremost and fundamentally, equitable access to available healthcare
- Because the consequence of having access to sufficient, suitable, and dependable information at a time and point of intervention impacts beyond the individual. Often times, inadequate, inappropriate and untimely management of diseases could hinder growth and development for both individuals and/or their communities.
- Because it addresses directly, the inverse burden of healthcare disparities in both access, outcome and coverage of healthcare services in Nigeria; where populations with the least healthcare needs have better healthcare access, outcome and coverage, while rural remote communities that likely require healthcare services the most, are yet usually the most deprived of it. Hence the dire necessity for innovative approaches as this, geared towards making our current healthcare delivery system more efficient, more inclusive, but above all, more equitable.

- Because it offers a sustainable pathway to improve on contact and content of 'Physician-patient' encounter via-a-vis "Provider-consumer" interaction. Encouraging more sustainable exchange of knowledge and information between care givers and care receivers, as well as shared experiences between care providers and consumers at various levels of the healthcare system. This will foster relationships, advance rapport building and progress human connections beyond the workplace.
- Because it alleviates the barriers that are associated with late or non presentation of a/symptomatic patients to healthcare facilities while encouraging early detection and diagnosis of otherwise preventable and/or treatable diseases. It eliminates unwanted loss emanating from factors that could contribute to delayed access to health care services e.g. travel distance, waiting queues, physical incapacity, lack of security, inconvenience, costs - whether direct, indirect or opportunity.
- Because it proffers a forum for second and expert healthcare opinions to persons in doubt, whether about health conditions, diagnoses, drugs/self medication, investigations, side effects. It is a platform to provide health education in the simplest most comprehensive manner to persons and populations, likely in the languages they can understand.
- Because it avails to people who are in need of emotional, psychological or mental health support some form of companionship especially so, confidentially. And more often than contemplated, it extends a sense of camaraderie to healthcare workers who live and work in rural isolations, reducing the feeling of loneliness for those who are employed far away from their friends and families.

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**100% of  
teenagers  
ages 13 to  
19yrs  
say they will  
be more  
willing to  
discuss  
adolescent  
health issues  
through  
telecom**

# MESSAGE FROM OUR PARTNER

“..By leveraging simple and available telecommunication technology, we are advancing Universal Healthcare Coverage for all Nigerians.

Through the GLO/DIAL-A-DOC CONNECT to CARE CAMPAIGN, we are connecting communities at zero extra cost to a first of its kind population network of healthcare providers - borne out of the need to engender equity and equality in local healthcare access, outcome and coverage.

Though domiciled within the DIAL-A-DOC-DIRECT TELEHEALTH INITIATIVE, this campaign is strategically positioned to drive governance through equal opportunity and social inclusivity into, and beyond our local health systems. This level of digital inclusion will influence population wellness and wellbeing and also, drive economic growth and development, advance trade and commerce, innovation, policy, education, security...”

**76% of persons find having immediate access to a health care provider whether real or virtual, to be a most important factor**

## GLOBACOM LIMITED



### Existing Globacom Subscribers

Simply Opt into the GLO/DIAL-A-DOC CONNECT TO CARE NETWORK by texting “YES” to **0815 501 5015**

### Existing Non-Glo Subscribers

- I. Can obtain an GLO/DIAL-A-DOC CONNECT TO CARE SIM card from any Primary Healthcare Centre, Local Government Secretariat PHC office or Glo outlet closest to you. Remember to register and activate new SIM card to ensure connectivity.
- II. Can decide to port their existing non-Glo SIM into the Glo network (then see ‘Existing Glo Subscriber’ option)

## HOW WE DO WHAT WE DO

Our doctors telecommute with our callers through any health concerns, offering simplicity to complex healthcare problems with a focus on providing harmonized holistic solutions to their clinical challenges. In our virtual clinics, depending on a host of assessments, a caller can interact with various health professionals on any health topic. From clarification of the most ambiguous, maybe embarrassing health issues to tendering a second and/or expert opinion on the least worrisome health problems. So whether you have a complication warranting a GP or Specialist review, need interpretation to a simple laboratory result or understanding of a bizzare prescription, we will support by every means tele-clinically possible.

**But first and foremost, you must ensure you have in your account balance the minimum amount required to opt-into the GLO/DIAL-A-DOC CONNECT TO CARE NETWORK; to access at any level, your desired local/allied healthcare providers**

S/N	SUBSCRIPTION	TALK-TIME DURATION	ALL OTHER CONSUMERS	CHEMISTS/ PHARMACISTS	LAB TECHNICIANS	PHC NURSES	SHC/GP DOCTORS	THC/SPECIALIST DOCTORS
1.	N500	MONTHLY	YES	YES	YES	YES	NO	NO
2.	N1000	WEEKLY	YES	YES	YES	YES	YES	NO
3.	N5000	WEEKLY	YES	YES	YES	YES	YES	YES



# WHO WE DO WHAT WE DO FOR

- Resident in settlements where there is no presence whatsoever of any kind of institutionalized orthodox healthcare system or communities where people walk/cycle or travel long distances to their nearest clinics for the most basic consultation and even so, sometimes receive inappropriate, inadequate and/or inaccurate care due to no fault of theirs.
- Working class mothers who may hardly find enough time to keep up with multiple clinic appointments while juggling between their jobs and home making. Busy executives who would rather self-medicate when unwell than skip a meeting on their already tight schedule to pay a visit to a health center.
- Young people who think they are invincible to the effects of multiple pharmaceutical indulgences and would rather like everything else, access healthcare on their phones, more so since it is a more convenient, a more confidential option. Adolescents and young adults who need an ear to voice their frustrations from the mental/psychological and physical challenges that is their everyday lives but can hardly find a doctor with enough time to listen.
- Individuals who would rather forgo care by constant minimalization, as it is easier for them to assume the persistent salient dull ache they feel at the back of their head is not warranting of a visit to a health facility. Those who may not feel safe and secure enough to seek institutional care during certain times, maybe due to prevailing security challenges in their communities. Symptomatic elderly, physically disabled, persons with ambulatory difficulties especially those whose conditions require routine evaluation vis-à-vis extra clinical attention.





**Individual  
Support  
Model**



**Institutional  
Support  
Model**



## A SNAPSHOT OF CURRENT STATUS QUO

S/N	INDEX	DETAILS
1.	TYPE OF ORGANISATION	TELEHEALTH CARE PROVIDER
2.	COVERAGE OF SERVICE DELIVERY	LOCAL, STATE AND NATIONAL
3.	COPORATE AFFAIRS COMMISSION REGISTRATION NUMER	1336071
4.	CLASS OF REGISTRATION	LIMITED LIABILITY COMPANY
5.	CLASS OF SHAREHOLDERSHIP	PRIVATE PLACEMENT AGREEMENT
6.	TAX IDENTIFICATION NUMBER	19759237
7.	STAFF STRENGTH	ELEVEN (11) PERMANENT, SEVENTEEN (17) TEMPS.
8.	NO. OF PROVIDERS ON PLATFORM	NINETY-ONE (91) DOCTORS, SEVEN HUNDRED AND EIGHTY-THREE (783) NURSES.
9.	NO. OF USERS ON/THROUGH PLATFORM	SEVEN HUNDRED AND ELEVEN THOUSAND, FOUR HUNDRED AND SEVEN (711, 407) ENTRANTS.
10.	NO. IN YEARS OF EXISTENCE	FOUR (4)

As of May 10th, 2020.

S/N	TELE-HEALTH PLATFORM FEATURES	COMPLIANCE	REMARKS
1.	Electronic Medical Profile (EMP)	YES	Adapted to both individual and insitutional user base
2.	Tele-consultation support	YES	Chat, voice and video call based
3.	Dashboard	YES	Different Dashboards for Public, Providers and Policy makers, different communication interphases within each one
4.	Ease of Registration of User	YES	Requires simple user info around bio-social data with clear patient-facing instructions in a single step process
5.	Provider Order Entry	YES	Drug prescriptions, Investigation requirements, Treatment options, Referrals with built-in safety gaps
6.	Reporting & Metrics	YES	Operational efficiency, process productivity, health outcomes, user safety, service satisfaction
7.	Vitals Tracking	YES	Currently reliant on use of wearable devices, ongoing evoving work on using phone camera

S/N	TELE-HEALTH PLATFORM FEATURES	COMPLIANCE	REMARKS
8.	Triage Interface	YES	Remote integration to ambulances, specialized teams and location-based referrals
9.	Discharge Summary	NO	Not Applicable
10.	Alerts & Notifications (to Users)	YES	By SMS, Mobile app text option and/or pre-arranged follow-up calls
11.	Alerts & Notifications (Maintenance Schedules, End-of-life, utilization, etc.)	YES	By System Alert or following routine maintenance checks
12.	Provider Documentation	YES	Credentialing - license, practice insurance, banking details.
13.	Billing	YES	Subscription based, Routine or one-off, self or third party payment, single or multi-user entry
14.	Multi-Tenant Platform	YES	Currently hosts partnerships with States (Abia, Bayelsa, Ekiti, Delta), Organizations (Banks, HMOs)

S/N	TELE-HEALTH PLATFORM FEATURES	COMPLIANCE	REMARKS
15.	Customization	YES	Across varying client expectations - design, branding, billing, access control, workflow
16.	White labelling	YES	Most products are wholly owned - designed and built
17.	User Privacy and Data Protection	YES	One Time Password (OTP) user authentication process, HTTPS, Protective compliance with 3GPP MC-PTT standards.
18.	Partnerships	YES	Abia state, Bayelsa state, Ekiti state, Delta state, FRSC, NPF HMO, Keystone Bank
19.	Funding	YES	Pioneer Community TeleHealth System Funding; The Globacom/Dial A Doc-Telehealth Access Program
20.	Other Features	YES	Personalized, Customized tailored messages from Partners to Users - from Birthdays through 'Special Clinic/Hospital Days to UN Recognized International Health Days

## WHERE WE ARE COMING FROM

As of January 2015, only approximately 35% of Nigeria's 180 million population had access to basic healthcare services; with roughly 54,800 medical doctors in the country, Nigeria had a physician-population ratio of 0.30/1000 (1/3,285) which was about a third of the WHO standard given at 1/1000.

This means that, in a medical doctor-driven society like Nigeria there exists until now, significant possibilities that a good percentage of her population may birth, grow, live and die without having any kind of clinical liaison with a trained medical doctor, dare say any type of healthcare worker as the shortage of human resources for health persists across the various cadres.

(Now compare to other countries like: Cuba's 5.91/1000 or Russia's 4.24/1000. See Spain at 3.2/1000 or Norway at 3.10/1000 then, 2.30/1000 for USA and 2.2/1000 for UK, also Iraq 0.66/1000 or India 0.6/1000, South Africa 0.77/1000, Ghana 0.15/1000, Niger 0.03/1000).

On the other hand, as of same January, 2015 Nigeria had recorded a tele-density of 100.59% with approximately 150, 741,223 active telephone lines meaning about 85% of Nigeria's 180 million people had access to actively tele-communicate. Where others simply saw 150, 741, 233 telecommunication subscribers, we envisioned 150, 741, 233 potential accesses to healthcare; This ushered in an infinite array of possibilities.

The days of ensuring a health system's wellbeing by focusing only on healthcare services obtainable within the hospital walls are over. Current market dynamics and technological reforms are calling for completely different approaches to population health management. The ability for healthcare service providers to innovatively broaden access to quality health care and improve health outcomes, while reducing costs and inconvenience in a manner that is safe, efficient visible, measurable and sustainable, involving minimal resources utilization for both well populations in the communities and patients whether in healthcare centers or at home, is determining who thrives in this new environment.

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### EXPANDING ACCESS TO QUALITY HEALTHCARE, ATTAINING NEW 'HEIGHTS'

Advancing medical technology amidst changing population demography and evolving diseases patterns drive the need for innovative approaches in healthcare delivery. This initiative is fast gaining prominence as one of such solutions. With a unique competitive advantage to effect impact beyond its reach, healthcare now has the ability to be perceived as a global entity because digital technology is a global entity. As a person who begins their day with concerns of a simple health infraction from a small rural settlement in one continent could develop clinical relationships beyond their imagination, relationships that could lead to direct healthcare consequences on another continent.

## WHERE WE ARE GOING TO

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Where telecommunication meets healthcare

## DIRECTLY IMPACTING MORBIDITY/ MORTALITY STATISTICS

This initiative through disease prevention, health protection and promotion can improve a people's healthcare knowledge, attitude, practice and skills. Public health statistics like accidents and emergency visits, hospitalization and re-hospitalization are significantly influenced when a population is better informed about their health processes. This can directly enhance early disease detection, hasten intervention time, improve medication compliance, reduce rates of relapse, treatment abandonment. A UK Whole Systems Demonstrator (WSD) 2008 study on impact of a tele-health intervention collectively involving 6191 patients and 238 GPs reported a 45% reduction in mortality, 28% in emergency admissions, 15% decrease in A/E visits, 14% in elective admissions, 11% in re-admissions and 8% in health care costs.

## ENABLING COLLABORATION AND OPTIMIZING RESOURCES

This initiative offers a prime platform for multiple service providers from different sectors of economy building to congregate around a single unifying action plan, while centralizing commands, streamlining data, researching in-depth, detailing analytics, spotting trends, uncovering insights that inform working together and supporting collective goals. Creating the future of healthcare can mean making something work better, go faster, come smaller or simply, cost less. Sometimes it means solving problems in a way and manner that it has never been done before. This approach to innovation pushes the limits of what we see in front of us to include what we can only imagine. Freed from convention and routineness, meaningful collaborations can help envision innovations that go beyond problem solving to life changing.



Building  
healthy  
communities  
through  
healthy  
communications

# FOOD FOR THOUGHT



Globally, evolving technological landscape has changed how we interact with people and the environment, as local businesses now have easy access to global brands, financial institutions have become digitally borderless, intra-city trips are a click away on an Uber app, and certificate courses are available to millions of online students anywhere in the world. Thanks to technology the world has truly become, a global village and healthcare is no stranger to the many milestones that can be achieved by leveraging existing technology to 'drive' service delivery.

Telehealth is currently making steady progress in Nigeria's digital space by fast becoming a very effective and veritable tool in driving Universal Healthcare (for All) coverage. Dial-A-Doc Direct has been at the forefront of this service provision, aligning with the UN's SDGs of alleviating poverty/ advancing economies through the delivery of consumer-centered healthcare services.

For every progress we have made thus far, we acknowledge the efforts and investments of our partners. The world is experiencing a technological revolution that is fundamentally altering the way we humans have come to know and understand everything, and swiftly moving from being a clinical science supported merely by data, to becoming a data science supported critically by clinicians, human population healthcare (with tele-health as its epicenter) is at the core of this revolution.

So, whether we embrace, resist or ignore the advancement of technology, we should recognize that it has come to stay; with far-reaching capacities and possibilities beyond our imagination; we could be building a world where everyone who has access to technology has access to everything else, including expert clinical healthcare. At Dial-A-Doc-Direct, there is no doubt in our minds that the future of healthcare is in technology, more surely, that the destination of healthcare is digital.



12:03

# A LOCAL INSIGHT

# A GLOBAL OUTLOOK

We are reshaping public perception of health consumption; leveraging technology in this case, simple and available telecommunication technology to enhance access to and improve quality of health outcomes. Our service delivery model adopts deliberate efforts to give total charge to healthcare consumers over matters of their wellbeing, especially as it regards in totality the processes involved in decision making, where patients can determine the type of care they require - actively involved in the why, when, where, how and from whom they require it.

In looking to extend capabilities beyond traditional care models, we are developing integrated strategies due in part to recurrent challenges of physician shortages amidst a concurrent expansion of consumer base over and beyond a geometrically rising continental population with a significant rate of GSM subscription. Steering us huge steps closer to universal health care for all, we satisfy a growing curiosity in sustainable population health management as it takes absolute advantage of this generations' overwhelming obsession with technology.

## CAUSE FOR REFLECTION

"Today, living in a fast paced world, any local public health challenge can swiftly become of national, say International/global concern, but its first point(s) of impact is still at local community levels - affecting the health and well-being of ordinary people in these grassroots communities. So, there is urgent need to pay attention by every means possible, to the protection, promotion and preservation of local population health - by enhancing access to prompt, collection, transfer and utilization of data/information mostly through the engagement of technology". Because, every PHEIC starts somewhere as a simple, local health or healthcare discomfort."



## TELE-HEALTH TELECOMMUNICATION + HEALTHCARE

DIAL-A-DOC-DIRECT is an important actor in telehealthcare support services; such as tele-consultation, tele-management, tele-review, tele-counsel, tele-investigation, tele-prescription, tele-referral, tele-training, tele-education, tele-monitoring, tele-evaluation, etc.

The insights we deliver help build trust and confidence, independence and control in individuals and institutions.

Playing a critical role in advancing a better healthful world, by leveraging population tele-densities to improve population health.

For more info.:  
Please visit [www.dialadocdirect.com](http://www.dialadocdirect.com)  
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RC No. 1336071 TIN No. 19759237

"Leveraging telecommunication technologies to broaden access to health care, improve health outcome, lower care cost and enhance consumer clinical experience"




# OUR BROCHURE

COMMUNICATE | COORDINATE | CONTROL

Dial-a-Doc-Direct provides responsive telehealthcare solutions that offer seamless, concurrent, virtual connection, communication, collaboration and coordination between the different parts of your local basic/allied healthcare systems; as represented on different interphases of the provider-consumer continuum.

Through proactive partnerships, we proffer professional solutions to diverse clinical challenges in a manner that sustainably addresses healthcare inequality through digital inclusivity.



Pls go to **MY DASHBOARD** to familiarise yourself with your control panels.

Your driver's seat, from where you can be in total control.



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## OUR MANDATE

Is to drive your access-outcome-coverage-complex (AOC-Complex) through our simple Solution as a Service (SaaS) initiative; by empowering local health authorities with the opportunity to expand access to, improve outcome of and advance coverage for healthcare service delivery across and within their local health systems, with a direct focus at grassroot community integration.



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## OUR SOLUTION

Has become a powerful tool for addressing health system challenges:

- Health workforce shortages – recruitment, retention, etc.
- Healthcare access inequalities – age, gender, geographical, socio-cultural, political, economical, etc.
- Healthcare coverage disparities – remote communities, rural disconnect, etc.
- Healthcare cost – short term, long term, direct, indirect, etc.
- Healthcare choices – incorrect (inappropriate, inadequate), self-medication, quackery, etc.
- Healthcare funding opportunities – Telco subsidy, Tech financing, etc.
- Healthcare outcome – Knowledge, attitude, practice, skills, etc.




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Technological solutions enhancing clinical efficiency

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## AIDE-MÉMOIRE

The WHO Health Systems Framework  
Six (6) Building Blocks:

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- Service Delivery,
  - Health Workforce,
  - Health Information Systems,
  - Access to Essential Medicines,
  - Financing,
  - Leadership/Governance.

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## OUR IMPRESSION

**S** Scalable and Sustainable

**C** Connect and Communicate

**A** Available and Adaptable

**R** Robust and Responsive

**C** Command and Control

**E** Easy and Efficient

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## OUR CLIENTELLE

PUBLIC

PROVIDERS

PROGRAM PLANNERS

POLICY MAKERS

PRIVATE SECTOR



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**As local blindspots  
of everyday  
symptoms could  
quickly become  
global hotspots  
of newly/  
re-emerging disease**

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## OUR PRODUCTS, OUR SERVICES

Our products and services can be delivered in partnership with private or public sector organizations. Dial-a-doc direct is impacting local health systems by utilizing simple digital technology platforms to connect and coordinate primary, secondary and tertiary healthcare institutions at subnational levels of government. Our simple strategies are sustainably strengthening capacities for local primary healthcare workers within rural and urban communities in various states across the country.

The Globacom/Dial-a-doc-direct partnership is helping to significantly reduce the cost of care communication mostly between healthcare providers and consumers, but more so, amongst consumers, as well as amongst providers. The ability for populations to communicate easily and swiftly within the context of care is thoroughly relevant to public health, whether in disease prevention, control or cure, disease notification, surveillance or investigation. For local healthcare workers to be able to effectively recognize, identify, intervene, document and report symptoms within their local health systems could be predictive of population health status beyond their immediate environment.

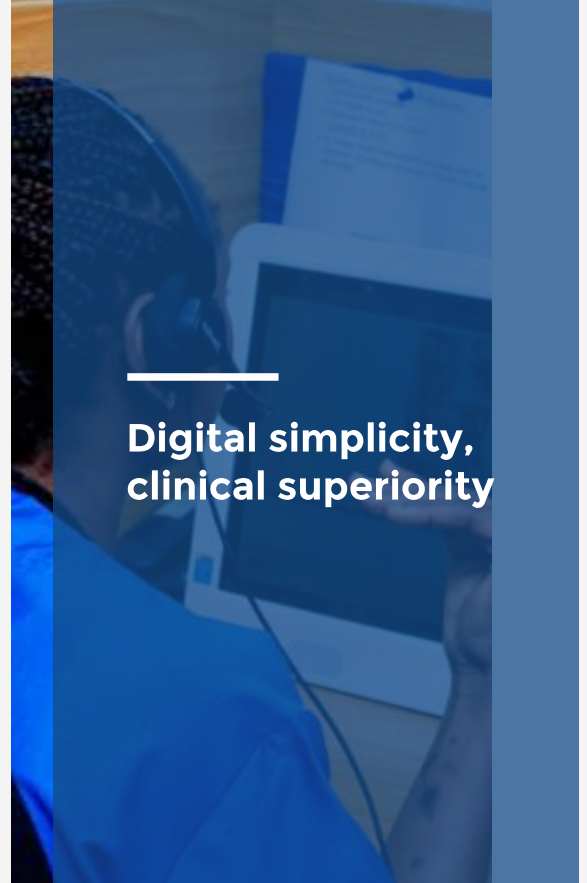
Our products and services are not projects with already defined processes and endpoints, they are designed to remain flexible and continually evolve in cognizance of variables that range from technological, political, socio-cultural, etc. More importantly so, is that through our experiences, we have become certain that digital interventions require ongoing quality attention, evidence-based enhancement and objective responsiveness towards improving service satisfaction and product perfection.

## Clinical Call Center Model

Promote the concept of Universal Health Coverage for all

### I. ACTUAL

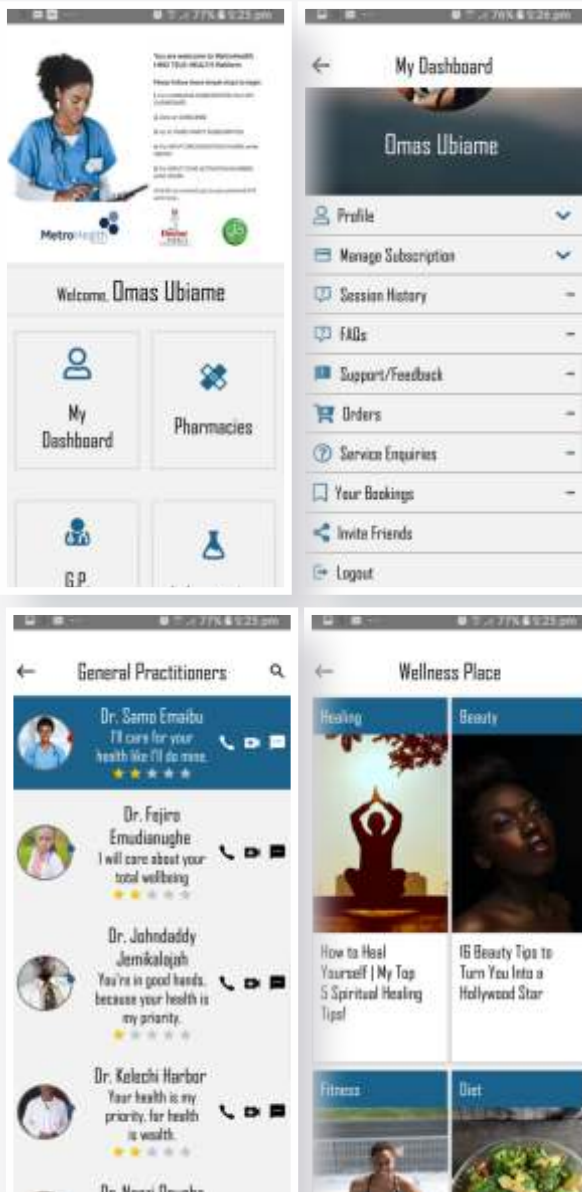
- Developmentally design and host a concrete tele-support center
- Strategically incorporate Non-Medical doctor Healthcare Providers (Nurses, Pharms, Chemists, Labs., TBA, PMS etc.) into model
- Sustainably integrate Access-Outcome-Coverage Complex KPIs into existing Non-Medical doctor manned Healthcare Facilities
- Routinely Monitor and Evaluate Progress
- Scientifically Report Output
- Connecting people to care



## II. VIRTUAL

- Developmentally design and host a computer-generated tele-support center
- Strategically incorporate General Practitioners/Secondary Health Care Providers, then Specialists/Tertiary Health Care Providers into model
- Sustainably integrate Access-Outcome-Coverage Complex KPIs into existing Secondary Health Care, then Tertiary Health Care structures
- Routinely Monitor and Evaluate Progress
- Scientifically Report Output
- Connecting people beyond care

### Private Sector Partnership Model



### Public Sector Partnership Model

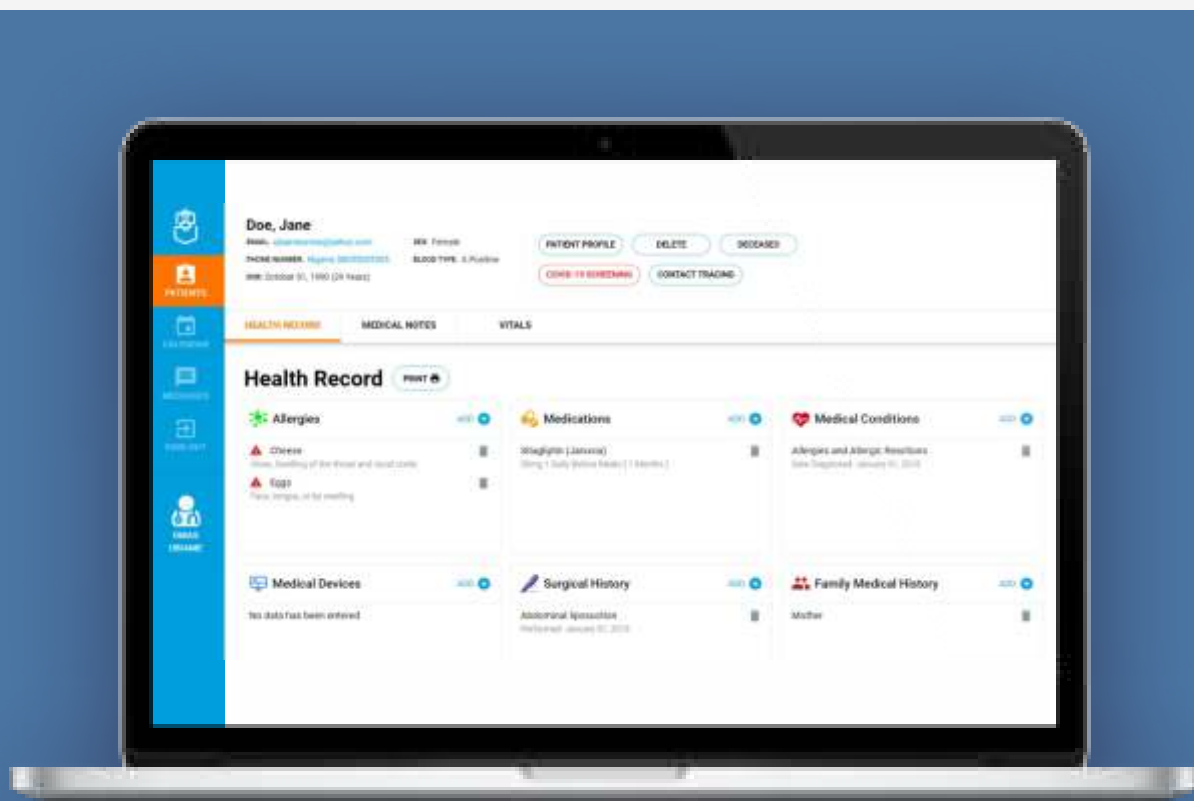


# Electronic Health Information Management System

Enhance Efficiency, Boost Revenues and Block Payment Leakages

The structured collection of patient and population electronically-stored health information in a digital format. These records can be shared across different health care settings. Records are shared through network-connected, enterprise-wide information systems or other information networks and exchanges. EHIMS may include a range of data, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal statistics like age and weight, and billing information

- Methodical collection, representation and storage of individual/institutional data
- Systematic accounting, Service allocation and delivery model
- Allows for easy assessment, administration and accountability.
- Numerous Flexible Modules
- Registration/Accounting/Vitals/Consultations/Pharmacy/Laboratories/Admissions and Discharge.
- Pre- and/or Post-Paid Billing Models
- Online +/- Offline Platforms



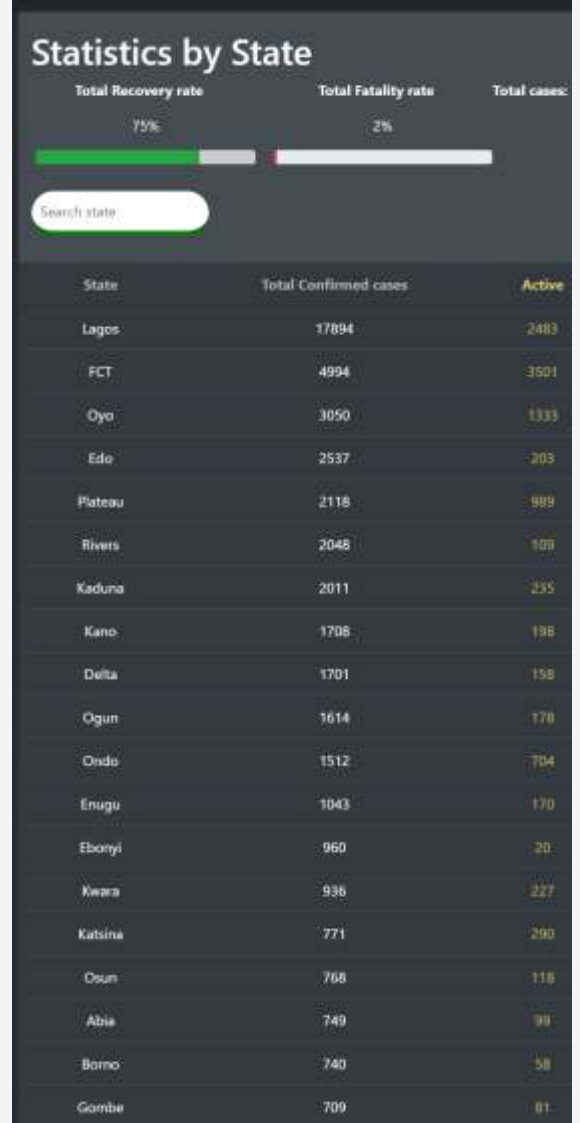
## Vagrant vitale

Diseases/Symptoms Surveillance, Data Analysis and Information Dissemination

A simple solution that can literally 'roam' through your database and project in real time or otherwise, vital clinical indices - whether symptoms, diagnosis, etc. as specifically chosen and strategically matched. This can be geographically or chronologically mapped, and even further, to specific search keywords.

Akin to a bot, Vagrant vitale is a software application that runs automated tasks (scripts) within a database. Typically, performing 'errands' that are simple and repetitive, though in a manner that is much faster than any human could. The most extensive use of this tool is for 'catalogue crawling', in which an automated script fetches, analyzes and files information from servers for the process of decision-making.

Vagrant vitale allows for saving of millions of hours of human effort by stripping and streamlining healthcare communication to a 'molecular level'. Healthcare Organizations concerned about reducing labour overheads, and interested in new ways to be efficient would often deploy a tool like Vagrant vitale to help cut down on resources and improve output.



## Spectra Omnis

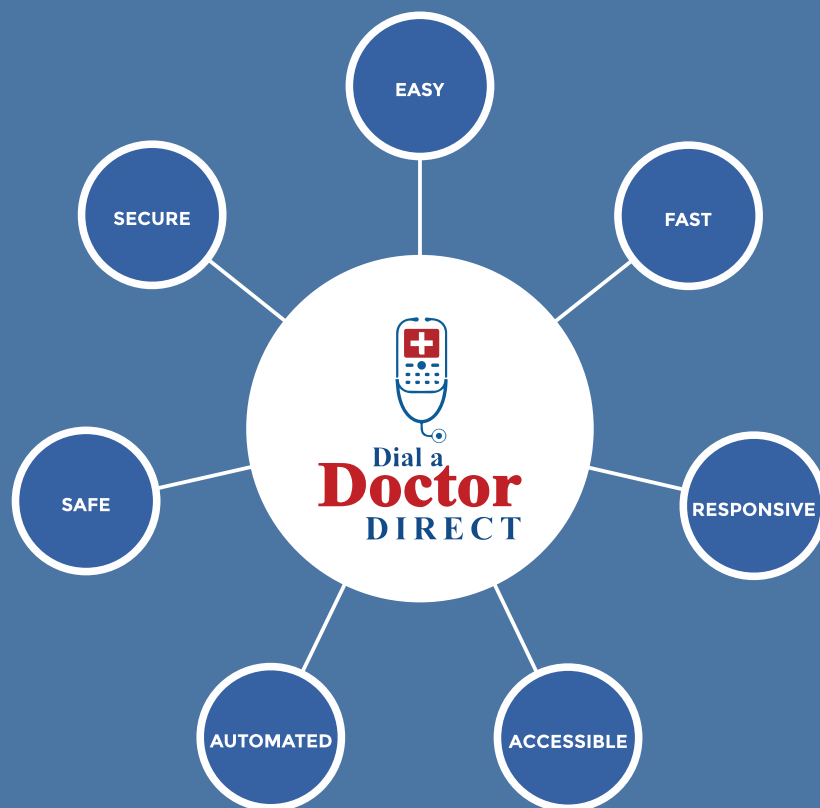
Improve Productivity of Healthcare Service Delivery at Institutional Level

A multifaceted non-complicated solution that allows administrative authorities see every clinical/non clinical activities going on within their institutions, with the ability to intervene mostly to provide teams with enhanced coordinated capabilities.

The necessitation for this vital technology is easily justified when dealing with clinical events that require joint efforts and multi-disciplinary cooperation across a wide range of locations.

The Spectra Omnis is an intuitive, location-based collaboration solution that provides seamless media supported communication between different team members, teams, across several departments in different hospitals settings (Medical, Administration, Logistics, Security, Municipality etc.) ensuring an opportunity for health systems to reflect on and respond to comprehensive, real-time representations of operations within its scope.





## ATTRIBUTES

- Suitable for operation anywhere, anytime
- Easy to use therefore eliminates any need for long/complex training
- Secure chat, voice and video messaging (one-to-one and one-to-many) communications
- Rapid safe / synthetization / transmission / utilization of reports / responses by user definition
- Instantaneous, active, geo-chrono-tracking and tagging of varying/selected reported symptoms
- Non-specific geo-chrono-activated adaptations
- Advanced data security, encryption and cyber protection
- Responsive telepresence platforms
- Ad-hoc communication to individuals, groups by position, profession or organization
- Designed to optimize ability to make informed decisions
- Automated field data collection, collation and storage
- Record and replay of clinical experiences
- Supports future add-ons and integration into other systems within IT body of knowledge
- Installation on on-site servers and private network for extra resiliency and security
- Integrative to legacy technologies within IoT.



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## ADVANTAGES

- Clear Evidence of Impact
- Flexible Affordable Pricing
- Concise Pathway to Scale
- Integrative Service Delivery
- Cost Effective Competitiveness
- Adaptable Plan to Sustainability



Access expanded  
outcome enhanced  
coverage advanced



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## PREDICT, PROACT, ACT AND REACT

- Active and Passive Surveillance – inform, notify, report
- Data Collection, Collation, Analysis, Interpretation, Utilization, Publication, Dissemination and Sale
- Quantitative and Qualitative
- Regularly - Routinely and Timely
- Shared Experience and Expertise
- Traceable Footprint

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## REVIEW, RESPOND AND REPORT

- Whats, Hows, Whys, Whens, Whoms, Wheres
- Search, Select and Synthesize
- EEO-A Relationship
- Volume, Velocity, Variety and Veracity
- Real Life, Real Time Projections
- Evidence – Information, Education, Research, Policy, Policing,
- Journalism, Business, Governance, etc

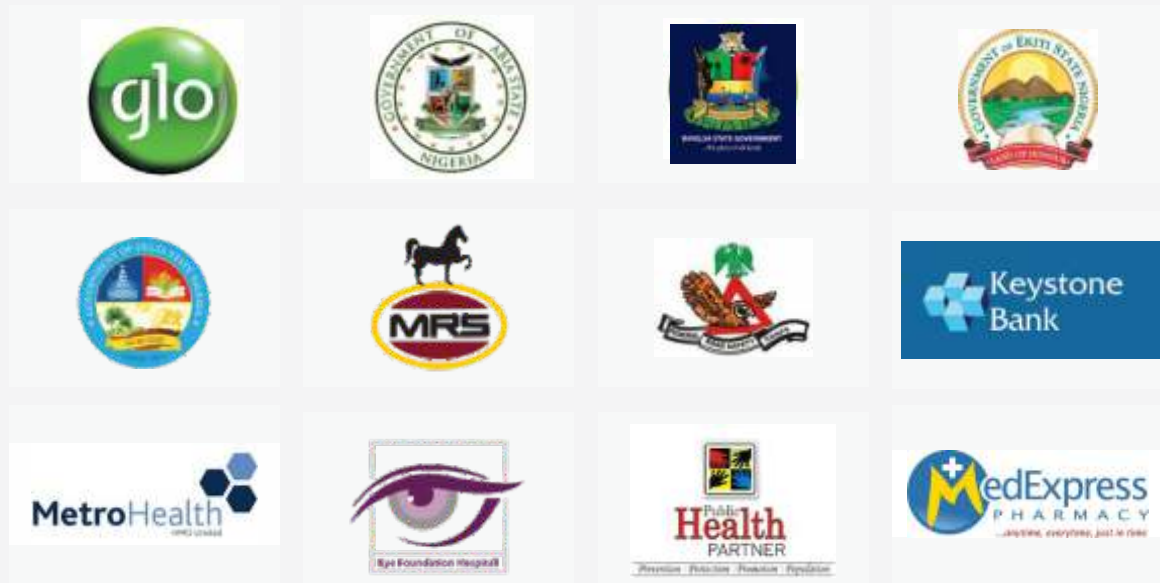


# REPORT

Because you  
no longer have  
to be patient

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## OUR PARTNERS



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## ACKNOWLEDGEMENT

It is with immense gratitude and a strong sense of appreciation that we recognize the enormous support and sincerity of purpose from our partners, and for these we are especially, profoundly thankful to their management and staff.

We acknowledge gratefully, our formidable partnership with Globacom Limited.

We are particularly and extensively appreciative of everyone who contributes to the output/outcome of this project.

Long live the leadership of your noble organisation.  
Long live the diligent and hardworking members of your staff.  
Long live the Federal Republic of Nigeria.

- DIAL-A-DOC DIRECT.

## OUR MANAGING PARTNER

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**DR. OMAS U.**  
MBBS, MPH, cPHR

Meet Dr. Omas Ubiame, a Principal Founder and Managing Partner at DIAL-A-DOC-DIRECT. An avid board-gamer, Dr. Omas has a pretty diverse but health-specific background as a Medical Doctor (M.B.B.S University of Lagos), a Public Health Practitioner (MPH Kings' College London; UK Faculty of Public Health), a Public Health Researcher (Harvard School of Public Health Certified) and a Project Manager (UK Prince 2).

A Member of the Association of Public Health Physicians of Nigeria (APHPN), Nigerian Medical Association (NMA) and Medical Women Association of Nigeria (MWAN); Dr. Ubiame is a graduate of the 2012 United Nation's Geneva Study Program (UNGSP) and an erstwhile member of the Governing Board, Federal University of Yobe, Yobe State.

Having worked most of her clinical years with the Nigeria Ministry of Defence, Dr. Omas is a staunch supporter of Nigeria's gallant Armed Forces and a volunteer for National Emergency Management Agency (NEMA), and Federal Road Safety Corps (FRSC).

Dr. Omas started DIAL-A-DOC-DIRECT based on the simple principle 'that people will do better, if they know better.'

## OUR I.T. PARTNER

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**DR. PASTRA E.**  
B.Eng., PhD.

Meet Dr. Pastra Arinze Etie, a Technpreneur, IT innovator and administrator, Founder and Managing Director of Bems Network Ltd, Bems Network Limited, Bems Knowledge Transfer Center, Bemsoft, BemsMall, The IctHub, Pastra Emporium. He is also the Chairman Okigwe Micro Finance Bank Ltd.

Dr. Pastra has a diverse background as an IT Expert, Software Developer, Hardware Infrastructure Designs and Implementation, Security and Protocol Deployment, Microsoft Certified System Administrator.

Dr. Pastra holds a honorary doctorate degree (PhD) from Morris Cerullo Christian University and a Bachelor in Engineering degree from University of Ibadan.

A recipient of many awards, both local and international.



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