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## A New Hope for General Medicine in A Start-Up Nation

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Received: July 07, 2022; Accepted: July 12, 2022; Published: July 14, 2022

**Citation:** Michaël Rochoy. A New Hope for General Medicine in A Start-Up Nation. J Clin Med Current Res. (2022);2(1): 1-2

Identifying interesting clinical cases in general practice is not easy, because GPs are not as well organized as they could be (according to a lot of people who have never been a GP). We propose here a series of simple measures, with the help of Cameron Brister's corporate ipsum and SquarePlanIT, that should improve their capacity in the future.

First, leverage agile frameworks to provide a robust synopsis for high level overviews. Iterative approaches to corporate strategy foster collaborative thinking to further the overall value proposition. Organically grow the holistic world view of disruptive innovation via workplace diversity and empowerment.

Second, bring to the table win-win survival strategies to ensure proactive domination. At the end of the day, going forward, a new normal that has evolved from generation X is on the runway heading towards a streamlined cloud solution. User generated content in real-time will have multiple touchpoints for offshoring.

Third, capitalize on low hanging fruit to identify a ballpark value-added activity to beta test. Override the digital divide with additional click throughs from DevOps. Nanotechnology immersion along the information highway will close the loop on focusing solely on the bottom line.

Fourth, podcasting operational change management inside of workflows to establish a framework. Taking seamless key performance indicators offline to maximize the long tail. Keeping your eye on the ball while performing a deep dive on the start-up mentality to derive convergence on cross-platform integration.

Fifth, collaboratively administrate empowered markets via plug-and-play networks. Dynamically procrastinate B2C users after installed base benefits. Dramatically visualize customer directed convergence without revolutionary ROI.

Sixth, efficiently unleash cross-media information without cross-media value. Quickly maximize timely deliverables for real-time schemas. Dramatically maintain clicks-and-mortar solutions without functional solutions.

Eighth, completely synergize resource taxing relationships via premier niche markets. Professionally cultivate one-

to-one customer service with robust ideas. Dynamically innovate resource-leveling customer service for state of the art customer service.

Ninth, objectively innovate empowered manufactured products whereas parallel platforms. Holisticly predominate extensible testing procedures for reliable supply chains. Dramatically engage top-line web services vis-a-vis cuttingedge deliverables.

There is no tenth. Efficiency does not wait for round numbers.

For people who are not fluent in Start-up, we propose in Figure 1 an alternative way to improve access to care.

Better inform about the many problems leading to misinformation through bad science: conflicts of interest, distortion of data, predatory journals (like this one, where I paid \$39 instead of \$919 — always try to negotiate!), etc.

Use the government's communication power to provide health information and education, popularise science...

Restore medical time to GPs by stopping using them as "health insurance controllers" (stop with medical transport prescriptions: it is an exchange between the ambulance, the patient and the insurer...)

> Give patients the possibility to declare themselves a few days of short sick leave and absence for sick children. You don't need a doctor to confirm that you couldn't work yesterday with diarrhoea.

**Reducing respiratory infections through:** masks in enclosed spaces, policies to improve air quality, thresholds to encourage barrier actions... Everything that scientists repeat. Just do it!

**Simplifying access for social issues.** We need to develop professionals dedicated to social issues, home care or institutionalisation...

Simplify the system for covering health costs: a single fund, with a single branch and no remaining costs... We have to stop with health parasites that do not take care of the poorest patients, with the longest and most expensive care, or in a pandemic situation.

**Taking action against abusive insurer claims.** When it comes to compensating a contributor, French insurers ask for a complete history in an abusive, time-consuming, illegal and offensive way for patients.

Figure 1: The windmill of GP access in a Start-up Nation.