



CONNECTED AND PERSONALIZED HEALTH IN THE INTERNET AGE

Technologies for an integrated healthcare system
Health services on the move
Governance, regulatory framework and industry

DIGITALIZATION...



Somehow, we experience an "exponential" growth.

- → Over one billion of smartphones (sold vs used growth slightly slowing)
- → Wearable sensors (over 40% of new smartphones with biometric sensors embedded by 2016)
- → Internet of things (over 26 billions of connected objects by 2020)

Source: Gartner

A RISING HUMANISM IN MEDICINE



The Internet is revolutionizing the science of medicine. A new ecosystem flurished and enhances innovative processes.

- → Knowledge, information sharing and best practices
- → Newer (mobile) services for healthcare
- → Patient/citizen centered
- → Personalized and accessible
- → Relationships, roles

GIAMPAOLO ARMELLIN – Head of Research Unit - GPI Research Center



WHO ARE YOU?

That is a major question.
We have to be sure that digital information is properly owned, stored and made accessible only to the right users and for allowed purposes.

About InfoCert

Highlights



- 3 Offices
- 200 Employees
- 41M€ in Revenue 2014



Main Businesses



Certifications















Digital Identity and the disruption effect

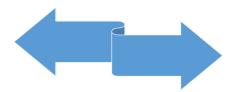




ITALIANA 🖊 💃

Digital Identity in HealtCare

Electronic Health Record (EHR)



Digital Patient Dossier

- Cover the Entire Life of patient
- Include all medical data
- Use standard application "L-Care"
- Protect Accessibility

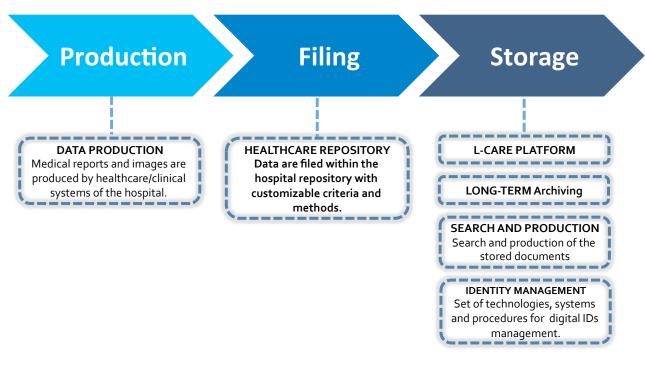
- Related to a specific structure
- Cover the Clinical relationship with the structure
- It's a plus → not mandatory
- Patient chooses which data share.



Best practice: Venice Hospital



Dematerialized workflow

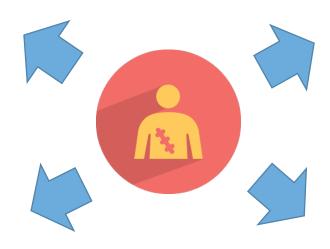




Best practice sometime it's not a standard!

Security:

- Data protection
- Storage Criteria



Data Ownership

- Data Selection
- "Right" to be forgotten

Data maintenance

- Long-term archiving
- Data Update

Accessibility

- Who can see
- What can see



Why Best practices are not a standard



- ✓ EHR is a priority for 52% of Health Structures but there is no knowledge about cloud and interoperability
- ✓ There is no culture in digitalization of Healt Care \rightarrow 83% of Citizens don't Know what HER is!
- ✓ Only 1 out of 3 healthcare organizations have started a digitalization project such as online reservation
- ✓ There is a normative lack in relationship between government and local administrations in defining a standard models (Reform "Titolo V Costituzione"?)

Which eHealth Journey



Administrative workflow



Patient Digital Life



Digital Relationship



Integration &
Interoperability within
PAs



Shared services & Collaboration

Final thoughts



- √ Thanks to the eIDAS regulation, the digital identity will enable doctors and medical staff to improve assistance and patient care through the use of tools such as electronic health records, with certain guarantee of identification
- ✓ The sharing of health information will be more effective and safer, allowing patient to digitalize its "health life" with several benefits in terms of speediness and accuracy of diagnosis, but keeping control over the time
- ✓ There remain a number of points with respect to data retention as there is no today a European regulation about cloud but only some recommendations
- ✓ It 'should also define a model of universal access authorization data, which must be given by the patients which should be able to revoke it in compliance privacy statements policies
- ✓ Trust Service Providers such as InfoCert will support the digitalization of health processes, being the "trust third part" able to guarantee the certification of identity and data sharing



A LEGAL ANALYSIS: DATA PROTECTION FOR DIGITAL(ISED) HUMAN BEINGS

What legal means do we have to protect the privacy of the individual? And what means do we have to ensure the cyber security of that data, for example from being hacked and stolen? Medical records can be extremely valuable to cybercriminals.

NIXU

- Nordic's largest cyber security consulting firm
- Founded 1988
- Employs security professional 160 in Finland
- Business in 25 countries
- NASDAQ OMX / First North listed since 2014
- Now growing by M&A and branch offices around N-EU

Kim Westerlund

#father #nixuanSince2005 #adventures #emble #mixuanSince #mixuanSince



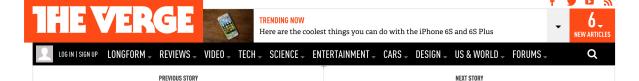
Meet VLAD



- Born 1996 in Chisinau
- Lives with his parents and 3 sisters
- Hobbies: computing, video games
- Family income 7000€/y
- Dreams to study in the Technical University







SCIENCE US & WORLD

Lightning on wheels: the insane electric racing of Formula E

29 million US health records exposed by data breaches between 2010 and 2013

Most of the information was stored electronically

By Arielle Duhaime-Ross on April 14, 2015 11:21 am

Email

@ArielleDRoss

Windows 10 on small tablets looks a lot like Windows Phone







Marvel's Jessica Jones isn't a morning person in latest Netflix teaser



Can booze lure me back to a meal-delivery service?



iPhone 6S has twice as much RAM as iPhone 6, teardown confirms



Boeing's secret stealth fighter jet from the '60s was decades ahead of its time



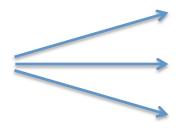
Ask Stoya: How do male



Solutions



Upfront Regulation



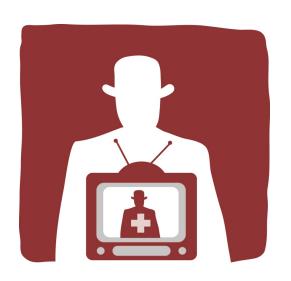
- Standards
- Open source libraries
- Public sector spearheads



Privacy-by-design – 7 foundational principles

- 1. Proactive not Reactive Preventative not Remedial
- 2. Privacy as the Default Setting
- 3. Privacy Embedded into Design
- 4. Full Functionality Positive-Sum, not Zero-Sum
- 5. End-to-End Security Full Lifecycle Protection
- 6. Visibility and Transparency Keep it Open
- 7. Respect for User Privacy Keep it User-Centric

FROM MONITORING TO CARING



Innovate the processes by automation.
Providing services for inpatient, outpatient and at home in a seamless way.
Perhaps "telemedicine" is getting an old word. Better saying, that we develop accessible services to care people.
And those services are accessible even from the management point of view.

GIUSEPPE GRASSI – Director of Cardiology Division at ULSS 12 Veneziana, Italy MARIO PO' – Executive Director, "Azienda ULSS 12 Veneziana", Venice, Italy





"SS GIOVANNI & PAOLO" Hospital

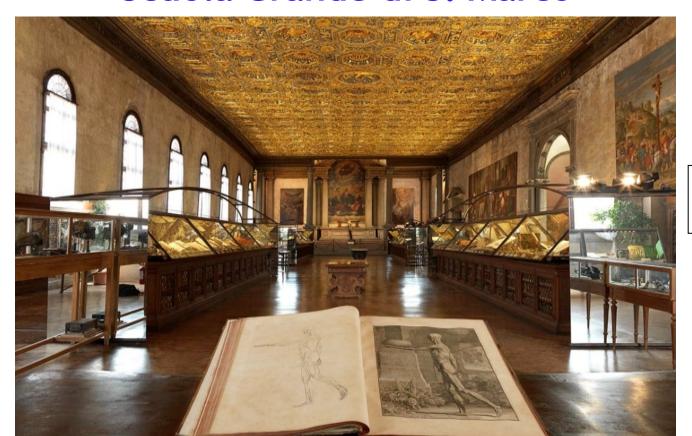


The main entrance of the hospital





"Scuola Grande di S. Marco"



Historical Library





"Scuola Grande di S. Marco"



Historical Library



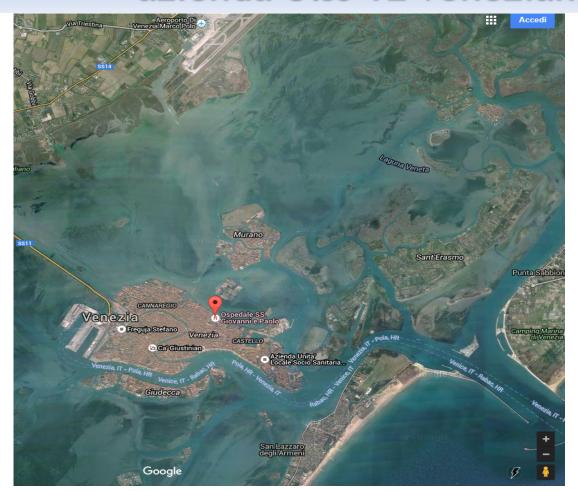


"SS GIOVANNI & PAOLO" Hospital, Heliport









THE VENICE LAGOON



















ePRESCRIPTION

In our Cardiology Division ePrescription of medicines has been consolidated, reducing both prescriptive errors and pharmacological interactions, as well as allergic reactions and misdosing of drugs.







DISPENSING

Thanks to a dedicated software and computerized trolleys the patient is identified (by a bracelet) and the proper medication and the right time of administration by the automatic opening of a specific drawer of the trolley.











Your doctor... anywhere, anytime...

We have also the opportunity to home-monitor our patients after hospital discharge by supplying them with some digital devices that can measure critical parameters.....





Your doctor... anywhere, anytime...





EKG trace

Body Temperature

Blood pressure

Heart rate

 SpO_2

Weight





Your doctor... anywhere, anytime...

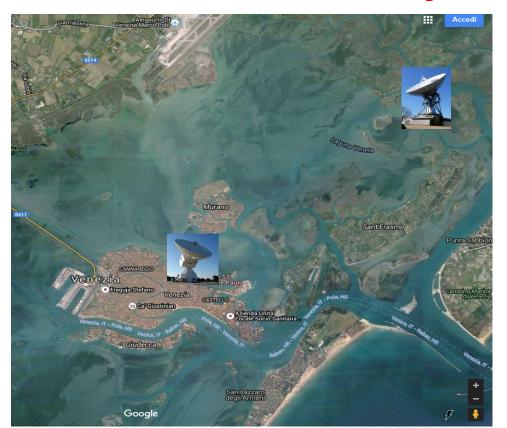


All these parameters are routinely assessed by a dedicated nurse and submitted to the doctor, who will modify the therapy without the need for the patient to go to the doctor's clinic for evaluation.





Your doctor... anywhere, anytime...



Venice with all its islands have been wired in almost all health districts; this allows digital health devices to perform evaluations of implantable devices such as pacemakers or defibrillators.

INFORMATION FLOWS



The physician, after having analyzed the clinical data, defines the therapy.

Then, by accessing the PHR, the therapy administration can be easily managed at home.

This is strongly enabled by "human-based" ICT.

Interactions amongst users and applications matter a lot.

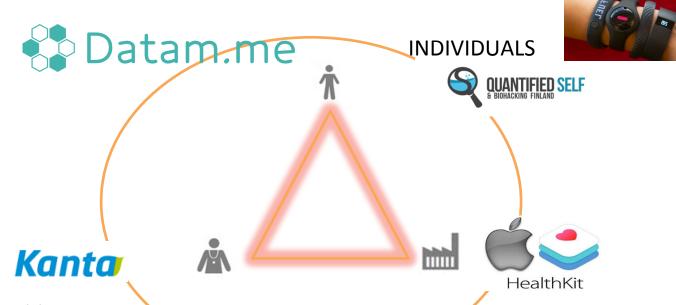




"I already diagnosed myself on the Internet. I'm only here for a second opinion."

Internet age benefits whole society





Public ORGANIZATIONS

 New platforms and data registries

ENTERPRISES

- AppleHealthKit, Microsoft Health, Samsung Health Platform,
- Google ResearchKit...

But...



"Error exposes 1,5 millon people's private
medical records on Amazon web services"

*

People are afraid that their data is abused

The power of personal data may be ignored in organizations



Genetic Testing Improves Lives

#23andUs

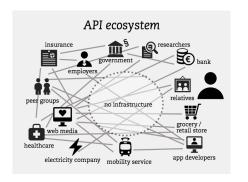


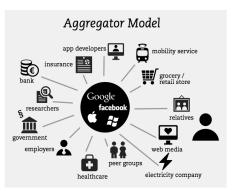


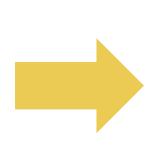
How to make it work?

Global Forum Shaping the future 2015

By human centered data management and processing and Mydatabased service development (www. digitalhealthrevolution.fi)







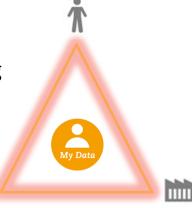


Benefits of MyData approach for end users, healthcare sector and industry



- Better ways to interact with companies and public organizations
- Easy-to-use tools for personal data management
- Better privacy and transparency
- Personal data exploited in new care models
- New tools for decision-making based on rich data

New risk management tools



- Creation of new businesses, based on end user needs
- Tools to integrate third party complementary services into core services
- Strengthening of consumer trust and engagement

Thank you!

Maritta Perälä-Heape, Director, PhD

Phone: +358 40 673 4159

Email: maritta.perala-heape(at)oulu.fi

Post and visiting address

Centre for Health and Technology Linnanmaa Campus, Door C1, 2nd floor P.O. Box 1010 FI-90014 University of Oulu

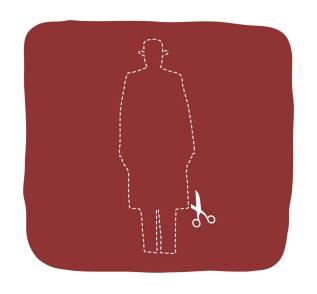
Web site: cht.oulu.fi

https://www.facebook.com/chtoulu









TAILORED IS BETTER

Starting from digital images, how to define a physical model to craft a personalized prosthesis by a 3D printing innovative system. That enables the development of a partnership with the medical staff, which is the key factor to success.



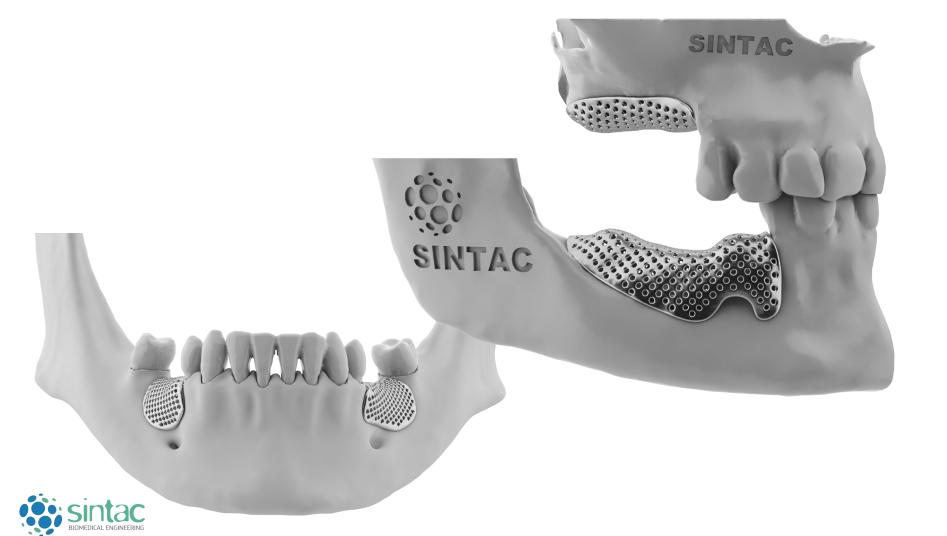


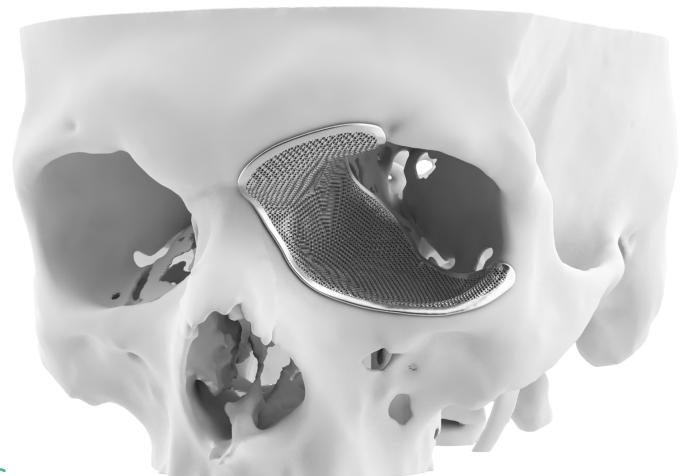




Video...



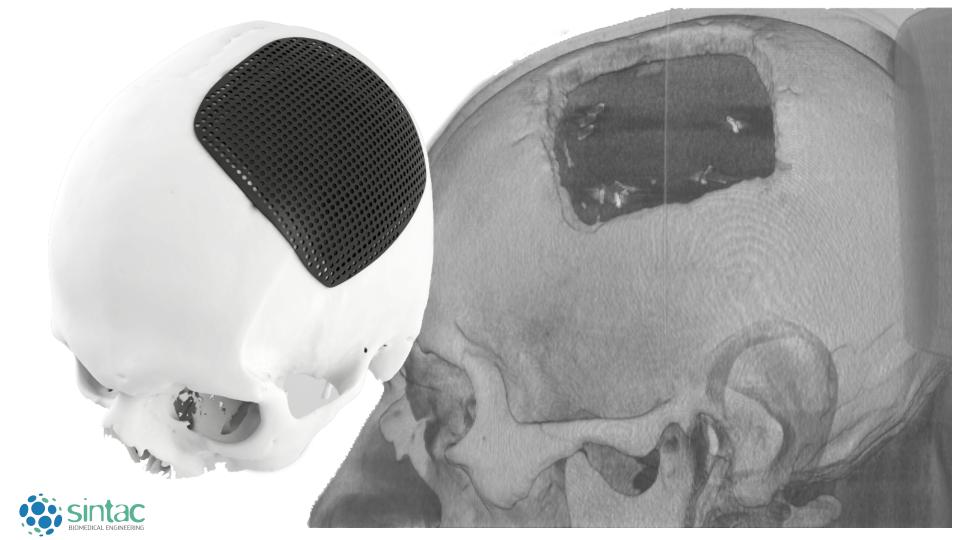






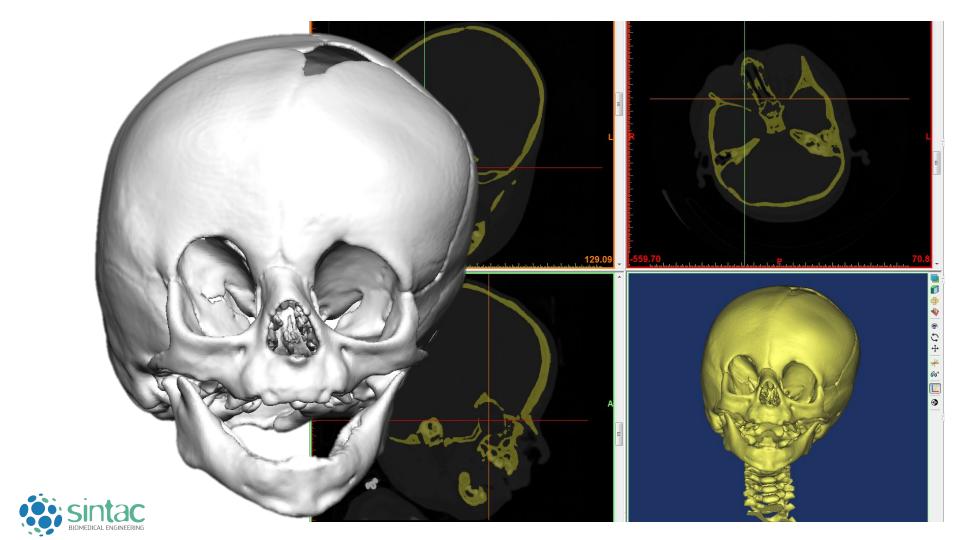


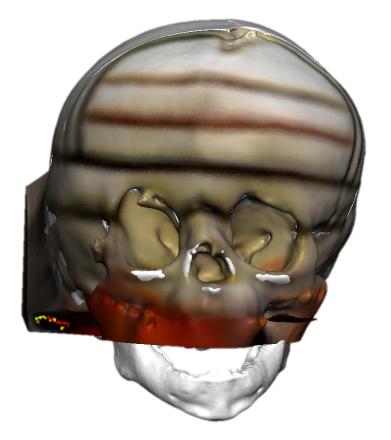








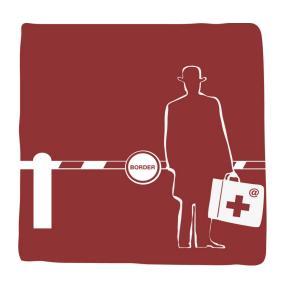








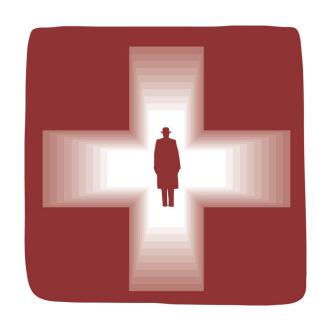
OPENING DATA AND BORDERS



Opening data is definitely a good practice to evaluate and improve quality and performance of healthcare services. Nevertheless, many issues still last when services require coordination and data exchange across borders. What can be done?

Who is involved?

MICHÈLE THONNET – Official Representative of the French Ministry of Social Affairs and Health in the European & international e-Health Domain



KNOWLEDGE ON HEALTH

Properly communicate healthcare policies in order to effectively spread prevention and good practices to citizens, enables a universal health vision, that could be enhanced by welfare initiatives developed by private companies and institutions.

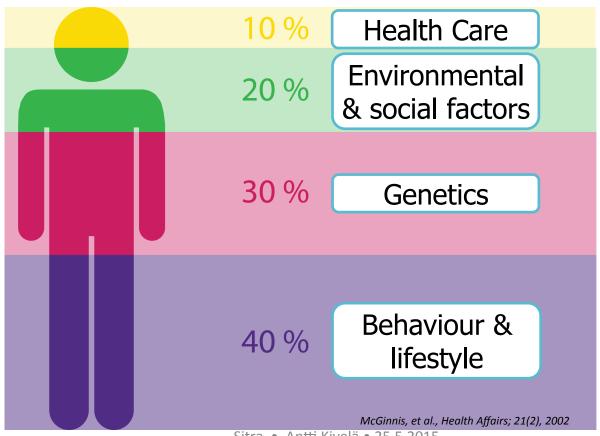
My education

- Tartu University, medical doctor
 1996
- Tartu University, family doctor 2000
- Nordic School of Public Health (Sweden) -Diploma in Public Health 2003
- Estonian Business School 2001-2003
 ICT Management
- Tallinn University of Technology, PhD (healthcare engineering) 2012
- Scripps Translational Science
 Institute, San Diego, USA 2014-2015
 Digital Medicine intern

Tiik, Madis M.D., Ph.D.

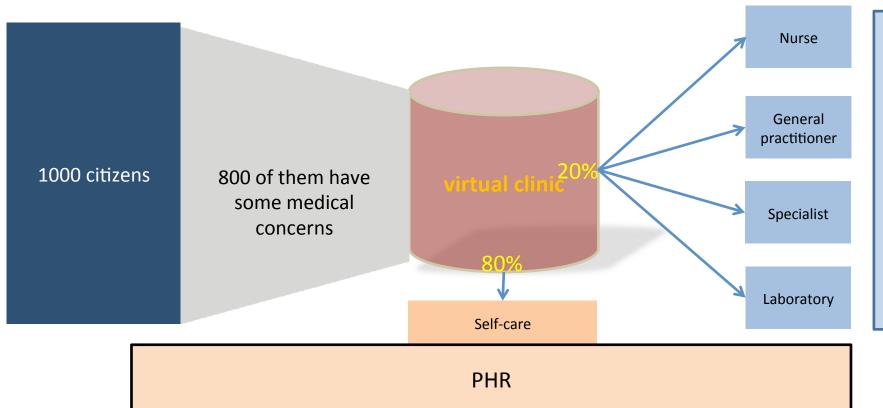


Several Factors Combine Together to Affect Our Health



Sitra • Antti Kivelä • 25.5.2015

Virtual clinic and service flow



EPR

The Concept of Virtual Clinic



More info in Finnish: http://www.slideshare.net/ SitraHvvinvointi/8-omahoitokokeiluaterveyden-tulevaisuudesta

New entrants are creating options consumers want, threatening billions of dollars in hospital and physician revenue

How likely would you be to choose these options, if they cost less than the traditional choice. Percent of respondents answering "Very likely" and "Somewhat likely"

54.8%

Send a digital photo of a rash or skin problem to a dermatologist for an opinion

\$358 million for evaluation of contact dermatitis and other minor rashes

Have a wound or pressure sore treated at a clinic in a retail store or pharmacy

\$796 million for debridement

58.6%

Use an at-home strep test purchased at a store

\$150 million*

43.6%

Have an electrocardiogram at home using a device attached to your phone, with results wirelessly sent to your physician

\$2.9 billion for routine ECG

Do urinalysis test at home with a device attached to your phone

\$694 million for urinalysis by dipstick or tablet reagent



42.6%

Have a pacemaker or defibrillator checked at home wirelessly by your physician

\$110 million

for pacemaker evaluation

26.2% Have dialysis at a medical clinic in

a retail store

\$1.9 billion

for at home hemodialysis



36.7%

Have chemotherapy at home

\$3.3 billion

chemotherapy administration

Get an MRI at a clinic in a retail store or pharmacy

\$11.6 billion

for MRI without contrast



38.6%

46.9%

54.5%

48.3%

Have a live visit with a physician via an application on your smartphone

Check vital signs at home

with a device attached to

Have stitches or staples,

Check for an ear infection at home using a device

attached to your phone

removed at a clinic

in a retail store or

pharmacy

vour phone

\$42.1 billion

for office and outpatient clinic visits

Source: HRI consumer survey, 2013 and 2011 Truven Health MarketScan® Research Databases, See "About this research" on page 19 for more information

^{*}Strep revenues also included in office and outpatient visits.

The Potential of Big Data in Health Care:

Towards improved value and preventive care





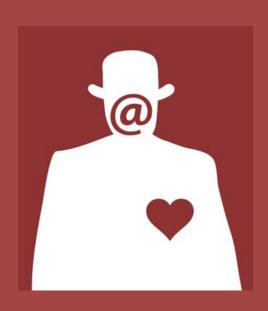
Better health outcomes & more personalized care



EHR



TECHNOLOGY EXCEEDING HUMANITY?



What about bio-compatibility of technology? Is technology compatible with human beings, with life, with behaviors?

Services are moving out of the hospital. What's the impact? Is this sustainable and bio-compatible? Is this transition a real innovation? Who benefits?



LIMITS TO INNOVATION?

Are technologies really sustainable, not merely about resources and funding, but about organizations and structures?

What does innovation mean? Should that be a continuous growth? Is our approach really global? What limits do we have to consider?



MANY THANKS TO

Ingrid Andersson, Bruno Iafelice, Sébastien Levy, Hesham Lotfy, Jeremy Millard, Mario Po', Outi Rouru, Gérald Santucci, Sylviane Toporkoff, Doina Zharavina.

Illustrations, graphic and design Shahab Shakib Passand Planning and execution Mariarosa Bonazzi

CONTACT giampaolo.armellin@cr-gpi.it