



ICT for Healthcare, Selfcare and Prevention

Challenges, Opportunities and Trends

Sabine Koch, PhD, FACMI, FIAHSI



@HIC_KI



sabine.koch@ki.se



3 Areas of Health Informatics

- Patient-Centred Information Systems
- Health-enabling and Ambient Assistive Technologies
- Decision Support



CIS and EHR

Vision: To provide clinical information systems that adapt to changing healthcare environments

Today: Numerous systems are in use but clinician acceptance varies, interfaces are not open and the systems do not support patient-centered delivery of care

Tomorrow: Current and new CIS and EHR technology will help to provide international standards for interoperable applications that use health, social, economic, behavioral, and environmental data to communicate, interpret, and act intelligently upon complex healthcare information to foster precision medicine and a learning health system.

Challenges: Usability, Visualization, Interoperability, Data integration

Opportunities: Precision medicine and learning health system

Patient-centred information systems

”Patient-centred care =
Care that is guided by the
individual patient’s needs,
preferences and values”

Gerteis M, Edgman-Levitan S, Daley J,
Delbanco TL (Eds).

Through the Patient's Eyes: Understanding
and Promoting Patient-Centered Care.

Wiley, 1993 1st ed

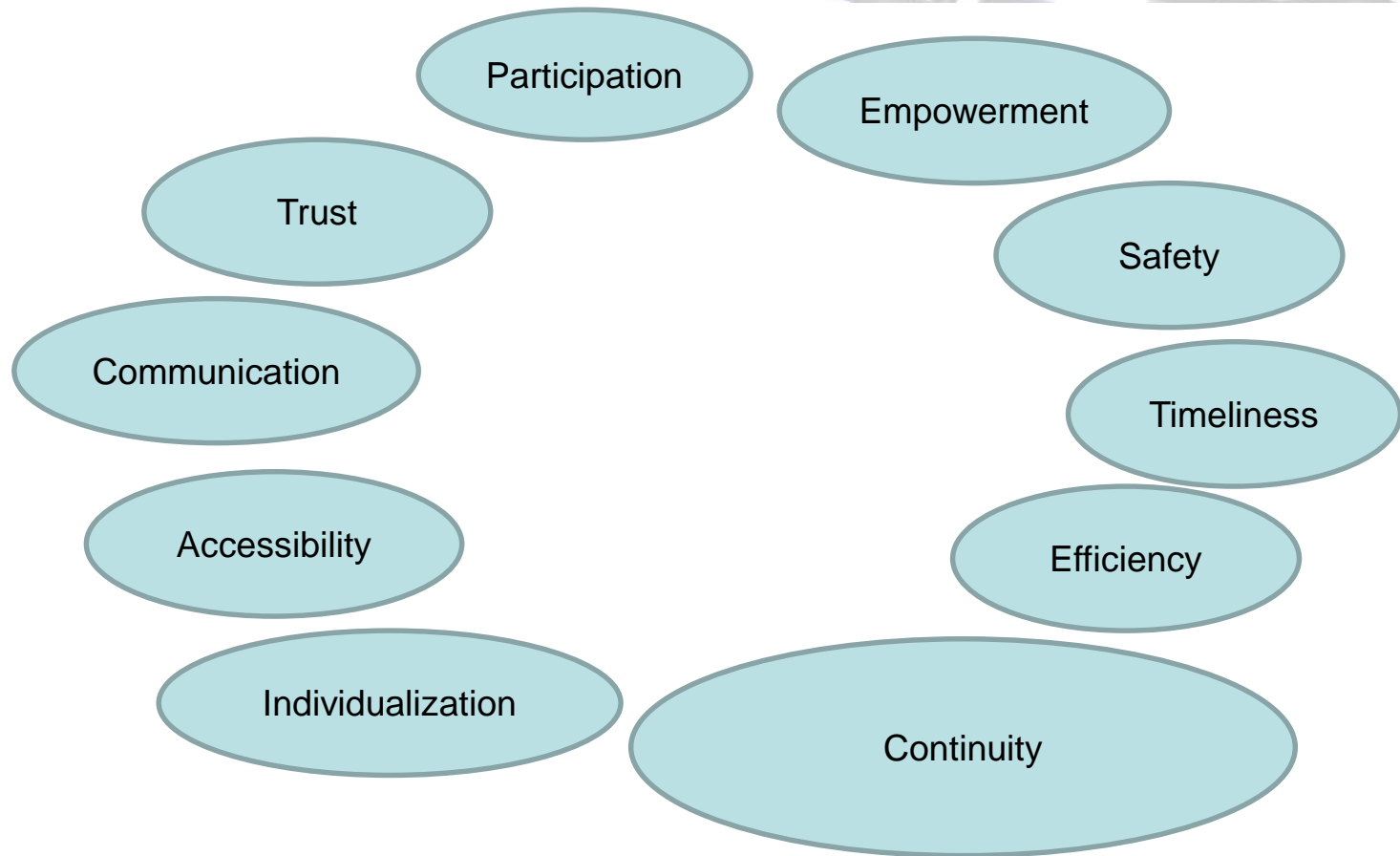


<https://www.cartus.com/en/blog/one-size-does-not-fit-all/>

Dimensions of PCC (from Gerteis et al)

- (1) respect for patients' values, preferences, and expressed needs;
- (2) coordination and integration of care;
- (3) information, communication, and education;
- (4) Physical comfort;
- (5) emotional support—relieving fear and anxiety; and
- (6) involvement of family and friends.

What is of value for patients?



Final report VIP-PA (Visualising patient-centred process- and business models for e-services in health and social care)

<http://ki.se/ki/jsp/polopoly.jsp?d=36739&l=sv>



**Karolinska
Institutet**

Meet Oscar: Patient is not Just a Patient

- **Our agenda for Oscar:**

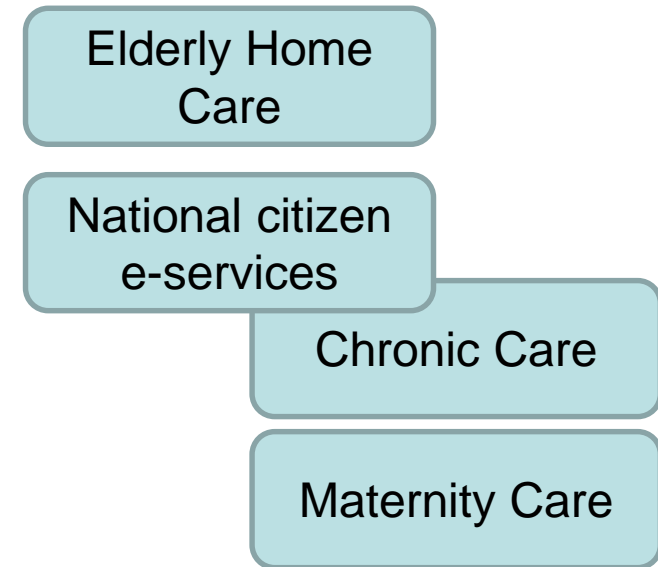
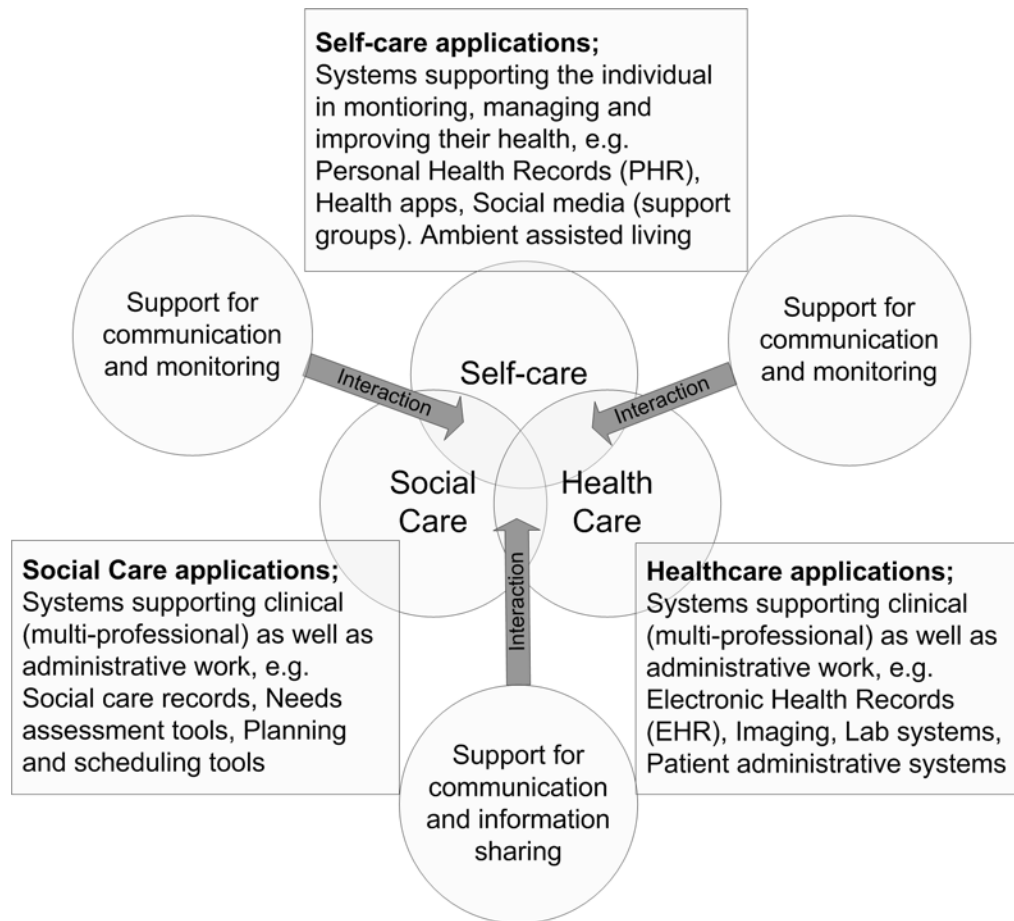
- Medication adherence
- Come to follow-up appointments
- Improved self-monitoring
- Participation in PT
- Nutritious food choices and increased calories
- Living Will
- Participate in Shared Decision-Making

- **Oscar's agenda for Oscar:**

- Grieving for his wife
- Transportation
- Managing Rx side effects
- Seeing his grandchildren
- Reducing knee pain



How can informatics facilitate PCC?

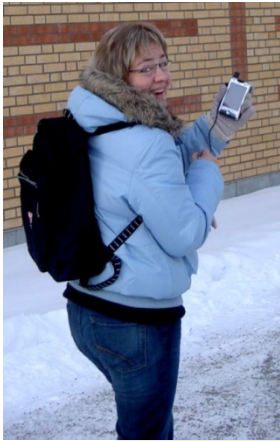


Isolated and un-coordinated information processes need to be visualised and shared with the patient in a consistent and comprehensible way.

Contextual framework for integrated eCare.
(Adapted from [Hägglund et al., 2012]).

Old@Home

<http://www.medsci.uu.se/mie/projects/closecare>



Home helper in action

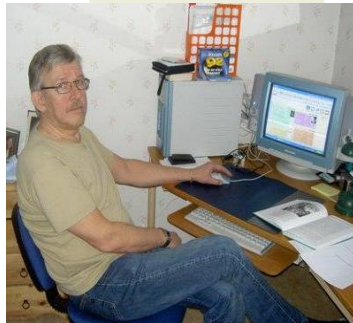
Reads, writes and communicates!



**District nurse at a patient's home
Gets online information!**



**Patient in his home
Participates and feels safe!**



Relative

Participates and is updated!



**General practitioner
Reads up to date information!**



My Care Pathways (2011-2013)

- Visualisation of care pathways:

- Stroke - Stockholm
- Lungcancer - Stockholm
- Hip surgery – Skåne region
- Heart diseases - Västra Götalands region

Financial support: VINNOVA

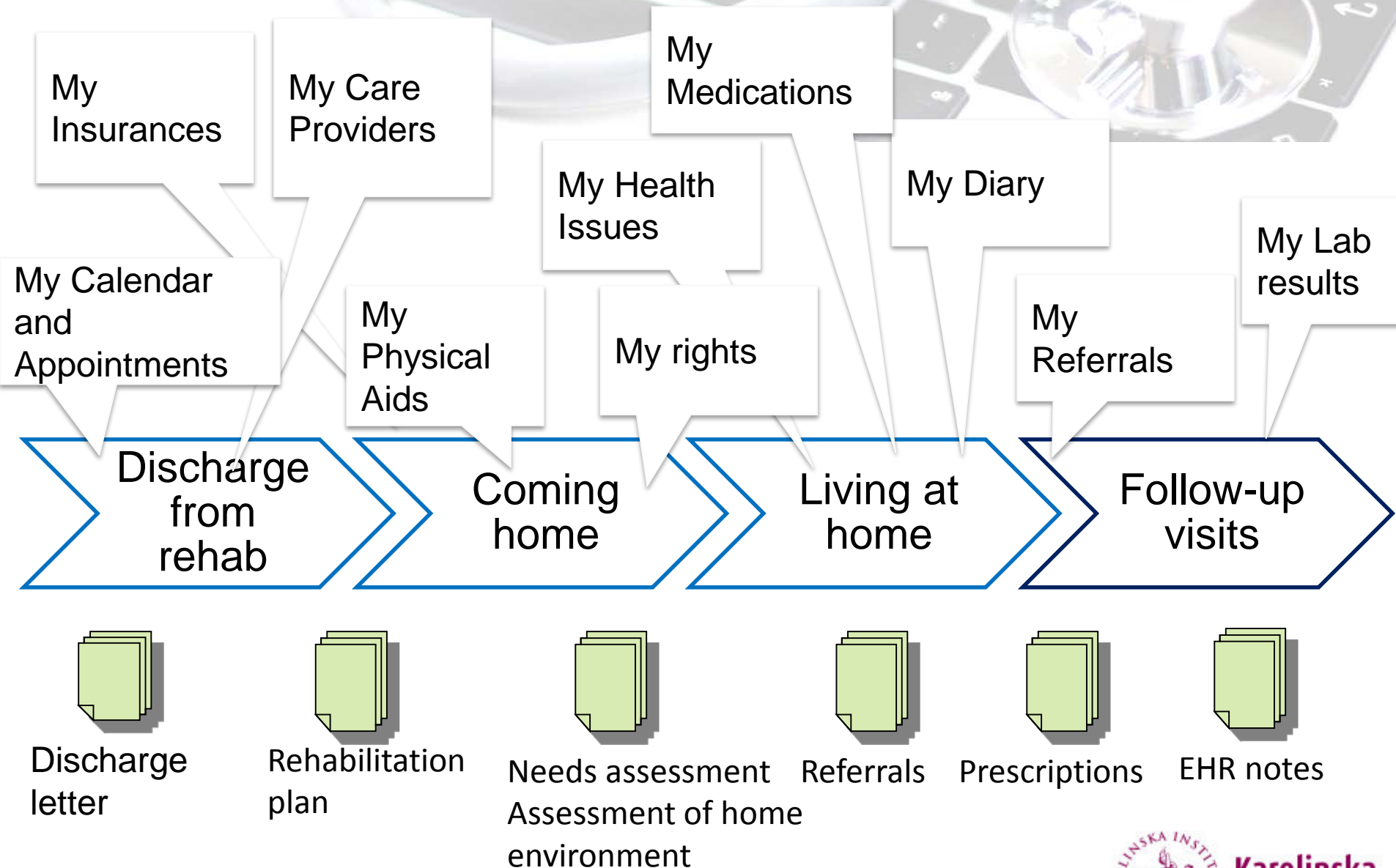
Project leader: Nina Lundberg, SLL

Research leader: Sabine Koch, KI

- Develop methods and guidelines that describe the process to develop further care pathways and support services

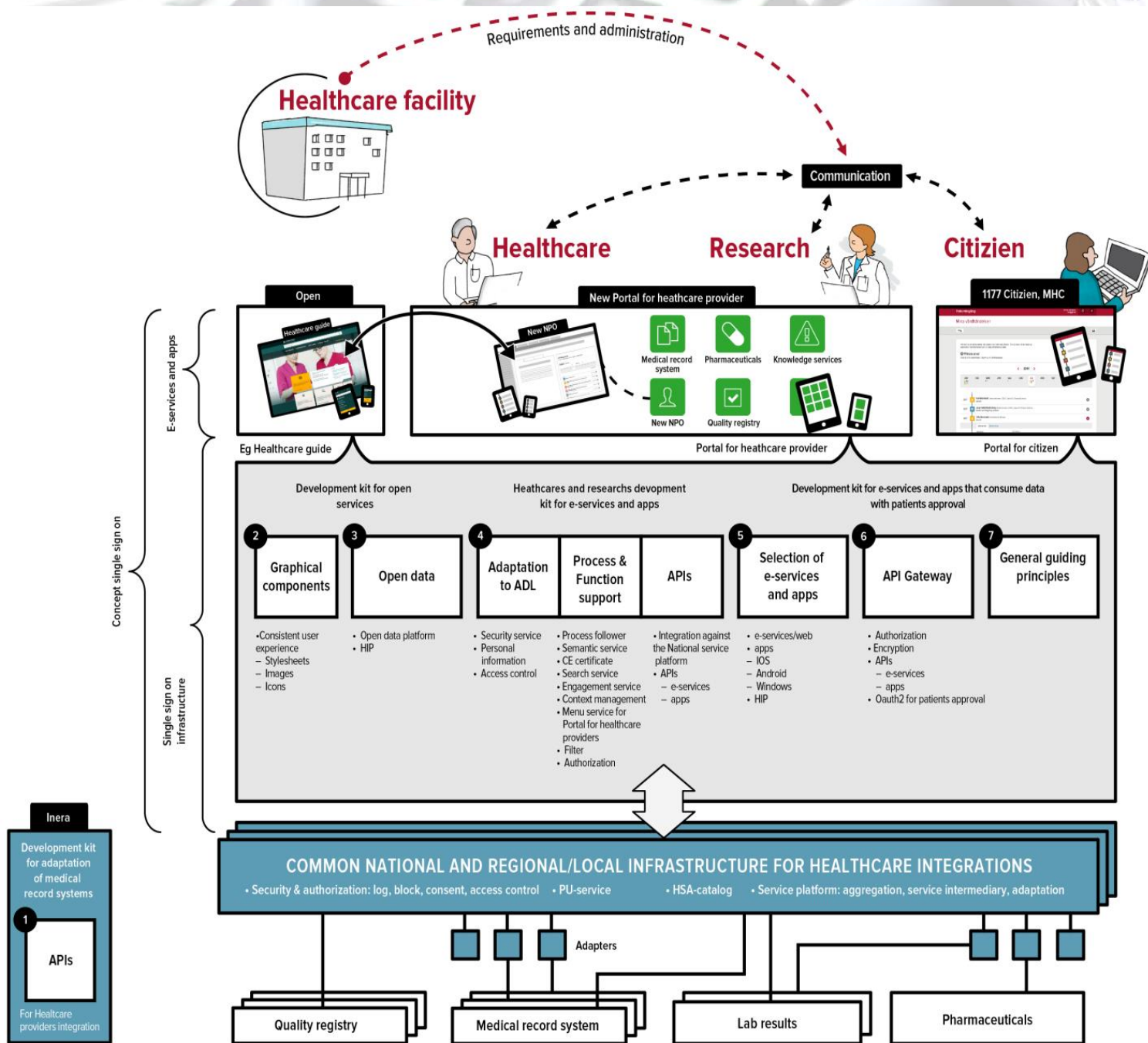
- In co-production between research, public sector, industry and patient organisations

- Stimulate third parties to develop new products

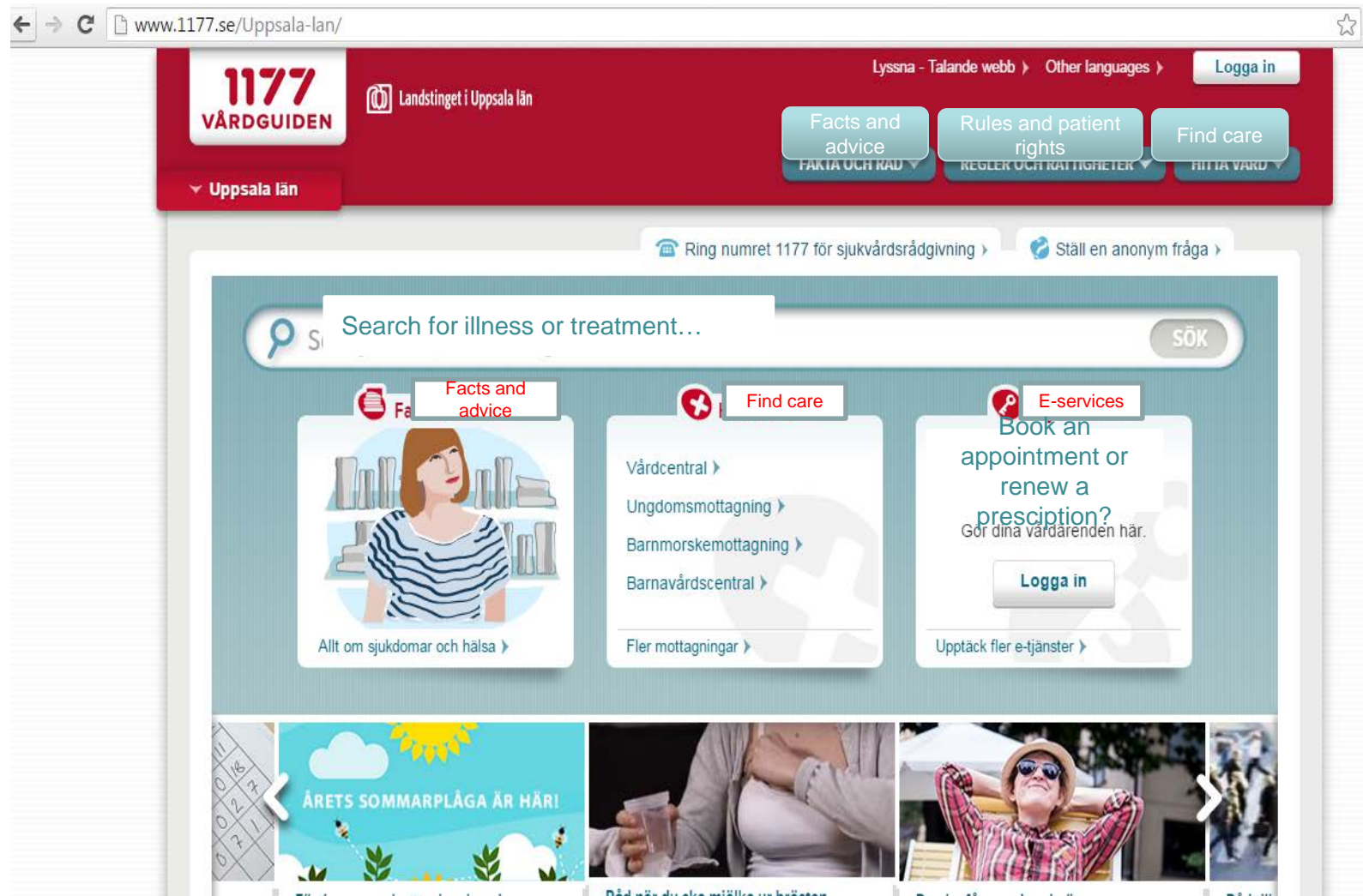


Project principles

- Open source
- Reuse
- Use existing standards
- Make use of existing open health data
- Comply with existing regulations



The Swedish virtual portal for patients/citizens



The screenshot shows the homepage of the Swedish virtual portal 1177 Vårdguiden. The browser address bar displays www.1177.se/Uppsala-lan/. The header is a dark red bar containing the 1177 Vårdguiden logo, the text "Landstinget i Uppsala län", and navigation links for "Lyssna - Talande webb", "Other languages", and "Logga in". Below the header are three buttons: "Facts and advice" (with subtext "FAKTA OCH RÅD"), "Rules and patient rights" (with subtext "REGLER OCH RÄTTIGHETER"), and "Find care" (with subtext "HITTA VÅRD"). A secondary navigation bar includes "Uppsala län" and links to "Ring numret 1177 för sjukvårdsrådgivning" and "Ställ en anonym fråga". The main content area features a search bar with the placeholder "Search for illness or treatment..." and a "SÖK" button. Below the search bar are three primary service tiles: "Facts and advice" (illustrated with a woman and books, with subtext "Allt om sjukdomar och hälsa"), "Find care" (listing "Vårdcentral", "Ungdomsmottagning", "Barnmorskemottagning", "Barnavårdscentral", and "Fler mottagningar"), and "E-services" (with the text "Book an appointment or renew a prescription? Gör dina vårdärenden här." and a "Logga in" button). At the bottom, there is a carousel of images, including a calendar, a person holding a glass, and a person relaxing in a chair. The Arolinska Institutet logo is visible in the bottom right corner.

1177
VÅRDGUIDEN

Landstinget i Uppsala län

Lyssna - Talande webb > Other languages > Logga in

Facts and advice
FAKTA OCH RÅD >

Rules and patient rights
REGLER OCH RÄTTIGHETER >

Find care
HITTA VÅRD >

Uppsala län

Ring numret 1177 för sjukvårdsrådgivning > Ställ en anonym fråga >

Search for illness or treatment... SÖK

Facts and advice
Allt om sjukdomar och hälsa >

Find care
Vårdcentral >
Ungdomsmottagning >
Barnmorskemottagning >
Barnavårdscentral >
Fler mottagningar >

E-services
Book an appointment or renew a prescription?
Gör dina vårdärenden här.
Logga in
Upptäck fler e-tjänster >

ÅRETS SOMMARPLÅGA ÄR HÄR!

Årolinska
Institutet


1177
VÅRDGUIDEN


E-services

Inställningar [Logga ut](#)
Inloggad som

Messages


Meddelanden **1**


Inkorg 

Påminnelser 


Act as proxy


Agera ombud **1** [Lägg till barn](#)


Child 1 


Child 2 


Care providers


Mottagningar  [Lägg till och lägg till](#)

Folktandvården Vretgränd 

Fålhagens vårdcentral 


Onkologisk mottagning Gävle 


Palliativt team Bollnäs 


Samariterhemets vårdcentral 

Other services


Övriga tjänster **1**


Patient Accessible EHR 


Medications 

All other services 

Landstinget/regionen rekommenderar **1**

Klamydia / gonorré-test Uppsala - beställning provtagningskit 

Om du har synpunkter på vården - Patientnämnden i Uppsala län 

Val av husläkare vårdcentral 

Patient Accessible EHR

Du är inloggad som

Sök



Start

Journal

Patient

Ombud & loggar

Frågeformulär

Om Journalen

Alternativ

Välkommen till Journalen

Här kan du läsa dina och dina barns journaluppgifter från vården, samt dela med dig av valda delar ur din journal till andra personer.

Visa min journal



Record notes



Diagnoses



Medications



Maternity care



Lab results



Referrals



Warnings



Vaccinations



Vad kan du se i Journalen?

Vad som visas och inte visas i Journalen beror på var vården har ägt rum.

Läs mer om vad som visas från olika delar av Sverige

Karta från SCB

Växla journal

Du har tillgång till följande personers journal.

Visa

Visa

Har du frågor?



Vad tycker du?



Patient Accessible EHR

Du är inloggad som:

Journalen

Sök

[Start](#)
[Journal](#)
[Patient](#)
[Ombud & loggar](#)
[Frågeformulär](#)
[Om Journalen](#)
[Alternativ](#)
[Översikt](#)
[Anteckningar](#)
[Diagnoser](#)
[Läkemedel](#)
[Mödravård](#)
[Provsvär](#)
[Remisser](#)
[Uppmärksamhetssignaler](#)
[Vaccinationer](#)

Journalöversikt

Record overview

I tidslinjen ser du alla tillgängliga uppgifter ur din journal, i tidsordning med det nyaste överst. Klicka på en rad för att se mer detaljer om den. Saknar du någon uppgift?

Vad innebär Nytt/Ovidimerat och Nytt/Osignerat?



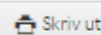
Tidslinje



Kalender



Filtrera



Skriv ut

Listan visas filtrerad på datum, från till

- | | | | |
|-------------|--|--|---|
| 23 mar 2016 | | Besök
Samariterhemmets vårdcentral | > |
| 17 mar 2016 | | MIRENA
Samariterhemmets vårdcentral | > |
| 25 feb 2016 | | Konsultremiss
Fålhagens vårdcentral | > |
| 22 feb 2016 | | Besök
Fålhagens vårdcentral | > |
| | | Diagnos
Fålhagens vårdcentral | > |
| 15 feb 2016 | | Administrativ
Fålhagens vårdcentral | > |

What are barriers to adoption of patient centered informatics tools?

Main issue	Action needed	Pitfalls	Possible solution
Absence of provider coordination and process owner	Harmonisation at policy level; Coordinated service provision at strategic management level	Lack of stakeholder involvement	Harmonise at the care professional level within the care providing teams
Uncoordinated involvement of several actors and disruptive information chain	Support collaboration between different actors through informatics to achieve continuity of care	Patient perspective lacking in process descriptions; Agreed processes and specifications are missing or not detailed enough	Describe care processes / scenarios of use and standardise their information content; Patient journey mapping

What are barriers to adoption of patient centered informatics tools?

Main issue	Action needed	Pitfalls	Possible solution
Lack of a common picture between different users	Elicit the needs of ALL users	Diverging and conflicting user needs are elicited	Agree on common principles,; Apply collaborative methods for user needs elicitation and work analysis
System development leads to replacement of existing routines without extra value	Describe future care processes / scenarios of use and estimate their value	Pre-definition of all processes is not possible; Change management is not taken into account	Identify intersection and touch points and define shared data sets; Make changes explicit and agree upon them

What are barriers to adoption of patient centered informatics tools?

Main issue	Reason	Action needed
Insufficient use of collaborative IT support	Insufficient usability	Increase usability
	Lack of incentives	Create incentives for use
	Lack of education	Educate users
	Physician resistance	Prepare for change management

Lessons learnt

- Stakeholder involvement is mandatory
- Development is driven by local (technical) prerequisites & existing legacy systems
- Risk for digital divide and health inequalities

Decision support

Vision: CDS is viewed as an essential component of a Learning Health System where a virtuous cycle is created from data generation, to aggregation, analysis, knowledge creation, knowledge dissemination and use, and ongoing measurement for continuous feedback and refinement

Today: CDS that are implemented in practice are essentially rule-based; more traditional rule-based knowledge base is rapidly being complemented by knowledge resulting from using data mining techniques for discovery

Tomorrow: the clinical encounter between a clinician and a patient will be supported by a wide variety of cognitive aides to support diagnosis, treatment, care-coordination, surveillance and prevention, and health maintenance or wellness.

Challenges: CDS systems must provide a rationale or explanation to the end-user for the recommendation proposed with an assessment of certainty or confidence in the recommendation.

Opportunities: Precision medicine

Grand Challenges for CDS

- Improve the effectiveness of CDS interventions
 - Improve the human-computer interface
 - Summarize patient-level information
 - Prioritize and filter recommendations to the user
 - Combine recommendations for patients with co-morbidities
 - Use free-text information to drive clinical decision support
- Create new CDS interventions
 - Prioritize CDS content development and implementation
 - Mine large clinical databases to create new CDS
- Disseminate existing CDS knowledge and interventions
 - Disseminate best practices in CDS design, development and implementation
 - Create an architecture for sharing executable CDS modules and services
 - Create Internet-accessible CDS repositories

(Sittig, 2008)

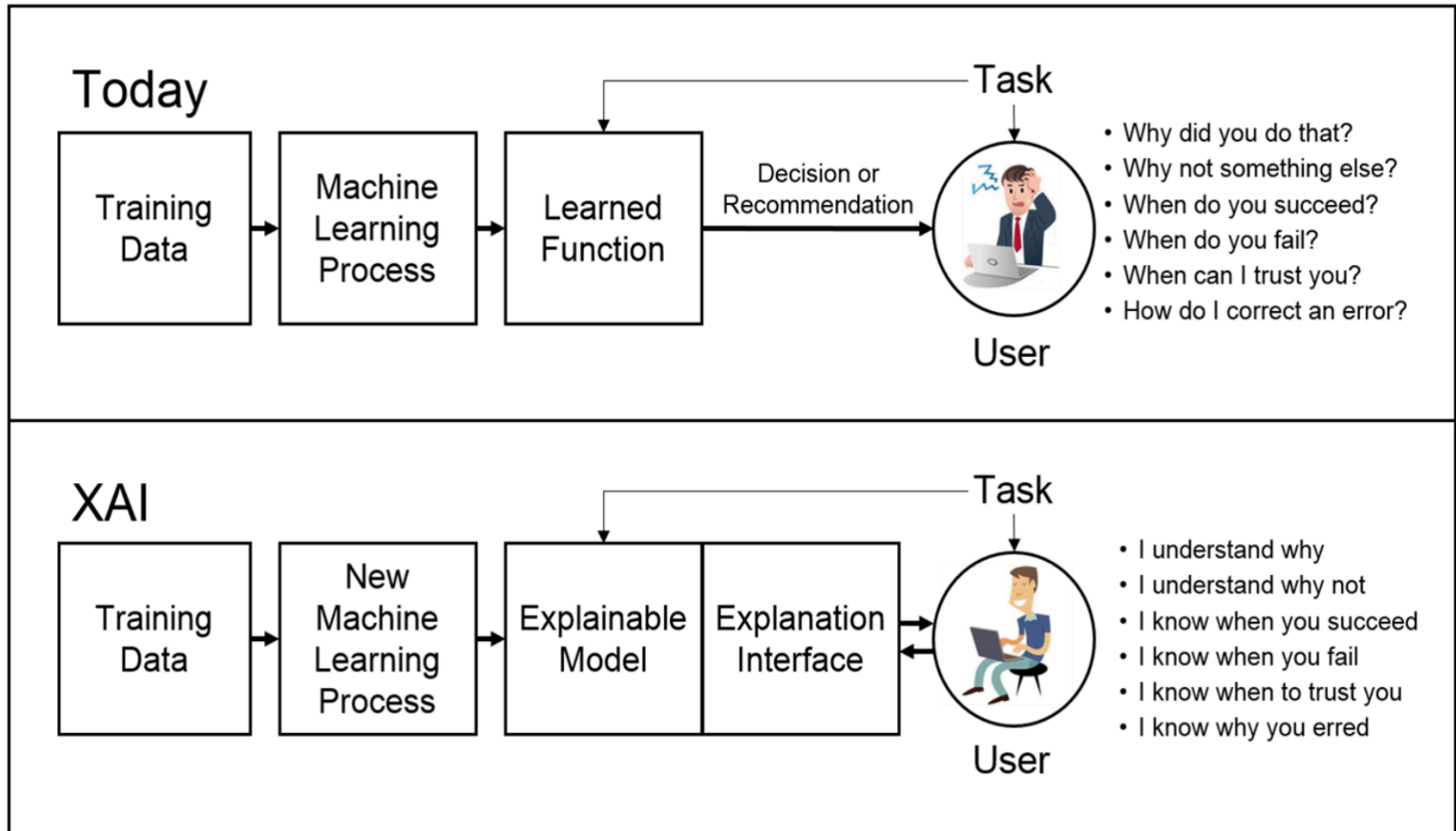


Karolinska
Institutet

Why are CDSS not used?

- Lack of trust
 - On the knowledge base
 - On system reasoning
- Lack of integration with EHR
- Lack of integration with work processes
- Deficiencies in the Human-Computer Interface

Explainable AI



Lessons learnt

- Incentives need to be aligned
- Standardized clinical terminology and ontology needed
- Knowledge maintenance is crucial
- Explanatory CDS is mandatory

Health-enabling and Ambient Assistive Technologies

- 1995 first elderly home care project in New South Wales (Celler et al)

Vision: Ambient use of sensor-based information and communication technologies, aiming at contributing to a person's health and health care as well as to her or his quality of life.

Today: aging patients, who live alone, can now be monitored 24/7 by sensor networks; Analysis techniques are still in their infancy; limited generalizability and usefulness of some of the analyses and models reported in the literature; patients are becoming the main drivers in the collection of sensor data (quantified self-movement).

Tomorrow: H-E&AAT will be used for population screening; patients with chronic diseases use them continuously to track their health or temporarily to achieve a specific aim, e.g. adjustment of medication; Sensors will become capable of measuring medically relevant parameters unobtrusively and non-invasively

Challenges: proof of diagnostic relevance and therapeutic efficacy is still lacking

Opportunities: to close the loop between research in health-enabling and ambient assistive technologies and the practice of health care and safe living

Lessons learnt

- overly-optimistic results in light of small sample sizes
- impact studies for diagnostic relevance and therapeutic efficacy are still missing

Consumer Health Informatics

- 1993 Conference by Tom Ferguson et al

Vision: Patients will be in charge of their own health care using informatics tools

Today: Patient engagement and shared-decision making through online communities, social media, portals and PHRs

Tomorrow: personalized information source and decision aid to facilitate tailored monitoring of wellness, disease prevention, and treatment for informed and engaged consumers

Challenges: Health literacy and digital divide

Opportunities: Precision medicine

e(mpowered)-Patients



Hugo Campos
Programming his ICD
(implantable cardioverter defibrillator)



Emily Kramer-Golinkoff
Managing advanced stage
cystic fibrosis



Dana Lewis
creator of the “Do-It-Yourself
Pancreas System” (#DIYPS)
to manage her diabetes

To manage my
Parkinson's disease I
spend 1 hour in
neurological healthcare
and 8765 hours in selfcare
per year



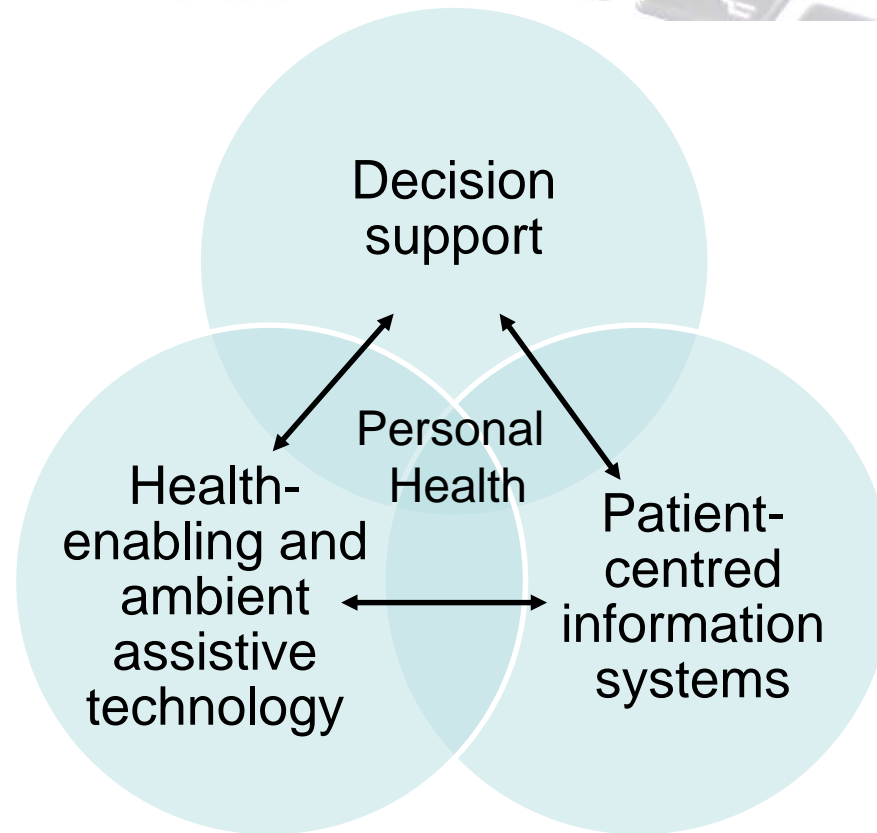
Christian Farman
Managing self dialysis

Sara Riggare,
(im)patient,
entrepreneur &
PhD student



Lessons learnt

- Clinicians might be reluctant to receive large amounts of data
- Improved data analytics needed
- Improved data visualization needed for patients and clinicians



Conclusion

“The health informatics community needs to find ways to build data models to systematically extract and link data along the continuum of care including their contexts and deliver the results according to research agendas that are driven by patient needs.”

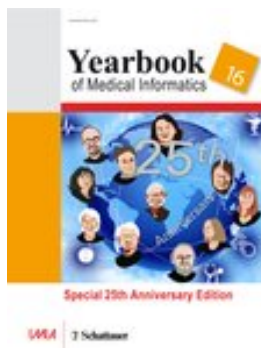
Koch S. Health Informatics in Sweden – a personal view. IJBH 2017; 5(2):29–32

Want to read more?



IMIA International Medical
Informatics Association

www.imia.org



**Yearbook of Medical Informatics
(open access)**

Especially the 25th Anniversary
Edition, 2016

<https://www.thieme-connect.com/products/ejournals/issue/10.1055/s-008-39301>



**Karolinska
Institutet**



Submit your research

MEDINFO 2019, 26-30 Aug, Lyon, France

Submission deadline: Nov 12, 2018

<http://www.medinfo-lyon.org/en/>

Methods of Information in Medicine – impact factor journal publishing new methodological informatics approaches in biomedicine and healthcare [https://www.thieme-](https://www.thieme-connect.com/products/ejournals/journal/10.1055/s-00035037)

[connect.com/products/ejournals/journal/10.1055/s-00035037](https://www.thieme-connect.com/products/ejournals/journal/10.1055/s-00035037)

Questions?



Sabine Koch

Professor and Director
Health Informatics Centre
Karolinska institutet
171 77 Stockholm

sabine.koch@ki.se

URL: ki.se/hic

Twitter: @HIC_KI