How do Sweden’s citizens look upon digital healthcare services?

Tuesday 05 May 15:30 – 16:00

In the Autumn of 2019, the Swedish eHealth Agency, with the assistance of Statistics Sweden (Statistiska Centralbyrå, SCB), conducted a comprehensive survey to monitor the citizens’ views on digital services in healthcare and social care. The purpose of the survey was to find out more about the citizens’ experiences and priorities when it comes to digital healthcare services. This is in light of the fact that the Swedish eHealth Agency coordinates the government’s efforts in e-health, but also offers products and services such as e-prescriptions and the National Medication List (Nationella Läkemedelslistan). The results of the survey are an important basis for the continued development of digital healthcare services. The questionnaire was sent out to a randomly selected cohort from 16 years onwards and was answered by 4,700 people (response rate 31.4%). The citizens were asked if information about illness and treatment has been sought on the Internet and if digital healthcare services have been used in the past year. Other parts of the survey concerned the citizens’ view on digital healthcare services, including questions about trust when it comes to managing personal health data. The survey is planned to be repeated regularly, partly to measure the development of Swedish e-health (primarily towards the national Vision e-health 2025) and partly to increase knowledge in the area.

Hva kreves av faglig og organisatorisk kompetanse i medisinsk avstandsoppfølging?

Wednesday 06 May 15:30 – 16:30


Nationella initiativ till stöd för interoperabilitet för att uppnå en strukturerad och ändamålsenlig dokumentation

Thursday 07 May 13:00 – 14:10

För att delta i Masterclass krävs medverkan i samtliga föreläsningar, Man kan inte gå på enstaka seminarium. Anmälan till Masterclass görs i samband med registreringen till konferensen.
KEYNOTE: Molly Watt

Tuesday 25 August 11:00 – 12:00

Molly Watt, Accessibility and UX consultant, keynote speaker at Molly Watt TalksWhen accessibility meets inclusionMolly is passionate about Inclusive design for all. Accessibility has for too long been over-looked, it's time to put it firmly at the top of your to do list and Molly is going to tell you why…

Digital Health Transformation in Canada; Moving from the "What?" to the "So What?" to the "Now What?"

Tuesday 25 August 13:30 – 14:00

Healthcare in Canada is a highly revered, publicly funded, national treasure. Yet like almost every other developed country some service delivery is sub-optimal despite high levels of funding. Many issues occur in transitions in care and result from poor integration of services from hospital to primary care, homecare, long term care and community based services for mental health, addictions and palliative care. This is particularly true in a province like Ontario where 14.3 million people are living in a vast geography of 1.1M km2, or about 2 1/2 Swedens! Ontario is embarking on a brave new model for Canada, called Ontario Health Teams which are population based, integrated, local and accountable. Digital tools are seen as key to making transitions seamless and safe from the patient and provider perspective. Related to this transformation, which leads with value based care, is the recognition that Primary Care must be at the centre of the conversation, as patients interact in the most trusted way with their medical home. A Quadruple Aim framework is being applied to every aspect of this work to ensure that value, access and patient centredness does not come at the sake of a burning out medical and caregiver work force. As transformation and change is always held suspect in times of low trust, OntarioMD (a wholly owned subsidiary of the Ontario Medical Association, funded by the Ministry of Health) has been creating partnerships between providers, health agencies, patient groups and digital technology providers. The goal is to ensure that integrity is upheld and that true integrated team based care can be accomplished across the health system. A strong Change Management and Adoption Framework has been built to guide the consistent application of transformation efforts, avoiding duplication and ensuring alignment between new partners. This framework and collaborative effort has been very successful in Ontario, even though it is early days. This talk will explain the models themselves, physician engagement and the change management tools required to ensure maximum mature use of technology in every sector. Its application to the similarities between Canada and Nordic countries will be clear.

Remote diagnosis and monitoring of ovulatory issues with OvuSense Pro

Tuesday 25 August 14:00 – 14:30

70% of women who struggle to conceive have an ovulatory issue which is almost always present at the start of their attempts to conceive. This is set against a background of a rapidly ageing demographic that are trying to conceive, with the inherent risk of decreasing fertility with age. Health systems can no longer afford to wait to discover ovulatory issues by "expectant management" - allowing couples to try for a year or more before starting diagnosis and appropriate treatment. OvuSense Pro offers a solution to this problem by enabling remote diagnosis and monitoring of ovulatory issues in the home, under the supervision of clinicians, in an affordable solution which can be used from the very start of trying to conceive. OvuSense uses a vaginal sensor to record core body temperature every 5 minutes overnight. Data are downloaded to the dedicated OvuSense App and alerts transmitted via the OvuSense Pro portal to clinicians. OvuSense has 6 peer reviewed clinical publications, based on 3 clinical studies, and 13 patents protecting the unique mode of recording, and the mathematical techniques for predicting and confirming ovulation, diagnosing ovulatory issues, and monitoring treatment. Reducing the time to diagnosis, or confirming that no ovulatory issue exists, is essential to improving the chances of conception in the population, with inherent health economic, wellbeing and societal benefits.
Data driven care paths for outpatients at Keski-Satakunta health district, Finland

Tuesday 25 August 14:30 – 15:00

Invisible visible among outpatients! Utilizing data driven care path/model where patient provides real time data including vital sign, activity/energy consumption, daily routines by using health tracker/sensors provides more quality to care and strengthens individual’s commitment to care process when changes in conditions are made visible for patient and care staff at the same time. Proven results are seeing as strengthened safety feeling which supports individuals activities which leads to decreased (-40%) usage of special care, most likely ER visits and decreased amount (-11%) of physicians visits without lack of care quality. Model utilizes modern API-interfaces, IoT-platform, AI powered care intervention suggestions provided by Predicell Ltd. API-interfaces makes the platform agnostic by its nature which opens possibilities to add new data sources f.ex patien monitoring systems. Open technical architecture opens an opportunity to add data from data lakes of hospitals. Open data lakes for anonymized patien data in Finland is unique opportunity to predict care paths and to support system shift towards value based care model. Service itself is constantly developing and scientific research is on-going. www.predicell.com

Health Village 2020 – Where are we today?

Tuesday 25 August 16:00 – 17:00

Health Village is a digital healthcare service developed together with patients and healthcare professionals. It is based on the idea of driving functional change. Health Village provides information and support for all, care for patients, and tools for professionals. Health Village started as a HUS innovation project for mental diseases. Today, digital services provided by Health Village are used in all university hospital districts and in several smaller hospital districts covering over 65 per cent of the Finnish population. In this session, we will analyze the main reasons for the success of Health Village, have a look at some of the most successful digital care pathways, compare the predicted and realized impact and what were the key value drivers. Finally, we will have a peek under the hood and discuss the technology behind Health Village.

Case: Digifysisk hälsa i Norge - när alla läkare är videoläkare

Wednesday 26 August 08:30 – 09:15

A recent report recommended that Swedish primary care move towards so called digifysisk vård, where digital and physical primary care is not treated as separate services. In light of this, lessons from Norway are more relevant than ever. In Norway, each citizen is assigned to a specific primary care physician. When video doctor apps entered the Norwegian market, this posed a threat towards the gatekeeper function of the Norwegian primary care physician. The solution has been to incorporate the digital services as part of the regular primary care physicians toolbox. In this case study, I wish to share the kind of tools and workflows Norwegian primary care physicians have incorporated into their workflow, with a specific focus on video calls. I’ll be sharing pros and cons, challenges and tricks, as well as casting light on why video-only actors are seen as a threat towards efficient and fair primary care.
Healthcare and care through distance spanning solutions - 24 practical examples from the Nordic region

Wednesday 26 August 09:15 – 10:00
**Participants:** Bengt Andersson, Nordens välfärdscenter, Niclas Forsling

With an ageing population and sparsely populated areas throughout the Nordic region, digitalisation and remote solutions are important prerequisites for maintaining the quality of the Nordic welfare model. The need for distance-spanning solutions for healthcare and social care will increase as regions and municipalities in the Nordic region’s sparsely populated areas often have strained economies. At the same time, the need for welfare services is increasing and will continue to increase in the future. We have the technology and the knowledge, and the required infrastructure is in place. The Nordic region has a digitally aware population that wants to help develop the digital services offered within healthcare and social care. At the same time, forecasts indicate that there will be a shortage of staff within healthcare and social care, and that the Nordic countries face a particular challenge when it comes to being able to recruit staff in order for the healthcare and social care sector to continue to work well. On the positive side, the staff are digitally ready. Skills development and further training will be required, but the countries in the Nordic region have all the conditions in place for a successful transition thanks to their high degree of digital maturity.

Healthcare and care through distance-spanning solutions (also known by its Swedish abbreviation, VOPD) is a priority project for the Nordic Council of Ministers within the framework of Sweden’s presidency in 2018. Centre for Rural Medicine within Region Västerbotten and the Nordic Welfare Centre are acting as project managers for the work, with the support of the Nordic research institute Nordregio. In this presentation you can learn about 24 digital solutions for healthcare and social care from all the Nordic countries. All the solutions are tried and tested, and are accessible to citizens in various regions and municipalities. By implementing a suitable combination of the 24 solutions, you can create the conditions to generate high quality, local healthcare.

Cautionary tale or call for action? Learning from digital health developments across the globe

Wednesday 26 August 10:30 – 11:00

Digitalisation is transforming the way that healthcare is delivered across the globe and driving new innovative offerings from both established healthcare players as well as new entrants. In her presentation, Sarah will give an overview of a number of healthcare developments that are driving the uptake of digitalisation, as well as key trends in the evolution of digital health offerings, including funding insights from mature venture capital markets. She will also highlight examples from countries such as USA and UK, to generate insight into how these two nations have approached digital health solutions in terms of innovation and the regulatory environment, and how such solutions have impacted health inequalities, and the quality and cost of care. These examples will include, among other areas: * Types of digital health offerings that are established as praxis, or emerging as areas of opportunity * How the selected countries have approached remote care visits, and their impact on health inequalities and quality and cost of care * Regulatory approaches towards digital health solutions. The presentation aims to provide inspiration, lessons and key takeaways for Sweden’s own ambitions and plans in relation to digital health.
The new German Digital Reimbursement Act (DVG): The most important opportunity for digital solutions (globally)?

Wednesday 26 August 13:40 – 14:20

With the new legislation for national reimbursement of digital solutions, Germany has become the single largest market opportunity for reimbursed digital solutions. With one national decision, it will be possible to establish national reimbursement for your digital solution! The key criteria for the scope of reimbursable products are: - Medical device class I or IIa under the new MDR (with transitional rules)- Main function relies on digital technologies - Untended use is centered around the patient, possible to include the doctor Agenda Description of formal the pathway for the DIGA From what is known about the legislation today, there is limited methodological framework in place to support the decision-maker on how to assess and reimburse the most relevant solutions. The new pathway creates valuable opportunity, however, the development of an appropriate methodological framework is crucial for society as well as for those companies who have solutions with a relevant value in the healthcare system, to prevent solutions with little or no value from entering the system. It is intriguing that until the final decision about reimbursement is made (Coverage with Evidence Development), there is an initial period where evidence can be generated while being reimbursed in the statutory healthcare system. Generally, the use of digital solutions involves multiple evaluation approaches, since they have different modes of actions.

Innovation and remote care in a hospital trust in Norway

Wednesday 26 August 14:00 – 14:30

This lecture will provide an insight into how Vestre Viken Hospital Trusts works with Innovation and Remote care, both strategically and in cooperation with patients and healthcare personnel. The lecture will focus on our innovation strategy, and by showing examples of innovation project within remote care, we will show how the hospital trust brings health care closer to the patient.

The operating room of the future

Wednesday 26 August 14:30 – 15:00

With an increase of unstructured data from video sources, intraoperative imaging and surgical documentation, managing and targeting the right data in the operating room has become more important than ever. The O.R. of the future is as much about data augmentation and information integration as it is about high-tech medical devices. Join our session to learn more how Brainlab technology streamline device and information usage and enhance clinical data before, during and after surgery. SpeakerPartner Brainlab
Clinic Room of the Future - For decades, doctors have been turning away from their patients, consumed by their computer screen and the need to search for and enter key clinical knowledge. Now Nuance’s AI powered speech technologies, supported by deep learning and advances in AI, are helping the doctor to turn the chair back around and engage better with the patient. As part of a sophisticated AI speech powered backbone, the accuracy and quality of speech recognition is now at ‘industrial strength’ and the subsequent ability to automate some of the clinical and administrative tasks that burden clinicians today is now being realised. By harnessing clinical language understanding, clinicians can improve the quality of a clinical term, consider possible missed diagnoses, access knowledge databases and code their clinical terms at the point of care (coding on the fly). AI powered speech driven Virtual assistants can remove the ‘clicks’ from the EHR workflow and speed up access to clinical information. Combine these tools together and the future vision of healthcare can be realised. Called Ambient Clinical Intelligence (ACI), it listens securely to clinician patient conversations and complements the EHR by providing assisted workflows, task and knowledge automation. The desktop computer is replaced with a purpose built healthcare device with a multimicrophone and sensor array with proactive virtual assistants to help navigate around the EHR. Voice biometrics is used to sign into the EHR (My voice is my password) and during the consultation identifies and distinguishes each person speaking. The whole conversation between the doctor and the patient is diarised with clinical language understanding highlighting the key points and creating a structured summary note, just as the clinician would do today. Clinical terms are accurately coded with the note signed off using voice. Typing, excessive clicks and hunching over the computer is a thing of the past. Patients will feel more engaged with their physician, who they can have uninterrupted consultations with, and ACI will help alleviate the burnout care teams experience from the extra time spent documenting visits, navigating patient electronic records, and following up on documentation details. The solution called DAX™ - Dragon Ambient eXperience™ is available in the US.

A New Way Forward: Enabling a Digital Health Ecosystem

The future of health care improvement needs fundamentally different and patient-centred approaches to digital health. Digital health will only start to reach its potential when we see patients as people and not patients and only when we look at the patient as a whole rather than a collection of conditions and disease states. The transition to creating meaningful care plans that involve each person in their own care, the family and care providers across settings will enable higher levels of patient engagement, improved provider satisfaction, better health outcomes and more sustainable healthcare systems. We will discuss how we have started to enable shared care plans across health ecosystems.
**Digital medicinhantering i Danmark**

Wednesday 26 August 16:30 – 17:00


**EU – an overview in an e-Health perspective**

Thursday 27 August 08:30 – 10:00

**Participants:** Marco Marsella


**Man flu, quack doctors and Knowledge Graphs**

Thursday 27 August 09:00 – 10:00

8 out of the 10 top companies in the world are known to use Knowledge Graphs (many may know that it was the knowledge graph that took Google's search to the next level). They are not only great for search, but also for navigation, discovery, recommendation, personalisation, QandAs, auto-publishing, interoperability and they can act as an accelerator for sustainable AI (machine learning, natural language processing, chatbots etc). Knowledge Graphs are made up of a group of Semantic Web Technologies that are being used and exploited on the WWW by those in the know. What you may not know, is that they are free for everyone to use, even within the firewalls of your own organisation. Large chunks of your Knowledge Graph may have already been created by others willing to share their encoded knowledge - collaboration is the future. This presentation will show you why you should be using Knowledge Graphs, how others are using them and hopefully it will point you in the right direction to finding out more, especially if black boxes aren't your thing.

**Hur kan vi se till att utveckla rätt teknik? EU-samarbete möjliggör**

Thursday 27 August 10:30 – 11:30

Digital technologies are poised to help us solve many of the problems that science alone can not: personalising care, improving prevention, lowering access barriers, and creating outcome-driven health and care systems are just examples. Until recently, low barriers to market entry have encouraged innovative small and medium-sized companies, often new to the health market. This was not only good: Next to a digital revolution, the healthcare industry has also witnessed a 'renaissance of quacks'. Regulators and payers are moving away from supporting “digital exceptionalism" and instead require robust evaluations for digital health to protect patients and health systems against unnecessary risks. However, we still lack clear scientific and legal frameworks to differentiate efficacious digital products. The pendulum appears to swing towards the other end: it is now becoming increasingly difficult for eHealth start-ups to secure enough funding to provide the required level of evidence and create a meaningful product-development and market-access strategy. To unlock the true potential of digital health technologies, we need to rethink digital innovation by bringing fundamentally different worlds closer together. First, we need to combine the principles of evidence-based healthcare and agile innovation. Second, as this requires unique and diverse capabilities, we need better collaborations between tech entrepreneurs and established healthcare corporates.

Using Mobile Early Warning Score to Save Lives

The Early Warning Score (EWS) process based on changes in vital signs can detect patient deterioration, warning signs and severely ill patients. By starting preventive care measures sooner than later makes the most effective way of avoiding risks in human and economic terms. When the patient risk status can be assessed quickly and easily, it is also assessed more frequently. Adopting mobile technology for EWS, the score calculation can be automated and operating guidelines displayed to the care staff immediately. Through mobile technology, data on the patient’s condition can also be transferred in real-time into the Electronic Health Record making the data available to everyone participating in the care. In Finland, mobile EWS is used in several hospitals and they have identified cases where even lives have been saved. For example, Tampere University Hospital makes each month more than 15 000 mobile EWS assessments. Immediate access to patient data that is essential for care combined with smart decision-making support have helped them to improve patient safety and care quality.

Biobanks and the Rise of Precision Medicine: Lessons from the Estonian Biobank

The explosion of big data, together with rapidly developing technology, holds untapped potential for drug discovery and personalized healthcare studies. Accordingly, biobanks are emerging as an essential tool for discovery and clinical development, with their extensive datasets originating from diverse profiles of individuals and populations. However, the full power of this data is yet to be unlocked, due to both industry and academia grappling with challenges in managing, harmonizing, and integrating data and resources. The session discusses the ways to address and potentially solve such industry challenges, with insights from the Vice-Director of the Estonian Genome Center, Tonu Esko. The Estonian Biobank is one of the world’s leading resources for developing precision medicine applications, with its forward-looking laws, longitudinal digital health repositories, and availability of biological samples. Their work aims to promote the development of human genetics research, collecting information on health issues and genetics of the Estonian population, and implement genomic data in medical practice, with the aim to improve population health. The discussion highlights the Estonian Biobank’s experience supporting precision medicine and operating as a data partner in BC Platforms’ global network, a secure environment for data reservoirs to display their data collections, while maintaining ownership and security, for pharmaceutical researchers who seek diverse patient cohorts for clinical research and drug development projects.