hope Agora 2016

The Future of Hospitals and Healthcare

Conference

Rome 7 June

hope Agora 2016

The Future of Hospitals and Healthcare

Mrs Nicola Bedlington

Secretary-General
European Patients' Forum (EPF)

THE ROLE OF PATIENT EMPOWERMENT IN QUALITY, SUSTAINABLE HEALTHCARE SYSTEMS OF THE FUTURE.

Nicola Bedlington

Secretary General

June 2016

Rome

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

EPF European Patients Forum

Presentation Outline

- Background on EPF - How we work and what we do
- Key healthcare challenges from the patients' perspective
- Thinking and doing things differently in the future the intrinsic role of patients
- Concluding thoughts

Who is EPF?

EPF European Patients Forum

Independent & non-governmental advocacy organisation
Representing 67 members

Created in 2003

National-level
Non-disease-specific
Patients' coalitions

EU-level
Disease-specific
Patients' organisations

...On CROSS-CUTTING issues relevant to ALL PATIENTS in Europe

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

Mission and vision

Our Vision!

"All patients in the EU have **equitable** access to **high quality**, **patient-centred** health and social care."

Our Mission!

"To ensure that the patient community drives health policies and programmes that affect them."

Our Strategic Goals

Health Literacy

Healthcare Access and Quality

Patient involvement

Patient Empowerment

Sustainable Patients' Organisations

Non-discrimination

Health Challenges – Patients' view

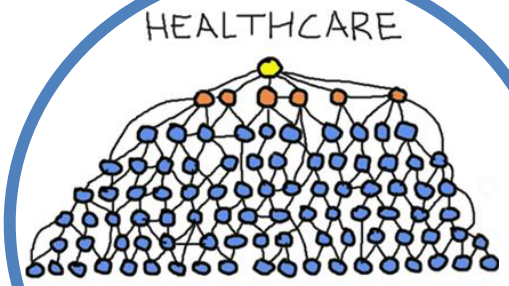
Acute/hospital vs. chronic/long-term/community

Financial constraints
Demography

Prevention, Health Promotion, Patient Centred Mgt

European health systems: Sustainability challenge Innovation and solidarity

Too simplistic



Organisation and delivery

Impact of crisis on equity of access

Measures impacting Access
Cuts in health budgets, in insurance coverage, increased fees and co-payments, cuts in social protection measures, freezing/decrease of HCPs salaries

Wide disparities are not new:
pre-existing the crisis -effect of austerity measures ever visible

Demand for social support and healthcare higher

Significant impact on patients on the ground!
and societal impact

- Fundamental Rights - Equity and solidarity
- **Migrant Patients**
- **‘ This is not a refugee crisis it is a reception crisis’ EHFG**

The Patient Access Partnership

The Access Partnership

Working towards a European Partnership for equity of access to quality healthcare

Created in December 2014

New momentum: EPF Election Campaign
A multi-stakeholder partnership with **patients,** healthcare professionals, healthcare industries, public health experts, health researchers and **key decision makers.**

VILNIUS DECLARATION – RIGA ROADMAP

Objectives

- Join forces to **explore solutions to overcome inequities,** based on individual and collective expertise
- To put the issue higher on **EU political agenda – ex. Semester Process**
- **Mapping and measuring access**

A patient led campaign on access 2017

EPF European Patients Forum

Huge disparities across the EU and within countries, austerity measures have widened the gap

Patients face multiple, concrete barriers to access, yet the European approach is focusing primarily on health determinants

"Healthcare coverage is universal or almost universal in all Member States" (EC, 2014) ≠ not our experience

Economic imperatives are overshadowing the cost of health inequalities, which is both financial and human

Our main theme: The road to universal access in the EU by 2030

- UN sustainable development goals on health : **universal health coverage by 2030**
- To show that we are still far from it… regardless of whether it is

❑ the population covered

❑ the type of services

❑ or the proportion of costs that patients' pay

- To define **concrete steps that needs to be taken by 2030** to be on the right track
- A **long term vision** **where equity of access becomes a reality**

Patients as part of the solution

Smart spending where needed!

Patients as experts: to identify unmet service and therapeutic needs and point out inefficiencies and waste in systems and processes

Strong evidence base

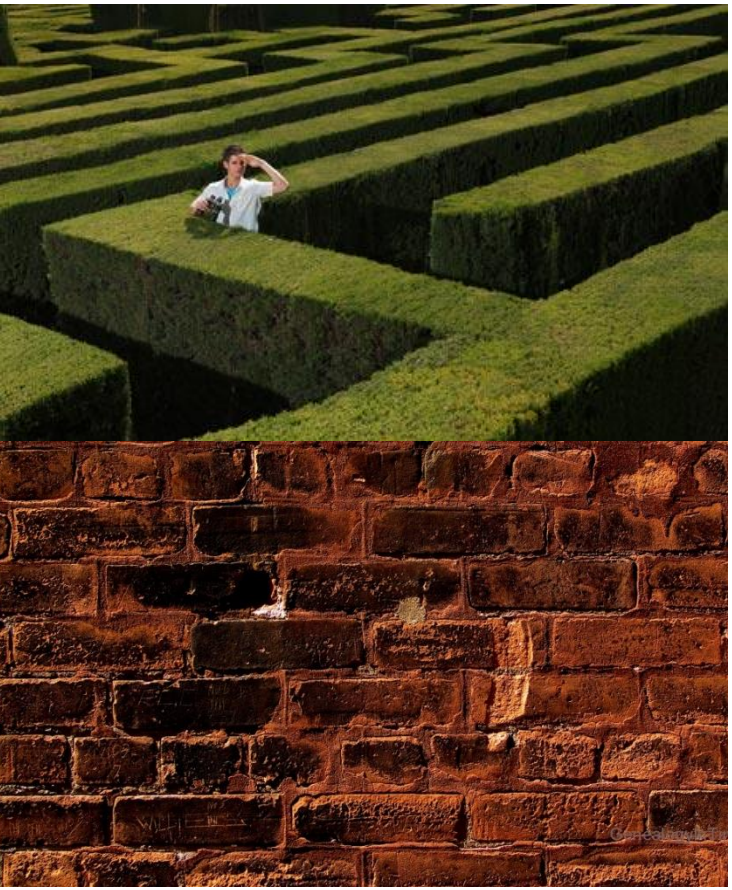
Patient-centred care models: cost-effective, better health outcomes, and patient satisfaction

Patient involvement
in co-designing healthcare

Patient empowerment,
self management and self care

➔ **Health literacy**, the right skills and competencies for all the players, including patients, and an enabling environment

Why patient empowerment?

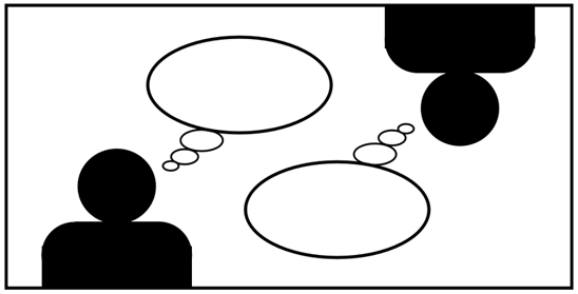


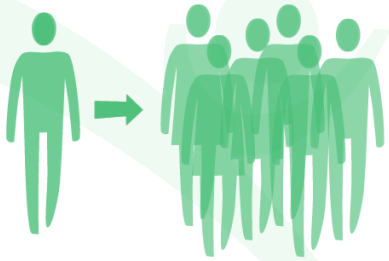
- **Health systems need to change** – chronic disease, ageing, technology, financial constraints – sustainability challenge
- Patients often feel disempowered in their interactions with “the system”
- Health / social system is difficult to navigate
- **The patient’s role is undergoing a transformation:** from passive recipient to active and equal partner

Our definition of empowerment

"Patient empowerment is *a process* that helps patients gain control over their lives, increasing their *capacity to act* on issues that *they themselves* define as important"

(Adapted from JA-PaSQ, 2012)





A process: non-binary, non-linear

Cannot be imposed from top-down

Individual + Collective

Designing care around patient needs

- Patients with chronic diseases have common needs: information, navigation, care coordination, access, interactions with health professionals and managing bureaucracy…
- Only the patient sees the whole journey
- **Patient involvement is key to developing services so they really meet the needs of (all) patients**
- Involve patients in assessing needs, planning, designing, implementation, continuous evaluation & improvement !
- Involve patient organisations at provider and policy level.
- EPF: Value+ model to facilitate patient involvement

Evaluate, evaluate, evaluate…

Patient-centredness as dimension of Quality of Care

- How do you know if the system is working for patients/families: ask them!
- Do current indicators accurately reflect patients' priorities?
- Are you measuring the right things?
- Patient experience =/= satisfaction surveys
- Need for qualitative information
- Continuous feedback loop – followed by ACTION to improve services

#PatientsprescribE

- **E**DUCATION
- **E**XPERTISE
- **E**QUALITY
- **E**XPERIENCE
- **E**NGAGEMENT

→ Patients prescribe E^5 for Better Health Systems!

What do we want to achieve?

EPF European Patients Forum

1

TOWARDS a **COMMON UNDERSTANDING**

WHAT IS PATIENT **EMPOWERMENT?**

2

FROM WORDS TO **ACTION**

Calling for an EU strategy on patient empowerment

Who? Patients, EU health stakeholders & decision-makers

Advocating for patient empowerment

- The "Patients' **Charter**"
  - Outcomes of the conference
  - Approved by EPF Members
  - **Patient Empowerment in 10 points**
- A "**Roadmap** to Patient Empowerment"
  - Outcomes of the conference
  - **Propose concrete actions**

Conclusions

- PE is a vital component of patient-centred healthcare
- European collaboration is vital to drive empowerment:
  - Identify & share best practice – e.g. self-management programmes, shared decision-making, policy involvement…
  - Education and training for professionals
  - Health literacy and information to patients (and citizens)
- Patients' involvement in co-designing care
- Patient empowerment and involvement: a "sine qua non" quality criterion -> develop ways to assess and measure
- All stakeholders have a role to play

THANK YOU FOR YOUR ATTENTION!

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More information

www.eu-patient.eu

info@eu-patient.eu

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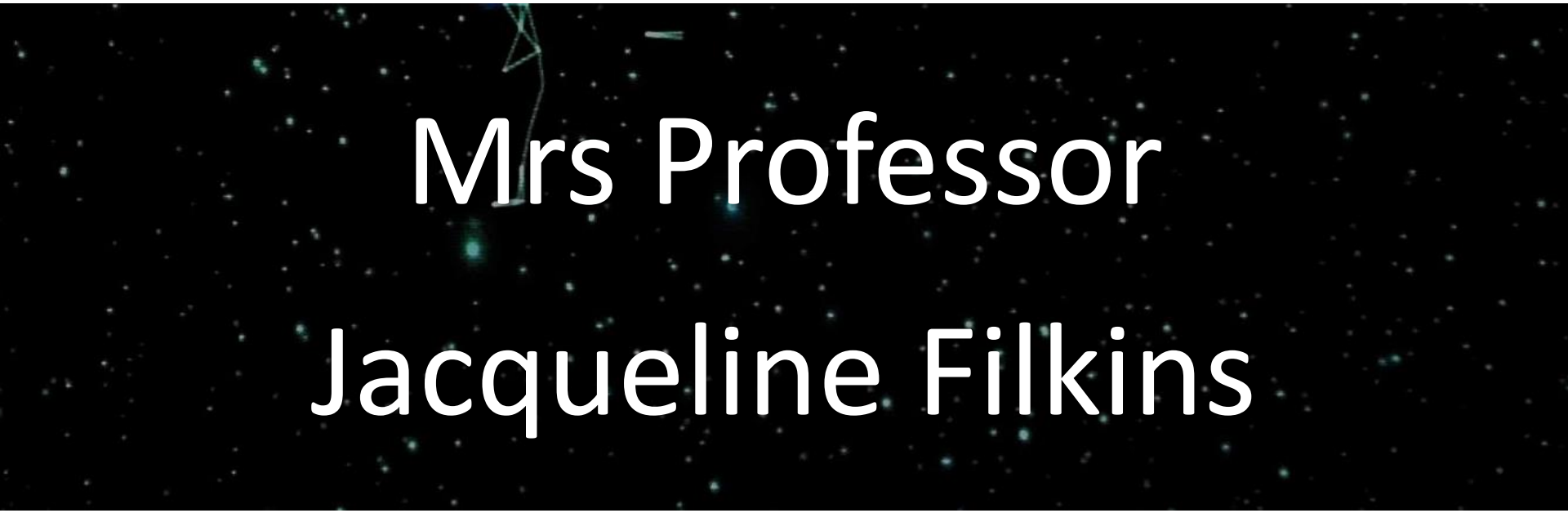


Mrs Professor Jacqueline Filkins

Honorary President European Nurse Directors Association (ENDA)

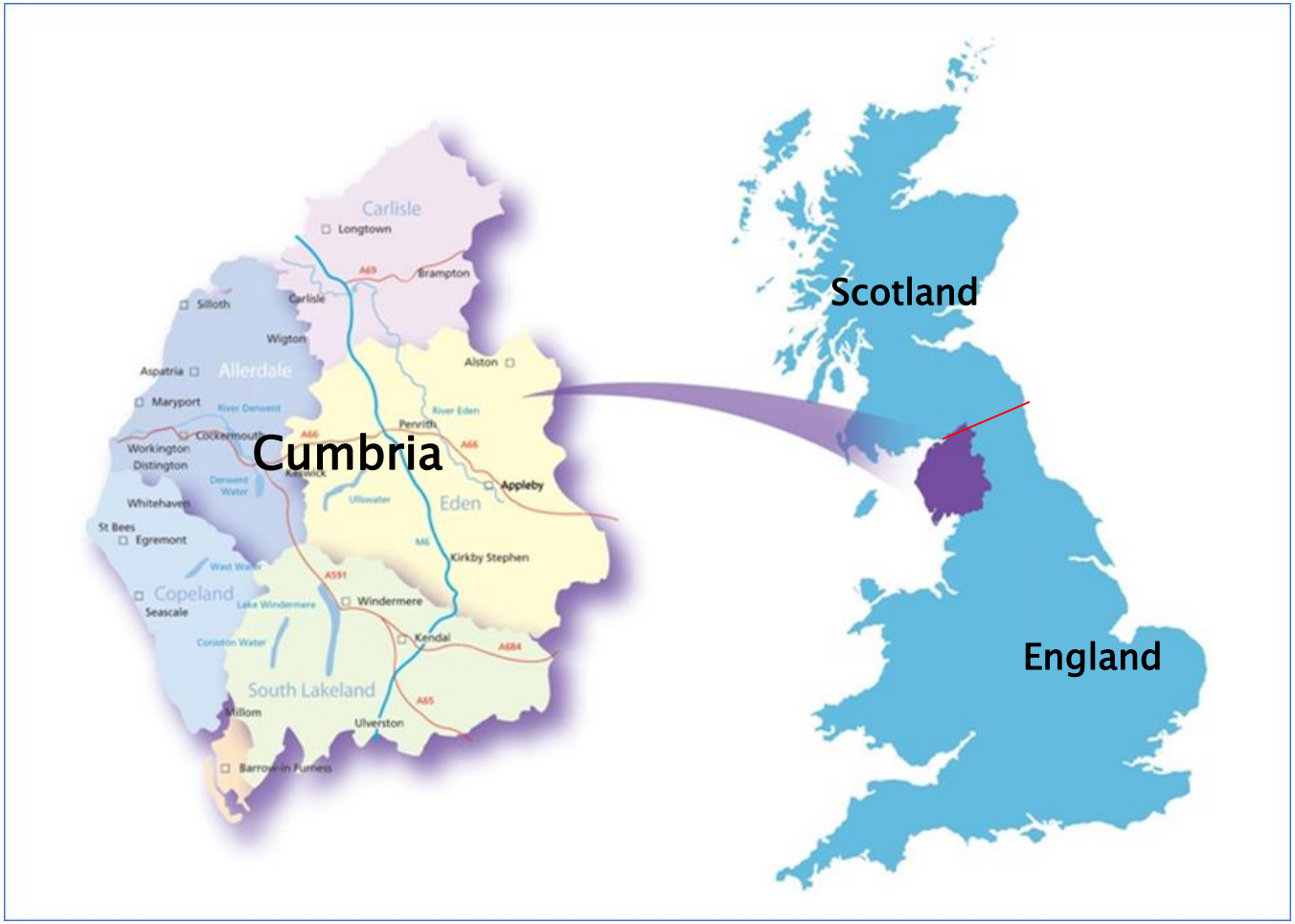
Future Healthcare: from Certainty to Uncertainty… and back

HOPE AGORA CONGRESS

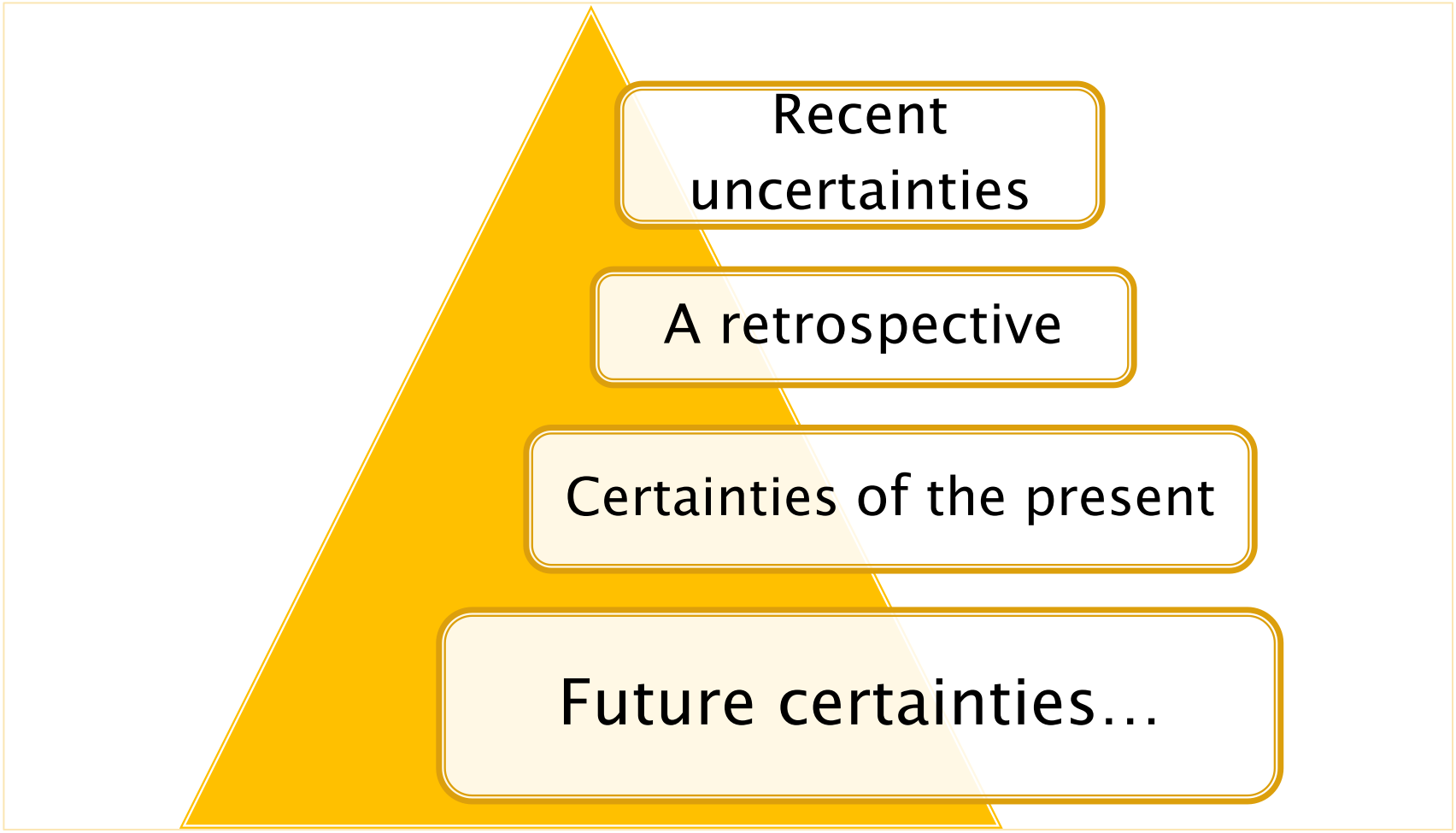
Rome 6th–8th June 2016

Jacqueline FILKINS
Honorary President ENDA

Cumbria – the Lake District (England)



Today's themes



Uncertainties are surfacing

Emerging questions lead to reflection

A selective retrospective view

50 years ago HOPE was founded! Dialogue on interprofessional education starts

40 Doctors handbook on communication was published. Decimalisation comes to the UK

30 Griffiths reforms (UK) shifts the emphasis from *administration* to *management*

20 Nursing moves into Higher Education and Advanced Nursing Practice (ANP) starts to take roots

We managed the changes and took opportunities!

From this…..

… to this?

from: RistoKarlsson.HelsinginSanomat, Reporting on 2nd Int. Conf. on Gerontology, 18.10.1996
With thanks to I. Meyenburg-Altwarg

The Present (certainties)

- The significance of seamless care between hospital and primary care is supported by digitalisation of records and communication between the professions.
- Communication modes are changing.
- Professionalisation and specialisation of the workforce is increasing AND LEADS TO GREATER AUTONOMY AND ACCOUNTABILITY

The Future is becoming the Present!

Volatility is the new **normality***

Health professionals need to develop a new skill:

Nurturing Intuition

as well as demonstrating ethical leadership

*Sebastien Schelper, Head of Innovation & Work, *BMW*

The Future – an uncertainty? Five recurrent themes emerge

Intuition has to be nurtured and developed in order to improve planning

Technology will further shape the future but it must not become our tyrant!

The workforce becomes the ***Work Force***

The professions & boundaries are changing

Mobility and migration: answers to recruitment or threats to integration and cohesiveness?

Changes are happening – the future has started!

Our vision for the future is being shaped by:

- accelerated technical advances
- Changing professional roles and greater patient expectations
- Demographic shifts
- Economic exigencies/pressures

THE CERTAINTY IS BACK

The certainty is: when you reflect on your own achievements and those of your predecessors, you too have the drive and experience to shape the healthcare of the future.

THANK YOU FOR YOUR ATTENTION

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The Future of Hospitals and Healthcare

Mr Gerry O'Dwyer

President European Association of Hospital Managers (EAHM)

A Boundary-Less Hospital Supporting our Community

Gerry O'Dwyer

President, European Association of Hospital Managers

Group CEO, South/South West Hospital Group

Cork, Ireland

Gerry O'Dwyer

- President European Association of Hospital Managers

  25 Member Countries

- Group Chief Executive Officer, South/South West Hospital Group, Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HOPE Objectives

- Promote improvements in the health of citizens
- Implement high standards of hospital care
- Foster efficiency, effectiveness and humanity

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A Boundary-Less Hospital Supporting our Community

No.	Section
1	**Healthcare Policy and Mission**
2	**European Challenge**
3	**The Future of Healthcare** • Transition from general to personal healthcare • Technology will be optimized for health tasks • Preventive medicine will soar • Collaboration leads to innovation • Health Intelligence / Clinicians will have access to more data

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Healthcare Policy & Mission

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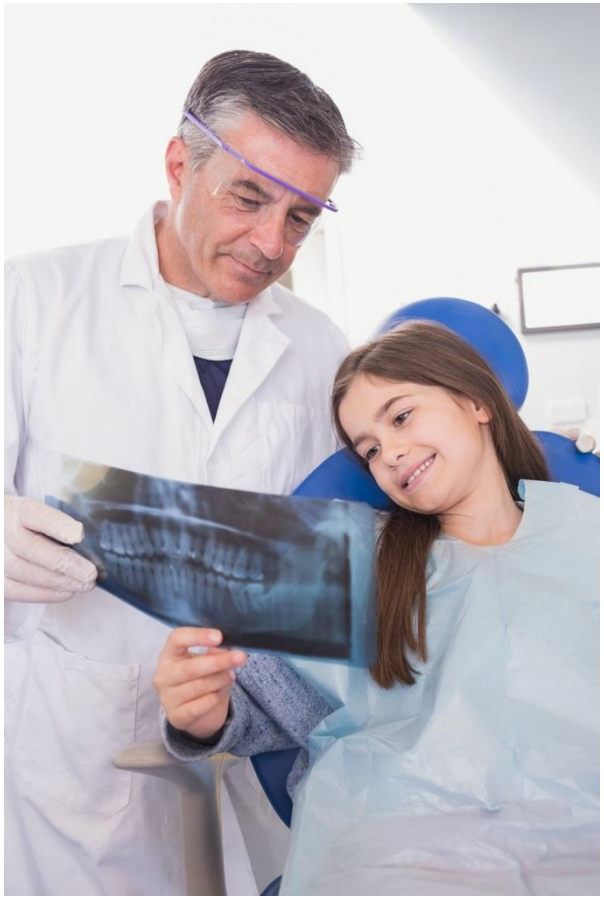
Patient Centred Healthcare

healthcare services

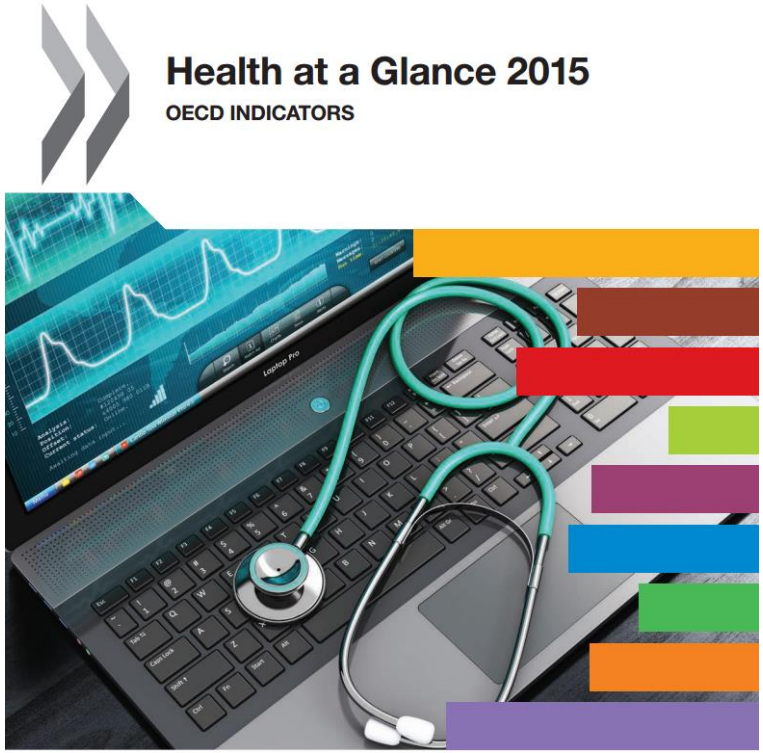
Mission

- Aim of our members is to develop and value our workforce to deliver the best possible care and services to people who depend on them
- Provide fair equitable and timely access to quality and safe health services that people need, in the most appropriate setting
- Foster a culture that is honest, compassionate, transparent and accountable
- Formalised, robust Governance structures
- Manage resources that deliver best health outcomes, improves patient experience of using the service and demonstrates value for money



Health in Europe & Beyond

- Total Health Expenditure as % of GDP in Ireland (2013): **8.1%**
- Netherlands, Switzerland & Germany all over **11%** (2013)
- Total Health Expenditure as % of GDP in USA (2013)
  16.4%



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European Challenge

Challenges

- **Health spending** growing slowly, but European countries **lag behind** (OECD, July 2015)
- **Balancing** the **service demands against** available **resources** is a key function of management
- Double impact on health systems, as **increased demand** on health services coincides with **reductions** made to government **health budgets**
- Increasing demand and reduction in resources has resulted in a **challenge** for most of our European health colleagues **to fill vacancies**
- **Maintaining quality** of care and patient safety with resource constraints

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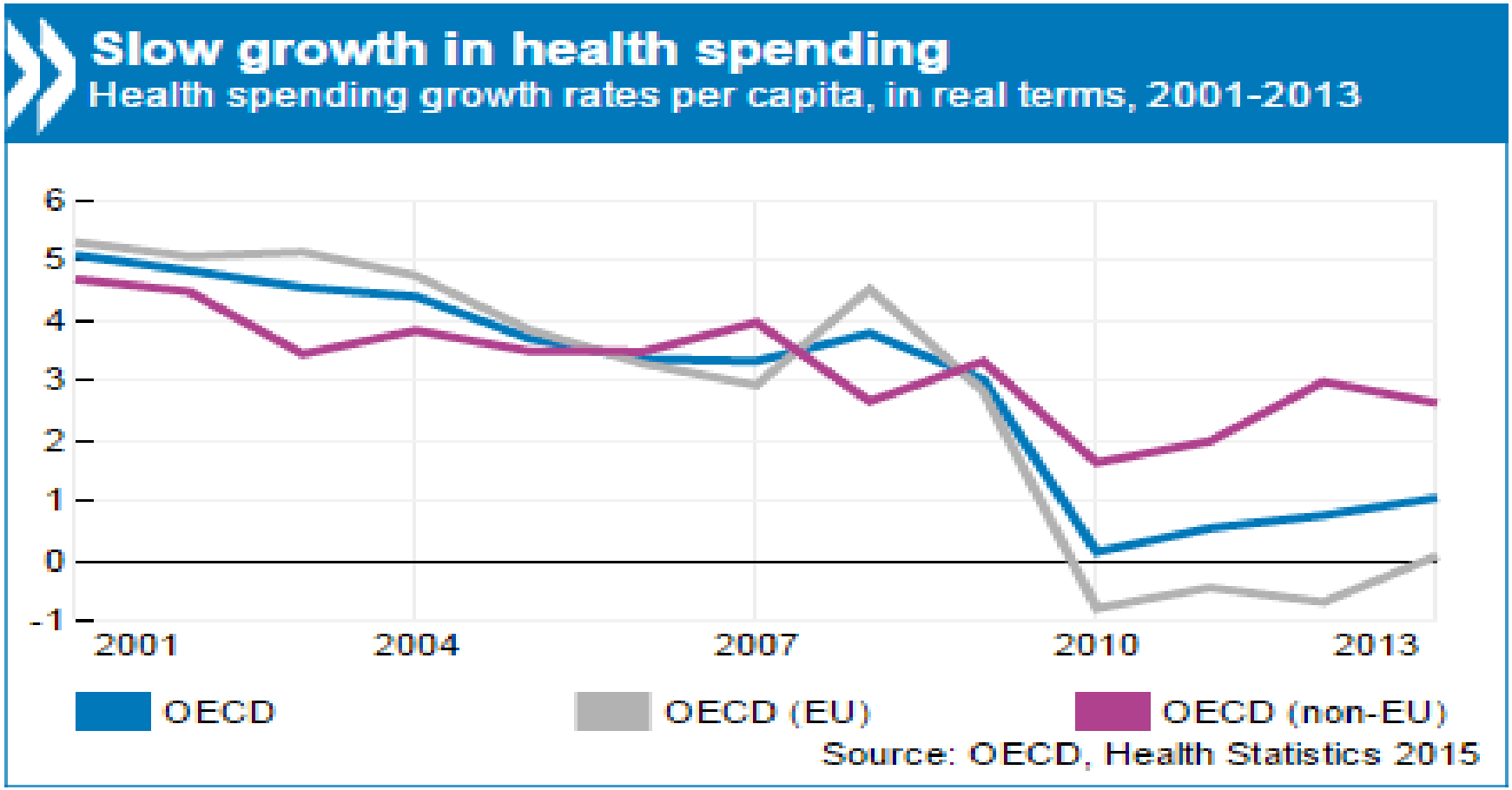
Health Spending (OECD 2015)



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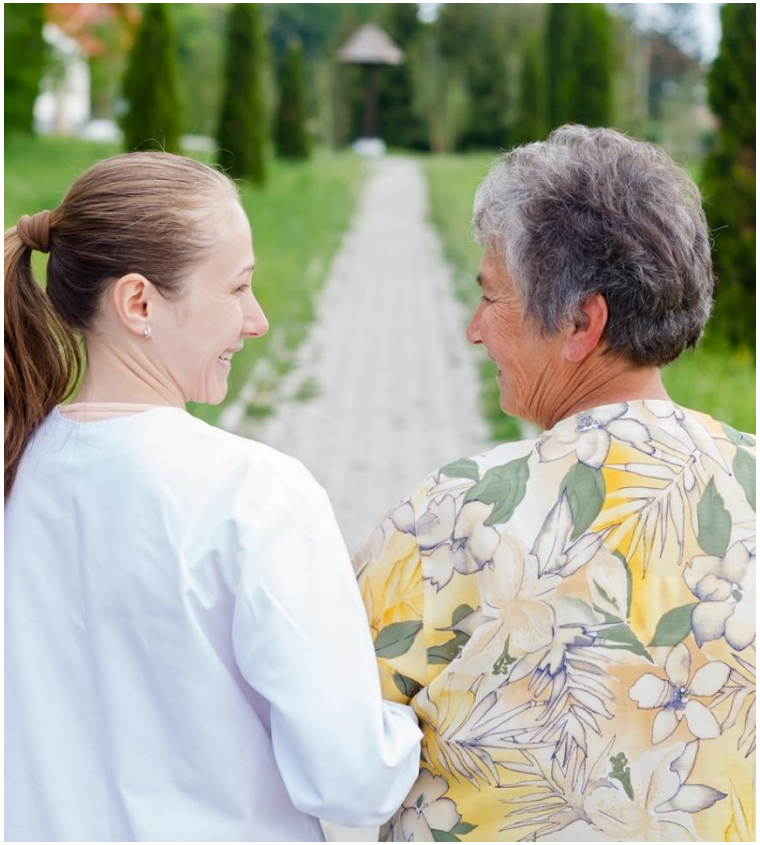
Elderly Care

- All European countries are experiencing a challenge in the healthcare demands of our elderly population

For example:

- Dementia prevalence is rising
- Currently each family doctor has 12 to 15 patients with dementia, with 2-3 newly presenting patients each year
- Primary care workload will inevitably increase as the European population age



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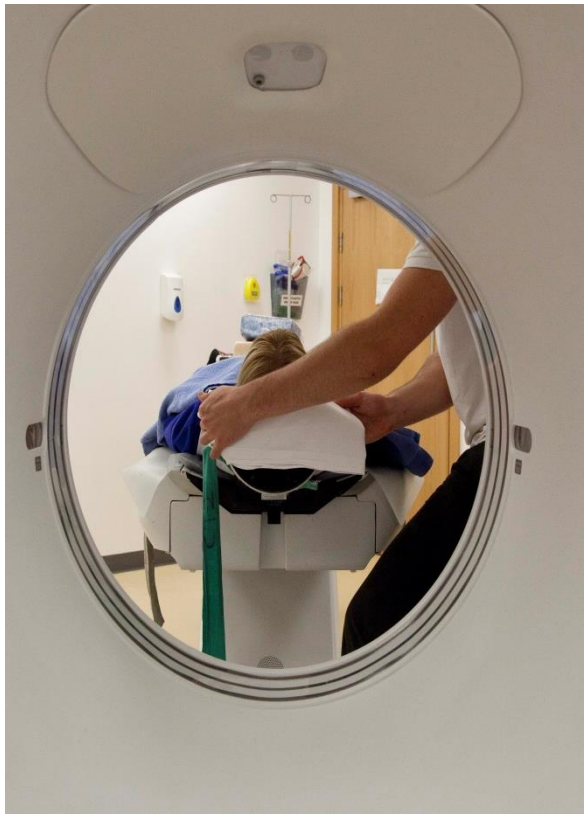
European Challenge

- Delivery of patient centred – quality focused care
- Respect and dignity of the patient at the core of everything we do in Europe
- Committed to preserving and improving the quality of health to the patients we serve in our communities
- Treating patients at home, in the community or in appropriate hospitals



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The Future of Healthcare

A Boundary-Less Hospital Supporting our Community

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The Future of Healthcare

- Transition from general to personal healthcare
- Technology will be optimized
- Preventive medicine
- Collaboration leads to innovation
- Clinicians will have access to more data

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General to Personal Healthcare

General to Personal Healthcare

- Clinicians, Nurses, Dieticians and Physiotherapists
- Patient Education Interface
- Provision of disease specific patient information via units
- Bedside access to clinical data, protected, clinical team only

Technology Optimised for Health Tasks

- Technology will enable clinicians visit patients at their bedsides remotely
- Clinician can converse with the patient about their condition
- Educational platforms for patient use
- Identified by hospital team for patients to use at home
- Transferring the health technology from hospital to home

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Preventive Medicine

Safe Care

- Individual Health and Wellbeing
- Education and assisted self-diagnostics
- More access to all diagnostic services in facilities close to patients homes
- Informed patient from the time of contact
- Agreed protocol driven quality self-care and assisted care

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Collaboration

Neoview

A neonatal intensive care viewer for improved patient care and enhanced family well-being

- Virtual Visitation for Families
- Improving Parental Wellbeing Through Enhanced Cotside Education
- Reducing Procedural Errors through Enhanced Education and Monitoring
- Virtual Physician Presence in the NICU

Excellence in Healthcare Award 2016

South / South West Hospitals Group / CHO 4,
Regional Community Epilepsy Outreach Service

Bringing the *service* to the *service user*

Sometimes the finest ideas are the simplest. When Dr Daniel Costello, Consultant Neurologist/Epileptologist at Cork University Hospital, realised that his patients with intellectual disabilities – who were also experiencing epilepsy – couldn't come to him, he decided to go to them

"A significant proportion of individuals with intellectual disabilities also experience epilepsy, around 30 or 40 per cent," explains Costello. "The more severe the intellectual disability, the more severe the epilepsy, generally speaking. And, the more severe the intellectual disability, the less likely that someone will be able to access epilepsy care.

"Epilepsy care is usually only delivered in acute hospital settings, and it can be very challenging and distressing for someone with an intellectual

Cork-based epilepsy outreach service honoured

353

Thursday, April 28, 2016

Follow @noelbaker1

By Noel Baker
Senior Reporter

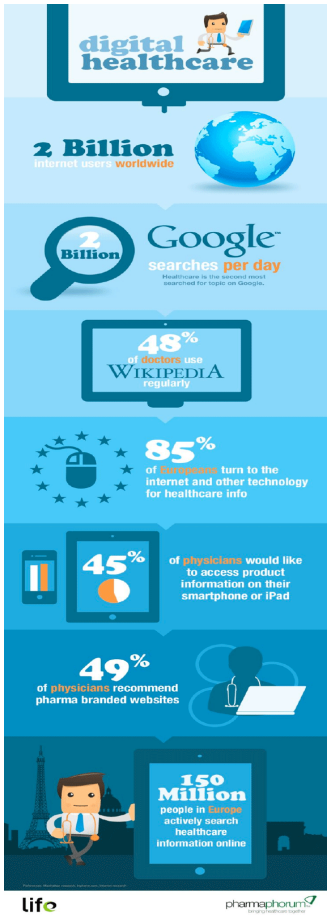
A Cork-based epilepsy outreach service has taken one of the top honours at the annual HSE Health Excellence Awards.

Dr Ronan McGinty, Epilepsy Outreach Service, Cork, with Ger O'Donoghue, and Dr Daniel Costello, representing Community Epilepsy Outreach Service

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Digital Healthcare

- 2 billion Internet users worldwide
- 2 billion Google searches per day
- 48% of doctors use Wikipedia regularly
- 85% of Europeans turn to the internet and other technology for healthcare information
- 150 Million people in Europe actively search healthcare information online
- 45% of physicians would like to access product information on their smartphone or iPad



pharmaphorum infographic:
http://www.mandcgroup.ie/m-and-c-blog/item/269-how-social-media-has-influenced-the-healthcare-industry

eHealth (Electronic Health)

- Involves the integration of all information and knowledge sources involved in the delivery of healthcare via information technology-based systems
- Includes patients and their records, caregivers and their systems, monitoring devices and sensors, management and administrative functions
- Fully integrated digital 'supply chain' involving high levels of automation and information sharing

The Future of Healthcare

Technology Enablers

- Software
- Hardware
- Applications
- Wearables
- Cloud systems
- Data Capture / Mining

Patient Experience

- Telehealth
- Mobile and Digital Diagnostics
- Digital Therapy
- Cloud ID
- Wearable Monitoring
- Population Health Management

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The Future of Healthcare

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Thank You

Go raibh mile maith agaibh

Danke

Merci

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The Future of Hospitals and Healthcare

Professor Eric Félix Lartigau

General Director Centre Oscar Lambret
Former Secretary of ESTRO

The Future of Hospitals and Healthcare

hope Agora 2016

Rome, 6-8 June

How future trends in Oncology may impact hospital organisation

Prof. Eric F. Lartigau

General Director, Centre Oscar Lambret

Lille, France

Prof. Eric F. Lartigau

Presentation

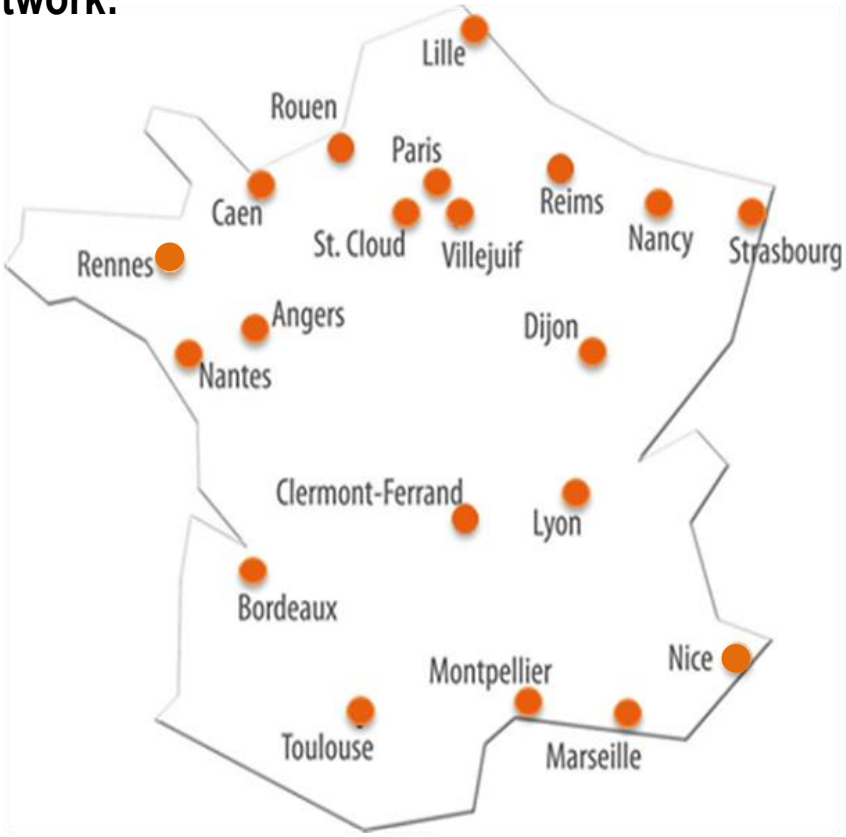
- Director, Centre Oscar Lambret Cancer , Lille (04/2016 -)
- M.D., Professor in Radiation Oncology
- University Degree in Health Economy

- Administrative and scientific responsibilities
  - Director, Comprehensive Cancer Research Center - SIRIC ONCOLille: 2012-today
  - Acting Chief Medical Officer, Accuray Inc., 2014 (6 months sabbatical)
  - Secretary, European Society for Therapeutic Radiology and Oncology (ESTRO) : 1997-2004
  - Secretary, Scientific Committee European School of Oncology (ESO) : 1996-1998

- Member of
  - ESTRO Advisory Committee on Radiation Oncology Practice (ACROP): 2015-today
  - ESTRO Clinical Committee Board Member: 2013-today

UNICANCER: The Group of Cancer Centers in France

- **18 Cancer Centers (20 hospitals): a national network:**
  - Private nonprofit hospitals
  - Mission: **care, research, education**



- **All types of cancer:**
  - Adults and children
  - Rare cancers
  - Complex / advanced situations
  - 18 000 professionals, 1800 MD

- **Activity :**
  - **30%** of the women with breast cancer
  - **20%** gynecological forms of cancer
  - **19%** of the patients with Ear-Nose-Throat cancer
  - **21%** of the patients with endocrine cancer

+ 120,000 cancer patients hospitalized every year

The UNICANCER model
Guaranteeing quality of care for everyone

At the heart of its strategy, UNICANCER defends the concepts of quality in management, individualized treatment and supporting care for the patient

- **Multidisciplinarity, from the first day (1945)**
- **Comprehensive care**
- **Research-care continuum**
  - >15% patients in clinical studies
  - 44% of PHRC-K in 2014 (20/45)
- **Performance and innovation : new technologies**
- **No private practice or added fees**

CHALLENGES in 2016 and after…

- **Europe/USA/Japan**
  - Aging population
  - Human resources (surgeons…)
  - Cost of drugs, but…
- **Emerging countries**
  - Human resources
  - Teaching, training
  - Access to technology & drugs

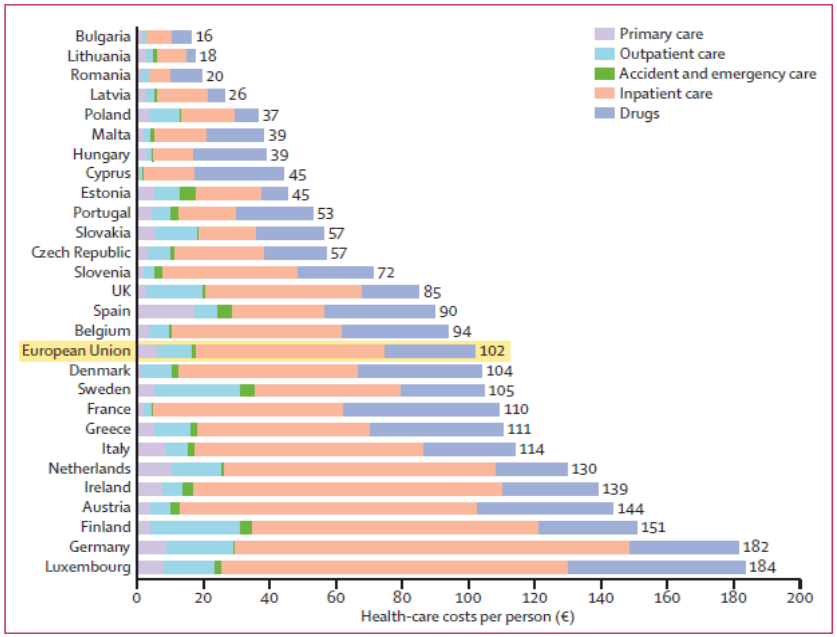


Figure 1: **Health-care costs of cancer per person in European Union countries in 2009, by health-care service category**
Data not adjusted for price differentials.

UNICANCER study « EVOLPEC »
Maping changes in Cancer Care by 2025

- **Identify, qualify and quantify the main developments /innovation trends in oncology in the next few years**

- **Share with all stakeholders (Government, National Cancer Institute…) prospective figures in order to adapt health system**

  - **40 experts interviewed from:**
    - French Cancer Centers
    - University hospitals, private clinics
    - Pharmaceutical industry
    - Abroad (Netherlands, USA, UK)

EVOLPEC Methology

Phase 1:
Identifying 6 main trends

- Ambulatory care
- Radiotherapy
- Chemotherapy
- Tumour characterisation
- Interventional radiology
- Supportive care

Phase 2:
Qualifying and quantifying

- Taking into account IARC (International Agency for Research on Cancer) demography and epidemiological trends
- Assess financially each trend

Phase 3:
Evaluate the impact on

- Bed numbers
- Equipment time
- Medical time

UNICANCER anticipates the cancerology of tomorrow

Major changes by 2025 are:

- **Trend n°1**: An increase **in out-patient surgery**
- **Trend n°2: Radiotherapy** will be more targeted and **less invasive**
- **Trend n°3:** The development of **oral targeted/Immuno treatments**
- **Trend n°4: The characterization of tumors**, making it possible to better understand them in order to better treat them
- **Trend n°5:** The development of **interventional radiology**
- **Trend n°6:** The development of **supportive care**

→ **Impacts on: bed capacities, human ressources, finances**

Trend n°1: Increase of ambulatory surgery
Today

- **Ambulatory surgery brings the patient out of hospital on the day of admission**

- **In cancerology, ambulatory surgery is already a fact**:

  23 % breast cancers (40% CLCC, was 12%-17% in 2013)

- **Very much encouraged by French public authorities**
  - Patient benefits (security, comfort…)
  - Social security expenses (efficiency, costkilling…)

Trend n°1: Increase of ambulatory surgery

Tomorrow

GOAL:

Breast: 50%

Ovarian, thyroïd: 15%

Consequences:

- + 135 % ambulatory surgery stays
- + 40 % ambulatory surgery beds
- **- 20% conventional beds**

With increase of treated patients : 8-9% (IARC figures)

Trend n°2 : Decrease in the number of radiotherapy sessions
Today

- **> 180 000 patients treated every year**

  25% of them in UNICANCER centers

- **Hypofractionated radiotherapy:** Intensify the delivered dose during each session in order to reduce the number of sessions

(Figures : French NCI)

Trend n°2: Decrease in the number of radiotherapy sessions

Tomorrow

Hypofractionation

50 % lung cancer treatments (30 down to 5 sessions)

45 % breast cancer treatments (30 down to 20 sessions)

35 % prostate cancer treatments (38 down to 10 sessions)

20 % brain cancer treatments (30 down to 10 sessions)

Increase of time per session

- **+ 9 % machine time use**
- **Increase in complexity**
- **Human resources (physics)**

With increase of treated patients : 8-9% (IARC figures)

Trend n°3: Medical treatments (at home) Today

- **+ 2 millions hospitalisations per year**
- **The picture:**
  - **Oral treatments:**
    - Tablets, drinkable solutions
    - 25% of treatments
  - **Targeted therapies:**
    - Targeting a specific mecanism of the cancer cell
    - Half of the drug approvals since 2004
    - Good part of these new therapies are oral
  - **Low rate of home care: 3%**

(Figures : French NCI)

Trend n°3: Medical treatments (at home)
Tomorrow

BREAKTHROUGHS:

Increase of targeted therapies

+25% length of metastatic treatments

Several lines of treatment

50% of treatments: oral

Development of home care

New treatments (IMMUNO ++)

Consequences :

- 14 % of sessions at home

  (vs 3% today)

- **+ 9 % oncologists**
- **New TT = new toxicities**

With increase of treated patients : 8-9% (IARC figures)

Trend n°4: Tumour characterisation
Today

- **Identification of several molecular modifications at cell level (molecular biology)**
  - Early phase screening (for genetic predispositions)
  - Targeted therapies
  - Preventing toxicities
- **60 molecular tests available**
- **170,000 patients have been screened**

Trend n°4: Tumour characterisation
Tomorrow

TENDENCIES:

Systematic screening of at risk population

Characterising as diagnosis routine

Follow up of metastatic patients

- "Characterised" tumours x 7
- **+ 51 % pathologists, oncogeneticians and bioinformaticians**
- Biopsies x 2 to 3: liquid biopsies
- + 32 % ambulatory seats

Trend n°5: Interventional radiology: less invasive medical treatment for the patients Today

- **Interventional radiology: diagnosis or treatment by a radiologist, under control of imaging technology (scan, echography…)**
  - Use of natural ways to access the tumor
  - More precise and less invasive treatmants

Trend n°5: Interventional radiology: less invasive medical treatment for the patients

Tomorrow

BREAKTHROUGHS:

New guidance techniques

Non invasive techniques

Administration of medication improving

Consultations x 6

Interventional radiologists X3

+ 23 % seats

+ 16 % scan use time

+ rooms

+ surgery blocs

+ anesthesists

With increase of treated patients : 8-9% (IARC figures)

Trend n°6: Supportive care
Today

- **Supportive care: global care needed all through the illness, parallel to oncological treatments**
  - Against pain
  - Palliative care
  - Psychological needs
  - Social care
  - Adaptated fitness
- **Aim: patient, and not illness, as the core of care organisation**
- **63% French population consider supportive care as important to fight cancer** *(Baromètre cancer Institut Curie 2013)*

Trend n°6: Supportive care
Tomorrow

TENDENCIES:

Existing care supply increasing

Proved positive impact on health (less relapses…)

Team :

For 4 doctors (palliative care, pain) :

14 non medical professionals

(social counceling, dietetician, physiotherapist, psy, socio-esthetician…)

With increase of treated patients : 8-9% (IARC figures)

Increase in out-patient care

- **Impacts on patient**
  - Less invasive care, less care episods
  - More care at home : go back and forth between hospital and home
  - Better peripheric care
  - New role for patients with improvement of empowerment
  - The development of e-health

- **New mission : to follow out patients and to guarantee safety and quality outside of direct hospital care**

The next ®evolution: Participative Oncology

- **Patient is central**

- **Who's better reporting outcome and morbidity: the patient of course !!!!**

New needs for Hospitals

- **Technological hub: to treat patients based infos**
- **Consultation plateforms**
  - Specialized consultations
  - Coordination consultations
- **New jobs / units**
  - Dosimetrists, nurses
  - Supportive care units
- **Coordination hub hospital/GPs-liberal professionals**

To be achieved:

From quality/safety

productivity

to individual/collective outcome

and back...

No reporting without toxicity/economics/PRO's… :
multicriteria endpoints !!!

Under referring hospital responsibility/coordination ?

and tomorrow….

- Key challenge **: reporting real life results** !!!

- Recording
- Evaluating
- Reporting

- New technologies and the patients/family

Patient is : critical but not sufficient in evaluation of outcomes !

Cochrane 2013 patient-reported outcome measures (PROMs) for follow up after Gynaecological cancer treatment : a review

Objectives: evaluate PROMs as an alternative to routine follow up

Conclusion: No studies and therefore no analysis

To be developed ++++++

Palliative and Supportive Care (2014), **12**, 69–73.

doi:10.1017/S1478951513000345

Use of an electronic patient-reported outcome measurement system to improve distress management in oncology

SOPHIA K. SMITH, PH.D., M.S.W.,[1,2] KRISTA ROWE, R.N., M.S.N., A.O.C.N.S.,[3] AND AMY P. ABERNETHY, M.D.[1,2,4]

hope Agora 2016

The Future of Hospitals and Healthcare

Professor Peter Mildenberger

European Society of Radiology (ESR)

Innovation in Imaging – What will happen in and with Radiology?

Peter Mildenberger

European Society of Radiology

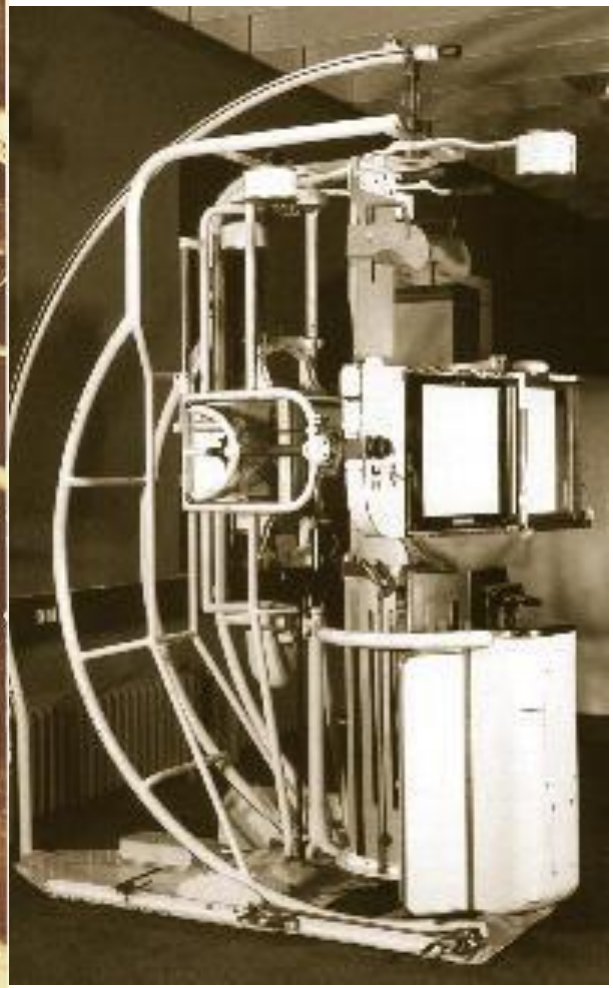
Chair of the Professional Issues and Economics in Radiology Subcommittee

EUROPEAN SOCIETY OF RADIOLOGY

Personal Background

- Radiologist
  - Imaging / Interventions for Surgical Departments
  - Head of IT group in the Dept. of Radiology (RIS, PACS, …)
- ESR (European Society of Radiology):
  - Chair ESR Subcommittee on Professional Issues and Economics in Radiology Subcommittee
- IHE-Europe User Cochair Integrating the Healthcare Enterprise)
- …

History



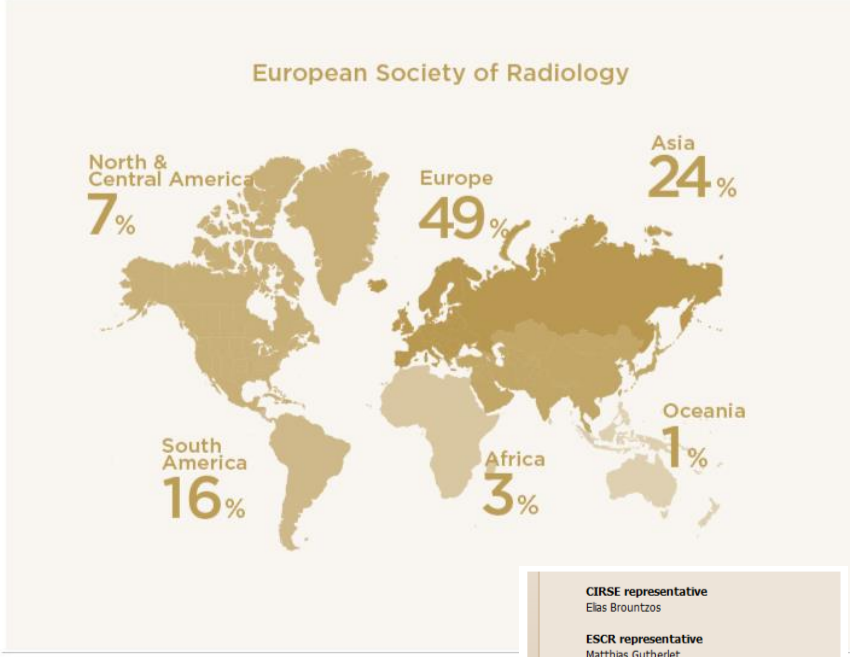
EUROPEAN SOCIETY OF RADIOLOGY

Agenda

- ESR as an organisation
- Imaging Technology
- Research
- Quality Improvement
- Radiation Protection
- Value of Radiology

ESR as an Organisation

- A single, strong institution aiming to promote radiology and to highlight its importance in medicine worldwide
- uniting all research and educational resources to raise standards in radiology treatment for patients
- >63.000 members
- 43 European national member societies
- 16 European subspecialty and allied sciences member societies
- 40 non-European national member societies



CIRSE representative
Elias Brountzos

ESCR representative
Matthias Gutberlet

ESER representative
Mariano Scaglione

ESGAR representative
Celso Matos

ESHI representative
Katrine Riklund

ESHNR representative
Christian Czerny

ESMOFIR representative
Olivier Clément

ESMRMB representative
Xavier Golay

ESNR representative
Majda M. Thurnher

ESOI representative
Daniele Regge

ESPR representative
Karen Rosendahl

ESSR representative
Guiseppe Guglielmi

ESTI representative
Nevzat Karabulut

ESUR representative
Harriet Thoeny

EUSOBI representative
Gábor Forrai

EuSoMII representative
Emanuele Neri

ESR
EUROPEAN SOCIETY OF RADIOLOGY

Screening (Imaging without clinical symptoms)

The *Wall Street Journal* Recognizes CT Scanning For Lung Cancer As One of The Top 5 Medical Tests Worth Paying For

On June 24, 2003, the *Wall Street Journal* reported CT screening for lung cancer as one of the top five medical tests worth paying for. The other four tests mentioned were: Expanded Cholesterol Testing, EBT Heart Scan, Transvaginal Ultrasound and Aneurism Scan.

CT scanning can find lung cancer when it is as small as a grain of rice. Compare that to the more conventional X-ray, which may not detect lung cancer until it is the size of an orange. Conventional chest X-rays detect just 15% of early lung cancers. Now, with CT scanning 80% of the lung cancers are caught in the earliest stages.

The test is quick and painless. The patient lies on an open table that glides feet-first into a scanner that

for smokers and former smokers 40 years and older who have smoked at least 10 pack years that is, a pack a day for 10 years or its equivalent.

In short, CT scanning is rapidly becoming the top choice for early detection of lung cancer.

CT scanning can find lung cancer when it is as small as a grain of rice.

RESOURCES

Cancer Research and Prevention Foundation
http://www.preventcancer.org

The Cancer Research Foundation of America is a national, non-profit health foundation with a single mission: the prevention and early detection of cancer through scientific research and education. For more tips on healthy living, visit the Foundation's website.

American Cancer Society (ACS)
http://www.cancer.org

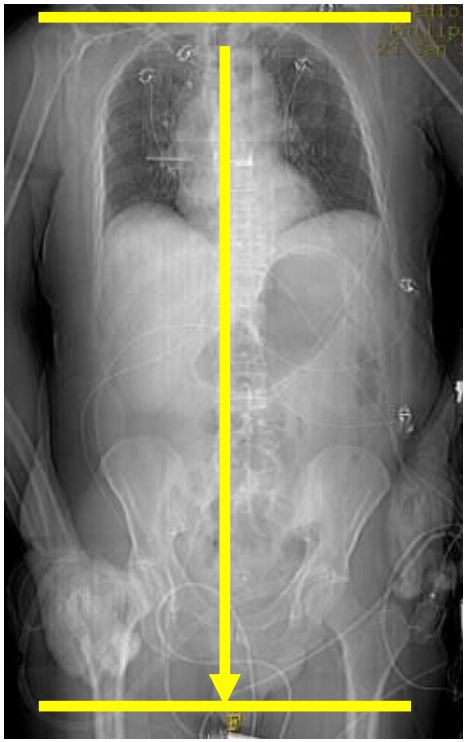
Can you prevent cancer or reduce your cancer risk? What are the risk factors for different types of cancer? Concerned about cancer because it runs in

Development of CT-Scanners

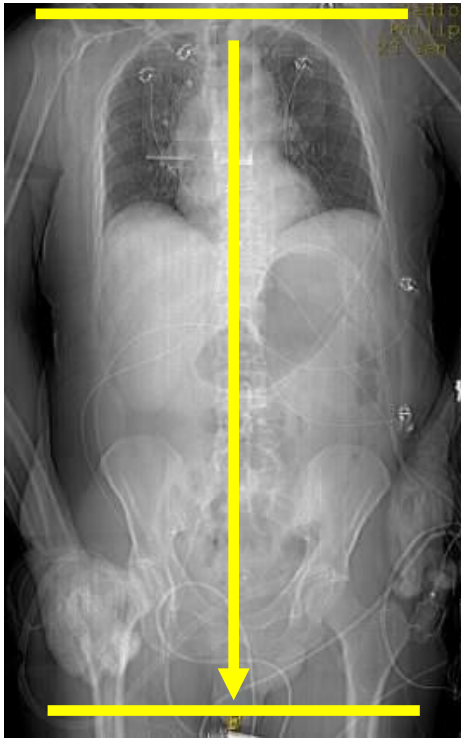
1989 | 1998 | 2006 | 2016

1-Slice-Spiral-CT
4 mm ST / 6 mm/s TS
in 8 sec -> 4,8 cm

4-Slice-Spiral-CT
4*1 mm / 12 mm/s TS
in 8 sec -> 9,6 cm

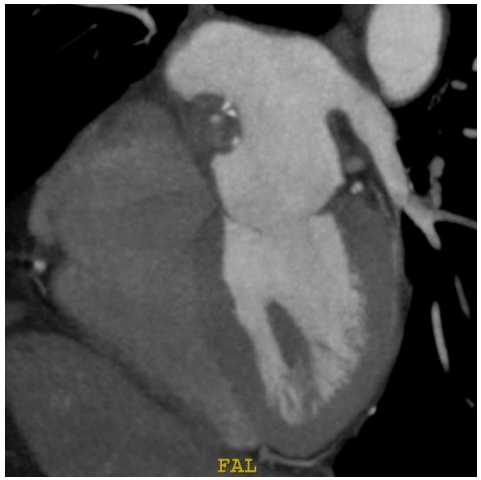


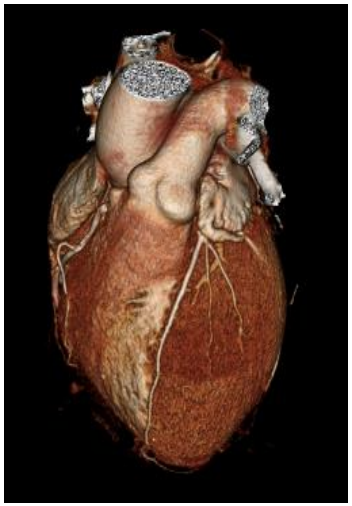
64-Slice-Spiral-CT
64 * 0,6 mm / 100 mm/s TV
in 8 sec -> 80 cm

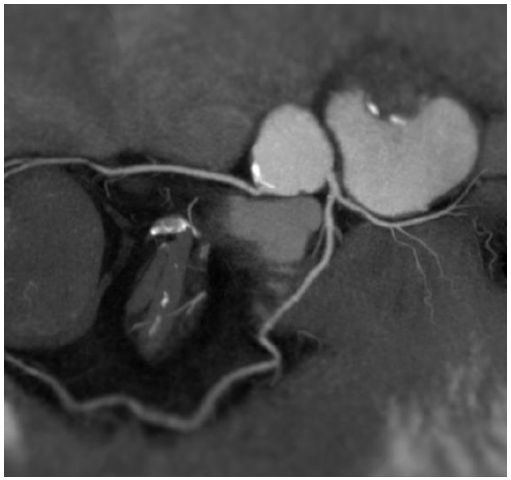


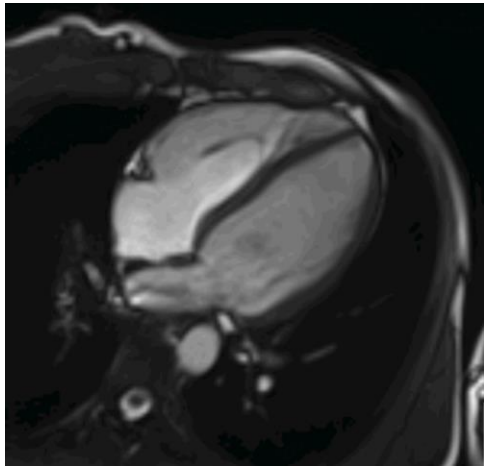
256-Slice-Spiral-CT
128 * 0,6 mm / 450 mm/s
in 2 sec -> 80 cm

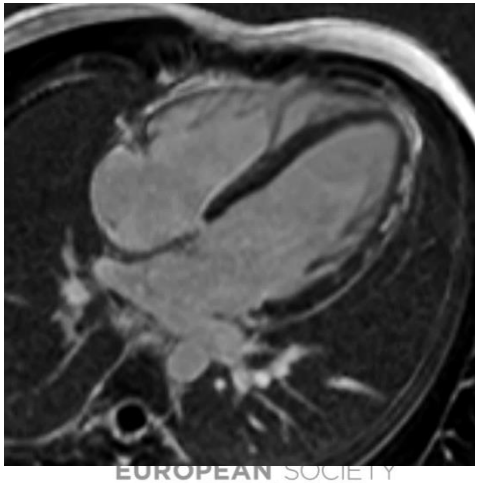
Cardiac Imaging with CT and/or MRI

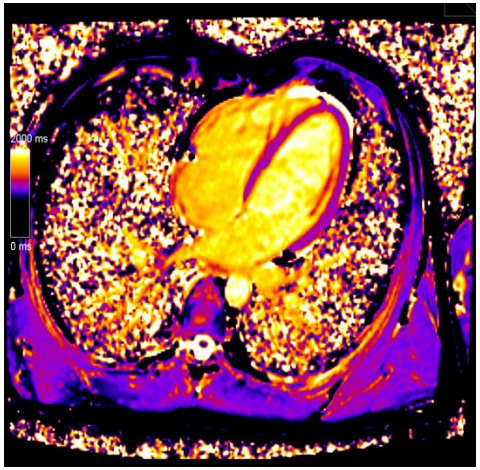




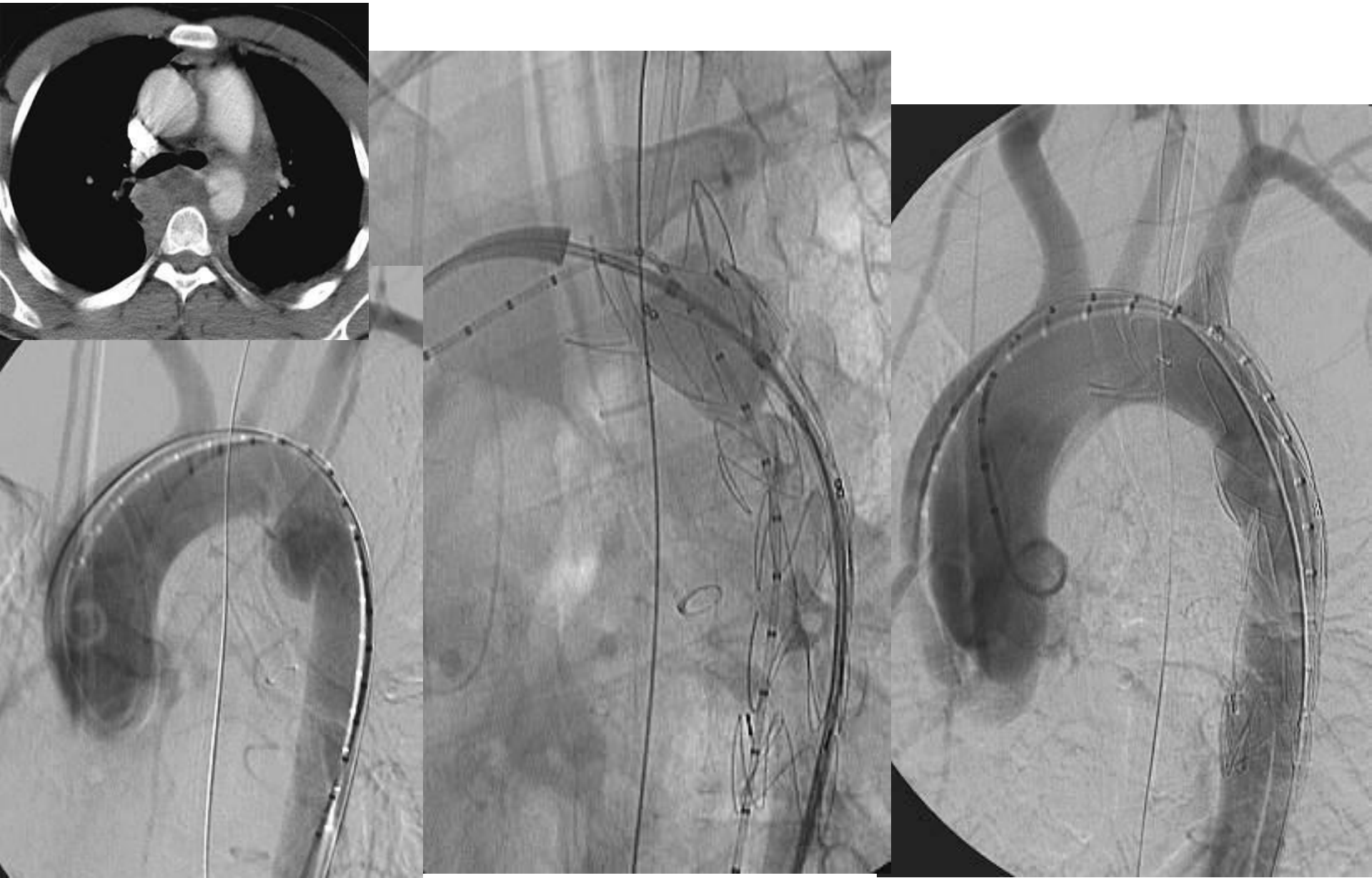






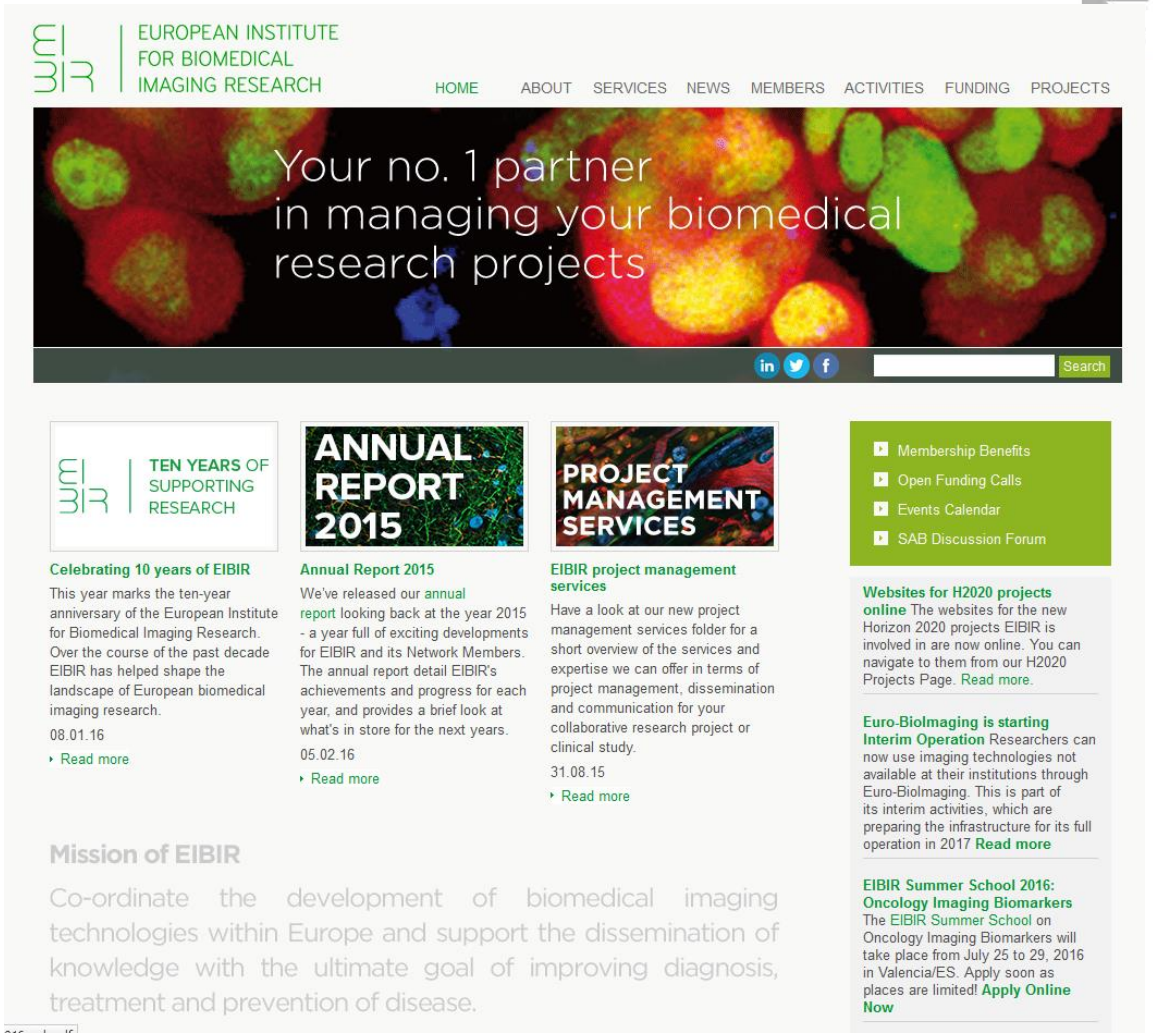


Aortic Trauma and Interventional Repair



Research

- EIBIR
  - Founded 2006
  - Providing services
  - Coordination of research projects
  - ..
- EIBALL
  - Imaging biomarkers
  - Standardisation MRI
  - Cooperation w. EORTC
  - …
- Cooperation with RSNA (esp. QIBA)

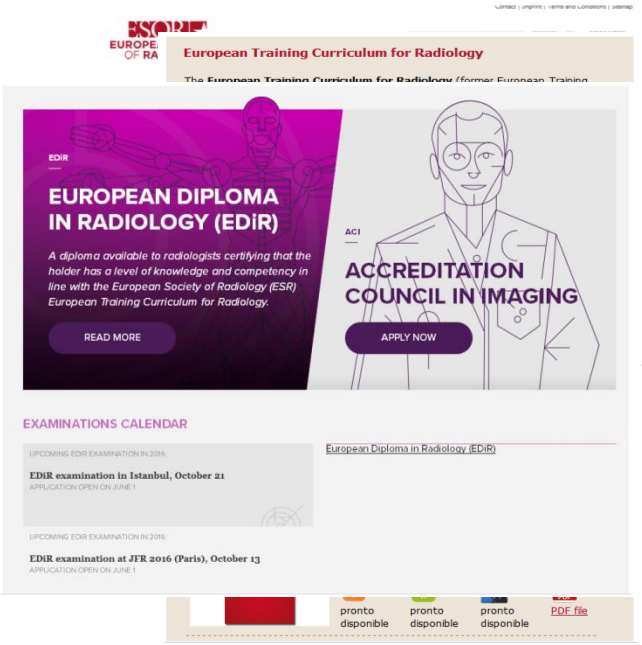


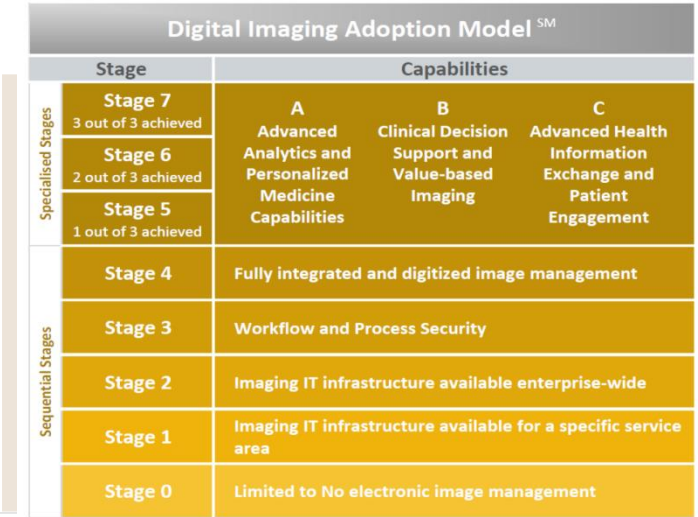
EIBIR Joint Initiatives

- Biomedical Image Analysis Platform
  - Imaging biomarkers
- Cell Imaging Network
  - Development and validation of robust imaging tools for in vivo cell imaging
- EuroAIM
  - Assement of Imaging in Medicine, seeking evidence
- Chemistry Platform
  - Development of imaging probes
- Paedriatic Radiology
  - Clinical trials, incl. Interventions and radiation protection
- Image Guided Radiotherapy
  - Theranostic imaging

Quality Improvement

- ESOR - European School of Radiology
- ETAP – European Training Assessment Program
  - Based on European Curriculum for Radiology
- EDiR – European Diploma in Radiology
- Audit – according to EU Council Directive 2013/59/EURATOM
  - Clinical Standards and Audit Templates
- ESR – PAG Patient Advisory Group
- DIAM – Digital Imaging Adoption Model





EUROPEAN SOCIETY OF RADIOLOGY

Digital Imaging Adoption Model SM

	Stage	Capabilities		
Specialised Stages	**Stage 7** 3 out of 3 achieved	**A** **Advanced Analytics and Personalized Medicine Capabilities**	**B** **Clinical Decision Support and Value-based Imaging**	**C** **Advanced Health Information Exchange and Patient Engagement**
Specialised Stages	**Stage 6** 2 out of 3 achieved			
Specialised Stages	**Stage 5** 1 out of 3 achieved			
Sequential Stages	**Stage 4**	**Fully integrated and digitized image management**		
Sequential Stages	**Stage 3**	**Workflow and Process Security**		
Sequential Stages	**Stage 2**	**Imaging IT infrastructure available enterprise-wide**		
Sequential Stages	**Stage 1**	**Imaging IT infrastructure available for a specific service area**		
Sequential Stages	**Stage 0**	**Limited to No electronic image management**		

Insights Imaging (2014) 5:543–546
DOI 10.1007/s13244-014-0345-1

STATEMENT

Renewal of radiological equipment

European Society of Radiology (ESR)

Device type (analogue or digital)	Device life expectancy based on utilisation: HIGH-MID-LOW	Utilisation based on exams/year		
		HIGH	MID	LOW
Radiography, general	10-12-14	>20,000	10,000-20,000	<10,000
Radiography, mobile	10-12-14	>6,000	3,000-6,000	<3,000
R/F fluoroscopy (conventional/remote)	8-10-12	>4,000	2,000-4,000	<2,000
R/F interventional integrated c-arm	8-10-12	>4,000	2,000-4,000	<2,000
R/F urology	8-10-12	>1,500	750-1,500	<750
Mobile C-arm (all types including O-Arms)	8-10-12	>2,000	1,000-2,000	<1,000
Angiography (1/2 plane)/interventional	8-10-12	>4,000	2,000-4,000	<2,000
Cardiac suite (single/biplane)	8-10-12	>3,000	1,500-3,000	<1,500
CT scanner	8-10-12	>15,000	7,500-15,000	<7,500
MRI scanner	8-10-12	>8,000	4,000-8,000	<4,000
Ultrasound	7-8-9	>4,000	2,000-4,000	<2,000
SPECT/gamma	8-10-12	>6,000	3,000-6,000	<3,000
SPECT/CT	8-10-12	>4,000	2,000-4,000	<2,000
PET (likely replace with a different technology such as PET/CT)	8-10-12	>6,000	3,000-6,000	<3,000
PET/CT	8-10-12	>4,000	2,000-4,000	<2,000
Bone densitometry	8-10-12	>10,000	5,000-10,000	<5,000
Mammography	8-9-10	>7,000	3,500-7,000	<3,500
Lithotripter	8-10-12	>3,000	2,000-3,000	<2,000

ESR EUROSAFE IMAGING

ESR European Society of Radiology

News

Join the EuroSafe Imaging Stars network!

Posted May 9, 2016

The European Society of Radiology is launching the EuroSafe Imaging Stars initiative to create a network of imaging departments committed to best practice in radiation protection. By partnering with imaging departments across Europe to cooperate on projects such as the 'Is Your Imaging EuroSafe?' CT data collection survey or the ESR's clinical audit tool and patient safety standards, EuroSafe Imaging supports the ESR's efforts to translate its concepts and tools into improved quality and safety for patients in the reality of clinical practice.

Online application for the initiative is already open – just complete the simple self-evaluation to get your stars!

More information: eurosafeimaging.org/stars

The mission of EuroSafe Imaging is to support and strengthen medical radiation protection across Europe following a holistic, inclusive approach.

Show your support for radiation protection and safety

Join our 51085 Friends of EuroSafe Imaging now

ESR EUROSAFE IMAGING

JOIN THE EUROSAFE IMAGING STARS NETWORK

Insights Imaging (2014) 5:9–13
DOI 10.1007/s13244-013-0299-8

REPORT

Imaging referral guidelines in Europe: now and in the future—EC Referral Guidelines Workshop Proceedings

Denis Remedios · Monika Hierath · Nick Ashford · Mario Bezzi · Peter Cavanagh · Jean-François Chateil · Philippe Grenier · Georgi Simeonov · Valerie Vilgrain

Received: 6 November 2013 / Accepted: 7 November 2013 / Published online: 13 December 2013

Abstract
As an integral part of the European Commission (EC) Imaging Referral Guidelines Project a 1.5-day workshop was held in Vienna on 20–21 September, 2012. At this workshop, models and good practices regarding the appropriateness and use of imaging referral guidelines (Guidelines) in Europe and worldwide were presented, together with the results of a survey of Guidelines in Europe. The latter included ideas, innovations and wishes for future Community action.

Main messages

Recommendations for future Community action:

- Stronger measures should be taken by the EC and the European competent authorities for making Guidelines available and used in all EU member states.
- Evidence-based Guidelines with separate guidance for children should be issued or endorsed by a trusted European organisation.
- Educational initiatives and electronic requesting in connection with clinical decision support (CDS) systems should be used to improve the implementation of Guidelines.
- Monitoring of Guidelines implementation and use should be by clinical audit, particularly external audit, but also by local/internal audit.

Electronic supplementary material The online version of this article (doi:10.1007/s13244-013-0299-8) contains supplementary material, which is available to authorised users.

D. Remedios (✉)

ESR EUROSAFE IMAGING

ESR

ESR iGuide – Clinical Decision Support

ESR iGUIDE
EUROPEAN SOCIETY OF RADIOLOGY

Clinical decision support for European imaging referral guidelines

The European Society of Radiology considers referral guidelines for medical imaging essential for improving appropriateness and justification of radiological procedures. Particularly at a time of increasing financial pressure on European healthcare systems and public concerns about the risks of exposure to radiation, it is more important than ever to ensure medical imaging is used in the most efficient and most effective way possible.

The mission of EuroSafe Imaging is to support and strengthen medical radiation protection across Europe following a holistic, inclusive approach.

„Turf Battles“

- Coloscopy
- Ultrasound
- Vascular Interventions
- Cardiac Imaging
- …

Eur. Radiol. 9, 741–748 (1999)

Health policy European Radiology

Original article

Turf battles in radiology: how to avoid/how to fight/how to win

P. Schnyder, P. Capasso, J.-Y. Meuwly

Department of Diagnostic and Interventional Radiology, University Hospital, CHUV, CH-1011 Lausanne, Switzerland

Received: 20 January 1998; Accepted: 6 November 1998

Abstract. Turf battles have always existed in radiology although recently, we have observed an increase in their numbers and sometimes in their virulence. The main reasons for this increase include the relative plethora of physicians especially in industrialized areas, and the rapid progress and development of medical technology and minimally invasive techniques. These turf battles risk interfering with the overall medical costs of local health care systems as they will inevitably lead to an increase in the concentration of complex medical devices controlled by different specialties which, in turn, will lead to an increase in number of invasive and noninvasive, diagnostic and therapeutic examinations. The only way that radiologists can hope to maintain control of today's techniques will be if they are willing to offer qualitative expertise in their procedures with full clinical, academic and technological backing similar, or superior to that presented by our respective clinical and surgical colleagues. Furthermore,they should be fully involved in the decisional process and actual purchase of the technological equiment of their entire institution.

Key words: Economics, medical – Editorials – Radiology and radiologists, departmental management – Radiology and radiologists, socioeconomic issues

Introduction

According to the Oxford Dictionary of English, turf means a piece of grass, peat or a horse-racing track. These definitions are far from the one used by physicians to determine the fields of interest and/or the scenes where struggles bring together teams of radiologists and nonradiologists, in order to defend their daily work, expertise, integrity of their own specialty and sometimes to increase their power, profit and ego. In a recent paper dealing with political issues in endovascular surgery, Rutherford [1] perfectly positioned the debate about turf battles: "Almost anyone who tackles the turf issues risks being accused of making self-serving remarks, particularly if that commentator supports the role of his or her own specialty in this field". Authors of the present article are experienced radiologists, one of them (P.C.) having extensive expertise in vascular and nonvascular interventional procedures, the second one (J.Y.M.) in ultrasound and ultrasonographically guided interventional procedures, and the third (P.S.) having a 10-year chairmanship experience in a university department of diagnostic and interventional radiology. In this respect, the authors appear "shamefully biased".

This paper does not pretend to deal with all issues of such a vast subject, but only with some aspects of turf battles. Our purpose is to present a general overview on turf battles in radiology, to review their causes, to briefly describe the sites where they occur or may occur in the future and, finally, to give some examples which should be relevant to radiologists who have not yet faced them. These examples could also be used as recommendations by those radiologists who are interested in an academic career and/or will be involved in hospital administration. Some parts of this paper present a pessimistic point of view on turf battles, which probably underestimate the performances and expertise of some departments, but certainly overestimate those of many others.

History

Turf battles in health care have occurred since at least the middle ages, when the barber guild and physicians were in almost constant opposition. In radiology the first turf battle started in 1895, since Roentgen was a physicist and not a physician. At our institution the first X-ray of an avulsion fracture of the elbow was obtained

Correspondence to: P. Schnyder

Radiology´s „Golden Age“?

MIR 2012: The Golden Age of radiological imaging is shifting into the past

It lasted forty years – but now it's over – that Golden Age of radiology and medical imaging is surrendering under technology stagnation and imaging issues such as the growing rejection of unnecessary public use. The field is now subject to radical change, declared Professor Stephen R Baker MD M.Phil, from the UMDNJ New Jersey Medical School in Newark, New Jersey USA, speaking at this year's Management in Radiology (MIR) Conference in Milan, Italy.

ACR CHAIR'S MEMO

BIBB ALLEN JR, MD

Radiology's Golden Age: Our Best Years Are Ahead of Us

JACR, March 2016

- Transition from volume to value mandatory

New Trends in Radiology

- Technology
  - 3D-Radiography, Photon-Counting CT, MR Fingerprinting…
- Data-Driven Radiology
  - Radiomics
  - Analytics / Big-Data („deep-learning“ – „deep residual networks“)
- Personalised Imaging
  - Individualised diagnostics, prediction of response,…
- Improvements in Professional Challenges
  - Quality, Radiation Protection, Education
- Value instead of Volume
  - Modification of diagnostic or therapeutic approach based on imaging
  - Radiologists as Imaging Consultants

TYPES OF DESCRIPTORS: SPATIAL DISTRIBUTION

- Contrast = $\sum\sum(i-j)^2 p(i,j)$
- Sum Average = $\sum\sum\frac{i+j}{2}p(i,j)$
- Inverse different moment = $\sum\sum\frac{p(i,j)}{1+(i-j)^2}$
- Homogeneity = $\sum\sum\frac{p(i,j}{1+\lvert i-$
- Cluster Tendency = $\sum\sum($
- Correlation = $\sum\sum\frac{(i-mx}{\sigma x}$
- Haralick Variance = $\sum\sum$
- Maximum probability =

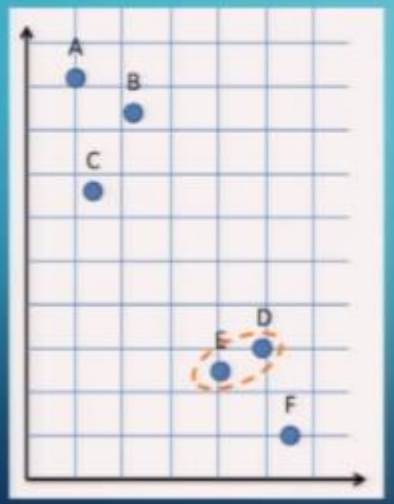
Co-occurrence matrix

1	4	4	3
4	2	3	2
1	2	1	4
1	2	2	3

	1	2	3	4
1	0	2	1	2
2	1	1	1	0
3	0	1	0	0

HIERARCHICAL CLUSTERING

UNSUPERVISED APPROACH



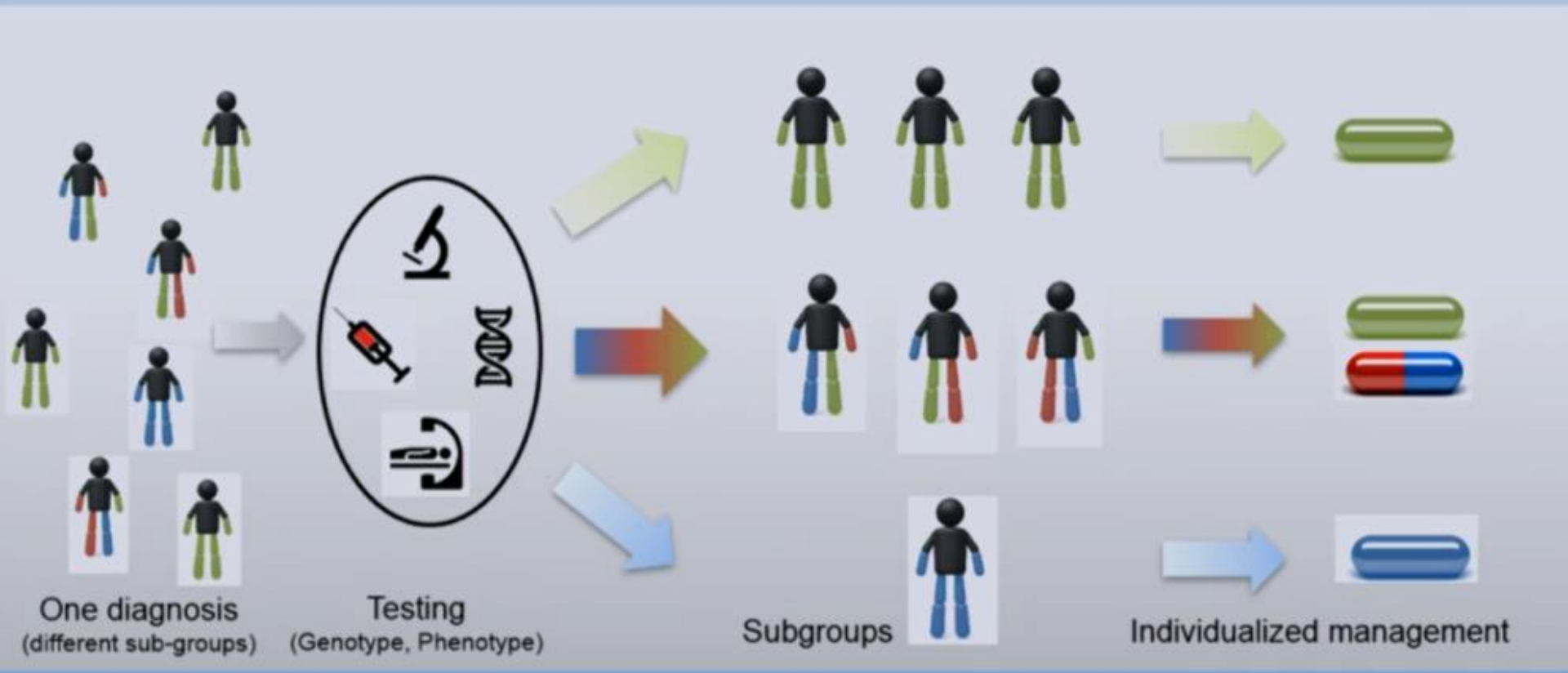
Euclidian distance :

$$D = \sqrt{(x_1 - x_2)^2 + (y_1 - y_2)^2}$$

Distance matrix

	A	B	C	D	E	F
A	0					
B	1.5	0				
C	2.63	2.01	0			
D	7.32	5.99	5.02	0		
E	7.38	6.17	4.91	0.94	0	
F	9.35	8.06	6.94	2.09	2.05	0

Personalized medicine: Individualized management



Prof. C. Herold, ECR 2016

CT in the Emergency Department: A Real-Time Study of Changes in Physician Decision Making[1]

Pari V. Pandharipande, MD, MPH
Andrew T. Reisner, MD
William D. Binder, MD[2]
Atif Zaheer, MD

Radiology

Radiology: Volume 278: Number 3—March 2016

Purpose: To determine how physicians' diagnoses, diagnostic uncertainty, and management decisions are affected by the results of computed tomography (CT) in emergency department settings.

Results: Both surveys were completed for 1280 patients by 245 physicians. The leading diagnosis changed in 235 of 460 patients with abdominal pain (51%), 163 of 387 with chest pain and/or dyspnea (42%), and 103 of 433 with headache (24%). Pre-CT diagnostic confidence was inversely associated with the likelihood of a diagnostic change ($P < .0001$). Median changes in confidence were substantial (increases of 25%, 20%, and 13%, respectively, for patients with abdominal pain, chest pain and/or dyspnea, and headache; $P < .0001$); median post-CT confidence was high (95% for all three groups). CT helped confirm or exclude at least 95% of alternative diagnoses. Admission decisions changed in 116 of 457 patients with abdominal pain (25%), 72 of 387 with chest pain and/or dyspnea (19%), and 81 of 426 with headache (19%). During follow-up, 70 of 450 patients with abdominal pain (15%), 53 of 387 with chest pain and/or dyspnea (14%), and 49 of 433 with headache (11%) returned for the same indication. In general, changes in leading diagnosis, diagnostic confidence, and admission decisions were not well explained with site or participant characteristics.

Increased confidence in 13% to 25%

Confirmation or exclusion of alternative diagnosis in 95%

Changed admission decision in 19% to 25%

Forbes

http://onforb.es/ydiz9l

Kashmir Hill Forbes Staff

Welcome to The Not-So Private Parts where technology & privacy collide

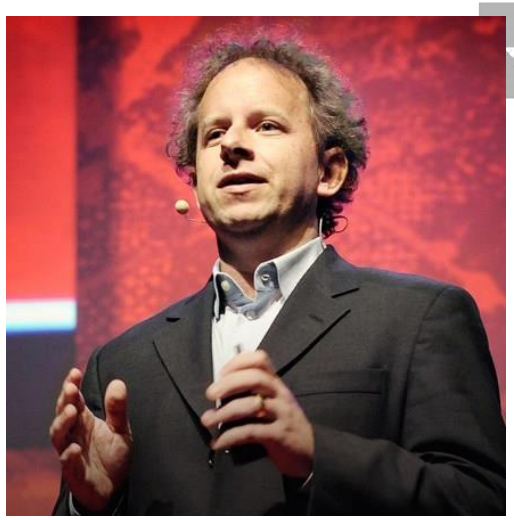
TECH 2/16/2012 @ 11:02AM | 2.907.498 views

How Target Figured Out A Teen Girl Was Pregnant Before Her Father Did

Every time you go shopping, you share intimate details about your consumption patterns with retailers. And many of those retailers are studying those details to figure out what you like, what you need, and which coupons are most likely to make you happy. Target,

Target has got you in its aim

enlitic



Data-Driven Medicine

All clinical diagnosis is based on data. All clinical diagnosis is based on data.

In initial benchmarking test against the publicly-available LIDC dataset, Enlitic technology detected lung cancer nodules in chest CT images 50% more accurately than an expert panel of radiologists

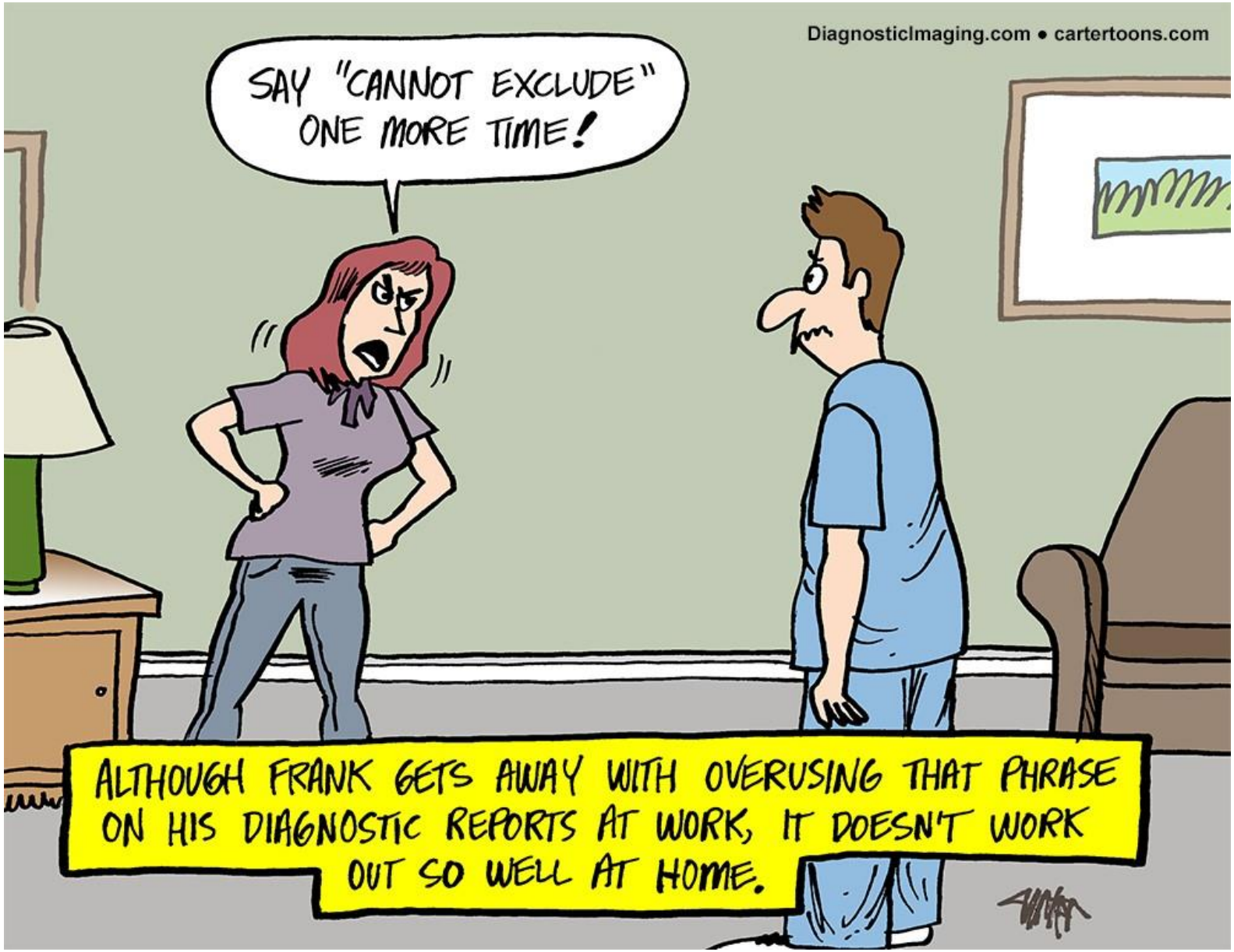
Watch how we do it

In initial benchmarking tests, Enlitic's deep learning tool regularly detected tiny fractures as small as 0.01% of the total x-ray image

Radiology 2026

- Patient oriented
- Improved communication in time
- Structured Reporting, incl. improved consistency with guidelines
- Radiation protection supported by Decision Support
- More quantitative imaging / measurements -> Radiomics
- Value based Radiology
- Probably new kind of Departments: Rad & Path &… (Prof. Oyen, Leuven)
- …

It is worth to have strong Radiology and Radiologists in Hospitals


DiagnosticImaging.com • cartertoons.com
SAY "CANNOT EXCLUDE" ONE MORE TIME!
ALTHOUGH FRANK GETS AWAY WITH OVERUSING THAT PHRASE ON HIS DIAGNOSTIC REPORTS AT WORK, IT DOESN'T WORK OUT SO WELL AT HOME.

European Congress of Radiology

ECR 2017

VIENNA
MARCH 1–5

THE FLOWER GARDENS
of RADIOLOGY

the annual meeting of

EUROPEAN SOCIETY
OF RADIOLOGY


EUROPEAN SOCIETY
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Lung Cancer Detection

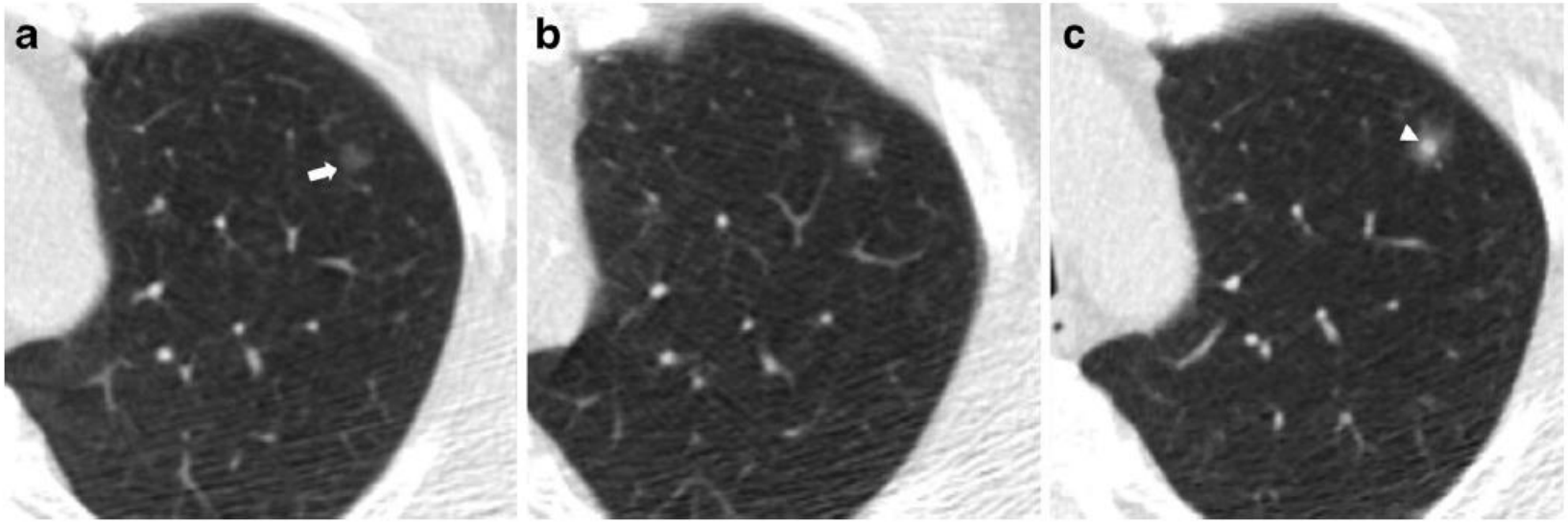


Fig. 2 Increased attenuation of a small lung adenocarcinoma over 3 years in a 62-year-old man. (**a**) Low-dose CT image show a 5-mm non-solid nodule of the upper left lobe (arrow). (**b**) Follow-up CT obtained 1 year later show a minimum increment of axial diameter and a slight increase of nodule attenuation. (**c**) Two years later the progression to a part-solid nodule is obvious. The development of a central solid component (*arrowhead*) within the nodule can be observed. An increase in pulmonary nodule attenuation at LCDT follow-up, the development or increment of a solid component within the pulmonary nodule should raise suspicions of malignancy, even if the nodule size is stable. Typically, this appearance is suggestive of a peripheral lung adenocarcinoma

Insights Imaging (2016) 7:449–459
DOI 10.1007/s13244-016-0487-4

PICTORIAL REVIEW

Spectrum of early lung cancer presentation in low-dose screening CT: a pictorial review

Cristiano Rampinelli[1] · Sonia Francesca Calloni[2] · Marta Minotti[2] · Massimo Bellomi[1,2]

hope Agora 2016

The Future of Hospitals and Healthcare

Dr Daniel Widmer

Vice-President European Union of General Practitioners/Family Physicians (UEMO)

Primary and Hospital care, the future of collaboration

Dr Daniel Widmer, UEMO vice-president

The Future of Hospitals and Healthcare

7.6.2016 Hope Agora Roma

UEMO mission

http://www.uemo.eu

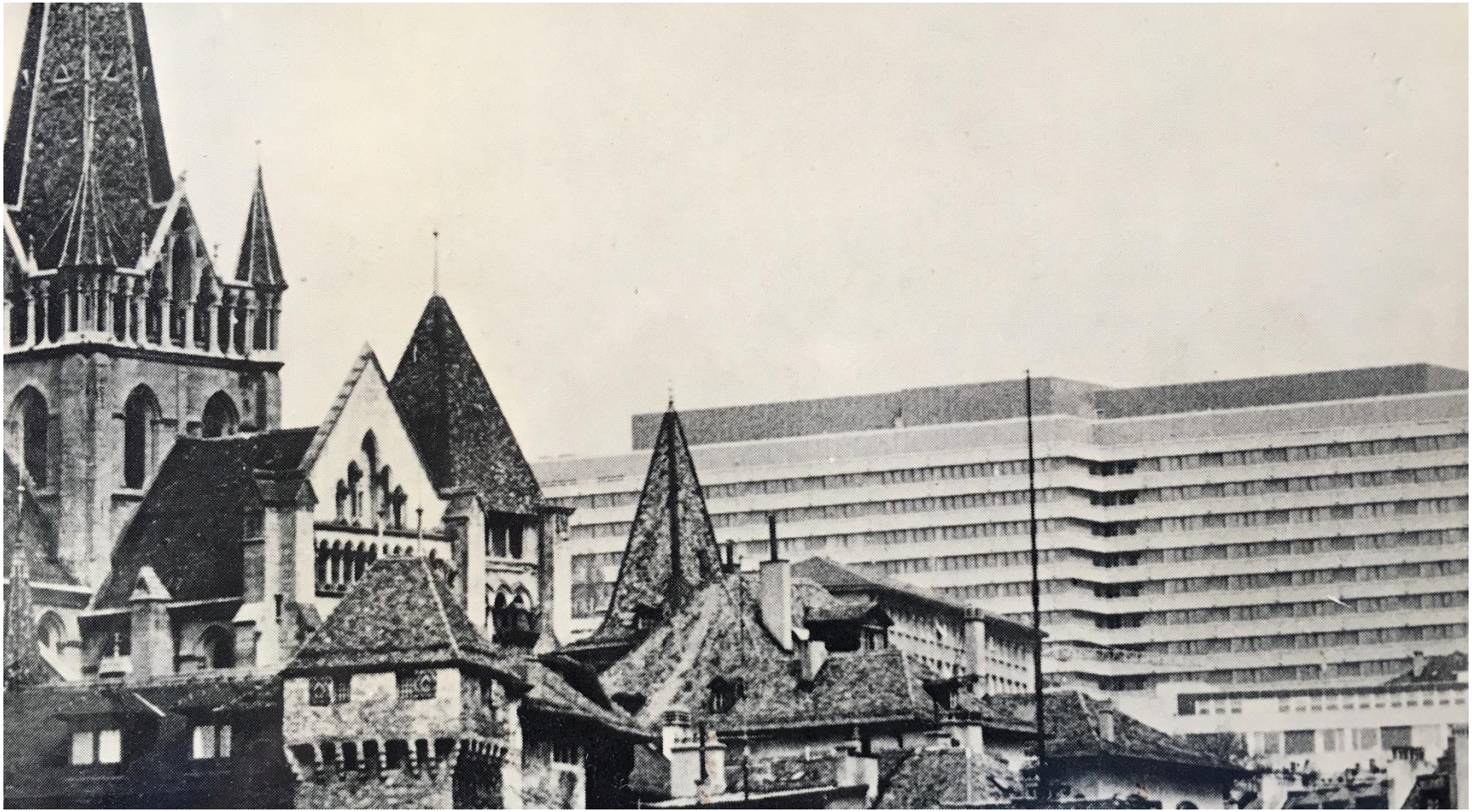
- To study and promote the highest standard of **training**, p**ractice** and **patient care** within the field of **general practice** throughout Europe
- To defend the **role of general practitioners in the healthcare systems**
- To promote the **ethical, scientific, professional, social and economic interests of European general practitioners**, and to secure their **freedom of practice** in the interest of their patients

UEMO mission

http://www.uemo.eu

- To determine the **united views of the members** and to **represent** them through the appropriate channels to the relevant European authorities and international organisations;
- To work with **other European medical groupings,** to strengthen the position and unanimity of the medical profession in Europe in order to maintain the highest possible standards of education, ethics and patient care.

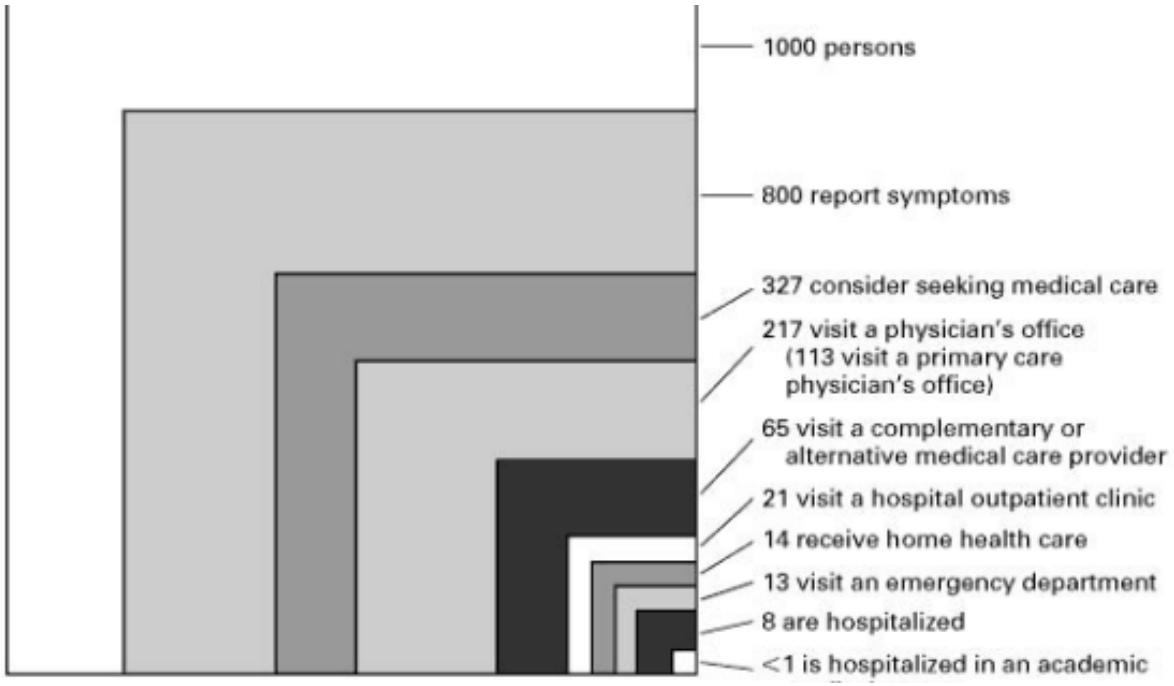
Diminishing returns



GPs critical appraisal on Hospital

- Diminishing returns (Ivan Illich)
- Overmedicalization and quarternary prevention (Marc Jamoulle)
- Survival of the teacher student relationship (Michael Balint) – Hospital judgement
- First impact on medical knowledge (KL. White)

White KL, Williams TF, Greenberg BG. The Ecology of Medical Care. New England Journal of Medicine. 1961 Nov 2;265(18):885–92.

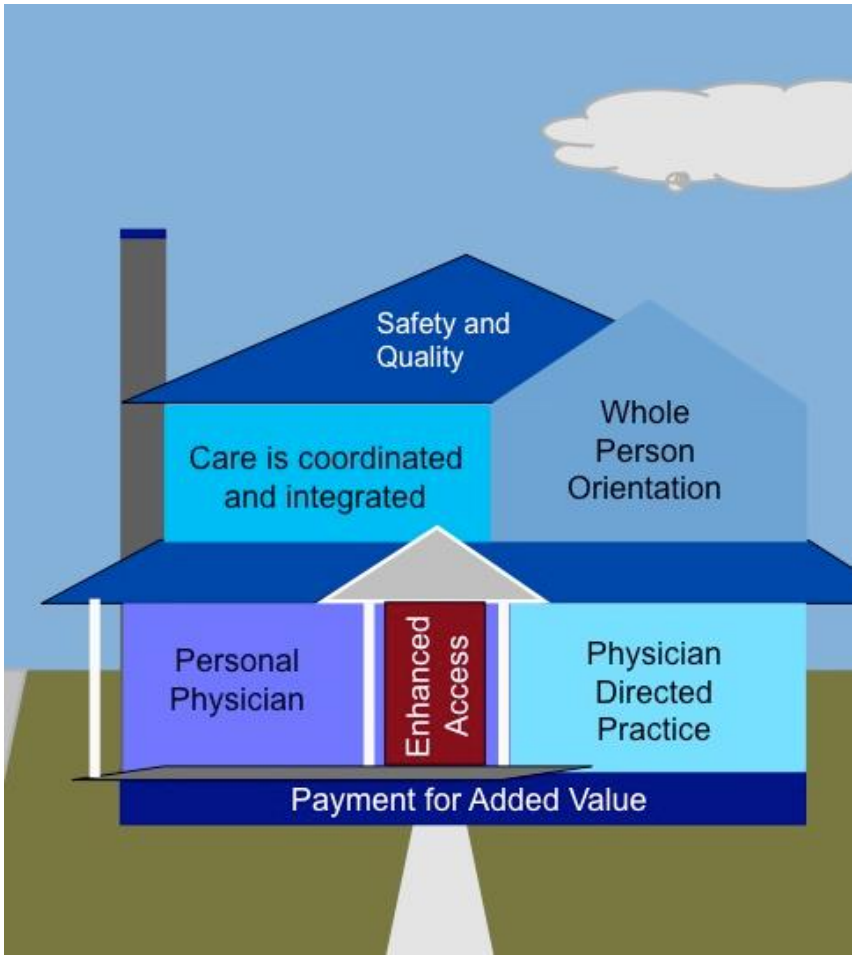


GPs critical appraisal on Hospital

- Disease centred – person centred (I. Mc Whinney)
- Lack of coordination – Silo – inadapted for multimorbidity (Wagner, Montori)

Assume Accountability

- Why must the medical home assume primary responsibility for coordinating care when accountability is obviously shared?
- Because specialists, ERs, and hospitals aren't.



Walk-in patient

- relating to persons who walk into a place from the street, especially irregularly or without an appointment

The Future

- Technical issues
- Emergencies – critical care
- Comprehensive care – uncertainty?
- Support for home care – mobile units
- End of silos

End of silos

- Training exchanges
- Common basic training for specialties?
- Presence of GPs in Hospital and vice versa
- Information sharing – interoperability
- Research together

Primary Care and Hospital
Allgemeine Innere Medizin

Thank you for your attention

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The Future of Hospitals and Healthcare

Mr Aad Koster

President European Association of Homes and Services for the Ageing (EAHSA)

Aad Koster, President

HOPE Conference| Rome, 24-5-2016

The European Association of providers of Housing and Services for the Ageing (EAHSA)

- The European integral platform of the providers of housing, services and socio-medical care for the older persons in Europe
- 3.000 member-organisations in 20 European countries

EAHSA members' values

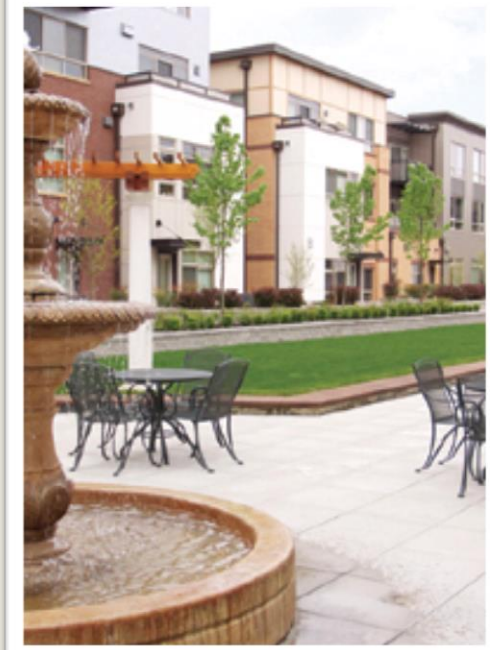
1. Preserving dignity
2. Nurturing spirits in life
3. Comforting in partnership
4. Encouraging diversity in housing and services
5. Adopting a care-focused and modern approach.

Enable older people to live an independent life in an adapted and supportive environment

Voice and promote the interests of the providers for the ageing sector

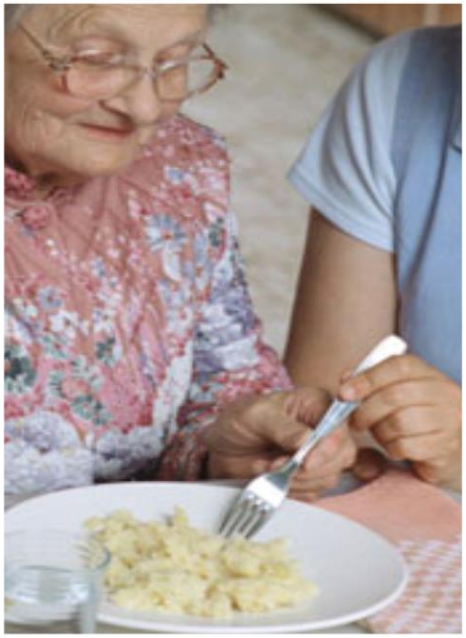
Establish EAHSA as an active partner in the European political arena

Older persons are not a burden but an asset for economies



Adequate housing for independent living

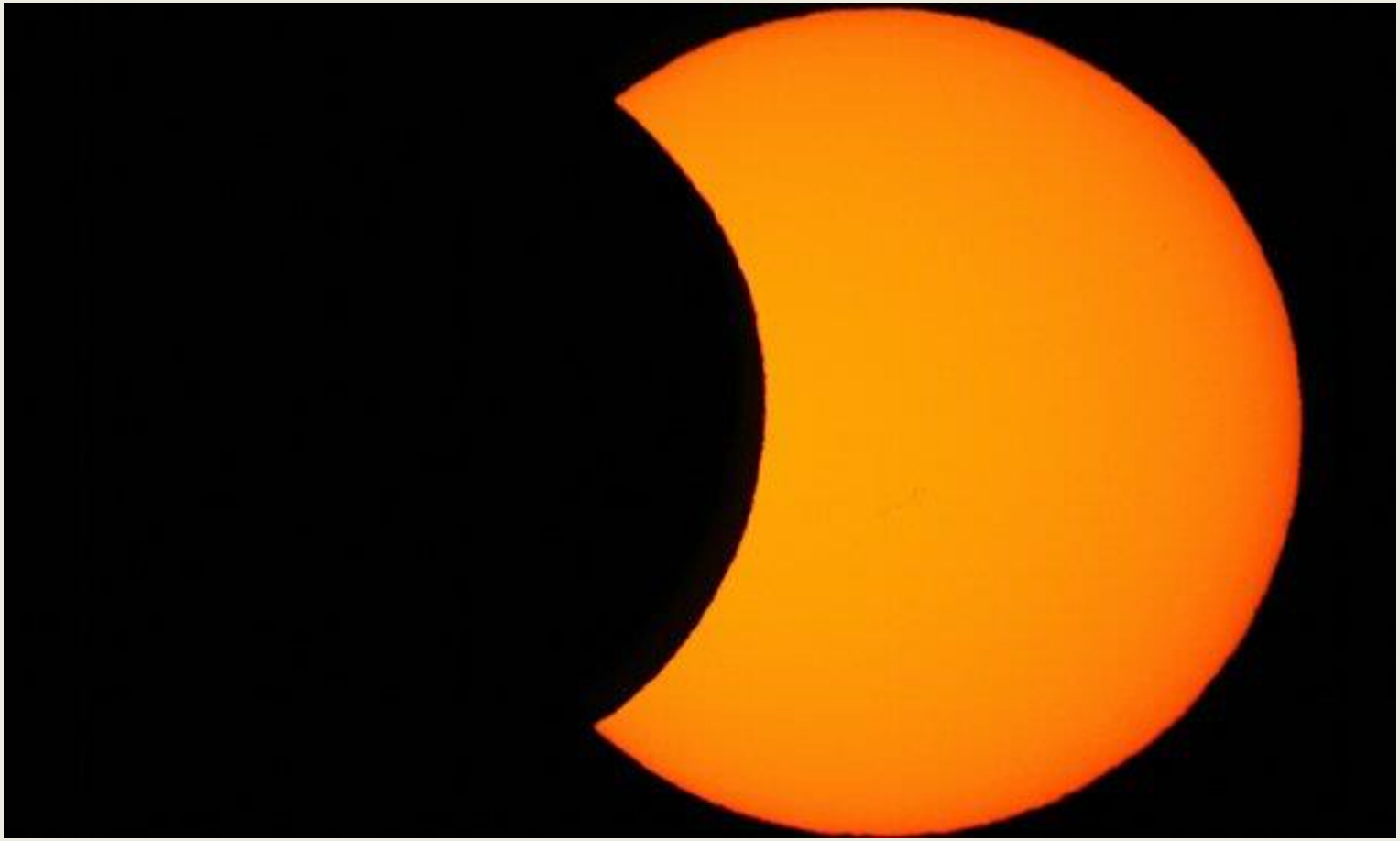
Promoting well-nutrition and avoid (food) waste



Health and care sectors are job creators

Integrated care – Why bother?

Today, more young healthy people pay for the older unhealthy. In only four years time, there will be more older people then youngsters.



Integrated care is but one way

From integrated care to holistic care

The future of holistic care

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