

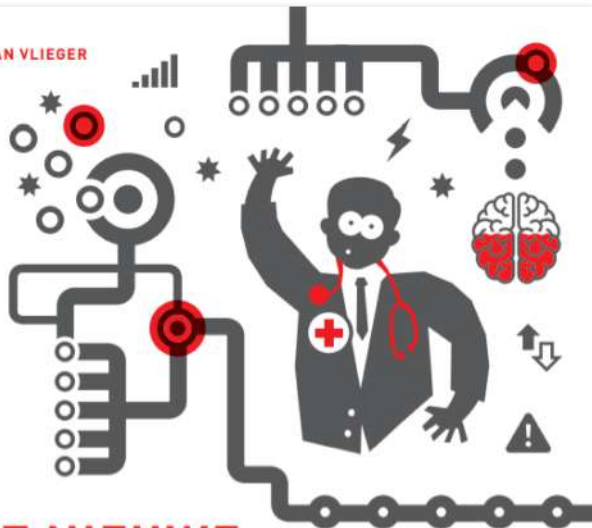


HET NIEUWE BREIN VAN DE DOKTER



ERIK-JAN VLIETGER

Medische kennis uit klinische netwerken



HET NIEUWE

BREIN

VAN DE DOKTER

bohn
stafleu
van loghum

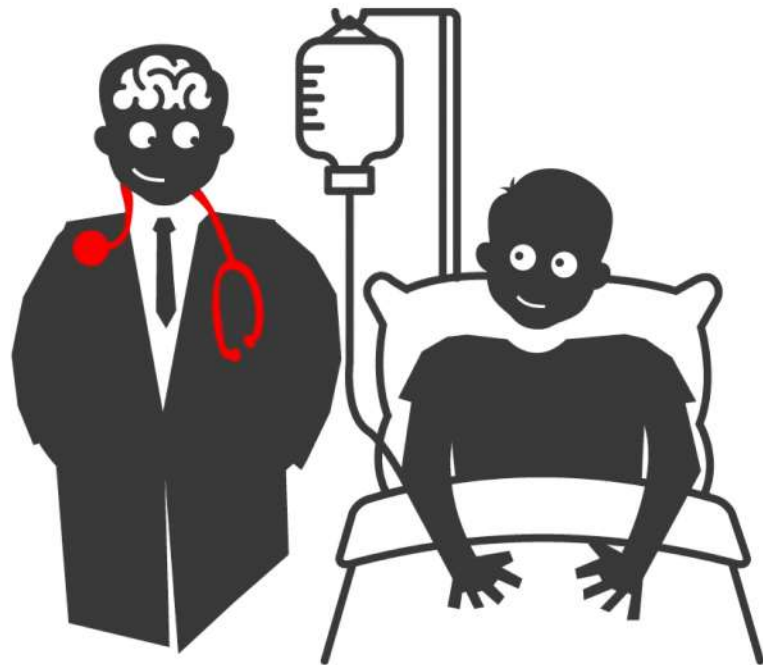




01



**The medical act may lag behind
medical literature up to 17 years**



How much new knowledge is there?

- 2016: every 23 seconds a new article, 17 clinical neurology
 - 1.35 million items in 2016
- Literature -> Guidelines -> Protocols -> Act
 - Big differences per hospital
 - On average 17 years behind
- Growth literature: at least 6% per year
 - 2026: a new article every 14 seconds
 - 2.6 million items in 2026
 - Without Big Data contribution ...

03

Clinical networks and dynamic protocols



Fascinating article!

Original Investigation | Less Is More

FREE

February 2015

Mortality and Treatment Patterns Among Patients Hospitalized With Acute Cardiovascular Conditions During Dates of National Cardiology Meetings

Anupam B. Jena, MD, PhD^{1,2,3}; Vinay Prasad, MD⁴; Dana P. Goldman, PhD^{3,5,6}; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. 2015;175(2):237-244. doi:10.1001/jamainternmed.2014.6781



Problemen met het uitvoeren van goede zorg

- Obvious in literature: the guideline gives highest quality
- Following guidelines:
 - Sarcoma: about 50%
 - Oropharyngeal cancer: 55% (39-82%)
 - SEH unconsciousness: 80%
 - Depression treatment: 16-60%
 - Rheumatoid arthritis: 16% -100%
 - Chronic heart failure: 67%
 - Acute coronary syndrome: 85%
 - COPD in the clinic: 30%



08



Delegation to NP/APN and ICT

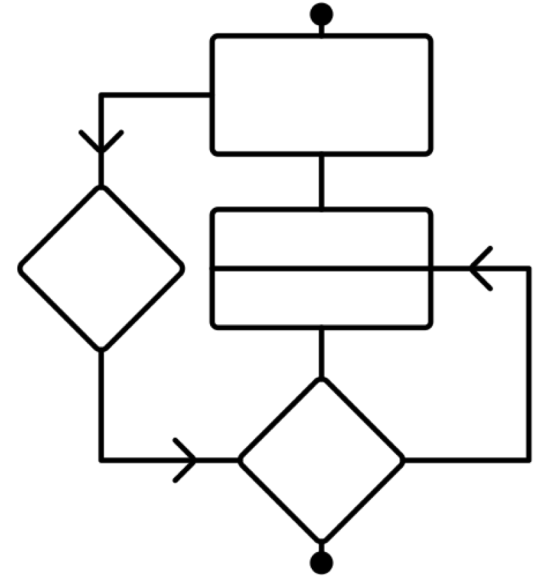


Delegate to NP / APN

- 1) Nursing specialists, nurse practitioners, physicians assistant:
 - a) much more needed
 - b) For quality and cost control
- 2) Delegating to ICT is a gaping gap in healthcare
 - a) Great implementation problem
 - b) Do not think from technology but from medical personnel
 - c) Excellent UI
 - d) Understand how you can really save time
- 3) Tight protocols highly important

What is the ideal knowledge carrier? The brain or the algorithm?

[Interactive protocols](#)



09



The freedom of choice for patients

Combine “Shared decision making” *kn*knowledge drive with “Personalised Medicine”

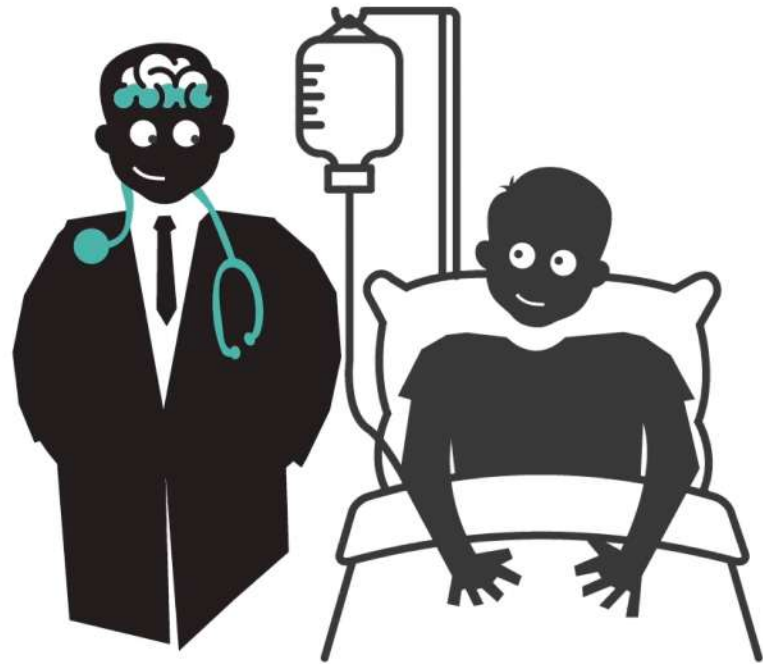
Roadmap:

- What are the different outcomes desired by patients?
 - Get outcome from processes around Value Based Healthcare
- Which different patient groups are there
 - Science \approx statistics
 - It is always necessary to identify different patient characteristics in groups
 - Are the required data available?

05



**Big data allows for personalised
medicine**



Big Data - learning from all patients

- Always capture outcome
 - Important role for NP / APN
- Report encoded and standardized
 - Important role for NP / APN
- This is essential for personalized medicine

07



The new brain of the doctor

The future of dealing with knowledge

- **NP / APN: execution of healthcare**
- **Medical doctors: design of healthcare, manage, supervise**

Finally

- www.hetnieuwebreinvandedokter.nl all the animation
- www.ali.care
- vlieger@ali.care / +31 6 55392678

