



# European Union of Private Hospitals

## Facts and figures

- UEHP Members (18 European Countries) are national private hospital associations
- 5.000 Accredited Hospitals by contract with Social Insurances
- Principles: free access, quality, equity and economic sustainability
- Reinforcement in Member States for a better access to health care without delay : the question of waiting list is still actual.
- Quality of care is a permanent goal. In a fair competition between providers, quality of care and information to patients (and care givers including physicians) remain necessary.
- Efficiency, according to DG SANTE recommendations, is obtained by strategic investments and optimal management in private accredited hospitals.

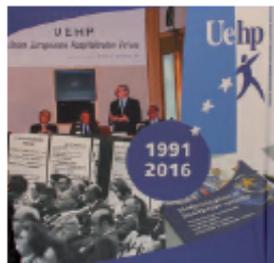


# UEHP recent publication on “Smart hospitals”



## “SMART HOSPITALS” CHALLENGE THE FUTURE: HOW THE EUROPEAN UNION OF PRIVATE HOSPITALS IS DRIVING THE CHANGE

The European Union of Private Hospitals (UEHP) celebrated its 25<sup>th</sup> anniversary in Rome this year. We have now to prepare for the next 25 years, challenging the necessary evolution of healthcare systems including innovative technology.



Our goal is to ensure equal access to quality treatments in all countries for all European citizens, as well as to respect sustainability and efficiency of the health systems. Patient mobility is a chance, and we have to manage this challenge of a competitive offer reducing waiting lists.

UEHP is involved in a long term cooperation with patient associations, healthcare experts and policy makers. We organise our working sessions in all Member States, recently in Italy and Bulgaria, meeting MEPs and Ministries to be connected with health policy reforms. A proactive evolution of healthcare systems will be European and not only national, each experience being useful for all. We are concerned

with quality standards implementation, as financial incentives including outcome for positive reforms.

The key to success is being **actors of change**. The future of hospitals will integrate new technologies, cooperation between actors, and a more confident relationship with an informed European patient. All UEHP members prepare this major challenge to transform uncertainty into achievements and progress. It is time to strategic investments, including adaptation to medical progress and IT revolution integration. A connected hospital, a “smart hospital”, just like a smartphone, could be the relevant image. A new deal for cooperation with the healthcare sector industries is required, including the full involvement of all professionals to assess a global successful performance. Barriers remain to be broken!

As stakeholders of European working groups on quality, patient safety, e-health, strategic investment, UEHP expresses the position of private hospitals ready to the next IT revolution. UEHP is an active partner of change, working on new financing rules, integrating public and private insurances reforms. New fields will be explored for prevention, education and

training, professional cooperation. But efficiency remains our major goal to offer the right service “on time” to an informed patient.

We have to effectively realize the modernization of healthcare. UEHP accepts the challenge of performance for the next hospital generation, an hospital connected with patients and professionals, accessible for a quality service without delay. Sustainability of social systems depends now and for the next 25 years on the management of innovative performances, certainly with the greatest implication of the private sector.

Dr. Paul Garassus, UEHP President

Contacts:  
Ilaria Giannico, UEHP Secretary General  
Avenue de la Joyeuse Entrée, 1 boîte 11  
B- 1040 Bruxelles Belgium  
Tel +32 2 2861237  
Email: [secretarygeneral@uehp.org](mailto:secretarygeneral@uehp.org)  
[www.uehp.eu](http://www.uehp.eu)  
Twitter: UEHP\_Brux



# UEHP promotes the use of Big Data

❖ UEHP is member of the *EC eHealth Stakeholder Group*

❖ *Big Data potential:*

- ✓ *reduce healthcare expenditure*
- ✓ *predict outbreaks of epidemics and avoid preventable diseases*
- ✓ *provide personalized treatment plans*
- ✓ *prevent hospitalisation or re-admission when not necessary*
- ✓ *protect patients from hospital infections*
- ✓ *reduce waiting lists*
- ✓ *constant monitoring of the patients (24h/24h)*
- ✓ *the patient is more comfortable at home*
- ✓ *the patient can live an active life*



❖ *Big data are a real challenge for the future of private hospitals in Europe*

# ...however

## ❖ ***Fragmented and diversified scenario***

- ❑ *regulation for data and privacy protection*
- ❑ *availability of the data*
- ❑ *re-use of existing data*

## ❖ ***Sensitive nature of healthcare data***

## ❖ ***Safety of data use***

## ❖ ***Innovation is expensive***

## ❖ ***Data quality and quality of data analysis***

## ❖ ***Training for patients and families***

## ❖ ***Training for the healthcare workforce***



# Experiences coming from UEHP hospitals

## GERMANY

### *Big Data for quality improvement*

[Initiative Qualitätsmedizin](#) is a project using routine data to improve quality of hospital care.



The three principles of IQM:

- ✓ **Measuring quality** - by indicators based on DRG routine data finding potential for improvement through appropriate capture criteria
- ✓ **Transparency of results** – through publication good results encourage motivation conspicuous results generate “sound pressure“
- ✓ **Improving quality** – by Peer Review processes willingness towards cooperative learning

# Experiences coming from UEHP hospitals

**POLAND**

***Big Data & regional cooperation***



EMC is **continuously testing satisfaction of patients** in regard of quality of provided services, both in hospitals and outpatient clinics.

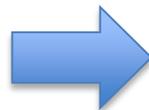
To do so, the Company uses:

- ✓ Inquiry forms;
- ✓ Survey – mystery shopping;
- ✓ Media monitoring (Internet – forums, TV, press).

EMC efforts towards a more comprehensive healthcare: the ***Lower Silesia Model***

Lower Silesia is a region in Poland, particularly active on ICT in healthcare. In the framework of the Polish national Strategy for eHealth, the region is leading some innovative projects on the implementation of platforms for the exchange of EMR among different regions in Poland.

**LOWER SILESIAN LEVEL**



**COUNTRY LEVEL**



**EU LEVEL**

# Experiences coming from UEHP hospitals

## ITALY

### *Big Data for Spine Surgery*



I.R.C.C.S. ISTITUTO  
ORTOPEDICO  
GALEAZZI

**“Galeazzi Spine Reg”**: the first Spine Surgery Registry with *Patient Related Outcome Measurements (PROMs)*.

Implemented this year at the IRCCS Istituto Ortopedico Galeazzi, this **innovative registry** has been conceived with the general objective of **creating a comprehensive database bringing together pre-and-post surgery data, collected both from doctors and patients**. This enables the Institute to conduct parallel and independent assessments of the quality of the services offered.

The data are encoded following the **Spine Tango** procedures – Spine Tango is the **International Spine Registry**, developed by EuroSpine in 2000.

Data can be then analysed for research on:

- ✓ Better planning of spine surgery
- ✓ Monitoring for complications
- ✓ Any other relevant research you may want to conduct

# Experiences coming from UEHP hospitals

ITALY

**Cluster C.H.I.C.O and Big Data**



- ❖ « **Black box** » **project** – development of a « **hospital black box** » connecting ALL devices and technologies collecting data through eHealth (integrated knowledge, diagnostic monitoring, easy use). Back up of ALL data in case of bugs, shut down, other IT problems)
  
- ❖ **Pilot project 1: « Learning Digital Phenotype from Big Data »** - the project aims at creating a « **Digital Phenotype** » for each disease (diabetes, leukemia, hypertension) by merging data coming from digital medical records, social networks (Twitter, Facebook) and other health forums with RWD about the specific disease. By doing so, researchers will be able to identify, among others:
  - ✓ *Side effects of medications and therapies on a large scale*
  - ✓ *Needs and behaviours of citizens*
  - ✓ *Effectiveness of health campaigns*
  - ✓ *Any links between persons suffering from the same disease and their profiles, contacts, websites visited, etc.*

[see “You Are What You Tweet: Analyzing Twitter for Public Health”, –Paul e Dredze (ICWSM 2011) ]

# Experiences coming from UEHP hospitals

## ❖ Pilot project 2- Telemedicine for leukemia

### TODAY



Hi, my name is Nino, I'm 13 years old and I have leukemia. For my therapy I **have to regularly go to the hospital** for a few days, and then I need time to recover from the therapy. Then, I can go back home. I also have to take a lot of **blood samples** to see if my body is responding to treatment. I have to **wake up very early** in the morning to go to the hospital to have my blood sample taken. There, me and my mom **wait for the results for hours** and sometimes I have to stay overnight in the hospital, if I got bad results. I have to pay a huge attention to people with **infectious diseases** because my immune system is very weak. I spend a lot of time on **Facebook** chatting with my friends who also have leukemia. We have a **group** where we speak about everything, also about our **disease**. We talk about our treatments, the side effects, our leukemia stages, etc. Well, I know all I need to know about my leukemia, I read it on **Internet**.

# Experiences coming from UEHP hospitals

## ❖ Pilot project 2- Telemedicine for leukemia



### TODAY

Hi, my name is Giuseppe, I'm a paediatrician and I treat patients with leukemia. Every morning I see around **100 families** in our ward for the regular monitoring plus around 50 hospitalised patients. We try to do our best to **speed the process** and let kids go back home when they feel better, always **paying enormous attention and being prudent**. When at home, the kids are assisted by their **parents**, who become real experts in the management of the treatments. We would need a efficient **«hospital at home»** service, but it doesn't work for the moment. **We**, a team of doctors and nurses, **go to their home** for regular monitoring and **blood samples**. All communications between the hospital and the family are made by the **phone**. These phone calls are useful to understand how the kid is responding to treatment by means of **simple questions** like: how do you feel today? Are you hungry? What are you doing? Are you playing? Depending on the replies we are able to understand if, for example, the child needs **respiratory assistance** or, worse case, if he has to be hospitalized again. I also do **research**, we study the **safety and efficacy of new therapies**. This requires collecting a lot of information and data. These data are first collected on **paper form**, then copied on a digital form to be processed and exploited. It would be good being able to **collect data on the disease when the kid is at home**, just as if we were visiting him in the hospital.

# Experiences coming from UEHP hospitals

## ❖ Pilot project 2- Telemedicine for leukemia

### TOMORROW



Hi, my name is Nino, I'm 13 years old and I have leukemia. For my therapy I go to the hospital only when it necessary, for the rest of the time the doctors monitor my treatment when I'm home with a new system called telemedicine. My paediatrician is a genius, we make video calls, he asks me some questions and reads automatically on the screen all he needs to know about my temperature, the oxygen saturation, the degree of movement, etc. I don't have to do anything, so we can chat while he's working. Yesterday, my mom received a message suggesting vaccination against pertussis for my parents and my sister, to lower the risk for me of contracting it. I have to take a lot of blood samples to see if my body is responding to treatment. Tullio, the nurse, comes to my place to take them and then we see all together the results on the screen. If they are bad, I then go to the hospital. In our Facebook group many of my friends chose the telemedicine. Two weeks ago we started a competition to see who sleeps more. We do it by means of a wristband that registers all our data and sends them directly to the hospital. The telemedicine system sends me messages and alerts to inform me about the treatment and my progresses. It also helps my parents with the management of the procedures (the cleaning of my venous catheter) and it also suggests to go to the hospital if the situation turns out to be bad.

# Experiences coming from UEHP hospitals

## ❖ Pilot project 2- Telemedicine for leukemia



### TOMORROW

Hi, my name is Giuseppe, I'm a paediatrician and I treat patients with leukemia. Compared to last year, **50% less families** come to our ward every morning, even if the overall number of patients treated has increased. We managed to **rationalise the procedures for the blood samples** with a considerable reduction of families waiting in the waiting rooms. We are still very prudent at all stages and we can count on a large amount of **real-time information** coming from the telemedicine system. Instead of speaking to the parents only when they visit the hospital, we are able to **remotely teach them** the maintenance of the central venous catheter, as well as give them psychological support. We call it «hospital at home»: the telemedicine system enables us to see each other during the video call and **it works on tablets, smartphones, computer**. The system **constantly monitors and sends to the hospitals the child's vitals, as if he was at the hospital**. We are also able to **prevent critical situations and infectious diseases**, by suggesting vaccination to the patient's relatives. The hospital ward is always full of patients, but we have more time of those in critical conditions. All our patients have a **risk profile** which enables us to give them the most appropriate treatment and to avoid critical situations. We have **80% less unnecessary hospitalisations, 90% less readmissions within 1 month of hospital dismissal**. We also improve our scientific research. The **EMR** collects information coming from **home, from the hospital, from the wearables or even the access to the Facebook groups**. We are now studying a system which **predicts complications**. Finally, we are able to recognise different profiles among groups of people suffering from the same disease, in order to give them a **targeted treatment**.

# UEHP calls for

- ❖ **Alignment of European national legislation on data protection and privacy**
- ❖ **Better resource allocation and more investments in new technologies**
- ❖ **Scientific research and comparative studies on Big Data in Healthcare must be supported by EU**
- ❖ **More integration in healthcare** (enhance cooperation between healthcare providers)
- ❖ **More education and training on handling large amounts of data and strategy analysis of Big Data for hospital management**
- ❖ **Permanent attention to safety procedures on confidential data**



***Medicine is a social science, and politics is  
nothing else but medicine on a large scale.***

***Rudolf Virchow***

(1848), in his weekly medical newspaper Die Medizinische Reform, 2. In Henry Ernest Sigerist, *Medicine and Human Welfare*, (1941)

***Thank you for your attention!***

**Ilaria Giannico**

**Secretary General**

**UEHP – European Union of Private Hospitals**

Email : [secretarygeneral@uehp.org](mailto:secretarygeneral@uehp.org)

Skype : sg.uehp

Website : <http://www.uehp.eu>

Twitter : [@UEHP\\_Brux](https://twitter.com/UEHP_Brux)

