

OPEN LINE - PARTNER CONTENT



Targeted data sharing prevents patient exclusion and creates transparency in the treatment strategy

Making oncology patient data available at the press of a button and rapidly connecting medical specialists. This is now taking place in six hospitals thanks to a virtual platform of Open Line. Upscaling to the Netherlands as a whole can be done quickly, says Chief Healthcare Officer José Strijbos.

Photo: AtelierStrijbos

Healthcare is a very important sector for Open Line, Strijbos explains. “We started out as a managed cloud services company, which has now been operating for twenty years. That is still at the core of what we can and actually do extremely well. Forty percent of our clients are now engaged in or related to healthcare.”

According to Strijbos, Open Line feels the responsibility to perform time and again because it collaborates so much with parties in the healthcare sector. “If you work in this sector, it is vital that you understand exactly how important it is that the service needs to be up to standard and that the underlying ICT infrastructure works correctly. If something goes wrong with that infrastructure and there's a patient on the operating table, we have just ten minutes to get everything up and running again. If we get a call from a radiotherapy client that a scanner is down, we know that it's not just some printer and we immediately sense the urgency and understand the impact. This generates a constant sense of responsibility.”

Open Line provides all or part of the management of the ICT infrastructure, security, networks, workplace management, office application landscape and cloud services to its healthcare clients. The digital side of ICT is therefore handled by Open Line, while clients remain functionally responsible for managing applications and users. Incidentally, Open Line is increasingly becoming the go-to contact for end- users too.

Oncomid

Work on expanding services began four years ago and the Open Line eHealth Platform was added to our portfolio. One key application included in that expansion and which Open Line can therefore offer its clients is Vitaly, which is supplied as-a-service. This application is used within Oncomid, the regional oncology network, where it supports, for instance, multidisciplinary consultations.

A Multi-Disciplinary Team Meeting (MDTM) is a consultation between medical experts from different professional fields, from different hospitals or a combination of the two. They may include oncologists, radiologists and pathologists who consult collectively regarding a patient. “Bringing multiple specialists together to arrive at a correct diagnosis and appropriate treatment plan is required more often than we think”, says Strijbos. “Patients are discussed individually in an MDTM by a team of experts, which means that medical specialists from around the world can be assembled to decide on the treatment course for difficult clinical cases.”

With Vitaly at the heart of the solution, this MDTM is automatically put together and organised. This saves a lot of time and money, as the logistics and planning of a multidisciplinary team can take a lot of time if it remains a purely human task. Furthermore, it enables the same quality of healthcare regardless of location and adds value to existing medical information. Open Line started at the regional oncology network Oncomid, but is also working on cardiology and obstetrics.

Data Delen Midden-Nederland

Six hospitals in the central Netherlands that are participating in Oncomid got to work and together they developed a regional ICT infrastructure: Data Delen Midden-Nederland, a data sharing organisation. This allows these hospitals to share patient data for the MDTM rapidly and securely. Strijbos: “Vitaly's power is the integration of patient information. Physicians register a patient from the electronic patient record they work with on a daily basis, data is retrieved, photos and reports are extracted from national networks and prepared for the MDTM.”



José Strijbos
Chief Healthcare Officer



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“It will be a huge improvement for patients if this system is used in more locations”, says Strijbos. “Five per cent of patients who are registered for an MDTM are still being excluded at present, because there is missing information or a doctor is absent. Just imagine if you are an oncology patient who receives such a call. We are already seeing that we have managed to bring this down to two per cent. We also observe that more patients are being discussed in an MDTM.”

Not only can patients benefit, a system like that in use at Oncomid can also help healthcare workers. In the Comprehensive Care Agreement (IZA), increasing job satisfaction in healthcare is a focal point and the time healthcare workers spend on administration is often referred to as an obstacle. Automating the organisation of MDTMs can save about 20 minutes per patient, time which would otherwise be taken up by such administrative work. Twenty minutes may not sound much, but it quickly adds up to thousands of hours a year.

Rapid upscaling possible

Consequently, Strijbos believes that upscaling Oncomid is desperately needed and achievable in the short term. Health insurers are already supportive of upscaling, but care regions also need to be properly organised to get it done, she says. “That is essential to ensure that it is done properly. We at Open Line are well placed to help because of the experience we have already gained.”

Strijbos is both ambitious and optimistic about the potential to rapidly roll out Oncomid in the rest of the Netherlands. An MDTM support Netherlands programme has been launched from Data Delen Midden-Nederland to share knowledge for national upscaling. A great deal of work is already being done at Open Line too: “We are currently drafting transition guidelines outlining what needs to be done to successfully implement everything. I'm confident we should be able to manage the upscaling for the Netherlands in two to three years.”

The facts

- Oncomid supports an MDTM from registering a patient to returning the report to the Electronic Patient Record (EPR)
- Physicians register a patient for an MDTM from their own EPR.
- All relevant data are collected from the EPR and from the existing national cross-enterprise document sharing (XDS) infrastructure. All relevant patient information is therefore present.
- This reduces preparation time and at the same time increases the quality of the MDTM, prevents patient exclusion and increases the number of patients that can be discussed in the MDTM.