

e gezondheid

e santé

ISP
WIV

WETENSCHAPPELIJK INSTITUUT
VOLKSGEZONDHEID
INSTITUT SCIENTIFIQUE
DE SANTÉ PUBLIQUE

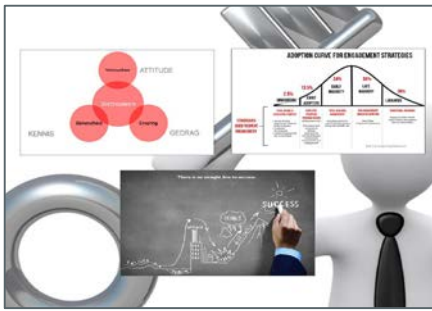
RIZIV

The healthdata.be project: Minimalisation of registration burden, Maximalisation of Return On Information

PriMHE – Vienna - 25.11.2015

HD SteerCo

- **Alignment** with Action plan (Health 2013-2018);
- **Define procedures and criteria** for start of new registers and the continuation of existing registers, with focus on reduction of registration burden;
- **Evaluation and prioritization** new proposed projects;
- Follow-up of **Small Cell Risk Analysis** (Statistical Disclosure Control);
- **Service Level Objectives**;
- **Budget control**.



Summary

- 1 technical implementation for all registries;
- 1 information architecture for all registries;
- 1 service provider for all registries;
- 1 set of business processes for all registries;
- Max. reuse existing data ("only for" registration);
- Each DP can develop own strategy and priorities re: data integration and APIs;
- Each DP has the original set of submitted data in structured and coded (inter) national format, in 1 local database;
- Each DP receives timely feedback reports within 1 reporting environment;
- **Less administrative burden, higher efficiency, more time for patient, higher quality of care, more time for research, higher quality of research, lower costs**

Q&A

- www.healthdata.be
- healthdata@wiv-isp.be
- [healthdata.be](https://www.linkedin.com/company/healthdata-be)
- [@healthdata](https://twitter.com/healthdata)

Planning

- 2014-2017: focus on **redesign of 42 existing registers** managed by WIV-ISP and RIZIV;
- **Examples**: Rare diseases, HIV/AIDS, Diabetes, Influenza, Common childhood vaccine-preventable infectious diseases, Nonconical infections, Medical devices (pacemakers, stents), Hip & knee, ...; Rheumatoid arthritis ...;
- **3 Waves**: 2014-2015(Q3); 2015-2016(Q2); 2016-2017(Q) (see www.healthdata.be). Based on objective complexity criteria and policy priorities
- **Actualization** of planning possible because of new priorities and urgencies => **NEW: Anatomic Pathologists towards Belgian Cancer Register**

Terminology

- 80 registers => **8000 variables**: **need for standards**
- **Clinical Building Blocks**: introduction of a national minimal set of stable, structured, specification independent, technical neutral, and reusable data specifications for (hospital) EPD. Collaboration with NICTIZ & NFI.
- **SNOMED-CT**: Prioritized standard for Lists of Values (LOVs) in Clinical Building Blocks.

40min.

Belgium

- **Federal constitutional monarchy**, 3 Regions: the Brussels-Capital Region, Flemish Region, Walloon Region; 3 Communities: Flemish Community, French Community, German-speaking Community;
- **Population**: 11,239,755 inhabitants
- **State reform**: 66 powers transferred to the Communities and Regions: e.g. Care of the elderly and certain aspects of health care policy (including mental health and preventive measures)
- **Compulsory social security**

Why?

healthdata.be: the end-to-end process

Architecture

- **HD4DP[®]**: First local client software (API[®] based with forms) managed by HD Catalogue;
- **Approved by**:
 - **WG Architecture**: Positive advice (12/12/2014 & 06/03/2015) generic healthdata architecture;
 - **Statelid Committee Health (Privacy commission)**: Authorization (21/04/2015) generic healthdata architecture;
- **In production after successful test installations** (UZLeuven, UZAntwerpen, UZBrussel, ZNA, IZGent, CHU Erasme, CHU Charleroi, Intersid...);
- **Industry**: integration HD4DP in their messaging software.

Business Processes

- Obtain **standardization** in way actors interact for certain process
- **Simplify** interaction between various actors by adhering to "only once" principle and maximally integrating with existing workflows
- Ensure **compliance** to various governance rules and regulations
- Create **transparency** and awareness for stakeholders about various processes and status of on-going processes
- Support **continuity** of register management (e.g. in case of staffing changes)

Belasting Leuker kunnen

Simplification

Healthdata.be will focus on the **simplification, standardization and automation** of the:

- **Business processes**
- **Data collection architecture**
- **Information management** (terminology)
- **Data management**
- **Use & re-use of data**
- **Feedback reporting**

healthdata.be

- Use of 30 April 2014 cabinet provisions related to health: Section 81 (initiative **ISDR** (HAMB) and WIV-ISP healthdata.be);
- A new service within the legal body of the Institute of Public Health (WIV-ISP), linked by **RDV/INMAM** (2014/2015), contract of signs and division;
- **Facilitate** (in terms of technology and process management) data exchange between healthcare professionals and researchers according to "only once" principle and reuse of data, in order to **increase public health knowledge** and to **adapt health care policy, with respect for privacy of patient, healthcare professional and medical confidentiality**;
- **Inter-governmental service** for both federal and community/regional governments responsible for health and healthcare, and **private legal bodies** (contractors);
- 2014-2017: focus on **implementation of 42 existing registers** managed by WIV-ISP and RIZIV.



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GP: ca. 12.000
Spec. MD: ca. 23.000



Gen. Hosp.: 122
Psy. Hosp.: 66



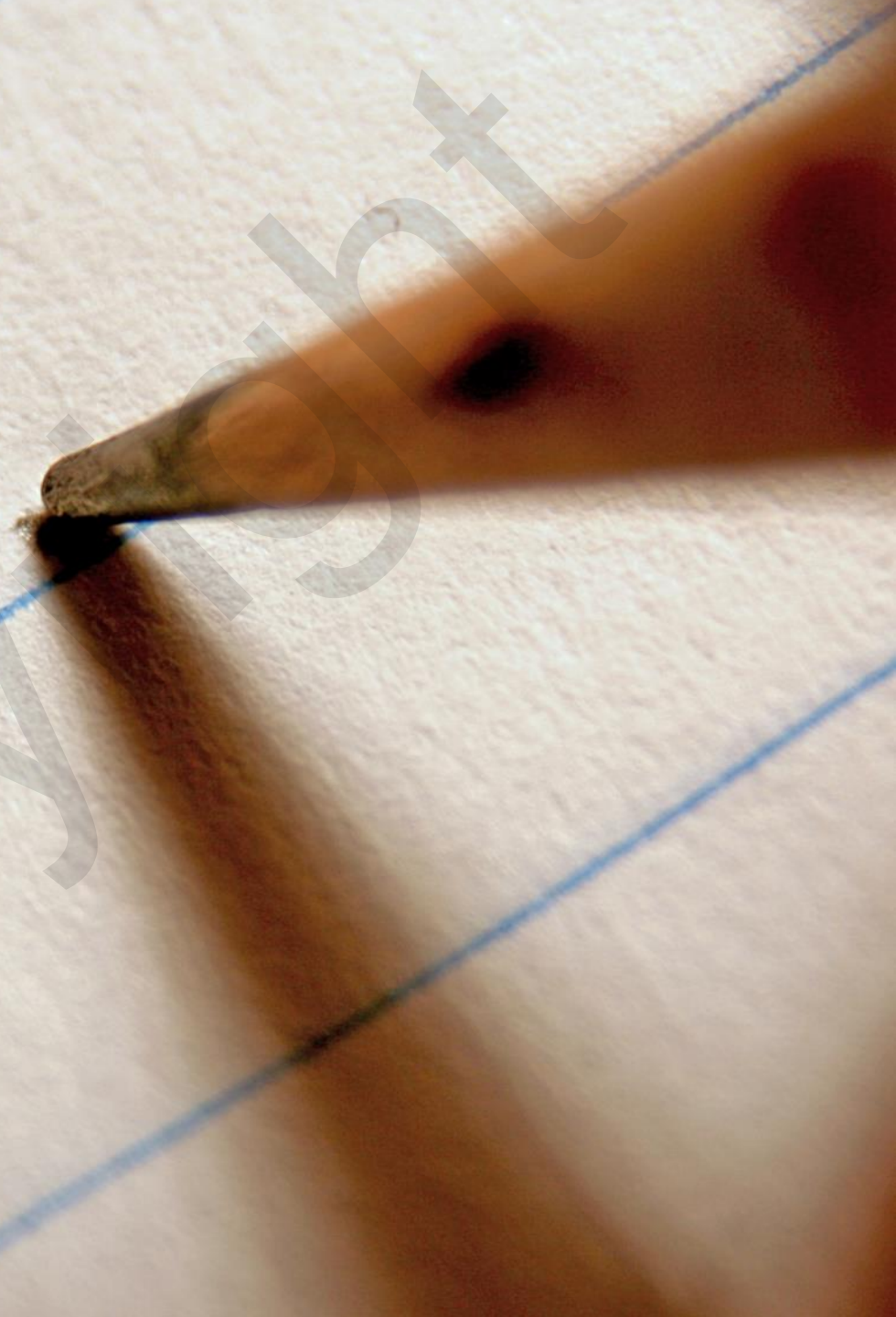
259



4.942

**40% of hospitals have
negative financial
results (2013)**

Handwritten scribbles in brown ink on lined paper, including a curved line at the top and a larger, more complex scribble below it.



COPYRIGHT

Clinical registries are necessary !

Unknown effectiveness

50%

Effectiveness of 3000
common therapeutic
interventions

BMJ Clinical Evidence (2014)

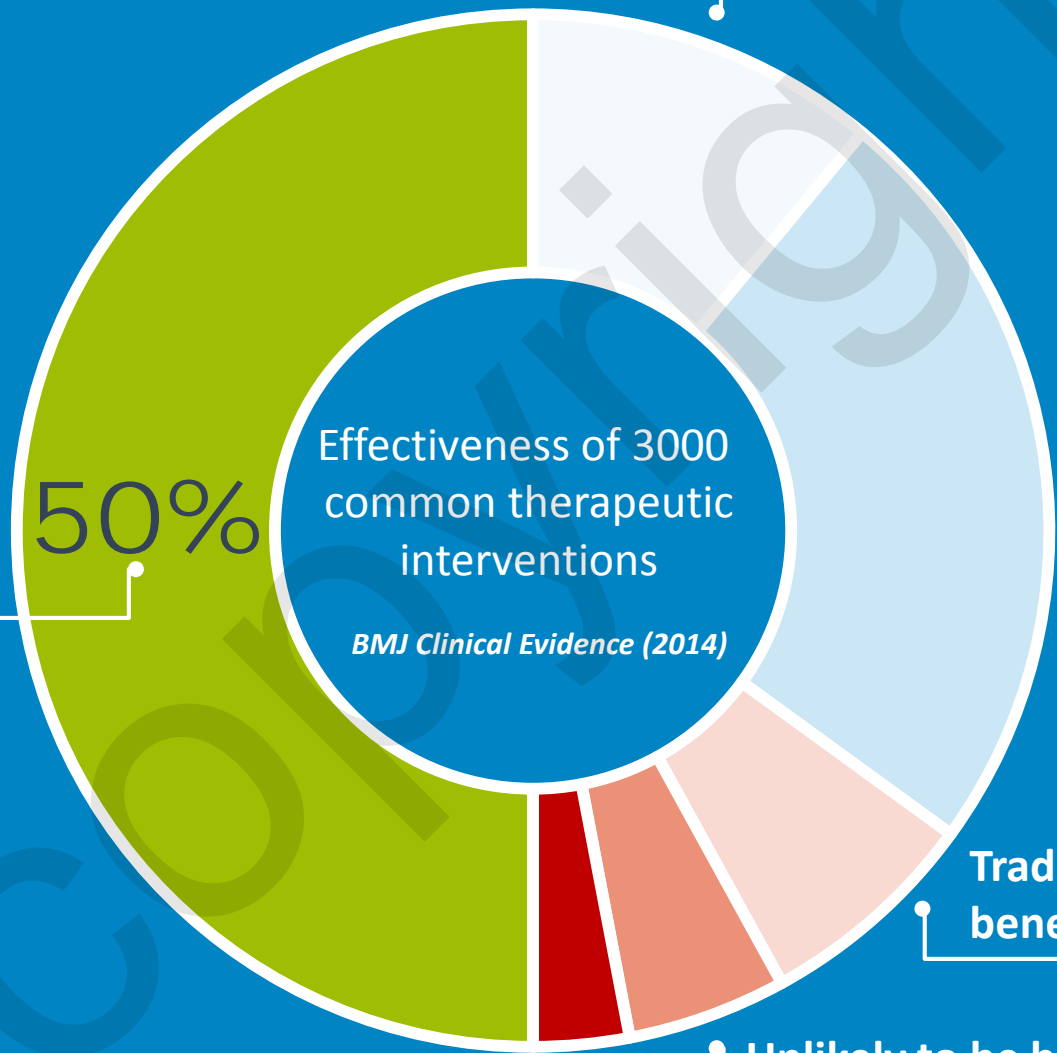
Beneficial (11%)

Likely to be
beneficial (24%)

Trade-off between
benefits and harms (7%)

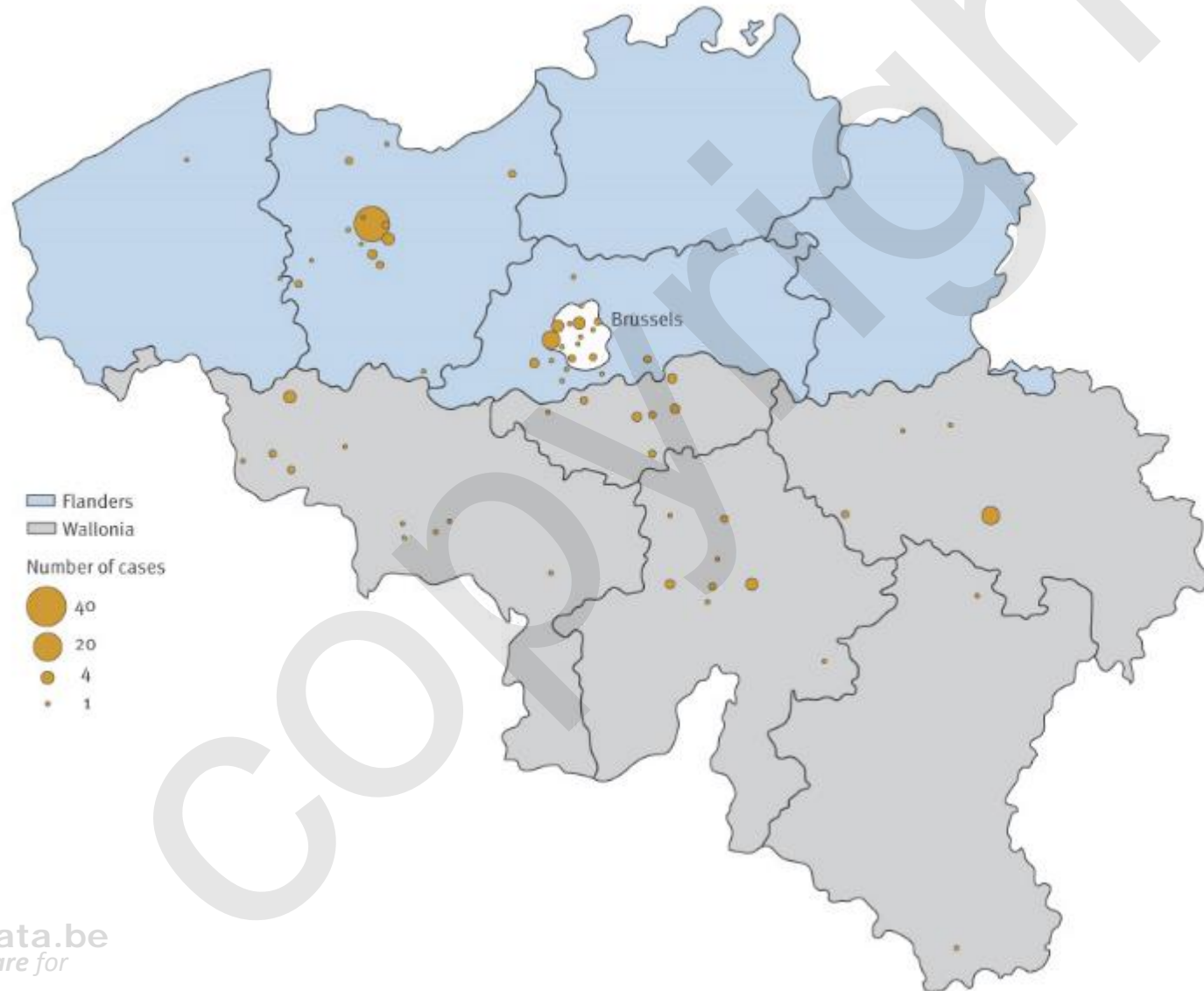
Unlikely to be beneficial (6%)

Likely to be ineffective or harmful (3%)



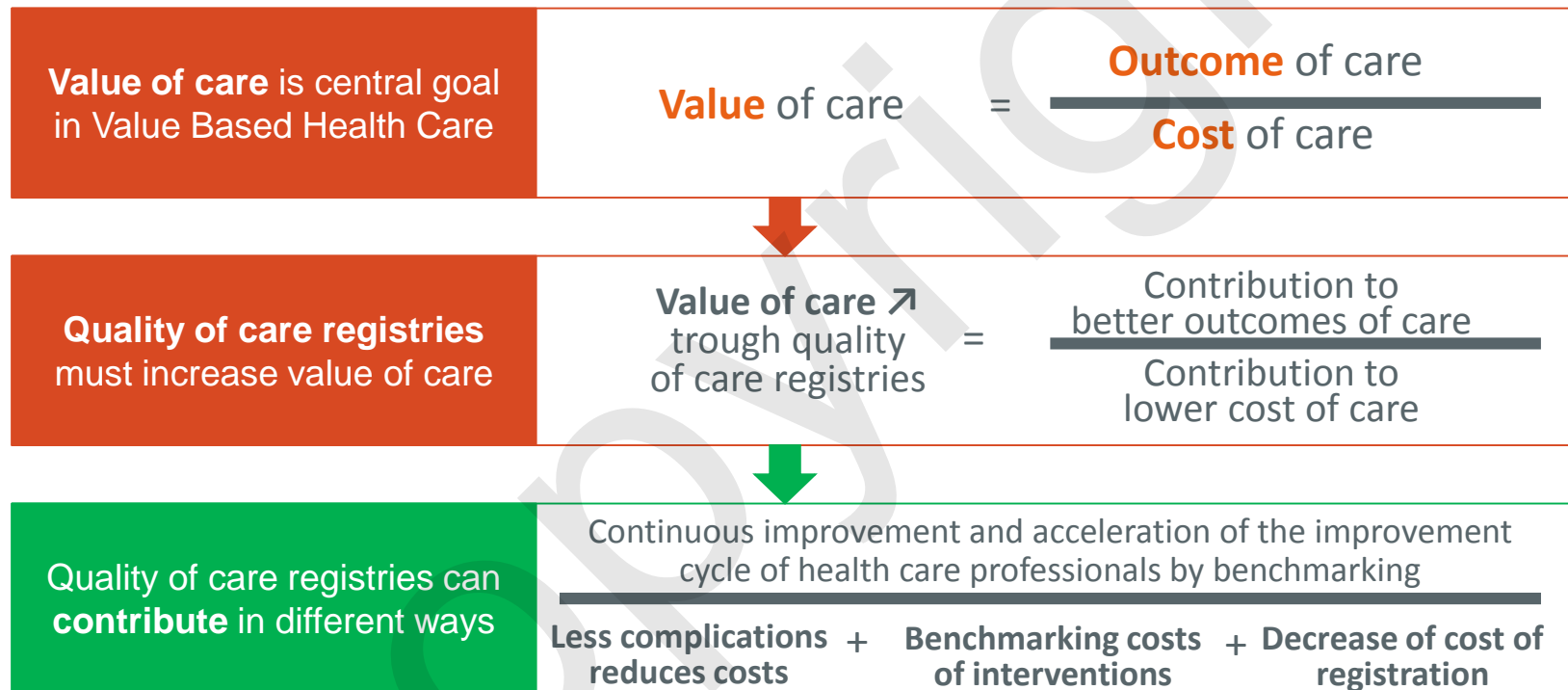
Epidemiological surveillances are necessary !

Sabbe et al., (2012) Measles resurgence in Belgium, Eurosurveillance



Registries as a pillar of « Value Based Health Care »

ZorgInstituut.NL, based on Michael Porter



HEALTHSTAT

INVENTORY OF REGISTERS

Within the Belgian healthcare landscape, there are many active players, each of whom ask specific health(care) professionals for specific information, which can serve epidemiological research (eg. Flu epidemic), quality of care, reimbursement, etc. This inventory provides an overview of these primary and secondary databases, the information they collect and publish. More information about the structure and objectives of this inventory can be found on the website of healthdata.be.

[+ Filters](#)
[Select All](#)
[Deselect All](#)

<input type="checkbox"/>	Register Name <input type="text"/>	Abbreviation <input type="text"/>	Responsible Organisation <input type="text"/>	Filter <input type="text"/>	Main Function
<input type="checkbox"/>	Belgian Neuromuscular Disease Registry	BNMDR	Wetenschappelijk Instituut Volksgezondheid (WIV)		Epidemiological surveillance
<input type="checkbox"/>	Belgian Cystic Fibrosis registry	BCFR	Wetenschappelijk Instituut Volksgezondheid (WIV)		Epidemiological surveillance
<input type="checkbox"/>	National Surveillance of Septicemia in the Hospital	SEP	Wetenschappelijk Instituut Volksgezondheid (WIV)		Epidemiological surveillance
<input type="checkbox"/>	Sexually transmitted infection (sentinel surveillance) by STI clinicians	STI surv	Wetenschappelijk Instituut Volksgezondheid (WIV)		Epidemiological surveillance
<input type="checkbox"/>	National Surveillance of Meticillin resistant Staphylococcus aureus in Belgian hospitals	MRSA	Wetenschappelijk Instituut Volksgezondheid (WIV)		Epidemiological surveillance
<input type="checkbox"/>	Central Register of Rare Diseases	CRRD	Wetenschappelijk Instituut Volksgezondheid (WIV)		Epidemiological surveillance
<input type="checkbox"/>	Belgian Treatment Demand Indicator Register	BTDIR	Wetenschappelijk Instituut Volksgezondheid (WIV)		Epidemiological surveillance
<input type="checkbox"/>	Surveillance of Infectious diseases in Children by paediatricians and GP	Pedisurv	Wetenschappelijk Instituut Volksgezondheid (WIV)		Epidemiological surveillance

BUT



Collection of health (care) related data in Belgium (n > 160 projects): “AS-IS”



Stage 7

Stage 6

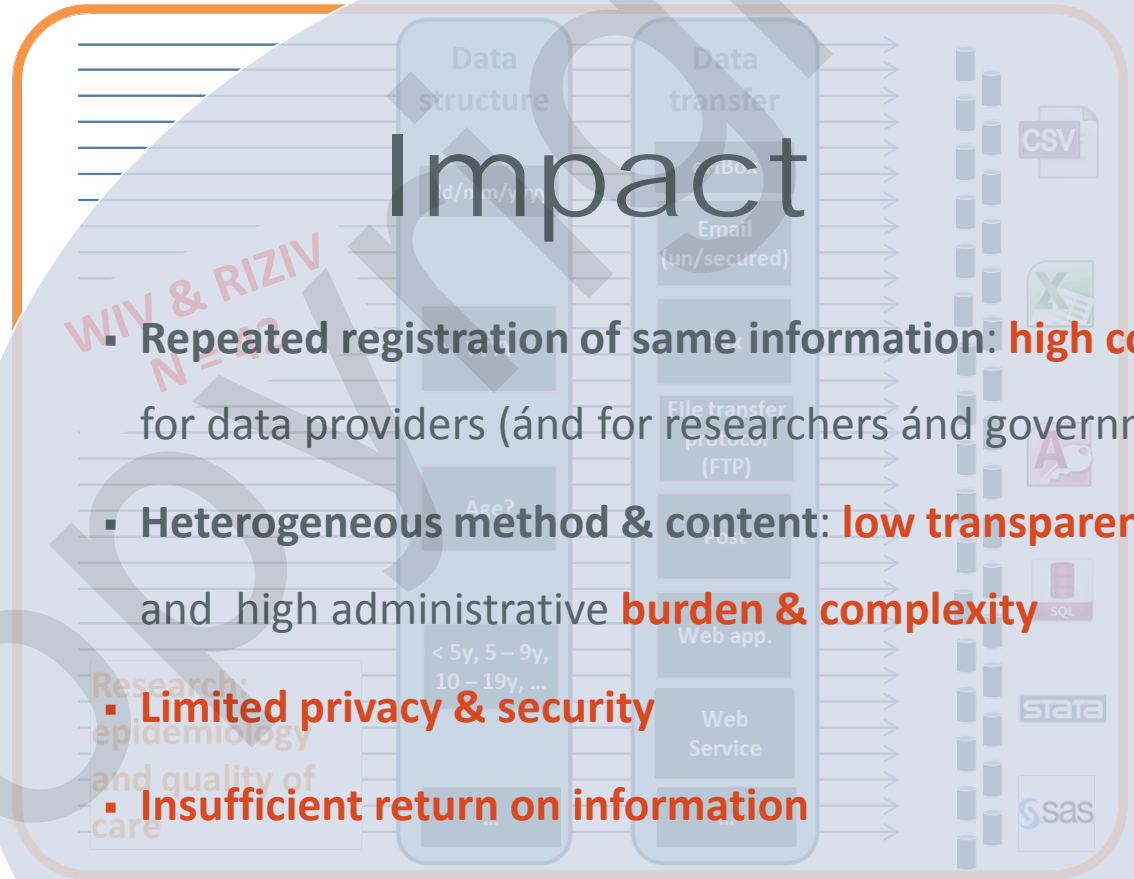
Stage 5

Stage 4

Stage 3

Stage 2

Stage 1



Impact

- Repeated registration of same information: **high costs** for data providers (and for researchers and government!)
- Heterogeneous method & content: **low transparency** and high administrative **burden & complexity**
- **Limited privacy & security**
- **Insufficient return on information**

Example

“Minimal Hospital Data”

- Staff needed for registration: 800 FTE
- Cost for hospitals : €54.000.000 (staff + infrastructure)
- Funding by government : €15.500.000

- **Saldo: €-38.500.000**

Registratielast stroomlijnen vermindert administratie

BELGIË

10/09/2015 - 09h59

Over de meeste thema's in de enquête over ziekenhuisfinanciering blijken noord en zuid opvallend eensgezind te zijn. Als er al meningsverschillen zijn dan blijven ze beperkt. Zo slaat bijvoorbeeld het idee van ziekenhuisnetwerken in Franstalig België minder aan dan in Vlaanderen.



stelling dat de regels vereenvoudigen door in deze clusters afwisselend aan drie financieringsvormen te integreren –bijvoorbeeld voor geneesmiddelen. Een groot aantal Franstalige huisartsen en specialisten spreekt zich hier niet over uit. Ongeveer twee en vijf artsen deel uitmaken van de directiescomités en leden van de raden van bestuur zijn er meer aanhangig (66,7%) er achter staan.

Unanimiteit bestaat er onder de leidende figuren in de ziekenhuizen dat het mogelijk is van de federale en regionaal gevraagde registraties onnodige registratie vermijden het zou de administratieve last ook verminderen. De artsen gaan hiermee akkoord maar minder dan de helft (49,9%).

Communautaire verschillen

Uit deze enquête komen weinig communautaire verschillen naar voren. Een uitzondering op die regel vormt het voorstel van De Block om pathologiegroepen te concentreren. Drie kwart van de Nederlandstaligen is hiervoor gewonnen, bij de Franstaligen is dat niet eens de helft (49,9%). Vooral huisartsen (72,1%) en mensen met een ziekenhuisfunctie (72,7%) zijn pro concentratie, ziekenhuisartsen zijn hierin minder

Growing Awareness

- Van de Sande, et al. (2006) **Inventory of databases health care**, KCE Reports 30A;
- Belgian Court of Audit (2010) **Scientific support of federal health policy**, BCA Reports;
- Coussée (2010) **Charter High-quality recording of data from the healthcare sector**, Brussels; Zorgnet Vlaanderen;
- Action plan eHealth 2013-2018: **Action point 18 –“Inventory and consolidation registers”**;
- Law 5 May 2014: **principle of “only once”** data collection in activities gov. services & institutes;
- Federal (9.10.2014) **coalition agreement** prioritizes reduction of administrative burden of health care professionals: **“Only once”!**
- Federal Minister Maggie De Block (25.04.2015) : Reform plan **financing of hospitals** => €40.000.000 annual budget for IT;
- **Version 2.0** of Action plan eHealth 2013-2018

< Vorige artikel

Volgende artikel >

Meest gelezen

Werkgroep ziekenhuisfinanciering uit de startblokken
Integratie UZ Gent in UGent goedgekeurd

UZ Gent veroordeeld voor fouten bij bestelling UZA behaait ICT-kwaliteitsnorm voor veilige en

In deze editie

Muskel zieke arts met urgentiedienst hebben?

De 'look' in de gezondheidszorg: van

Onzoek naar het veiligheids

> [Klik hier](#)



HOME

ACTIEPUNTEN

INITIATIEF VAN

LEXICON

NIEUWS

CONTACT



AP1 >

GMD = EMD => Sumehr



AP2 >

Ziekenhuis-EPD



AP3 >

Medicatieschema



AP4 >

Elektronisch voorschrift



AP5 >

Gegevens delen via het systeem hubs & metahub voor algemene en universitaire ziekenhuizen



AP6 >

Delen om samen te werken



AP7 >

Psychiatrische en andere instellingen en het systeem hubs & metahub



AP8 >

Invoeren van een uniform evaluatie-instrument (BeIRA)



AP9 >

'Incentives voor Gebruik'



AP10 >

Toegang tot de gegevens door de patiënt (PHR)



AP11 >

Communicatie



AP12 >

Opleiding en ICT-ondersteuning van zorgverstrekkers



AP13 >

Standaarden en terminologiebeleid



AP14 >

MyCareNet



AP15 >

Administratieve vereenvoudiging



AP16 >

Traceerbaarheid van de implantaten en van de geneesmiddelen



AP17 >

Veralgemeend gebruik van de eHealthBox en gegevens van zorgverstrekkers beschikbaar in CoBRHA



AP18 >

Inventarisatie en consolidatie van registers



AP19 >

Mobile Health



AP20 >

Governance, roll out en monitoring e-Gezondheid

healthdata.be

- Law of 10 April 2014 various provisions related to health: Section 9: **initiative RIZIV-INAMI and WIV-ISP: healthdata.be;**
- A new service within the **legal body** of the Institute of Public Health (**WIV-ISP**), funded by **RIZIV-INAMI** (20/04/2015, contract of open-end duration)
 - **Facilitate (in terms of technology and process management) data exchange** between healthcare professionals and researchers according to only once principle and re-use of data, in order to **increase public health knowledge** and to **adjust health care policy**, with **respect for privacy of patient, healthcare professional and medical confidentiality.**
 - **Intergovernmental services** for both federal and community/regional governments responsible for health and healthcare, and **private legal bodies** (indirectly);
- 2014-2017: **focus on uniformisation of 42 existing** registers managed by WIV-ISP and RIZIV.

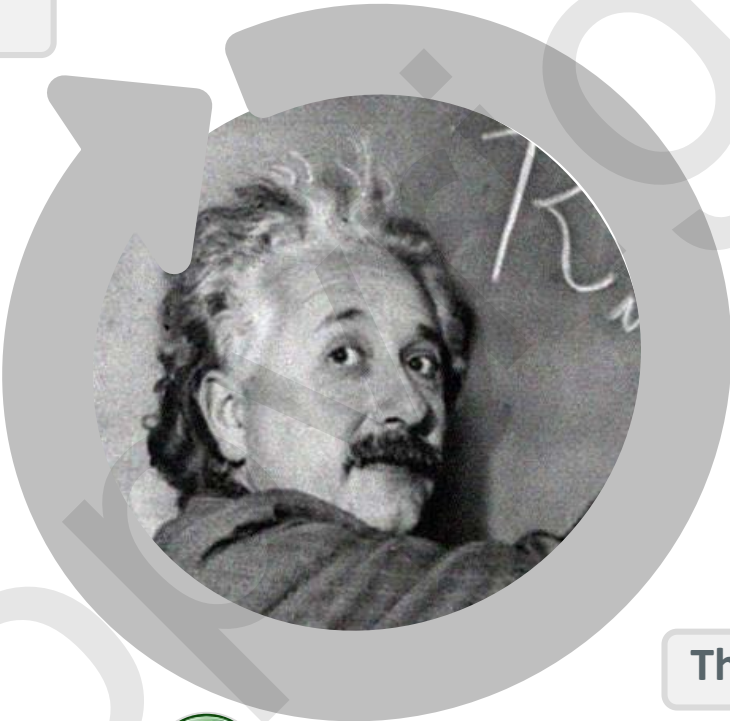
healthdata.be within the empirical cycle

6 Conclusion(s)

Observation 1

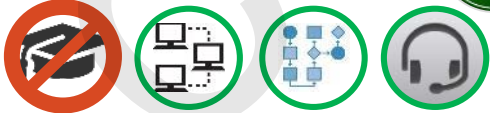
Research Question 2

5 Analysis 



Theory Development 3

4 Experiment 

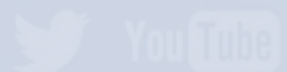




Simplification

Healthdata.be will focus on the *simplification*, *standardization* and *automatization* of the:

- Business **processes**
- **Data collection** architecture
- **Information** architecture (terminology)
- **Data management**
- **Feedback reporting**



Belastingdienst.nl/aangifte

Leuker kunnen we't niet maken. Wel makkelijker.

TaxOffice.nl/declaration

We can't make it enjoyable, we can make it easier

6 months

2 months

9 months

REQUEST

PROPOSE

DEFINE

BUILD

TEST

DEPLOY

Requestor

Management
Committee
healthdataAdvisory
Committee

healthdata.be

Register
Project
Manager
(RPM)Scientific
Coordination
OrgData
Provider

Clinical IT

eHealth-
PlatformSectoral
Committee
healthSectoral
Committee
National
Registry

Business Processes

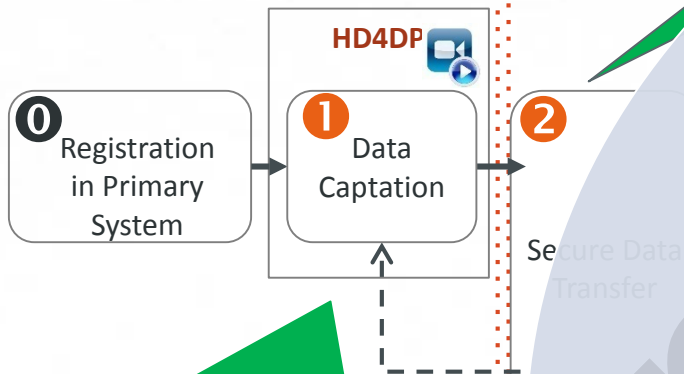
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2 months

healthdata.be: the end-to-end process

Use of National Registry Number as ID

Trusted Third Party for encryption and pseudonymisation



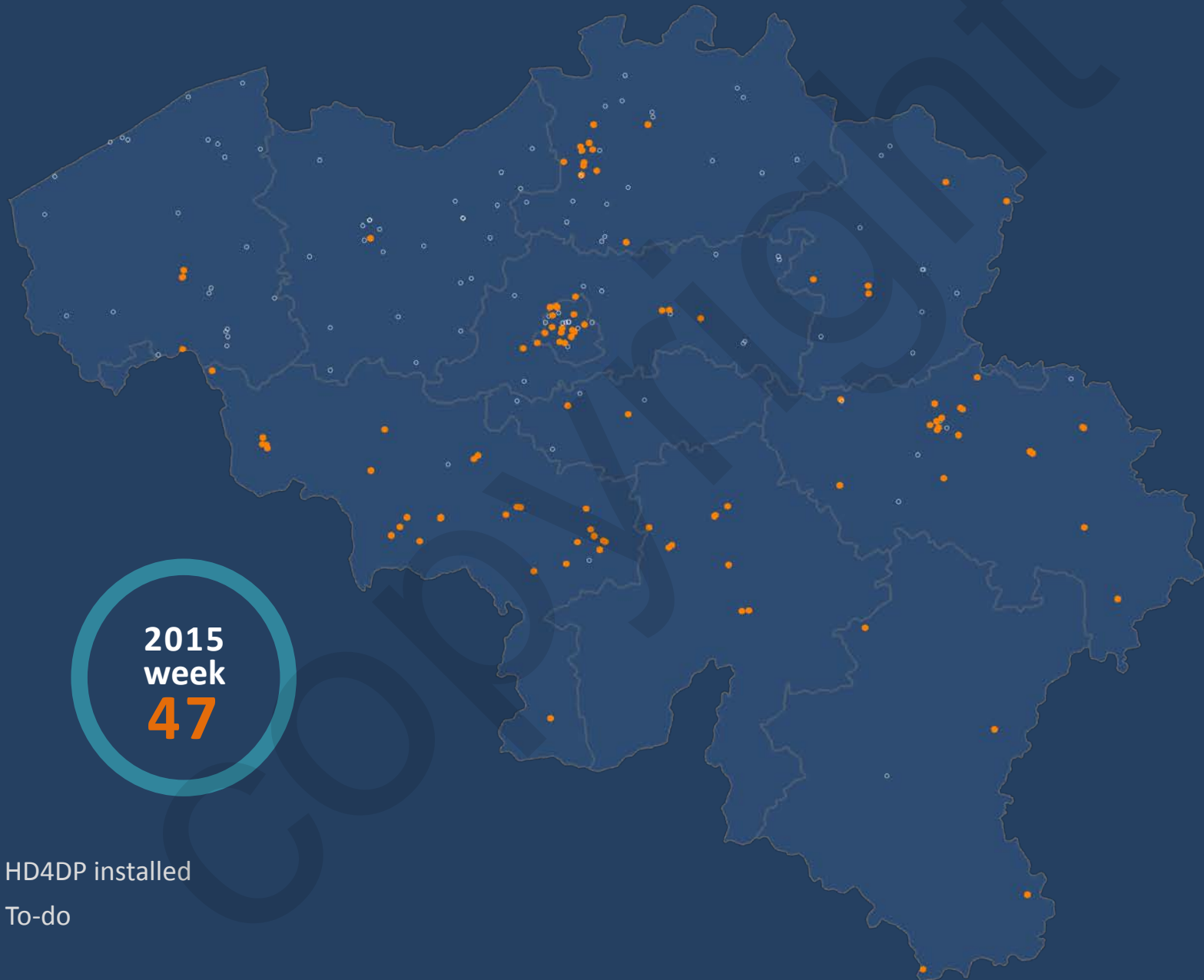
All manual input remains available (structured and coded, according to [inter]national standard, based on CBBs) in local database of DP:

- Import in future upgrade of EPD/LIMS;
- Re-Use for internal BI & Q...

Architecture

- **HD4DP ("healthdata for data providers")**: Free and open (Apache License 2.0) local client software (API* based with eForms) managed by HD Catalogue;
- **"Open" architecture approved by:**
 - **WG Architecture**: Positive advise (12/12/2014 & 06/03/2015) generic healthdata architecture;
 - **Sectorial Committee health (Privacy commission)**: Authorization (21/04/2015) generic healthdata architecture;
 - **eHealth-platform** : Authorization (22/04/2015) generic healthdata architecture;
- **Successful test installations**: UZLeuven, UZAntwerpen, UZBrussels; GZA, ZNA, UZGent, CHU Erasme, CHU Charleroi, Inkendaal; **In production** since 14.09.2015.
- **Industry**: integration HD4DP in their (messaging) software

Deployment HD4DP in Belgian general and academic hospitals





@hea x (3) Welcome | Linke x

com/healthdatabe

Startpagina Meldingen Berichten Twiller doorzoeken

isp **healthdata.be**
@healthdatabe

TWEETS 35 VOLGEND 248 VOLGERS 64 FAVORIETEN 3

isp **healthdata.be** @healthdatabe · 14 sep.
For more information about #BCFR : [healthstat.be/web/register x...](http://healthstat.be/web/register.x...)
Gesprek weergeven

isp **healthdata.be** @healthdatabe · 14 sep.
MILESTONE: @healthdatabe received 1st records from UZ Gent & UZA for 1st register "in production": Belgian Cystic Fibrosis Register (#BCFR)

Type of Data provider	Target
All General and academic hospitals	06/2016
All Medical Laboratories	12/2016
All Psychiatric hospitals	06/2017
All General Practitioners	12/2017



Security

- **Trusted Third Party:** encryption (data and message) and pseudonymisation by **eHealth platform**;
- **Secure DWH:** strict user & access management (Only HD staff);
- **Privacy:** “register” & “analysis” specific encoding of identifiers (by HD);
- **Auditable:** logs of who has seen what, how and when (IBM InfoSphere Guardium) + web portal access by Security officers;
- HD **Security officer** (Ir. Nand Staes) and **responsible MD** (Dr. Michel Legrand);
- **End-to-End PEN tests** by independent specialists;
- **Data center:** FOD ECO-DGSEI: Contract & SLA available.



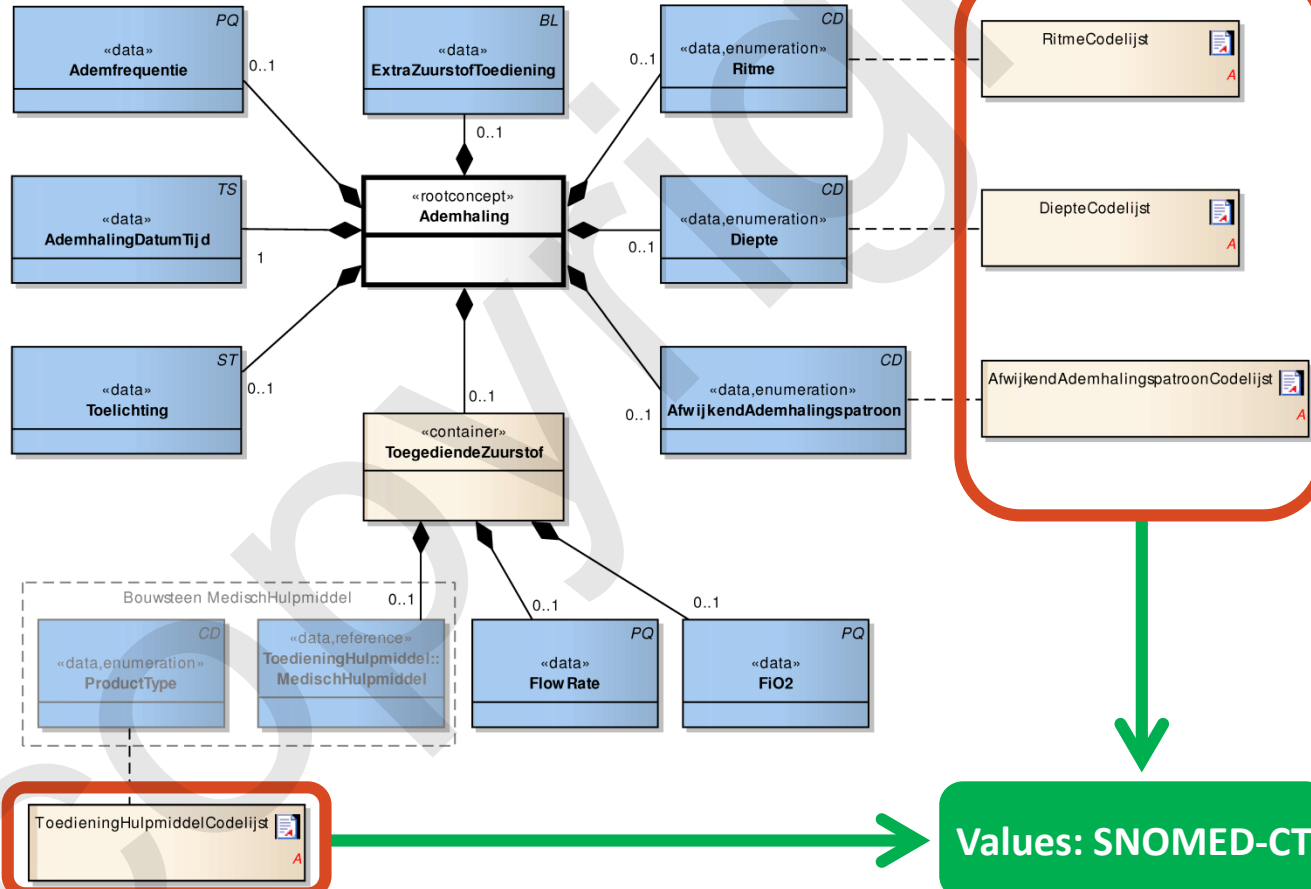
Terminology

- 80 registers => 8000 variables: **need for standards!**
- **Clinical Building Blocks:** introduction of a national minimal set of stable, structured, specialism independent, **technical neutral**, and reusable data specifications for (hospital) EPD. Collaboration with NICTIZ & NFU (The Netherlands).
- **SNOMED-CT:** Prioritized standard for Lists of Values (LOV's) in Clinical Building Blocks.

Example Clinical Building block: "breathing"

class Information Model





















Legend








Planning

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- **Examples:** Rare diseases, HIV-AIDS, Diabetes, Influenza, Common childhood vaccine-preventable infectious diseases, Nosocomial infections, Medical devices (pacemakers, stents, hip & knee, ...), Rheumatoid arthritis ...
- **3 'Waves':** 2014-2015(Q2); 2015-2016(Q2); 2016-2017(Q) (see www.healthdata.be); Based on objective complexity criteria and policy priorities
- **Actualization** of planning possible because of new priorities and urgencies. ==> **NEW: Anatomic Pathologists towards Belgian Cancer Register**

Redesign of data collections by healthdata.be

2014 – 2015 (Q2)	2015-2016 (Q2)	2016-2017 (Q2)
Bel. Cystic Fibrosis Reg. 	Bel. HIV-AIDS Surveillance	Ambulatory Care Health Information Lab
Bel. Early Warning System for Drugs 	Bel. HIV-AIDS Viral Loads	Bel. Treatment Demand Indicator Reg.
Bel. Haemophilia Reg. 	Bel. HIV-AIDS Cohort Study	Declaration Infect. Dis. Brussels-Capital region
Bel. Neuromuscular Disease Reg. 	Euro. Antimicrob. Resist. Surv. Netw. 	Declaration Infect. Dis. Walloon Region
Central Register Rare Dis. 	Euro. Point Prevalence Surv. >> Wave 4	Hand hygiene
IQED - Initiative Quality promotion and Epidemiology in Diabetes care 	Surv. Infect. Dis. in Children	Healthcare Associated Infect. & Antimicrobial Use in Euro. Long Term Care Facilities
IQED children and adolescents 	Nat. Surv. Healthcare Associated Infect. in Intensive Care Units 	Qermid@Coronaire stents
IQED Foot clinics 	Nat. Surv. Influenza 	Qermid@Endoprothesen
Nat. Surv. Antimicrobial Use in Bel. Hosp. 	Nat. Surv. Meticillin resistant Staphylococcus aureus in Bel. Hosp. 	Qermid@Hartdefibrillatoren
Sent. Hosp. for Severe Acute Resp. Illness 	Nat. Surv. multi-resistant micro-organisms in Bel. Hosp. 	Qermid@Orthoprïde
Euro. Surv. Antimicrob. Consumption 	Nat. Surv. Septicemia in Hosp. 	Qermid@Pacemakers
	Nat. Surv. Surgical Site Infect. 	Quality Indicators Healthcare Associated Infect.
	Sent. General Practitioners 	Shared Arthritis File for Electronic use
	Sent. laboratories Infect. Dis.	Surv. Creutzfeldt-Jakob dis. (Bel. Neurologists)
	Sexually transmitted infect. (Sent. Surv.)	
	Surv. Clostridium difficile infect. 	
	Surv. Infect. Dis. by Nat. ref. centre humane microbiology	
	NEW >> Cancer Registry (anatomic pathology)	

Legend

-  Registration started
-  Ready for launch
-  In test
-  Re-use of existing data
-  Being merged

JUNE 16, 2012

Salad

Spring Mix Salad
with strawberries, crushed nuts,
feta cheese and a citrus vinaigrette

Entrée

Duet of Filet Mignon
and Jumbo Lump Crab Cake
Sauce Bordelaise

Yukon Gold Potatoes
smashed with Gorgonzola, apple,
and rosemary

Grilled

What's next?

- **HD4Patients**: web portal supporting patient participation in registries (**Patient Reported Outcomes & Patient Reported Experiences**);
- **HD4Security_Officers**: web application based on API of IBM Gardium to provide external security officers access to logging on DWH;
- **HD4ALL**: web application based on API of IBM Gardium to provide all Belgian citizens following information: Is there data about me in a Registry? Who submitted my data? Who used my data?;
- **HD4NGS**: generic architecture to collect, store, and make available for scientific analysis of human **Next Generation Sequencing Data**.

HD4Industry

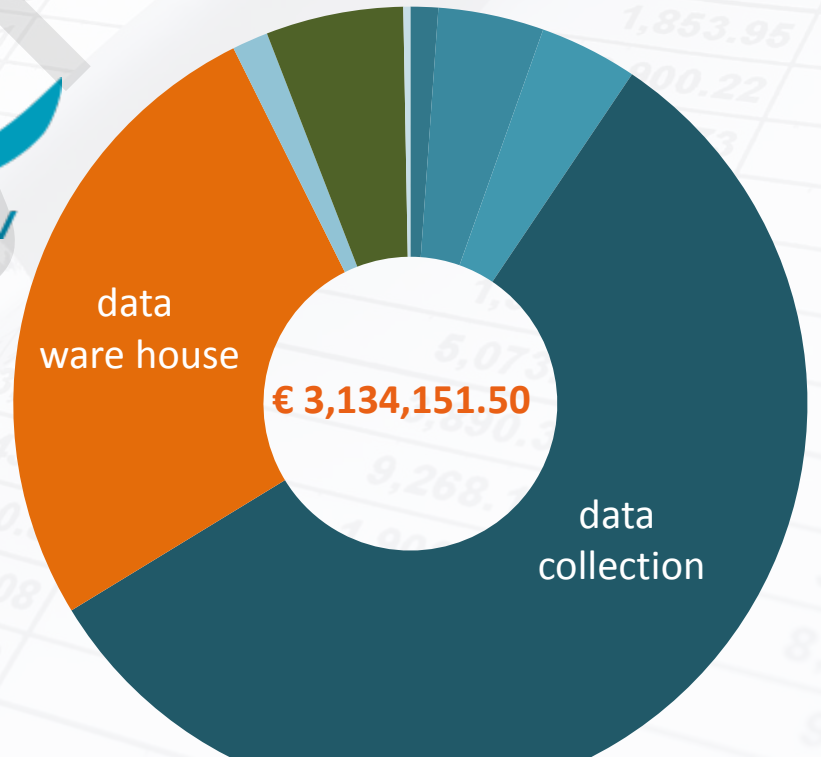
“Future pact for the patient with the pharmaceutical industry” (2015)

Royal Decree 12 may 2014 “Unmet Medical Need”

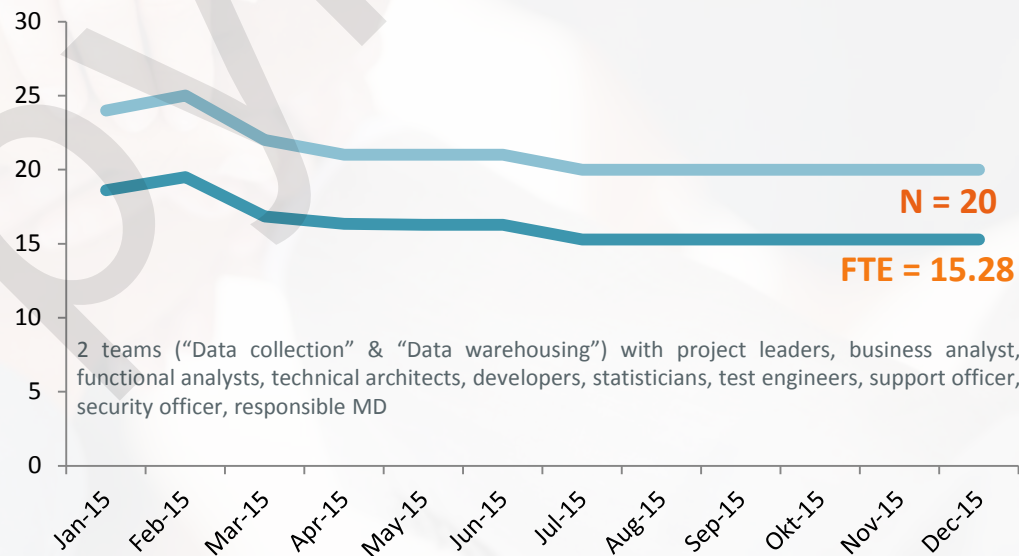
=> HD Services:

- **Re-use of data available at datawarehouse:** Private enterprises can request access to data already available at DWH, if approval by Registry holder, steering committee HD and sectorial committee health.
- **Start new data collection project:** Private enterprises can submit to governmental body/institute a motivated proposal (cfr. Unmet Medical Need) for implementation of new data collection. If accepted, governmental body/institute acts as commissioner towards healthdata.be. The enterprise becomes Registry holder and finances the project.

Budget 2016



HD Staff 2015



HD SteerCo

- **Alignment** with Action plan eHealth 2013-2018;
- Define **procedures and criteria** for start of new registers and the continuation of existing registers, with focus on reduction of registration burden;
- **Evaluation and prioritisation** new proposed projects;
- Follow-up of **Small Cell Risk Analyses** (Statistical Disclosure Control);
- **Service Level Objectives**;
- **Budget** control.

Healthdata SteerCo: Composition

- **Chair, not entitled to vote:**
 - Chief civil servant (R De Ridder)
- **Members entitled to vote:**
 - **4 independent physicians** (J Kips, P De Plaen, G De Moor, H Vanpottelbergh, P Kelchtermans, P Vollemaere , H De Nutte, G Van Pottelbergh)
 - **2 physician –scientists** (P Cosyns , F Meunier, B Himpens, Y Englert)
 - **2 physicians from health insurance institutions** (P Berkein , M Callens)
 - **3 experts medical informatics** (E Bellon, A Vandenberghe, T Fiers)
 - **2 repr. of patients** (L De Bot, M Fierens, B Pirsoul, R Heijlen)
- **Members not entitled to vote:**
 - **1 repr. of NIDHI** (N Marly, P Meeus)
 - **1 repr. of FPS Health** (C Decoster, I Mertens)
 - **1 repr. of KCE** (S Devriese)
 - **1 repr. of eHealth-platform** (F Robben, T Duvillier)
 - **1 repr. of each regional and community government** (E Hendrickx, H De Kind)
 - Project leader **healthdata** (J van Bussel, J Kips)

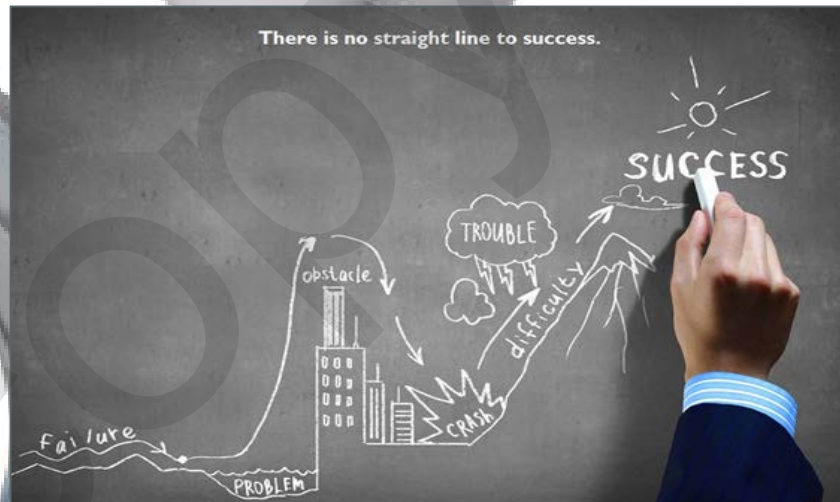
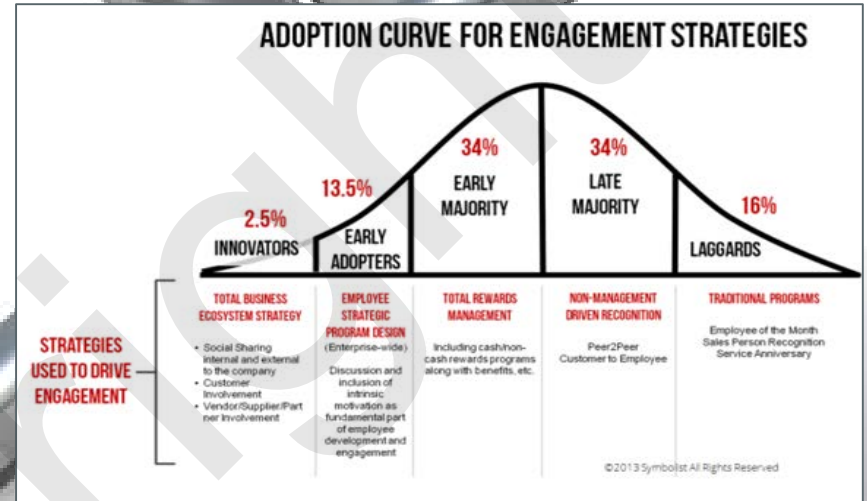
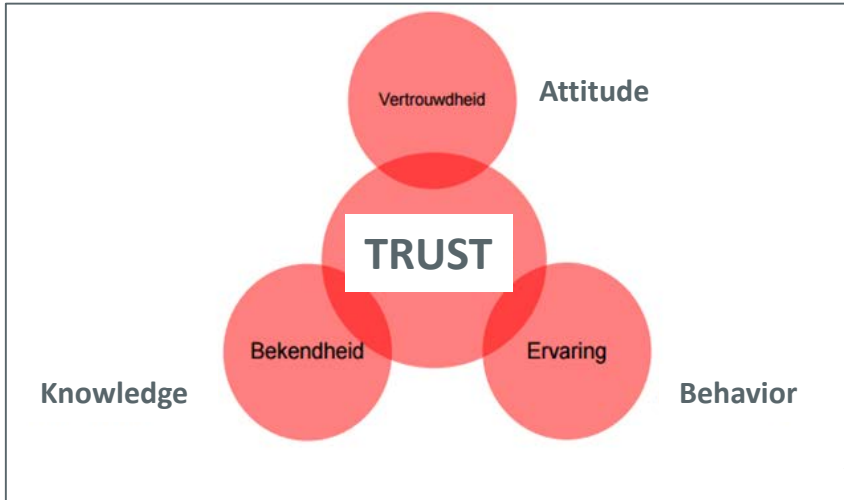
“Gimme My Damn Data”

Ownership

- **Data providers** remain owner of their data, unless otherwise agreed upon in convention between Parties;
- **Requestor** of Registry, or **designated third party** is **owner of the ensemble of data** in Registry, unless otherwise agreed upon in convention between Parties;
- **Re-use** of data ONLY if **positive advise owner AND Sectorial Committee Health**

Medicine 2.0
September 18, 2009







Summary

- **1 technical implementation** for all registries;
 - **1 information architecture** for all registries;
 - **1 service provider** for all registries;
 - **1 set of business processes** for all registries;
 - **Max. re-use existing data** (“only 1ce” registration);
 - Each DP can develop own strategy and priorities re. deep integration and API’s;
 - Each DP has the original set of submitted data in structured and coded (inter) national format, in 1 local database;
 - Each DP receives timely feedback reports within 1 reporting environment;
- ==> Less administrative burden, higher efficiency, more time for patient, higher quality of care, more time for “research”, higher quality of research, lower costs**

BOB: "Can we build it?"

ALL: "Yes we can!"



Q&A



www.healthdata.be



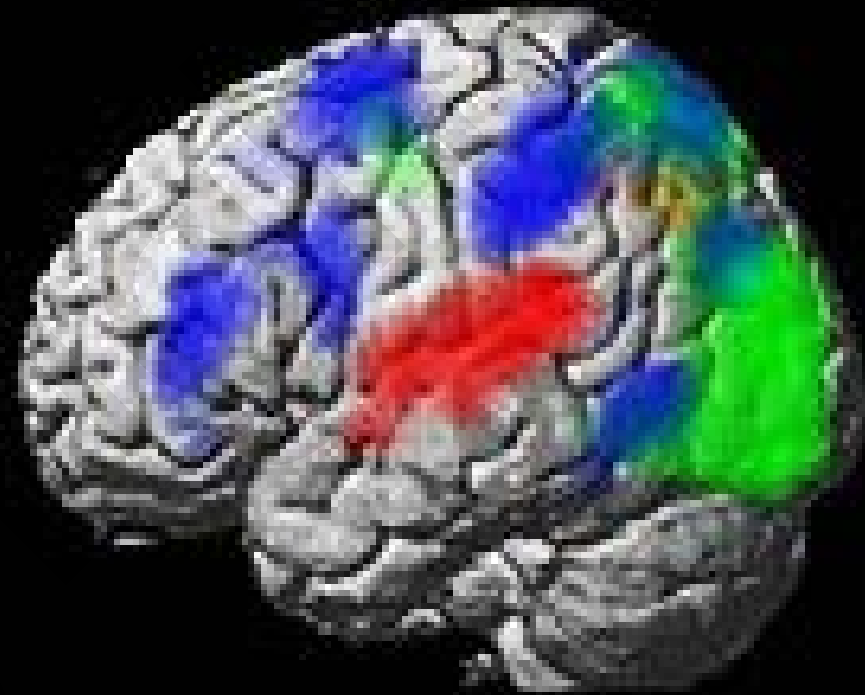
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[@healthdatabe](https://twitter.com/healthdatabe)



- visual attention
- auditory attention
- somatosensory attention

Thank you for your attention!

Johan van Bussel,
on behalf of the healthdata team

Anderson, J. et al. "Topographic Maps of Multisensory Attention."
PNAS 107.46 (2010): 20110–20114. PMC. Web. 31 Dec. 2014.