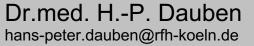


#### Rheinische Fachhochschule Köln

University of Applied Sciences

### Health Care Data in real time *Citizen - Patient System - Science*







## Different user groups different kind of data

### Citizen

- Easy data collection in every day
  - Eg tracking of actions (as walking)
  - Eg tracking of heart beat (frequence)
- Supporting behaviour
- Supporting actions in day time



#### Different user groups different kind of data Patient

- Easy data collection in every day on specific health conditions
  - tracking of laboratory data SURVA glucose)
  - tracking control the treatment conditions
- Supporting actions in day time in connection to specific training courses



#### Different user groups different kind of data System

Retrieving data out of dail
Eg tracking of
Eg tracking of
Eg tracking of
Supporting actions in administrative areas



## Different user groups different kind of data

#### Science

- Easy data collection in every day on soort health conditions
  - tracking of laboratory bars as plood glue

and micro level (patient)

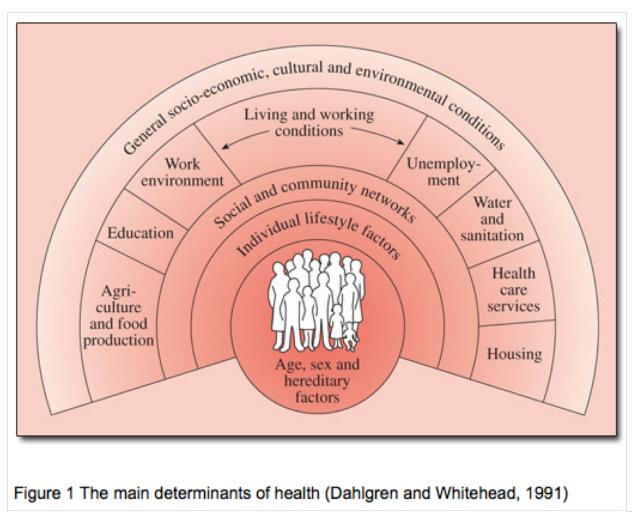


### Based on the kind and use

- data can be connected to
  - easy handling private information
  - being part of medical device legislation
  - pharmaceutical device legislation
  - health care data legislation
  - data protection legislation



#### Based on health



#### Health Care Data in real time

#### Dr.med H-P Dauben



# Due to the different legal use cases

- Data must assure
  - different level of secureness
  - different level of reliability
  - different level of legal requirements



#### New IT techniques: eg block chain actions

- Might be useful in
  - Technical transaction of eg. prescriptions
  - Issues: spreading of data into an undefined cloud
  - Solution: describe the technology by itself without potential existing implementations (eg. Bitcoin)



### Data from lifestyle gadgets

- Can be useful in behaviour changes but must be very clear separated from laboratory data.
- Using as hints there is a low risk
- Misusing as diagnostic tool there is the medical device hurdle to ensure the correctness of data
- Is there need to follow this? In prevention less could be more and innovation implementation to get more real life data could be useful.



### Data from social networks

- Anonymous data from people with unclear situations (whether real or not) can be also just hidden advertisement
- Personal experiences are not necessary following scientific requirements and being base on feelings more than on facts



#### Trade off: Accuracy, Risk of use, Risk of decision

There is a continious requirment regarding

#### the level of decision

the risk of decision within micro decisions (the life of a patient)



the risk of decision within system (macro) decisions and failing in investments



#### Trade off: personal data protection and scientific requirements

- The access to data for scientific analysis must be as easy as possible taking into account the personal needs and requirments to protect a person.
- This is including: the potential risk of combining data from different sources
- It should ignore: whether or not the scientific idea is following stream line scientitifc ideas or not.



#### Scientific issues in "big data"

- Populistic data with very often unclear scientific results
- Are not helping to avoid the use of natural intelligence
- Have never prooved to help in medical areas on micro decision level
- Unlcear costs (no assessment whether the use is really helping)
- Can't replace personal ,translation' of evidence (ebm)



### Proposal health data

- Data must be transparable
- Only as many data as needed
- Informing the owner of data about the use of their data
- Using technologies to approve the validity of data
- Using data according to the level of decisions



#### From history to future How to handle predictive information?

- Medical prediction:
  - based on published information
  - based on models
  - based on .....

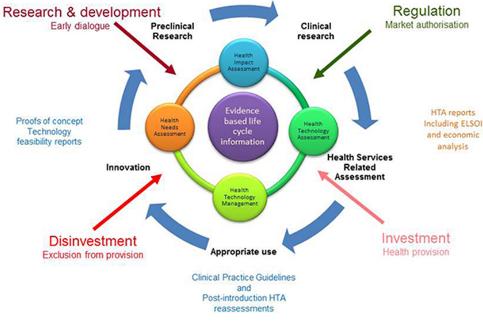
## How can evidence based medicine be included?



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#### Evidence based medicine

- Incorporating
  - personal information
  - Local services in health care settings and daily life affairs
  - Published knowledge information in health models



Clinical trials and other epidemiological designs

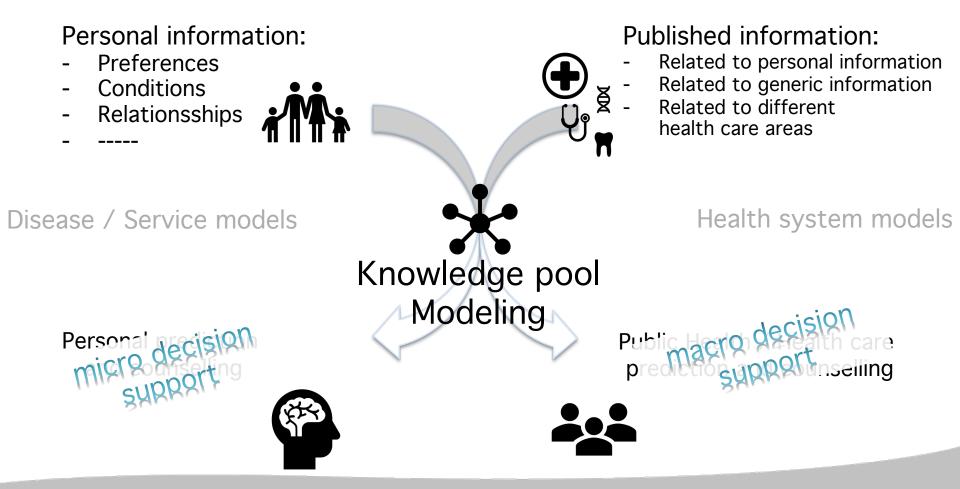


# Requirements in communication

- The knowledge and the predicitve data have to be transformed in readable information:
  - Fulfilling the requirements of the different customers
  - Supporting their background knowledge and language



#### Proposal predictive models



Health Care Data in real time

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