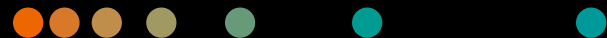
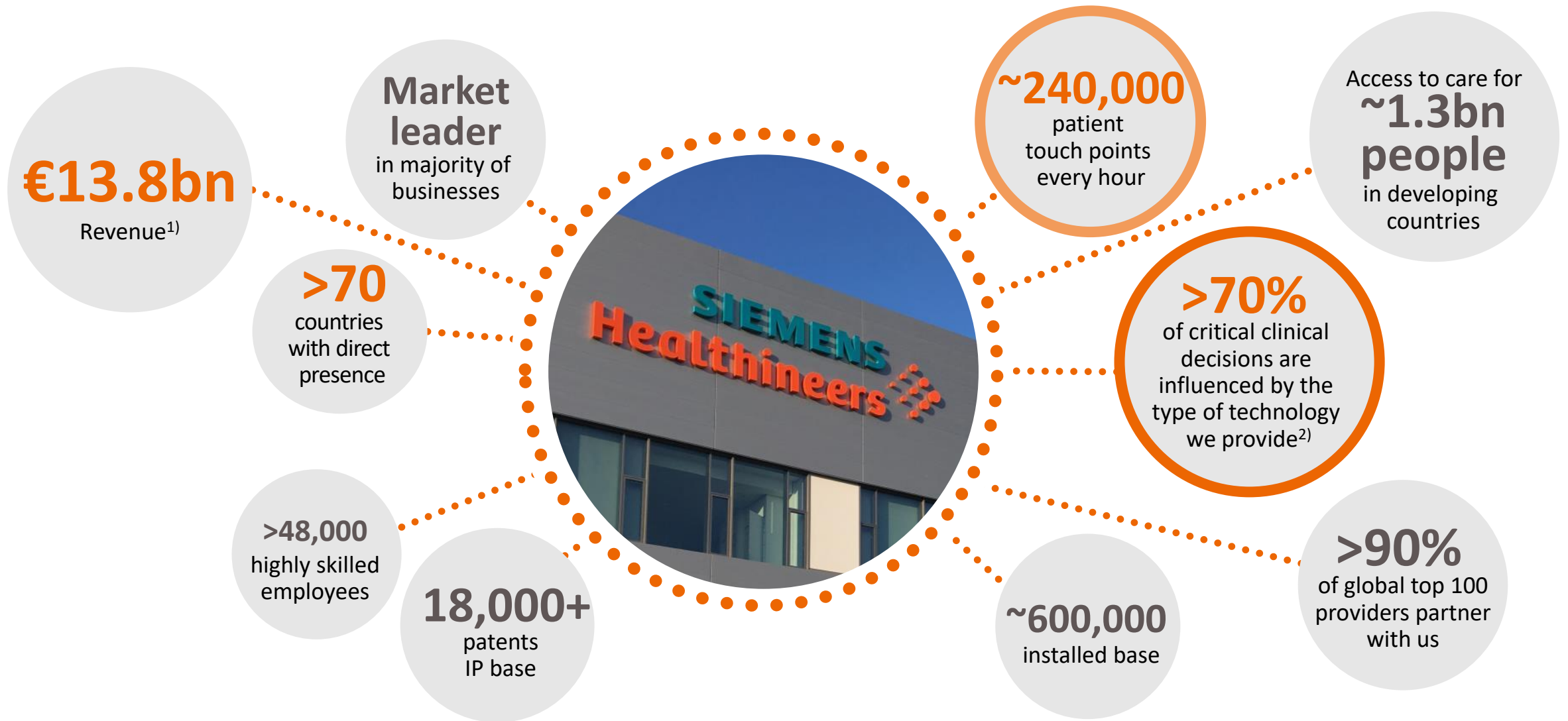


# (Meta) Data in Healthcare

Actionable insights for personalized care



# Who we are



1) Revenue P10 FY 2017 (not acc. to IFRS 15)

2) AdvaMedDX, "A Policy Primer on Diagnostics", June 2011, p. 3

# Engineering success – With broadest and deepest portfolio



# Engineering success – With broadest and deepest portfolio



# Medicine is Data-Driven Healthcare is Data-Driven

Some 50% of prescription medications are not taken as directed.

The most expensive drug is a drug that doesn't work.

If healthcare consumers check you out and they don't like you, they will shop elsewhere.

Healthcare providers discard 90% of the data they generate.

The scan of a single organ in 1 second creates about 10 gigabytes of raw data.

A third of the total spend wasted in healthcare, could be saved through Big Data analytics.

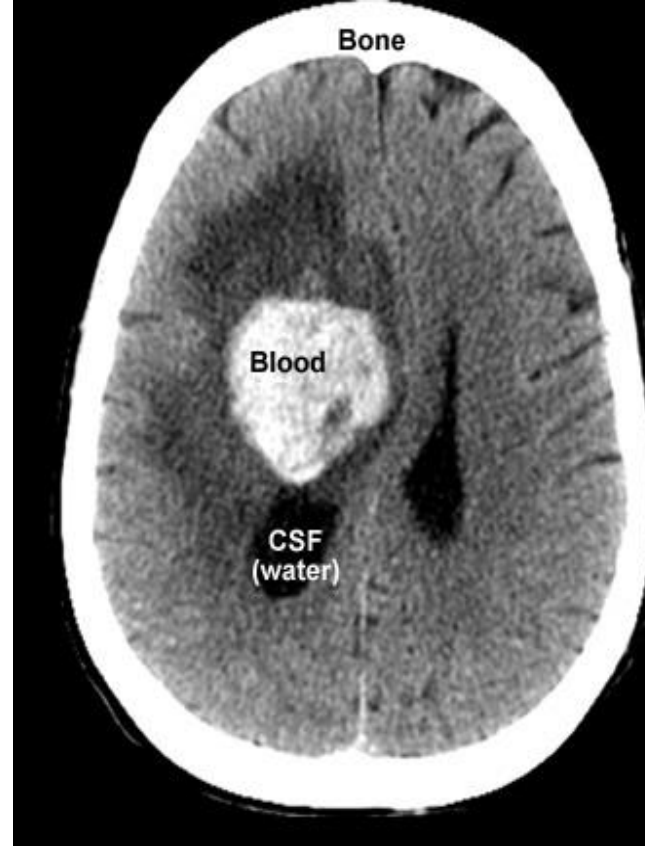
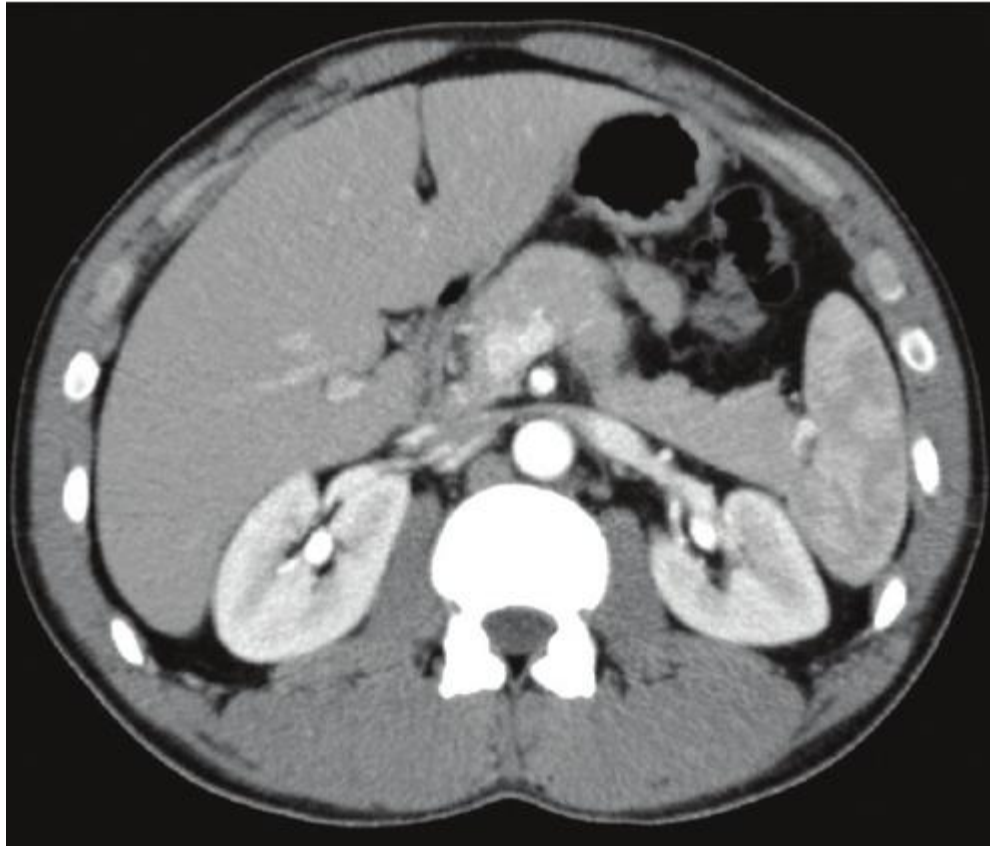
The challenge is not just in storage and access, but in making the healthcare data usable.

# Healthcare is data driven....and growing fast!

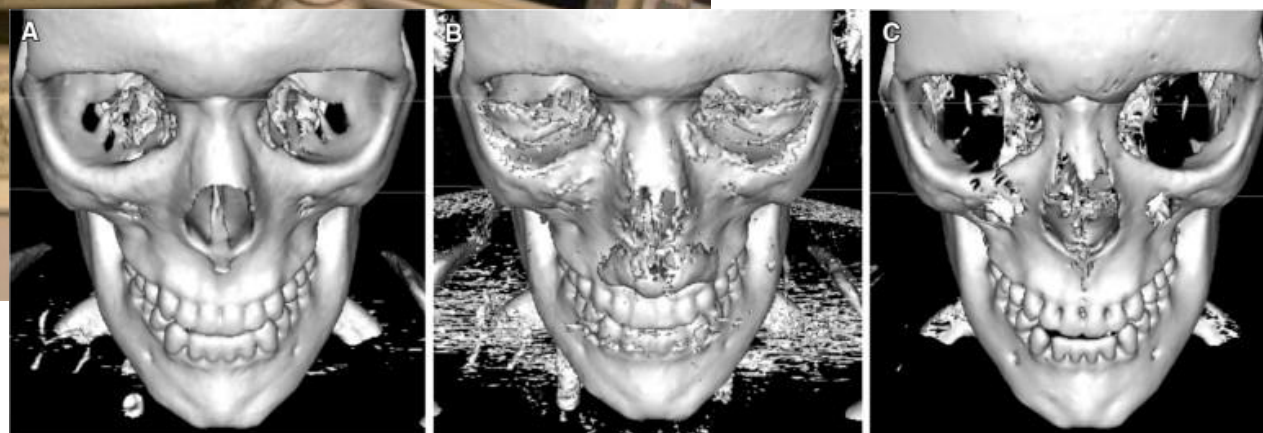
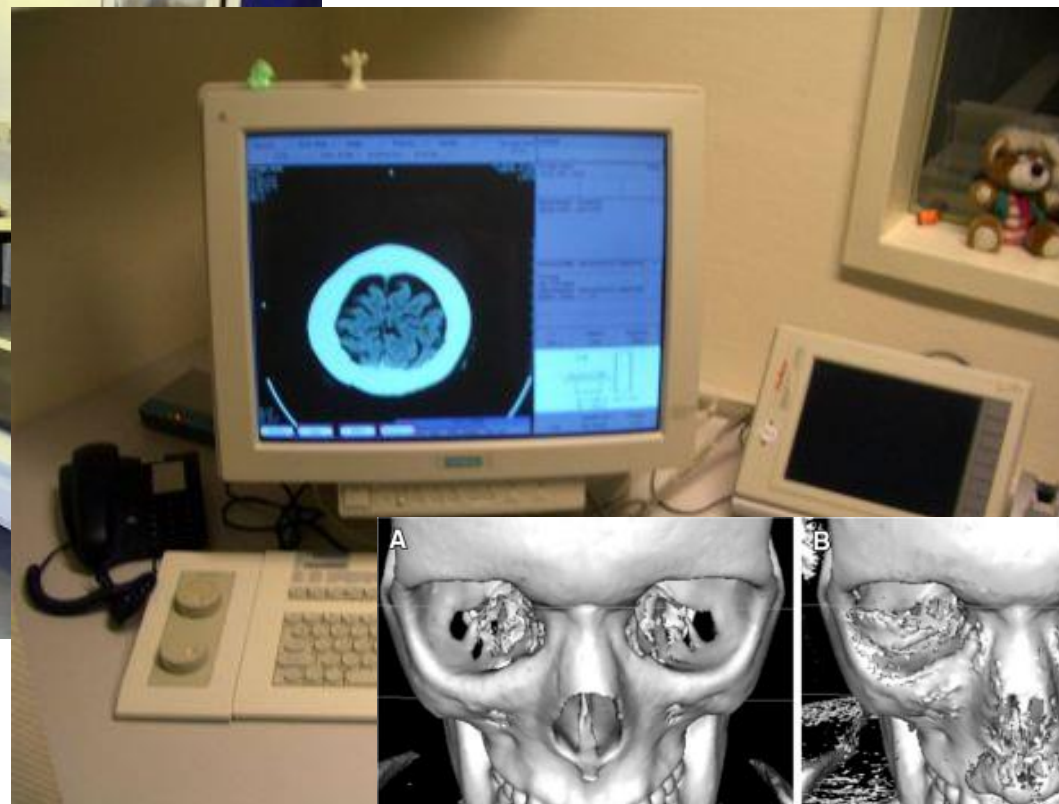


By 2025, global estimates suggest **463 exabytes of data** will be created each day. While it is difficult to picture the overall volume of data in the world, one visual is that with 44 zettabytes of data in the current digital universe, this represents 40 times more bytes than stars in the observable universe. While some of that new data doesn't need to be stored long term, **experts predict** that about 7.5 ZB (zettabytes =  $10^{21}$  bytes) of data will need a long-term home in 2025, up from about 1.1 ZB in 2019. This is a 581% increase.

# 2D imaging CT

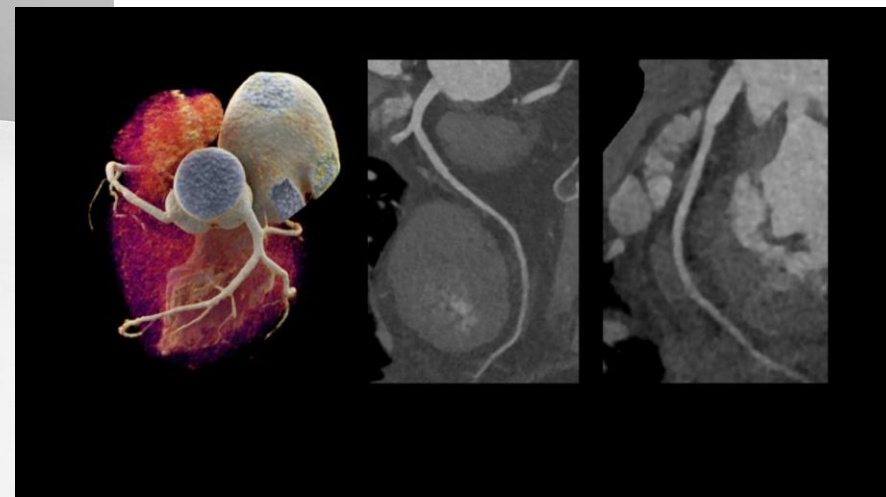
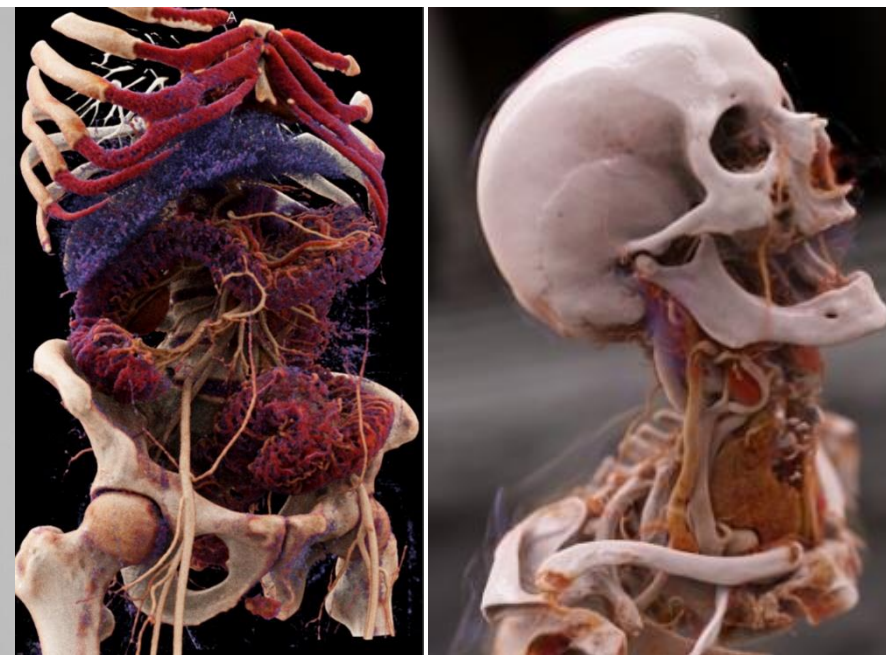


# Data acquisition evolves - CT scan - Ninties





# Data acquisition evolves – CT scan - 2021

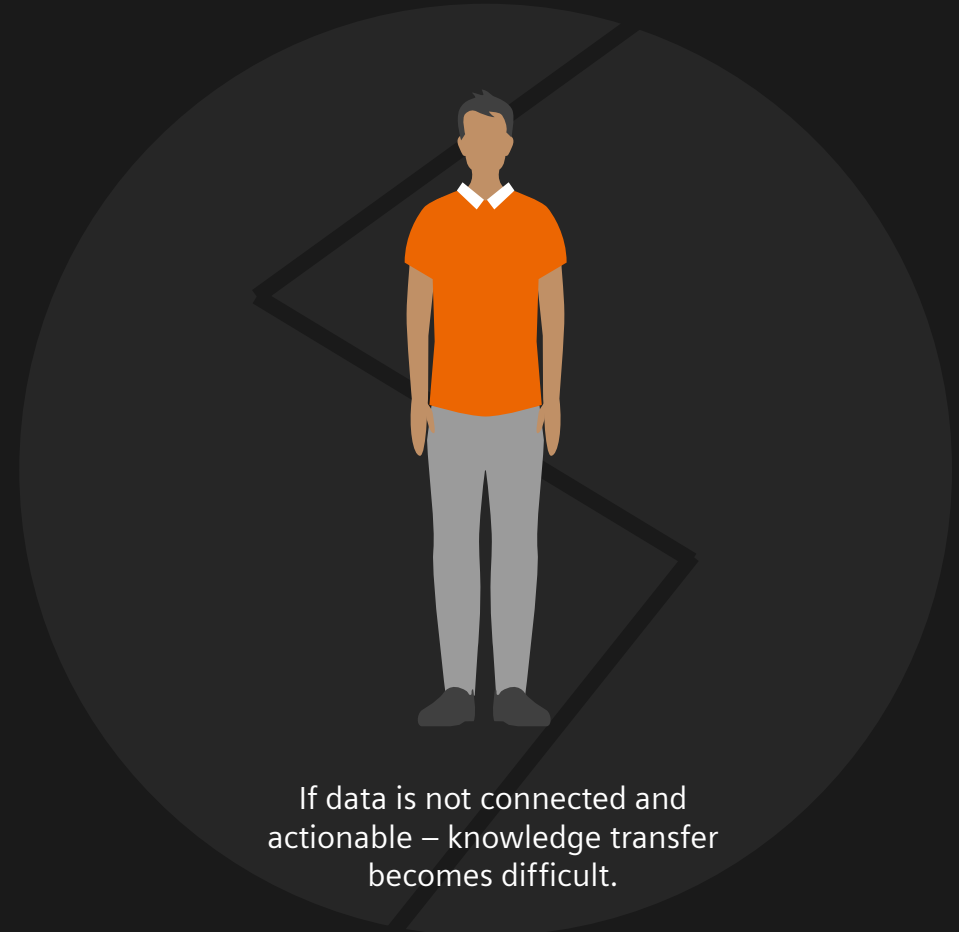




## Example of a lung tumor patient

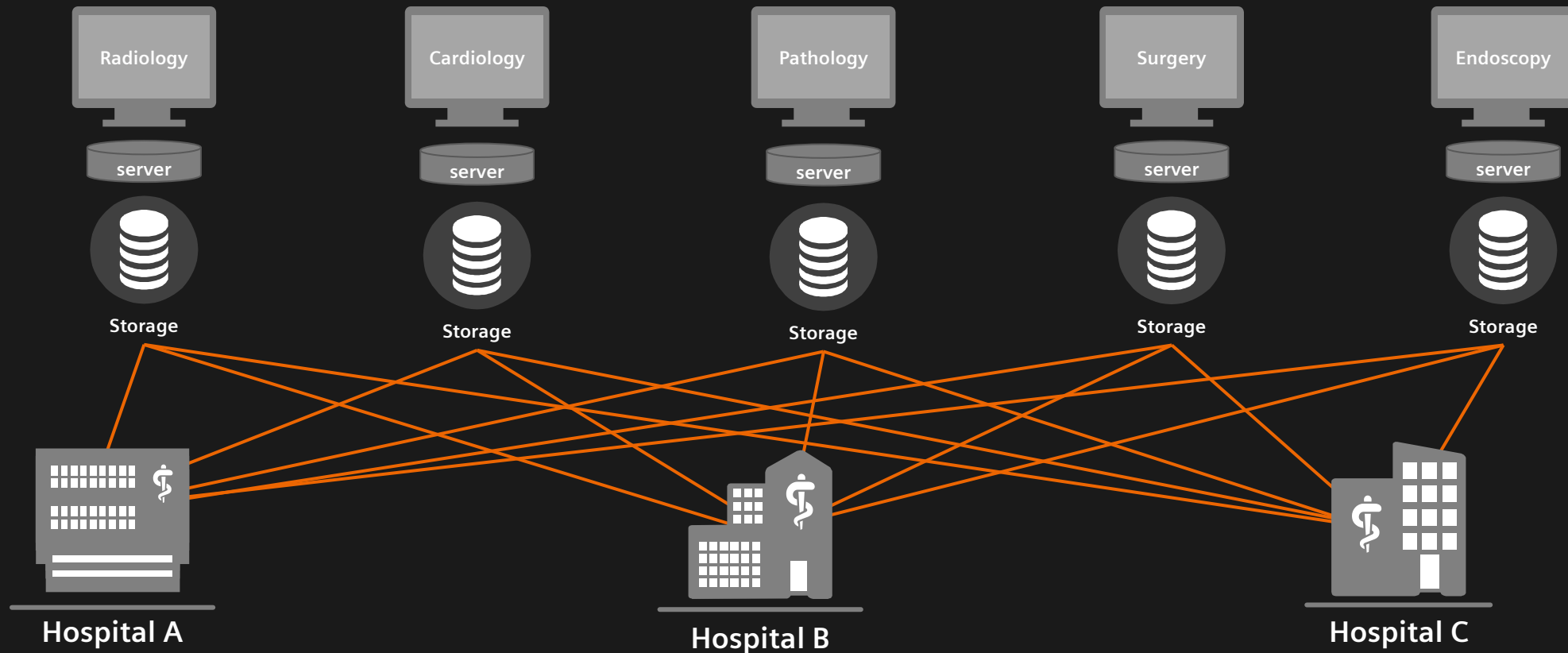
Every patient has to take various tests and examinations in different departments. A lung tumor patient has touch points with **at least six departments generating multiple reports and data** about him.

- Ambulance Report
- Lung function Test in Pulmonology
- Lung CT in Radiology
- PET CT for tumor staging in Nuclear Medicine
- Lung Biopsy in a Thorax Surgery
- Histology in Pathology
- Tumor markers in Laboratory



If data is not connected and actionable – knowledge transfer becomes difficult.

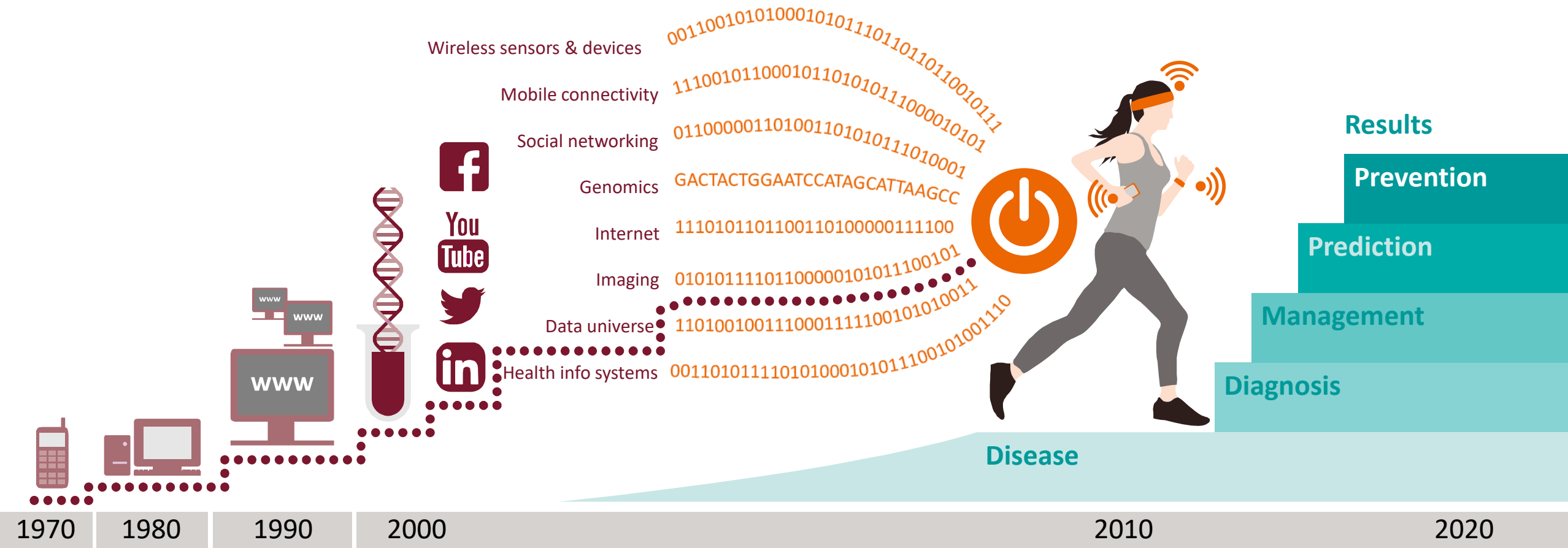
# The Matryoshka effect – knowledge silos across the enterprise



There is need for a strategy to grow from separated departmental systems with multiple applications and data silos.

# Digital technology acceleration drives behavioral change of consumers taking care of their health

## Acceleration of Digital Technology



# Our fundamental thought

**The purpose of every health system is to achieve better patient health and care.**

That's why our job is to empower everyone and everything involved in this mission. And that is why we must meet the needs of **physicians**, IT specialists, economists, and **patients** equally.

So the key question is:

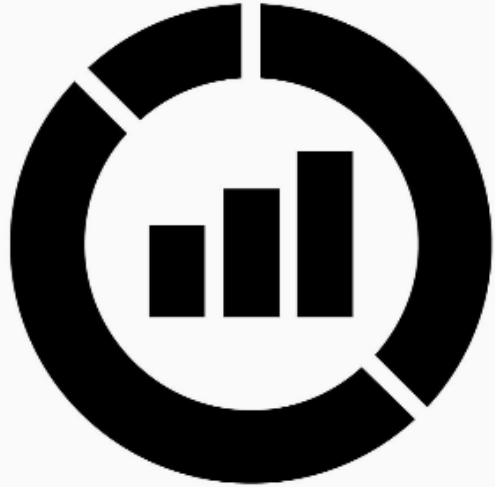
**What's this elementary need that brings them all together?**

# Knowledge

If you know better, then you can do better – and thus improve patient care

# Supporting operational, clinical, and shared decision-making along the patient pathway

Three levers to support informed decision-making



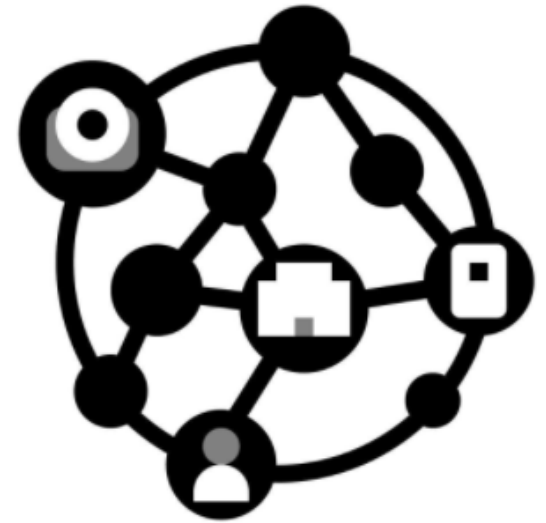
## Streamlining operations management

Enabling a more effective use of resources along service lines, designed to reduce costs without sacrificing outcomes.



## Supporting diagnostic and therapeutic decision-making

From test ordering to image processing – our products provide clinical decision support to aid you in personalized diagnostic and treatment decisions.



## Connecting care teams and patients

Optimize your decision-making with cooperative care to save costs and speed up the processes.



# Challenges in decision-making along the patient pathway



Patient history

50%



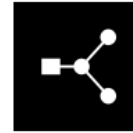
Ordering

<26%



Diagnosis

~30%



Therapy decision

38%



Treatment

26%



Follow-up

77%

- of patients report that information necessary to their case was not available when needed<sup>1</sup>

→ **Patient data not accessible**

- Doctors in intensive care units spend about **10%** of the time for searching and scrolling when reviewing electronic medical records<sup>2</sup>

→ **Time-consuming retrieval**

- of all imaging examinations are ordered incorrectly when placed without evidence-based standards<sup>3</sup>

→ **Incorrectly ordered exams**  
→ **Inefficient use of imaging resources**

- of radiological diagnoses are probably error-prone, due in large part to cognitive factors<sup>4</sup>

→ **Diagnostic errors**  
→ **Overlooked pathologies**

- state that most common cited reason for overtreatment was difficulty of accessing medical records<sup>1</sup>

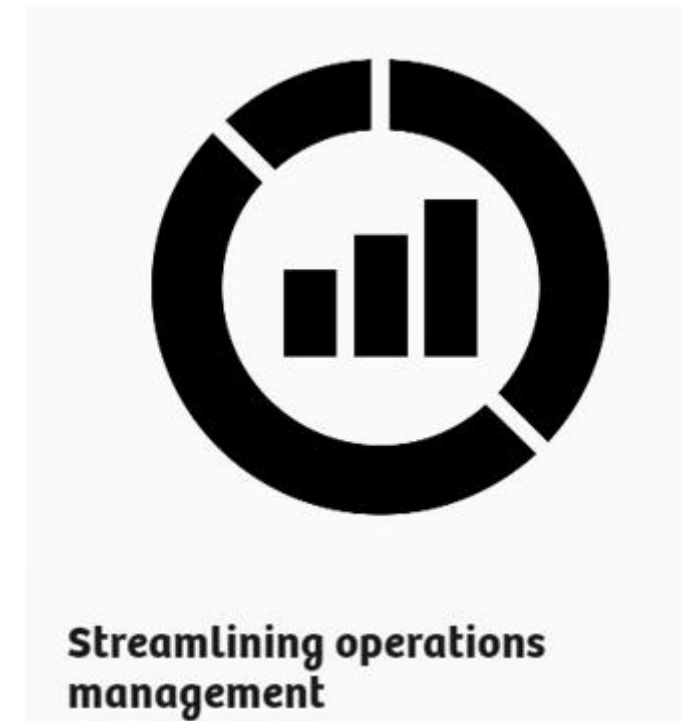
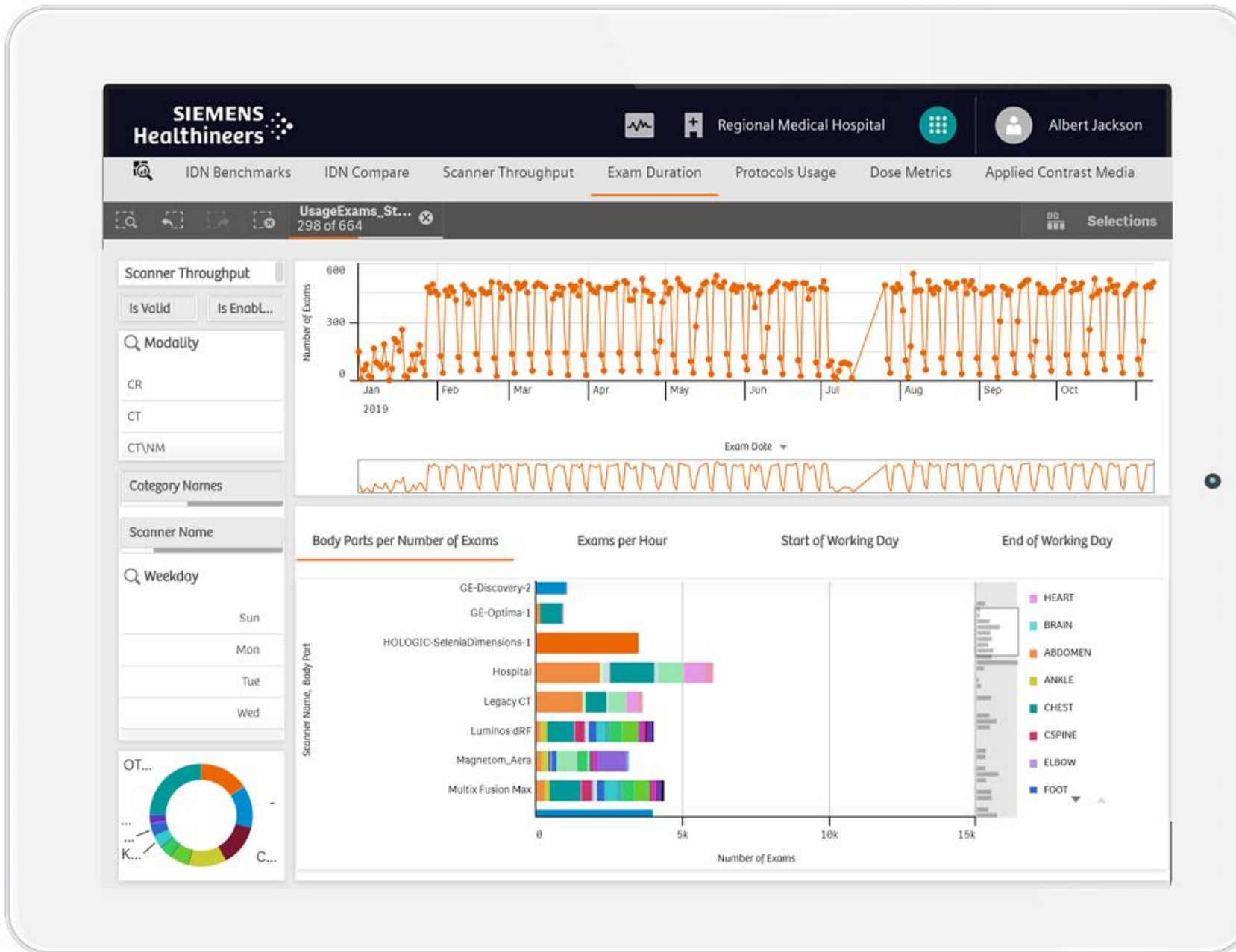
→ **Information overload**  
→ **Inappropriate treatment plan**

- of oncological treatment plans do not comply with clinical guidelines<sup>5</sup>

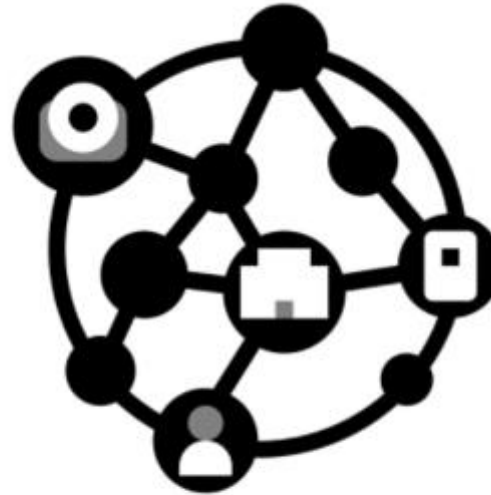
→ **Unwanted variation**  
→ **Lack of personalization**

- of physicians have recommended an app or digital program to their patients,<sup>6</sup> it remains difficult to incorporate the collected information into care processes

→ **Difficulties in information exchange**



# Examples



**Connecting care teams and patients**

# Our approach – for patient treatment and data availability anywhere, anytime<sup>1</sup>



**Cooperative care network with portals for professionals and patients**



**Access to data – the Electronic Health Record**

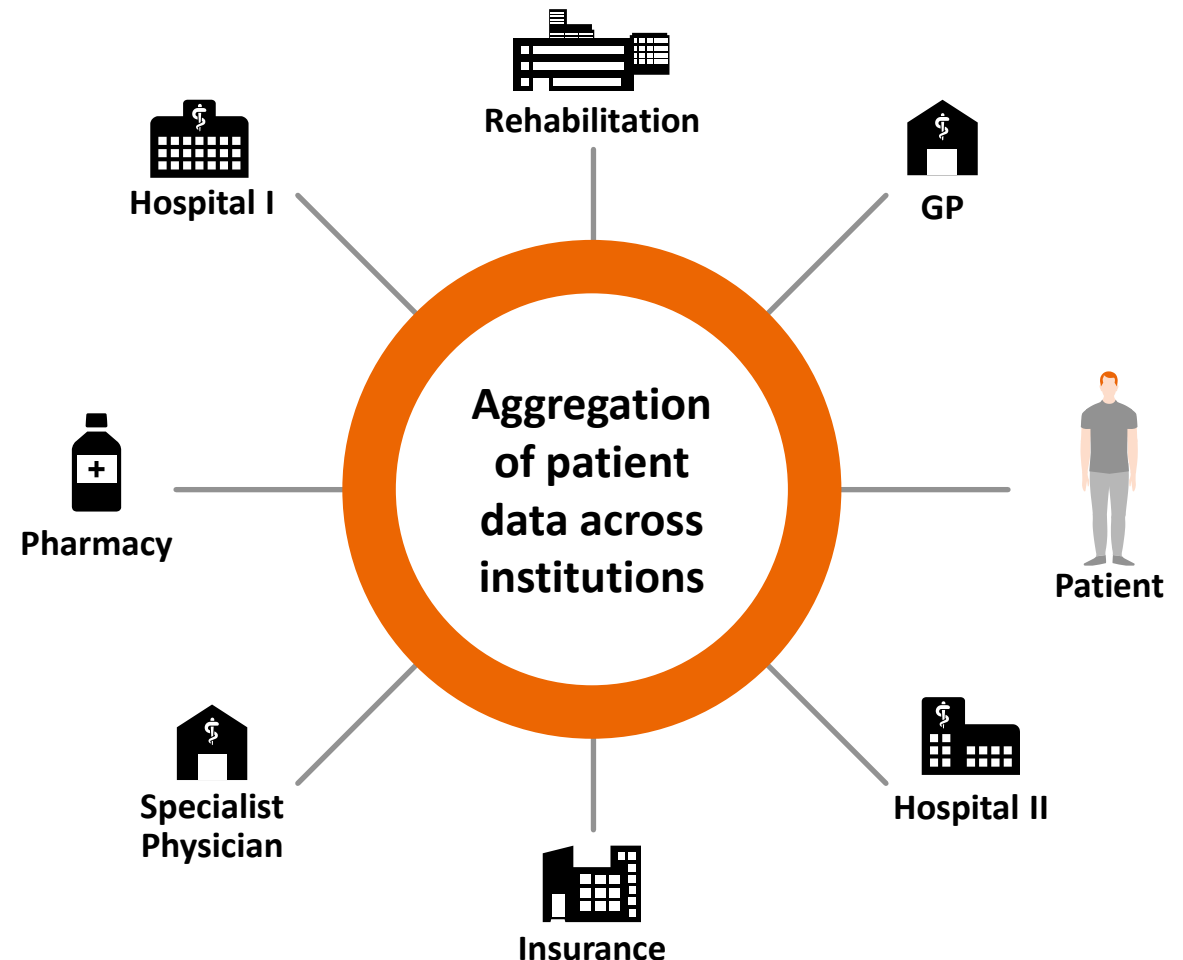


**Collaborative treatment processes**

## Advantages

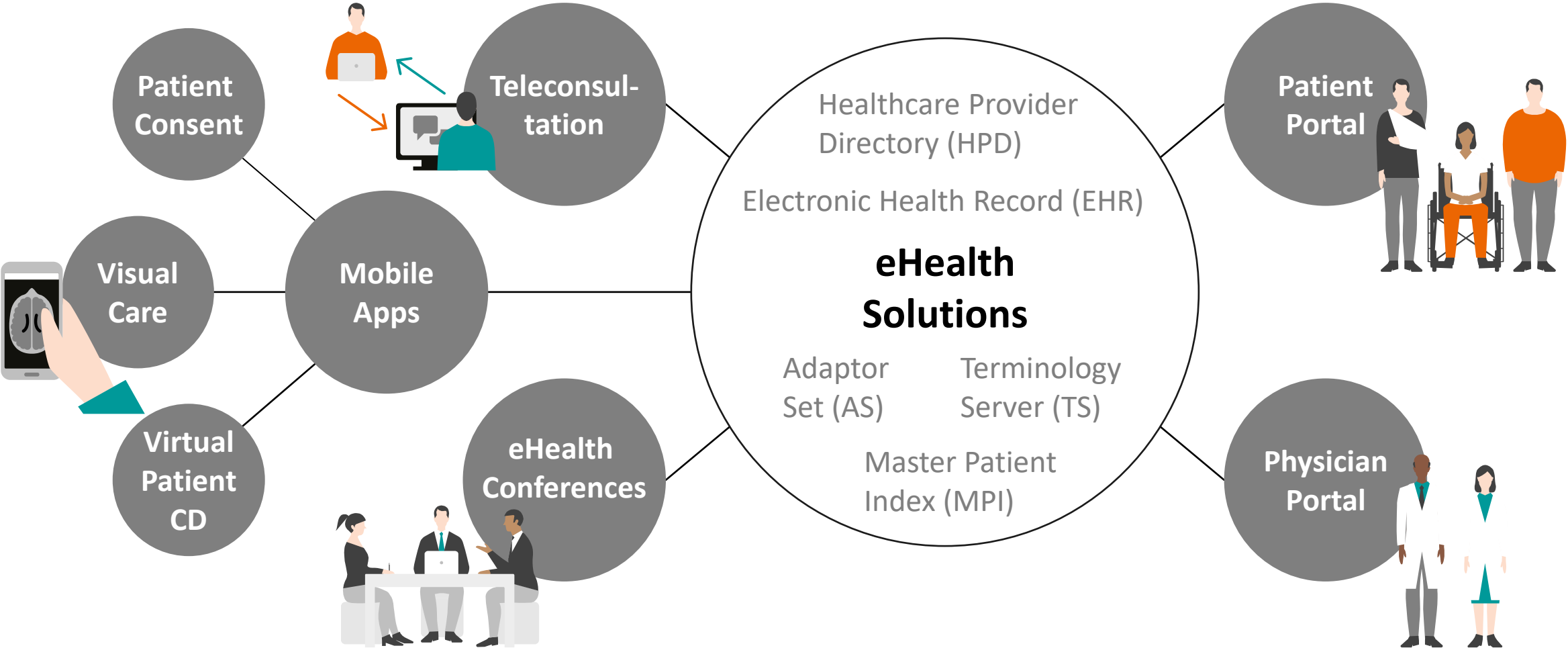
- The community is easily expandable (on-the-fly)
- No limitation regarding type of institution (hospitals, GPs, patients, etc.)
- Individual access rights
- Seamless integration due to international standards (IHE)
- Access to data could help to avoid redundant examinations

<sup>1</sup>Internet connection is required.



# eHealth Solutions

## Our solution to connect systems and people



# eHealth Physician Portal Patient Chart

**SIEMENS Healthineers** | John Doe | 18.11.1965(Age:55) | Martin Gamber | Siemens Healthineers

Overview | Records | Laboratory | Radiology

Search

**Allergies and Adverse Reactions**

Substance	Reaction
Sulfa	Congestion
Aspirin	Flushing
Penicillin	Hives

**Medication**

Substance	Intake	Dosage	Disp. date
Takepron	1-0-0-0	30mg	1/3/2018
Simvatin	0-0-0-1	10mg	29/05/2017
B-Cor 5	1-0-0-0	10mg	1/3/2017
Aspirin			
Acetylsa.(ASS)	1-0-1-1	500mg	1/3/2017

**Past Diagnosis**

Diagnosis	Date
Diabetes	01/03/2017
Hypertension	01/03/2017
Myocardial Infarction	26/05/2017

**Laboratory Results**

Component	Value	Ref	Date
Sodium	176 mmol/l ( )*		2018/06/03
Potassium	5.10 mmol/l ( * )		2018/06/03
Calcium	2.52 mmol/l ( * )		2018/06/03
Chloride	107 mmol/l ( * )		2018/06/03
Gamma-GT	38 U/l ( * )		2018/06/03
Iron	150 ug/dl ( * )		2018/06/03

**Vital Signs**

Blood Pressure & Pulse

Legend: Blood pressure (blue bars), Pulse (green triangles)

Time	Blood pressure	Pulse
28.5	~110	~70
29.5	~125	~65
30.5	~125	~65
1.6	~120	~65
2.6	~140	~65
3.6	~140	~65
4.6	~115	~70

**Radiology**

Diagnosis	Date
currently no data available	
MRI Image	24.12.2016
CT Image	24.12.2016

**Past Procedures**

Procedure	Date
Left heart Cath	27/05/2017
Appendectomy	1/05/2015

**Vaccination**

Vaccination	Date
Rotavirus vaccine	27/05/2017
MenB vaccine	1/05/2015
Pneumococcal (PCV) vaccine	1/05/2015

**Consents**

Consent	Date
Consent	22.01.2017
Opt Out	22.12.2016

**Timeline**

- 2018: 03/05 Saudi German Hospital amb
- 2017: 01/11 Saudi German Hospital amb
- 26/05 Saudi German Hospital 3 days
- 1/03 Hospital name Alzahra amb
- 2016: 31/07 Al Zahra Hospital amb

- Extracts discrete data from CDA findings or directly fills with discrete data via FHIR interfaces
- Retrieves date from homeware devices or point-of-care devices, even from fitness trackers
- Patient can add data by upload to patient portal

The eHealth Physician Portal simply displays received/entered data. The product itself does not issue alerts or similar.

# Examples



**Supporting diagnostic and  
therapeutic decision-making**

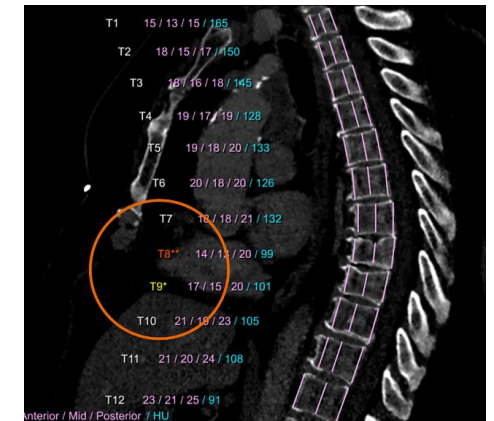
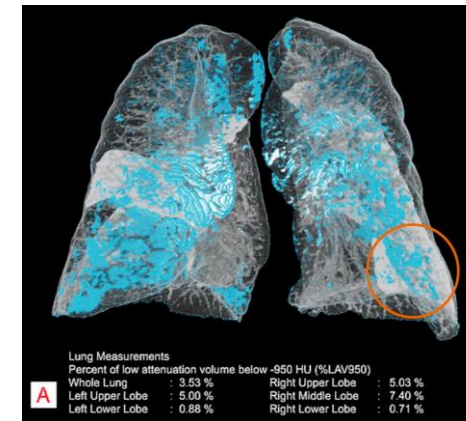
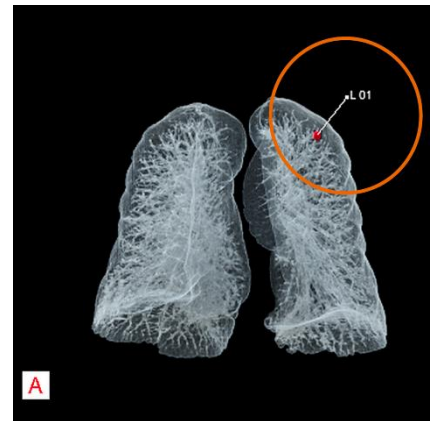
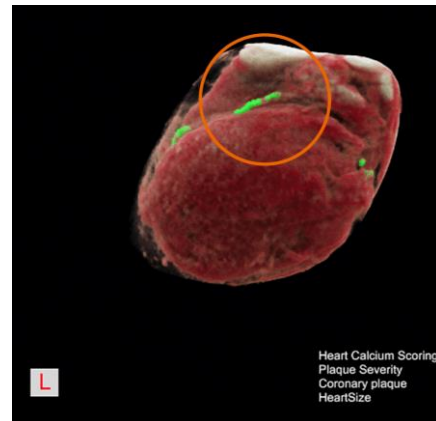
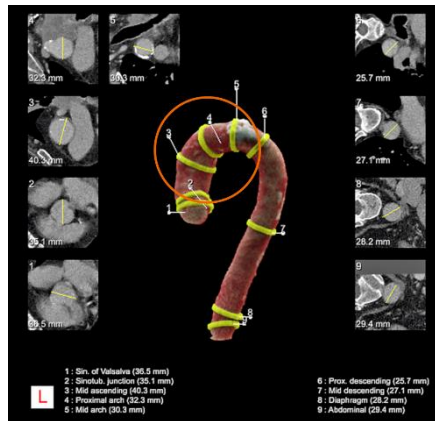
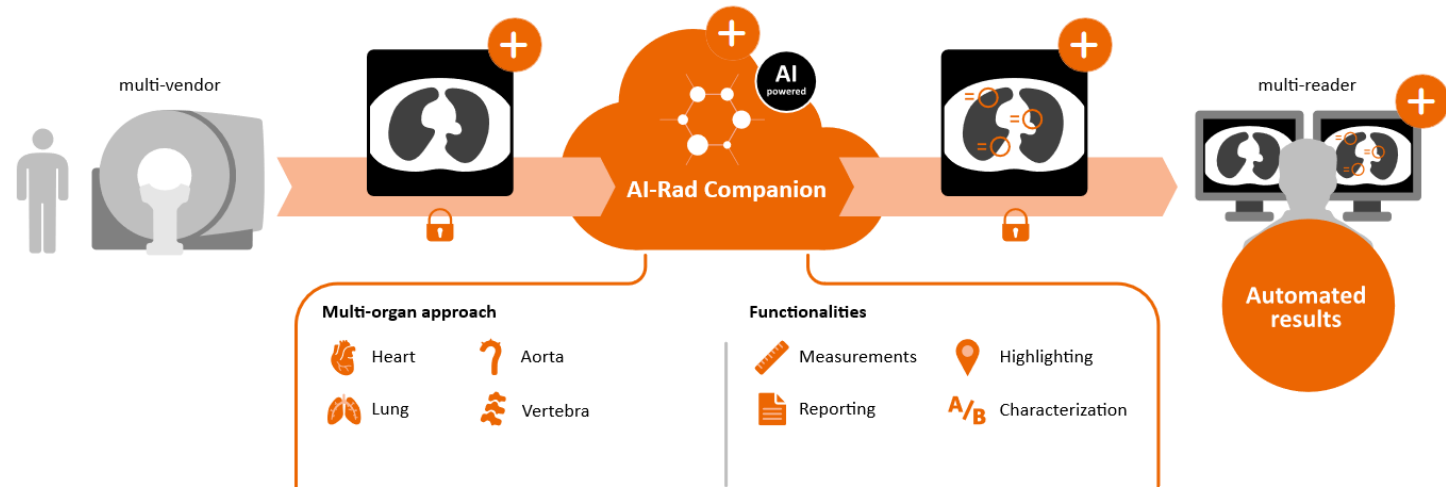
# AI RAD Companion

## Radiology Decision support systems

### AI RAD Companion Chest CT

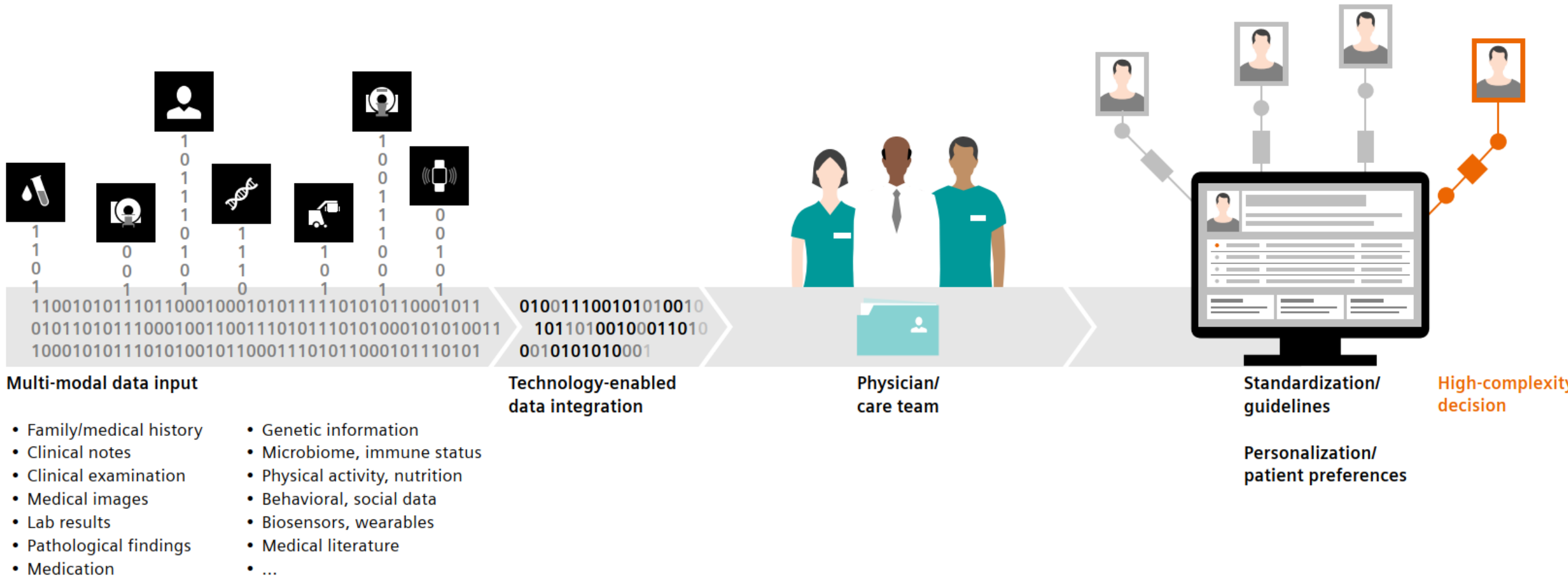
Op AI gebaseerde software voor lezen en rapporteren van chest CT beelden.

- 50% kortere beoordeling beelden
- 16,6% minder fouten.



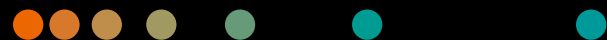


# Holistic Approach to complex decision-making in a digitalized care environment



# Data supporting the patient pathway

AI based decision support along the patient pathway





Patient's history



01 001 10 01 10100 01  
1011 101110  
001 10 010110  
11100 01110  
00111 0110  
1101 10100  
1011 10110  
10110 011110  
100 10 10 0110  
10110 00110 11  
001 10 01110 0  
10101 1 110 101001  
1101 0 010 110100  
0111 01101110  
000 1 1011010



Individual prognosis

Family history



Patient cohort

Lifestyle



Research results

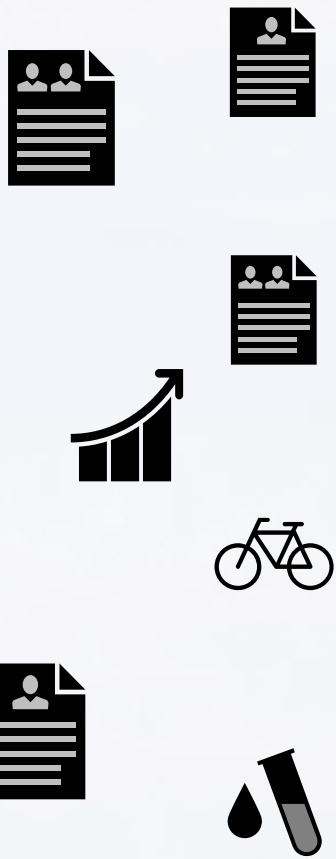
Previous and  
latest test results



Treatment guidelines



01 001 100 101101 1000 101101 10100 01  
101110 10001 10111101 101110  
001 1011101001 101110010110  
111001 011001 1011011 101110  
001110001001 101101100110  
11011 011001 1011000010100  
1011110 11001 101100010 10110  
101101 0111001 101101011 011110  
100 10001 1001 101101 110 0110  
10110101 1001 101111000110 11  
001 10111001 100101000 101110 0  
10101 10111001 100101 01110 101001  
1101 01110001 100101010 110100  
0111 0111001 10010110 01101110  
000 1101001 100101101 1011010





# AI-Pathway Companion

**Your source of information to facilitate  
diagnostic and therapeutic decisions along  
the patient care pathway**

# AI Pathway Companion setup

Prostate  
Cancer



Lung  
Cancer<sup>1</sup>



Breast  
Cancer<sup>1</sup>



Accessible through  
common web service



Coronary Artery  
Disease<sup>1</sup>



Analytics  
KPIs



Standardized &  
Harmonized  
Model



**Structured Data Aggregation & Image Access**  
Based on patient, clinical pathway and decision in the pathway

Holistic "patient" model  
Intelligent "disease" model  
Intelligent "cohort" model



FHIR<sup>1</sup>/HL7<sup>1</sup>  
SQL

mandatory

HL7<sup>1</sup>

optional

HL7<sup>1</sup>

optional

HL7<sup>1</sup>

optional

DICOM

mandatory



EMR/HIS  
Patient Data



OIS/CVIS  
Therapy Data



LIS  
Lab Data



RIS  
Rad Data



PACS  
Images

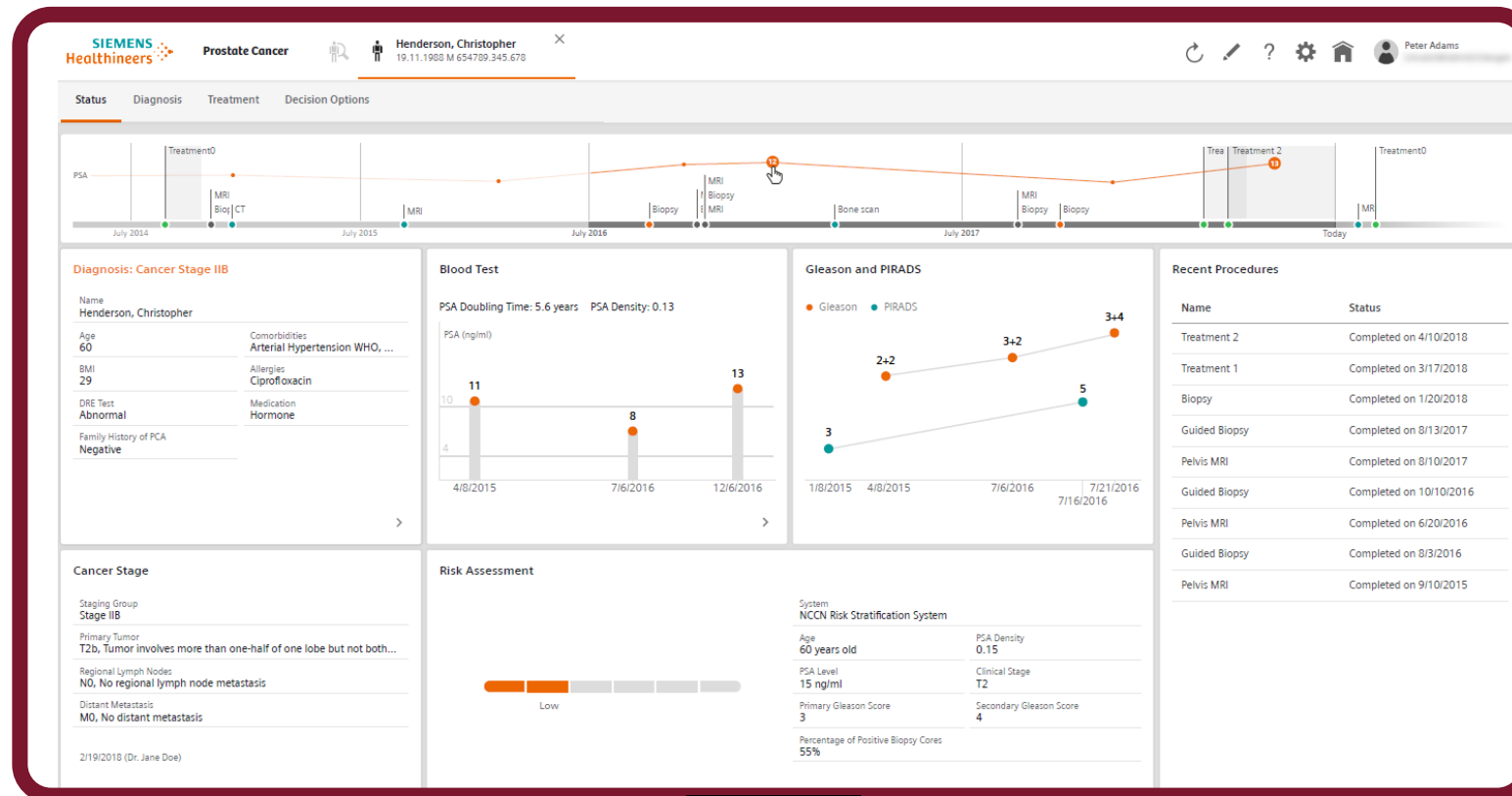


# Delivering benefits along the entire care continuum



# Status Overview

## Clinical context summarized within one single view



# Diagnosis Overview

## Correlated imaging and pathology results



SIEMENS Healthineers Prostate Cancer

Status **Diagnosis** Treatment Decision Options

PSA Bone S... Hormo... CT CT PET Bone S... Today

**Diagnosis: Stage IVB**

Primary Tumor  
cT2b

Regional Lymph Nodes  
cN1

Distant Metastasis  
cM1

Filter

Overlay

Other Findings

Legends

T N M

Brain Met

Spinal Met

Rib Cage Met

Thoracic Met

Abdominal Met

Arms and Leg Met

Exam Details

Collected  
4/1/2018

Summary  
There is no new lesion seen small radionuclides uptake on head of L...

Findings(1)

Finding 1

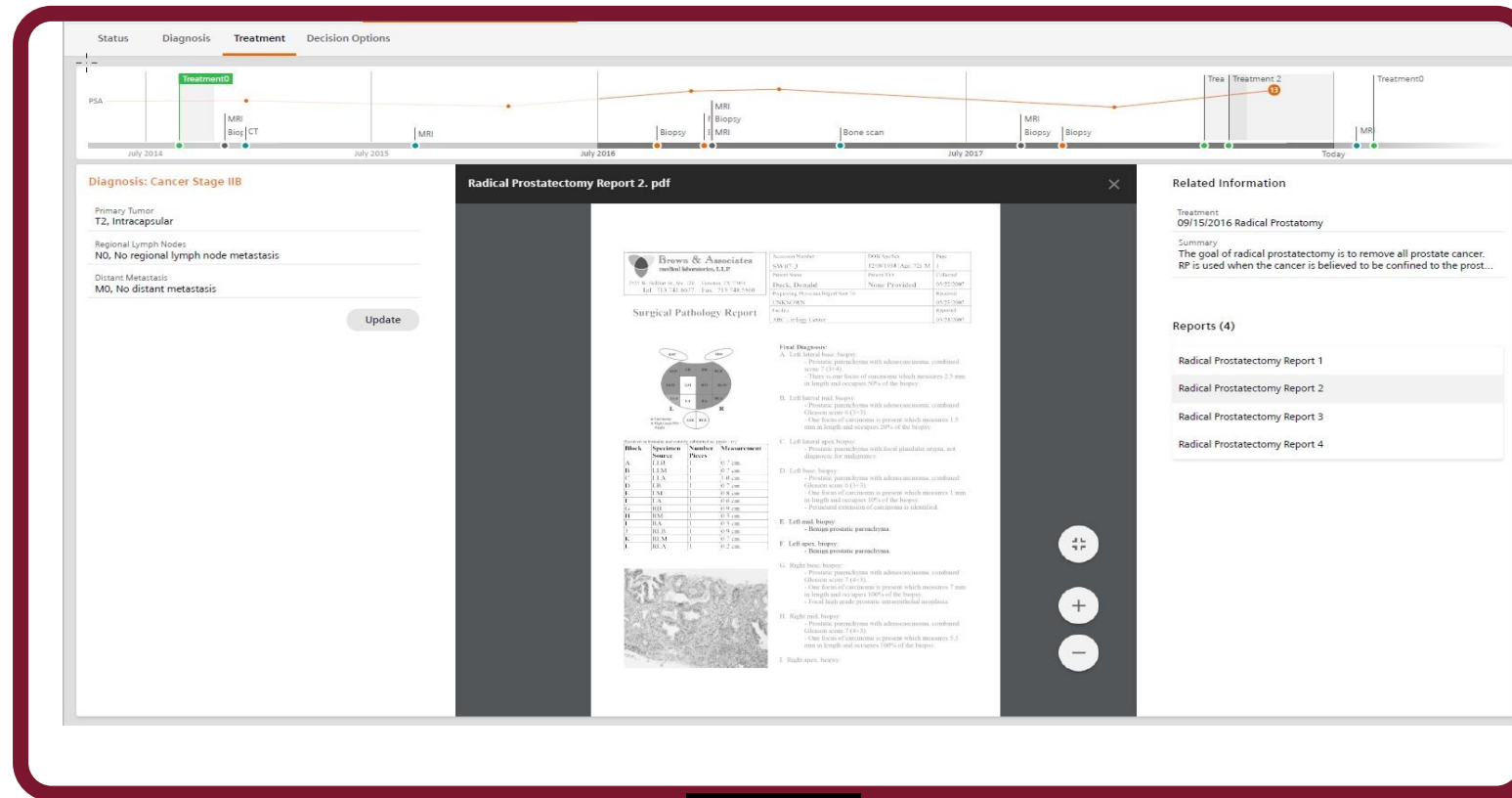
Location  
Left Femur

Viewer Report

AI-Pathway Companion applications are not commercially available in all countries. Their future availability cannot be guaranteed. AI-Pathway Companion Prostate Cancer is CE-compliant in accordance with Directive 93/42/EEC. AI-Pathway Companion Analytics and AI-Pathway Companion Connector are not intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease.

# Treatment Overview

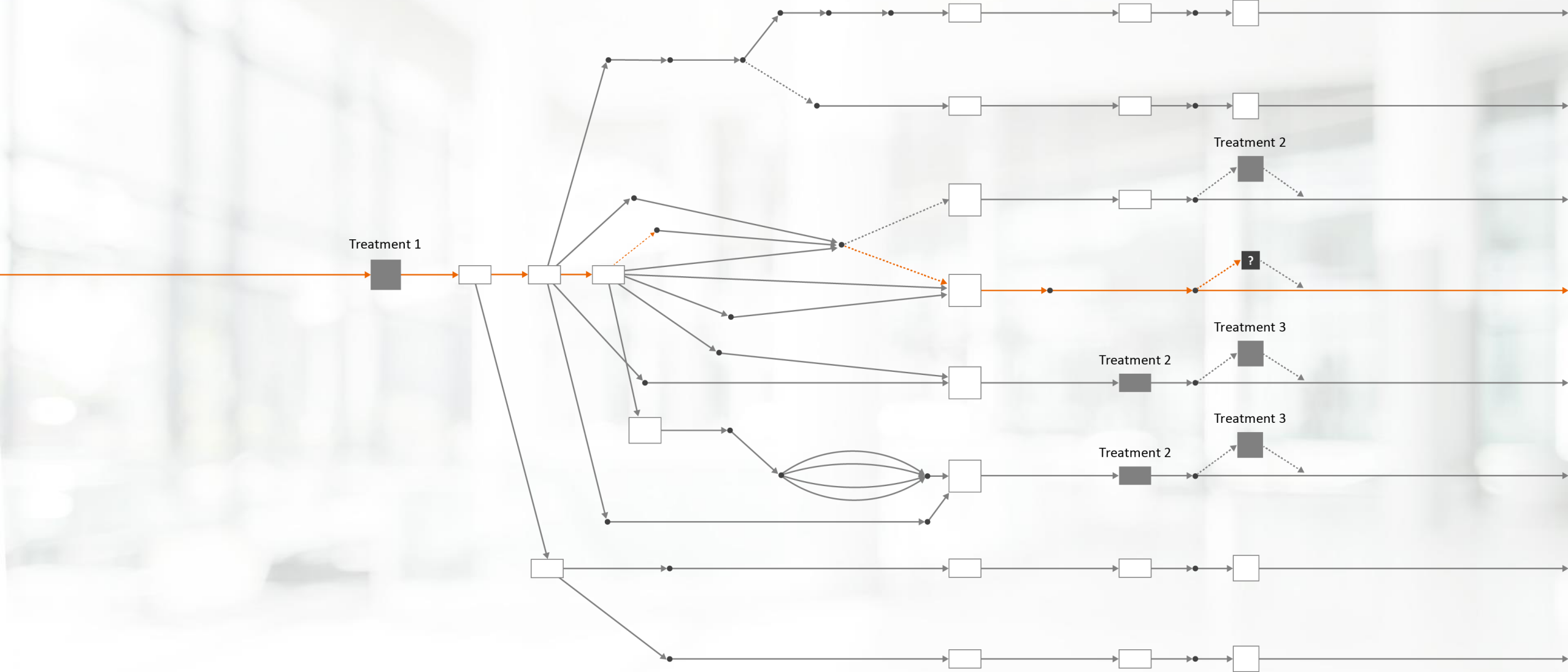
## Summary of completed therapeutic procedures



# Decision Options Features

## Evidence-based recommended treatment options

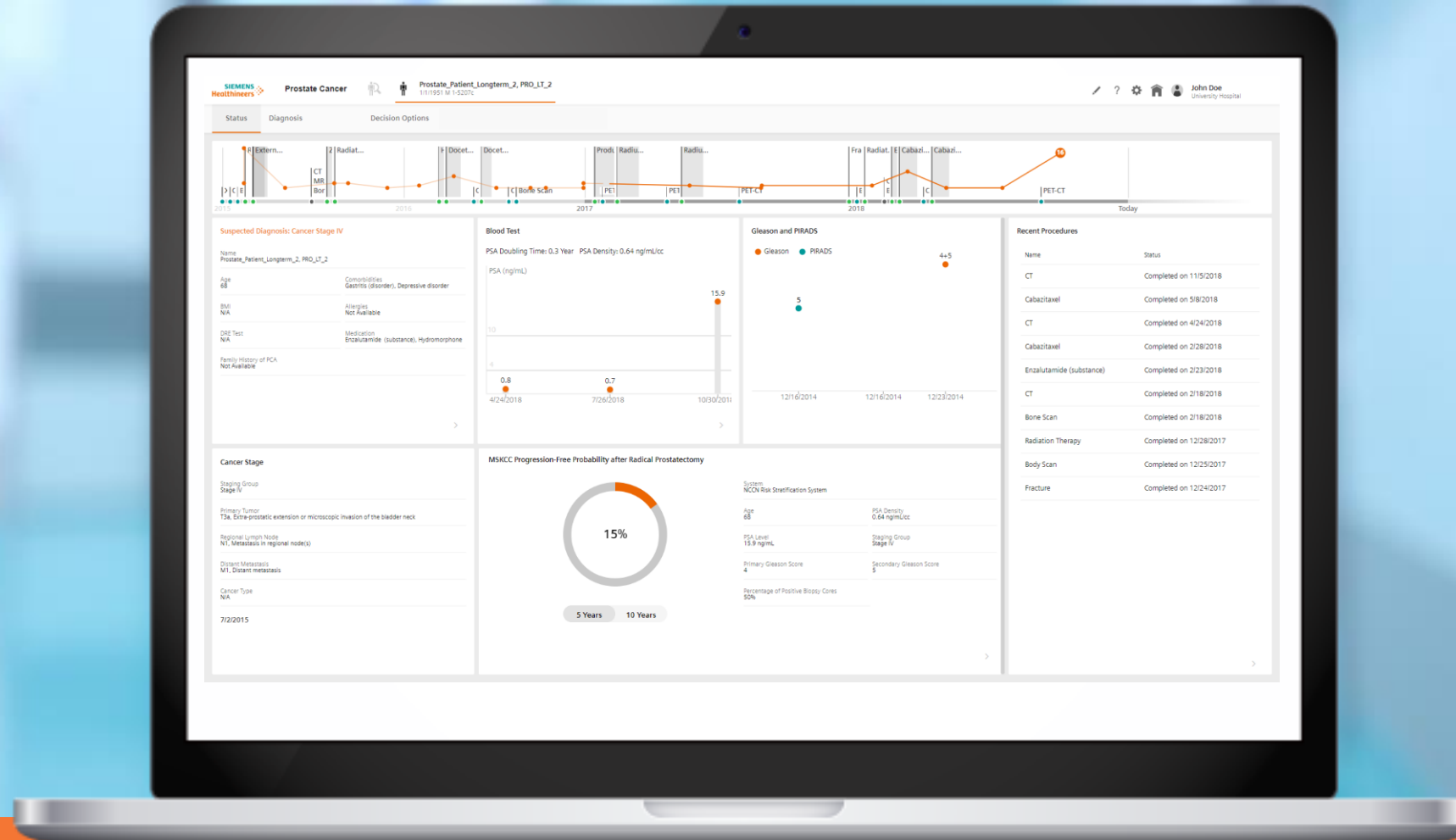




# GPS – Where am I and what is the next step?



# AI-Pathway Companion could become a GPS of medicine







Don't **limit** your imagination  
to what we are manufacturing –

Add **value** and become **more relevant**