

Realizing the digital potential in healthcare

Every patient deserves the best healthcare. To empower clinicians to make the best decisions possible, focus on these 3 core principals and implement the right IT initiatives. These are proven to improve workflow and the quality of care and outcomes for patients.



Providing access to the right data

Healthcare generates an enormous amount of data, yet most of it remains siloed. Without safe data sharing, care suffers and patients are left behind.

Let's take look at cancer, the leading cause of death worldwide.¹



Multiple research projects within the US NCI Cohort Consortium are suspended or delayed because of data transfer issues.²



The WHO's IARC (International Agency for Research on Cancer) is unable to receive research data from collaborating studies.³

Quality data sharing and advances in technology can fuel the future of healthcare. Our experts point to several objectives that could be attained:⁴

- ✓ Increase efficiency
- ✓ Digital task shifting and managing staff shortages
- ✓ Population health applications to enable targeted and differentiated services
- ✓ Earlier detection of diseases
- ✓ Improve quality of clinical decision-making
- ✓ Continuous patient monitoring

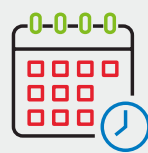


Turning the best evidence into action

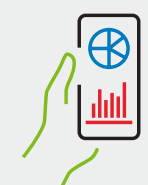
Clinicians today are faced with a dizzying volume of research, emerging information, government and health organization guidance, and the need for speed. But what part of this information is actionable and applicable at the point of care?



Available medical knowledge is estimated to double once every **73 days**.⁵



Yet, researchers estimates that it takes **17 years** on average for evidence to reach clinical practice.⁶



Clinicians **rarely have accurate expectations** of benefits or harms of treatments, tests, or screenings.⁷

"It is unhelpful for busy clinicians making a difficult decision for a patient to read guidance concluding that the evidence is insufficient to make a recommendation or simply be pointed to a summary of potentially relevant studies."

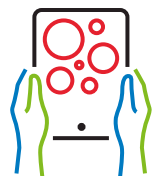


Peter Bonis, MD, Chief Medical Officer, Wolters Kluwer, Health



Empowering the healthcare workforce

Clinicians may find it difficult to keep up with ever-changing medical information. Some may not be able to identify the right evidence and turn it into the right action at the point of care. Healthcare leaders must empower resiliency and wellbeing in care teams so they can make the best clinical decisions quickly and efficiently.



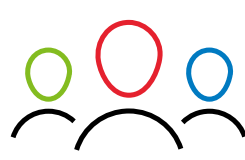
94% of European hospitals have electronic prescription systems, **BUT only 20%** are integrated with a CDS solution.



Most treatment guidelines do not fully acknowledge the poor quality of data on which they are based.⁸



A review of **48 studies** found physicians had inaccurate expectations on pros and cons of treatments, tests, or screening tests.⁹



Health misinformation undermines patient-clinician relationship and negatively impact health outcomes by reducing patient adherence.

¹Source: WHO, Key facts, 3 February 2022. <https://www.who.int/news-room/fact-sheets/detail/cancer>. Accessed 9/22/2022.
²Source: Data must be shared—also with researchers outside of Europe. Giske Ursin et al. November 07, 2019. DOI: [https://doi.org/10.1016/S0140-6736\(19\)32633-9](https://doi.org/10.1016/S0140-6736(19)32633-9). Accessed 9/22/2022.
³Source: RE: Impact of the European Union's Data Protection Regulations on the Activities of UN System Organizations. Miguel de Serpa Soares. 14 May 2020. United Nations. https://edpb.europa.eu/sites/default/files/webform/public_consultation_reply/2020.05.14_letter_to_edpb_chair_with_un_comments_on_guidelines_2-2020.pdf. Accessed 9/22/2022.
⁴Source: Strengthening antimicrobial stewardship with artificial intelligence by Steve Mok, PharmD, MBA, BCPS, BCIDP, and Helene Chaconas, PharmD. May 13, 2022. <https://www.wolterskluwer.com/en/expert-insights/strengthening-antimicrobial-stewardship-with-artificial-intelligence>. Accessed 9/22/2022.
⁵Source: Densen P. Challenges and opportunities facing medical education. Trans Am Clin Climatol Assoc. 2011;122:48-58. PMID: 21686208; PMCID: <https://pubmed.ncbi.nlm.nih.gov/21686208/>. Accessed 9/22/2022.
⁶Source: Managing Clinical Knowledge for Health Care Improvement. E.A. Balas. S.A. Boren. Yearb Med Inform 2000; 09(01): 65-70. DOI: 10.1055/s-0038-1637943. <https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0038-1637943>. Accessed 9/22/2022.
⁷Hoffmann, T. C., & Del Mar, C. (2017). Clinicians' Expectations of the Benefits and Harms of Treatments, Screening, and Tests: A Systematic Review. JAMA internal medicine, 177(3), 407-419. <https://doi.org/10.1001/jamainternmed.2016.8254>
⁸Source: Lenzer, J., Hoffman, J. R., Furberg, C. D., Ioannidis, J. P., & Guideline Panel Review Working Group (2013). Ensuring the integrity of clinical practice guidelines: a tool for protecting patients. BMJ (Clinical research ed.), 347, f5535. <https://doi.org/10.1136/bmj.f5535>. Accessed 9/22/2022.
⁹Source: Clinicians' Expectations of the Benefits and Harms of Treatments, Screening, and Tests: A Systematic Review. Tammy C Hoffmann. Chris Del Mar. JAMA Intern Med. 2017 Mar 1;177(3):407-419. PMID: 28097303 DOI: 10.1001/jamainternmed.2016.8254. <https://pubmed.ncbi.nlm.nih.gov/28097303/>. Accessed 9/22/2022.