

Health Decision Support Systems

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ESAT-SCD K.U.Leuven / IBBT



-Trends

-Context

-Opportunities and challenges

-What to do ?

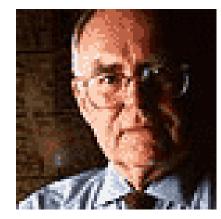


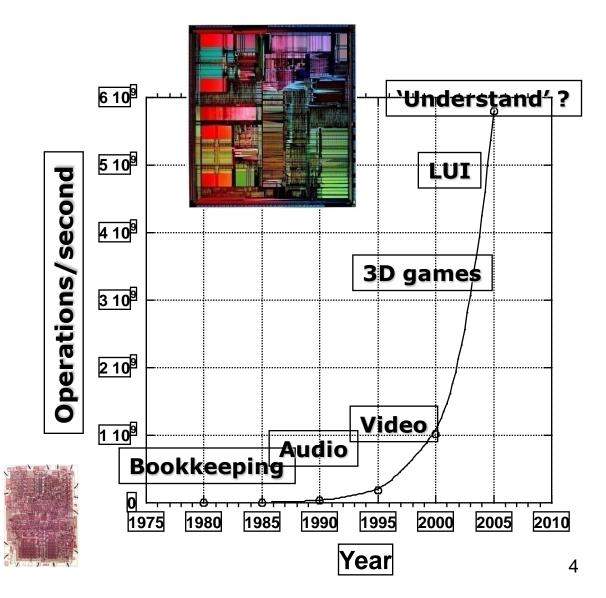


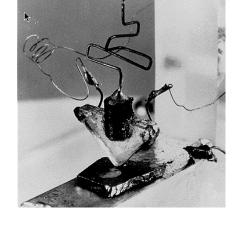
- I. Exponential evolution in ICT, medical and bio-technology
- II. Tsunami of data
- III. Inter-, cross-, and multi-disciplinarity
- IV. Societal demands
- V. Translational gap



Gordon Moore's law

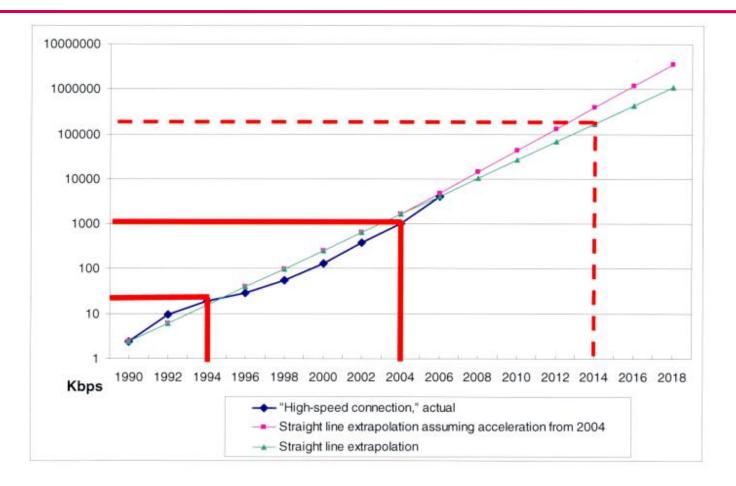






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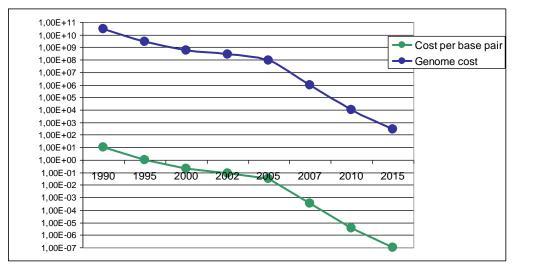
Broad band capacity



Source: Heavy Reading report "FTTH Worldwide Market & Technology Forecast, 2006-2011"

Making sense of the 1000 \$ genome ?

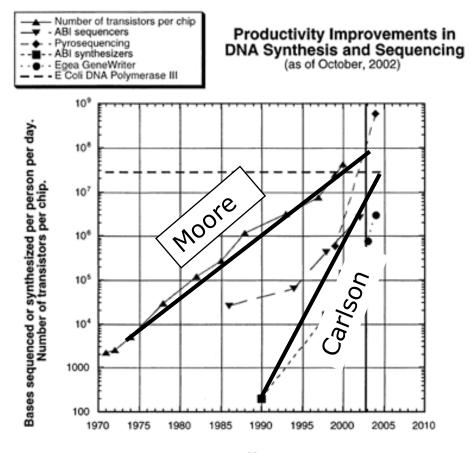
- Human genome project
 - Initial draft: June 2000
 - Final draft: April 2003
 - 13 year project
 - \$300 million value with 2002 technology
- Personal genome
 - June 1, 2007
 - Genome of James Watson, co-discoverer of DNA double helix, is sequenced
 - \$1.000.000
 - Two months
- €1000-genome
 - Expected 2012-2020



Year	Cost per base pair	Genome cost
1990	10	3E+10
1995	1	3.000.000.000
2000	0.2	600.000.000
2002	0.09	270.000.000
2005	0.03	90.000.000
2007	0.000333333	1.000.000
2010	3.33333E-06	10000
2015	0.0000001	300

Moore versus Carlson

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Tsunami of data

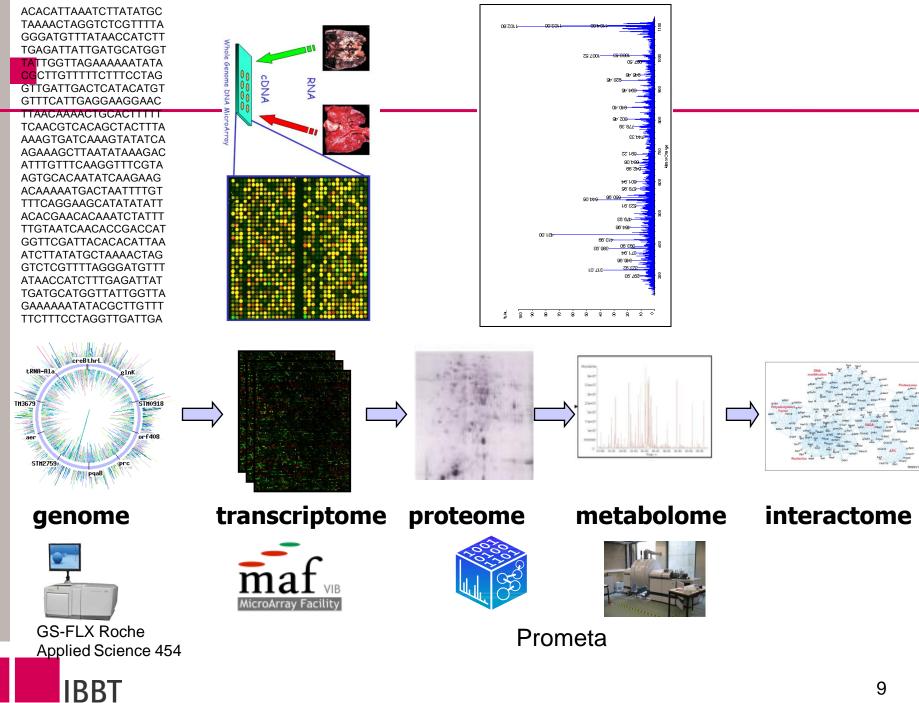
- -New technologies generate more data
- -Increased spatial and temporal resolution
- -More studies per patient, more datasets per study



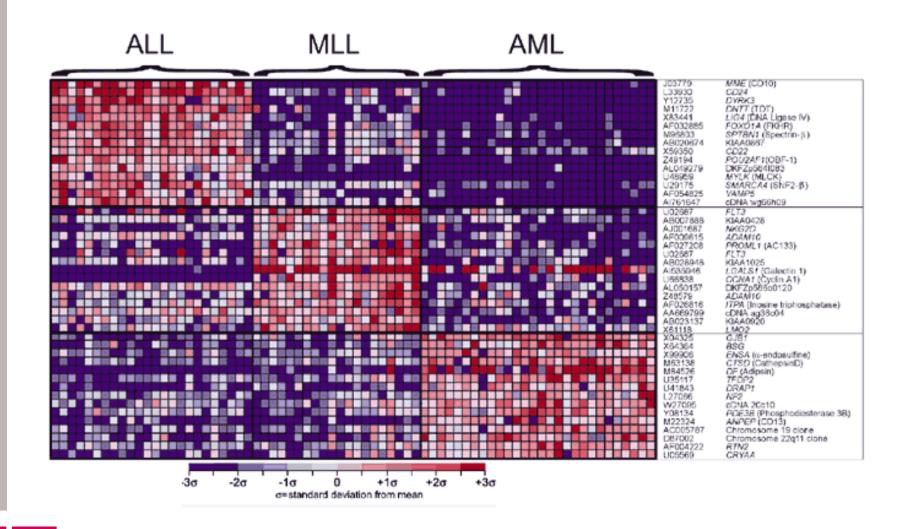
Virtual colonoscopy from CT images with automatically detected polyps



subtraction CT angiography

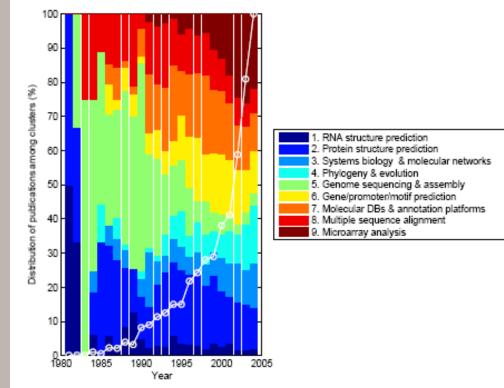


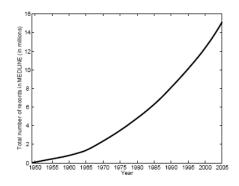
Microarray data: genetic fingerprints



Text mining

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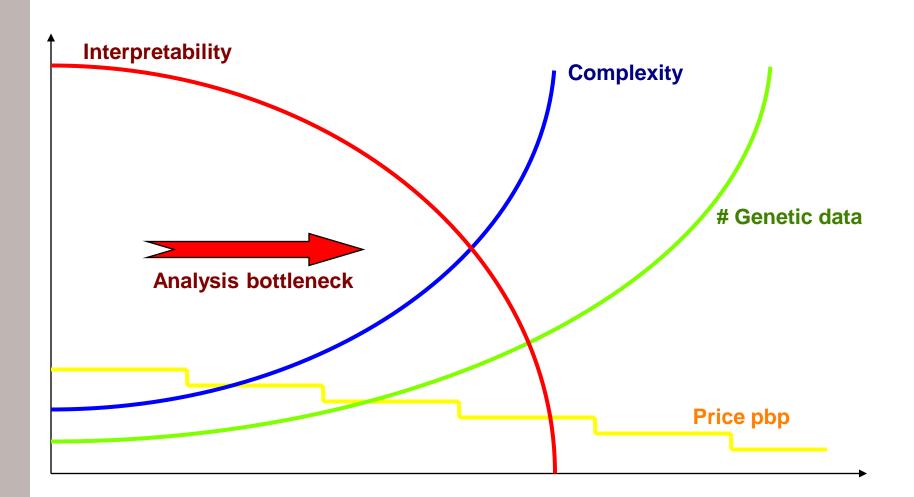


1.2: Growth of MEDLINE, the U.S. National Library of Medicine (NLM) t bibliographic database covering the fields of medicine, nursing, denveterinary medicine, the health care system and preclinical sciences. The umber of scientific publications (in millions) is indicated for each year. MEDLINE contains approximately 15 million unique records about jourcles in life sciences. This figure was constructed using data published by 161].

By 2010, 1/3 of all world data bases will consist of biomedical data

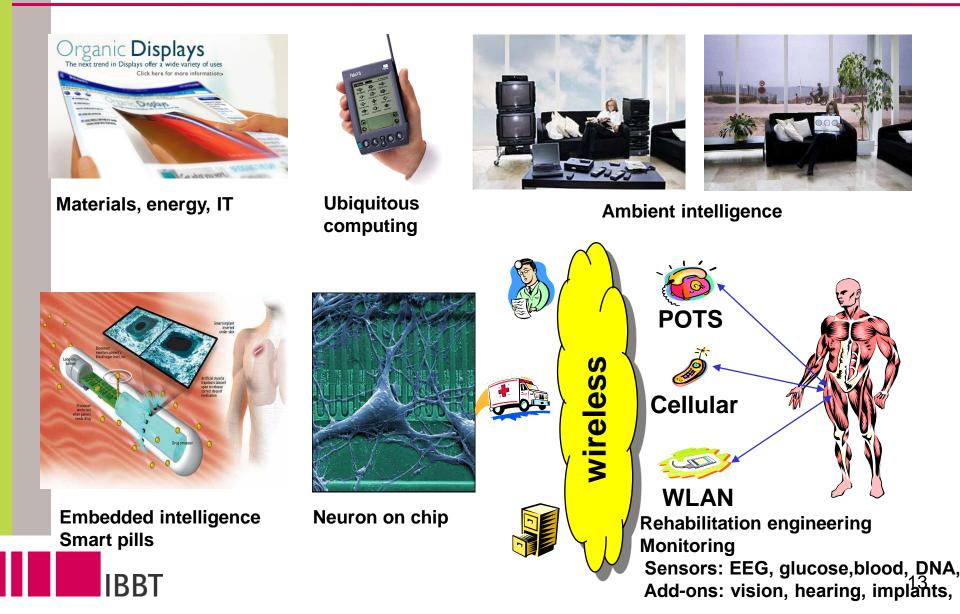
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Analysis bottlenecks





Transdisciplinary integration



Rationales for eHealth

-Improve quality performance of health decision/diagnosis systems

-Support individual medical doctor

-Avoid/decrease number of medicial errors

-Web portal for Evidence Based Medicine

-Organised access to literature

-Examples: UK, Norway, Sweden, Finland

-Information sharing among doctors

-avoid/monitor patient (s)hopping behavior

-Global Medical File per patient

-Interoperability

-Deal with 'empowerment of the patient': Patient-centric health care

-Medical care in 4P: personalized, preventive, predictive, participatory -Increasing trend for 'customized' personalized' medicine

-Improve transparancy and consistency

-Deal/cope with 'professional' (chronical) patients (heart, diabetes, cancer,...) -Improve patient mobility

-Cost effectiveness of the health care system

-Ageing population:

-EU 2050: 65+ → +70%; 80+ → +180%

-VI. 2012: 60+ \rightarrow 25 % of VI.

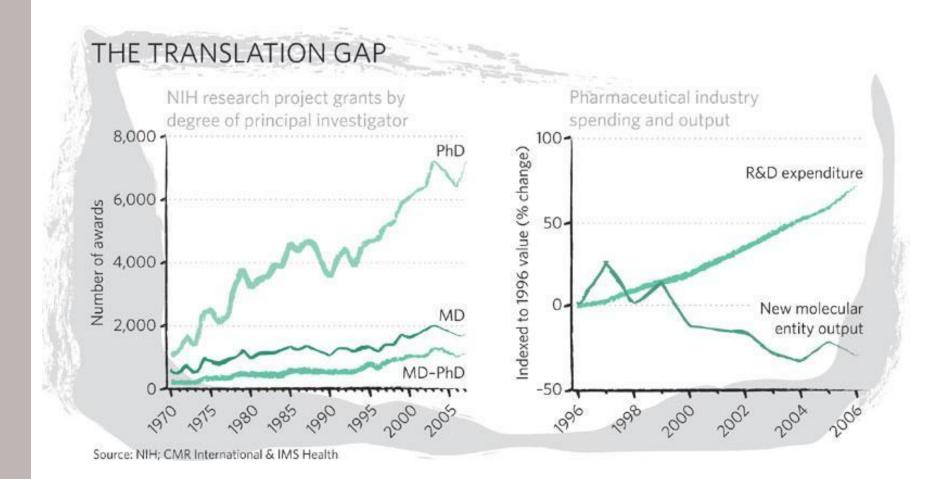
-Monitor overconsumption

-Improve transparancy

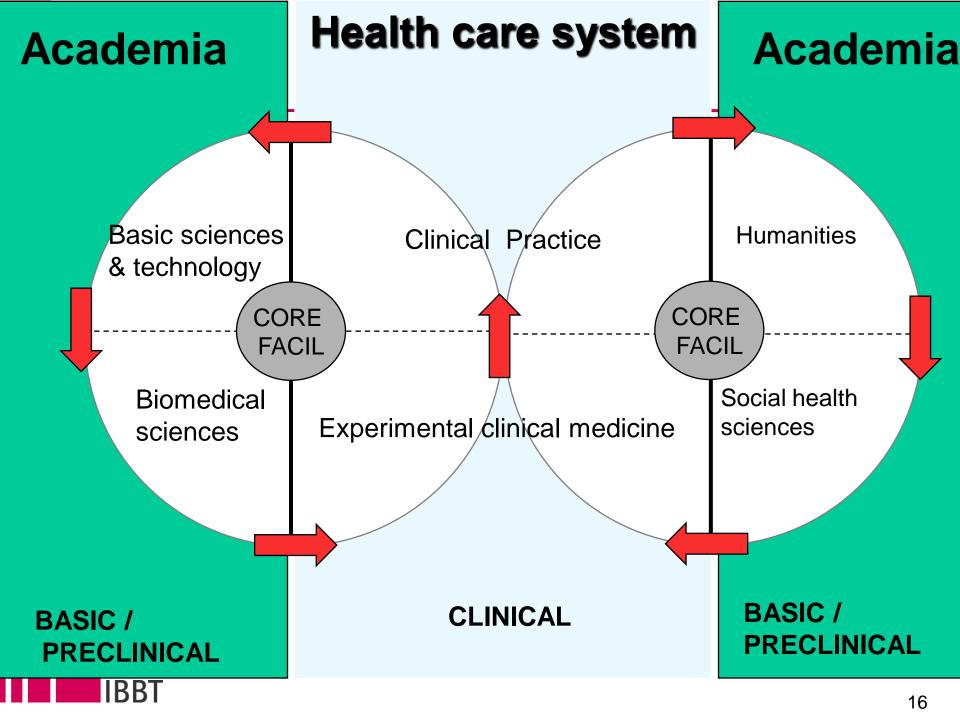
-Detect abnormalities in diagnosis/therapy/...

-Cope with tsunami of available information and data (clinical, population,)

Translational medicine: bed $\leftarrow \rightarrow$ bench



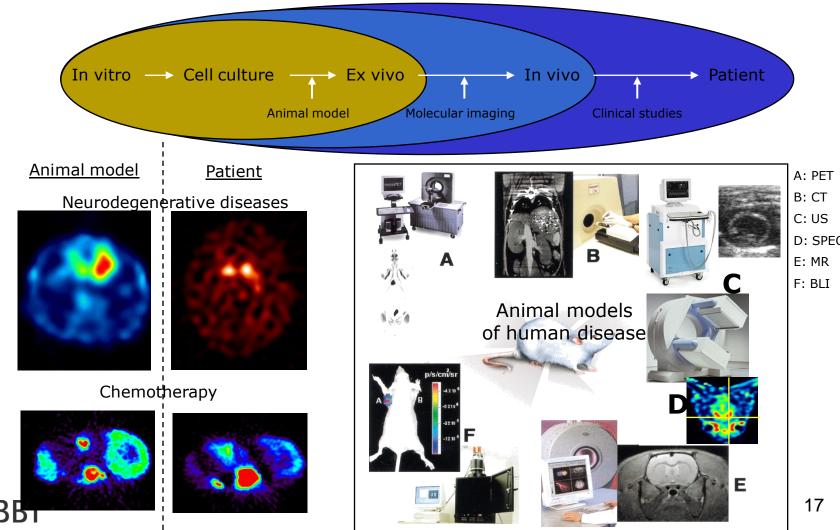
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Imaging in translational research

Molecular imaging:

translational research from animal models to clinical applications





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- -VRWB cluster analysis -Cluster 2: ICT and Health Care -Cluster 5: New business models
- VRWB, 2008: De uitbouw van het translationeel onderzoek in Vlaanderen
- VR 30/04/2009: Oprichting van een Centrum voor Translationele Biomedische Innovatie / m.i.v. 8 mio euro voor biobank
- VIB, IBBT, Universities
- eHealth platform





But in order to lead in the global economy and to ensure that our businesses can grow and innovate, and our families can thrive, we're also going to have to address the shortcomings of our health care system.

The Recovery Act will support the long overdue step of *computerizing America's medical records*, to reduce the duplication, waste and errors that cost billions of dollars and thousands of lives. But it's important to note, *these records also hold the potential of offering patients the chance to be more active participants in the prevention and treatment of their diseases*. We must maintain patient control over these records and respect their privacy. At the same time, we have the opportunity to offer billions and *billions of anonymous data points to medical researchers who may find in this information evidence that can help us better understand disease*.

History also teaches us the greatest advances in medicine have come from scientific breakthroughs, whether the discovery of antibiotics, or improved public health practices, vaccines for smallpox and polio and many other infectious diseases, antiretroviral drugs that can return AIDS patients to productive lives, pills that can control certain types of blood cancers, so many others.

Because of recent progress -- not just in biology, genetics and medicine, but also in physics, chemistry, computer science, and engineering -- we have the potential to make enormous progress against diseases in the coming decades. And that's why my administration is committed to increasing funding for the National Institutes of Health, including \$6 billion to support cancer research -- part of a sustained, multi-year plan to double cancer research in our country. (Applause.)

http://www.whitehouse.gov/blog/09/04/27/The-Necessity-of-Science/



-RIZIV: 23 mia euro / year

-Cumulative R&D funding Flanders (FWO, IWT, IBBT, VIB, IMEC,...) human health: 150 mio euro/year

- Need for new funding federal / communities / regions on Innovation in Health Care

-FOD Volksgezondheid: 16 a 17 mio euro / year for IT Hospitals





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-Advanced Health Decision Support Systems based on integration of heterogeneous data sources

-Policy Decision Support Systems

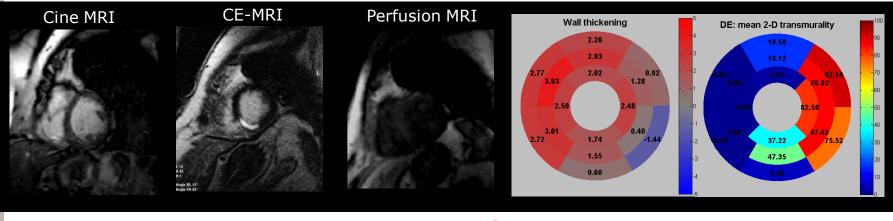
-Embedded Decision Support Systems

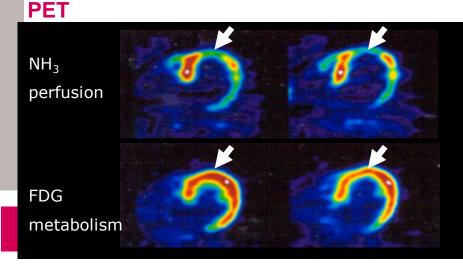


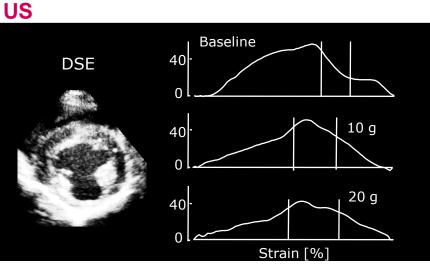
Multimodal image data integration

Assessment of myocardial infarction and residual viability: multimodal characterization of function, perfusion and metabolism

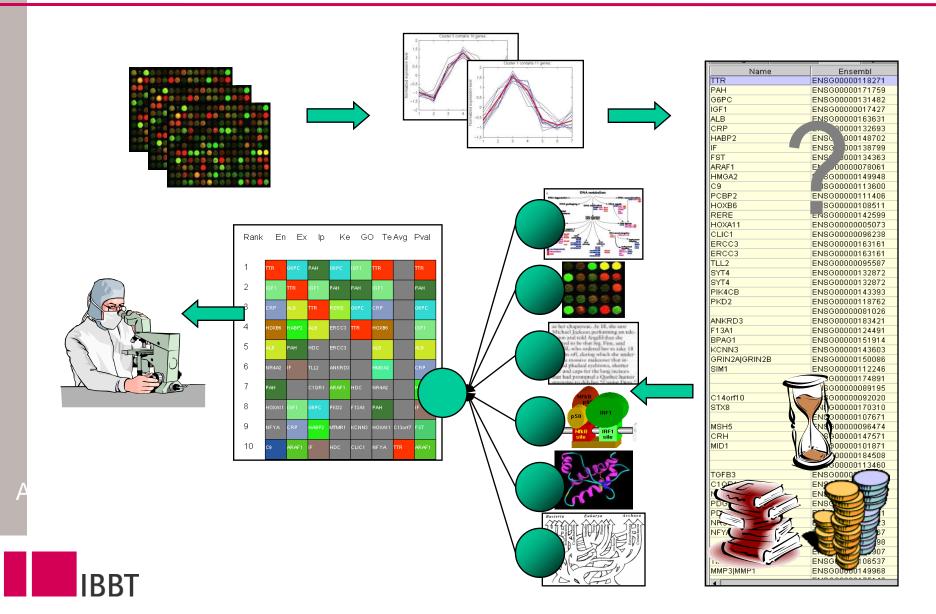
MR



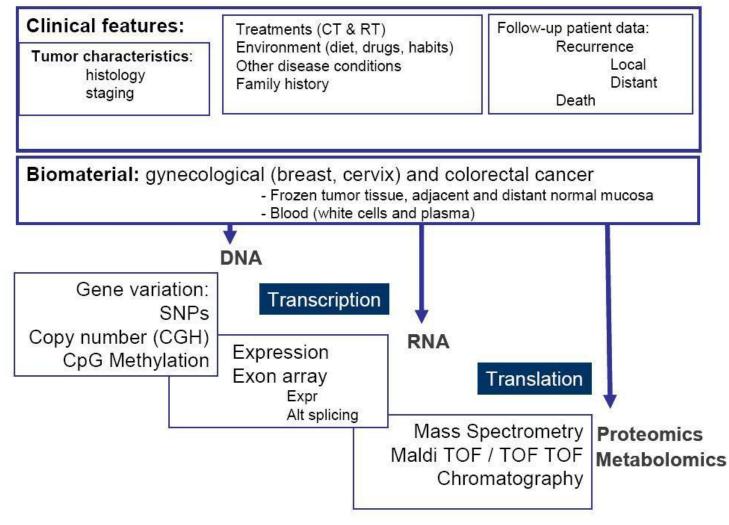




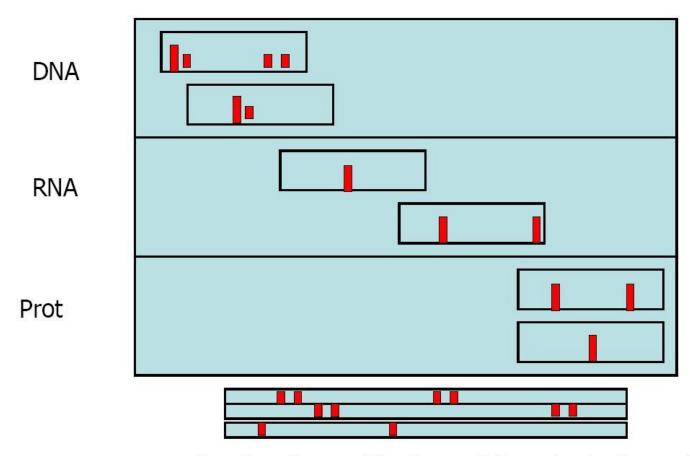
Heterogenous data source gene prioritization



Clinical decision support

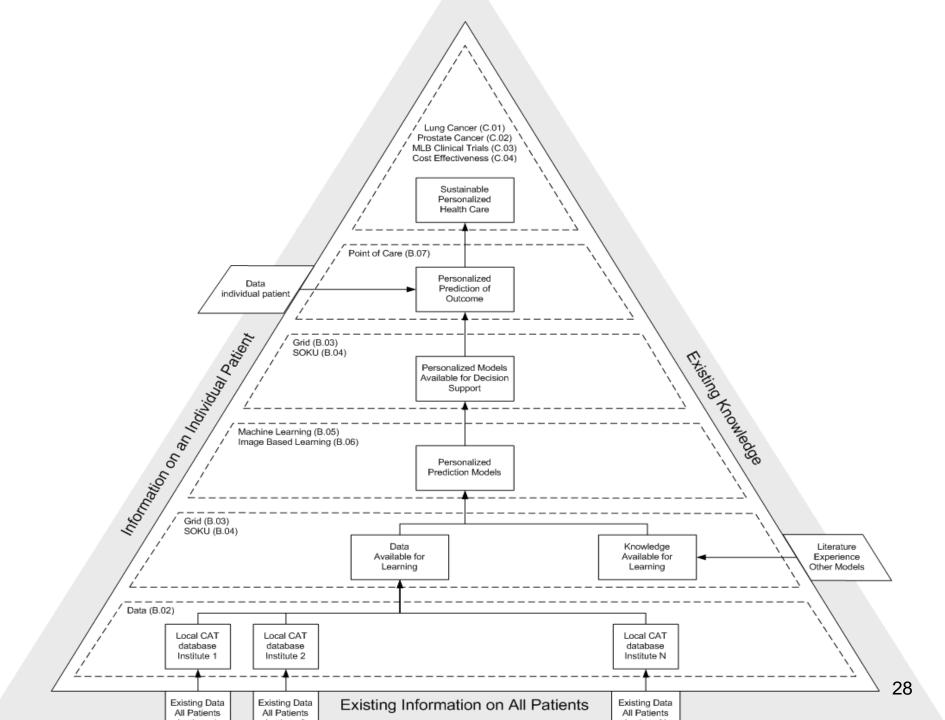


Clinical and integrated –omics data considered in this proposal

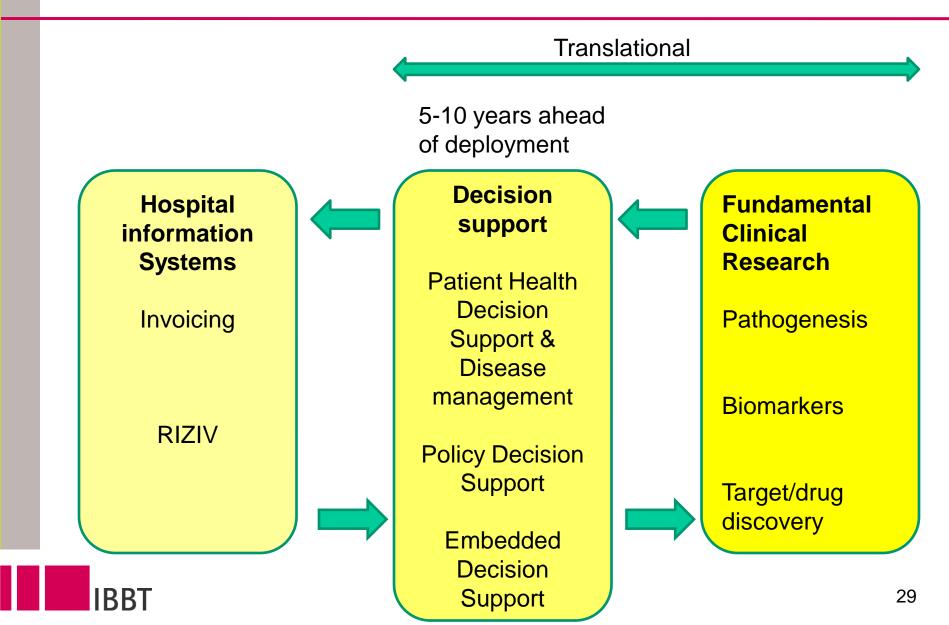


An integrated molecular profile derived from high-throughput genetic, transcriptional and proteomics data.





What to do ?



Information security aspects

- -Multilateral security for community-centric healthcare IT platforms
- -System and software security of critical community (e-health) infrastructures
- -Enabling technologies for collaborative work in the e-health sector
- -Policy negotiation, enforcement and compliance
- -Privacy preserving data-mining and statistical databases
- -Body Area Networks (implanted devices, wearable devices,...) and Personal Area Networks
- E-government : identity management, delegation, controlled data exchange



-Population based mining

- -Spatial-temporal modelling
- geography, age clusters, consumption profiles, longitudinal time series

-Clustering, classification, modelling, prediction, trends, seasonalities

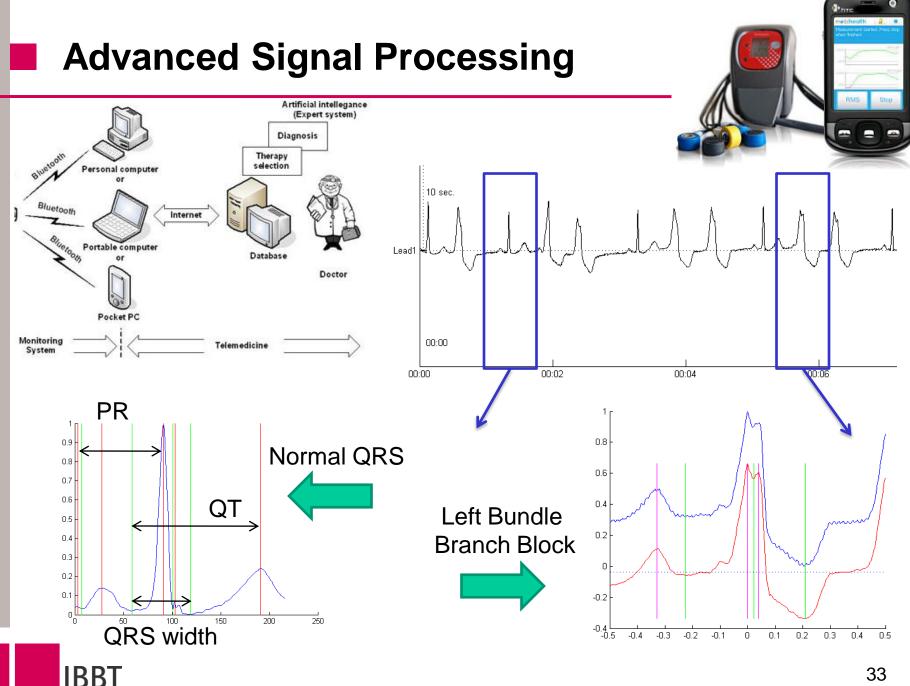
-Outlier detection

-Federaal Kenniscentrum Gezondheidszorg



- -Assistive health and welness management systems
- -Health telematics
- -Intelligent environments, ambient intelligence, smart homes, home networks
- -Home health monitoring and intervention
- -Health vaults: personal medical data collection and processing
- -Wearable sensor signal processing/wireless registration of physiological parameters







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