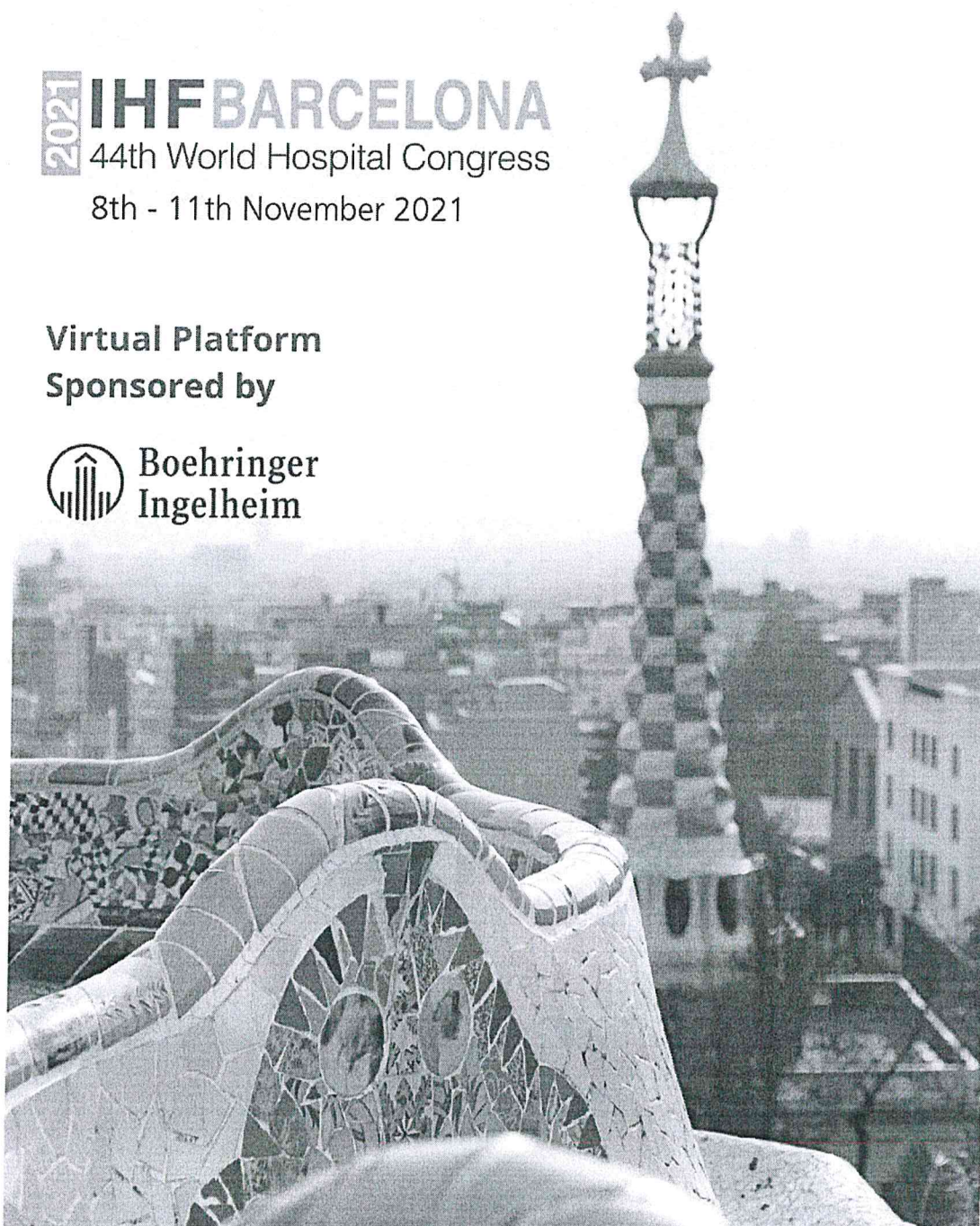


IHF心得

2021 IHF BARCELONA
44th World Hospital Congress
8th - 11th November 2021

Virtual Platform
Sponsored by



在這為期四天的線上會議當中，除了認識到醫療體系管理階層對於疫情之下所帶來的轉變：面對疫情的即時應對方式、對於未來的改變規劃：將科技納入醫療體系的方案與經驗分享、以及如何能夠在疫情緩解後做出適當的改變，藉以將醫療體系轉換成更有彈性、更有應對能力的組織，這些都是在這四天的大會當中所環繞的主題。

例如：

英國醫療體系發現醫護人員在面對疫情快速發展的情形之下，面對大量的患者、許多資訊的處理、和後續的醫療抉擇(Decision-making)都花費時間和精力，很多因此他們很著重在利用科技減少不需要的decision-making effort，因為病人變多，data也變很多，該如何更有效的解讀資訊達到好的decision-making？

The huge pressure on healthcare brought about by COVID-19 is accelerating transformation



Healthcare Challenged



"...a growing and aging population, rising expectations on the part of patients for access to high-quality care and improved customer experiences!"



"The hospitals that best weathered the (COVID) crisis were by and large the ones that were already open to integrating new technologies..."



"...renewed sense of urgency to provide effective telehealth services!"



"The pandemic put hospitals through the ultimate stress test."

Healthcare Response



Rise in the adoption of **new platforms** (e.g., telemedicine, retail health) is further **driving care outside of hospitals** partly as there is **social reluctance to go to hospital**



Providers are driving greater **flexibility and productivity** in the workforce through rapidly increasing use of AI-enabled solutions



Focus on **integrated care solutions** – hospitals linking to community, social care systems and into peoples houses



Increased emphasis on **digital**: digital links to consumers, to bring about primary care consultations, remote diagnostics, digital system and hospital management, digital links to suppliers

The impact on the workforce – doctors, nurses, managers, support staff – is huge. Many are close to breaking point.



Challenging dynamics



Unpredictability of demand results in misalignment of capacity⁷
Capacity breaches result in lengthy delays for planned procedures¹

Inefficient models



Legacy care models are not suited to address this challenge and can exacerbate gap between resources and patient needs⁸

Fragmented data



Impenetrable data silos prevent use for patient care improvement⁹

Impact



- Increased staff burden
- Inefficient patient throughput
- Reduced access to care
- Sub-optimal care quality
- Reduced patient experience

解決方式是透過Central commanding center（中央指揮中心）達到Real-time optimization，這樣的系統可以讓醫療團隊快速的解讀臨床資訊並且提供給團隊：「下一步該做什麼？」，如此一來，不僅團隊可以更有效率的面對面團結合作、並且所收集到的資訊也更有價值。

在參與的人當中，除了有官方政府官員，醫藥界的負責人、臨床醫療團隊的領導者、以及各種非政府組織的醫療聯盟和各式各樣的醫療學會，大家都分享了在這疫情當中因應各種醫療需求，所產生的快速且有效地轉變和實際操作經驗。

像是：歐盟的醫院合作網絡（collaborative hospitals networking），不只是讓各層級的醫院之間有溝通的管道，可以分享各種臨床治療經驗、研究設計、甚至是研究資源的流通與分享，或者是醫師與患者之間透過不同罕見疾病的醫學會，讓患者可以透過管道（European Reference Networks）得到相關的醫療。

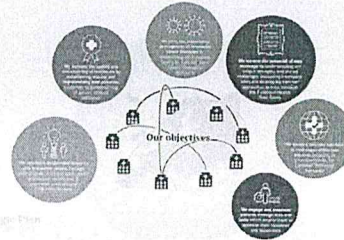
EUHA's vision is to build a network of sustainable healthcare eco-systems that achieve the best possible patient outcomes



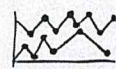
Trough the Alliance we :

- Share practices and patient outcomes to improve the q care at member hospitals.
- Create International knowledge exchange opportunit staff and strategic development.
- Advise policy makers on sustainable and excellent health European citizens and the essential role of university hosp
- Collaborate in research and development projects to stre excellence and innovation.

Strategic plan 2021-2023: Leading by doing!



Impact: concrete examples of EUHA



Benchmark

COVID care & breast cancer



Officially incorporated as organisation

>€30 Mln

Total value EU funded projects



33 International Meetings between EUHA groups

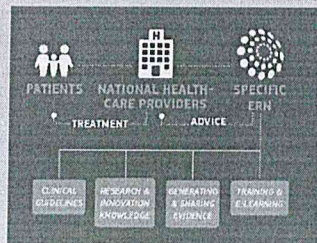


CAR-T Academic Trial starting early 2022



4 Policy Statements Reply Von der Leyen & HERA Working Group. Recognised advisor

ERN Ecosystem




Share. Care. Cure.

- ✓ Virtual remote consultations and clinical data on patient cases
- ✓ Knowledge Generation
- ✓ Research on rare diseases
- ✓ Education & professional training


除了科技硬體設備上的改善和建議之外，大會當中也討論了醫療人力在臨床上、資

訊處理上、醫療管理上的各個面向所面臨的問題。目前雖然看似已經是一個疫情趨緩的時期，但是大會很希望藉由這一次的會議，將大家的經驗分享給全世界各國，讓大家都可以一起來創造一個更完善、更有能力綜合各種資源的醫療體系。

而我們這次參加的主題：**How is digital health transforming the way health systems are run and healthcare is delivered**，其中我們的藉由「我有話要說」的功能，透過智慧科技的功能將醫師與病人之間的關係建立的更完善、更完整，這也符合在大會當中所分享的將病人為中心的醫療（Patient-centered）這樣的概念，尤其是在疫情當下，許多傳統的醫療行為都受到許多的限制以致於有許多的改變需要做更動，而我們的研究結論也符合大會中所報告的，病人需要了解醫師所提到的資訊讓他們能夠更全面、更有效率地來理解醫療的醫療抉擇中他們的扮演的角色，以達成一個比較全面的全人醫療。



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BIOGRAPHY

IHF Member

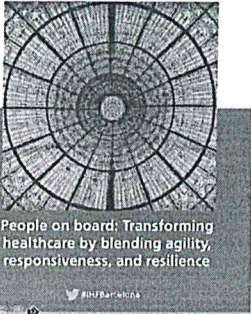
Cheng Hung Lee is an attending physician at the department of Traditional Chinese Medicine, as specialist in Internal Medicine, at Taichung Veterans General Hospital, Taiwan. He took interest in research on the connectivity between Chinese Medicine and disease development. After he gained his PhD degree, he has successfully published several researches on the usage of Chinese Medicine and Body constitution theory to evaluate the outcomes of Type 2 Diabetes patients and their complications. Lee is also an associate professor at Tunghai University, Taiwan and received numerous accolades for his teaching. Lee always considered crucial to uphold to the health care safety and patient satisfaction in this new era of global health. Since COVID-19 pandemic in 2020, it is urgent to incorporate the digital advice and modern technology into the patient care, including intelligent medical system and telemedicine. Lee focuses on applying the digital health technologies to the healthcare delivery.

Dr. Cheng-Hung Lee
Attending Physician of Taichung Veterans General Hospital, Taiwan




Understanding the Acceptance of Outpatients of Chinese Medicine in Using the Medical Assistance Information System by Applying Technology Acceptance Model.

Cheng-Hung Lee, MD, PhD
Attending Physician, Department of Traditional Chinese Medicine, Taichung Veterans General Hospital, Taiwan



People on board: Transforming healthcare by blending agility, responsiveness, and resilience



People on board: Transforming healthcare by blending agility, responsiveness, and resilience

- FINDINGS:
 - There is a high level of interest in using technology (Venkatesh, 2000) and significant growth is expected in healthcare (Wade, Elliott, and Hiller, 2014).
 - it shows that age affects patients' intention to use the system directly
 - This result is the same as the results of Tsao et al.'s research (Tsao, 2000)
 - confirming that age directly affects System usage intention
 - Users of MAIS are satisfied with the functions provided by such system and the expected benefits it brings
 - It also can improve the quality of medical services
 - According to the analysis of important factors that affect system usage satisfaction shows
 - "perceived usefulness", "behavior intention" and "actual use behavior" will significantly affect users' "use satisfaction" of MAIS
 - The results of Path Analysis (PA) also found
 - "perceived usefulness" is the most important key influencing factor for users to use MAIS

整個大會除了討論跟疫情相關的疫苗研發、疫情當下各種醫療設備還有整體的實拍券的補給攻擊的合作之外，也邀請到了藥商還有美國以及歐盟的WHO分布的組長來提來討論如何能夠將這次疫情所學習到的經驗當作基礎，讓所有醫療體系的人員都能夠做更好的更加的改善。

同時，大會中也不斷地提到醫療品質，以及掌握醫療產品與病人安全的做法：例如掃描醫療產品的Barcode的，能夠更好的掌握醫療產品去向，或者是面對逐漸老化的人口國家當中，如何在引入醫療科技之後能夠讓這些使用者也能夠安心的去做操作讓醫療成為更親近的更親近的方式。