CONFERENCE ABSTRACT

Integrated care: only possible with the support of technology?

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Integrated care means doing justice to life in all its facets and supporting it where that is necessary for the client. This advocates the coordination of different forms of care and support and the integrated use of data that is available on these different facets of life. It can be challenging to provide the necessary care, in particular when different people are involved and decisions need to be based on care plans, reports, and other types of information originating from different individuals. However, there is a common understanding that technology is an important facilitator in tackling this challenge. Technology already supports care processes and complements the role of people in many ways. For instance, it takes over tasks and helps to save time, obtain new insights and simplify complexity. Most of the time, using technology comes down to creating, collecting, analyzing and applying big data, or combinations of these. In fact, all our actions - in healthcare, as in society in general - are directed by subjective and objective data, which is often hidden in the minds of people, but also increasingly collected digitally. Until now, the use of different technologies and data is too often not integrated in the organization and put away in separate silos as the use of a technical instrument in care processes is often initiated for specific reasons that do not affect the entire organization or client population. Meanwhile though, more and more opportunities are coming up to connect the different data flows that exist in healthcare, and to utilize the data both organization-transcending as for the individual client. Developments in intelligent software systems AI, amongst others, offer the possibility to rapidly collect, integrate, exchange, edit and analyze large amounts of data. This allows people to respond more proactively to incidents, gain new insights about health, provide customized care and support and improve the cooperation between individuals and disciplines. However, many long-term care organizations in The Netherlands experience these opportunities as something elusive and find it hard to take advantage of them. Though many organizations in Dutch long-term care are interested in the exploration of data-driven healthcare, a common challenge is that enthusiastic innovators within care organizations often have limited time to invest in data-driven care, and do so alone or with the support of only few colleagues. Therefore, innovators from different organizations regularly come together within networks where they share experiences and experiment. At the same time, despite the promises of data-driven healthcare, there are many dilemmas around privacy, security, access to data, risk of stigmatization and medicalization and the increasing dependence on technology, for instance.

When experimenting, the dilemmas should be taken seriously and in co-creation between multiple organizations, codes of conduct on these issues can be developed step-by-step. This paper will share some experiences and lessons learned, both by individual organizations and in workshops in which they collaborated. The approach is that by creating room for experimenting, starting small and sharing experiences with other parties, 'big data' can be made small.