VITALY

PATH TO BETTER SELF CARE

PIFU pathway - the process to book an appointment where necessary Gašper Čehovin, September 2022



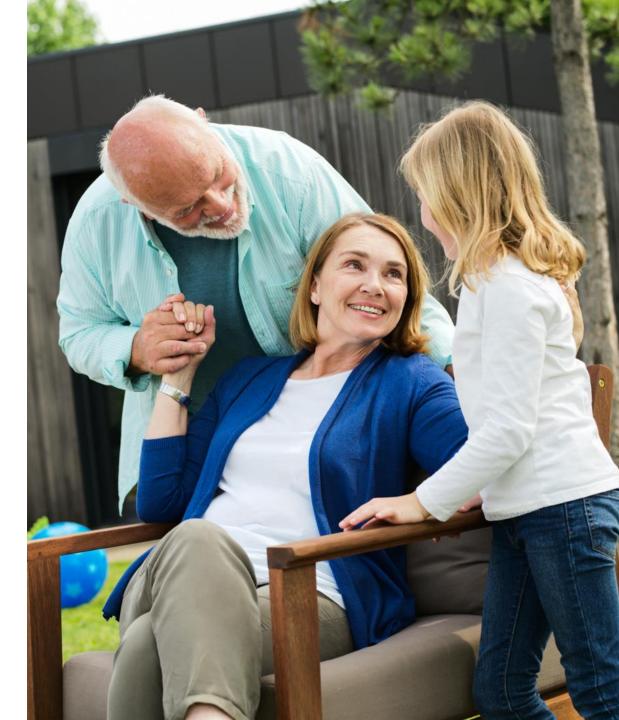
Our Mission & Vision

MISSION

A reliable partner that helps you **Connect, Collaborate** and **Change** the healthcare experience for good.

VISION

In teamwork, we want to consistently improve care experience and offer **equal access to optimal care** to more than 50 million patients.





ONCOLOGY

Blackpool Teaching Hospitals NHS Foundation Trust

NHS

University Hospitals of Morecambe Bay NHS Foundation Trust

NHS

Lancashire Teaching Hospitals NHS Foundation Trust

East Lancashire Hospitals

PAEDIATRIC & ADOLESCENT HEALTH

East Lancashire Hospitals

MENTAL HEALTH

Essex Partnership University NHS Foundation Trust



UNITED KINGDOM

PARSEK





ST QATTONIUS een santeon ziekenhuis





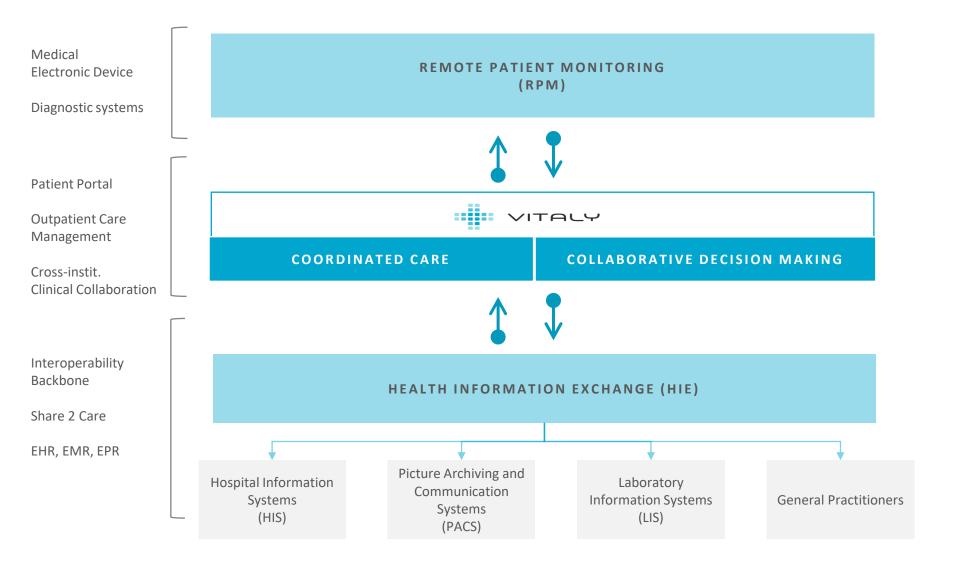
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THE NETHERLANDS

OVERVIEW OF eHEALTH MARKET

VITALY product portfolio as collaboration specialist is serving from the core of the eHealth market

OVERVIEW OF MARKET STRUCTURE





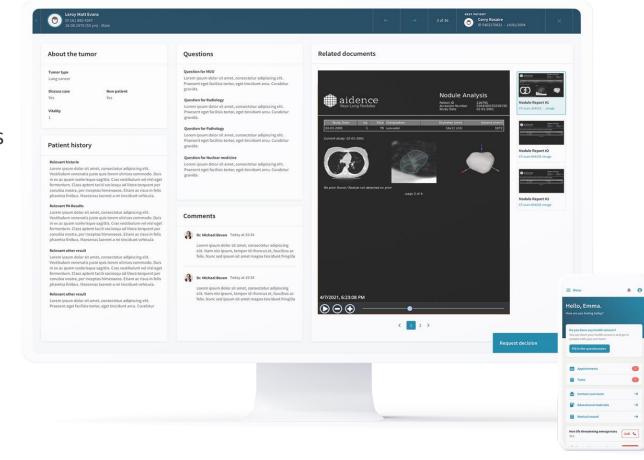
OUTPATIENT CARE & SURVEILLANCE RECOVERY & WELLNESS



Collaborative decision making

The cornerstone of regional MDTs

- Automated data exchange for less manual efforts
- Streamlined workflows for better time allocation
- Various integrations for efficient communication



FOR MULTIDISICIPLARY TEAMS

Benefits for stakeholders VITALY that can be achieved and measured. FOR PATIENTS FOR HC PROVIDERS FOR HC MANAGEMENT + 35% - 33% - 573 MAN/HOURS **PROFESSIONAL-LED** QUALITY OF LIFE PER MDT PER YEAR **APPOINTMENTS IMPROVED OUTCOMES** MINIMISED EFFORTS OPTIMISED COSTS

Resource: Department of Health England. National Peer Review Report Cancer Services 2012/2013. An overview of the findings from the 2012/2013 National Peer Review of Cancer Services in England. London 2014. Department of Health England. Reference costs 2013e2014. London 2014.

REFERENCE: THE NETHERLANDS

Collaboration of regional medical experts

PROJECT

Regional Virtual Tumor Board Platform in the Utrecht reg



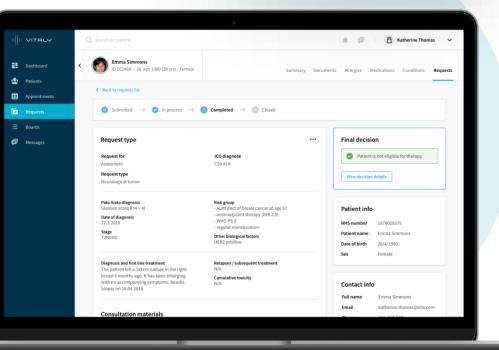
GILBERT BOD, IT MANAGER STRATEGIC ALLIANCES, UMC UTRECHT

SOLUTION

- Supporting 6 hospitals (Diakonesseshuis, UMC Utrecht, St. Antonius, Riverland Tiel, Tergooi, Meander MC)
- Supporting 6 Cancer types / Use-cases: Uro-oncology, Gynecology, UGI and HPB, HIPEC/OVIPEC, Uro phase 2, Melanoma, (Lung - roadmap))

12000 patient reviews/year

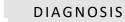
- Multi-disciplinary tumor boards are performed weekly
- Folowing regulation and standards, based on IHE XTB-WD profile, integrated to the regional Health Information Exchange (HIE) in order to provide an XDS access and exchange



COLLABORATIVE DECISION MAKING



"Collaboration of medical experts beyond hospital walls for increased efficiency and maximised productivity"



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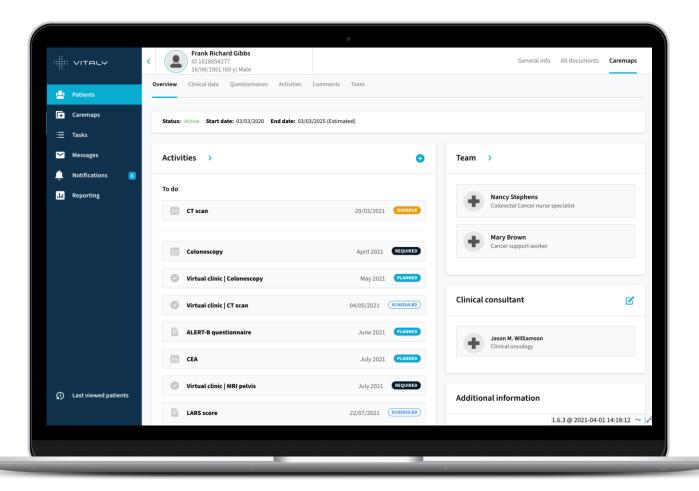
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Coordinated care

Evidence-based care management

- Care process automation for reducing risks and prompt support
- **Configurable care plans** adjusted to patient needs
- **Remote monitoring options** for improved efficiency and patient outcomes



FOR MULTIDISICIPLARY TEAMS



Healthcare managers are under huge pressures to balance costs and quality of care.



The needs of evergrowing population.



Outpatient appointments continue to rise at a rate faster than the growth of the EU population.



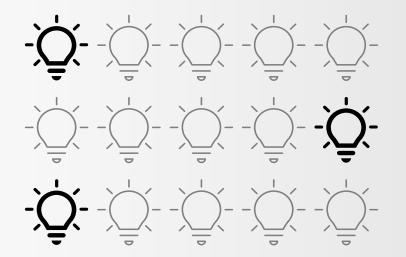
Growing demand for care is outpacing available capacities.



Patients want to be more engaged in managing their own health & wellbeing.



Primary care and specialty clinics showed an average **nonattendance rate of 23%.**



Problem **deep dive**

	Problem	Consequence	Intervention	Impact	Public Health European Commission > Public Health > Fander > European programmers show
Patient	Long waiting times, numerous telephone P2D communication, poor literacy, forgetfulness.	Dissatisfaction with the service, poorer outcomes, increased use of A&E instead of prevention, frustrating experience.	More flexible, easy-to- use digital services that encourage self- management and improve health literacy.	Higher patient experience, satisfaction and outcome.	EVERTURE > Faces > Total and in programme 2021-2027 - a vision of the program
Hospital / Trust	Demand for follow-ups exceeds supply, deelayed appointments, inneficicent booking process, DNAs	Increasing backlog & longer waiting times, staff burnout, inefficient services jeopardizing patient safety	Reduce unnecessary follow-ups that do not add value and release staff's burden	More efficient services reducing waiting times and improved patient care	Rate and preducing hospital preducing the second preducing hospital preducing the second preducing hospital
Regional / national	Lack of successful and integrated implementations, reluctance to adapt new approaches that require process changes.	Health inequalities, increase of workload and the need for more capacities, slow digital adoption of patient facing services.	Introduce integrated services that stimulate greater patient inclusion and needs-based appointments.	Reduced inequalities and cost savings	A Europea

HEALTH 2020

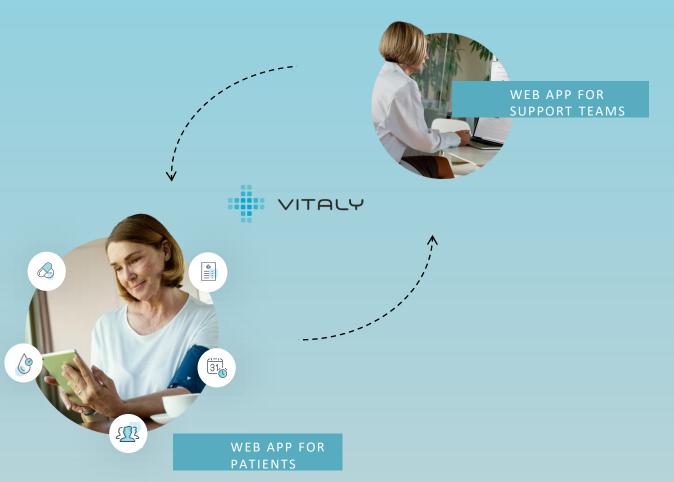
European policy framework and strategy for the 21st century



Vitaly Coordinated care

Designed to address the challenges of outpatient care.

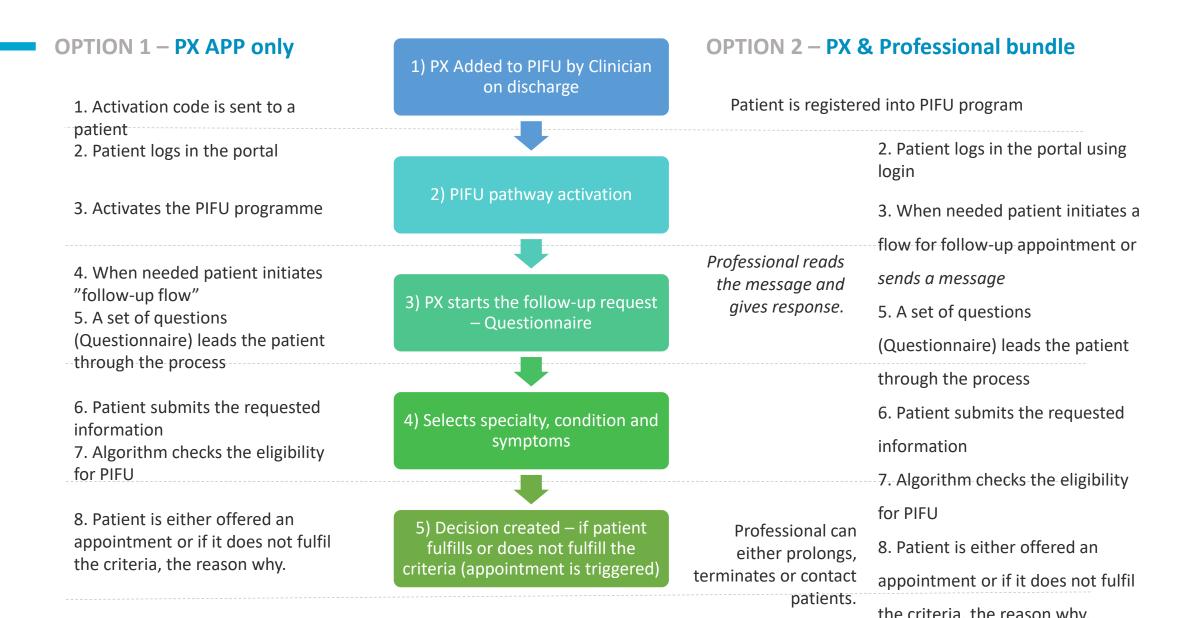
- Supporting mobilisation of PIFU
- Empowering patients to selfmanage in PSFU programes
- Enabling care teams to streamline and personalise outpatient pathways
- Agnostic, aplicable in numerous therapeutic areas





How it works







Benefits for stakeholders

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- Improved experience
 - Without moving around from service to service

FOR PATIENTS

- Shorter waiting times
- Reliable support
- Empowered patient part of the care circle and shared decision
- Active participation in the treatment
 - Higher motivation and independence

IMPROVED OUTCOMES



• Reduction of OPA waiting list

- Better appointment management for less DNAs and better attendance rates
- Improved decision support due to recordable and shared decision making
- Improved planning options based on trends and metrics indications

MINIMISED EFFORTS

FOR HC MANAGEMENT

- Optimisation of clinical time while releasing some of the capacities
- Savings due to better performance and less unnecessary in-person appointments
- Improved positioning based on increased mobilisation and patient empowerment.

OPTIMISED COSTS

Why VITALY?

Purpose-built for patients, clinical teams and providers



BUILT TO INTEGRATE

Based on healthcare standards (IHE, HL7) and integrational capabilities within its core to enable the exchange of information with various systems as an interoperable platform.



DESIGNED WITH THE USERS

To ensure our solutions are userfriendly, we have designed them together with our users by having in mind simplification and seamless experience as a foundation in anything we do.



SCALABLE AND FLEXIBLE

Made for scaling and supporting different use cases as part of one platform. Our modular design allows a flexible approach to fit specific needs in different settings.

Why VITALY?

POWERFUL PLATFORM

Purpose-built for future



MAKE YOUR OWN

Because it enables supporting different use cases and therapeutic areas. Our clients can add, remove or adapt care plans, configure forms and cover new programmes.

- Form configurator enabling management of the forms and digital questionnaires
- Management of data points, semantics and content in order to fit the existing ecosystem in most optimal way;
- ✓ Future-proof designed platform for adding novel programes.



Quickly setupable adaptable without legthy project and development process

Linkedin: Parsek Group Twitter: parseksolutions Website: <u>www.parsek.com</u>

Thank you.