



**GE HEALTHCARE
SPECIAL SUPPLEMENT**

Cover Story:

The Future is Digital

102 **Prof. Boris Brkljačić:** ECR 2020: Leadership and Collaboration

107 **John Nosta:** The Convergence of Technology and Health

112 **Prof. Daniel Drucker:** Advancing the Understanding and Treatment of Type 2 Diabetes

126 **COVID-19:** What Can Healthcare Learn?

162 **Leontios Hadjileontiadis:** Novel Interventions for Early Parkinson Detection

171 **Paul Timmers:** Hotspot: AI and Ethics in Health Innovation

182 **Wilfried & Maximilian von Eiff:** Digitalisation in Healthcare

188 **Peter Dierickx:** The Inner Workings of a 'Smart' Hospital



Facing Digitalisation Head On



Summary: Healthcare digitalisation looks good on paper but putting it into practice is complex, challenging personnel, different departments, modalities and education, to name a few factors impacting implementation. HealthManagement.org spoke to two leading lights on how they think healthcare chiefs need to adapt, to successfully embrace the paradigm of digitalisation.

This question is a tough one to answer as the situation might be quite different from country to country or even between institutions, but there are already a lot of radiology chiefs embracing the paradigm of digitalisation and actively adapting their departments.

We, as a society and the radiology chiefs, need to work on implementing those changes into the educational system, while paying close attention to the different needs present in the various countries.

We need to reach out to pathologists to work on strategic interactions, as their discipline is becoming increasingly digitalised, and should join efforts towards combined training programs in the future. In addition, education in bioinformatics, data management and molecular biology is crucial for radiology residents.

Data integration systems hold the ability to become learning healthcare systems and AI based imaging analytics tools are very likely to be our future.

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Many of us have learned in biology class the notion of structure and function. In some ways, medicine itself is defined by both structure and function. The hegemony of our hierarchical medical system drives behaviour that creates the system. The chief of medicine, the senior attending, the fellow, the intern, and the medical student all have a place in this structure—this human structure. The question is how to move beyond this paradigm and drive adoption of technology that augments and may even replace the human players in this drama.

Automation, robotics, and cognitive tasks are transforming the workplace as we speak. These changes are also happening in medicine. Beyond the simple adoption of a new amplified stethoscope or advanced imaging technology, the question is more fundamental: How can clinicians establish a new perspective and relationship with technology where it becomes almost a partnership? AI offers the ability for clinicians to assimilate and process information that, in certain instances, the human brain cannot. There's just too much data coming out of the clinical fire hose.

The paradigm of digitalisation is forged out of necessity. Technological adoption is emerging as an imperative that will transform medicine and clinical practice. But as we know, adoption varies with individual and circumstance. To borrow that fearful phrase from the exam room, "this won't hurt a bit."

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