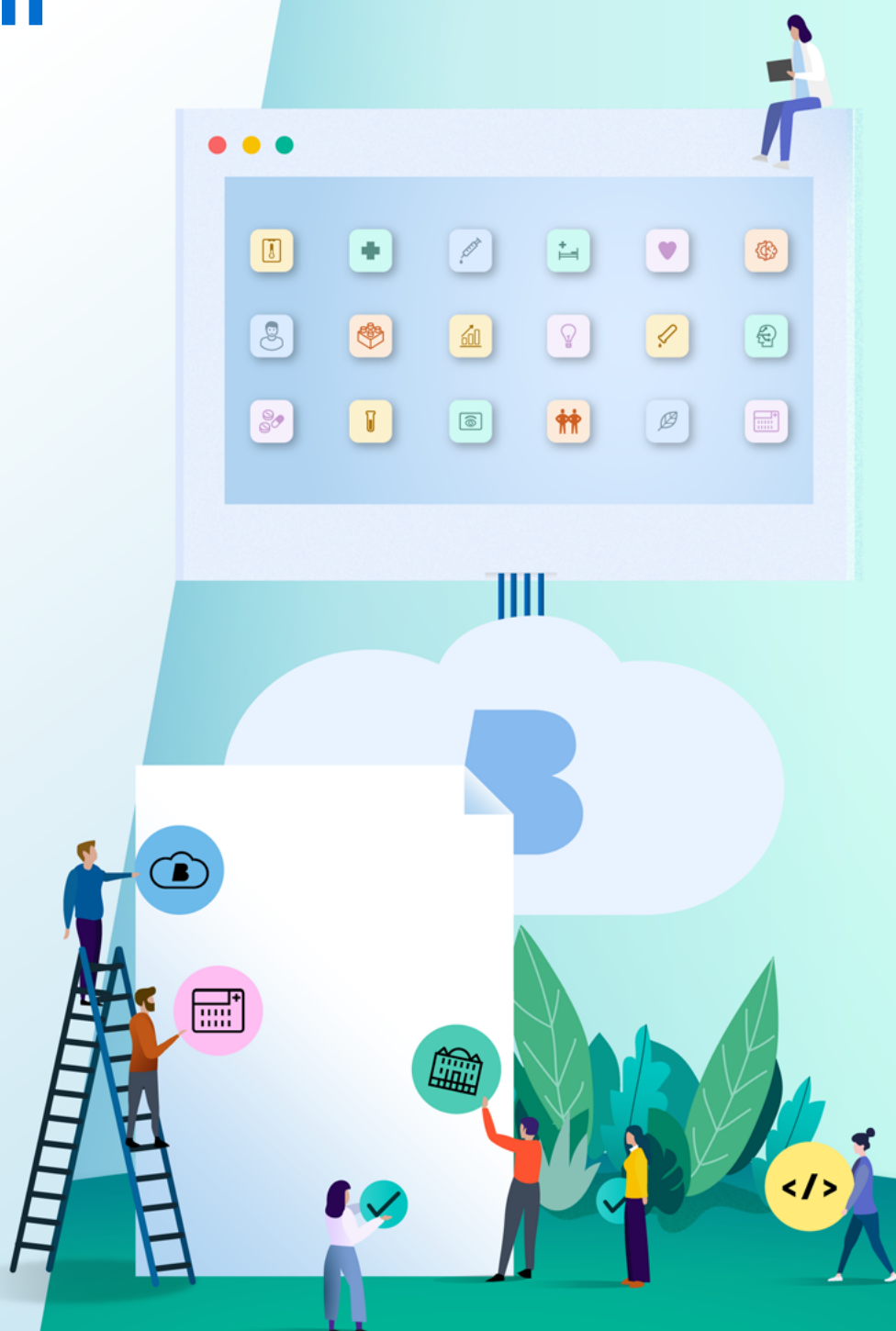
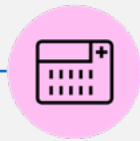
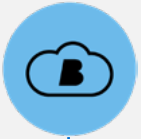


Whitepaper Digital Health Platform





For hospitals:

Improve Your Care Services
with the Digital Health
Platform Approach



For regions/governments:

Infrastructure for Current and
Future Needs in eHealth



For developers:

Accelerate Time-to-Market
and Grow Your Business

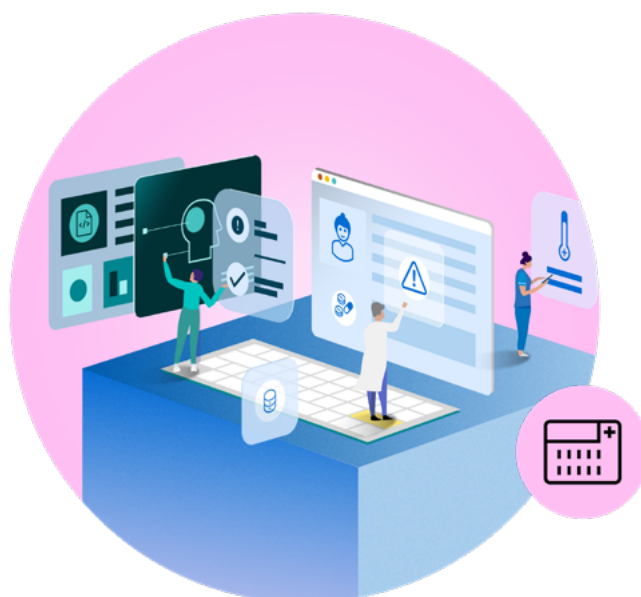


Tomaž Gornik, Better CEO

“Care provision is shifting from acute settings into communities and even homes. At the same time, citizens are demanding more control over their health and wellness. Finally, the COVID-19 pandemic has forced health and care organisations to accelerate innovation and embrace new models of care delivery.

This has created a perfect storm, forcing health and care organisations to re-think the architecture of their IT systems.”

Introduction



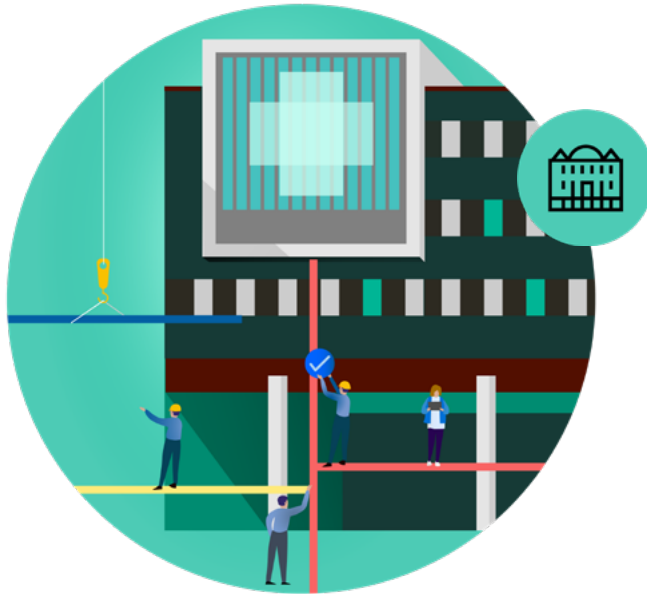
For hospitals:

Digital health technology should make health and care easier, not more complicated. In addition, the technology should be agile enough to allow health and care organisations to respond to new and unknown situations quickly. Unfortunately, most current electronic health record systems lack agility and innovation capabilities, and are increasing the burden of work on doctors and other care team members.

The digital healthcare platform approach provides an architecture that relies on a shared data layer, an inventory of applications and APIs, and the tools needed to quickly assemble personalised application experiences. This enables health and care organisations to assemble their own vendor-neutral digital environment. It gives them the ability to adapt their systems to their needs, desired pace of digitalisation, and resources. Furthermore, this approach offers care professionals intuitive, personalised, and efficient applications that allow them to do their jobs better.

In this document, you will learn about:

- ✓ trends in health and care that call for a different approach to digital health technology;
- ✓ why current health IT systems cannot address current and futures challenges in health and care;
- ✓ the future-proof data infrastructure that allows for data fluidity and rapid application development;
- ✓ the features and benefits of the Digital Health Platform approach; and
- ✓ worldwide best-practice cases, where health and care organisations are already benefitting from the Digital Health Platform approach.



For regions/governments:

It can be very demanding to decide on a regional or national digital infrastructure that will support new models of care and future ambitions for more integrated health and care in a cost-effective, future-proof, and sustainable way.

Healthcare is a complex information environment which includes a vast number of stakeholders, from national health systems and health and care organisations to insurance companies, and more. However, these services must be designed around patients' needs rather than separate organisations. Digital health technology is a crucial part of these processes: a system-wide approach to application and architecture design which emphasises the development of an integrated, standards-based, and interoperable whole is needed.

The Digital Health Platform approach enables regional and national healthcare systems to create an agile and vendor-neutral ecosystem of digital health services and applications as part of a broader e-health strategy that is capable of simple and consistent information exchange.

In this document, you will learn about:

- ✓ trends in health and care that call for a different approach to digital health technology;
- ✓ why current health IT systems cannot address current and futures challenges in health and care;
- ✓ the future-proof data infrastructure that allows for data fluidity and rapid application development;
- ✓ the features and benefits of the Digital Health Platform approach; and
- ✓ worldwide best-practice cases, where health and care organisations are already benefitting from the Digital Health Platform approach.

Introduction



For developers:

Digital health technology should be agile and allow development companies to quickly respond to the needs of the health and care market. Unfortunately, most current electronic health record systems lack agility and innovation capabilities, and independent development companies are facing difficulties in providing appropriate solutions.

The digital healthcare platform approach offers an architecture that relies on a shared data layer, an inventory of applications and APIs, and the tools needed to quickly assemble personalised application experiences. In addition, data models are pre-built and governed by clinical experts, a global community, and this gives projects a head start, and lower maintenance time and costs. Also, this approach has already been tested and proven in hundreds of deployments worldwide, and the market is growing rapidly.

In this document, you will learn about:

- ✓ trends in health and care that call for a different approach to digital health technology;
- ✓ why current health IT systems cannot address current and futures challenges in health and care;
- ✓ the future-proof data infrastructure that allows for data fluidity and rapid application development;
- ✓ the features and benefits of the Digital Health Platform approach; and
- ✓ worldwide best-practice cases where health and care organisations are already benefitting from the Digital Health Platform approach.

Health and care services are changing, so the IT solutions must change as well

Our solution has involved creating an environment (open platform) to support health and care services in Slovenia, enabled document level sharing and mobilisation of documents already produced by legacy systems and ensured the capacity to put data into an open, fine-grained, structured format that is technology and vendor-neutral. We have provided a health data repository to eHealth applications such as eReferral, ePrescription, eVaccination and national clinical registries. The backbone was developed using widely accepted industry standards such as IHE and openEHR.

Currently, we are witnessing the following trends that are forcing health and care organisation to re-think the architecture of their IT systems:

A Shift in Care Provision

Advances in clinical approaches and technology, consumers who want convenience, and payers who are demanding lower costs are all accelerating the shift of care provision from hospitals to outpatient clinics, community care, and even the home. At the same time, our focus is no longer just on disease and treatment but mostly on prevention and wellness, reinforcing the shift of care away from the hospital. In the UK, the NHS is reorganising itself around Integrated Care Systems to address this new reality. Unfortunately, the IT systems in use today were built for institutions, not patients, and are struggling to fully support these new requirements.

Engaged and Empowered Patients

Better access to information has enabled patients to play a more significant role in their health and well-being. Providers are actively empowering patients to share responsibility for managing their conditions in order to improve medical outcomes and lower costs. As a result, patients are now demanding convenient and personalised services – a tall order for current IT systems. Most healthcare providers are struggling to keep up with these demands, and this is adding to the backlog of undelivered solutions.

The COVID-19 Pandemic

Healthcare is among the last of the big industries to embrace digital technologies, but the COVID-19 pandemic has catalysed the adoption of many digital healthcare applications, such as telehealth and remote monitoring. The pandemic has also provided an imperative, driving us to accelerate the data agenda in health care. It quickly became painfully evident that, in a crisis such as this, accessible, high-quality data was a critical asset. And that health data is exponentially more powerful if it is connected, combined, and shared. These are all trends that were observed before but have been greatly accelerated by the pandemic.

Why can't the existing IT solutions address the current issues?

Instead of improving the care process, current electronic health record (EHR) systems lack agility and innovation capabilities, as well as data liquidity, within and among healthcare organisations. Also, these systems are increasing the burden of work on doctors and other care team members.

*"At the moment, most live patient data is held by the companies who provide the electronic patient record systems but it isn't their data. And although it isn't their data, too often these systems act as a barrier to accessing it. This means that data might not be accessible and can't be properly shared, providing a barrier to the research and innovation that we know has so much potential, and hampering the life-saving role that data can play in **promoting patient safety**," said the UK Secretary of State for Health and Social Care, Rt Hon Matt Hancock MP.¹*

A Mayo Clinic paper² talked about how IT was underserving care teams: *"The usability of current EHR systems received a grade of 'F' by physician users when evaluated using a standardised metric of technology usability. A strong dose-response relationship between EHR usability and the odds of burn-out was observed."* Similarly, Gartner Group's recent research stated: *"With inflexible IT portfolios, the ability for business differentiation dissolves and the capacity for innovation and agility shrink. Monolithic and uneconomical electronic health record (EHR) solutions are now impeding digital transformation efforts for many healthcare delivery organisations. The dissatisfaction with monolithic EHR systems and their inability to quickly respond and support new clinical and regulatory requirements has never been more obvious."*³

EHRs are being seen as a major cause of professional burn-out among health and care personnel and, according to a Stanford poll, half of all doctors asked (49%) agreed that using an EHR detracts them from their clinical effectiveness.⁴ Taking that into account, it is no surprise that 59% of doctors are calling for a complete overhaul of EHR systems.⁵

This increase in the cognitive load and burn-out of medical personnel and the lack of optimisation in the area of health and care IT solutions is resulting in worse patient outcomes, especially for patients with multi-morbidity who have to be in contact with multiple health professionals. Patients also experience issues in transitions of care due to poor communication and data flows, and all of this presents an additional disruption to their lives, as well as impacting their well-being.

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- 1 From a keynote address given by the Secretary of State for Health and Social Care, Rt Hon Matt Hancock MP. Digital Health Rewired event, 18 March 2021.
 - 2 The Association Between Perceived Electronic Health Record Usability and Professional Burnout Among US Physicians, accessed on 10 March 2021 at: <https://www.mayoclinicproceedings.org/article/S0025-6196%2819%2930836-5/fulltext>
 - 3 Sharon Hakkennes, Barry Runyon, Mike Jones, Mark Gilbert: Predicts 2021: Healthcare Providers Must Accelerate Digital Transformation to Address Disruption, Gartner, 2020.
 - 4 How Doctors Feel About Electronic Health Records: National Physician Poll by The Harris Poll, accessed on 28 January 2021 at: <https://med.stanford.edu/content/dam/sm/ehr/documents/EHR-Poll-Presentation.pdf>
 - 5 Robert Wachter and Jeff Goldsmith: To Combat Physician Burnout and Improve Care, Fix the Electronic Health Record, accessed on 28 January 2021 at: <https://hbr.org/2018/03/to-combat-physician-burnout-and-improve-care-fix-the-electronic-health-record>

A shift in the approach to digital health technology is needed

Currently, hospitals procure systems as whole bundles that may come with many useful features but also include some that they actually don't need. A more suitable option would be for them to only buy or develop the solutions they actually needed. This can be more expensive in the short run, but the long-term costs would be lower, and the application range would be far more suitable for a specific hospital's needs. This is the essence of composable architecture – it allows healthcare organisations to design technology, organisational and partnership ecosystems, and business models in a modular manner, so that everything can be quickly adapted at any moment of need. In short, technology should make health and care easier, not more complicated. To achieve this, the approach to healthcare technology must shift from a monolith model to open modularity.

Approaches to healthcare technology⁶

MONOLITH

- a single-vendor approach
- user interface, business logic, data repository, data model, and workflow are all contained in one integrated software solution
- specific system functionalities cannot be changed to an equivalent from another vendor
- cumbersome version updates
- proprietary data models
- data stored in a proprietary, internal data base
- heavy and complicated data migration when the system is changed
- internal patient pathways
- analytics based on internal patient data

OPEN MODULARITY

- ✓ can consist of functional modules from several vendors
- ✓ user interface, business logic, data repository, data model, and workflow are all separate
- ✓ modules are replaceable
- ✓ modules are independent
- ✓ enables frequent version updates by modules
- ✓ agile development of new innovations
- ✓ end-users are actively involved in module development
- ✓ an open, semantically harmonised data model
- ✓ data stored in a common clinical data repository
- ✓ migration not needed when the system is changed
- ✓ enables modelling and management of cross-organisational patient pathways
- ✓ population level analytics

According to Hanna Pohjonen, the openEHR ambassador in Finland, traditional systems cannot easily meet changing user needs or adjust to new ways of working, so novel and more flexible approaches are needed: “Patient centricity demands the capability of building cross-organisational patient pathways. We need to be able to utilise data to its full extent across different systems and organisations; viewing data from different sources is not enough. There is a need for clinical decision support, analytics, automation, etc. Population level analytics is also a hot topic today, but to enable analytics, the data needs to be harmonised on the semantic level. There is also a desire to acquire different parts of the system from different vendors, since no vendor can be an expert in all areas.”⁷



An architecture for the future

To address the issues presented above, IT architecture has to be based on an open platform that includes a clinical data repository and the tools necessary to accelerate the building of new applications. This view is now shared by leading consultancies such as EY and Gartner Group. EY writes about “*a cohesive technology stack, giving a unified experience for clinicians, professionals and patients, and an extensible, vendor-neutral data layer at the centre, accessed by all applications in real-time*”⁸

Gartner Group defines the Digital Health Platform as “*an architectural approach that enables a healthcare provider to nimbly adapt their business and operating model in response to external disruption and change in business strategy*”.⁹ Their proposed architecture relies on a shared data layer, an inventory of applications and APIs, and the tools needed to assemble personalised application experiences quickly.

7 Hanna Pohjonen: What is a modular openEHR based electronic health record? How does it differ from a traditional model? Accessed on 15 March 2021 at: https://www.openehr.org/news_events/event_reports/10

8 As technology becomes smarter, is your hospital keeping up? Accessed on 15 March 2021 at: https://www.ey.com/en_gl/health/as-technology-become-smarter-is-your-hospital-keeping-up

9 Laura Craft, Mike Jones: Hype Cycle for Healthcare Providers, 2020. Gartner Group. 2020.

“We need to make it easier to write applications or create services that interact with data from different NHS organisations. I want to explore removing this barrier to innovation to separate the data layer from the application layer so providers can offer the application software, but the data will be stored separately and securely in the cloud. Then we will have a consistent data platform across the NHS.”

The UK Secretary of State for Health and Social Care,
Rt Hon Matt Hancock MP¹⁰

The World Health Organization (WHO) and the International Telecommunication Union (ITU) also described several benefits of the Digital Health Platform in their ***Digital Health Platform Handbook (DHP): Building a Digital Information Infrastructure (Infostructure) for Health***, which was published in 2020:

- ✓ The rapid development of digital health services and applications as part of a wider national e-health strategy.
- ✓ A simple and consistent information exchange: the DHP allows for the data-driven integration of all the applications and solutions, thus removing the need for them to integrate directly, or even to be aware of one another.
- ✓ A more efficient development of new applications, as well as improvements to existing solutions, because the applications and systems only need to know how to connect to and interact with the DHP components as part of a workflow. Thus, there is no need to integrate with existing applications and develop the boilerplate functionalities already provided by the DHP.
- ✓ A single normalised patient record: developers can be certain that their software gathers information which is consistent, understandable, and accessible to other healthcare programmes and services.¹¹

Furthermore, there are also important clinical benefits highlighted in the handbook, such as:

- ✓ achieving health and care goals in a more predictable, efficient, and cost-effective manner, and with reduced risk;
- ✓ overall quality and continuity of care;
- ✓ adherence to clinical guidelines and best practices;
- ✓ efficiency and affordability of services and health commodities, which is achieved by reducing the duplication of efforts, and ensuring the effective use of time and resources;
- ✓ health-financing models and processes;
- ✓ regulation, oversight, and patient safety, which result from an increased availability of performance data and reductions in errors; and
- ✓ health policy-making and resource allocation based on better quality data.

There are three fundamental tenets for the architecture of the future.

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10 Keynote Address from the Secretary of State for Health and Social Care, Rt Hon Matt Hancock MP. Digital Health Rewired event, 18 March 2021.

11 Digital health platform handbook: building a digital information infrastructure (infostructure) for health. Geneva: World Health Organization and International Telecommunication Union, 2020. Accessed on 15 March 2021 at: https://www.itu.int/pub/D-STR-E_HEALTH.10-2020

A Unified Application Experience

Care teams' current frustration with current IT systems is well documented.¹² These care professionals use intuitive, personalised, and efficient apps in their personal lives and expect no less from the systems that are intended to help them do their jobs. Gartner's solution is a model of application design that imagines applications as experiences assembled by or for its users. The key benefit is personalisation: features and capabilities tailored to the specifics of the care team, the patient, and the care setting. Adding a design system is necessary in order to achieve consistency for the user experience across different modules.

The Agile Delivery of Applications

As companies proceed with their digital transformations, software is becoming increasingly strategic and pervasive. The demand for new and updated applications is practically exploding, and professionals who can build and run such software are in short supply. To mitigate this, other industries have adopted the low-code approach to accelerate the delivery of applications, as this helps to reduce the backlog. In addition to software engineers, end-users are also stepping up as "citizen developers", with the domain knowledge needed to rapidly assemble their desired application experience using low-code tools. Here, healthcare is again behind the curve, but this approach is one of the few options it has. To be clear, the heavy lifting will still have to be done by software which is written by professional developers. However, as new tools advance, these developers will mainly handle the more complex features and capabilities.

"From the implementation point of view, Better Platform was the real turning point. It took us only ten days from the moment we decided to participate in the initiative to the delivery of the first functional version of the application. I believe that without the Better Platform and its tools, we would never have made it,"

Paolo Anedda, Inpeco

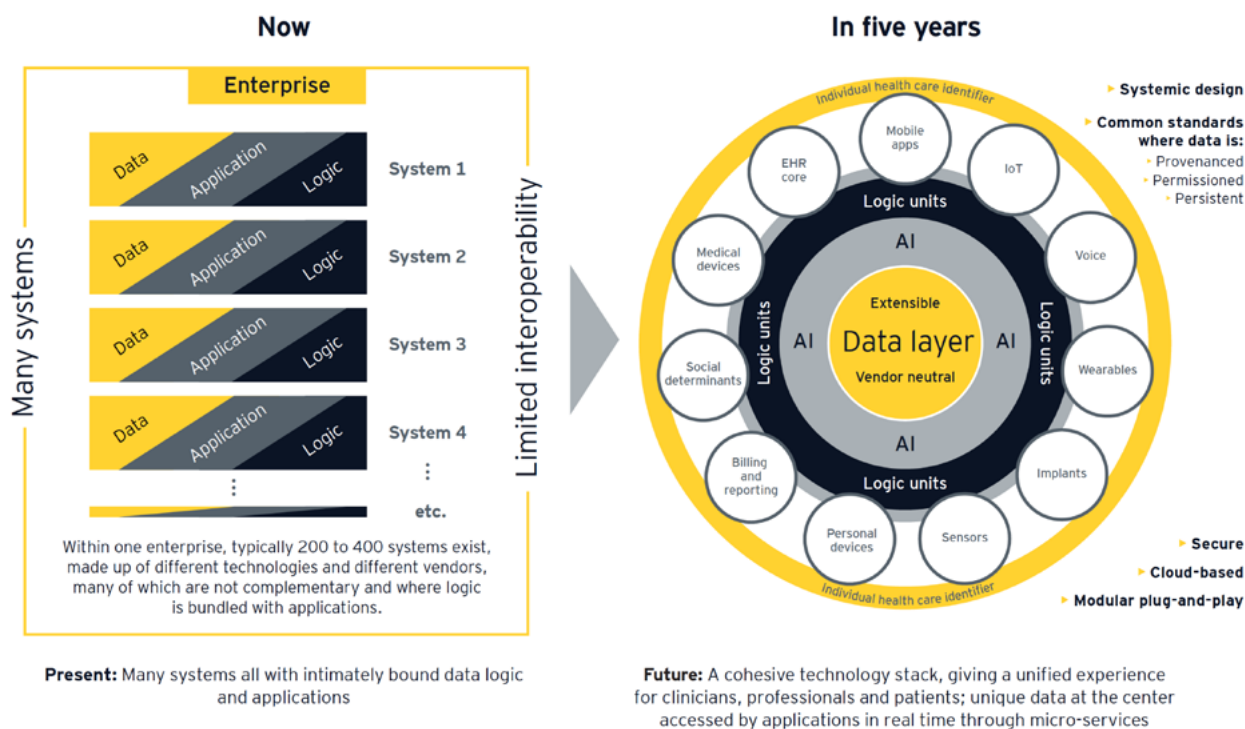
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For instance: Death By 1,000 Clicks: Where Electronic Health Records Went Wrong, accessed on 15 March 2021 at: <https://khn.org/news/death-by-a-thousand-clicks/> and Why doctors hate computers, accessed on 15 March 2021 at: <https://www.newyorker.com/magazine/2018/11/12/why-doctors-hate-their-computers> or To Combat Physician Burnout and Improve Care, Fix the Electronic Health Record, accessed on 15 March 2021 at: <https://hbr.org/2018/03/to-combat-physician-burnout-and-improve-care-fix-the-electronic-health-record>

A Vendor-Neutral Data Core

As care moves out of the hospital and into the communities, data will have to be stored around the patient. Unfortunately, the current systems, which were built for institutions, store data in proprietary formats. This creates silos, preventing data fluidity and making the general use of data difficult. Future applications, apps, and algorithms will be based on a vendor-neutral clinical data repository that provides a cradle-to-grave, longitudinal patient record, and serves as a single source of “truth” for the lifetime of the patient. As long as data is tightly coupled with applications, like in today’s leading EHRs, we will only be able to make incremental improvements. HOW DO WE GET THERE?





Source: Aloha McBride: How will you design a health information architecture to unlock the power of data? A presentation given at the openEHR Digital Event, 24 November 2020.

How do we get there?

In order to establish this kind of information system, it is necessary to separate the data from the applications creating it. We must keep patients' data for their entire lives, and since applications have much shorter lifecycles, every 7-10 years all of the data needs to be transferred between applications. Unfortunately, every time that happens, part of the data is lost.

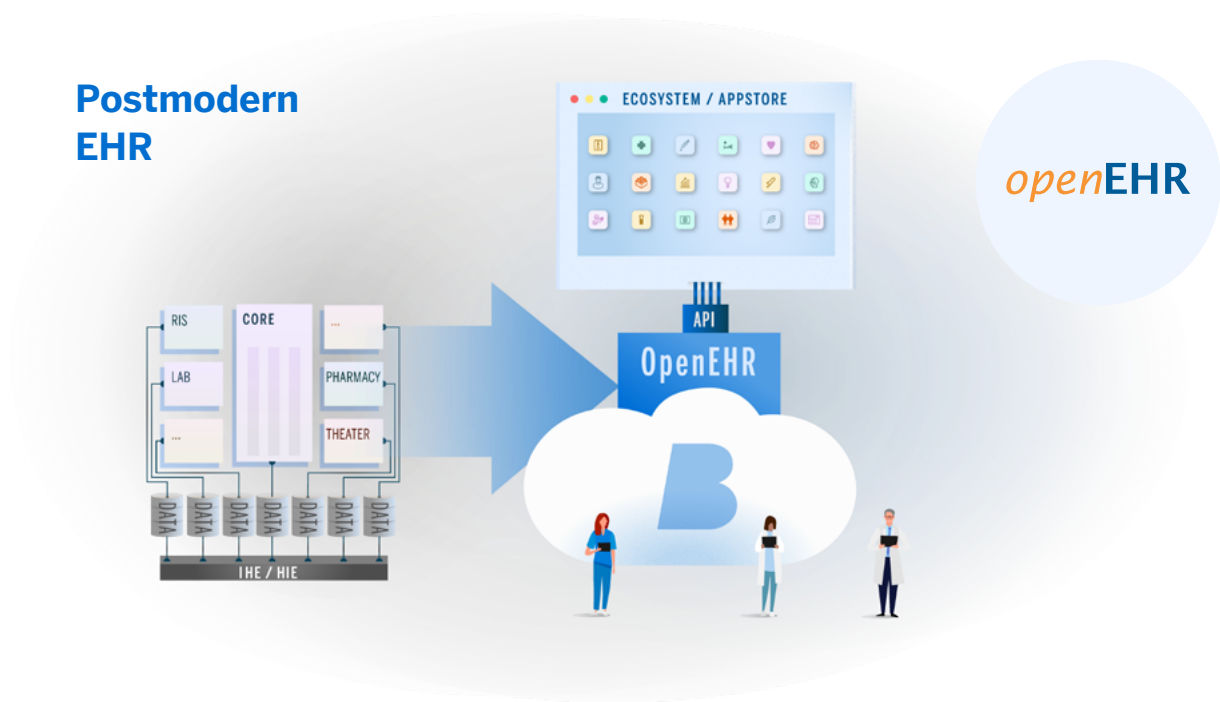
According to Aloha McBride¹³ the future health and care information platform will separate the architecture into the following layers which will organise transactions and interactions:

- ✓ The data layer
- ✓ The application layer
- ✓ The logic layer

New information architecture will shift from siloed vaults of data that don't talk to each other to a more harmonised arrangement of organised and complete data.

When introducing this kind of architecture in hospitals, we must also consider any existing legacy systems that may or may not be connected. When a hospital wants to launch a new clinical application, it does not need to replace all its existing systems but just build new applications on top of a Digital Health Platform. As hospitals then add new applications, they will work with the same data, not additional data. Following this approach, hospitals can keep existing systems running for business purposes, while the new innovation platform will allow them to build new health and care applications according to their needs and resources.

Postmodern EHR



Nevertheless, the current systems are hard to replace. Any new architectures will need to coexist with legacy systems for quite some time. That is why the Postmodern EHR is an effective way to start hospitals' journey into the future today, without replacing existing systems. It is perfectly aligned with the Bi-Modal IT approach, combining agility and innovation with stability to run the business at the same time.

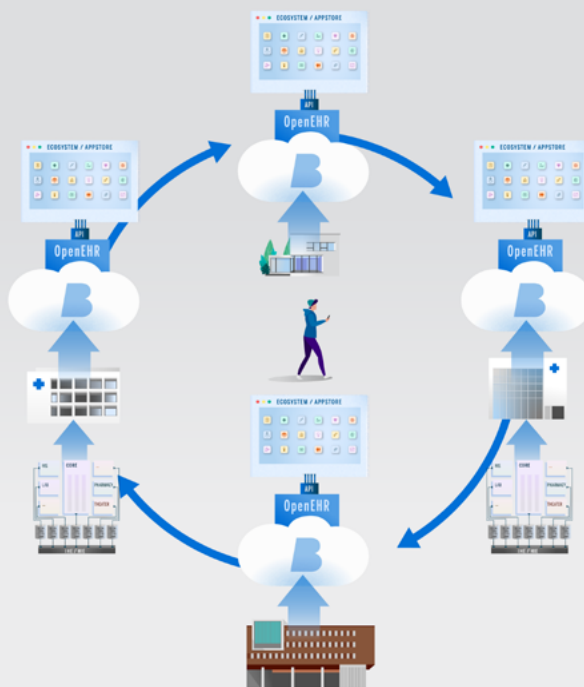
This concept can be used, and is also very relevant, on a regional or national level – especially with the creation of integrated care services. If health and care organisations normalised their data into a common format, we could create a virtual personal health record for each patient. The data could then be aggregated from all of the different systems using a simple query, because the data would all be in the same format. This architecture can be further optimised by storing data in one location so it can be used across all health and care systems.

Digital Health Platform

GOVERNANCE OF DATA MODEL
CHOICE OF APPS VENDORS

RICH CARE RECORD
BUILD AROUND THE PATIENT,
NOT INSTITUTION: "ONE
PATIENT, ONE RECORD"

ECOSYSTEM OF APPS,
BUILD ONCE



openEHR

By following the Digital Health Platform approach, health and care providers can assemble their own digital environment so that it:

- ✓ maximises the value of existing investments in healthcare IT;
- ✓ gives them control of their data, so they can become more vendor-independent; and
- ✓ provides them with more agility so they can add new solutions to their ecosystems and personalise their digital health solutions for different settings and specialisations.

Healthcare organisations can undergo a digitalisation process according to their needs and resources following these basic seven steps:

1. Set up a health-data platform that puts you in control of patient data.
2. Set up a structured clinical data repository (CDR) to create a vendor-neutral patient record for life.
3. Connect key, existing applications to the new CDR in order to start building life-long patient records.
4. Set up a unified, 360-degree patient view to give medical teams instant access to key patient information and help them to more quickly make informed decisions.
5. Implement a healthcare-specific, low-code studio to enable agility and to make quick adjustments to new situations.
6. Identify a next use case to develop or include additional applications into the ecosystem.
7. Connect with the community to start collaborating with peers and vendors, and further grow your data-driven digital ecosystem, which will provide answers for your current and future requirements in healthcare.

The benefits of the Digital Health Platform approach



Hospitals

- ✓ **A better user experience and improved processes:** neither the application interface, the clinical form structure, nor the clinical process need to fit the paper format – they can be optimised to suit the requirements of a process, or the needs of medical teams.
- ✓ **Saving time and reducing the workload of medical teams:** there is no need for conversions or time-consuming manual calculations (e.g. BMI). Additionally, it is possible to have a predefined value-set of options and get the data from a database, so that the user does not have to fill in values each time (e.g. the height of a patient) when doing a reassessment.
- ✓ **Clinical process optimisation:** changing a paper form or introducing new functionalities in mega-suite solutions to better suit the processes in hospitals takes a lot of time, whereas changing applications built on top of a Digital Health Platform's digital forms can be done in days.
- ✓ **A 360-degree patient overview:** currently, medical teams need to access several different applications to obtain all of the relevant patient data. A Digital Health Platform allows for the creation of a modular and composable clinician portal and context-aware patient chart, which both enable fast access to key patient information when and where needed.
- ✓ **Increased patient safety:** a reduction of errors in manual calculations and data loss when entering data from paper forms into hospitals' IT systems.
- ✓ **Increased patient data privacy:** data entered can be only accessed by authorised hospital personnel.
- ✓ **Data quality:** data which is entered into the form is structured in an interoperable way, and it can be used for other purposes in the hospital.
- ✓ **Fast and agile development:** the form building process is fast, and changes in production can be implemented immediately. Furthermore, the forms can be developed without any knowledge of coding, and in collaboration between medical teams and IT personnel.



Regions/nations

- ✓ The **rapid development of digital health services and applications** as part of a wider national e-health strategy.
- ✓ **A simple and consistent information exchange:** the Digital Health Platform allows for the data-driven integration of all applications and solutions, thus removing the need for them to integrate directly, or even to be aware of each other.
- ✓ **A more efficient development of new applications**, as well as improvements to existing solutions, because the applications and systems only need to know how to connect to and interact with the DHP components as part of a workflow. Thus, there is no need to integrate with existing applications and develop the boilerplate functionalities already provided by the DHP.
- ✓ **A single normalised patient record:** developers can be certain that their software gathers information which is consistent, understandable, and accessible to other healthcare programmes and services.
- ✓ **Prevention of vendor lock-in** and a **reduction of risk** when developing new healthcare solutions.
- ✓ **Incremental procurement** possibilities which are adapted to needs and resources.
- ✓ Technically compatible components **enabling best-of-breed approach**.
- ✓ **Data is in an open, finely grained, structured format** that is vendor- and technology-neutral, and comes with the right tools to easily engage health and care professionals.
- ✓ **Powerful querying and analyses of normalised healthcare data** which can all be used for the coordination of national or regional care.



Developers

- ✓ **Fast time-to-market:** rapidly develop, adapt, and launch digital health solutions.
- ✓ **Semantic interoperability out of the box:** easier cooperation and data exchange among all involved in the project.
- ✓ **Scalability:** suitable for either a GP practice, a hospital, a region, or a nationwide EHR solution.
- ✓ **Modular approach:** enables the use of existing functionalities as needed, so you can develop your own.
- ✓ **Lower your maintenance costs:** changes in health data sets do not interfere with working processes.
- ✓ **Privacy:** strong security measures to protect data within the scope of the GDPR.
- ✓ **Standardisation:** a focus on application development; not the standardisation or classification of medical data.
- ✓ **Pre-built clinical content:** data models are pre-built and governed by clinical expert communities, giving projects a head start (in terms of effort and time) and lower maintenance time and costs.
- ✓ **A two-layer architecture:** your base clinical models stay intact; you always develop on top of the logical layer, and this maintains a long-term, stable architecture.
- ✓ **Easy data migration** (Extract, Transfer, Load): ETL tool – including ETL starter kit for medication management, laboratory services, eOBS.
- ✓ **Terminology and demography servers:** a tool for managing terminologies (ICD10, SNOMEDCT, LOINC) and a demographics server with FHIR and HL7v2 ADT capabilities.
- ✓ **Content-aware IHE XDS:** fits an IHE XDS setup as a content-aware repository – browse and query through the clinical data.

The growing worldwide presence of the Digital Health Platform approach

The described approach is based on [openEHR](#). It is a specification, published under an open-source licence, for standardised health information. It allows us to build other applications on top of it, it supports the open platform ecosystem, and it is vendor-, technology-, and license-neutral. Furthermore, the openEHR community consist of hundreds of modellers (clinicians) who have built data models which are open-source and free to use.

openEHR has already been tested and proven in hundreds of deployments worldwide. These are five different use-cases where openEHR has been used:

- ✓ a health data platform for electronic health records, applications, and a common data repository;
- ✓ a common data repository for governments and eHealth programmes;
- ✓ a common data repository for research and clinical decision support;
- ✓ a framework for clinical registries; and
- ✓ entire ecosystems of healthcare applications and services.

Discover how Better's Digital Health Platform solutions have been successfully implemented by organisations across the world.



Sources and additional readings

Re-Thinking the Architecture of Healthcare IT:

<https://blog.better.care/re-thinking-the-architecture-of-healthcare-it>

Momentum building for a new approach to EHRs:

<https://blog.better.care/momentum-building-for-a-new-approach-to-ehrs>

How a digital transformation can help improve the work of medical

teams: <https://www.better.care/resources/data-infrastructure>

The WHO and ITU Publish the Digital Health Platform Handbook:

<https://blog.better.care/the-who-and-itu-publish-the-digital-health-platform-handbook>

Better Platform mentioned by Gartner as an example of a Digital Health Platform:

<https://blog.better.care/better-platform-mentioned-by-gartner-as-an-example-of-a-digital-health-platform>

openEHR International: <https://openehr.org/>



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