

**ahti**

Werkbezoek ahti  
Wethouder S. Kukenheim

29 November 2019



# 1. Introduction ahti

2. Entrepreneurship

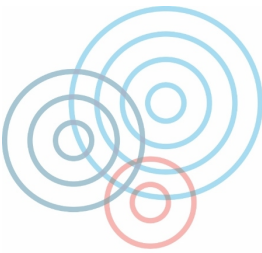
3a. Data capabilities

3b. Innovation projects



# Amsterdam health and technology institute

- Not for profit, kick-started in 2014 by the city of Amsterdam
- Creating change and achieve impact by connecting public and private partners
- Focus on Entrepreneurship and data driven innovation
- CBS microdata certified organization



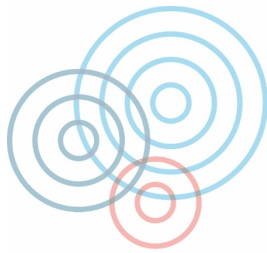
# Background of our group

PHARMACCESSGROUP



## Origins in Academic Medical Center, University of Amsterdam

- **1995** Mother - child transmissions studies in Africa
- **2001** PharmAccess foundation: treatment in Africa
- **2002** HIV treatment programs: Heineken, Shell, Celtel, Diageo, Unilever, Coca-Cola
- **2005** HIV/AIDS program for armed forces in Tanzania
- **2006** Health Insurance Fund: raised EUR 100 m public funds
- **2007** Research: Amsterdam Institute for Global Health & Development
- **2008** IFHA: largest private equity health fund in Africa
- **2009** Medical Credit Fund: loans for doctors and pharmacies in Africa
- **2011** SafeCare: first accredited quality standards for Africa
- **2013** Mobile health: partnership with Vodafone, M-Pesa and Safaricom
- **2014** Untimely death of Joep Lange and Jacqueline van Tongeren
- **2015** Amsterdam Health & Technology Institute (ahti) started  
Second IFHA fund closed  
CarePay / M-Tiba launch  
Launch facility for debt fund  
BCG Evaluation
- **2016** Joep Lange Institute including Joep Lange Chair & Fellows program



# Our partners

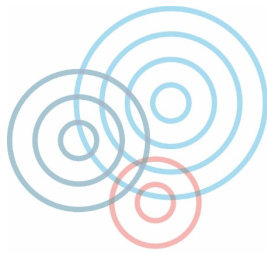
## Public private



## Corporate



## Research & academic



Talent en Onderwijs  
Innovatie  
Ondernemerschap

**1 Health Design**  
Postdoctoraal programma met Universiteit Twente

**2 Samen Zuidoost**  
Versterken samenwerking zorg en welzijn

**3 Amsterdam Health & Technology Center**

**4 Amsterdam Health and Technology Park**

**5 CVRM Digitale Service**  
Thuismanagement van chronische zorg (hypertensie)

**6 GGZ Dashboard**  
Population Health Management van GGZ zorg

**7 Wijk Brede Aanpak**  
Zorgprofessionals helpen met gebruik van data

**8 HIV Transmissie Eliminatie Amsterdam Team**  
Population Health Management van HIV detectie en preventie

**9 Obesitas in Kinderen**  
Support van beleidsmakers bij preventie kinderobesitas

**10 HealthInc accelerator**  
Healthtech accelerator

**11 OLVG**  
Strategische planning in de tertiaire zorg

**12 Youth4health**  
Bewustzijn over zorginnovatie op basisscholen

**13 Analyse WMO kosten**  
Support van beleidsmakers in sociaal domein

**14 Venture Mentoring Program**  
Opleiding voor startende zorgondernemers

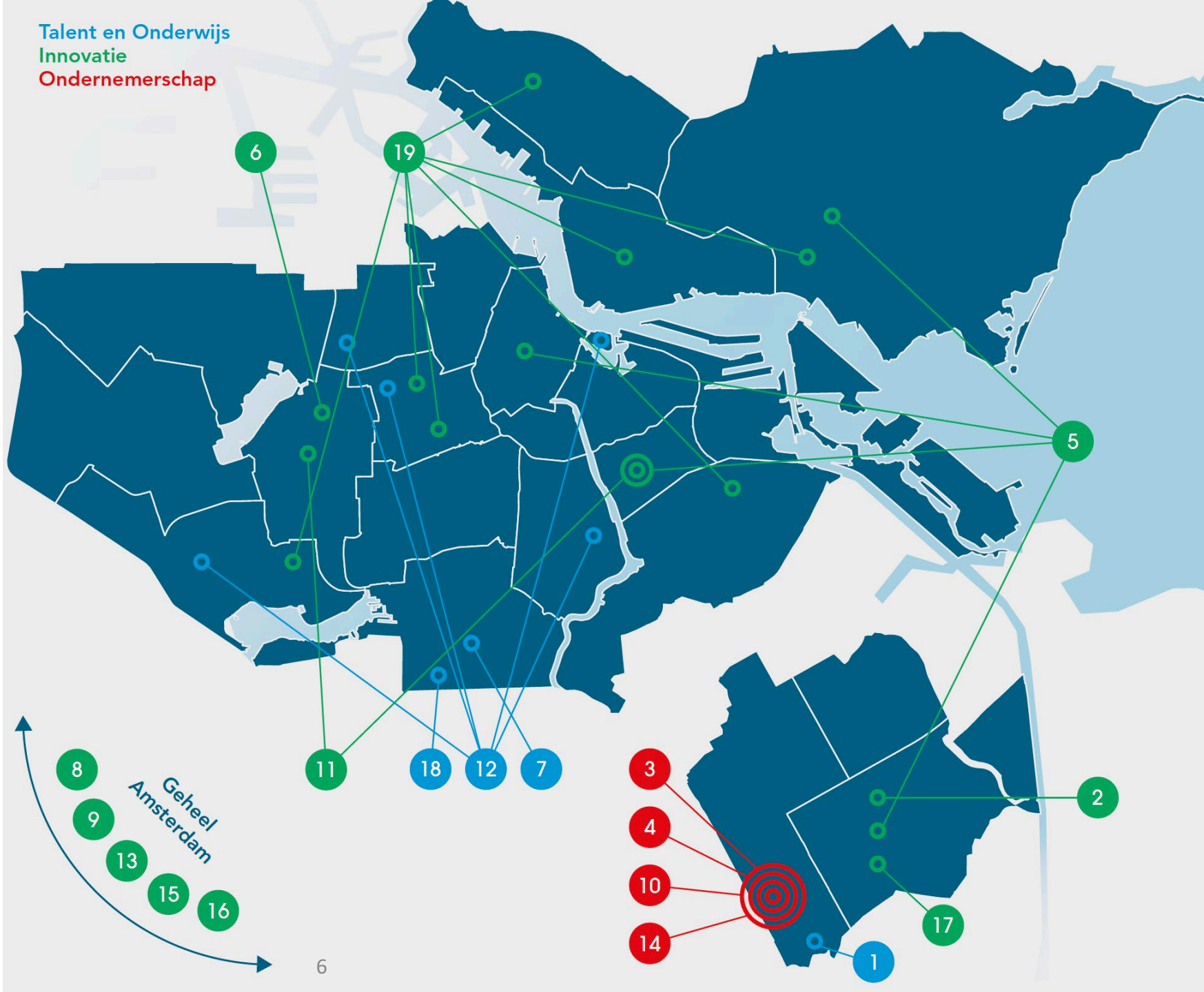
**15 Project FIT**  
Langer thuis wonen met dementie

**16 City Rhythm**  
Analyse van data patronen in de stad

**17 Buurt Ziekenhuis**  
Transmurale zorg innovatie

**18 Management of Innovative Technologies in Community Based Healthcare**  
MSc Mastertrack met VU

**19 Healthy Counters Albert Heijn**  
Stimuleren gezonder koopgedrag





## Entrepreneurship



**HealthInc**



## Innovation services



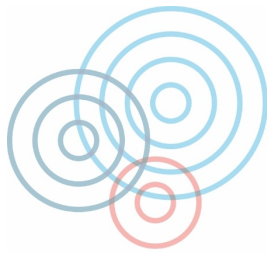
**Data &  
actionable insights**



**Program management**



**Innovation guide**





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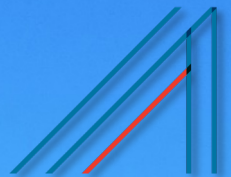
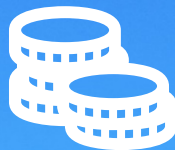
**2. Entrepreneurship**

3a. Data capabilities

3b. Innovation projects







Amsterdam  
health &  
technology  
center



30.000m<sup>2</sup>  
Office space

25% startup  
50% SME  
25% Corporate

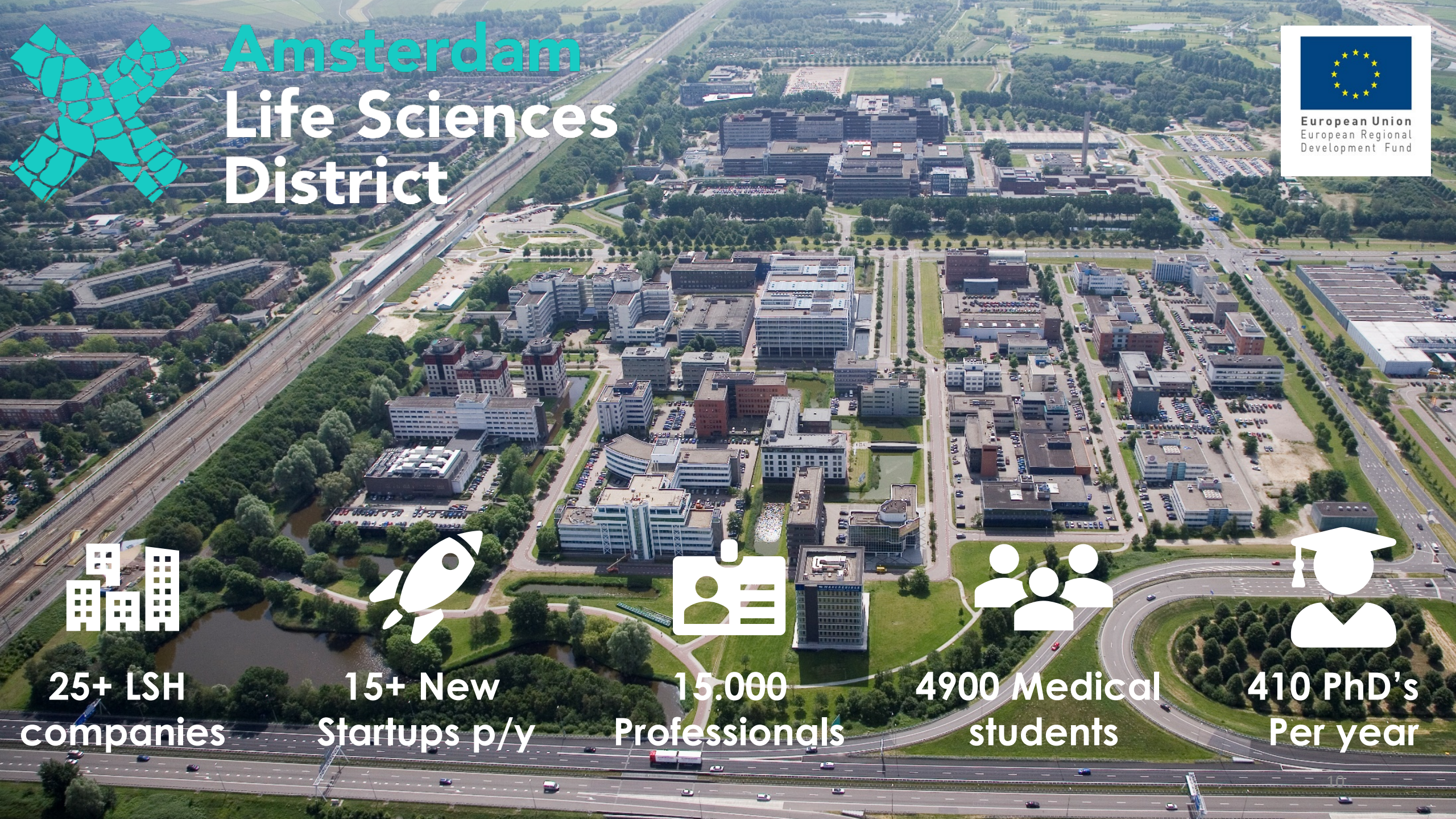
1.000+  
Professionals

€ 50M  
Invested





# Amsterdam Life Sciences District



25+ LSH  
companies



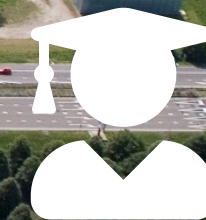
15+ New  
Startups p/y



15.000  
Professionals



4900 Medical  
students

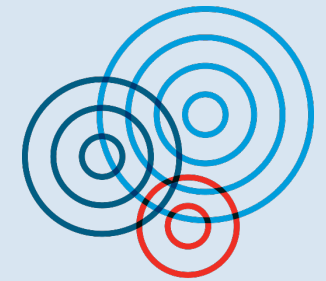


410 PhD's  
Per year

The global  
health tech  
accelerator  
network



HealthInc



ahti

Startupbootcamp

Endorsed by



European Union  
European Regional  
Development Fund



Ministerie van Volksgezondheid,  
Welzijn en Sport

UNIT4



Amsterdam UMC  
Universitair Medische Centra

pwc



Gemeente  
Amsterdam



Sanquin

# Factsheet HealthInc

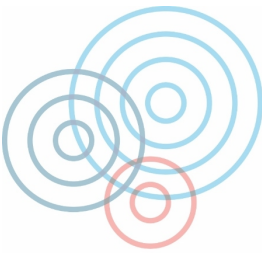
HealthInc is a public-private cooperation (joint-venture) between ahti and Startupbootcamp

Together we deliver a 12-week fulltime accelerator program that connects start-ups to a network of healthcare and business professionals so they can build a support base for their innovation and get ready to market a validated product.

We scout globally (18 countries) and we have local events to meet founders face 2 face.

## **Scouting status:**

- 1118 European start-ups identified and researched
- 198 start-ups interviewed
- 110 applications in progress
  
- Final selection days January: 10 best start in February





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- 3a. Data capabilities**
- 3b. Innovation projects



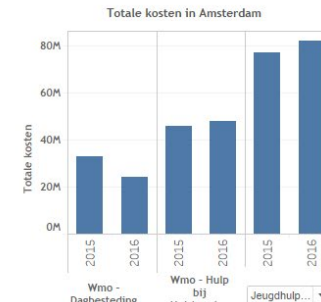
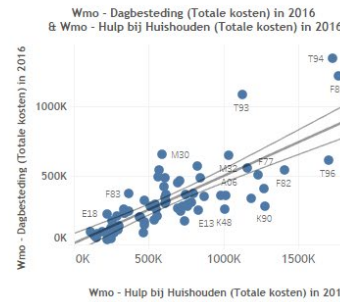
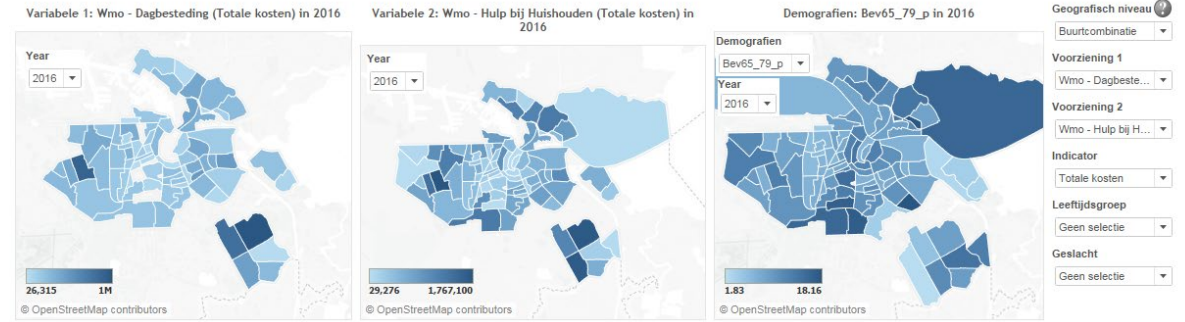
# City health dashboard

## Context

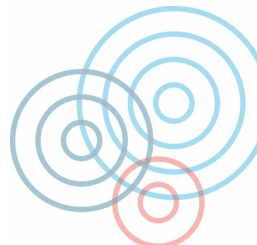
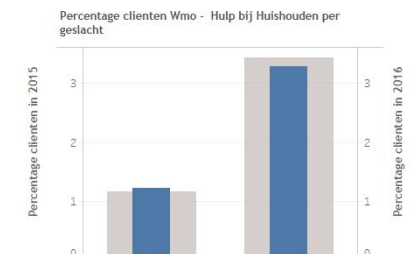
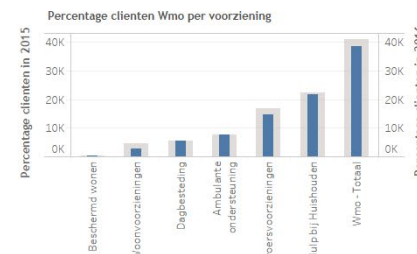
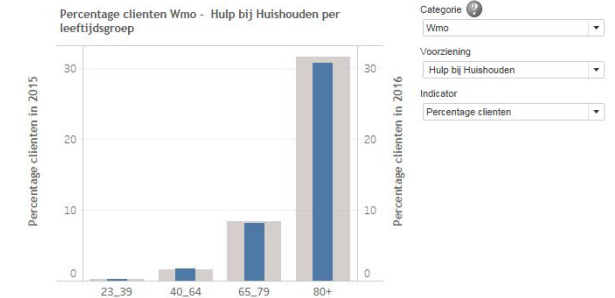
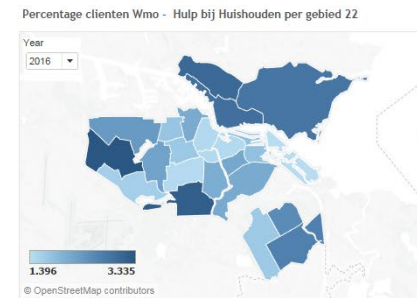
- Monitor the use and request of WMO services and products in the city

## Ahti

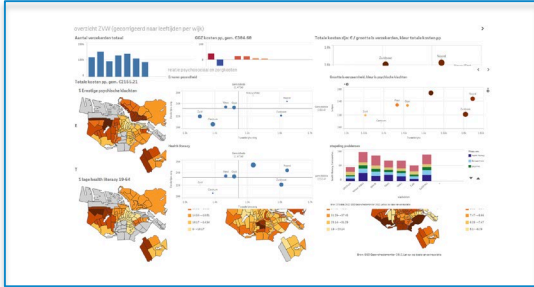
- Visualization of WMO data in dashboard
- Provide the city with overview of services and respective costs



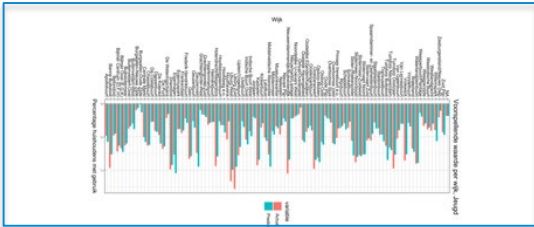
Area	Year	Wmo - Dagbesteding	Wmo - Hulp bij Huisho...	Jeugdhulp ZIN - Totaal
Amsterdam	2015	32,910,408	45,911,720	77,034,212
	2016	23,906,770	47,989,564	81,931,407
Buiten Ams	2015	567,434	473,523	
	2016	1,672,940		18,719,638
Overig	2015			18,719,638
	2016			33,128,574



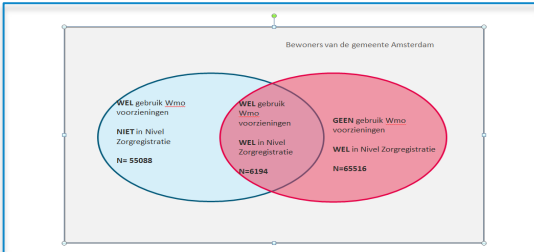
# Examples data capabilities



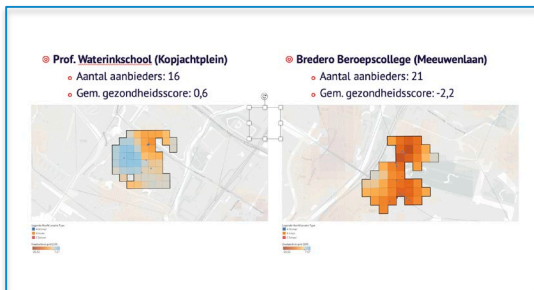
1. Dashboard Amsterdam/Visibility and grip on social



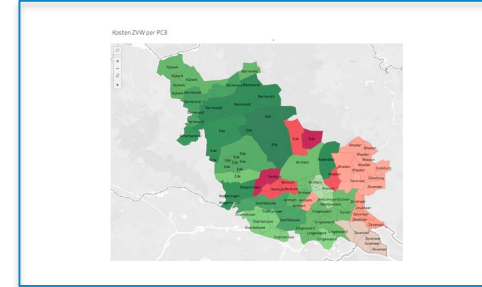
2. City growth



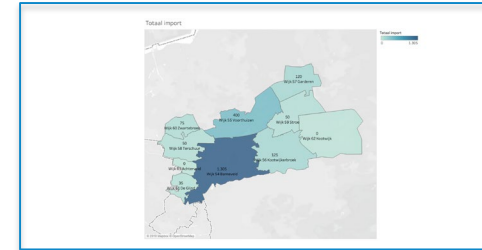
3. Nivel/WMO combination



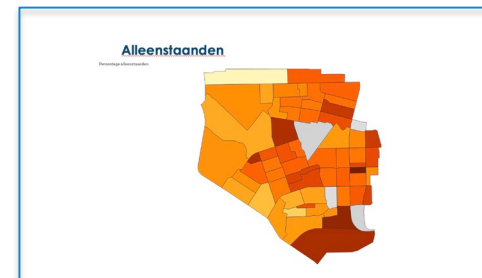
4. Food pressure Amsterdam



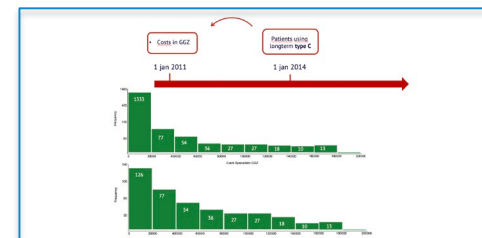
5. Safety region middle Gelderland



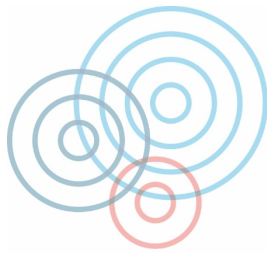
6. Residents profiles Barneveld



7. GGZ/New west

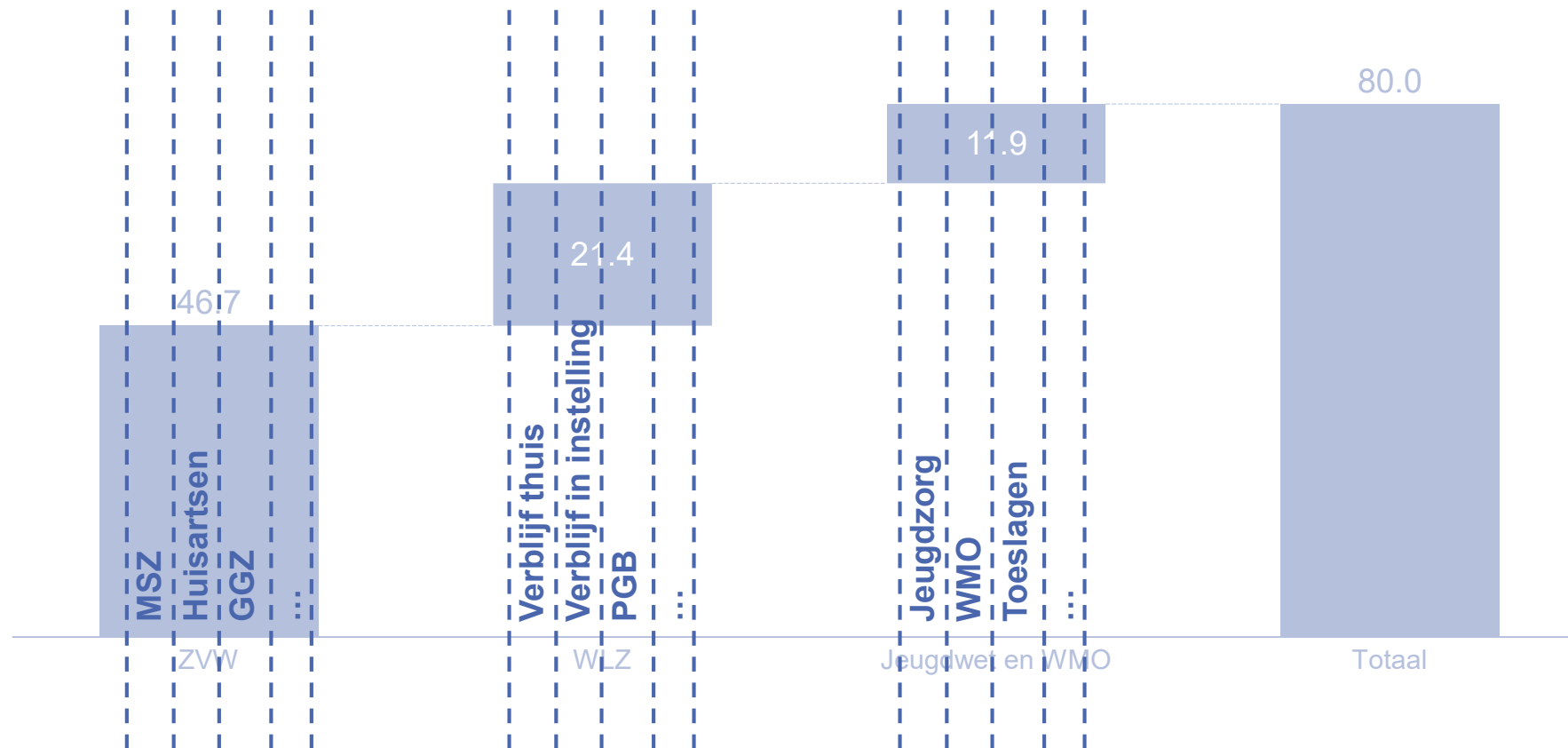


8. Influx MO/BW

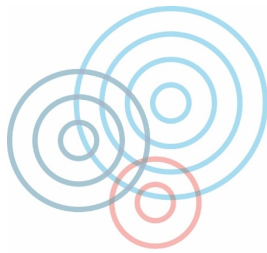


# De besteding van deze middelen loopt volledig langs de lijnen van verschillende regelingen..

Geen integraal perspectief vanuit de ontvangende burger



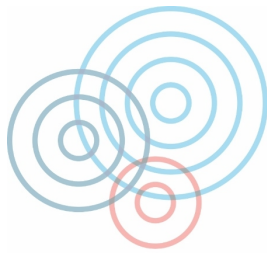
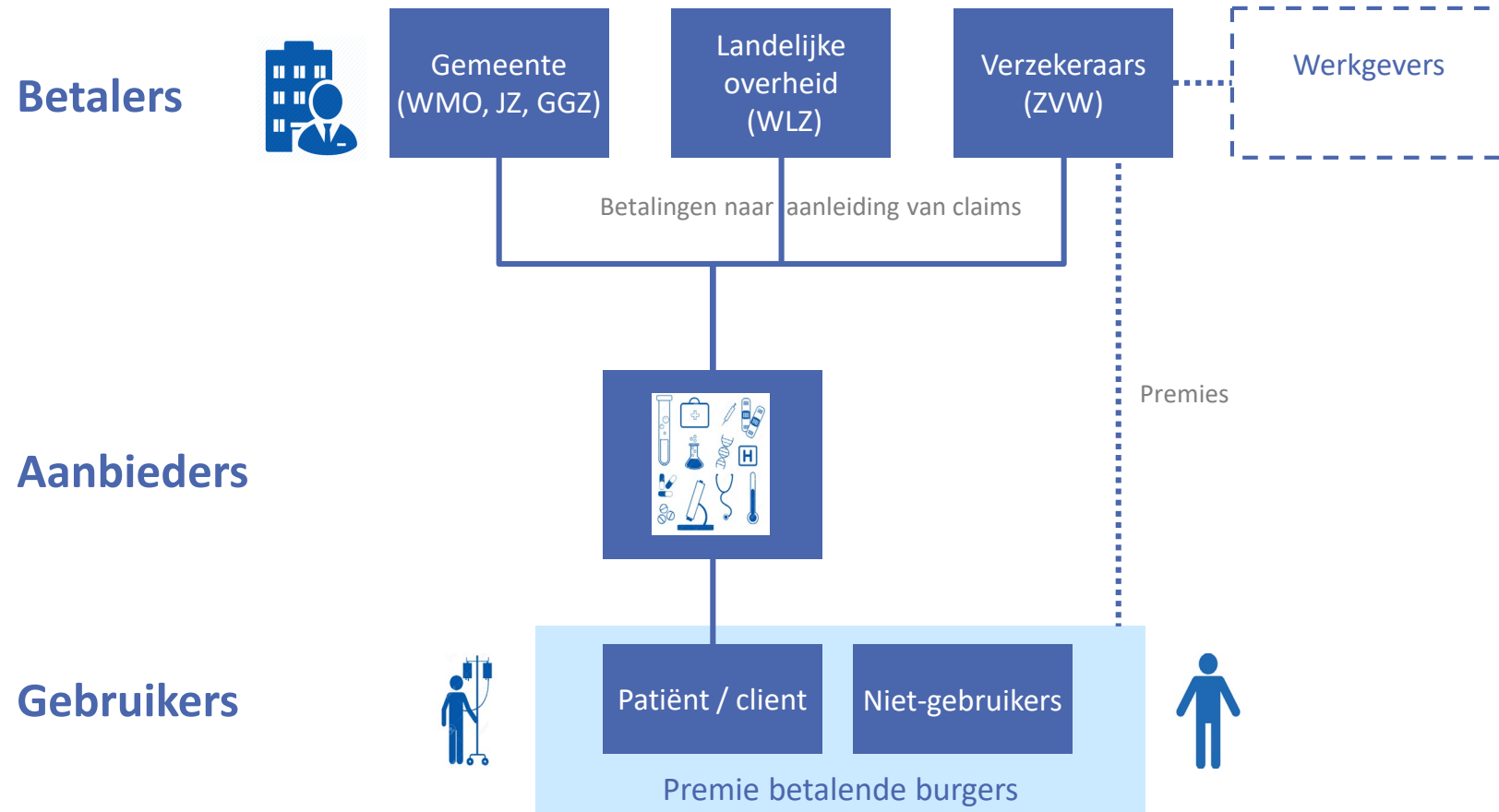
Bron: <https://www.monitorlangdurigezorg.nl/kerncijfers/uitgaven-en-volume/wmo-en-jeugdwet-gemeentelijke-baten-en-lasten;>  
<https://www.staatvenz.nl/financiele-middelen/financieel-beeld-zorg-jaarverslag>



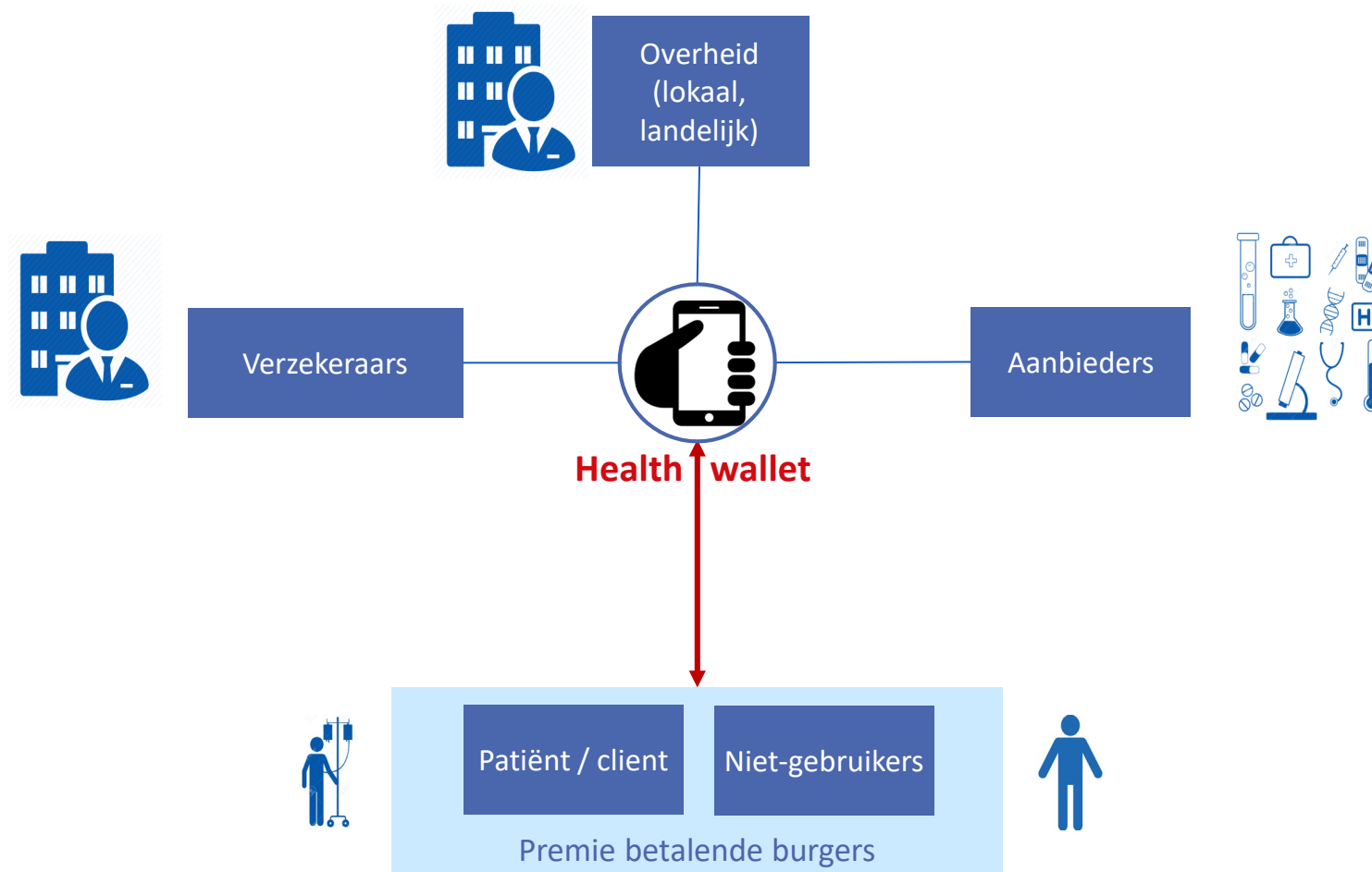


# ..waarbij er slechts beperkte directe communicatie met de patiënt/client is

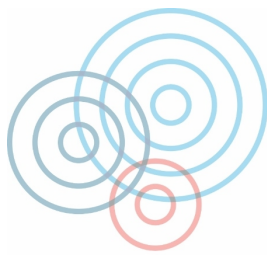
En de niet-gebruiker van zorg vrijwel volledig uit beeld valt







# Wij streven naar een model waarin de burger centraal staat

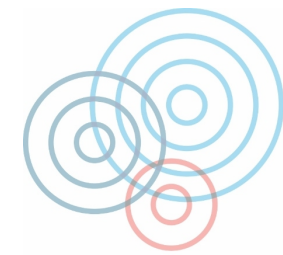


Bron: CarePay International (live in Kenia met 4,2mln deelnemers en 1.400 deelnemende klinieken)



# En waarin verschillende databronnen bij elkaar worden gebracht

	Gedragsdata	Medische data	Transactie data	Sociale data
Omschrijving	<i>Real-time data over</i> <ul style="list-style-type: none"> <li>• Activiteiten (sport, voeding)</li> <li>• Gezondheid (hartslag, bloeddruk)</li> </ul>	<i>Semi-real time data over</i> <ul style="list-style-type: none"> <li>• Medische historie</li> <li>• Diagnostiek</li> <li>• Persoonlijke situatie</li> </ul>	<i>Terugkijkende data over</i> <ul style="list-style-type: none"> <li>• Diagnose en behandeling</li> <li>• Kosten van behandeling</li> </ul>	<i>Semi-real time data over</i> <ul style="list-style-type: none"> <li>• Sociaaleconomische achtergrond</li> <li>• Schulden en bezittingen</li> </ul>
Traditionele spelers				
Gebruik	<ul style="list-style-type: none"> <li>• Inzicht in persoonlijke gezondheid en activiteiten</li> <li>• Datagedreven voorspelmodellen</li> </ul>	<ul style="list-style-type: none"> <li>• Zorgverlening</li> </ul>	<ul style="list-style-type: none"> <li>• Claimsafhandeling / betaling</li> <li>• Contracteren van zorgaanbieders (prijs, volume, kwaliteit)</li> </ul>	<ul style="list-style-type: none"> <li>• Toewijzen van toeslagen</li> </ul>
Trends	<ul style="list-style-type: none"> <li>• Toenemend vertrouwen op gedragsdata voor zelfmanagement (e.g. Reumanet)</li> <li>• Gebruik gedragsdata voor preventie/beïnvloeding (e.g. ZK Actify)</li> </ul>	<ul style="list-style-type: none"> <li>• Toenemende standaardisatie van communicatie protocollen (e.g. MedMij)</li> <li>• Patiënt als eigenaar van gezondheidsdata ipv aanbieder (e.g. PGO)</li> </ul>	<ul style="list-style-type: none"> <li>• Betalingen zijn grotendeels geautomatiseerd</li> <li>• Verzekeraars op zoek naar mogelijkheden om relevant te blijven in het zorglandschap</li> </ul>	<ul style="list-style-type: none"> <li>• Groeiend besef dat gezondheid, sociale achtergrond en financiële situatie nauw verbonden zijn</li> <li>• Digitalisering van instituties</li> </ul>





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- 3b. **Innovation projects**



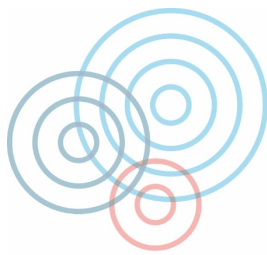
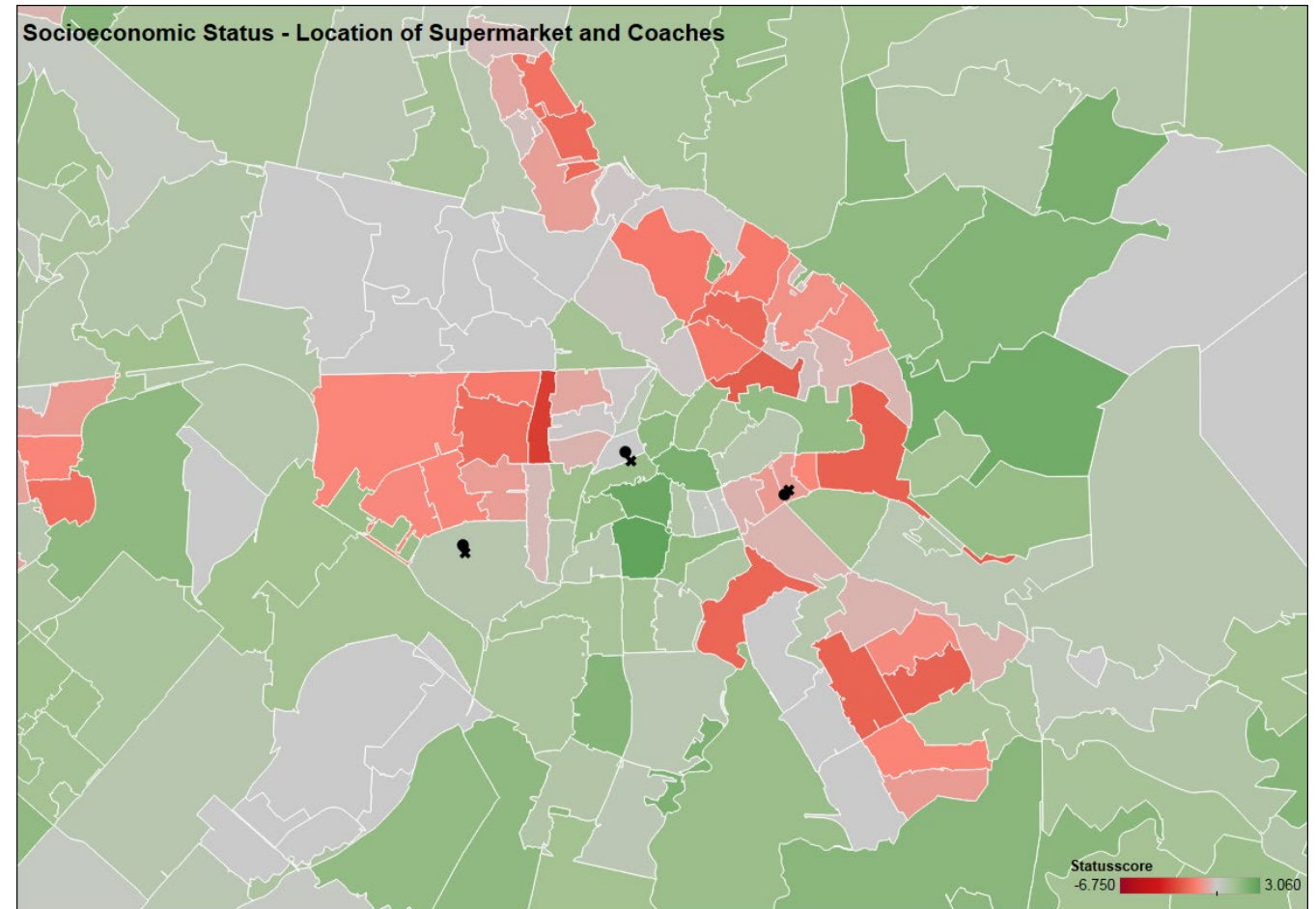
# Amsterdamse aanpak gezond gewicht (Aagg)

## Context

- Two interventions in the AH
  - Healthy food
  - Supermarket coach (peer)
- Effect measuring using bonus card

## Ahti

- Designing the intervention
- Data analysis



# Dolce Vita

## Context

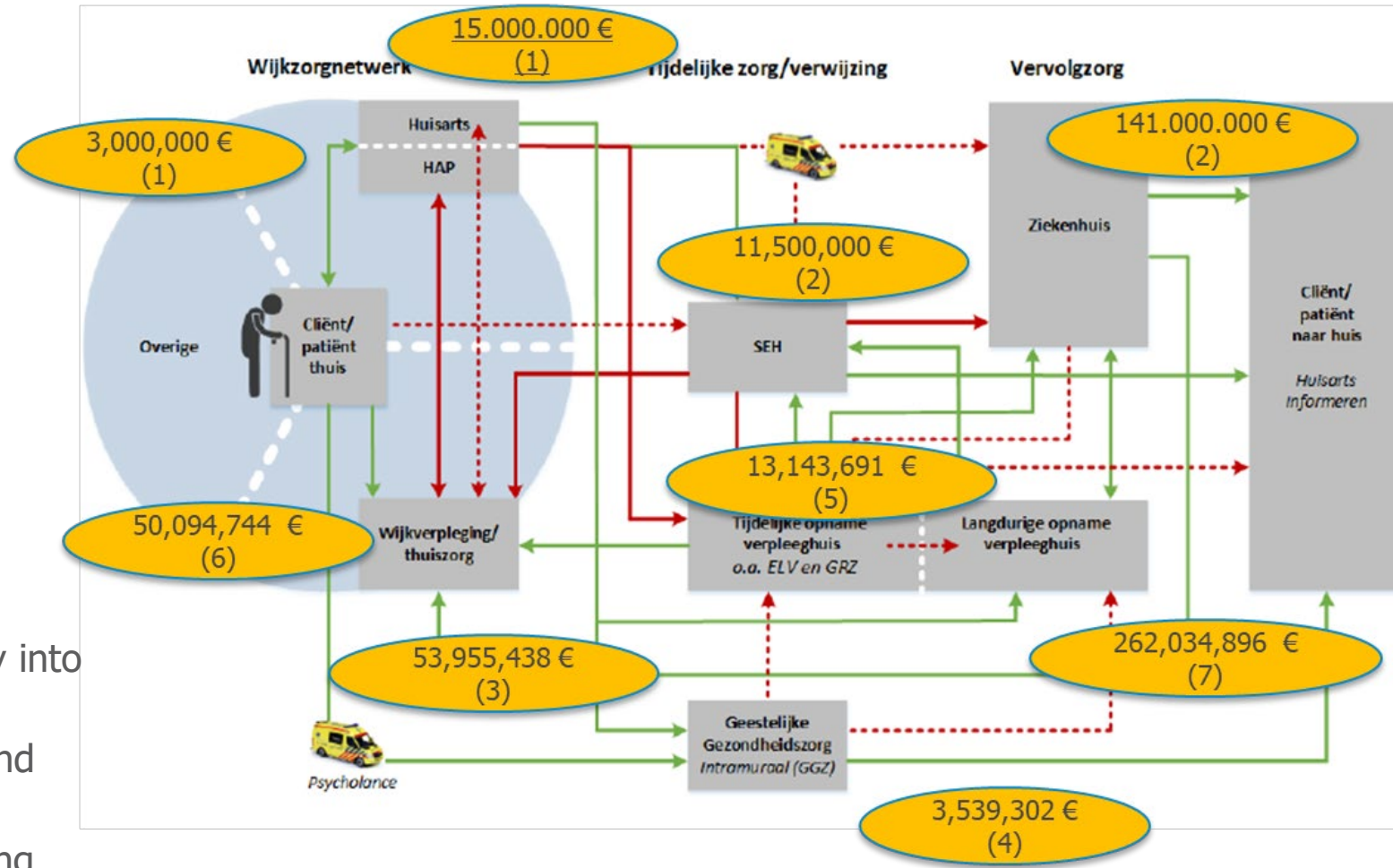
mismatch in system of acute geriatric care, due to several bottlenecks:

- Transition between care providers;
- Lack of insight in demand and supply;
- lack of system-level coordination possibilities

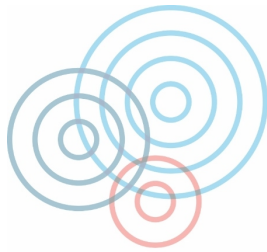
## Ahti

Build an **innovative data model**, based on real-world data:

- Providing better insight and transparency into system's dynamics and efficiencies;
- Generating what-if scenario's to predict and anticipate to changes in the system;
- Supporting improved joint-decision making



Bron: SIGRA 2017 +Vektis 2015, Kosten 75+-ers in Amsterdam



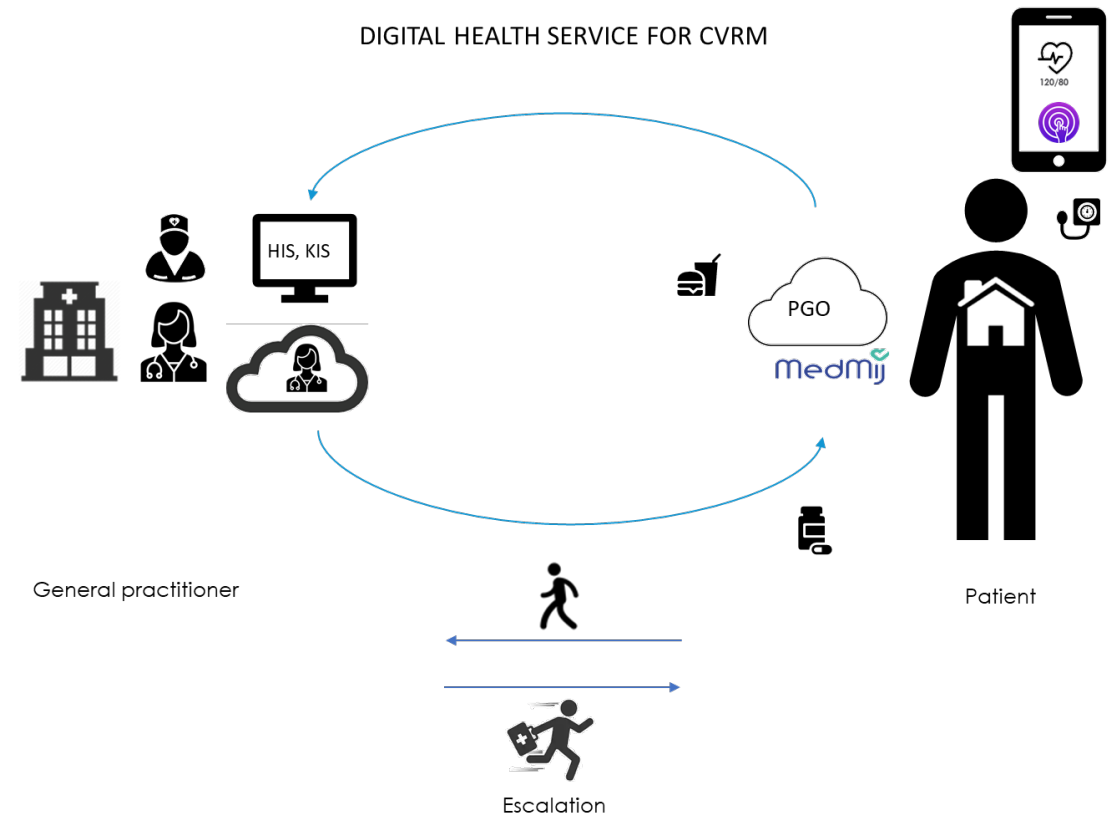
# DHoTS: Digital Health from Technology to Services

## Context:

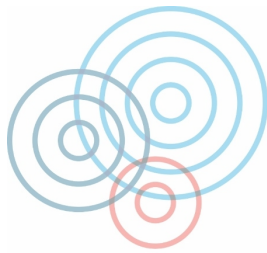
- Hypertension (high blood pressure) is the biggest risk factor for development of CVDs.
- The general practitioner, is the first caretaker and contact person for hypertension in the CVRM care chain in the Netherlands.

## Project:

- We integrate a self-management tool for hypertension patients into the care practice and digital environment of the general practitioner
- To ensure embedding of this service in the overall care process, we will additionally realize a Digital Health Platform that incorporates the operational-financial and technical sides of the digital CVRM care service and supports its future expansion to other care domains



## Partners:



# H-TEAM (HIV Elimination Transmission Amsterdam)

## Amsterdam context

- 30% of individuals with a new HIV diagnosis report to care in late stage of infection
- Estimated 400 individuals are unaware of their infection

## H-TEAM

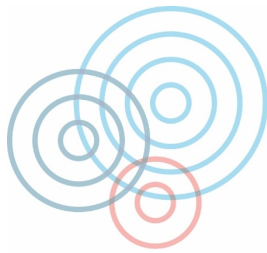
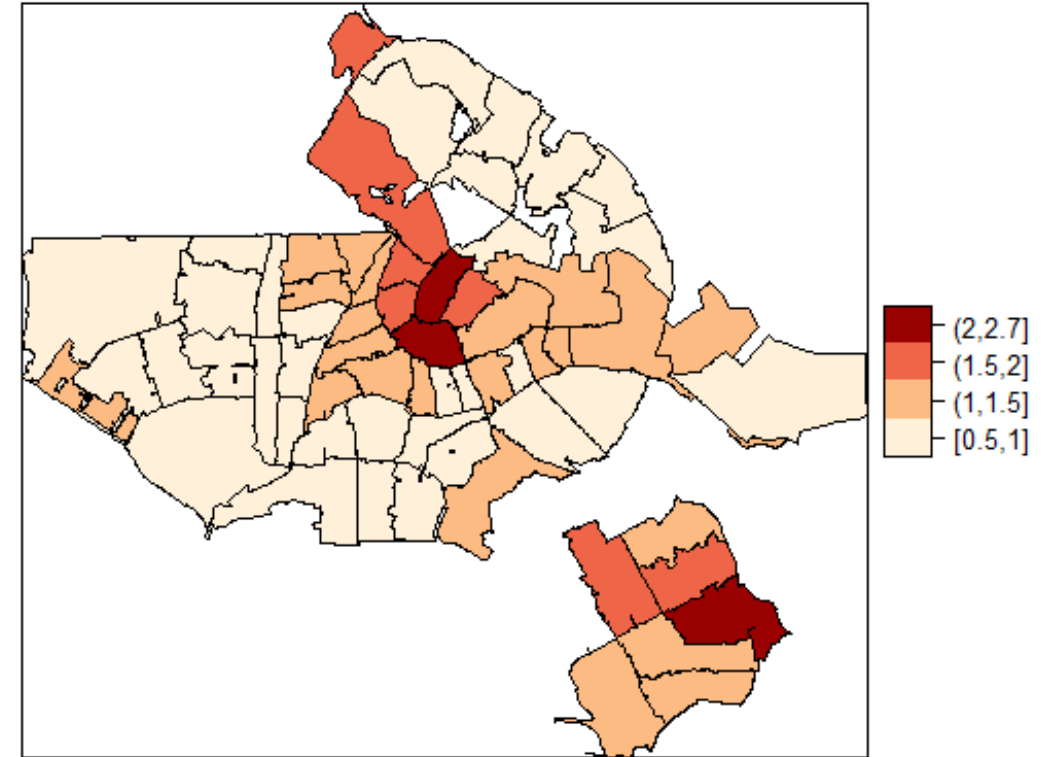
- Development of better strategies to
  - Diagnose HIV earlier
  - Lower the proportion of people who are unaware of their infection

## Objective

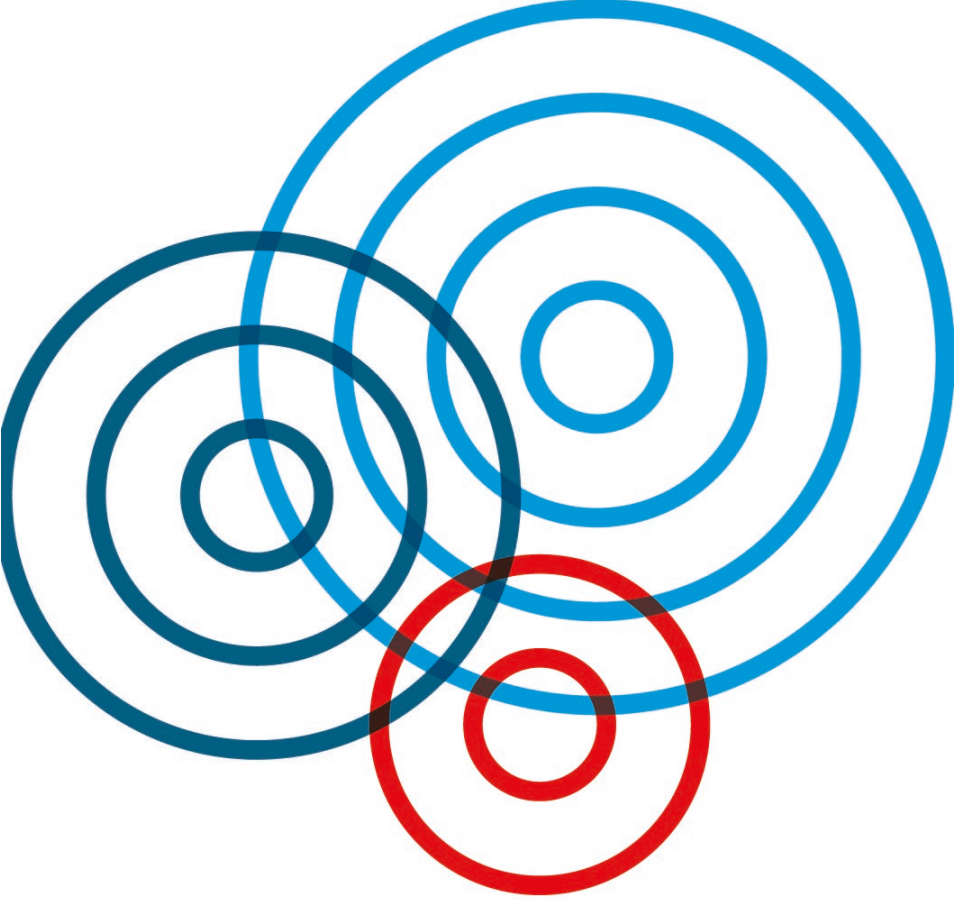
- Explore how GIS analysis can help in achieving these goals

## Method

- Visualization of HIV-trends across Amsterdam to identify risk areas and risk population
- Combination with **HIV testing** trends and **demographic** data on neighborhood level
- Advise local policy making in effective interventions
- Creating actionable data







**ahti**

Werkbezoek ahti  
Wethouder S. Kukenheim

29 November 2019