

Documentation capture, Healthcare AI

# Is your data in?

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Healthcare data analytics is a hot topic and an essential new way to turn existing information into usable data supporting clinicians in their daily decision making and treatment plans, use resources meaningfully, reduce costs, avoid errors, and on and on it goes. And whilst everybody is really into getting “the” data out of the system, shouldn't we be worried of “if and how” the data gets into the system in the first place?

Working at Nuance for many years, whilst maintaining my contact to medicine, as a practicing doctor in Belgium, I believe to understand both sides of the coin: IT providers thinking ahead, trying to modernize healthcare systems all over the globe, whilst as a doctor, you sometimes struggle with something as simple as a lack of tools to write down, aka [document, your observations, findings and conclusions](#).

## Is your EPR ready to receive your data input?

If you are in the lucky position to be working at a practice or hospital that already counts on a certain degree of digitisation with clinical IT systems in place, you are probably familiar with the pain of switching from hand written or tape-based note taking – essentially someone else is doing the clinical documentation fit to template, form and standards for you – to a digital form presented to you on a screen. All of sudden you need to start fiddling around with the keyboard, turning your attention from the patient or medical case to [trying to be a data clerk](#). But does it need to be this way? Why can we talk to our mobile phones, send text messages based on voice input, but in our daily professional environment doctors, nurses and clinicians are burdened with data input issues? And just like text editors highlight spelling- or grammar mistakes, why can't clinical software systems spot medical inconsistencies? Doctors

create a medical note in a once-and-done way. It better be done correctly. Smart clinical systems should be able to prompt the physician with additional questions to create an as complete as possible note.

## Dream with me

Our community, healthcare providers world-wide, and healthcare IT companies too, know that there is a reasonable amount of work still undone to let professionals [easily input into their electronic records](#). The path to analyzing this data is even more difficult.

If there would be an option to share and compare the treatment outcomes for similar diagnosis within a region, would that benefit significantly the understanding of therapeutic options? What if we would be able to share the chemotherapy outcomes for lung cancer for all patients in Brussels? Or all combined for Belgium? Or Europe?

This 'big data' would be able to offer to medical professionals and researches an enormous amount of information. We would learn much faster about side effects, medication interaction, most effective treatments.... Well, guess what? This data is available! In each of the record of individual physicians. It is just not shared and linked. Interoperability of data might be the largest breakthrough in medical science for the next decade!

**Tags:** [Electronic patient records \(EPR\)](#), [Data analytics](#)

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#### **About Frederik Brabant, MD**

Frederik Brabant, MD is Chief Medical Information Officer at Nuance where he is in charge of the European healthcare market strategy. He joined the team in 2006 and has focused on bringing innovative speech recognition and coding solutions to the healthcare market in a variety of roles ranging from product management to marketing, both in EMEA and North America. He is a medical doctor specializing in sports medicine, holds an engineering degree, and successfully completed the International Management Program at the Vlerick Business School in Brussels.



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