



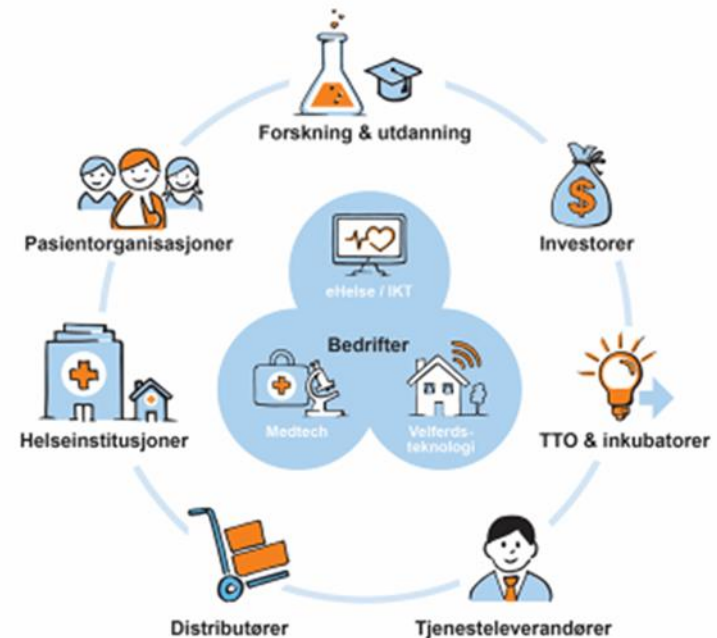
Kathrine Myhre, CEO Oslo Medtech, Healthworld 16th September 2015

Helseteknologi, innkjøp og ledelse som verktøy for økt kvalitet og effektivisering i helse og omsorg



Key figures - Oslo Medtech

- Founded November 2009
- Cluster, organized as a nonprofit membership organization
- 180 members/partners
- The full health value chain represented
- 37 bill NOK turnover and 5,7 % growth in value creation in 2013
- Partner in Innovation Norway cluster program since 2009



Vision, mission and goal



Vision

Oslo Medtech is to become one of the most innovative global health technology clusters within 2020.

Mission

Our mission is to **develop and industrialize world class health technology products and services** that enables sustainable and high quality treatment and care, and **Norwegian Medtech industry growth.**

Main goal

To increase the competitiveness of the companies in the cluster and strengthen the attraction of the cluster internationally

The cluster Oslo Medtech

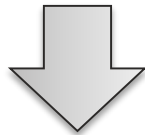


Collaboration for
increased innovation
and international
growth

Results and effects

Result goals:

Increased innovation
ability

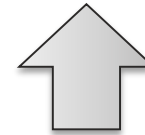


World class health tech
products and solutions



Effect goals:

Increased industry
growth and value
creation



Sustainable and high
quality treatment and
care



Budskap

Helseteknologi,
innkjøp og ledelse
som verktøy for
økt kvalitet og
effektivisering i
helse og omsorg

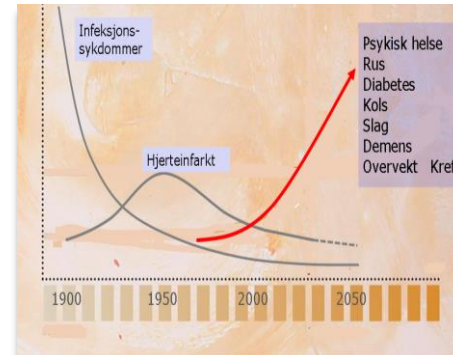
Norwegian and global societal trends and challenges



Less hands
In healthcare



Demografical
changes

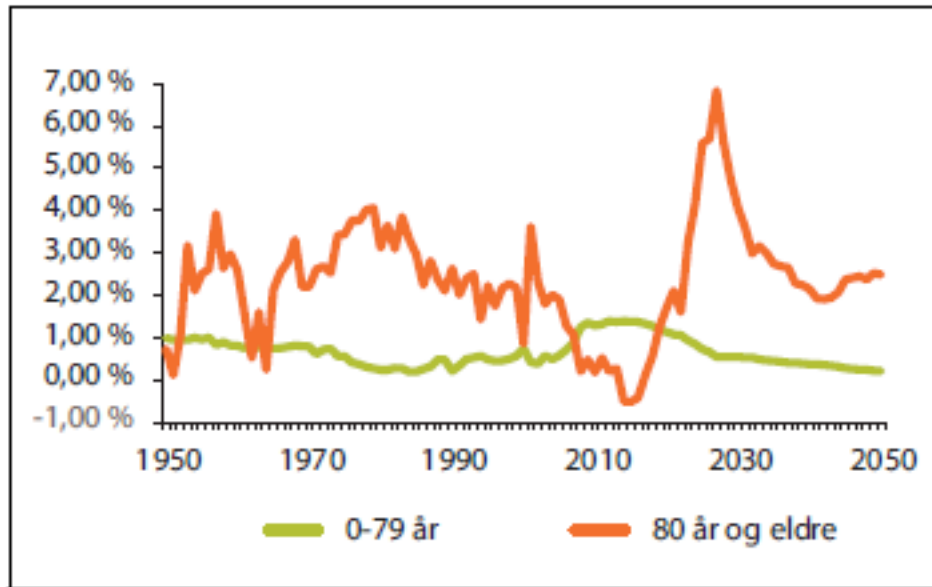


Rising health costs



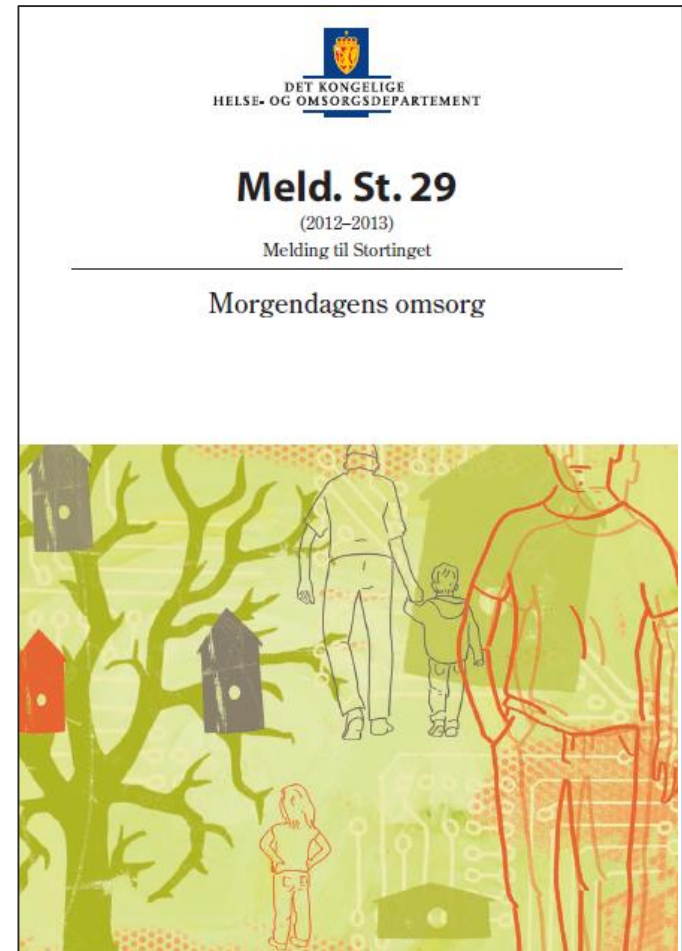
Access to
technology

Challenges – «Eldrebølgen»

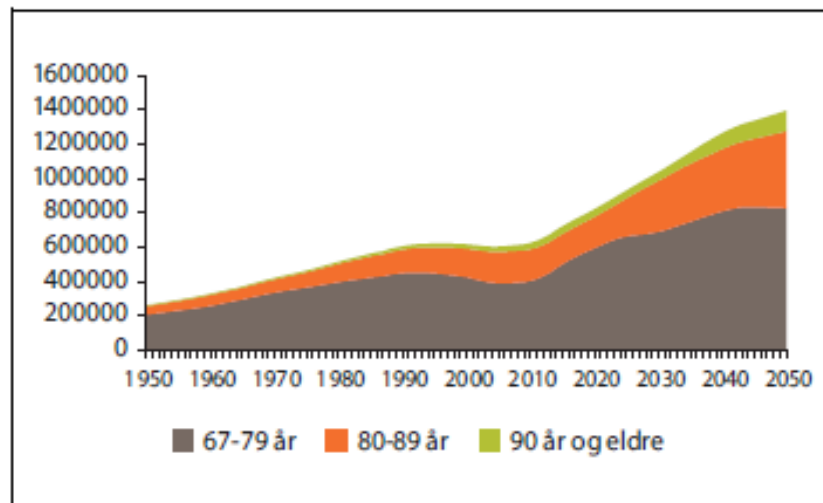


Figur 3.13 Prosentvis årlig endring i antall personer over og under 80 år 1950–2050

Kilde: Statistisk sentralbyrå 2012. Middelalternativet (MMMM) i befolkningsframskrivningene.

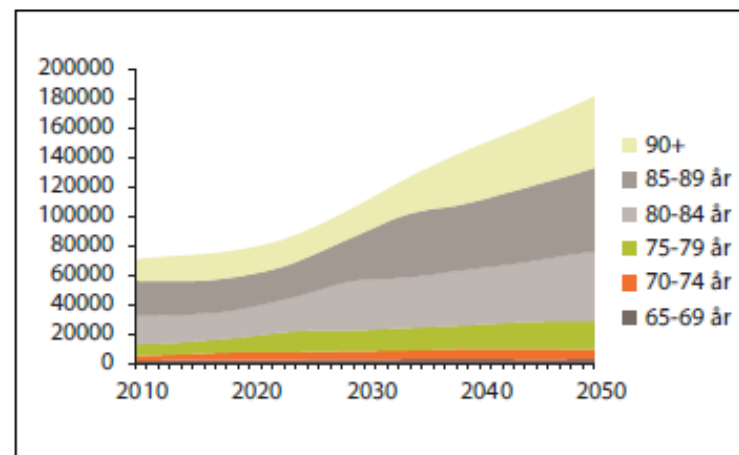


Number of elderly people



Figur 3.12 Antall personer i aldersgruppen 67 år og eldre 1950–2050

Kilde: Statistisk sentralbyrå 2012. Middelerternativet (MMMM) i befolkningsframskrivningene.



Figur 3.14 Antall personer med demens framskrevet 2010–2050

Kilde: Helse- og omsorgsdepartementet. Beregnet ut fra en gitt prosent forekomst av demens per aldersgruppe. Basert på middelerternativet (MMMM) i befolkningsframskrivningene.

Background & aim



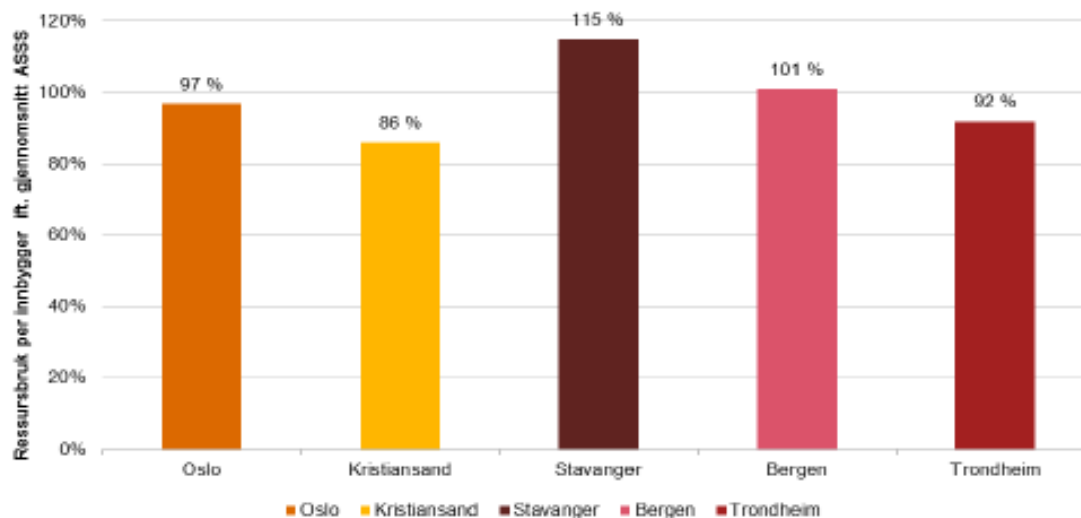
- PWC report, June 2015
- Trondheim, Bergen, Stavanger, Kristiansand and Oslo
 - Nordre Aker, St.Hanshaugen, Stovner, Søndre Nordstrand, Østensjø
- Spent 21 bill NOK in 2013 health and care
- 90% of the costs are related to services at home – and at institutions (hjemmetjeneste og institusjon)



Background & aim

- Large differences in spent resources to health and care between the large cities in Norway
- Aim of report – to identify the factors that explain the differences
- Identify future actions

Figur 4 Ressursbruk til PLO per behovskorrigert innbygger målt opp mot gjennomsnittet i ASSS



Ressursbruk per innbygger ifht gjennomsnitt i ASSS, 2013

Findings: What leads to resource reduction?

- Organizational culture:
- Coordination and dialogue between procurement unit and home care unit
- Collaboration – respect and trust
- Visionary leaders with clear values, acting like role models
- Aligned «message» between political and administrative management



Findings: What lead to resource reduction?

- Visionary management; focus on goals and strategies, and that management are “cultural carriers”
- Focus on the «customer»/user
- Room for innovation, creativity and try new things
- Active involvement of the employees
- Trust and respect between management and employee



St.Hanshaugen / Oslo

- Visionary management; focus on future
- Invested in health technology (clinical trials and procurement) (Velferdsteknologi)
- Focus on innovation and user needs, and involvement early in the patient pathway
- Aim and motivation:
 - Prevention
 - Employee and patient involvement
 - Independent living
 - Reduction of cost, and more efficient workflow





<https://vimeo.com/80982444>

Daily health check - monitoring heart, diabetes, COPD, etc

dignio

FOR HVEM TJENESTER TEKNOLOGI KURS HJELP OM OSS KONTAKT



LIVSSTILSSYKDOMMER



Vanskelig på egen hånd

Overvekt, hjerte-kar-sykdommer og diabetes har blitt folkesykdommer med alvorlige konsekvenser. Heldigvis kan forbedringer i kosthold og fysisk aktivitet gi deg helsen tilbake. Dessverre er det vanskelig å oppnå resultater på egen hånd.

Varige resultater

Med Dignio Daglig Helsesjekk kan du oppnå varig endring! Daglig Helsesjekk gir deg daglig oppfølging med råd og motivasjon fra helsepersonell. Du lærer mestring av egen helse med fjernmåling av blodtrykk, puls, blodsukker og vekt. Mange har erfart at det er vanskelig å endre livsstil, uansett hvor viktig det er. De fleste forsøker på egen hånd, gang på gang, men er raskt tilbake i gammelt mønster.



Å forebygge på lang sikt

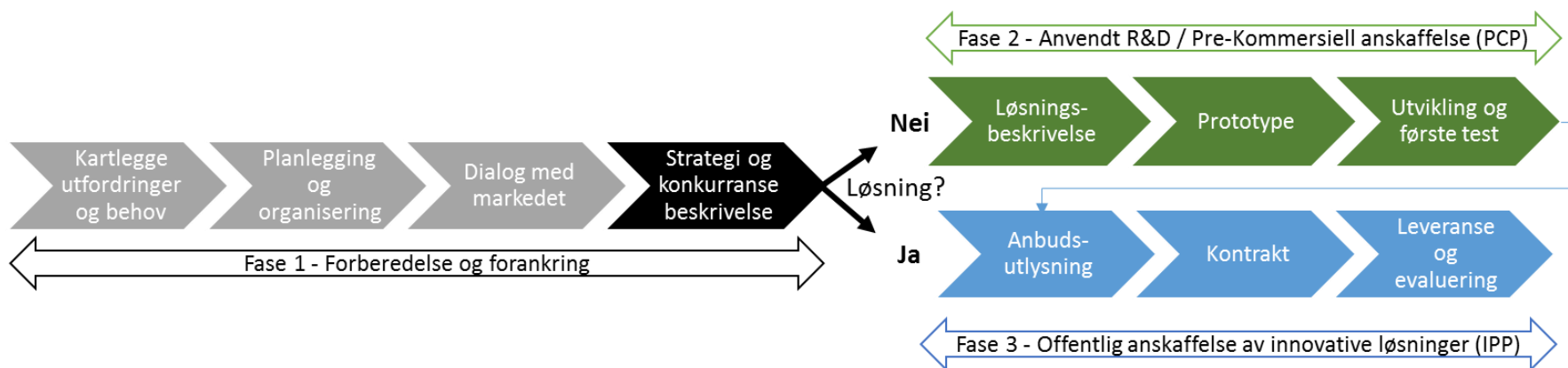
Metabolsk syndrom er en samling forstyrrelser som øker risikoen for ulike livsstilssykdommer, blant annet diabetes, hjertesykdom (angina eller hjerteinfarkt), trange pulsårer i bena eller hjerneslag. Det positive med metabolsk syndrom er at det går an å stanse utviklingen gjennom

St.Hanshaugen/Oslo – extraordinary results

- High motivation among employees
- The positive results, and motivation, is spreading to other areas in the
- Coordination among the management in St.Hanshaugen – do not create clients for other areas
- The fact that the political and administrative management is acting as a collective unit, healthcare emerges as a united service.
Positive effect on cost (reduction)



Innovative Procurement



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The diamonds of the strong growth Norwegian medtech sector are entering the US health care market. Turn page and read more!

Oslo medtech MAGAZINE

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NORWEGIAN
TEST FACILITY

BUILDING
A CYBER
HOSPITAL

The Medtech Gateway to Europe