





The Importance of Start-ups in Healthcare

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STRATEGY

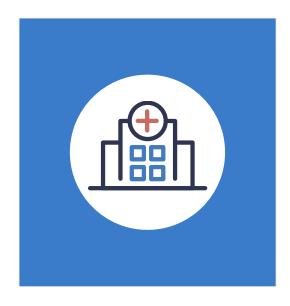








START-UPS



HEALTHCARE PROVIDERS









IDEATION from nothing to idea

INCUBATION from idea to business plan

ACCELERATION from business plan to market

SCALING from market to internationalization

PARTNERS

GOVERNMENT

HEALTHCARE PROVIDERS & ACADEMIA

INDUSTRY





























pwc















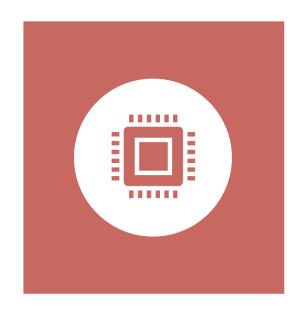


AGENDA









TECHNOLOGY



ENTREPRENEURSHIP













THE TWILIGHT ZONE

EVERY ORGANIZATION IS A DIGITAL ORGANIZATION













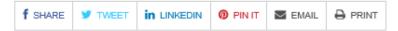








Firmware Update to Address Cybersecurity Vulnerabilities Identified in Abbott's (formerly St. Jude Medical's) Implantable Cardiac Pacemakers: FDA Safety Communication



Date Issued

August 29, 2017

Audience

- Patients with a radio frequency (RF)-enabled St. Jude Medical implantable pacemaker
- Caregivers of patients with an RF-enabled St. Jude Medical implantable cardiac pacemaker
- Cardiologists, electrophysiologists, cardiothoracic surgeons, and primary care physicians treating patients with heart failure or heart rhythm problems using an RF-enabled St. Jude Medical implantable cardiac pacemaker

Medical Specialties

Cardiac Electrophysiology, Cardiology, Cardiothoracic Surgery, Heart Failure

Devices

Abbott's (formerly St. Jude Medical's) implantable cardiac pacemakers, including cardiac resynchronization therapy pacemaker (CRT-P) devices, provide pacing for slow or irregular heart rhythms. These devices are implanted under the skin in the upper chest area and have connecting insulated wires called "leads" that go into the heart. A patient may need an implantable cardiac pacemaker if their heartbeat is too slow (bradycardia) or needs resynchronization to treat heart failure.

BioMindTM

BioMind™ is a state-of-the-art diagnostic support system that uses deep learning technology to analyse MRI and CT images.













THE REAL TRIPLE AIM

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FUTURE SOLUTIONS

BETTER OUTCOME





BETTER EXPERIENCE



TECHNOLOGY IS CHANGING THE WAY...









TECHNOLOGY IS RAPIDLY CHANGING THE WAY....

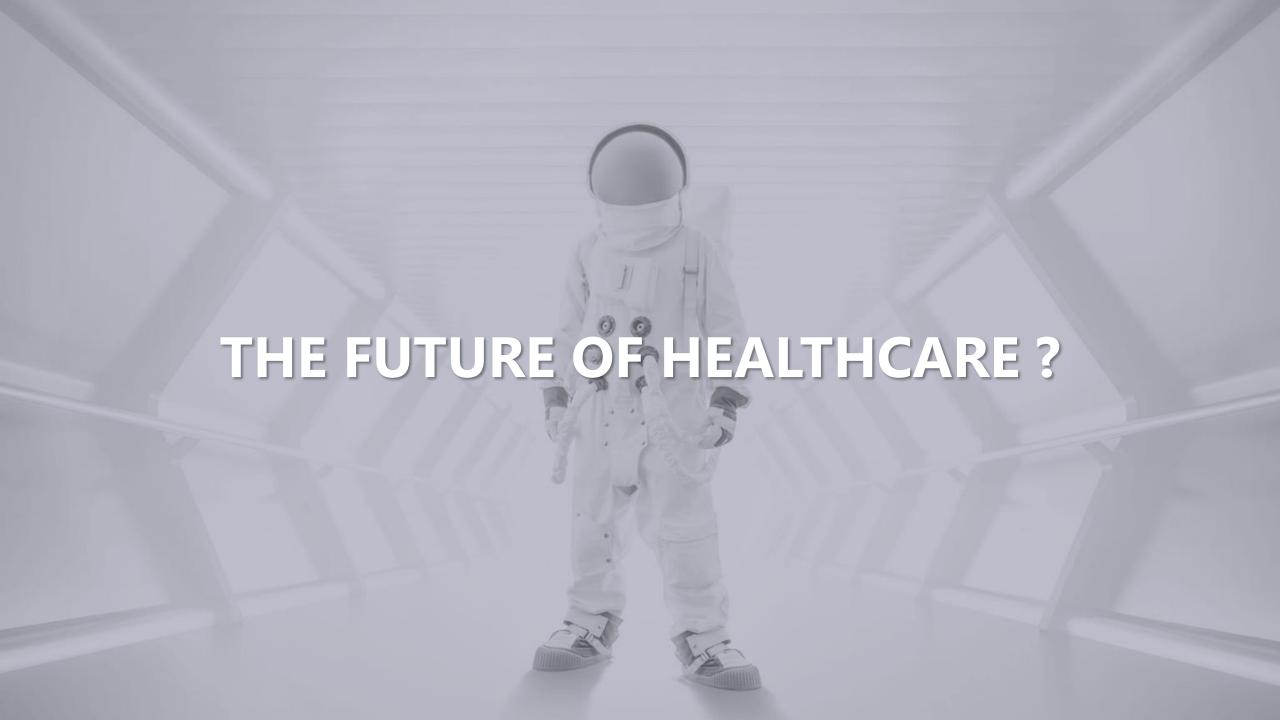


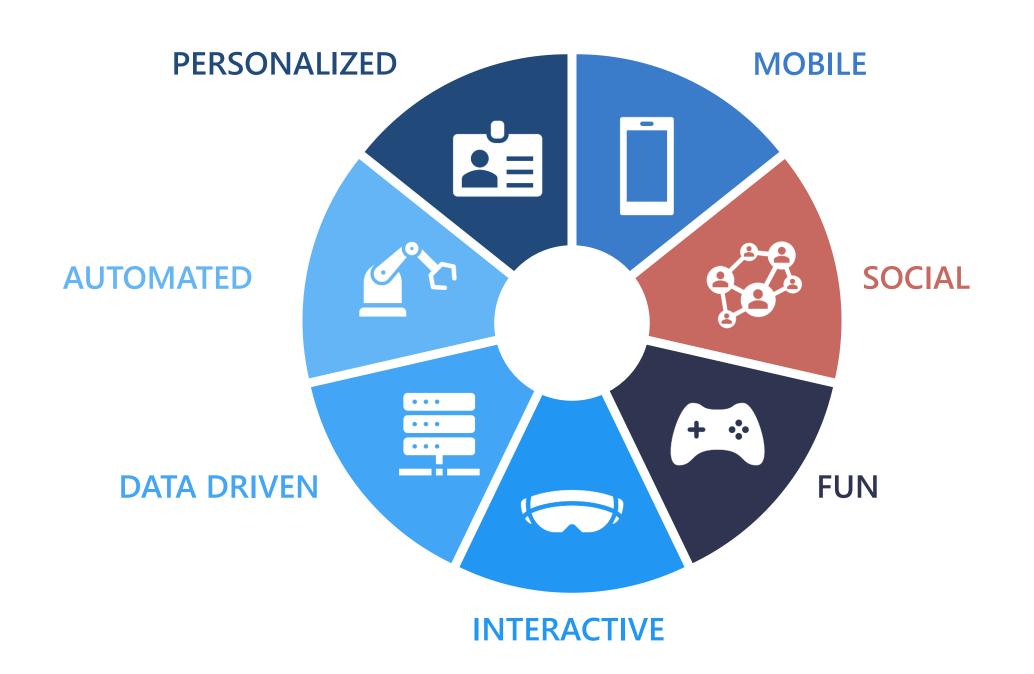




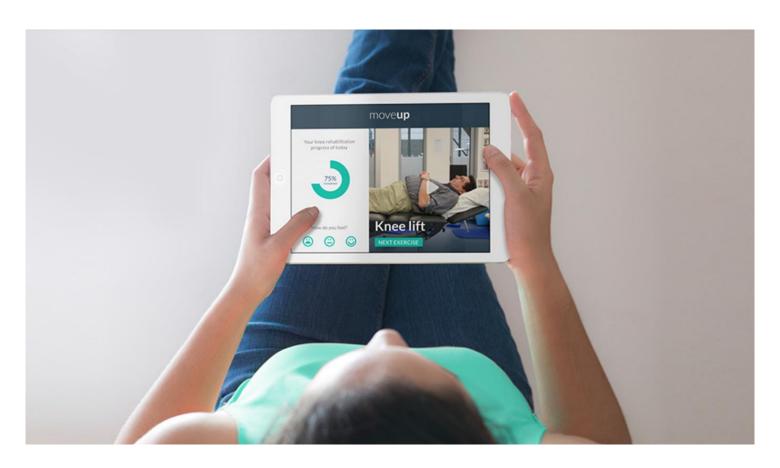








MOVEUP







HELPPER

Ik woon in postcode en zoek een Helpper voor mezelf

Helpper zoeken





CREATIVE THERAPY







R.O.G.E.R.

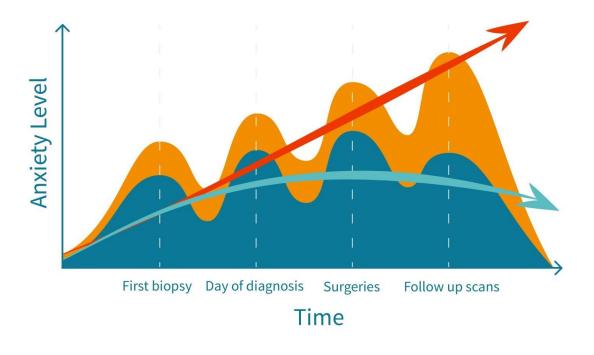








ONCOMFORT

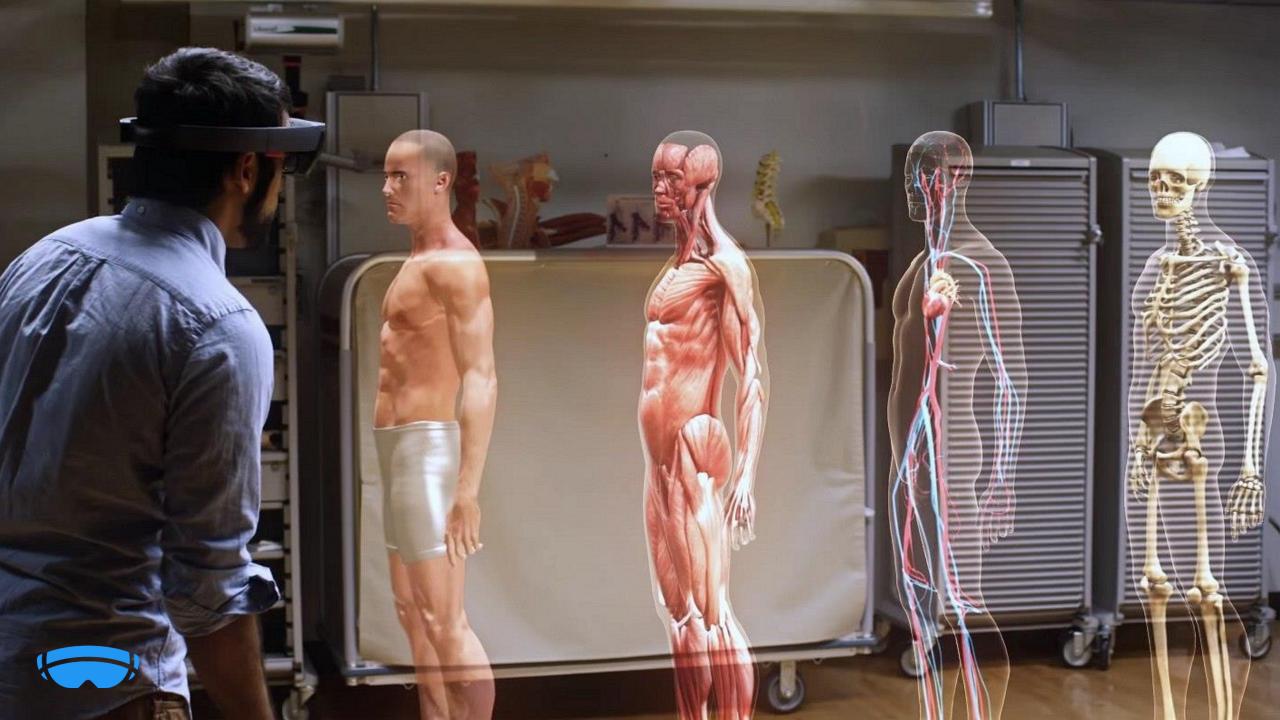












LYNXCARE

Box 155 1056 East 19th Avenue Denver, Colorado 80218-1088

Telephone Number 303-861-6895

NEUROLOGY CONSULTATION

REGARDING: TCH MR NO: DATE OF BIRTH: DATE OF VISIT: 11/13/2002

Dear

We had the opportunity to follow up with today in the neurology clinic regarding his syringomyelia, Chiari I malformation, and history of tethered cord status post surgical repair. He was accompanied by his mother.

HISTORY OF PRESENT ILLNESS: As you know, is a 7-year-old right-handed Caucasian male. was diagnosed with tethered cord and syringomyelia one year ago. The tethered cord release was performed by Dr. The family was later seen by the Chiari Center in New York. We saw evaluation.

has been doing well since our last visit in September 2002. It was noted that there was hair kinking which was evaluated by dermatology (Dr.). He was diagnosed with woolly nevus, a benign condition. He has also reported leg pain which he describes as shooting and stabbing in quality. There has also been transient leg weakness over the past week. Approximately one week ago reported right shoulder and rib pain which resolved. Mother noted that at that time appeared quite sick with dark circles under his eyes and facial pallor.

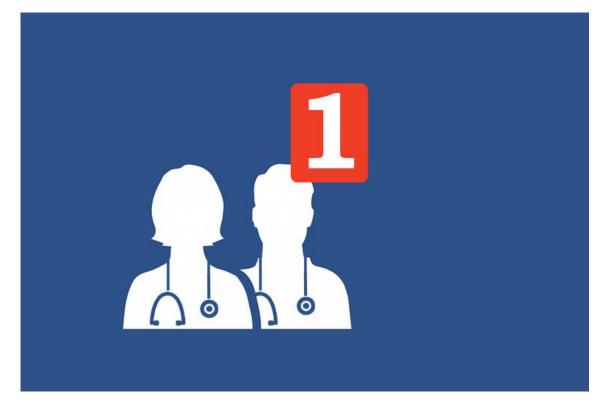
DIAGNOSTIC EVALUATIONS: Repeat MRI r(magnetic resonance imaging) of the brain and cerebrospinal column were obtained on November 5, 2002, here at The Children's Hospital. The brain MRI showed unilateral Chiari type I malformation, punctate signal abnormality in bilateral frontal lobes, left side greater than the right, without abnormal enhancement, a nonspecific finding, normal circle of Willis MRA (magnetic resonance angiography) angiogram. The cervical spinal MRI showed stable cervicothoracic spinal cord syrinx and prominence of the lower thoracic spinal canal; asymmetric Chiari type 1 malformation with the left cerebellar tonsil low in position; approbable os odontoideum with no abnormal enhancement seen related to the dens; stable conus position with unchanged fatty filum.

Laboratory work was obtained to rule out Menkes' variant. A ceruloplasmin level was 26 which is within normal limits. The copper level is currently pending.





BINGLI





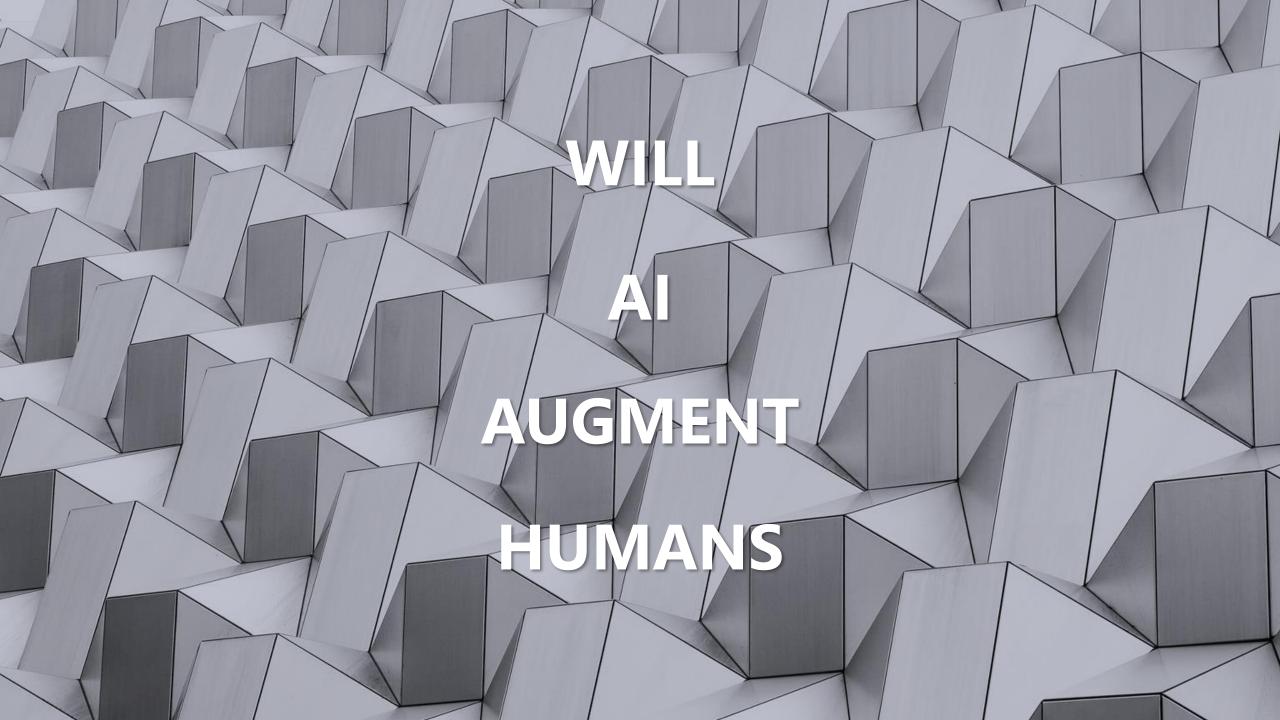


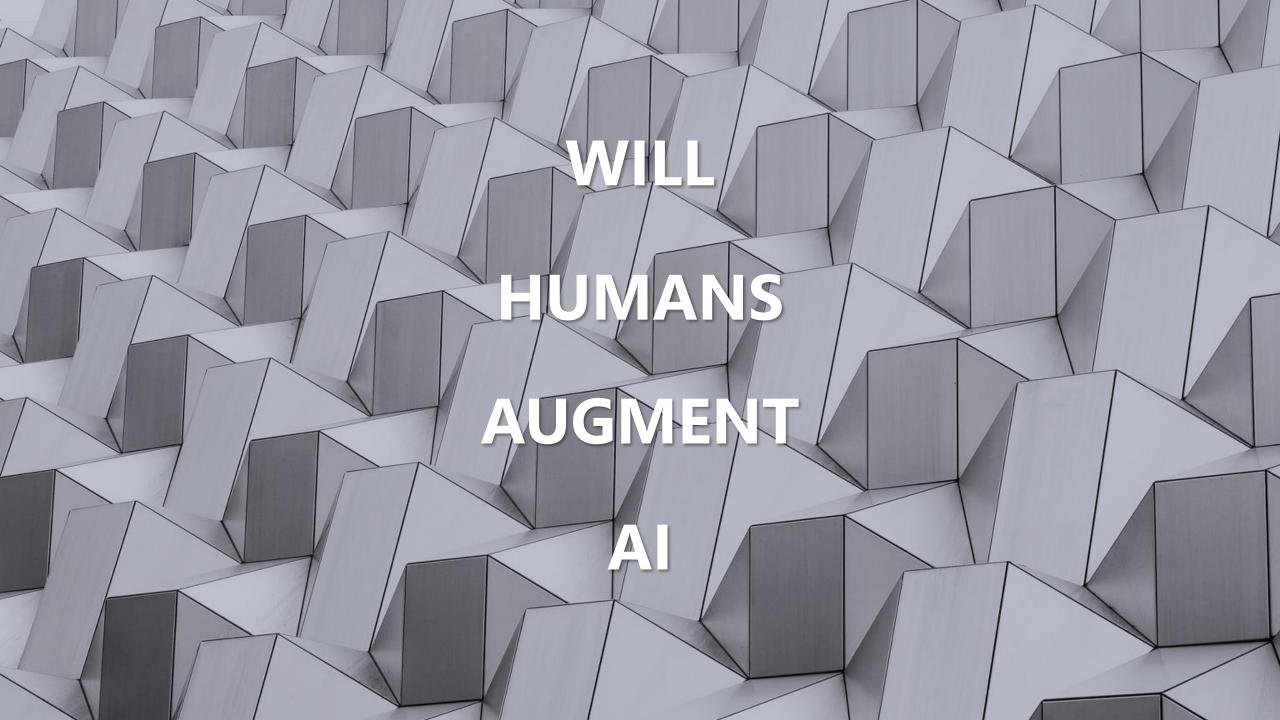
SNEEZZ

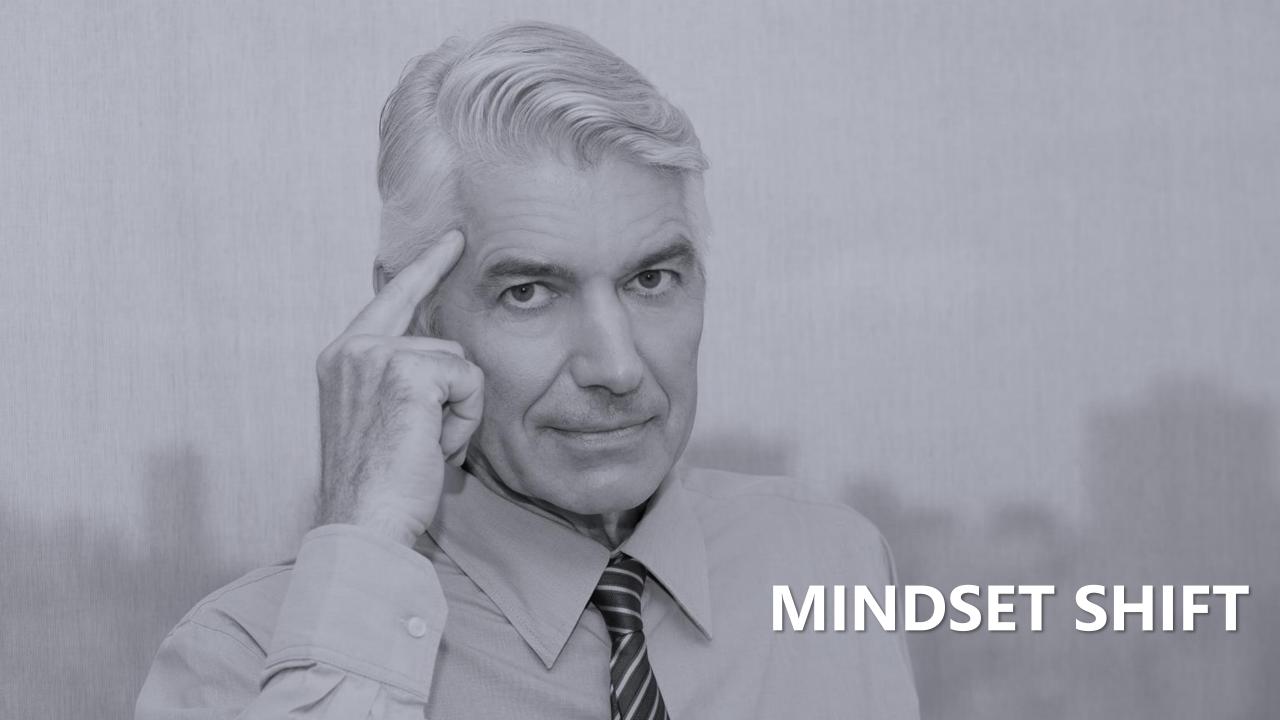


















WE NEED MORE SNEAKERS

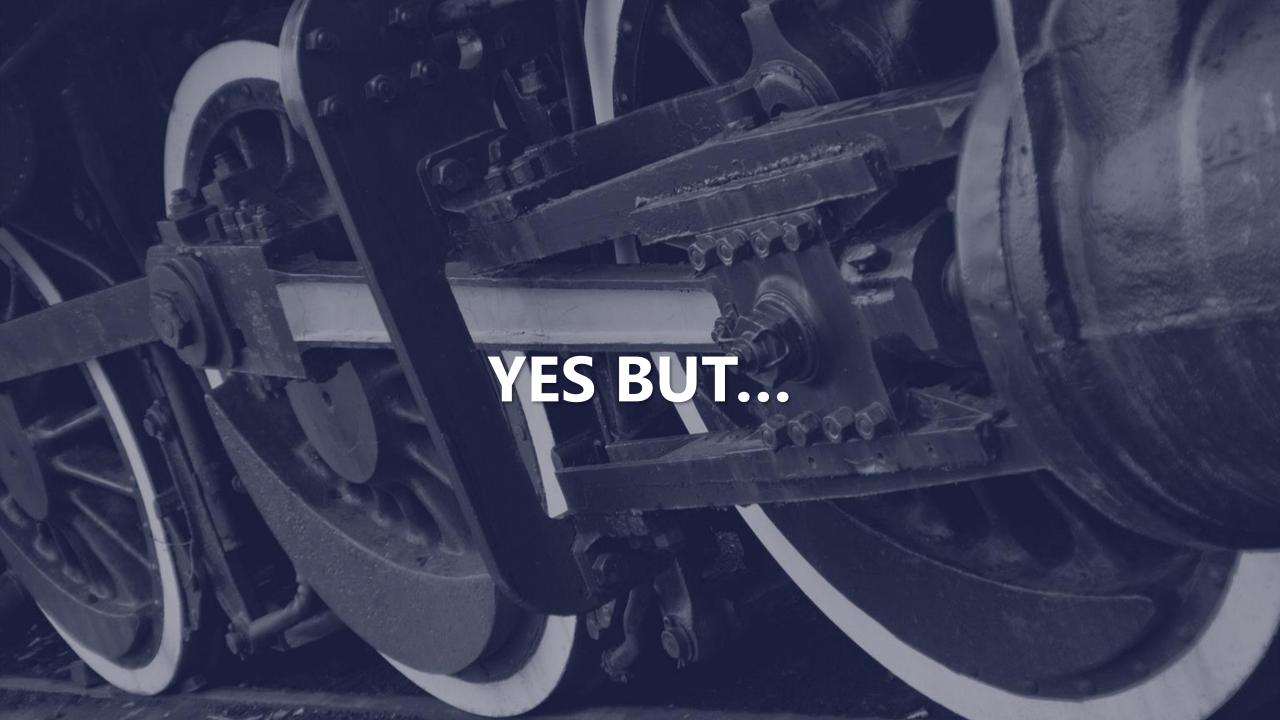






"THE OPPORTUNITY IS BIGGER THAN WHAT IS STANDING IN YOUR WAY."





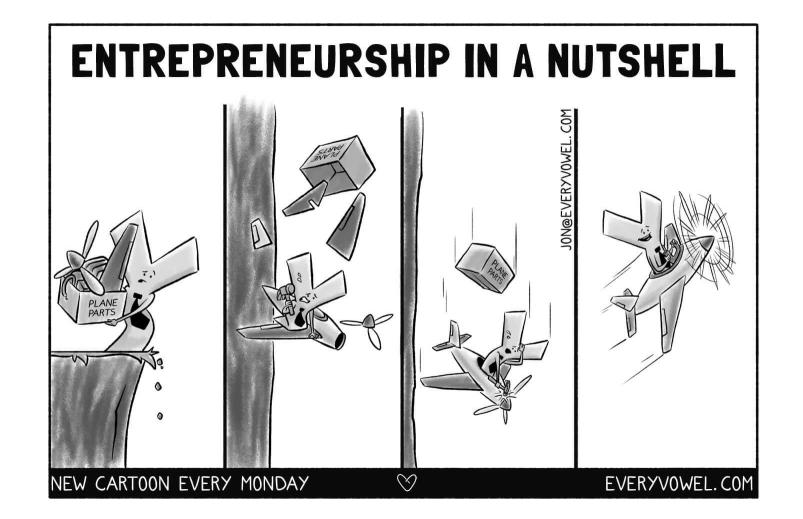


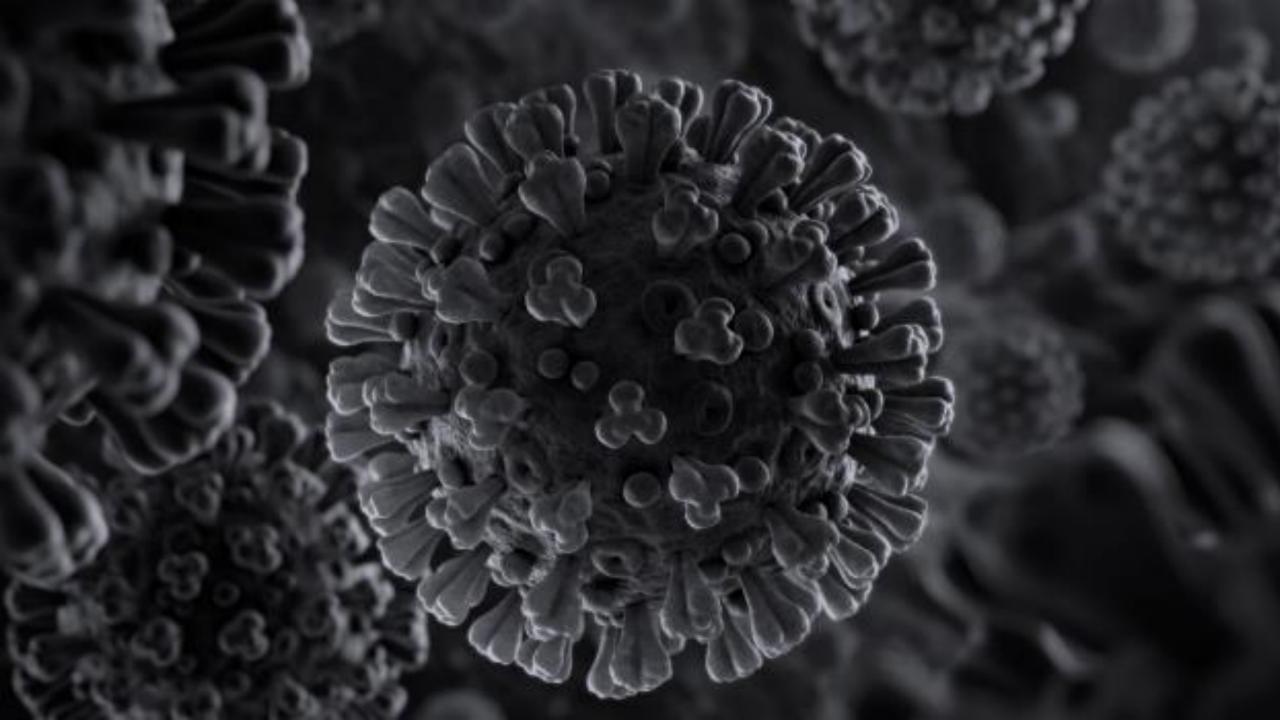
WE HAVE TO SHOW COURAGE IN THE FACE OF REALITY.

- SATYA NADELLA











INGREDIENTS OF A START-UP









INGREDIENTS OF A START-UP















THANK YOU!

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StartUpVillage Lange Gasthuisstraat 29 2000 Antwerpen

De Krook Miriam Makebaplein 1 9000 Gent





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