



ombrio

The transaction layer that makes home monitoring scalable

One secure pairing. All home measurements. Directly in the care file.

The problem

Home monitoring is growing, but scaling up is not possible.

- Measurements are entered manually or shared via separate apps
- Data does not reach HIS, EHR or hospital records structurally
- Healthcare providers experience extra workload
- Software vendors maintain dozens of device links

Result: low adoption, high costs and missed care capacity.

The solution: ombrio

ombrio is a neutral data transaction platform that makes home measurements available automatically, securely and in a standardized way in existing healthcare systems.

👉 *Similar to a payment platform (PSP) — but for healthcare data.*

- No new software for healthcare providers
 - No process changes
 - No manual input
 - Fully interoperable (FHIR / EDIFAC + API)
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How it works

1. **Patient measures at home with certified equipment (blood pressure, weight, saturation, etc.)**
 2. **ombrio processes the data**
 - validates and structures measurement data
 - separates identity and data
 - fully GDPR, EU Data Act and EHDS-proof
 3. **Healthcare provider receives data**
 - at agreed times
 - direct in HIS, ECD of telemonitoringplatform
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Value per target group

General practitioner care

- Meetdata direct in het HIS
- No extra work or implementation
- Less administrative burden
- **1.5–2 hours of time saved per patient per year**

District nursing & VVT (elderly care)

- Direct ECD integration
- Fewer routine measurements
- **6–20 hours of time saved per client per year**

Ziekenhuizen & telemonitoring

- Connection to existing care pathways
- No double entry
- Higher data quality
- Lower Barrier to Implementation

ombrio

product by SYOD

Software Vendors & Alarm Platform

- One link → multiple devices
 - Less maintenance, faster time to market
 - Full interoperability
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Why now?

- **EU Data Act (2025)** mandates data sharing from patient devices
- **EHDS** requires standardized care data
- Care is shifting to prevention, self-management and digital care

ombrio is built for this reality.

Commercial model

- **Patient is primary paying user**
 - Healthcare organizations:
 - No licenses
 - No implementation costs
 - Scalable B2B and B2B2C model
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Positioning we are:

- No app
- No EPD
- No care pathway

ombrio is the infrastructure layer that connects everything.



The promise

We don't change how healthcare providers work. We make sure that measurement data finally works for them.

www.ombrio.eu

Appendix number of measurements per condition:

Cardiovascular disease

1. High blood pressure (hypertension)

- What to measure? Blood pressure
- How often? At home 1–2x per week (or by appointment with doctor)
- What to look out for? Upper pressure > 140 mmHg or lower pressure > 90 mmHg → consultation with your doctor

2. Heart failure

- What to measure? Weight and blood pressure
- How often? Weight daily, preferably in the morning after going to the toilet. Blood pressure 1–2x per week.
- What to look out for? Weight gain > 2 kg in 2–3 days may indicate fluid retention → call a doctor immediately.

Diabetes type 1 en type 2

- What to measure? Weight and blood pressure (in addition to blood sugar)
- How often? Weight 1x per week, blood pressure at least 1x per month (more often with high values).
- What to look out for? Blood pressure > 135/85 mmHg is often too high in diabetic patients. Weight gain can make sugar regulation more difficult.

Kidney disease (chronic kidney disease)

- What to measure? Blood pressure and weight
- How often? Weight 2–3 times a week, blood pressure at least 1 x a week.
- What to look out for? Weight gain in a short period of time can indicate fluid retention. Stable blood pressure is crucial to slow down kidney damage.

✎ COPD / longziekten

- What to measure? Weight (blood pressure only if heart or kidney problems also play a role)
- How often? Weight 1x per week, more often with severe COPD or prednisone use.
- What to look out for? Unintentional weight loss → may indicate malnutrition. Fluid weight gain → doctor warning

Overweight, obesity, metabolic syndrome

- What to measure? Weight and blood pressure
- How often? Weight 1x per week, blood pressure 1x per month (or more often with elevated values).
- What to look out for? Decreasing weight is desirable, stable or falling blood pressure helps reduce risks.

Pregnancy at risk of high blood pressure (preeclampsia)

- What to measure? Blood pressure and weight
- How often? Blood pressure daily or every other day (according to obstetrician). Weight 2–3x per week.
- What to look out for? Sudden weight gain due to fluid + high blood pressure → direct contact with an obstetrician or doctor.