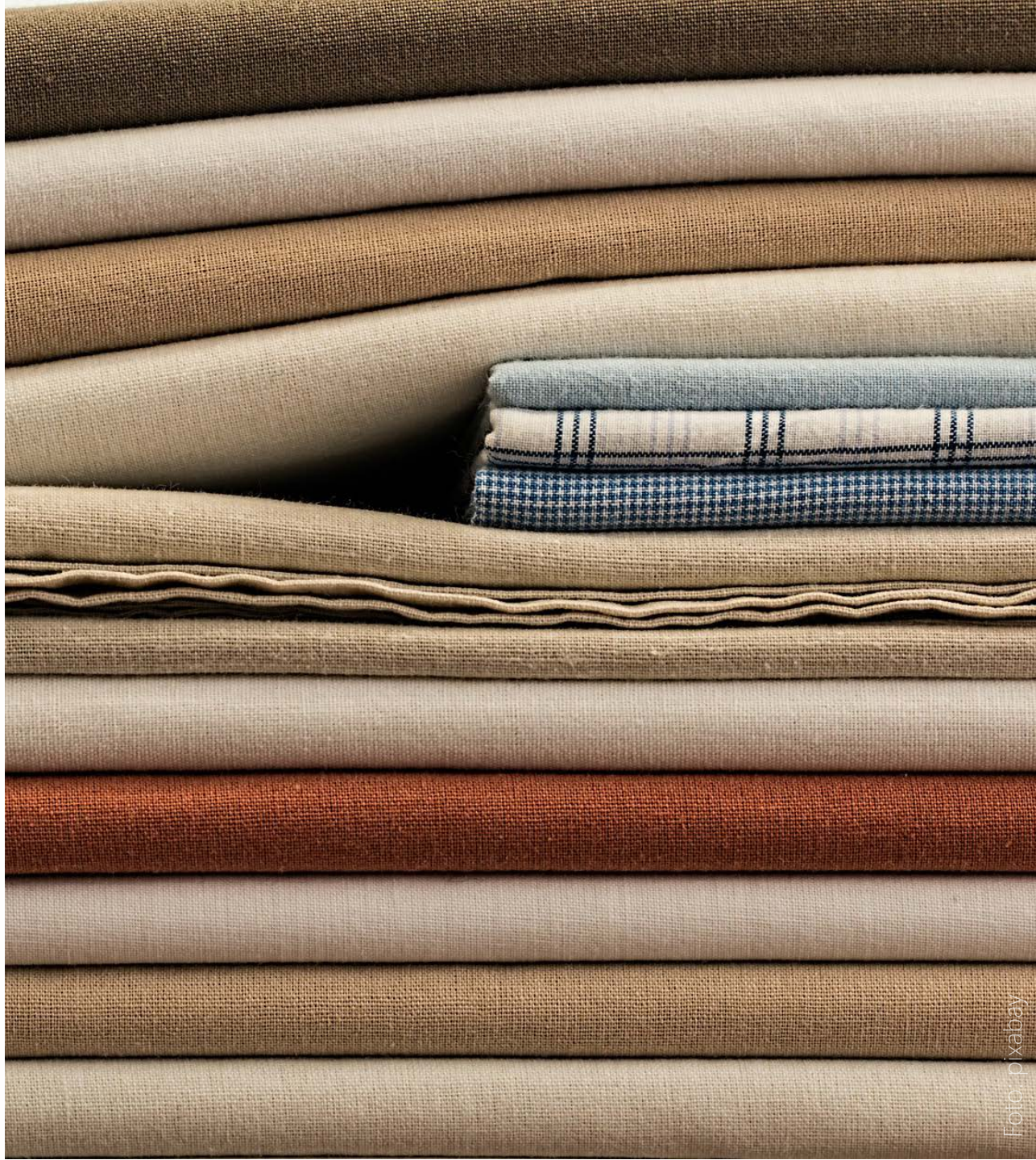
Technology offers new solutions in reaching and activating people

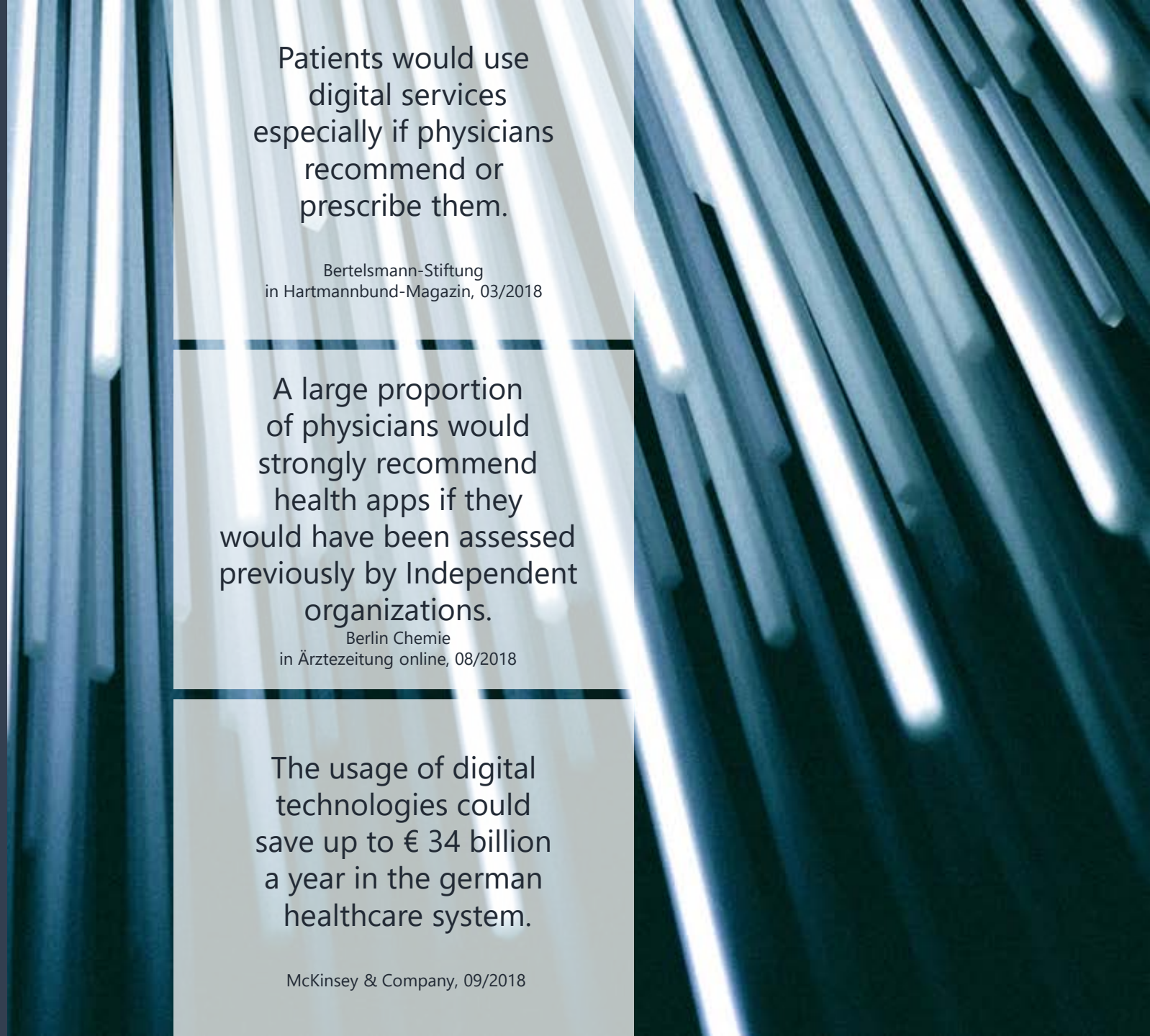
OptiMedis AG

But how do they fit into routine care provision?



7 out of 10 physicians recognise the potential of digital technology

Befragung Bitkom Research 06/2017



Patients would use digital services especially if physicians recommend or prescribe them.

Bertelsmann-Stiftung
in Hartmannbund-Magazin, 03/2018

A large proportion of physicians would strongly recommend health apps if they would have been assessed previously by Independent organizations.

Berlin Chemie
in Ärztezeitung online, 08/2018

The usage of digital technologies could save up to € 34 billion a year in the german healthcare system.

McKinsey & Company, 09/2018

The progress of rapid technological change is leading to a variety of new digital and other health innovations

Traditional ways of thinking and conventual pattern stop the necessary ability and agility to innovate

The effects of implementing an innovation are difficult to quantify, which leads to a negative attitude against them

The fundamental problems are the translation-gaps 1 and 2 and 3

T1 refers to the conversion of knowledge from basic science research into a potential clinical product for testing on human subjects.

T2 tends to refer to the process of converting promising interventions in clinical research into guidelines. Each phase of translational research is associated with a set of research activities which contribute to temporal expenditure and expenses and therefore to implementation lags.

Scientific findings don't find their way into practice easily! Decision makers do not only need scientific evidence, but need to confront evidence with theory, ideologies, local context, micro politics, barriers etc. (Greenhalgh & Wieringa 2011). The process needs to facilitate evidence-informed decision making (Armstrong R 2011) -> knowledge translation

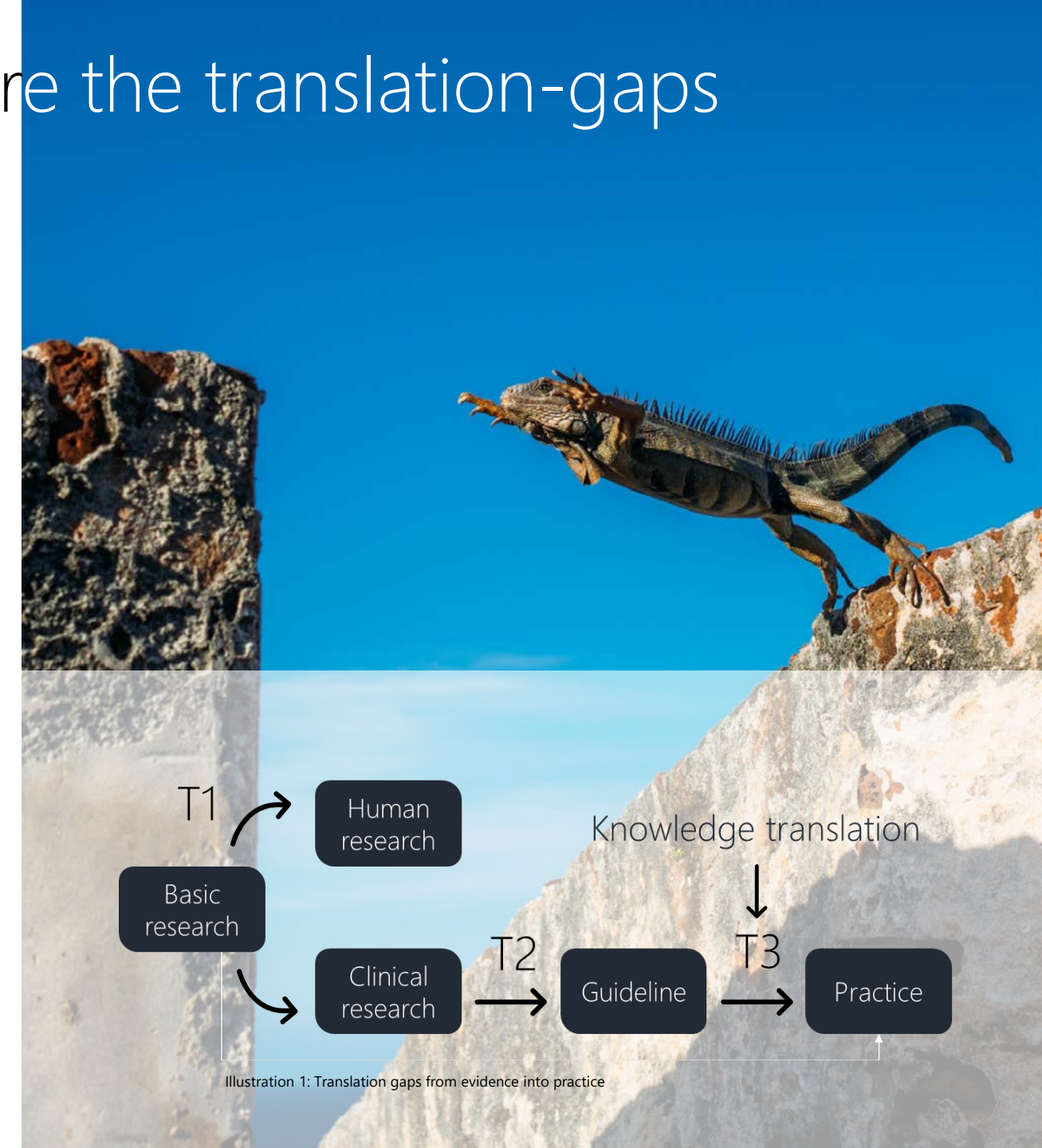


Illustration 1: Translation gaps from evidence into practice

Based on Morris ZS, Wooding S, Grant J. The answer is 17 years, what is the question: understanding time lags in translational research. J Royal Society Medicine 2011)

Reasons why translating & implementing fails

Decision-makers do not have enough expertise to make informed and conscientious decisions

Many assessments of innovations do **not include any direct investigations in acceptance and feasibility** and thus provide an insufficient basis for decision-making

Many approaches **do not have enough insight into the decision-making psychology of the targeted population** and therefore are not accepted as expected

Many approaches **do not follow the underlie incentive structure** and therefore are rejected

The healthcare market is flooded with digital concepts and ideas, which results in a lack of transparency and high complexity

Many technologies have great potential, but **no mature business model** and therefore fail to establish themselves on the market

Our Solution – a comprehensive assessment to make decisions easier.

Development of a
Online Database
on relevant and assessed health or system related applications and solutions

Offering a
Supplementary Service
to give advice and support the implementation of innovations

Use of
Data Analytics
to carry out real-world evaluations and to create epidemiological and econometric models

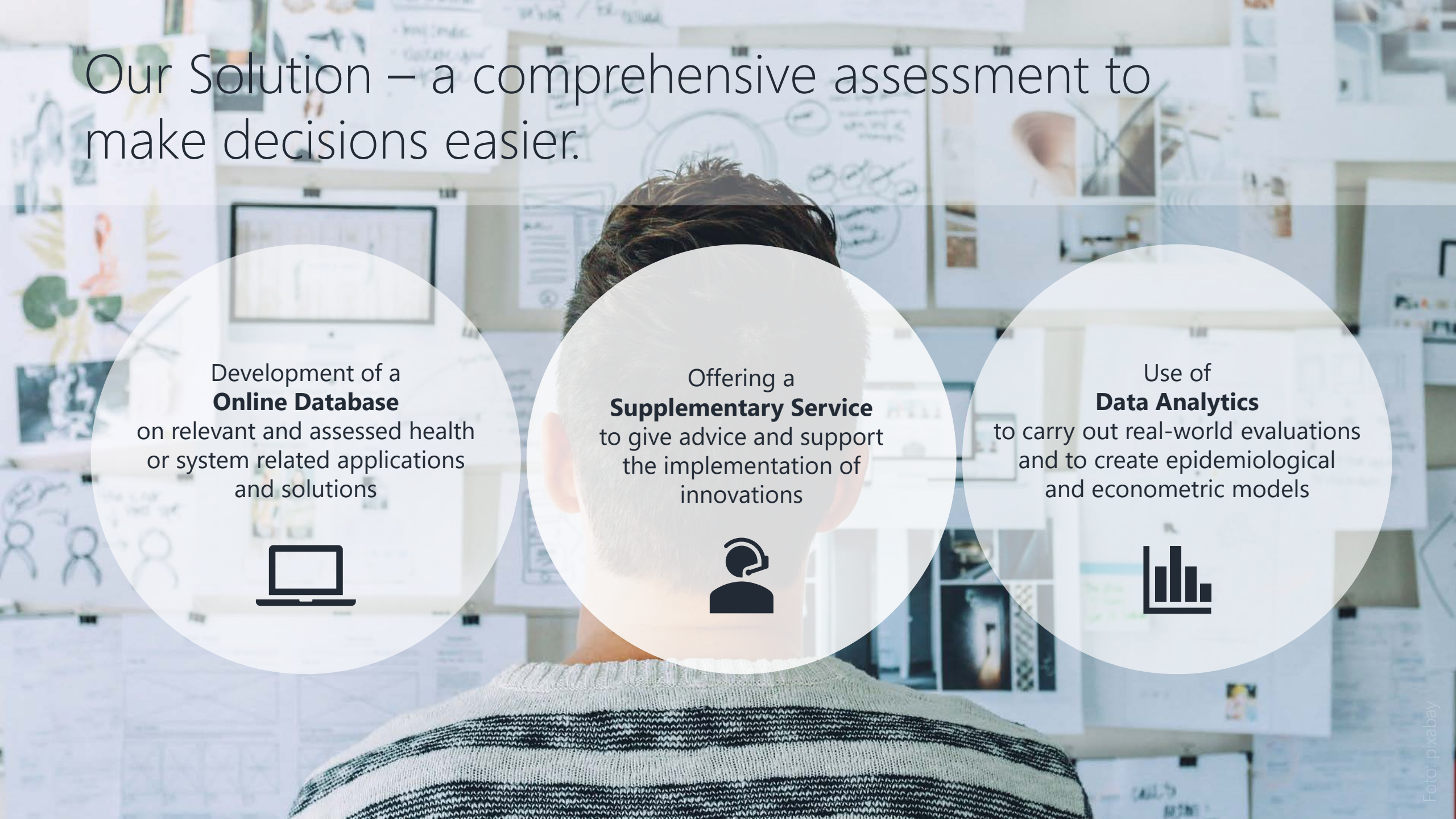


Foto: pixabay

Our Toolbox

Foto: pixabay

COMPILING EVIDENCE

Through us you will get an understanding of agile intervention studies and theirs specific utility parameters in the context of digital health

ASSESSING QUALITY

With us, you identify relevant innovations that are already successful or show great potential for success

GAUGING FEASIBILITY

We estimate how realistic an integration of an innovation is in the daily routine of care

COMPARE INNOVATIONS

We create structured overviews of innovations in comparison to each other and with respect to parameters such as effectiveness and feasibility

EVALUATE ACCEPTANCE & PRACTICAL BENEFIT

We investigate the level of acceptance and actual benefit of the innovation by examining the existing incentive and health care structure in real-world-setting

GENERATE A BUSINESS CASE

We help to measure the added value of a use case considering strategic and economic aspects

PLANNING IMPLEMENTATION

We design pathways and flowcharts to support the change management and realisation of implementation

CONDUCT REAL-WOLRD-EVALUATIONS

We use health service utilisation data for our evaluations that has been released for research purposes

SCALING

Based on pilot testing we are able to create epidemiological and econometric models and prognose the effects on short-, medium- and long-term

Our Service in three phases

Quality Assessment

We provide information for conscientious decision-making. Our quality assessment is based on latest researches in the field of Digital Health.

Piloting & Acceptance Evaluation

We assess the acceptance and practical benefit of innovations by examining the existing incentive and health care structure in the real-world.

Epidemiological and Econometric Modelling

We use data analytics to evaluate pilot projects and develop epidemiological and econometric models as a basis for new business models.

Quality Assessment: Our Meta Catalogue of Criteria to evaluate Innovations

Clarify current **state of research and gauge feasibility** of a specific digital health field.

Assessing promising innovations on the basis of existing evidence, feasibility, functionality, quality and benefits as well as aspects such as security/certification, privacy, usability and pricing models.

Using a rating score to **compare different innovations of the same application context**. The values are weighted differently depending on the requirements of the implementation setting.

not published yet...

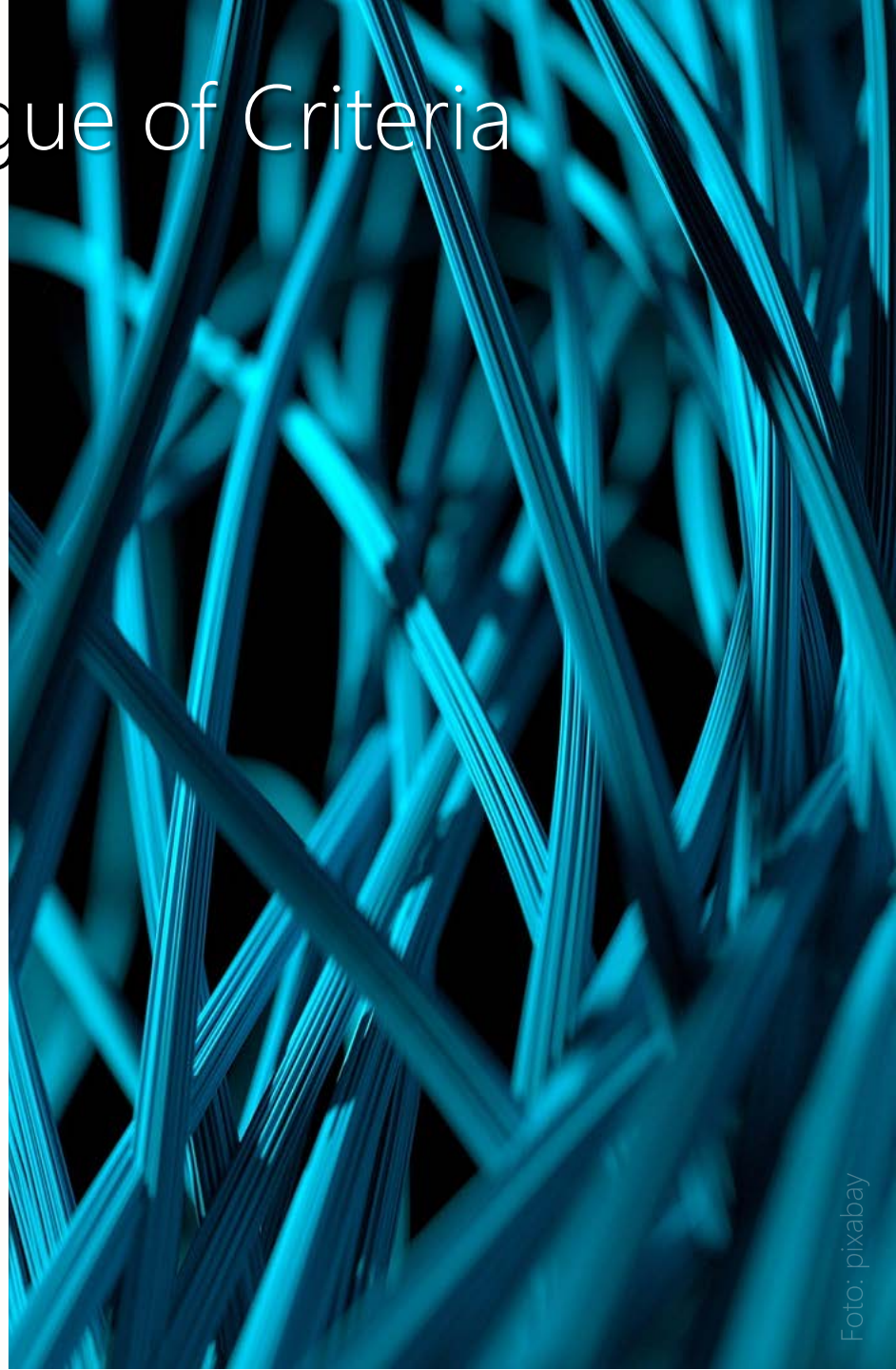


Foto: pixabay

Piloting & Acceptance Evaluation

- Consultations with the medical advisory board→ Identification of partners for pilot studies (short cycle – 2 weeks)
- Supporting the pilot study: Declarations of consent, data usage, installations if required, structured survey of relevant data on acceptance and usage, documentation
- Focus group with stakeholders during a quality circle
- Editing the progress report (including survey of relevant EBM, payment and care concepts)

Epidemiological and Econometric Modelling

The aim of modelling is to **estimate the long-term cost-effectiveness of using an online tool** in a specific care system; all relevant costs of health care payers are taken into account

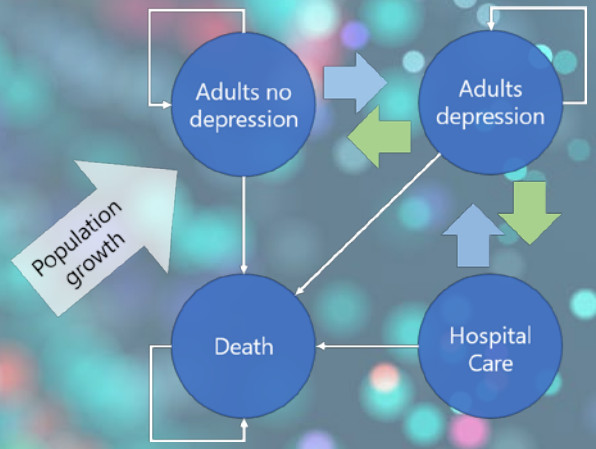


Illustration 2: Markov-Modeling for decicion making

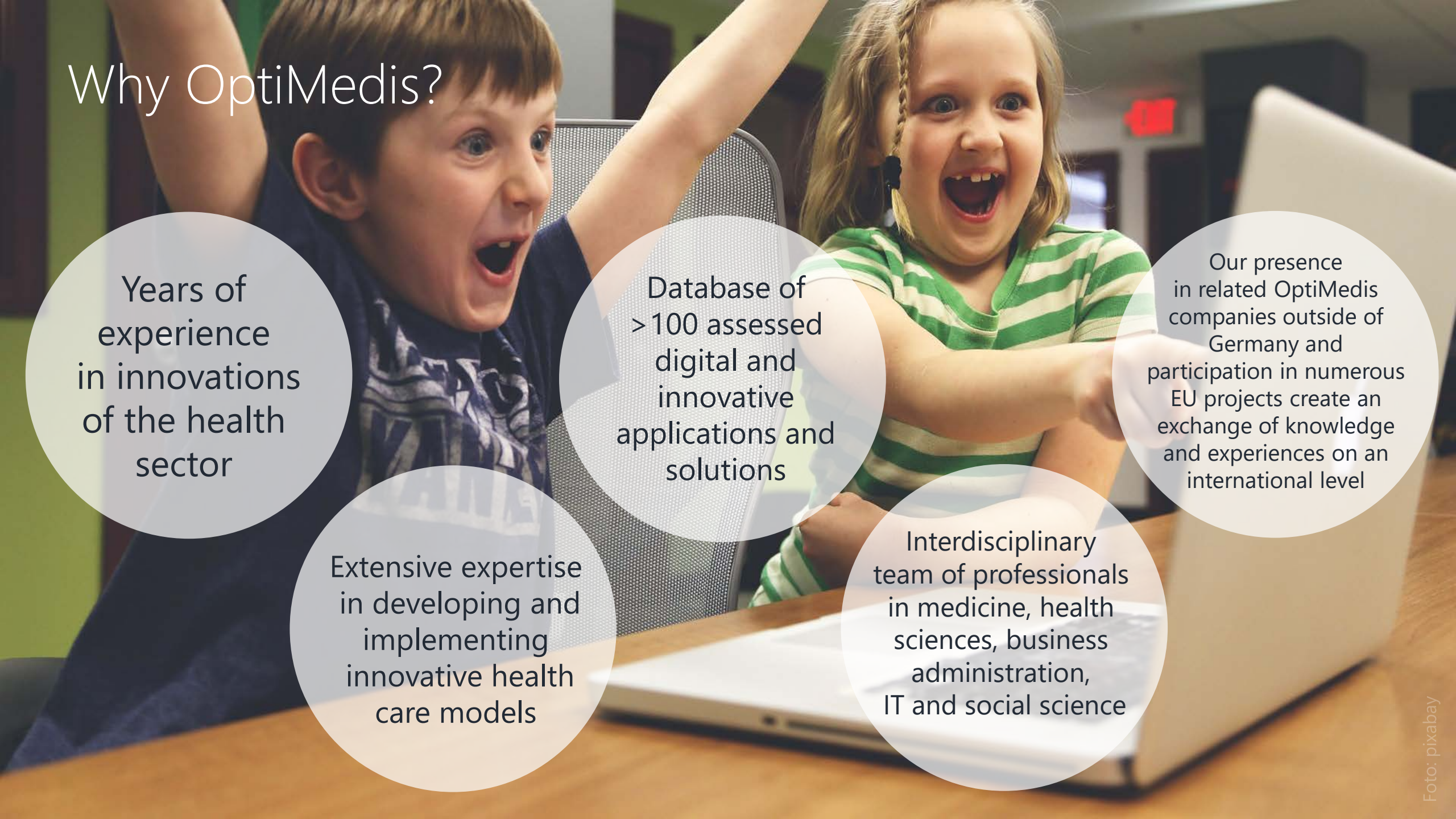
The analysis is based on health service utilisation data as well as evidence data from RCTs. It shows the **probability of cost savings and reasons for potential cost savings** in the system.

Table 4. Sensitivity of selected model to different take-up rates. Mean (95%CI). 10% "w&t" rate

Model	Prob. Cost saving	Savings in thousands of euros
30%		
40%		
50%		
70%		
80%		
90%		

Illustration 3: Sensitivity analysis of different rates of program completion
...not published yet

Why OptiMedis?



Years of experience in innovations of the health sector

Database of >100 assessed digital and innovative applications and solutions

Our presence in related OptiMedis companies outside of Germany and participation in numerous EU projects create an exchange of knowledge and experiences on an international level

Extensive expertise in developing and implementing innovative health care models

Interdisciplinary team of professionals in medicine, health sciences, business administration, IT and social science

Foto: pixabay

Our Pricing Structure

Quality Assessment
- Compiling evidence
- Assessing quality
- Gauging feasibility
- Comparing innovations

→ man-days x number of innovations €

Pilot Implementation
- Generating a Business Case
- Investigating level of acceptence
- Assessing actual benefit
- Testing real-world-evidence

→ man-days x €

Scaling
- Creating epidemiological & econometric models
- Prognosing impact on system level
- Developing business model

→ man-days x €

Ways to stay in touch

OptiMedis AG

Tel.: +49 40 22621149-0
E-Mail: innovation@optimedis.de
Web: www.optimedis.de
Addresse: Burchardstraße 17, 20095 Hamburg