

OptiMedium

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Dear Readers, dear Friends,

will life go on as normal after the current COVID-19 pandemic? The health authorities might have a little more staff, a few doctors might offer online appointments, the healthcare sector (hopefully) doing better – but other than that, it's "business as usual"? This is one of those rare moments when a crisis might also lead to relevant changes: towards a coordinated, digitally networked and resilient supply system that allows for quick and concerted action even in times of crisis. The International Foundation for Integrated Care describes how we can accelerate this development in its current, highly readable publication ["Realising the true value of integrated care: beyond COVID-19"](#).

The logic of economics lets us put our trust in such a path: The fragmented uncoordinated system is simply too expensive to be an indicator for the anticipated legislation in conditions of scarcity of resources and restructuring. The possible €34 billion efficiency gain for Germany (12% total cost from 2018) that [McKinsey had indicated](#) was calculated without sufficient consideration of the required investment. However, they do show massive savings and improvement opportunities for a "smart" transformation through the use of artificial intelligence, Big Data, and digital applications.

The enormous impact of the COVID-19 pandemic on public debt, the destruction of businesses and life-long dreams as well as the lost years of life of those who died of COVID-19 or as a result of it show the consequences of delayed investment in new structures all too clearly. Together with actors, social service providers, social investors, and private as well as state investors, we now have to work towards governments in Europe learning from this, and we have to counter the forces that persist in current structures.

We hope you enjoy reading and look forward to hearing from you.



Helmut Hildebrandt, Chairman of the Board OptiMedis and Manfred Zahorka, Senior Manager Project Development

About our projects and OptiMedis – Germany

Help during the pandemic: If you want to act quickly, you need good local infrastructure

A pandemic like the one that we are experiencing at the moment requires swift action. Efficient structures adapted to the needs of the regional population are a requirement for this. Gesundes Kinzigtal (Healthy Kinzigtal) and Gesunder Werra-Meißner-Kreis (Healthy Werra Meissner District), the regional management societies in which OptiMedis holds shares, have acted swiftly in this crisis. They have taken different types of action in the shortest possible time to support the population and medical workers during the corona crisis. The measures taken vary by need and location. They bear witness to the importance of an infrastructure that is capable of intervention, and which can operate independently of drawn-out bureaucratic processes, but in each case in collaboration, with the public healthcare service, the municipalities, the districts, healthcare stakeholders, and social facilities, and which is orientated towards the health of the population.

Gesundes Kinzigtal and partners implement coronavirus outpatient clinic



Thomas Geppert (Mayor of Wolfach), Janina Stunder (Gesundes Kinzigtal), Dr. Stephan Ziehms (Commissioner for emergency practice), Martin Wetzel (physician's network MQNK) und Dr. Christoph Löschmann (Gesundes Kinzigtal) in the coronavirus outpatient clinic. Photo: Patrick Merck

In Gesundes Kinzigtal a range of measures were implemented recently in order to suppress the spread of the virus, to support doctors, and to help patients. For example, Gesundes Kinzigtal and the MQNK doctors' network together with the emergency practice officers of the Association of Statutory Health Insurance Physicians of Baden-Württemberg united in support of the Wolfach site, the running and operation of a testing site, and a coronavirus outpatient clinic for COVID-19 patients. At this specially equipped coronavirus outpatient clinic, patients with suspected respiratory infections or flu-like symptoms are

examined by a family doctor or a paediatrician after referral. For its partners, the branch also has procured strictly necessary practice material such as masks, gloves, protective clothing as well as hand and surface sanitiser, and it has supported the establishment of video appointments. Gesundes Kinzigtal offered pharmacies to take over medication trips.

Members of Gesundes Kinzigtal as well as other interested parties have had the opportunity of discussing their concerns, fears, and questions about coronavirus on the phone with a doctor and to use exercise videos provided by coaches while the field of training was closed to the health world.

Gesunder Werra-Meißner-Kreis: Video Consultations and offers for older people

Gesunder Werra-Meißner-Kreis has negotiated free video consultations with doctors and other actors in the healthcare sector, and all doctors and psychotherapists as well as other network partners such as midwives and speech therapists. A health advice hotline provided information to both healthcare players and the general public.

Events, trainings, and courses, e.g. about caring for family members, have been offered digitally and there were weekly sports videos to join in and recipes for healthy snacks. Those who needed help and those who wanted to offer it could contact Gesunder Werra-Meißner-Kreis, where assistance was coordinated. Given that a large number of people have been affected by loneliness during the pandemic, Gesunder Werra-Meißner-Kreis has distributed postcards featuring motivating images and text. These could be sent to elderly people (in care homes or at home) with a personalised message, for example.

Another important concern was the provision of food items to poorer people: In view of the discontinuation of the "Tafel" (food bank) offers for fear of infection, Gesunder Werra-Meißner-Kreis used a charitable organisation to submit an application, which was approved, to "Aktion Mensch" to be allowed to purchase food items and to use volunteers to deliver it to those in need.

A new role for pharmacists in regional integrated care: "There's a lot of potential"

The traditional division of labour between pharmacy and medicine is becoming increasingly blurred, and inter-professional partnerships are on the rise. There is a lot of potential, especially in the field of integrated care. We spoke with OptiMedis Board Member Dr h. c. Helmut Hildebrandt and Stefan Göbel, a pharmacist from Hesse, about what roles pharmacists could play, and what first steps have already been taken.

Dr Hildebrandt, you want pharmacists to be even more involved in integrated care in the future. What opportunities do you see?



Dr h. c. Helmut Hildebrandt, a pharmacist and health scientist, has been working in the development of health systems for many years, and has established several regional population-oriented care models. Photo: OptiMedis

Pharmacists can play an important role, not only in medication management, but also in health coaching. For one thing, they have the necessary pharmaceutical health expertise, they know about the interplay between body, mind, behaviour and genetics in the development of diseases and health, but they also have a good understanding of the needs of their customers. In addition, there is a particularly low barrier to patient access.

There is great potential, both in terms of patients' quality of life, and in economic terms. For example, it is estimated that as much as 3 to 6 percent of all hospital admissions worldwide can be attributed to the incorrect use of medicines. Projecting the latter figure to the European Union, this would suggest 1.25 million unplanned admissions due to drug-related side effects, half of which could be prevented. There is also a lot that could be achieved through well-coordinated behavioural medical support in the area of chronic illnesses and their prevention.

There are already several successful approaches on the international stage. Experience from the USA and Scotland, for example, shows significant improvements in health in projects that involve pharmacists.

Can you give some specific examples?

One very successful example in the USA is the Community Pharmacy Enhanced Services Network ([CPESN](#)), an integrated network of over 2000 participating pharmacies which has been running since 2019. Examples of the services they offer include medication reviews, prescription synchronisation and medication record management, providing support for opioid users and HIV patients, performing vaccinations and participating in disease-management programmes. The effects of the interventions are recorded, and income-related remuneration is determined on the basis of these records.

Also, since 2013, pharmacists in Scotland have been given training as independent prescribers in addition to their clinical skills, meaning that they are able to prescribe and change medications for their patient population. Some of them work in medical practices, but they are also a first point of contact in the pharmacy itself for chronically ill and multimorbid patients requiring polypharmacy. This particular type of pharmaceutical care is currently being developed further, starting with the management of simple urinary tract infections, support for COPD self-management programmes, and impetigo treatments.

Mr Göbel, from your practical experience, what possibilities do you see for involving pharmacists in integrated care, and what advantages could this bring?

One big advantage of public pharmacy is that many customers have a very close and trusting relationship with us. This is true for many pharmacists, but especially in rural areas. Patients tell us things they would rarely discuss with their doctor, such as not taking medication properly. As an example, ASS 100, for the prevention of strokes, is usually meant to be taken at noon. Many patients, however, often only take their medication in the morning or evening, and either simply forget to take the lunchtime tablet, or they skip it completely. In these cases, we might talk to the GP and delay the dose until the morning. This is just a minimal intervention, but it can have a big effect. Patients often do not understand how to take their medication. As pharmacists, we can explain this clearly and provide peace of mind, thus increasing adherence. In addition to the medical aspects for patients, there is also a huge health economics potential here. The ABDA (Federal Union of German Associations of Pharmacists) and health-economic publications estimate that non-adherence costs the German healthcare system around 10 billion euros per year. [Some estimates put this figure as high as 15 to 20 billion euros.](#)



Stefan Göbel manages the Brücken-Apotheke in Heringen, is involved in interdisciplinary medication management and is a lecturer in clinical pharmacy at the University of Jena. Photo: private

Dr Hildebrandt, "network" is the key word here. How does the partnerships with pharmacists work in the regional health networks in which OptiMedis is involved?

With the Gesundes Kinzigtal (Healthy Kinzig Valley) company, there have already been several innovative approaches to involve pharmacists more in integrated care, for example through the continuous participation

of representatives from local pharmacies and the local specialist hospital in a medications committee and discussions on the evaluation of data on the provision of medication to the population concerned.

Pharmacies have been involved as partners in the Gesunder Werra-Meißner-Kreis (Healthy Werra-Meissner District) project since its launch in 2019. In addition to a joint medications council involving doctors and pharmacists, as well as targeted drug reviews by ATHINA (Pharmaceutical Safety in Pharmacies)-qualified pharmacists, pharmacists and pharmaceutical assistants are trained as “health advisors”. They give patients advice on health promotion, work with them to develop goals and support them in their self-management and health literacy. Improved training in the area of digital applications is planned for the future. Here I can see many more opportunities for pharmacies to develop into “local health hubs” in the future.

At the same time, we are working on the further development on the [“FORTA = Fit for the Aged” polypharmacy classification instrument, using algorithmic approaches and artificial intelligence](#). In the future, this will help doctors and pharmacists to use the most suitable drugs for patients with multiple diseases.

How are pharmacists remunerated?

Gesunder Werra-Meißner-Kreis GmbH sees the additional work of pharmacists and pharmaceutical assistants as an investment in the health of the local population. Since any success in improving the health of the insured population benefits the company itself through contracts with health insurance companies, the company pays the pharmacies, for example, for advice by the health advisors, participation in training courses, and so on. The pharmacies also later share in the profit of the GmbH. With regard to pharmaceutical consultation in the narrower sense, we are currently looking forward to the implementation of the Local Pharmacy Act and the additional remuneration it provides for. We would like to offer ourselves as a pilot model for this.

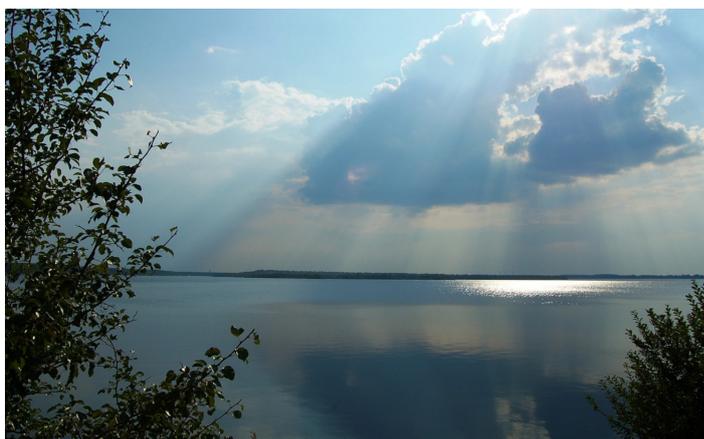
Mr Göbel, what plans are you pursuing together for the Werra-Kali district in the North Hesse/Thuringia region?

Our aim is to build an integrated health network similar to Gesunder Werra-Meißner-Kreis in the Werra-Kali district, involving medical and social players, and which offers interventions tailored to our region and is remunerated based on success. We also want to involve larger companies, because many of them have an interest in sustainably improving health care for a region in which many of their employees live.

A recent article on this topic: Lyles L.F., Hildebrandt, H., Mair, A. (2020). Population Health Management Approach: Integration of Community-Based Pharmacists into Integrated Care Systems: Reflections from the U.S., Achievements in Scotland and Discussions in Germany. *International Journal of Integrated Care*, 2020; 20(2): 13, 1-9. [Link](#)

New development projects in Germany: Lausitz and the Ruhr Valley

A region called Lausitz, the second-largest lignite mining area in Germany, faces an uncertain future due to the planned end of coal production. Many ideas have been suggested for new directions; health care should be a priority. The Brandenburg Ministry of Science, Research and Culture is planning to develop the "Lausitz Model Region for Healthcare", including a health campus and "Next Generation Hospital".



View of Lake Senftenberg, district town in Oberspreewald-Lausitz. Photo: Pixabay

Using the district of Oberspreewald-Lausitz as an example, OptiMedis is showing how the Lausitz Model Region for Healthcare might look and is currently developing innovative measures specifically tailored to the region to comprehensively restructure its healthcare model toward population-oriented integrated care.

"Health office" for Bochum

In the city of Bochum in the Ruhr Valley, this involves linking urban development with a socially-orientated, health-promoting and future-proof healthcare system at the neighbourhood level. As part of a feasibility study, the city of Bochum has commissioned OptiMedis to design a socio-medical "health office" für the Wattenscheid neighbourhood. It is envisaged as one component of a network across all professional groups in the health and social care domain of Wattenscheid and should be financially sustainable. The Hamburg health kiosk also designed by OptiMedis, which is integrated into the social- and healthcare landscape of the Billstedt and Horn neighbourhoods, is one good example.

EU funding: OptiMedis develops standard for comprehensive digital regional platform – launch of patient empowerment platform in Gesunder Werra-Meißner-Kreis

Digital networking will soon be a reality in Gesunder Werra-Meißner-Kreis (Healthy Werra Meissner District). This autumn, the integrated health network in North Hesse will be implementing the "MIGO – Meine Gesundheit Online" (*My Health Online*) platform, which allows the population to find comprehensive information and content for promoting health and managing their illnesses. Patients can have their health data (such as steps per day, blood pressure or information on current health condition) automatically updated by various apps, and exchange information with doctors, therapists and the region's specially trained health advisors via a chat function and remote consultation, and track their mutually agreed health targets.



Gesunder Werra-Meißner-Kreis is implementing a digital platform to empower patients in health issues and the treatment illnesses. Photo: istock

The platform is supported contentwise by the EU ADLIFE (ADvanced chronic diseases to improve health and quality of LIFE) [project](#). ADLIFE uses existing digital solutions to build a comprehensive digital toolbox to enable the individually tailored integrated care of patients with the involvement of all participants and is specifically aimed at patients with severe COPD or severe heart failure.

The EU ADLIFE project is supporting various digital innovations at Gesunder Werra-Meißner-Kreis

The ADLIFE Toolbox essentially consists of three digital components that are designed according to internationally recognised data privacy standards and also implemented at Gesunder Werra-Meißner-Kreis. A “Personalised Care Management Platform”, linked to an electronic patient record, is designed to help you see a patient's health condition and any interventions at a glance. Stakeholders can agree on how to treat the patient and thus, with the involvement of the patient, develop the best possible care plan.

The second component, referred to as “Clinical Decision Support Services”, is linked to the Personalised Care Plan Management Platform and supports providers in patient care by means of intelligent algorithms and warning functions. The Clinical Decision Support Services are based on current treatment guidelines and are able to detect deviations from standard values or guidelines, to issue warnings based on this, and to make suggestions for adjusting the treatment.

The third component of the ADLIFE Toolbox is the “Patient Empowerment Platform”, called “MIGO” in Gesunder Werra-Meißner-Kreis. The data entered there should also be merged into the Clinical Decision Support Services system, thus enabling even more personalised care for patients.

The ADLIFE project was launched in January 2020 with seven participating partners from seven countries and is planned to run for four years.

A glimpse of the future: MyForta reviews patient-specific drug provision for older patients

Dr Friederike Jensen enters the latest diagnostic findings for her 78-year-old patient Caroline Meyer into the practice computer. Unfortunately, heart failure has been added to the patient's long-standing type 2 diabetes mellitus, obesity and high blood pressure, and she suffers from shortness of breath and swelling of the legs. Having entered these indications, Dr Jensen receives a message from her practice IT service, listing which medications the MyFORTA tool suggests for this diagnosis according to FORTA classes A (Absolutely) and B (Beneficial), and which medications are classified as FORTA classes C (Careful) and D (Don't) and so not recommended.

Algorithms are not prescriptive – they require the doctors expert know how to take a decision about the prescription

Based on her knowledge of the patient's history and the overall composition of the patient's pharmaceutical treatment, in this case Dr Jensen opts for one heart failure medication from class B and an additional one from class A (the patient was already taking another class A medication due to another condition). Another drug, which is actually always prescribed for younger patients, is only rated class C by FORTA, and is therefore not recommended for this patient.

How doctors feel about the use of MyForta

She explains: "In 80% of cases, I follow the recommendations of the MyForta tool. For me, this is a valuable way to ease my workload, it saves time and gives me security. Nevertheless, I am always free to my make own decision. I find it particularly helpful that MyForta also shows me the reason for the suggestion. So, at the same time I am learning indirectly from its recommendations."



Pharmaceutical supply can be monitored individually with MyForta. Photo: istock

This example shows how the supply of medicine can be monitored individually in the near future, reducing the burden on doctors and supporting them in their decision-making. OptiMedis is currently working with Professor Dr Martin Wehling on such an analysis tool, and from autumn/winter 2020, a prototype of "MyFORTA" will be tested in the first regions. Interested parties are welcome to contact us. Further research projects for validation are also planned.

Prescriptions in test regions: One third too much, two thirds too little

MyFORTA is a development of the FORTA EPI algorithm that OptiMedis and Prof Wehling first introduced in 2019 for the analysis of large quantities of data from health insurance companies and research projects. Based on the FORTA (Fit FOR The Aged) classification scheme, developed in collaboration with other experts under the leadership of Prof Wehling, which hierarchically evaluates active ingredients in combination with age-relevant indications from A (positive) to D (negative), the automated algorithm can review drug provision at the regional or practice level for over- and under-provision, as well as misprovision, in multi-morbid elderly patients.

The results of the algorithmic analyses allow the provision to be adjusted accordingly. In two test regions, for example, one-third of patients received at least one less-suitable drug, and two-thirds were not given drugs that would have provided more appropriate support. OptiMedis and Prof Wehling are continuing to develop these algorithms. OptiMedis is optimising the IT tool for deployment on computers in medical practices. The algorithm for MyFORTA will now be further developed to allow it to be used for individual patients and to include information on their current health condition in the analysis.

A recent article on this topic: [The Fit FOR The Aged \(FORTA\) project and its clinical implications](#)

New team members: Corinna, Martin, Teresa, Julia, Manfred, Keriin and Janika

The OptiMedis team has grown in the past months. Here our new colleagues introduce themselves:

Dr Corinna Gréa, PhD Health Sciences, MSc Ecotrophology



As a Project & Healthcare Manager, I work on health promotion, prevention and research methodology and am responsible for network coordination in the [M@dita Innovation Fund project](#). I also work as a research assistant at FH Münster on the [reges:BOR project](#) (regional health promotion in the Borken district), which the University of Applied Sciences is carrying out in collaboration with OptiMedis.

I am an ecotrophologist with a doctorate in health sciences, and have previously worked in application-focused research into health promotion and prevention.

Martin Knüttel, MA Medical Management for Medical Professionals, Health Scientists

I am a Project & Healthcare Manager at OptiMedis, with a key focus on project management, process modelling, and community health centre and practice management. As a lecturer at the private university Medical School Hamburg, I also teach project management as part of the occupational and organisational psychology course.

Following my vocational training as a physiotherapist, I studied health sciences (BSc) and medical management (MA). I worked in the programme office department at amedes Medizinische Dienstleistungen GmbH as a certified PRINCE2 project manager for several years.



Teresa Mersmann, MSc Health Care Management



I have been working at OptiMedis since mid-March as an assistant to the board of management and am involved in strategic development as well as several specific projects. Following my degree in business administration (BA with a focus on health care) at the Osnabrück University of Applied Sciences, I initially worked in a family business (private provider of outpatient and inpatient care facilities in the Münster area) for two years. After that, I studied Health Care Management at the Hochschule Niederrhein University of Applied Sciences and graduated with a Master's degree in 2020.

Through many years of competitive sport, I have gained a lot of experience in health and prevention and have worked regularly with doctors, physiotherapists, athletics coaches, nutritionists and sports psychologists.

Julia Nolting, BSc Interdisciplinary Healthcare and Management

I joined OptiMedis at the start of May as a Project & Healthcare Manager, working primarily on the M@dita Innovation Fund project. After training as a midwife, I worked for many years in that role, in both inpatient and out-patient care. As a health visitor, I also gained experience in counselling and supporting vulnerable families, as well as in the development of projects involving midwives in early care. Most recently, I was deputy chairperson and training officer of the Hamburg Midwives' Association (Hebammen Verband Hamburg e.V.). From September 2016 to March 2020, I studied interdisciplinary care and management at the HAW Hamburg University of Applied Sciences.



Dr Manfred Zahorka, Physician & Epidemiologist, Master of Public Health



As a Senior Manager in Project Development at OptiMedis since May 2020 I have been responsible for our partnership with the Eurométropole de Strasbourg. At the same time, I continue to work for the Swiss Tropical and Public Health Institute in Basel, which I have been with since 2002, currently as a Senior Public Health Expert. As part of this work, I am leading international projects in Eastern Europe and the Balkans to provide care for chronically ill people and to build community-based integrated care structures.

I have been working in the public health sector for more than 25 years after 10 years of clinical work in Germany and West Africa. I am a GP with an additional speciality in tropical medicine, I hold a Master's in Public Health and I am accredited by the European Organisation for Quality (EOQ) to audit quality systems.

Keriin Katsaros, Master of Public Health

Since the beginning of April, I have been responsible for e-learning and the project coordination of two networks, the "International Network of Health Promoting Hospitals and Health Services" and the "German Network of Health Promoting Hospitals and Health Services", at OptiMedis. Before that, I worked in international health projects, for example at the World Health Organization.

In the USA, I studied communication sciences with minors in German and socio-cultural linguistics. I later earned a Master's in Public Health with a focus on prevention and health promotion. I am a former holder of a Bayer Foundation International Fellowship, Fulbright scholar, and participant in the German–US Congress–Bundestag Youth Exchange programme.



Dr Janika Blömeke, PhD, MSc Health Science



I have been working as a Research & Innovation Manager at OptiMedis since early June and I look forward to supporting exciting projects and making an active contribution to patient-centred care. After my Master's in health sciences at the Hamburg University of Applied Sciences, I worked as a research assistant in the Quality of Life research group at the Institute of Medical Psychology at Hamburg-Eppendorf University Hospital, where I also earned my doctorate. As part of my dissertation, I focused on the assessment of health-related quality of life in rare paediatric diseases. In addition to my scientific work, direct patient contact is very important to me, and so as a trained physiotherapist. I have always made time to work in the health system "hands-on" outside of my other professional roles.

About our projects and OptiMedis – international

France: Eurometropolis of Strasbourg aims to implement the OptiMedis model

OptiMedis is expanding its work in France. We have been providing conceptual support to the Eurometropolis of Strasbourg since 2019. At the French government's national innovation competition "Territoires d'Innovation", Eurometropolis was awarded the contract for a major project aimed at improving prevention and care in the region, functioning as a pilot for general further development of the French health system ([which we have reported on](#)). The Eurometropolis of Strasbourg has now formally commissioned OptiMedis to implement this project.

Over the next four years, OptiMedis will support the Eurometropolis with advice, data analysis, and the conceptual development of regional forms of care based on the OptiMedis model, all of which will then be put into practice. A potential analysis is currently being carried out; this analysis details the specific context in the partner region on the basis of socio-demographic and health-related data, and identifies relevant actors and regions with particular requirements and development potential. Data merging is of particular importance here, as, up until now, inpatient and outpatient data in France have not been paired up and therefore were not able to be analysed alongside one another.

Implementation planned in the Saverne and Strasbourg region

The second phase will start in 2021. On the basis of the data we obtain, we will then develop concrete integrated approaches to care in the context of France, with focus being placed on quality assurance in health care, case management, and primary and secondary prevention strategies. Based on the potential analysis, existing care offers will be optimised and new ones will be conceived. As part of this work, we will pursue the Quadruple Aim approach, based on the work of Donald M. Berwick, with the following four goals in mind: best possible state of health, better health care experience, greater actor satisfaction in the health care system and increased profitability. The bedrock should be an organisational model for a local health company that is

tailored to regional requirements and embedded in the partner structures, and that is able to optimise the health of the population in a sustainable way in accordance with the OptiMedis "Shared Savings" model.

In the third phase of the project, the model will then be implemented in the Saverne region and in one of Strasbourg's urban districts. The French state has already announced its willingness to make a seven-figure co-investment towards the start-up phase of this project through its "Caisse d'Impôts" investment fund.

Project of OptiMedis Belgium with AMGEN: Integrated care for patients with elevated cardiovascular risks

Cardiovascular (CV) disease is still the number one mortality cause in Europe and many people are at elevated risk for future CV events, including patients that had already a CV event in the past, patients suffering from familial hypercholesterolemia as

well as diabetic patients. In Europe about 45% of all deaths is caused by CV disease which corresponds to 3,9 million deaths a year. In Belgium 29% of the deaths is caused by CV disease resulting in approximately 30.000 deaths a year. The costs associated with CV disease are estimated to be € 210 billion a year for Europe and € 4,67 billion a year for Belgium, these numbers include direct costs for medical care and indirect societal costs.



A major aspect of the identified problem is the absence of a clear CV disease management owner/responsible. In addition, the patient is currently not sufficiently empowered to take ownership of his CV health. The current project from OptiMedis Belgium and Amgen focusses on a single aspect of CV disease management and lack of a holistic and integrated perspective, which is crucial for a sustainable effect in CV disease management and prevention. This project aims to improve the quality of care for the primary and secondary prevention in patients with elevated CV risk by focusing on an integrated care approach with a more central role for the patients. This quality-improving program consists of the development, implementation and further roll-out of an "integrated cardiovascular risk management system" (ICRMS), consisting of an overarching IT tool and its management. The system will allow identification of patients at elevated CV risk, stratification, set-up and follow-up of a personalized care path and follow-up of quality indicators at population level. The project intends to shift the society from mainly risk insurance toward mainly risk management, what means a shift of the disposable funding from treating CV complications towards funding CV prevention.

Key principles of the integrated care approach

- › Early identification of patients at individual or population level based on CV risk factors
- › Stratification of patients and use of a digital decision support, resulting in individual target setting (eg. for blood pressure, LDL-C, HbA1c, smoking, diet, exercise, medical treatment)
- › Coaching of the patient – integrated support
- › Dashboard for follow-up for patient and for care-providers based on specific target parameters to be achieved
- › Data collection on quality indicators at population level.

OptiMedis Nederland: Nearly 1 million euros shared savings by Longzorg Nijkerk

The Nijkerk Health Centers, a physician practice in the Dutch town of Nijkerk, presented excellent Quadruple Aim results of the Pulmonary Care in the beginning of 2020. Basis of the work is a three-year shared savings contract realised by OptiMedis Nederland with Zilveren Kruis that included explicit targets with respect to health outcomes and total care consumption including COPD related hospital care for the Nijkerk population.

During the three-year contract the total costs of chronic lung care for all inhabitants of Nijkerk were approximately 1 million lower than the (national) reference. Patients report better care through more time and collaboration of caregivers and also better health and less shortness of breath resulting in fewer hospital admissions. The Nijkerk Health Centers are using the savings to further expand the program to diabetes and cardiac care, with plans to offer fully integrated care in the more distant future.

New guidelines for preserving family presence in challenging times available now

OptiMedis and The International Network of Health Promoting Hospitals and Health Services participated in an international “pop-up coalition” led by Planetree that developed new Person-Centered Guidelines for Preserving Family Presence in Challenging Times. The recommendations are now widely available to provide guidance to healthcare leaders and local and regional authorities on what constitutes responsible, compassionate family presence during, and in the aftermath of, a pandemic.



Picture: Planetree

Since the outbreak of COVID-19, restrictions on family presence in hospitals, nursing homes and other care settings have become widespread. Recognizing the considerable variation in family presence policies and practices, a global coalition of clinicians, policymakers, experts in quality, safety and infection control, and patient, resident, family and elder advocates convened recently to pull together a comprehensive set of recommendations that emphasize the importance of considering not only the risk that family presence may pose to the staff, patients, residents and loved ones, but also the risk that restrictions may create for the physical, emotional and psychological health of these same individuals. In particular, the Guidelines address concerns, in both the short and long term, for cases of pediatric care, childbirth, end-of-life situations and for individuals who medically require family at the bedside, including those who are non-verbal or cognitively impaired.

To download the Person-Centered Guidelines for Preserving Family Presence in Challenging Times, [please click here](#).

At a glance

International Network of Health Promoting Hospitals & Health Services launches new website



After optical, technical and content revision, the new website from the International Network of Health Promoting Hospitals & Health Services (HPH), managed by OptiMedis, is launched and has been fundamentally modernized and renewed. In addition to the new design, the main focus was on presenting a clearer structure and improved user experience. You can access the website at the known web-address www.hphnet.org.

New design and functions for the HPH website. Photo: OptiMedis

Whether you are a member, partner or interested in the HPH network, without a lot of effort, you can now get an even more detailed overview of the core activities and the range of services in the network as well as access to all relevant material and documents, such as the new [HPH membership application form \(LOI\)](#).

What is most exciting? The new interactive HPH Map! All hospitals, health services and affiliated members of the HPH are shown here with their locations. [Visit the map](#) to see who is already engaging for health promotion. Other core sections that will be activated in the future are the ones related to the new umbrella standards for health promotion in hospitals and health services as well as our online learning opportunities.

Health Service Journal: Working to achieve better management of patients with type 2 diabetes

The population health model for people with type 2 diabetes in Hampshire, implemented by a consortium including OptiMedis-Cobic UK won the System Integrator the System Leadership Initiative of the Year at the 2019 Health Service Journal (HSJ) Awards. Jennifer Trueland from HSJ explores the approach underpinning their success.

Read all about the population health model for people in Fareham and Gosport (England), developed as part of the Hampshire System Integrator by North East London commissioning support unit, in partnership with OptiMedis-Cobic, Imperial College Health Partners, Social Finance and PPL, [on the HSJ Website](#).

Events, where you can meet us

ICIC20 – 20th International Conference on Integrated Care, 9th, 16th, 23th and 30th September 2020 (virtual)

Selected Sessions

9th September 2020, 12:15am - 1:45pm

Integration and quality of care – 10 years evaluation of the “Gesundes Kinzigtal” integrated care scheme in Germany: a workshop on background, methods and results.

Dr. h. c. Helmut Hildebrandt, Chairman of the Board OptiMedis

16th September 2020, 3:00pm - 4:30pm

Avoidance potential of hospitalisations of nursing home residents by improving intersectoral care

Timo Schulte, Advisor Health Data Analytics OptiMedis

16th September 2020, 3:00pm - 4:30pm

Integrating data for integrated care – a guideline for data linkage in health services research and beyond /

Data matters – no service integration without data integration: a transnational learning exercise

Ingo Meyer, PMV Research Group, University of Cologne

More information and registration

[Please click here!](#)

HBI 2020 – Facing the Wave Solutions for the ageing/co-morbidity crisis, 14. bis 16. Dezember 2020 in London

Selected Sessions

Roundtables from around the world: Short presentations followed by small group discussions

"Integrated Healthcare and the OptiMedis Model (“Healthy Kinzigtal”)

Dr. h. c. Helmut Hildebrandt, Chairman of the Board OptiMedis

More information and registration

[Please click here!](#)

Various congresses with our participation were postponed. You will find the new dates as soon as they are fixed [here](#).

Publications

Lyles L.F., Hildebrandt, H., Mair, A. (2020). Population Health Management Approach: Integration of Community-Based Pharmacists into Integrated Care Systems: Reflections from the U.S., Achievements in Scotland and Discussions in Germany. *International Journal of Integrated Care*, 2020; 20(2): 13, 1-9. [Link](#)

The annual amount spent on healthcare per capita is higher and expected to grow in the U.S. compared to healthier level 4 countries, while health outcomes continue to be suboptimal. Therefore, healthcare is slowly shifting from a fee-for-service to value-based care, which addresses social determinants of health, promotes outcome-based contracting and employs more Population Health Management (PHM) activities. The root cause for this shift has been the increase in patients' out-of-pocket costs and the pervasiveness of poorer outcomes. PHM has been defined by many as a mindset and activities that support the Triple Aim Initiative (i.e., improving population health, experience of care, reducing costs). This article outlines the value of pharmacists on health outcomes in the U.S., Germany, and Scotland and innovative PHM approaches through pharmacist collaborative networks, polypharmacy management and pharmacists' integration in care models.

Lange, L., Pimperl, A., Schulte, T., Gröne, O., Tanke, M. (2020). Hochkostenversicherte in Deutschland: Leistungs- und Kostenprofile. In: *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen*, Juni 2020, Elsevier. [Link](#)

Germany, like other developed countries, faces the challenge of developing and implementing suitable intervention approaches that address the specific requirements of persons with high-cost insurance. The aim of this article is to analyse the performance and cost profiles of high-cost insured persons, to draw international comparisons and to identify starting points for better management. The similarities between high-cost insured populations in Germany and other countries illustrate the need for international research and intervention approaches in this field.

Wang SY, Groene O (2020) The effectiveness of behavioral economics-informed interventions on physician behavioral change: A systematic literature review. *PLoS ONE* 15(6): e0234149. [Link](#)

The integration of research evidence into clinical practice to ensure safe and effective patient care and reduce unnecessary costs is a challenge. Studies in the United States, the Netherlands and Canada have shown that 30% to 40% of patients do not receive care in line with relevant guidelines, and more than 20% of the care provided is unnecessary or potentially harmful. In the view of the role of doctors as key decision-makers in the healthcare sector, there is an increased focus on changing the behaviour of doctors. The authors systematically evaluate the existing literature on the use and effectiveness of interventions to change the behaviour of medical professionals.

Geraedts, M., Mehl, C., Siegel, A., Graf, E., Stelzer, D., Farin-Glattacker, E., Ihle, P., Köster, I., Dröge, P., Günster, C., Haas, N., Gröne, O., Schubert, I. (2020). Entwicklung eines Indikatorensets zur Evaluation der Integrierten Versorgung Gesundes Kinzigtal / Development of an indicator set for the evaluation of the population-based integrated healthcare model 'Gesundes Kinzigtal' (Healthy Kinzigtal). In: *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen*. 2020 May 25. [Link](#)

The German Joint Federal Committee (Gemeinsamen Bundesausschuss, G-BA) innovation commission is funding the project "INTEGRAL – A 10-year evaluation of population-centric integrated health care in Kinzigtal" (with the German abbreviation IVGK) (grant code 01VSF16002). The assessment will be based on a set of indicators

that can be extracted from routine data, which can be used to specifically evaluate the IVGK programme focusing on prevention and disease management. On the other hand, possible drawbacks of the IVGK scheme, which is set up as a "shared savings agreement", will be examined by monitoring care needs that are not covered by the integrated care contract. As there is no accepted set of indicators for regional integrated care programmes yet, an appropriate set of indicators is to be developed.

Ehmann, A.T., Gröne, O., Rieger, M.A., Siegel, A. (2020): The Relationship between Health Literacy, Quality of Life and, Subjective Health: Results of a Cross-Sectional Study in a Rural Region in Germany. In: International Journal of Environmental Research and Public Health. No 17, Mar 2020. [Link](#)

Poor health literacy is associated with poor health and quality of life. The question here is whether a regional integrated health system, with management focused on encouraging and empowering its members in health matters can contribute to a higher level of health literacy in the general population. In a cross-sectional study, a random selection of members of an integrated care system in south-west Germany was surveyed. The standardised questionnaire included questions about health literacy and subjective health, among other topics.

Ballester, M., Orrego, C., Heijmans, M., Alonso-Coello, P., Versteegh, MM., Mavridis, D., Groene, O., Immonen, K., Wagner, C., Canelo-Aybar, C., Sunol, R.(2020). Comparing the effectiveness and cost-effectiveness of self-management interventions in four high-priority chronic conditions in Europe (COMPAR-EU): a research protocol. In: BMJ Open. 2020 Jan 19. [Link](#)

The ageing of the population and the increasing burden of chronic diseases have raised interest in innovative care models. While self-management interventions are attracting increasing attention, evidence of their effectiveness mostly comes from meta-analyses, which are usually based on randomised controlled trials that compare an intervention with a control group. Therefore, there is a lack of relevant efficacy data to compare different self-management interventions that can be applied to specific chronic diseases. In this work, self-management interventions for four chronic conditions are examined.

Stausberg, J., Maier, B., Bestehorn, K., Gothe, H., Groene, O., Jacke, C., Jänicke, M., Kostuj, T., Mathes, T., Niemeyer, A., Olbrich, K., Schmitt, J., Neugebauer, E. (2019). Memorandum Registry for Health Services Research: Update 2019. Gesundheitswesen. 2020 Feb 18. [Link](#)

Questions about health care in everyday life can be studied via registries. This makes them an essential method in health care research. The German Network for Health and Care Research (DNVF) promotes the quality of registries through scientific exchange, training courses and recommendations which take the form of a memorandum entitled "Registry for Health Care Research" (in German). These recommendations have been updated from the first version of the memorandum issued in 2010. The update describes the possible uses and purposes of registries in health care research, and surveys the current state of the art of all aspects of good design and proper maintenance of registries.

Braithwaite, J., Clay-Williams, R., Taylor, N., Ting, HP., Winata, T., Arnolda, G., Sunol, R., Gröne, O., Wagner, C., Klazinga, NS., Donaldson, L., Downton, SB (2019). Bending the quality curve. In: International Journal for Quality in Health Care. 2019 Dec 10, 1-7. [Link](#)

The DUQuA research project examines quality in 32 major hospitals across Australia. It is based, with suitable modifications and developments, on the "Deepening Our Understanding of Quality Improvement in Europe (DUQuE)" research programme which was published in 2014 as a supplement in the International Journal for Quality in Health Care. Among other things, the authors will present key data on Australia, the health of the

population and the health system, as well as a selection of important interventional studies and existing political and institutional initiatives.

Siegel, A., Ehmann, AT., Meyer, I., Gröne, O., Niebling, W., Martus, P., Rieger, MA. (2019). PEN-13: A New Generic 13-Item Questionnaire for Measuring Patient Enablement (German Version). In: International Journal of Environmental Research and Public Health. 2019 Dec 3;16(23). [Link](#)

In its broadest sense, patient empowerment refers to the process or achievement of enabling patients to better assess and manage their health status, both as individuals and in the context of the doctor–patient relationship. It is an important objective of modern health policy. The aim of the study was to develop and conduct psychometric testing of a German-language survey tool that measures patients' abilities generically and in more detail than existing instruments.

Gröne, O., Sunol, R. (2019). Quality improvement is complex and contextual. In: BMJ. 2019 Oct 25. [Link](#)

The contribution is a response to Mary Dixon-Woods' October 2019 essay, "[How to improve healthcare improvement](#)". The authors' commentary addresses other issues, including the important role of patient empowerment and joint efforts in improving healthcare quality.

Kringos, DS., Groene, O., Johnsen, SP. (2019). Training the First Generation of Health Care Performance Intelligence Professionals in Europe and Canada. In: Academic Medicine. 2019 Jun;94(6):747-748. [Link](#)

The article deals with the international training network for Healthcare Performance Intelligence Professionals (HealthPros). It aims to educate and train 13 international doctoral students in the field of "data science for health system performance assessment" as part of a specially developed training program. The students will be trained to master a range of required skills and interdisciplinary expertise that are not well covered in existing research and training programs.

Editorial responsibility

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