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OptiMedium

Dear Readers,

The idea of establishing a health kiosk as a low-threshold health contact point in the Hamburg districts of Billstedt and Horn first occurred about ten years ago. Shortly thereafter and together with our partners, we developed a concept and obtained funding for a demonstration project. The evidence for projects like this, involving social prescribing and community nursing is well established in the literature. We therefore consider it a big and important step that the German Federal Health Minister, Karl Lauterbach, now wants to implement health kiosks throughout Germany, based on our blueprint. . Funding, however, remains a problem. A shared savings contract might provide the solution. The principle of such a contract is simple: by promoting people's health literacy, strengthening prevention and health promotion and improving care processes, we relieve the load on health system and thereby reduce costs. If health kiosks are aligned with such a result, we see great opportunities to improve people's care - especially in socially disadvantaged areas. In our interview on the subject of health kiosks, you can read about the important factors when setting up a kiosk and about the most suitable model form for rural areas.

Another interesting read is the health policy call of the SCIANA network, published in July, which focuses on the need to redesign the German health care system. Our group of experts advocates quality-oriented reimbursement and consistent digital transformation as the two most important areas in the healthcare system. Additionally, we consider that the overriding goal for cross-sectoral health care is that it should be closely aligned to benefits for citizens - especially when it comes to securing care.

We interviewed the health department head of the Hessen Vogelsberg district, Dr Jens Mischak and spoke to him about the challenges and successes of the intermunicipal MCC Vogelsbergkreis. This is a project where the district and two municipalities have joined forces to ensure health care in the area.

Finally, a small note about our newly designed website, which – like this OptiMedium – includes many exciting topics and information about our work.

Enjoy reading this issue! We appreciate your feedback.

Yours, Oliver Gröne

Vice Chair of the OptiMedis Board



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ABOUT OPTIMEDIS AND OUR PROJECTS

Award: Healthy Werra-Meißner-District wins international challenge

The Healthy Werra-Meißner-District (a healthcare provider in north Hessen established on the Opti-Medis-Model) is one of eight winners in the international 'Reimagining Community Health Challenge'. The prize includes EUR 50,000 from Ashoka, a global network for social entrepreneurs, and the Johnson & Johnson Foundation.



A reason to celebrate. The Gesunder Werra-Meißner-Kreis GmbH won an award as for its pioneering work in the area of integrated health care Photo: istock.com/simonapilolla

Pioneers exchanging information, internationally

A total of 136 international projects took part in the challenge. The Healthy Werra-Meißner-District was the only German company able to win the jury's favour. "Join us in congratulating these 8 pioneers in community health, who are working tirelessly to build a health system that aims to improve the wellbeing of their community, and will ultimately impact the lives of many across Europe," wrote the Challenge organisers. An important part of the event was to allow participants to exchange ideas and learn from one other.

Dr h. c. Helmut Hildebrandt, Managing Director of the north Hessen network, said: "The win gives us the opportunity to work with other pioneers in the healthcare sector from different countries and, together, to develop both ourselves and our ideas."

Fostering health promotion even further is possible

Branch manager Steven Renner added: "This is a great confirmation of our work and it will drive us forward. We will use the money to finance the further development of our health programs." He also thanks the BKK Werra-Meißner, a health insurer, saying "What we have achieved thus far was only possible because the BKK went ahead and paved the way for us."

[You can find the website for the challenge here.](#)

The organizers of the Challenge

Ashoka is a global network for those who shape society, who use an entrepreneurial attitude and innovative approaches to solve social problems - in partnership with institutions and engaged people worldwide.

The Johnson & Johnson Foundation is a registered non-profit organization. It is committed to a world where basic, quality health services are available to everyone, everywhere.

Health programme for COPD-Patients wins Konkret prize

The Lilly Deutschland Stiftung, a German foundation promoting sustainable healthcare, has awarded the 2022 Konkret prize, an award recognising real solutions for better healthcare, to three regional projects. The Healthy Werra-Meißner-Region won third place for its programme 'Breathe deeply, in the face of COPD'. The network developed the programme with BKK Werra-Meissner, a health insurer and the Werra-Meißner clinics. [More information here.](#)



Photo: Lilly Deutschland Stiftung

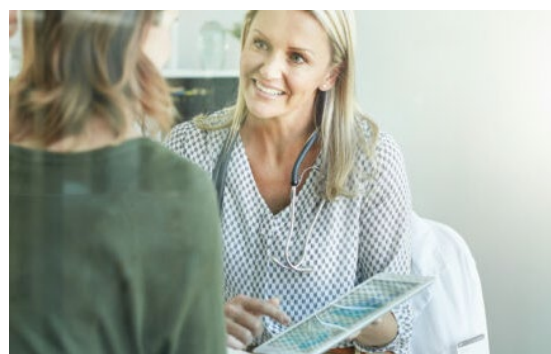
Study: Members of Healthy Kinzigtal feel better looked after

The hard work of Gesundes Kinzigtal GmbH, a healthcare provider in Baden-Württemberg is paying off: A fourth member feedback survey shows significantly higher scores compared to 2017. A large proportion of those surveyed feel both better looked after and more informed. They are very satisfied with their attending physicians and are very willing to recommend the provider.

The proportion of respondents in Kinzigtal who feel that their health care has been 'slightly better' or 'significantly better' after they joined health network is currently 31% or 14% respectively (cf. 2017 when it was 24% or 8%). This was underlined by the clients' willingness to recommend to the network to friends or relatives - now 90%, which is also an increase when compared to 2017. The results are from the fourth survey of Healthy Kinzigtal members from 2021. It was conducted by Dr Matthias Nübling, of GDB: Gesellschaft für Daten und beratung mbH, a company that provides analyses of patient satisfaction.

Higher health literacy, very likely to recommend

Dr Christoph Löschmann, Managing Director of Gesundes Kinzigtal GmbH, believes that important goals have been met: "Our members feel well cared for and have been able to improve their health literacy. This time a clear majority of respondents also said they knew 'a little bit more' or 'a lot more' about how to live healthily as a result of their membership when compared with before they enrolled. This is also a slight increase compared to 2017." At the same time, membership apparently promotes a healthier lifestyle, as 18% of those surveyed said they lived 'overall more healthily' than previously.



Members of the Healthy Kinzigtal network feel both better looked after and better informed, according to a patient survey of over 700 respondents. Photo: istock.com/AJ_Watt

Additionally, the respondents were generally very satisfied with their doctors. The overall rating and all three scales of the patient experience measure (the White List) are in the high positive range. The White Lists result from a project conducted by the Bertelsmann foundation and the largest patient and consumer organisations, and gives transparent information on the service quality of health care facilities and the treatments they provide. The information is reliable, fact based and free of manipulation. Dr Dörte Tillack, Chair of the Medizinische Qualitätsnetz Ärzteinitiative Kinzigtal, a network of medical professionals, is pleased about the rating. She said "Members' ratings are always in the upper range here. Cooperation between stakeholders rates very positively as well."

The fourth iteration of the study took place in 2021. A total of 3708 members of Healthy Kinzigtal were randomly selected and invited to fill in the questionnaire. The response was 19% (704 returned questionnaires). "The members' study is an important part of the evaluation of Healthy Kinzigtal. It helps us to better understand the patient's point of view and we can thus further optimise healthcare based on the results," said Dr Oliver Gröne, Vice Chair of the Board of OptiMedis, from a research perspective.

[The press release on the subject can be found here \(in German\).](#)

Healthy Kinzigtal is a founding and management partner of a Medical Care Centre (MCC)

Healthy Kinzigtal in association with on-site doctors, has initiated an association, which founded an MCC. The aim is to ensure provision of health care in the region and support existing medical practices. Further such care centres are expected to follow.

Interview with Dr Jens Mischak on the MCC Vogelsbergkreis: 'A lighthouse project that shines'

Integrated, cooperative and close to home: The intercommunal Medical Care Centre (MCC) Vogelsberg was founded around two years ago by a district and two municipalities. It opened in early 2021 with the aim of ensuring modern, high-quality family patient centred medicine. We have asked Dr Jens Mischak, first district councillor and head of the Vogelsberg health department, on his views after 20 months of operation.

Background: In June 2020, the Vogelsbergkreis, a district in the German federal state of Hessen and the Grebenhain and Freiensteinau district municipalities founded the intermunicipal MCC Vogelsberg gGmbH. The MCC Vogelsberg was approved for contracted medical care on January 1st, 2021 with branches in Grebenhain (4,500



Dr. Jens Mischak, first district councillor and head of the Vogelsberg health department. Photo: Vogelsbergkreis/C.Lips.

inhabitants) and Freiensteinau (3,000 inhabitants). OptiMedis has taken on the management and procurement of the MCC with its two locations. Plans are afoot for the further development of local health centres. Currently four doctors and one trainee as well as 14 medical assistants are working in the MCC.

Dr Mischak, what is your conclusion after the first 8 months of the MCC's operation – was it worth the risk?

Dr Jens Mischak: Definitely. In the first year and a half of the MCC's operation, we have already had some successes. Together with the partner municipalities of Freiensteinau and Grebenhain, we have succeeded in significantly improving medical care in the south-eastern Vogelsberg district in the first intermunicipal MCC of this kind. We have brought four doctors to the MCC, and with our non-medical practice assistants, we offer a coherent range of medical services. Only recently, another specialist in thoracic surgery started working at the MCC to further train there to become a specialist in general medicine. Our MCC is a lighthouse project that shines.

It's important to note that, without the MCC, there wouldn't be any family health care practices in Grebenhain or in Freiensteinau if the MCC wasn't there. The previously operating four family practices had closed as the doctors had retired.

Why did the district bring the district municipalities on board as shareholders?

Dr. Jens Mischak: The goal was and is to assume joint responsibility for future medical care if this cannot otherwise be secured. Given the background challenges of this task, the Vogelsberg district and the Freiensteinau and Grebenhain municipalities decided to join forces.

In addition to good medical care, we want to offer doctors an attractive working environment here: regulated working hours, secure planning, more flexibility and, behind that a strong practice management. We've cut out the balancing act between practice management and patient service. Both doctors and medical assistants can exclusively concentrate on the patients' well-being.

What were the biggest challenges facing the establishment of the MCC?

Dr Jens Mischak: The legal framework. This is because when the first intercommunal MCC was founded, relevant legal frameworks had to be brought together. On the one side there was municipal law as part of German administrative law - with the responsibility of the regional council, on the other hand the regulations of the Association of Statutory Health Insurance Physicians. This affects the conditions setting up the MCC, financing, guarantees to be provided, employment status or taking over a registered office. Open communication during the process between all those involved is crucial.

What should other municipalities do if they want to set up an MCC?

Dr. Jens Mischak: Good coordination, communication between the intermunicipal partners – as well as good project management – are worth their weight in gold in the start-up process. It's the only way to manage the demands of the project participants in the process and to effectively coordinate them.

OptiMedis develops a model concept for the Vorpommern-Greifswald region

With a steadily declining population, an increasing aging demographic, and the island of Usedom experiencing difficulties in securing healthcare, the Vorpommern-Greifswald region faces significant challenges. This was indicated by a concept study carried out by OptiMedis on behalf of Greifswald

University Medicine (UM Greifswald). It covered an analysis of the current situation and the development of different variants for a model region of integrated care in the district. The Commission of Inquiry 'Future of Medical Care in Mecklenburg-Western Pomerania', set up in May 2020, recommended developing medical care for a cluster region as a model, and this formed the basis for the study.



The island of Usedom experiences shortages of available medical care due to the influx of older people and seasonal tourism. Photo: istock.com/Marcin Jozwiak

The analysis of the Vorpommern-Greifswald region further shows that many people from the area are already in need of care. Development forecasts assume that the aging population in the model region will continue to increase disproportionately and as a result, the need for care will likewise increase in the coming few years. While the number of ambulatory care sensitive conditions (ACSCs, or cases that could potentially be avoided through effective and early outpatient care), is at the national average value in the UM Greifswald, the surrounding hospitals have an above-average number of ACSCs. The report noted a lack of meaningful networking between the social sector and available medical care in the Vorpommern-Greifswald region.

Promoting health literacy, securing cost-effectiveness and attracting talent

The aim is to develop an integrated, population-oriented, forward-looking prevention and care model for the region that secures care, promotes health literacy in the population, creates attractive jobs and training positions and is economical. To this end, OptiMedis analysed seven care solutions for strengths and weaknesses - standard care with individual care optimisations, regional interprofessional health centres, regional care competence centres, health kiosks, health premium contracts with health insurance companies and a regional budget.

At the beginning of April 2022, we presented the study at the 'Regional Care in Western Pomerania' conference organized by the UM Greifswald and discussed it with health insurance companies, service providers and political representatives. A new government commission will set the course for the implementation of integrated solutions through state politics.

Opening health kiosks Germany-wide: why is this important?

In February 2022, the Innovation Committee of the G-BA, (the Federal Joint Committee, Germany's highest decision-making body of the joint self-government of physicians, dentists, hospitals and health insurance funds) recommended that the health kiosk in Hamburg's Billstedt and Horn districts should be included in standard care. Since then, there has been considerable attention given to this low-threshold care management model, both politically and in the media. At the end of August, the German Federal Minister of Health, Prof. Karl Lauterbach presented key points for the nationwide development of health kiosks. But who can set up a health kiosk? Who should benefit from this? How should the employees be qualified? Is the model suitable for rural areas? Our vice chair Dr Oliver Gröne and our Project & Healthcare Manager Anja Klose have the answers.

Background: Germany's first health kiosk opened in 2017 in the Billstedt district of Hamburg. The kiosk concept was developed by OptiMedis as part of the Innovation fund project 'INVEST Billstedt/Horn'. It was implemented and subsequently refined in cooperation with doctors, health stakeholders, social institutions and other local partners. An evaluation by the Hamburg Center for Health Economics confirmed that the health kiosk improved care in the socially disadvantaged districts of Billstedt and Horn and at the same time relieved the caseload on doctors and hospitals.

It's been said in the media that up to 1000 health kiosks should be built Germany wide. This is a complex concept. What are the most important factors for a kiosk to work well?

Oliver Gröne: The most important success factor is that a health kiosk needs to be part of a regional, multi-professional network where stakeholders from the health and care sectors and municipal services (such as the health department or care support points) work together. It could also make sense to directly integrate a health kiosk into existing structures for primary care or into a social centre. In such a case, then the right interaction between medicine, therapy and social issues will ensure maximum health promotion.

Anja Klose: It's critical to reach particularly vulnerable groups in the population. By this I mean, for example, of people who shy away from going to the doctor because of language barriers. Or to those who are seriously ill and need help, but don't know who to turn to. Some people may need only short-term support and guidance until they're better again. Common problems include a lack of health literacy or a lack of information about available services in an area. This is where we come in to ensure access to the health kiosk is as low-threshold as possible, for example by using additional health coaches or peers who contact people directly across the region and can also help at or near home. A good location for the kiosk is very important. In an urban environment, it should be in a busy part of the city, for example near a shopping mall or bus station.

How does this work in a rural area or for people who can't get to the health kiosk?

Oliver Gröne: Here, too, we use health coaches or peers, because our health kiosk concept provides for a complementary decentralised service. These people are spread across the district or community and advise local people – for example in health care facilities such as pharmacies, hospitals or sports clubs. In rural areas, decentralised advice plays a really important role. More than 50 health coaches are currently employed in our health regions in Hessen. Some conditions require specialized health coaches and these can be reached at the kiosk via telemedical care – this includes areas such oncology or pulmonology, for example.

What benefits do health kiosks bring to doctors or other medical stakeholders?

Anja Klose: By providing care in a targeted manner and improving people's health skills, the kiosks ease the load on existing care providers. Unnecessary visits to the doctor and hospital stays are reduced, which is particularly noticeable for chronically ill patients. Healthcare structures can be used in a more targeted manner. In addition, being part of a local health network increases job satisfaction. Working with patients can be made more efficient and at the work is of a higher quality when doctors can reach out to the multi-professional team in and around the kiosk. Other stakeholders in the region also benefit from being integrated into the local network, e.g., information on services can be placed in the health kiosk or the kiosk acts as a coordination point for different services.

What qualifications does a person need if they want to work in a health kiosk? And which role does the multi-professionalism play?

Anja Klose: Kiosk employees need to come from a wide range of health and social work backgrounds. Both people's needs and the requirements in the exchange with other stakeholders in a given region are very diverse. General requirements are vocational training and several years of experience in healthcare, nursing or social work. Academic qualifications in the fields of social work, health sciences and nursing are also suitable. The team should also be qualified in case management. And as the kiosks are often located in deprived areas with high immigrant populations, multilingualism is a must, as appropriate to the demographic.

You are currently getting large numbers of inquiries about setting up a health kiosk. Who is interested? And who is suitable as a funder?

Oliver Gröne: We have been approached by a wide variety of interested parties, including associations, medical and health networks, hospitals and municipalities. Some believe that anyone could found a company to run a kiosk, for example a medical or social facility or foundation. However, a balanced representation of interests is important, which means that the relevant stakeholders in the region need to be involved. Sometimes this is the case from the start, if the kiosk is to be integrated into an existing project or network.

Many good ideas fail because of the money: How can such an extensive range of services be financed in the long term?

Oliver Gröne: At the moment, services like this are chiefly financed through selective contracts with individual health insurers. When he delivered his key points for the nationwide construction of health kiosks, Health Minister Lauterbach stipulated that 74.5 percent of the costs should be borne by statutory health insurance, 5.5 percent by private health insurance companies and 20 percent by the municipalities. This was met with criticism from health insurance companies and others. In our view, the best solution to this issue are shared savings contracts that focus on the results. We've done this at Healthy Kinzigtal, for example.

Healthcare processes and climate: OptiMedis re-searches the carbon footprint of patient pathways

One aspect of integrated care models is avoiding unnecessary treatments, stressful for patients. In addition, the aim of innovative supply solutions should be to reduce healthcare sector CO₂ emissions. To do so, we need to better understand greenhouse gas emissions in the context of patient treatment. As part of a new EU research project, we are currently developing methods to make the CO₂ impact of supply paths measurable.

Greenhouse gas-intensive sectors such as industry, transport or agriculture are often cited as the main causes of climate change. However, the healthcare system also plays an important role, as it is responsible for around 7% of annual greenhouse gas emissions in Germany (cf. Pichler et al. 2019). It follows that the treatment of each individual patient generates an amount of greenhouse gas. From an environmental policy perspective, it is therefore significant that up to 30% of medical services are unnecessary or even in some cases detrimental.

Emissions from patient pathways: towards measurability

To establish a basis for future interventions and initiatives in this area, it is important to be able to estimate and better understand the greenhouse gas emissions of patient treatment. In principle, there are three elements to take into account: the use of health services, the patient's travel and the emissions arising from the treatment itself. While the use of health services can be derived quite well from available routine data, the search for information in the other areas is more complex. Mobility is definitely a relevant factor in the calculation of greenhouse gas emissions, with the choice of transport to a health service being particularly decisive. Probably the most relevant part in the calculation of the patient's carbon footprint pathways are emissions caused during the different interactions in healthcare (e.g. visit to the GP, emergency room or hospital stay). In principle, there are two ways to determine emissions generated by health services. The simpler, top-down approach uses financial data, while the more detail oriented, bottom-up approach collects emissions data and combines it into an overall calculation. Since the bottom-up approach is both time-consuming and labour intensive, it would be advantageous if published emission calculations could be used here. However, these are currently scarce.

Ambulatory networks can reduce emissions in the inpatient sector

We are currently working with international data sources. This makes it possible to evaluate the integrated health care approaches with regard to their emission potential. The greenhouse gas intensity of patient pathways can be estimated by combining the three elements mentioned (use, travel, emissions from the actual treatment). The emissions from in-patient treatment are particularly high. By avoiding inpatient treatments through the use of an outpatient care network, not only can exacerbations of illness be prevented, as well as reducing emissions.

This assumption is also the subject of one of our current research projects, in which the greenhouse gas intensity of patient pathways is determined as described above. Participants in the Disease Management Program (DMP) for type 2 diabetes serve as the investigation group, as an example of a structured care approach. The results of this group will be compared and evaluated with those of a matched control group consisting of patients with type 2 diabetes who did not participate in the DMP.

If you are interested in the methodological approach of the research project, please do not hesitate [to contact Dr Oliver Gröne](#).

Source: Pichler, Peter-Paul; Jaccard, Ingram S.; Weisz, Ulli; Weisz, Helga (2019): International comparison of health care carbon footprints. In: Environ. Res. Lett. 14 (6), S. 64004. DOI: 10.1088/1748-9326/ab19e1.

Official SAFEST-project kick off in Barcelona

The EU project 'Improving quality and patient safety in surgical care through standardization and harmonization of perioperative care in Europe' (SAFEST) started with a kick-off event in Barcelona. The project aims to develop patient-centred and evidence-based, standardised procedures for patient safety in perioperative care. The goals are to improve adherence to evidence-based standardised procedures for patient safety in perioperative care by 15%, reduce the rate of surgical complications by 8% after an 18-month, multi-component intervention, and through the use of a Perioperative Quality Improvement Learning Collaborative (PQILC) to promote the adoption of evidence-based practices. OptiMedis is responsible for the use and sustainability topics as well as data management over the four-year project period.

Research: COMPAR-EU launches an innovative platform

Self-management is playing an increasingly important role in medicine. For many interventions, for example in the field of chronic diseases, while the scientific evidence is well known, strategies and instruments for implementation are often lacking. Together with our partners in the EU research project COMPAR-EU, we want to help healthcare professionals and patients by putting this into practice. To this end, we have launched an innovative IT platform. It helps people to in make decisions about self-management interventions for four chronic diseases: type 2 diabetes, obesity, COPD and heart failure.

Tools that help with decision making

The self-management measures examined in the project are presented in the [Interactive Summary of Findings tables](#). At a glance, professionals (such as guideline developers or healthcare professionals) can see key results for a given measure, its effectiveness, and the evidence justifying its use.

Another tool includes the [Evidence to Decision frameworks and recommendations](#). Answers to questions about self-management measures for the four chronic diseases covered are provided here. This gives managers and policy makers an evidence-based foundation to make decisions when more than two options are available.

[The Patient Decision Aids](#) supports patients in finding effective and suitable self-management measures with their doctors or other health professionals and to decide on the appropriate therapy.

An overview of the results

Further information will be made available, especially aimed at the expert public. This includes project results from the [network meta-analysis](#), a [cost-effectiveness analysis](#) and an interactive report on [contextual factors](#) affecting the implementation of self-management interventions. Additionally, there is a catalogue of [interventions](#) classified according to a taxonomy, a [catalogue of self-management tools](#) (mainly PROMs and PREMs) for assessing the relevant results, and a [catalogue of randomized controlled trials](#) analysing self-management interventions.

The project is based on a large systematic literature review and meta-analyses, assessing nearly 20,000 randomized controlled trials. As a consortium partner, OptiMedis is responsible for developing a strategy for using the extensive data from the project for further research and industrial applications. Further information at <https://platform.self-management.eu>

SCIANA-Network calls for quality-oriented payment

Fairness and patient interests as a compass: The German representatives of the international SCIANA - The Health Leaders Network', a forum bringing together leaders from various areas of the health care system, are calling for a transparent discussion among interest groups towards ground-breaking legislation in the current legislative period. They see the greatest potential for change in the reimbursement system and the possibilities of digital transformation.

A clear step towards equal care for everyone – with this goal, the signatories of the call turn towards health policy. Instead of backward instruments, excessive regulation and ignoring the need for action, they call for legislation that is consistently geared towards the goal of cross-sectoral health care in regional networks directly in line with benefits to citizens.

The focus is on the reimbursement system and digital transformation

The experts from the SCIANA network, including Dr Oliver Gröne, Vice Chair of the Board of OptiMedis, see great potential in two central areas of the



Dr. Oliver Gröne (re.), stellvertretender Vorstandsvorsitzender von OptiMedis, ist Teil des SCIANA-Netzwerks. Foto: Sciana/Katrin Kerschbaumer

should be promoted. 'This discussion should be based at a regional level, in schools and educational institutions, in pharmacies, medical practices, but also in government offices. This will succeed if the citizens experience the benefits directly,' the call says.

Learn more at: www.sciananetwork.org



SCIANA-Meeting: Leaders from various areas of the health system come together. Photo: Sciana/Katrin Kerschbaumer

healthcare system: the reimbursement system and the possibilities of digital transformation. A future-oriented reimbursement system should be based on the principle of fairness and take both targets and quality parameters into account. For this purpose, for example, the personal responsibility of citizens, the orientation to regional and social needs, adequate remuneration for health professionals and the prospect of financial returns from the point of view of the common good should all be promoted.

With regards to the digital transformation, the SCIANA representatives recommend relying on evidence as part of a comprehensive, overarching strategy. In addition, a broad, expert discussion should be initiated and the understanding of digital medicine in the population

NEWS FROM OPTIMEDIS

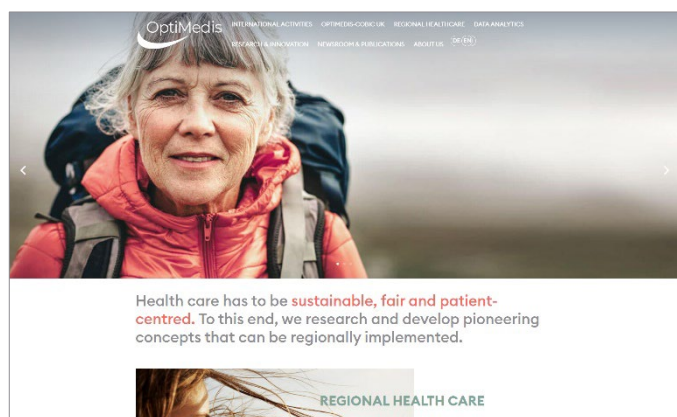
Welcome to our new website

Discover OptiMedis anew, with our refreshed web design with a focus on our services portfolio.

With an extensive technical, content and visual update, we would like to bring you closer to our work and services to improve healthcare. Get to know our three core areas of [regional healthcare](#), [research & innovation](#), [data analysis](#) and learn more about [health kiosks](#) our [international activities](#).

We want to hear from you

Whether you are a customer, partner or job applicant, on the About Us page you can find out what we're working on at OptiMedis work every day and why. Creating 'health for everyone' is our mission and part of our code of ethics. In our overview of services depending on the areas and target groups, you can get an overview of our focus points. We're looking forward to new contacts and to hearing from you.



Keeping up to date in the Newsroom

In our [newsroom](#) you can read everything about our health networks and projects, both in Germany and abroad, and stay up to date with the latest in health policy and health science findings and studies.

Enjoy exploring www.optimedis.com – we look forward to your feedback at kommunikation@optimedis.de

PUBLICATIONS

ASSESSING PATIENT EXPERIENCE WITH PATIENT SAFETY IN PRIMARY CARE: DEVELOPMENT AND VALIDATION OF THE ASK-ME-QUESTIONNAIRE

The main safety-related areas in primary care refer to medication safety, diagnosis and communication between healthcare professionals and communication with patients. It is increasingly acknowledged that involving patients in the safety of their care is an important aspect in systematically identifying safety problems in primary care.

In: BMJ Open

Bibliographical reference

Stahl, K., Reisinger, A., & Gröne, O. (2022). Assessing patient experience with patient safety in primary care: development and validation of the ASK-ME-questionnaire. In: BMJ Open, 12(4). doi: 10.1136/bmjopen-2021-049237

[Read More](#)

HOW CAN BIG DATA ANALYTICS SUPPORT PEOPLE-CENTRED AND INTEGRATED HEALTH SERVICES: A SCOPING REVIEW

A scoping review following the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses – Scoping Review (PRISMA-ScR) statement was conducted to gather information on how big data analytics can support people-centred and integrated health services.

In: International Journal of Integrated Care

Bibliographical reference

Schulte, T., & Bohnet-Joschko, S. (2022). How can Big Data Analytics Support People-Centred and Integrated Health Services: A Scoping Review. In: International Journal of Integrated Care, 22, S. 23. doi: 10.5334/ijic.5543

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HEALTHCARE PROVIDERS' KNOWLEDGE OF VALUE-BASED CARE IN GERMANY: AN ADAPTED, MIXED-METHODS APPROACH

Value-Based Care (VBC) is being discussed to provide better outcomes to patients, with an aim to reimburse healthcare providers (HCPs) based on the quality of care they deliver. Little is known about German HCPs' knowledge of VBC. This study aims to investigate the knowledge of HCPs of VBC and to identify potential needs for further education toward implementation of VBC in Germany.

In: International Journal of Environmental Research and Public Health

Bibliographical reference

Kuck, A., Kinscher, K., Fehring, L., Hildebrandt, H., Doerner, J., Lange, J., Trubel, H., Boehme, P., Bade, C., & Mondritzki, T. (2022). Healthcare Providers' Knowledge of Value-Based Care in Germany: An Adapted, Mixed-Methods Approach. In: International Journal of Environmental Research and Public Health, MDPI, Basel, 19(14). doi: 10.3390/ijerph19148466

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