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Editorial

Dear Readers, dear Friends,

The last six months again have been a very busy period for OptiMedis. We are starting the implementation of our population-based integrated care contracts in [a third region](#) in Germany and have also expanded internationally with the setting up of [OptiMedis Belgium](#). The fact that we receive queries for support from further countries including [France](#) and [Switzerland](#) shows that our evidence-based model is applicable to a wide range of health systems. In fact, the need for better alignment of prevention and health care is a common challenge in many countries experiencing the triple burden of an aging population, increase in chronic diseases and rising health care costs.

We are convinced that the combination of best evidence and local insight provides the best formula to improve the quality of life, quality of care and contain costs. However, this also requires an active role of citizens and patients. In this issue, we are pleased to report on the progress of the [COMPAR-EU project](#) assessing and implementing the evidence for self-management and shared decision-making. Evidence is also a theme for two projects looking at [avoidable hospital admissions](#) for nursing home residents and our [analysis of regional variation for care dependency](#) based on national data from one of the largest statutory health insurance companies in Germany.

Finally, we are delighted to lead the workpackage on the governance of health systems in the Marie-Curie Training Network HealthPros. Read more about [the work of two of our doctoral students from the network](#) in this issue.

I hope you enjoy this update on our work and look forward to hearing from you.



Sincerely yours,

Oliver Gröne, PhD - Vice Chairman of the Board

About OptiMedis and our projects

OptiMedis and Belgian partner found a joint venture

The OptiMedis family welcomes a new European member: at the end of 2018, OptiMedis and a Belgian partner founded the OptiMedis BE BVBA company. In addition to OptiMedis, shareholders include Health as a Service BVBA as well as Karin Genoe and Frank Ponsaert, who both also share the management responsibilities. They are responsible for local implementation; OptiMedis provides support with its expertise and data analyses.

The new company is headquartered in Brussels within the locations of the VIAS Institute. Activities will focus on the development and management of integrated digital healthcare networks in various Belgian regions, with a special focus on care.



Joint Venture Meeting in Hamburg (from left to right): Karin Genoe (OptiMedis Belgium), Dr Oliver Gröne, Jurriaan Pröpper (OptiMedis Netherlands), Dr. h. c. Helmut Hildebrandt, Dr Alexander Pimperl and Frank Ponsaert (OptiMedis Belgium). Photo: OptiMedis

The Belgian partner Karin Genoe has over 20 years of professional experience in consulting and healthcare. She has held management positions at the Flanders Red Cross and the University Hospital in Leuven; then, she took over as head of the – up until then public – Belgian Road Safety Institute and accompanied the company's transition into a privatised organisation to the now called VIAS Institute. The second face behind the new joint venture, Frank Ponsaert, has a career of nearly 30 years in the software services industry, looks back at a very active political career, for example as advisor to the Belgian Minister of Public Health. He is seen as a pioneer in the implementation of digital solutions in healthcare and he is also expert mobile health to the European Commission DG Connect.

Health as a Service (Hhaas) BVBA is a young Belgian company, focussing on added value created through consolidation of medical patient records. They aim at using new technology and international standards, so their solutions are useable at an international scale. Hhaas' vision is to create this added value in order to increase the quality of care for the individual patients.

OptiMedis BE has taken a successful start. The first contracts have already been signed for two municipalities; a third is set to join them shortly. They work together with a local investor, more information and formal announcement on that, to come shortly.



If you have any questions please contact Helmut Hildebrandt, Chairman of the Board of OptiMedis AG (h.hildebrandt@optimedis.de, +49 40 22621149 0), or Frank Ponsaert, Executive Director of Opti-

Medis BE BVBA (frank.ponsaert@optimedis.be, +32 479 42 96 38).

EU project shifts the focus to self-management interventions: Patients and international experts work closely together

To further drive forward the practical use of self-management interventions, the EU project [COMPAR-EU](#) identifies particularly effective interventions over a total of five years. The special detail: patient-relevant outcomes are taken into consideration. These were already defined in July 2018 during a two-day workshop, together with patients who suffer from diabetes mellitus type 2, COPD, heart failure, or obesity as well as other health experts. The resulting decision-making tools for doctors and patients as well as professionals who develop guidelines and political decision-makers are intended to make later access to particularly suitable self-management interventions easier.

To put the practical implementation and integration of the project results in more concrete terms, and to discuss them, an international [COMPAR-EU Advisory Board](#) has been formed. The Board consists of a diverse blend of various experts: a patient representative, doctor, scientist, and digital health investor join experts from health technology assessment, patient empowerment, health system innovation, and the healthcare industry. They brought their wide range of expertise to the first meeting in Paris in February, leading to exciting discussions, particularly revolving around the communication and dissemination of the project results to allow the greatest



The newly formed international COMPAR-EU Advisory Board met in Paris in February to begin the project. Photo: COMPAR-EU

possible number of patients access to the interventions. Within the project, OptiMedis manages the work package “Dissemination, exploitation and development of business plans” and is currently assessing various business models for decision-making tools while analysing how these tools can be implemented in practice and subsequently scaled.

Self-management training also plays an important role in our health regions of *Gesundes Kinzigtal* and *Gesunder Werra-Meißner-Kreis*. Our commitment to self-management training is evident by the fact that we are working with INSEA, a project in which the Robert Bosch Stiftung and the Hannover Medical School, among others, are participating.

A biannual newsletter shares insights on the project progress. Its first issue was published in December 2018 ([go to the Newsletter Dec/2018](#)).

You can register for the newsletter under www.self-management.eu and access a wide range of different information on the project (in English).

If you have any questions, please contact Nina Adrion, Junior Manager Research & Development, OptiMedis AG (n.adrion@optimedis.de, +49 (0) 40 22621149 12).

A new health network is being formed as a result: A spirit of optimism in the Werra-Meißner district



A launch event with 150 interested local players from the health and social services sector was held at the beginning of the year. Photo: OptiMedis

The establishment of our new health network "Gesunder Werra-Meißner-Kreis" in Hesse ([on which we reported](#)) is making good progress. A launch event was held at the beginning of the year, to which the response was enormous. 150 local players from the health and social services sector came to the city of Eschwege to find out about the possibilities of cooperation.

Talks are currently taking place with the Hessian Ministry of Social Affairs for funding, and although we expect the project to only start getting properly underway in Spring, the first offers are already

coming in. These include quality circles, workshops and interprofessional prevention and care solutions. One particular area of focus is interprofessional cooperation. So, for example, we want to take regional healthcare professionals, such as physician assistants, pharmaceutical technical assistants, nurses, and therapists, and train them to become health coaches who can advise the public on health issues. A further project involves students in the last phase of their training. We want to school these students in interprofessional cooperation in relation to both the outpatient and the inpatient sector. Together with various universities and other partners under the title "IMAGINE", an application will be submitted for funding from the innovation fund, and the project will be put to the test in the Werra-Meißner district.

The partners with whom we are currently already collaborating can be seen in the following graphic:



New offer at the Billstedt/Horn Health Kiosk: Oncology care manager provides consulting services for cancer patients



From left to right: Oliver Manske (Care Manager), Anja Weber (Onkolotsin), Prof. Andrea Morgner-Miehlke (dep. Director UCCH), Avin Hell (Communication UCCH), and Alexander Fischer (Managing Director Gesundheit für Billstedt/Horn). Photo: Gesundheit für Billstedt/Horn

The Billstedt/Horn Health Kiosk and the Hamburg-Eppendorf University Clinic (UKE) work together in providing care for cancer patients and their loved ones. The oncology care manager programme was launched by the University Cancer Center Hamburg (UCCH). A trained nursing professional consults and supports patients and other affected persons at the UKE and the Health Kiosk.

"In our city districts with a lack of care coverage, cancer patients have a hard time finding appropriately qualified consulting offers. There are no specialist oncologists available at all", says Oliver Manske, Care

Manager at Gesundheit für Billstedt/Horn UG. "That's why we're particularly delighted to provide regular and qualified consulting from now on, working together with the Billstedt-Horn Physicians' Network." The offer revolves around information on the disease, consulting on social legal issues, and the mediation of supplementary consulting offers, for example on nutrition. "At the same time, we can provide assistance with family issues, for example to help relatives deal with the disease", explains Manske.

Anja Weber is the first care manager for oncology "Onkolotsin" in Hamburg. "Patients and their relatives have lots of questions during each phase of the illness. I'd like to help them, by answering these questions and finding the right point of contact for them within our complex health care system. To name an example: I provide advice when preparing for doctor's appointments, in the communication with health insurers, or help in finding exercise programmes nearby."

Launch of the international education programme HealthPros: Two PhD students at OptiMedis

The further development of the healthcare system towards patient-centred and outcome-oriented care also results in a great international need for experts. Those professionals who combine multi-disciplinary expertise from fields such as medicine, social sciences, computer science, and health politics, and who manage to translate this expertise into innovative measures, are much sought-after.

Within the framework of the Marie Curie Training Network for "Healthcare Performance Intelligence Professionals" (HealthPros), with funding by the European Commission, exactly these new professionals in healthcare are being educated from summer 2018. OptiMedis is one of the science partners of HealthPros and has assigned two of a total of 13 PhD positions. The OptiMedis postgraduates are supervised by Dr Oliver Gröne (OptiMedis) and Prof. Dr Jonas Schreyögg (Hamburg Centre for Health Economics).

The selected PhD students will, over the course of their three-year full scholarship, above all learn how to effectively use health and care data, connect these to strategic planning decisions, and use governance mechanisms to

improve performance. Innovative methods are developed which can then be applied to the healthcare systems of various countries such as the Netherlands, Denmark, Germany, England, Italy, Hungary, and Canada.

Presenting the OptiMedis PhD students: Sophie Wang and Nicolás Eduardo Larrain

Sophie Wang is a Canadian who will support OptiMedis over the coming three years as a Junior Analyst within the framework of her PhD. She has completed her master's studies in Public Health at the Canadian Simon Fraser University (Vancouver) and is highly interested in closing the existing gaps in knowledge mobilisation while promoting the roles of data analysis and visualisation in the planning of healthcare provision, particularly in today's big-data economy. Her work currently focuses on understanding how behavioural economics can be used to improve healthcare system performance. At OptiMedis, she will among others use concepts from behavioural economics to draft performance reports in integrated care systems and strengthen their application. In Vancouver, Sophie managed various initiatives to redesign the healthcare system. These included projects on the improvement of care quality by engaging physicians with [initiatives to improve healthcare quality of the Vancouver Physician Staff Association](#) as well as evaluations of cross-regional initiatives to include patients at the BC Patient Safety and Quality Council.



Sophie Wang. Photos: Bente Stachowske



Nicolás Eduardo Larrain

Nicolás Eduardo Larrain from Chile will also support the OptiMedis team as a Junior Analyst. He completed his master's studies at the SDA Bocconi School of Management in "International Healthcare Management Economics and Policy". Nicolás works on the development of innovative methods to measure and improve the performance ability of integrated healthcare systems. He is driven by a desire to understand the full value behind integrated healthcare and identify the most-important levers and determinants in system performance. His goal is to provide better information, prioritise potential optimisation measures, and improve decision-making in healthcare. The focus of his research activities lies in the evaluation of large data sets for the implementation of simulation modelling technologies in integrated care systems. Nicolás was previously active as a Research and Surveying professional at the [Abdul Latif Jameel Poverty Action Lab](#) (Massachusetts Institute of Technology – MIT), among other positions. He managed the implementation of an impact evaluation project to understand the determinants in financial behaviour and the efficacy of relevant guidelines in low-income households.

[Read more about other european projects, in which we are involved.](#)

Health Data Analytics

Improved drug therapy for the elderly – The FORTA principle

In elderly patients suffering from many different chronic diseases and taking many different pharmaceuticals parallelly it can be challenging for the physicians involved in the treatment processes to find the right balance between over- and under-supply in the individual medication plans. This means one the one hand avoiding drugs which are potentially more harmful than beneficial concerning their side effects and on the other hand not forgetting those ones which are quite essential in a certain therapy, e. g. significantly reducing strokes for heart failure patients.



FORTA (Fit fOR The Aged) is a drug classification system designed as a clinical tool to help in monitoring and optimizing the drug therapy and care management of older patients. Photo: pixabay

To support the individual treatment decisions for elderly patients Prof. Martin Wehling (University of Heidelberg) et al. developed the FORTA-classification (**Fit fOR The Aged**) respectively the FORTA-list which contains combinations of active agents and certain age-relevant diagnosis profiles which were rated by pharmacologists, geriatricians and other medical experts from A (positive) to D (negative). The hierarchy is A-bsolutely, B-eneficial, C-areful and D-on't.

In a randomised controlled trial in a clinical setting (VAL-FORTA) the application of the FORTA principle by training hospital doctors was successful in significantly reducing over- and undersupply as well as adverse drug effects in the treated population. Therefore, this clinical decision support tool shall be transformed by OptiMedis into an IT-based algorithm which can be used to similarly optimize drug therapy in ambulatory care practices or practice networks. The algorithm is already tested on different claims data set to perform epidemiologic studies (FORTA-EPI) and the retrospective results are used to validate its functionality in pilot regions from OptiMedis together with the Institute for clinical pharmacology of the University of Heidelberg. In the future a real-time application at the point of care is planned, visualizing patients' medical histories based on the FORTA principle and providing decision support for the medical providers to optimize drug therapy. Also, benchmark comparisons between providers and patient profiling (MY-FORTA) with enhanced data inputs (e.g. vital parameters, laboratory results) are potential further functionalities, of course always being aware of all the related challenges like data protection, differences in coding quality and patient self-medication.

Care home residents in hospitals – which cases can be avoided?

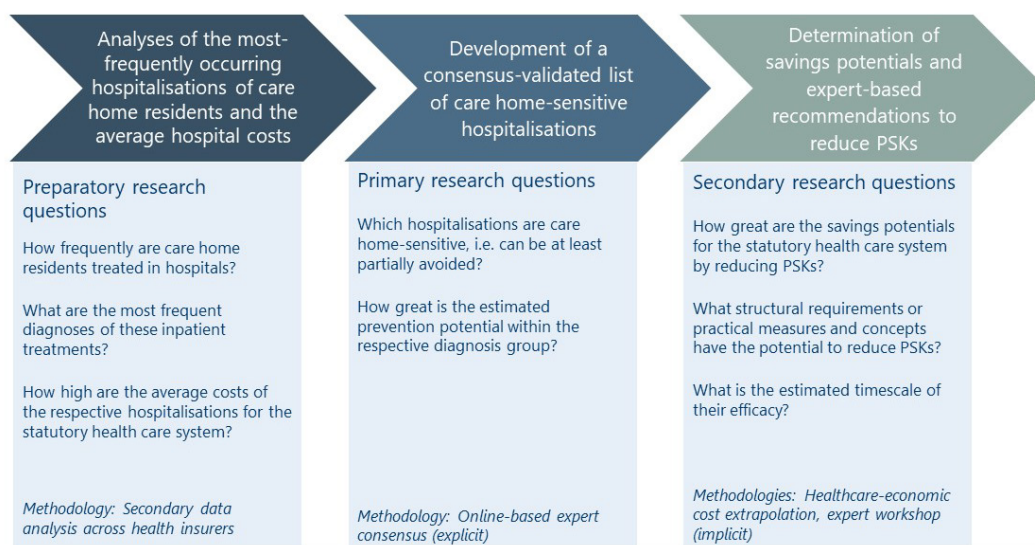
Which hospital admissions of care home residents can generally be avoided and what sensible measures can be taken to reduce the number of admissions? The University of Witten/Herdecke and OptiMedis AG want to explore this issue together with further partners in a project sponsored by the Innovation Fund.

The background is that the increase in inpatient treatments also drives up the number of hospital stays and the costs for the statutory health insurers. At the same time, care-dependent individuals often experience stress from

visits to a clinic. It's quite difficult to determine which hospital admissions are actually necessary. There are already lists available specifying which hospitalisations can be avoided, so-called outpatient-sensitive hospitalisations (ASK); however, these should be understood as mere conceptional frameworks to be adjusted to various care settings.

Development of a list of care home-sensitive hospitalisations

Within the “Needs-oriented care of care home residents by reducing care home-sensitive hospitalisations” project, the project partners want to clear up these questions and work out a list of care home-sensitive hospitalisations (PSK) as well as make an estimation of the respective prevention potential. Another objective lies in the simultaneous identification of measures which could reduce the number of PSKs and calculating the savings potentials for the statutory health care system.



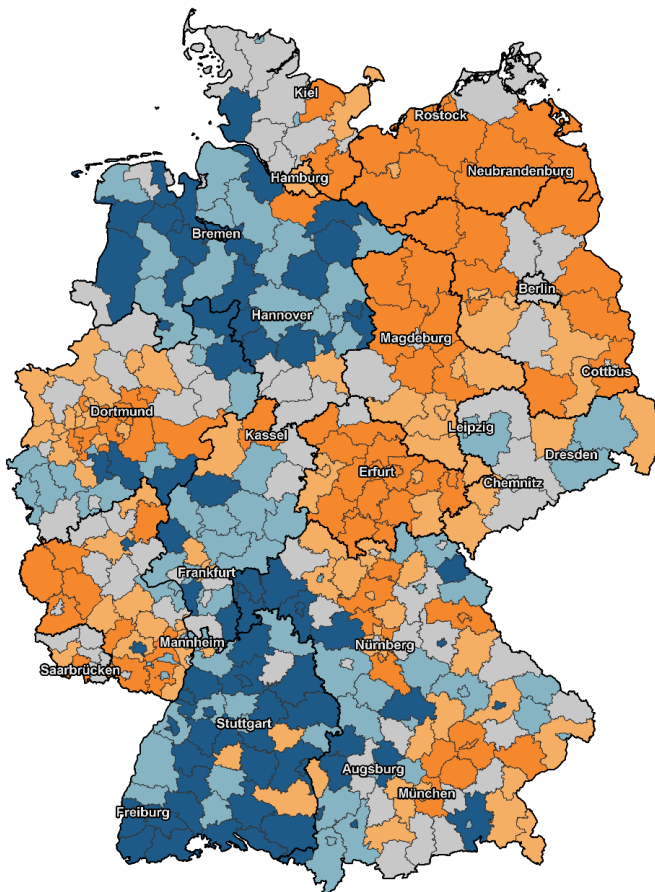
*Schematic overview of the process steps including the corresponding research questions and methods of the planned PSK research project.
Illustration: OptiMedis*

The consortium leader is Prof. Sabine Bohnet-Joschko, Endowed Professor for Management and Innovation in Healthcare at the University of Witten/Herdecke. OptiMedis develops the methodology and will analyse the health care data of various health insurers in Hamburg, Baden-Wuerttemberg, and the Werra-Meißner District. Further experts involved in the project are the Research & Innovation Group at the Evangelische Hochschule Freiburg e.V. as well as Pflege e.V.

If you have any questions, please contact Timo Schulte, Head of Health Data Analytics and IT OptiMedis AG (t.schulte@optimedis.de, 0049 (0) 40 22621149 0).

Care Report 2018: OptiMedis analyses data on the care-dependent

There exist great regional differences in the care for the care-dependent within Germany. This is the result of an analysis performed by OptiMedis AG for a Care Report titled "On-site care – living a good life while needing care" from the German Health insurance DAK-Gesundheit. For the report, OptiMedis analysed the invoice data of DAK-Gesundheit for all care-dependent policyholders from 2014 to 2017.



Average number of hospitalisation cases per 100 care-dependent policyholders over one year. Illustration: OptiMedis

The report for example shows that the care-dependent in the eastern states are hospitalised at an above average rate: In Brandenburg, Mecklenburg-Western Pomerania, and Saxony-Anhalt, the rate of hospitalisation exceeds the national average by 15 to 17 cases for each 100 care-dependent individuals; Thuringia even has 20 additional cases. There are differences in the expenses as well: The overall statutory health insurance costs in the eastern states exceeds the national average at over 15,000 euro per patient per year; in Hesse, Lower Saxony, Baden-Wuerttemberg, and Bremen, the costs fall short of the national average at 13,000 euro. The average costs for Germany at large are slightly over 13,500 euro per year.

OptiMedis additionally analysed figures on the first entry into care dependency. This analysis shows that 90 percent of the care-dependent receive outpatient care or care at home at the beginning of their care dependency. This share drops slightly after one year, with 82 percent of people receiving outpatient care or care by relatives; this drop is attributable to a greater share of persons receiving inpatient care. Of all care-dependent individuals, 60

percent are hospitalised at least once in the quarter leading up to their care dependency. Illnesses treated with inpatient care such as cancer, fractures, cardiovascular diseases, pneumonia, and COPD above all immediately precede care dependency. Another interesting result of the analysis: only 5.4 percent of all care-dependent individuals had a registered health service for inpatient rehabilitation in the quarter leading up to their care dependency start. In accordance with § 5 para. 1 SGB XI, such measures should actually be initiated more frequently as they might help in preventing care dependency.

Please contact Timo Schulte, Head of Health Data Analytics & IT, OptiMedis AG with any questions you might have (t.schulte@optimedis.de, +49 (0) 40 22621149 0).

News from Integrated Care

Accountable Care Organizations in the US – the case for strong policy: Population health improvement needs a policy shift towards payment for population health

The latest numbers of the public (CMS – Medicare and Medicaid) and private Accountable Care Organizations (ACO) development in the US show further growth. In 2018 about 10 percent of the US population is now covered by an ACO – the US pendant to our *Gesundes Kinzigtal* model, striving for better health, better care, and higher cost efficiency. This accounts for an increase of about 6 percent compared to the previous year.¹ In summary, the public ACO programs are starting to achieve larger savings across a larger variety of ACOs. Net program savings exceeded 313 Million \$ in 2017 (about 35\$ per beneficiary) and quality performance remained high.²

Nevertheless, the policy uncertainty caused by the Trump administration has put a small pause on the global value- and population health development in the US and facilitated a “wait and see”-attitude for some providers. In particular, the cancellation of several mandatory bundled pricing programs in favor of voluntary versions³ as well as the termination of state demonstration programs for Medicaid⁴ has posed questions about the future of value-based purchasing, just as healthcare providers were beginning to accept it as inevitable.



In 2018 about 10 percent of the US population is now covered by an ACO and the public ACO programs are starting to achieve larger savings. Photo: Unsplash

At the last annual Commonwealth Fund Harkness Fellowship in Health Care Policy and Practice alumni meeting in February organized by the B. Braun Stiftung in Berlin, we also discussed the translation of these developments and the policy context from the US to Germany. The recent developments in the US further highlight the importance of a clear policy message to changing the healthcare system from a volume to a value-based system. CMS had set a new tone for the whole health care market in the US, with its originally communicated target to have 30 percent of Medicare payments tied to quality or value through alternative payment models such as ACOs by the end of 2016, and 50 percent of payments by the end of 2018.⁴ This had led to a proliferation of ACOs since their introduction in the 2010 Affordable Care Act (ACA). In the first five years, they rose from zero to over 700 (total public and private ACOs⁵). In the first quarter of 2018 1,011 ACOs have been counted¹, but with a less clear policy context in Washington, the momentum is in danger. Germany, Austria or the Netherlands are great negative examples of what such unclear policy messages effectuate: preservation of the status quo and suffocation of innovation leading to suboptimal outcomes for patients and society. That's why we advocate for explicit policy goals, such as >10 percent of the whole national population shall profit from better health, better care and lower costs through population- and

¹ <https://www.healthaffairs.org/doi/10.1377/hblog20180810.481968/full/>

² <https://www.healthaffairs.org/doi/10.1377/hblog20180918.957502/full/>

³ The State of Population Health: Fourth Annual Numerof Survey Report Conducted by Numerof & Associates in collaboration with David Nash, Dean of the Jefferson College of Population Health, March 2019

⁴ <http://www.nejm.org/doi/pdf/10.1056/NEJMp1500445>

⁵ <http://healthaffairs.org/blog/2015/03/31/growth-and-dispersion-of-accountable-care-organizations-in-2015-2/>

value-based accountable care models until 2025 and >25 percent until 2030. In addition, outcomes of payers and providers need to be put on display. Only if transparency becomes the new normal and population health outcomes are what we pay for, we will achieve sustainable, high-performing healthcare systems. This is as true now as it has been more than 20 years ago, as recently also Magnan and Kindig (2019) highlighted in their “Purchasing Population Health – Revisted” paper.

After a short federal value-based policy pause, US policymakers seem to get back on track. On January 9, 2018, CMS announced the new administrations first alternative payment models. Further value-based program innovations shall follow in July. US healthcare policymakers are forced to introduce change because of the high costs and suboptimal health outcomes. Let’s hope for our healthcare systems that policymakers and payers will proactively take a leap towards a clear value-and population-based policy strategy before they are also forced to do so.

ICIC 2019: How to evaluate, implement and scaling up integrated care models successfully



More the fourteen hundred researchers, managers, physicians and policymakers got together at the 19th International Conference of Integrated Care. Photo: OptiMedis

The 19th International Conference of Integrated Care took place in San Sebastian, Basque Country. For three days, more the fourteen hundred researchers, managers, physicians and policymakers got together to learn and discuss around the overarching theme *“Evaluating and implement models of integrated people-centred services.”*

Key topics of the conferences were the person-centred approach in health, the empowering of people and communities

to become active agents in health systems, and the understanding of the vital impact digital health represents to support real integration.

OptiMedis had active participation in the event: Dr Oliver Gröne, Deputy Chairman of the Executive Board of the company, hosted a successful workshop entitled *“Evaluation of Integrated Care: Ensuring Rigor, Scaling Up, Scaling Out”* with presentations from Dr Eva Oppel from the Hamburg Centre of Health Economics and Dr. Mary Alison Durand from the London School of Hygiene and Tropical Medicine. An enriching dialog environment resulted in concrete ideas to overcome the challenges that Integrated Care has had to expand into more initiatives at regional and national levels. Dr. Gröne also chaired the session *“Incentivising Integrated Service Provision II: Learning from International Innovations in Funding and Financing”* and spoke at the workshop of capacity building and technical support for implementing integrated care hosted by the EU. Timo Schulte, Head of Health Data Analytics & IT of OptiMedis, spoke on the topic of preventing ambulatory care sensitive hospitalizations at the session ‘Incentivising Integrated Service Provision: Learning from International Innovations in Funding and Financing’.

Finally, Dr Nuria Toro from the World Health Organization, keynote speaker at the plenary “WHO Framework on integrated people-centred health services”, and Prof Stephen M. Shortell from the University of Berkeley, keynote speaker at the plenary on “Adopting and implementing innovations to create high performing health systems”, highlighted the model of *Gesundes Kinzigtal* as a successful experience of Integrated Care.



*Prof Stephen M. Shortell from the University of Berkeley showed the key lessons of *Gesundes Kinzigtal* at ICIC in San Sebastian. Photo: OptiMedis*

Results from Act@Scale – A handbook has been published

ACT@Scale has emphasized its primary focus on implementation and scaling up at this year's ICIC. It has provided key learnings and valuable results when it comes to scaling integrated care in EU. In a final workshop “Pioneers of Integrated Care in Europe: Consolidating and sharing “good practice” for upscaling Care Coordination” the results based on the three years practical experience have been presented.

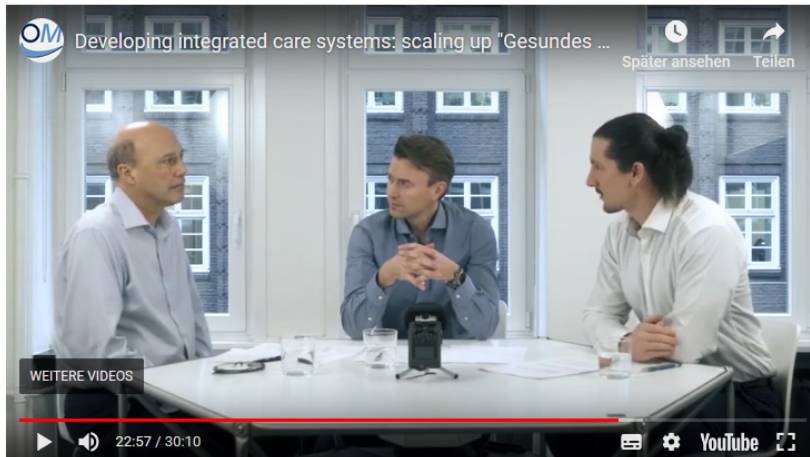
The project builds on the expertise and successful experiences of the ACT program, leveraging tested collaborative methods and tools to implement improvements, and is fully aligned with the European Innovation Partnership on Active and Healthy Aging (EIP on AHA) objectives to deploy integrated care for chronically ill patients. The EU-sponsored project comprises 16 partners from eight EU countries, including 14 programs in six regions. OptiMedis has worked together with the University of Groningen to develop business plans for the pilot projects, in order to support sustainable implementation and adaptation in other regions. In collaboration with *Gesundes Kinzigtal* GmbH (which is also one of the project partners) we also evaluated the impact of the Kinzigtal intervention programmes “Gesundheitsberatung” (“Health Counselling”) and “Trainingswelt” (“Training World”), for which the so-called “Quality Improvement Collaboratives” have been implemented.

In addition ACT@Scale has published a Handbook that gathers all the experiences and results from the past three years, in order to support the knowledge transfer across Europe and beyond.

For more information on ACT@Scale, visit www.act-at-scale.eu and download the full ACT@Scale handbook of best practice analysis and results [here](#).

At a glance

A bi-national conversation recorded in video: Development and scaling of integrated care systems in Germany and Great Britain, using the example of “Gesundes Kinzigtal”



Experts share ideas: Dr Nicholas Hicks, Dr Oliver Gröne, and Dr Alexander Pimperl (from left to right) discuss the development and scaling of integrated care systems in this video. Still image: OptiMedis

In a half hour-long, English-language video production which was developed for a webinar for the British NHS, Dr Nicholas Hicks, Director of OptiMedis-COBIC UK Ltd, Dr Alexander Pimperl (Vice Chairman of the Board OptiMedis AG and CEO Gesundes Kinzigtal GmbH), and Dr Oliver Gröne (Vice Chairman of the Board OptiMedis AG, CEO Gesundheit für Billstedt/Horn UG, and Director OptiMedis-COBIC UK Ltd) exchanged ideas on the important aspects in the development and scaling

of integrated care systems in the German and British healthcare systems. They offer interesting insights into the development and implementation of Gesundes Kinzigtal, the role of OptiMedis as a population health management company, and the scaling of the OptiMedis model over the past two years (in [Billstedt-Horn](#) and in the [Werra-Meißner district](#)). They additionally look at integrated care in the NHS context, consider how to bring this to the next level, and explain the contracts on the implementation of the model.

[Watch the video here.](#)

OptiMedis alongside the Strasbourg Eurometropolis and the region Pays de Saverne in France (Alsace)

OptiMedis supports the Strasbourg Eurometropolis and the region of Pays de Saverne Plaine et Plateau in preparing a dossier for the second round of a call for tender of the French government called “Territoires d’innovation de grande ambition”. The project “La santé en mouvements, une ambition partagée” (health in action, a shared ambition) aims to promote innovative and participatory health actions in the participating communities. Under the roof of a so called “house of health” the Strasbourg Eurometropolis and their partners developed several actions to improve health determinants of the local population, to find innovative solutions for better health care and to set up integrated care strategies for risk patients. In the current submission phase until April 2019 OptiMedis has two missions: First, OptiMedis supports the French project team in defining indicators to monitor performances and improvements in regional health services. Second, we conceptualize a model for the health region Saverne based on the experiences in the integrated care project Gesundes Kinzigtal. In case of a grant agreement, OptiMedis is asked to become a long-term strategic partner to implement integrated and community based health care in Pays Saverne under participation of the French government.

OptiMedis supports the region of Simmental and Saanenland in Switzerland in defining their future health and care provisioning

Many people might know Gstaad as a blooming resort attracting more than 40.000 tourists per year mostly in the winter season in to the region. However healthcare for its 17.000 inhabitants is currently at a challenge. The hospital is unprofitable and has reached its end of life needing significant investments to keep up service. A significant number of GPs in the region are at retirement age and the region is failing in attracting young professionals to fill up the growing gap. A newly designed



integrated healthcare campus at Zweisimmen, with a 24x7 access point, bringing together in-patient as well as out-patient services, GPs, a pharmacy and a comprehensive care giving organisation combined with a satellite ambulatory care network in Saanen has been selected as the new organisation model for securing

OptiMedis is helping to create a first showcase for regional integrated healthcare in Switzerland. Photo: pixabay

healthcare requirements in the future. The financing of the future model remains a challenge. OptiMedis has brought in its entrepreneurial expertise in creating integrated health and care networks as well as its unique shared savings concept to create a self-sustainable integrated care model. Together with the health insurances the Kanton Bern and the region of Simmental and Saanenland, OptiMedis is helping to create a first showcase for regional integrated healthcare in Switzerland.

Digital & Health Innovation Centre – Translating innovations into routine care provision

Large Selection, Great Potential, Poor Chances – despite the fast market growth of digital Health, a sustainable translation into routine care provision still fails. We want to do it better. Even though there is still a lack of the digital health infrastructure and big concerns about data protection, a large number of innovations in the healthcare sector have already proven their effectiveness. Nevertheless, a successful implementation and a sustainable usage of promising digital services is not guaranteed. A rising number of surveys show that patients as well as physicians do want to use digital services, but ultimately do not accept them because of uncertainty, impenetrability and unrecognizable benefits. That's the starting point in our [Digital & Health Innovation Centre](#): The aim is to complement the classic evaluation processes in the healthcare sector by focusing on practical application, generating business cases and modelling its impact - thus making it easier for health care insurance companies, management companies, networks of physicians or hospitals to make selections in the complex innovations market.

If you want to know more about the service of the Innovation Centre and the evaluation process [click here to download our latest Sales Pitch!](#)



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


Integrated obstetrical care in Baden-Wuerttemberg: OptiMedis designs catalogue of measures and accompanies study trip to the Netherlands

A lot has been done since the Ministry for Social Affairs of Baden-Wuerttemberg started round table talks on obstetrical care in 2017, under the guidance of the State Secretary and with the involvement of all relevant stakeholders: OptiMedis successfully participated in two associated tenders and recently completed a report with recommendations for measures to improve obstetrical care in Baden-Wuerttemberg.

The report also integrates the insights gained during an exciting study trip to the Netherlands. The trip took place in November 2018 by invitation of the Ministry for Social Affairs of Baden-Wuerttemberg with the aim of becoming acquainted with the system of obstetrical care in the neighbouring country in general, and a current project in integrated obstetrical care in particular. The programme was organised by [OptiMedis-Nederland](#). German participants included State Secretary Bärbl Mielich, further representatives of the Ministry, the Baden-Wuerttemberg Medical Council, the Baden-



To improve obstetrical care in Baden-Wuerttemberg, OptiMedis was commissioned by the Ministry for Social Affairs to draft a report with recommendations for measures. Photo: Unsplash

Württemberg Midwives Association, health insurers AOK and Techniker Krankenkasse, MotherHood e.V. (parent representatives), as well as the German County Association. The participants were impressed by the interprofessional networking already in place as well as by the organisation of continuous care for women across the entire care trajectory (pregnancy, birth, and childbed care). The participants drew very favourable conclusions about the approach of integrated obstetrical care (integrale geboortezorg), which is currently on trial with six pilot projects. The first results were presented by Jurriaan Pröpper, CEO OptiMedis-Nederland.

How medical information is organized in Germany: French delegation visits OptiMedis



A group of nine French Doctors who specialize in medical information visited OptiMedis. Photo: OptiMedis

Under the theme "Medical information in Hamburg, Germany: insights for the French Healthcare System" a group of nine French Doctors who specialize in medical information visited OptiMedis on March 12th 2019 amongst others.

The study mission was part of a specialization course organized by the French Hospitals Federation (FHF). The objective was to highlight how medical information is organized in Germany, the European country with a healthcare system closest to France.

The team of OptiMedis reported on their integrated care model and how collecting and treating medical information. [For further information please click here](#) (in French).

Events, where you can meet us

27th International Conference on Health Promoting Hospitals and Health Services, 29th to 31st May 2019, Warsaw, Poland

[Link](#)

SELFIE 2020 Final Conference Integrated care for multi-morbidity, 13th June, Amsterdam, Netherlands

[Link](#)

Publications

Bohnet-Joschko S., Nelson E. C., Zippel C., Morgan T. S., Øvretveit J. (2019). How social business innovates health care: two cases of social value creation leading to high-quality services. Journal of Public Health. [Link](#)

Health systems worldwide are experiencing increasing cost-cutting pressures with more intense competition and rising customer requirements. We aimed to find out and compare the characteristics and successes of two different sustainable business cases in healthcare delivery from an innovation-driven, organizational perspective. The two business models operate successfully, but pursue different approaches to healthcare innovation.

Editorial responsibility

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