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Dear Readers, dear Friends,

another year has passed and with the constant attention on “blink moments” (fast, immediate decisions spurred by constant social media feedback) it seems that all traditional wisdom has been thrown overboard – certainly, this is the impression one gets trying to follow policy around the world. At second sight though I believe that the blink-hype is a fallacy that deflects attention from the broader changes in the world in which we are living - demographics, epidemiology and the climate care little about changes within legislative cycles.

To the contrary, current and future challenges are well established and in optimism I believe that with a clear strategy rather than constant change we will be able to address these challenges.

Take for example the Ottawa Charter: the need to focus on healthy public policy, supportive environments, community actions, personal skills and reorientation of health services is as important as ever. I am therefore delighted that we have been awarded the contract to lead the WHO-initiated [International Network of Health Promoting Hospitals](#) into the future.

The merit to concentrate on strategy is also reflected in our new projects to establish [population-based integrated care in the state of Hesse](#), Germany, and soon in [Saverne and a district of Strasbourg](#), France, as well as in the award we have received for the [best system integrator initiative in the UK](#) and the [research projects](#) funded by the German Ministry of Health, the EU and OECD that put the patient at the centre of the attention.

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



Sincerely yours,

Oliver Groene, PhD – Vice Chairman of the Board



Merry Christmas & a healthy and happy year 2020!



About OptiMedis and our projects – Germany

Innovation in the "Gesunder Werra-Meißner-Kreis": interprofessional health guides advise residents

The residents of a rural region in North Hesse now benefit from accessible, low-threshold, and free advice on health and the promotion of health. Within the integrated health network of the Gesunder Werra-Meißner-Kreis ("Healthy Werra-Meißner District"), so-called health guides have been undergoing training since August. They primarily give preventative and motivating advice, but also support people who are already ill.

"We have developed innovative, extra-occupational advanced training that we carry out together with experts from various specialised fields. Twenty health guides have already begun their work on the ground," says Dr Helmut Hildebrandt, Chief Executive of the regional management company Gesunder Werra-Meißner-Kreis GmbH.

Health guides come from health-related occupations



Marianne König (right) from the healthcare management division of the Gesunder Werra-Meißner-Kreis GmbH, hands over a health guide certificate to Anja Küllmer (centre), medical assistant at the surgery of Dr Oliver Kühke (left), after successfully participating in the new advanced training. Photo: Gesunder Werra-Meißner-Kreis

In order to establish qualified contact points for initial questions surrounding health across the entire region, specialists are recruited from all professions within the care system for further training. Medical assistants from doctor's surgeries, pharmaceutical technicians from pharmacies, nurses in old people's homes or home healthcare, therapists and fitness trainers as well as occupational categories from physiotherapy, logotherapy and ergotherapy practices, nutritionists and midwives.

Marianne König from the healthcare management division of Gesunder Werra-Meißner-Kreis GmbH explains how health guides work: "They carry out advice sessions on top of their regular activities on site in

surgeries or organisations. In sessions lasting around 30 minutes, they inform insured individuals about health-promoting measures, inquire about their needs for support, agree on health goals, and communicate relevant offerings." Furthermore, they act as the point of contact for participation in the specific provision of care by the Gesunder Werra-Meißner-Kreis and in so doing, are an important link between medical and therapeutic healthcare and this additional health and care management.

The work of Gesunder Werra-Meißner-Kreis is based on a "Shared Savings Agreements" with the health insurance company BKK Werra-Meißner. The partners concluded a long-term, performance-related agreement with partial assumption of budget responsibility in accordance with § 140 a SGB V (German Social Code). The region has 100,715 inhabitants. BKK Werra-Meißner's share of those with statutory health insurance is almost 25%, and the company has a great interest in improving and securing regional care.

Hamburg's health kiosk to be included as part of standard care



Focus on patient activation: One of the most important tasks of the health kiosk is to increase the effectiveness of medical recommendations and to support patients in changing their behaviour. Photo: OptiMedis

The health kiosk, conceptualised by OptiMedis and implemented through the dedicated integrator organization "Gesundheit für Billstedt/Horn", is situated in two deprived areas of Hamburg, Billstedt and Horn, and will continue to be funded after the financing it receives from the innovation fund finishes at the end of 2019. The relevant contracts were officially signed by the four participating health insurance companies (AOK Rheinland/Hamburg, Techniker, BARMER and DAK GESUNDHEIT) in December.

Hamburg's Senator for Health Cornelia Prüfer-Storcks, who supported the project in the East of Hamburg from the very beginning, emphasised that "as a flagship project that's one-of-a-kind here in Germany, the health kiosk has shown how successful cross-sector cooperation can be between social care, prevention facilities, nursing, GPs, specialists and hospitals, with the help of OptiMedis and innovative health insurances as the implementers of innovative medical care systems." The high level of demand for the project confirms that the people in Billstedt and Horn were reached well and receiving early support – be that in the form of a doctor's visit, prevention or education.

Hamburg's Senator for Health Cornelia Prüfer-Storcks, who supported the project in the East of Hamburg from the very beginning, emphasised that

The health kiosk collaborates with local physicians and around 100 district facilities

The health kiosk offering is diverse: The medically trained and multilingual team advises patients both before and after their visit to the doctor, with this advice being available in several of the languages spoken in the district. It also coordinates treatment steps and puts patients in contact with institutions and associations in the district. In this way, the project initiators and partners want to not only close existing supply gaps, but also strengthen the areas of prevention and health promotion in the districts. Another objective is to further the self-competence of patients. This will relieve the burden on doctors and, in the longer term, reduce treatment costs for health insurers. The health kiosk collaborates closely with a network of around 100 district facilities. These facilities include nursing homes, care homes, clinics, sports clubs, the adult education centre, specialist outpatient counselling centres, patient initiatives and social-psychiatric services. The community-oriented care and networking structure is revolutionising aspects of the health care system by dismantling traditional hierarchies and empowering patients to take a more active role in their own care.

More than 6,000 consultations in two years

The latest figures show just how high the level of demand is. "Since it opened its doors two years ago, the health kiosk has seen more than 6,000 consultations that have helped and informed patients with regards to their respective illnesses," said Matthias Mohrmann, member of the board of directors at AOK Rheinland/Hamburg. The most important objective of the kiosk is to create the same health prospects for everyone, regardless of income, background and place of residence. Mohrmann continues: "This is of particular importance when it comes to

Billstedt/Horn, as twice as many residents require a visit to the doctor in comparison with other districts in Hamburg. In addition, chronic diseases are much more common and often occur at a much earlier age."

Further information: www.optimedis.com/gesundheit-fuer-billstedt-horn

OptiMedis receives six-figure sum to develop innovative health care

In a financing round in July with convertibles and direct investments, OptiMedis AG received a mid six-figure sum. Various reputable individuals from the health care sector are involved. This company develops concepts for a patient-oriented and sustainable supply of health care, as has been demanded by German politicians and experts for a long time, and it implements them regionally together with physicians, health insurers, and other partners.

"With this fresh capital we endeavour to drive the development of further innovative health care systems, following our model which has been internationally recognised as forward-looking", explains Dr. h. c. Helmut Hildebrandt, Chairman of OptiMedis. The next round of financing is in the pipeline.

Specifically, OptiMedis develops health care management solutions regionally, connects stakeholders from the medical and social fields, and implements innovative IT solutions and data analytics. The "Shared Savings Agreements" are another crucial success factor, which foresee a share of the realised savings with the health insurers being directed towards the regional health care companies supported by OptiMedis as a return on investment.



Sustained growth: Six-figure sum for Optimedis to develop regional health care management solutions. Photo: Unsplash

The most well-known projects in which OptiMedis is involved are the integrated care centre "Gesundes Kinzigtal" in South Baden (www.gesundes-kinzigtal.de), where the model already produced its proof of concept, and "Gesundheit für Billstedt/Horn", a growing integrated care project in a relatively deprived urban context (www.gesundheit-bh.de). Additionally, OptiMedis has established another integrated, population-oriented care in the Werra-Meißner District (www.gesunder-wmk.de) and is also active in another three European countries.

You can find more information on the projects in which OptiMedis is involved [here](#).

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Martin Wehling: "We are optimising the provision of pharmaceuticals using the FORTA algorithm"

The pharmacologist Dr Martin Wehling (Professor), Head of the Institute of Clinical Pharmacology at Heidelberg University Faculty of Medicine in Mannheim, has been involved in improving the provision of pharmaceuticals for many years. We spoke with him about the newly developed FORTA-EPI algorithm. Also present for the discussion: Andree Rabenberg, Manager of Business Intelligence & Data Warehouse Development at OptiMedis AG, who was involved in the development of the algorithm and is responsible for the evaluations.



Dr Martin Wehling (Professor), Head of the Institute of Clinical Pharmacology at Heidelberg University Faculty of Medicine in Mannheim. Photo: private

Professor Wehling, together with OptiMedis you have developed an algorithm which evaluates the drug therapy of older patients. Why that, specifically?

It is enormously difficult for doctors to find the correct balance between over- and undersupply, especially if patients have multimorbidity (multiple long-term or chronic conditions) and need to take several medications at the same time. Risks such as serious side effects or interactions must be avoided while simultaneously opportunities, to prevent strokes for example, must be seized. Using the data-based algorithm FORTA-EPI, we can rate the provision of pharmaceuticals on the basis of the FORTA list (see below for an explanation) on a regional and practical level in relation to under- and oversupply. We are therefore able to show whether the recommended medication was prescribed for the documented diagnosis, whether drugs have been prescribed without the appropriate diagnosis, or whether drugs with a poor rather than a good rating have been prescribed for the same indication. The result of the evaluation is the so-called FORTA score.

Who can utilise the results?

The algorithm will be of particular interest to Association of Statutory Health Insurance (SHI) physicians, health insurance companies, networks of doctors or regional management companies, and scientific project groups can also benefit from it. Applied to the data of a region, you get an overview of the areas in which the algorithm has identified the greatest potential for improvement. Additionally, it is also possible to display the results by group of indications or doctor's practice. These are important prerequisites for optimising the supply of pharmaceuticals in a specific region and avoiding drug interactions and hospital stays.

Mr Rabenberg, which data do you use?

In principle, the basis can be formed of all source systems that contain enough information on diagnoses and the medications of patients. These include billing data from health insurance funds and insurance companies, outpatient medical billing data from practice management systems or from associations of SHI physicians.



Andree Rabenberg, Manager of Business Intelligence & Data Warehouse Development at OptiMedis. Photo: OptiMedis

Where has the algorithm been used previously?

We previously tested the algorithm in integrated care systems that OptiMedis is involved in. Using routine data, FORTA score values for 13,557 patients from age 65 could be calculated. In all test regions it was found that around one-third had been oversupplied with pharmaceuticals and two-thirds had been undersupplied. In the IV regions, an undersupply of suitable painkillers was identified most frequently and thus in about every tenth patient over 65 years of age, provided a corresponding diagnosis was available. The most common reason for oversupply was the documentation of proton pump inhibitors in patients who had no substantiated diagnosis such as a gastrointestinal disease.

Our next step is to roll out the algorithm in England, in conjunction with our joint venture OptiMedis-COBIC UK.

Professor Wehling, can the algorithm really replace personal evaluation?

A personal, complete FORTA evaluation of a patient carried out manually is, naturally, more precise than one based on data. Further parameters not depicted in the data can be considered – e.g. a patient's sensitivity to pain or intolerances. On average, however, this takes ten to fifteen minutes, assuming the examiner has been trained in accordance with the FORTA principles. Our data-based algorithm can, however, support decisions, as potential problem areas can be identified and indicated more quickly. In the test regions pharmaceutical councils are already taking place regularly based on the FORTA recommendations, which will in future be supported by the data-based results of the algorithm.

Background: The FORTA classification (Fit fOR The Aged) developed by Dr Wehling (Professor) rates active ingredients in connection with age-relevant indications hierarchically from A (positive) to D (negative). The fundamental rule is that A-rated substances should or must be given first (necessary medications), then B-substances as additional or alternative medications. C-substances should only be used if all other more highly-rated alternatives have been exhausted and D-substances – with a few exceptions – should be avoided. The FORTA list was developed in conjunction with more than 25 experts. The latest version (published in 2019) contains 296 evaluations of drugs/drugs groups for 30 age-relevant diagnoses. The use of the FORTA list was clinically successful in a randomised endpoint trial (VALFORTA) and was relatively easy and efficient to convey as a learning tool.

Read more about the FORTA-EPI algorithm in the article [The FORTA \(Fit for the Aged\) – EPI \(Epidemiological\) Algorithm: Application of an Information Technology Tool for the Epidemiological Assessment of Drug Treatment in Older People.](#)

About OptiMedis and our projects – international

OptiMedis-COBIC UK and partners win prestigious award

The joint venture [OptiMedis-COBIC](#) together with the North-East London Commissioning Support Unit led consortium including Imperial College Health Partners, Social Finance and the consulting firm PPL has won the renowned [Health Service Journal Award 2019](#) (HSJ Award) in the category "System leadership initiative of the year". The basis was the adaptation of the OptiMedis model for population-oriented, integrated care in the Hampshire region. The HSJ Award is presented annually for excellence in healthcare.



System leadership initiative of the year: OptiMedis-COBIC wins the prestigious HSJ Award 2019 together with a consortium led by the North-East London Commissioning Support Unit (NEL). Foto: HSJ

More information about the HSJ Award can be found [here](#). For a description of the winning initiative, click [here](#).

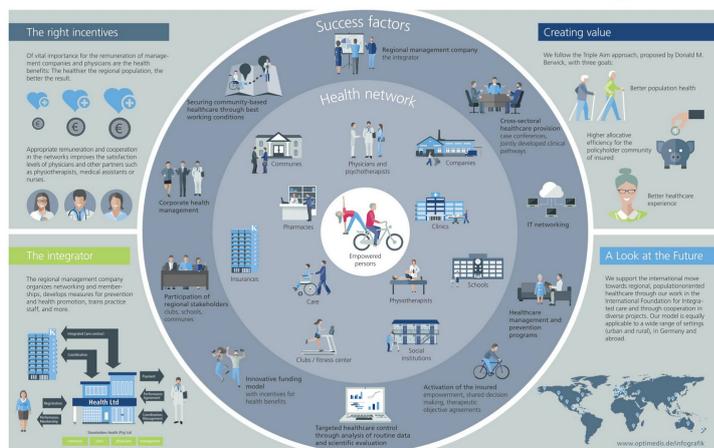


OptiMedis starts cooperation with the Eurometropole Strasbourg and the Saverne region

In a national competition for investing in innovative projects organised by the French Government the Strasbourg region has put all its efforts into developing the "health region for tomorrow" in the Eurometropole Strasbourg and the Saverne district ([official press release](#)). OptiMedis contributed its experience building innovative territorial health systems based on its comprehensive international experience in planning and implementing integrated care arrangements. Together with other contributing partners, these efforts were acknowledged by the French Prime Ministers office and will be funded over the next years with more than EUR 10 million plus a further EUR 24 million as venture capital. Starting in March 2020 OptiMedis will advise the french partners in developing two territorial health system models in the region of Saverne and in one quarter of Strasbourg, which will be followed by firmly establishing OptiMedis-France as a partner in the region.

A first exchange was organised at the 3rd national conference on prescription based sports for health in Strasbourg in October 2019 followed by a 2 day seminar with the Eurodistrict team at the OptiMedis premises in Hamburg in November to discuss the next steps.

Regionally Integrated Healthcare – the OptiMedis model



The french government was convinced of the OptiMedis-accompanied care model in an innovation competition. Graphic: OptiMedis

The sports for health movement, where the national health insurance system supports physical activities for patients with a variety of conditions exists for many years. More than 250 physicians prescribe sports activities with different levels of support depending on the type of disease for preventive purposes and to activate patients in the Eurometropole region. Additionally, a rapid increase in the availability of e-health applications to monitor physical activity as well as patients conditions can be seen. However, a wider understanding of health with a stronger collaboration between health service providers and a more patient centred approach to health delivery systems

and an outcome based performance monitoring as one of the pillars of the OptiMedis approach, is still rare. In recent years new multi- disciplinary physician driven networks were created with interesting features, which may provide a good starting point for an OptiMedis like intervention. Regional health professional communities (communautés professionnelles territoriales de Santé (CPTS)) are part of the national strategy "My Health 2022". CPTS intent to improve coordination of health services and to establish patient centred treatment pathways with sharing patient relevant information across the network and easy access to service providers. Shared service standards should improve quality of care.

Within the upcoming collaboration OptiMedis supports the "health region for tomorrow" project with its expertise and the implementation of its methodology, while integrating into existing mechanisms in the project region (e.g. local health contract, territorial health professional communities, etc.). In addition, OptiMedis collaborates closely with local public health authorities (ARS), health insurance (CPAM) and the Eurometropole to acquire and share health data with the multidisciplinary team, which is necessary to improve quality of services and to evaluate health outcomes.

Strasbourg also represents France in the European "Joint Action" program to promote best practices in health across Europe, for which it will also partner with OptiMedis.

International Network of Health Promoting Hospitals hands over management to OptiMedis

OptiMedis AG is expanding its work for health-promoting hospitals and services. After taking over the management of the German Network for Health Promotion Hospitals and Healthcare Facilities (DNGfK) in 2018 and successfully initiating seminars, networking events and the continuing professional development programme in the field of workplace health promotion, OptiMedis has now also been commissioned in an international tender process to coordinate the International Network of Health Promoting Hospitals & Health Services (HPH) .

The HPH has been supporting hospitals since the early 1990s in introducing health-promoting concepts for patients, employees and entire regions. The international cooperation resulted in numerous networks throughout Europe in

which hospitals, rehabilitation and care facilities are networked on a national or regional level. Currently, the WHO-supported HPH has more than 600 member institutions in 19 countries worldwide.



First International HPH Governance Board meeting with OptiMedis, the new host of the HPH secretariat. Photo: OptiMedis

Dr Oliver Gröne, Vice Chairman of OptiMedis and responsible for the strategic realignment of HPH, explains what is decisive for the future of the network: "On the one hand, we have to attract young talents to our network so that they can help us implement the ideas of health promotion in their institutions driving sustainable changes. On the other hand, we want to align our work more closely with the Sustainable Development Goals, which offer an excellent agenda for the network's overarching goals. To this end, OptiMedis will make use of existing cooperations in numerous national and international networks and projects.

Gröne attaches particular importance to the fact that in the future, not only the national and regional networks represented in the HPH will be addressed, but also the individual members. "We want to create new offers for them, for example in the area of further education and digitization," he explains.

OptiMedis joins the German Health Alliance – promoting global health and encouraging international networking

OptiMedis has joined the [German Health Alliance](#) (GHA), which connects stakeholders from a variety of disciplines: governments, the private sector, non-governmental organisations, and charities as well as science and academic institutions. This summer the GHA – as part of an initiative by the Voice of German Industry – re-formed and now has more than [110 members](#) from industry, science, charities, NGOs, health organisations, and public development organisations. The German Healthcare Partnership (GHP), German-Sino Healthcare Group (GSHCG), and German Healthcare Export Group (GHE), formerly three stakeholders, have combined their expertise in the process.

They leverage their synergies with a specific focus on global health, on excellent, high-quality medical technologies, as well as medical solutions and healthcare

services which are needed to provide broadened access to healthcare provision. The experiences of OptiMedis with integrated care solutions as well as the specialised model of "Value-Based Population Health Payment", i.e. the savings made on the basis of insuring all persons in a region, were a particular reason for the GHA's decision to convince OptiMedis to join as a member.

The members of the GHA work on key topics and form collaborations, projects, and strategic alliances in their own network as well as with external partners and organisations.



More than 110 members from the fields of industry, science, charities, NGOs, health, and public development organisations belong to the German Health Alliance. Photo: GHA

Successful bids for three research projects: "FRAG MICH!", OECD Patient-reported outcome measures, ADLIFE

With the participation in research projects, OptiMedis wants to advance care in Germany and internationally. An overview of our work on diverse projects can be found [on our website](#). Recent additions are the projects FRAG MICH! (ASK ME!), OECD Proms, and ADLIFE.

Together with teams from doctor's surgeries, the project partners of [ASK ME!](#) (German website) want to learn from the experiences of patients. On behalf of the German Federal Ministry for Health, OptiMedis is developing a



The new research projects in which OptiMedis is involved focus on patient safety, the quality of care and empowerment of chronically ill people. Photo: iStock / OptiMedis

questionnaire to survey patients about safety-related events in outpatient care. It will be tested in 50 doctor's surgeries. The questionnaire aims to deliver initial findings about the current state of patient safety in outpatient care. Later, a feedback mechanism will be developed to anonymously reflect the results back to doctor's surgeries, and will also be available to be used for future projects. In addition, the results will also be discussed in a workshop with the doctors involved.

As part of an international consortium, OptiMedis has won the tender by the OECD for the "International Survey on Outcomes and Experiences of Patients with Chronic Conditions". The project aims to develop a standard method for OECD countries to assess patient-reported outcomes in ambulatory care. OptiMedis is responsible for the development of a questionnaire for care providers as part of the project and together with the consortium partners will support data collection in up to 15 OECD member countries.

OptiMedis is also a consortium partner in the EU project ADLIFE on "large-scale pilots for integrated outcomes-based care". The aim is to evaluate the feasibility of a personalised, integrated care platform that would make it possible for elderly patients with advanced, chronic disease to live in their own homes for longer. Alongside the Patient Empowerment Platform, ADLIFE also include a prediction model for improved earlier detection of relevant patient care. OptiMedis is leading the work package Business Exploitation in this project and supports the integrated care network Gesunder Werra-Meißner-Kreis in the pilot of the Patient Empowerment Platform. The kickoff meeting will take place on 28 January 2020.

COMPAR-EU: exciting news on the Self-Management Blog

Information related to self-management and relevant developments in research, politics, and practice have been published on an [online blog](#) since June 2019 as part of the COMPAR-EU project. Readers will find self-awareness reports, interviews, guest posts, and tips for interesting scientific articles there.



Since June 2019 the Self-Management Blog has been reporting – under supervision by the COMPAR-EU project – on self-management and relevant developments in research, politics, and practice. Photo: OptiMedis

COMPAR-EU aims to identify, compare, and evaluate the most effective interventions in self-management (SMI) for adults in Europe. In the process patients who suffer from one of the following four chronic illnesses will be the focus: type 2 diabetes, obesity, chronic obstructive pulmonary disease, and heart failure. Building on the comparison of various self-management interventions, decision-making tools for doctors, patients, clinical guideline developers, and

political decision-makers will be developed. Seven partners from five countries will work on the project for a total of five years – including OptiMedis AG. It is leading the work package Communication and Exploitation and is, among other things, responsible for the platform www.self-management.eu.

Healthcare Performance Intelligence Professionals: third training week took place in Hamburg

OptiMedis AG hosted the third training week of the Marie Skłodowska-Curie Innovative Training Network for Healthcare Performance Intelligence Professionals [HealthPros](#) (Twitter: @HealthProsH2020), that took place on the second week of November in Hamburg. Thirteen PhD candidates from all over Europe (two of which are part of the OptiMedis staff) enjoyed presentations and workshops from PhD Oliver Gröne, Laura Lange and Timo Schulte. Topics included performance evaluation of integrated health care systems, the use of real-world data in quasi-experimental evaluations and predictive modelling with artificial intelligence. PhD candidates were also introduced to the practical challenges of writing a mock-EU proposal. The key investigators of all beneficiary organizations gave valuable feedback and evaluated the possibility of taking the proposals to the next stage. The training week also served to discuss the direction and next steps of the doctoral research projects being developed.

At a networking dinner, Dr Torsten Hecke, Head of Analytics and Insight at the Techniker Krankenkasse, the largest national statutory health insurance company in Germany, gave an inspirational talk about the role of analytics, artificial intelligence and machine learning in the health care context. He emphasized three different sets of competences/resources: the mindset, the toolkit and the skillset. The tools are relatively easy to deploy, sometimes existing soft- and hardware is sufficient to run complex AI algorithms. The skillset can be developed through recruitment and training. However, the most important competences to encounter and/or developed are the right mindset to harness the powers of analytics and artificial intelligence in health care. Too often innovative approaches to health care analysis and reform are restrained by a mindset that is only addressing risks and uncertainties and doesn't value the potential equally. Dr Hecke recommend that AI initiatives should therefore have board support at an organization in order to effectively improve organization's processes and practices.

Moreover, PhD candidates had the opportunity to learn about important companies in the industry. The Techniker

Krankenkasse, McKinsey & Co. and AstraZeneca gave presentations and engaged in interesting discussions about the state of the art in healthcare intelligence, career opportunities, and personal experiences. Thanks to all partners that made the training week a success!



The HealthPros programme trains 13 international doctoral candidates in the field of "data science for health system performance assessment" and enable the candidates to combine advanced data science knowledge with strategic decision making on improving health system performance. Photo: private

The OptiMedis model in China: savings contracting contracts are developing into a driving force in population health management

On the occasion of Dr Steven Shao, Medical Director at Chinese Pacific Insurance Company (CPIC), visiting OptiMedis in Hamburg, international cooperation in the matters of integrated care and population health management was initiated.



Dr Steven Shao, Medical Director of the third largest Chinese insurance company Chinese Pacific Insurance Company (CPIC), visited OptiMedis in Hamburg in October 2019. Photo: OptiMedis

As an answer to the massive cost increases as a result of extreme demographic challenges in China, the increase in lifestyle-related diseases and overloaded hospitals, Dr Shao established the "Healthy Huanghua" project in the province of Hebei (southeast of Beijing), modelled on the OptiMedis example. Shared savings contracts with municipal health insurance – as in the German model regions *Gesundes Kinzigtal* ("Healthy Kinzigtal") and *Gesunder Werra-Meißner-Kreis* – are used.

Future-oriented care topics: not a country-specific question

The CPIC is the third largest insurance company in China and plans to expand its work on a wide scale in the health sector as well as with municipal health insurance. "The focus therein should be on expanding the preventative area and the launch of related pilot projects that should find long-term, country-wide application," explains Dr Shao. He and the OptiMedis team exchanged views on concrete measures to promote preventative medicine in rural and urban areas as well as better expansion and incentivising outpatient care to avoid unnecessary recourse to emergency admissions and hospital services. "We also considered how, with the help of our experiences in health networks in Germany and other individual European countries, mental health care provision for different population groups could be improved and chronic ailments – in particular, obesity – in China can be counteracted," says Dr Hildebrandt and emphasises how, among other things, the qualification and expanded use of all health professors is particularly relevant for population-based medicine. "We look forward to discussing these topics again with Dr Shao in future and using best practice examples from both countries – next year will see further plans to collaborate with China."

At a glance

How is integrated care doing in Europe? WHO seeks experts for survey

The WHO hopes to find out which advantages actors in healthcare see in integrated care. Consequently, from October to December 2019 Vilans, the national centre of excellence in long-term care in the Netherlands, is conducting a web survey with participants from the 28 EU member states. Decision makers, researchers, managers, specialists, and patient representatives are being sought to take part in the survey.

The survey lasts between 10 and 15 minutes and can be found at www.vilans.nl/integratedcarestudy.

The BigMedilytics project involves around 100 organisations at its first event



The first BigMedilytics event was attended by representatives from 100 organisations. Photo: BigMedilytics

The BigMedilytics project, in which OptiMedis is involved, organised its first workshop in Valencia (Spain) under the title "Big Data: Fuelling the transformation of Europe's Healthcare sector" on the 4th and 5th of September 2019 in the Ciudad Politécnica de Valencia. Organized by INCLIVA, Philips, and ITI, the event gathered more than 160 attendees from around 100 organisations representing healthcare providers, health technology companies, payers, research institutes and academia from across Europe.

The event offered a complete overview of the three different themes (Population Health and Chronic Diseases, Oncology, and Industrialization of Healthcare Services) and the 12 pilots. It was structured to gather valuable feedback from the [External Exploitation Partners \(EEPs\)](#) for the project to ensure the BigMedilytics project transfers solutions that are useful and relevant to Europe's healthcare sector at large. Attendees could know the different solutions presented by the 12 pilots ([Comorbidities](#), [Kidney disease](#), [Diabetes](#), [COPD/Asthma](#), [Heart failure](#), [Prostate cancer](#), [Lung cancer](#), [Breast cancer](#), [Stroke management](#), [Sepsis management](#), [Asset management](#), and [Radiology workflows](#)) through the demonstrations and posters shown in the hall of the venue.

All the presentations of the event can be found [here](#).

With 35 partners from 12 countries, the EU project "BigMedilytics" is implementing pilot projects for the application of artificial intelligence in the fields of public health and chronic diseases, oncology, and process optimisation in health care. Under this project, OptiMedis is working together with the INCLIVA Foundation in Valencia and with Philips in Eindhoven to develop and implement better methods for predicting patient utilisation behaviour.

Regions4PerMed: OptiMedis is interregional committee member

OptiMedis is one of the interregional committee members of Regions4PerMed. The project contributes to the achievement of the objectives of the European strategy launched in 2011 with the



Regions4PerMed

European Council Conclusion: Towards modern, responsive and sustainable health systems and modernisation of the European Healthcare system. In the interregional committee Regions4PerMed brings together more than 18 stakeholders from EU member states. Members include: regional and national policy makers in charge of health and/or innovation programmes and policies and regional stakeholders (representatives of research centers, technological clusters, hospitals, regional/national agencies) able to channel the outcomes of the project into regional and national policy commitments.

Read more about the project and the members of the interregional committee:

www.regions4permed.eu/governance.

Events where you can meet us

BMC Kongress 2020, 21. bis 22. Januar 2020, Berlin, Germany

[more](#) (german)

HBI 2020 – Facing the Wave Solutions for the ageing/co-morbidity crisis, 20. bis 22. April 2020 in London

[more](#)

International Conference on Integrated Care, 27-29. April 2020, Šibenik, Croatia

[more](#)

Publications

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

With this paper, the authors initiate the Supplement on Deepening our Understanding of Quality in Australia (DUQuA). DUQuA is an at-scale, cross-sectional research programme examining the quality activities in 32 large hospitals across Australia.

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](#)

The purpose of this study was to develop and psychometrically test a German-language survey instrument that measures patient enablement generically and in greater detail than previous instruments.

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

The authors react to an article by Dixon-Woods, discuss the current limitations of quality improvement in healthcare and how to deal with them.

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 authors argue that a new type of professional called an information counselor needs to be trained to turn data into meaningful information for clinical practice, supporting providers and patients.

Rabenberg A., Schulte T., Hildebrandt H., Wehling M. The FORTA (Fit for the Aged) – EPI (Epidemiological) Algorithm: Application of an Information Technology Tool for the Epidemiological Assessment of Drug Treatment in Older People, Drugs & Aging, Springer International Publishing, August 2019 [Link](#)

The authors present the FORTA-EPI algorithm developed based on the FORTA (Fit fOR The Aged) classification, which rates active pharmaceutical ingredients in connection with age-relevant indications hierarchically from A (positive) to D (negative). It will be shown how this electronic tool can identify potential for improvement in drug supply and in so doing contribute to preventing drug interactions and unnecessary stays in hospital.

Stahl K. (2019), Predictors of intra- and postpartum care experience: key dimensions of quality of care from women's perspective. *GMS Z Hebammenwissen* 2019;6:Doc01, 11-20. [Link](#)

The aim of this study is to explore the factors influencing the overall intrapartum care experience in the labour ward as well as the overall experience of postnatal care in the maternity ward.

Tanke MAC, Feyman Y, Bernal-Delgado E, Deeny SR, Imanaka Y, Jeurissen P, Lange L, Pimperl A, Sasaki N, Schull M, Wammes JJG, Wodchis WP, Meyer GS. A challenge to all. A primer on inter-country differences of high-need, high-cost patients. *PLOS ONE*, Juni 2019, 14(6): e0217353. [Link](#)

The authors conducted a cross-sectional descriptive study using one year of patient-level data on high-cost patients in seven high-income OECD member countries.

Editorial responsibility

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