

Knowledge Transfer - Optimesis, Germany

(extract from D7.1 Knowledge Transfer Programme)

Informed by the outcomes of the maturity assessment on strengths and weaknesses of integrated care the following dimensions were identified as priorities for the knowledge transfer:

Dimension(s) for coaching: these are areas in which the maturity assessment revealed strengths which could be of interest for other regions to increase knowledge:

- **Citizen Empowerment** - Implementation of health navigators supporting patients in pharmacies, GP & therapist practices
- **Process Coordination** - Regional integrated care management provides organisation for intersectoral care and the human resources to build capacity within the network

Dimension(s) for improvement: these can be either weaker points, or relatively strong areas on which the region intended to improve further:

- **Digital Infrastructure** - Working towards building a streamlined electronic health record across network practices
- **Population approach** - Currently 24% of population are covered within our network based on the contracted health insurances. Engagement and expansion of partnerships with other health insurance companies will not only widen the network but also harmonise data sharing and optimise strategic planning for integrated care provision.

The following knowledge transfer and capacity-building activities were conducted in the Werra-Meißner-Kreis:

a) Exchange webinar with the Basque country: EHR development and introduction

The purpose of the webinar was to learn and exchange on facilitators and barriers in the implementation process of digital infrastructure within the Basque integrated health care system. The webinar took place on the 18.02.2021 and was 2h long.

The objectives of this webinar were to:

- identify key learning - successful approaches and common challenges in implementing EHR in the Basque Country
- build long-term strategic partnership to enhance learning and mutual exchange (parallel integrated care project ADLIFE (developing innovative digital health solutions to support the healthcare planning and care delivery for patients with multiple advanced long-term condition) lead by Kronigune with WMK as German pilot site).

The following key topics were discussed during the webinar:

- Introduction of the EHR in the Basque Country, its use, purpose and targeted users.
- Features of the EHR system (e.g., electronic prescribing system, illness history, vaccination calendar, etc. and their implementation, including timeline, organisational change and funding.

- Interoperability of the EHR systems across different user groups (e.g., healthcare providers, social care providers, pharmacies, etc.).
- Patients' access to EHR, patients' use of access rights.
- Systems in place for feedback on continuous improvement of EHR system.
- Data protection impact assessment in place.
- Monitoring of the uptake of EHR.
- Key facilitators and barriers of the implementation process.

The following learning was captured during the webinar:

- Introduction of electronic health records (EHR) is a comprehensive change management task
- Uptake of EHR, even when technology is ready, is slow
- German EHR function release plan will not enable just-in-time use in ADLIFE project
- In order to go on with ADLIFE a separate database needs to be constructed and manually filled
- ADLIFE in Germany reverted from an implementation action to a research action.

The following actions were taken after the exchange:

- Contracting University of Kassel Chair of Communication Technology (ComTec) to build EHR substituting data base
- Change Management for ADLIFE project: Change of focus to shared decision making instead of digitally supported care plan definition

Challenges in the implementation of the SCIROCCO Exchange Knowledge Transfer Program in WMK

After the initial SCIROCCO Exchange maturity assessment the objectives of the knowledge transfer were not changed. However, the shift to virtual sessions due to pandemic has changed the potential impact of this knowledge transfer activity. With regards to our ambition to build a patient-centered health care system, we are more convinced than ever before that the German health system must enable the EHR as a reliable system / data base. Having the epiphany that a running IT system will not be enough but needs to be embedded into living processes, we very much appreciate the recent political announcement to switch to an opt-out-EHR-system. However, capacity building is left to the health insurances who market the EHR (as white label solution). But as consultant for our contracting health insurances, we push for a smart EHR solution.

Impact of the SCIROCCO Exchange Knowledge Transfer Program

The impact was demonstrated in terms of the impact on the EU project ADLIFE:

- Contracting University of Kassel Chair of Communication Technology (ComTec) to build EHR substituting data base.
- Change Management: Change of focus to shared decision making instead of digitally supported care plan definition.

In terms of the impact on managing organisation Gesunder Werra-Meißner-Kreis as a whole, there is a need to wait for rollout of German EHR in Version 2024 before scoping further process improvement ideas based on a medical data base.