



Session 9: Global perspective on Health Information Exchange
conhIT 2017 April 25th to 27th, 2017 in Berlin

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Health Information Exchange and Management, a DACH Perspective

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:: Life and Health in good Hands ::

1. THE DACH HOSPITAL MARKET: EXAMPLE GERMANY



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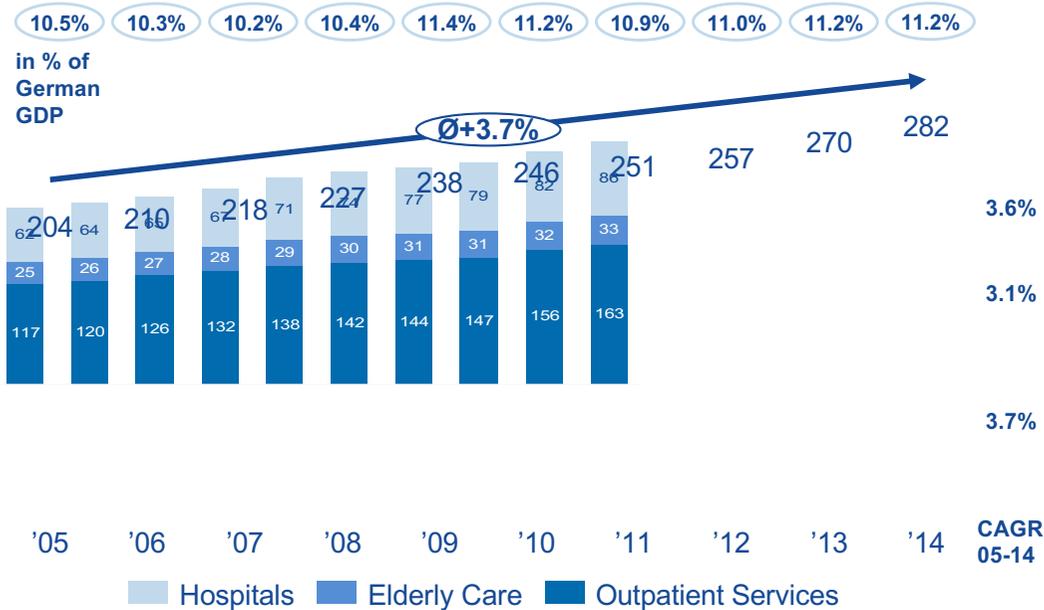
AMEOS Gruppe
Bahnhofplatz
8021 Zürich

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► Competence in
ACUTE MEDICINE, ACUTE PSYCHIATRY, and LONG-TERM CARE

GERMAN HEALTHCARE MARKET GROWING FASTER THAN GDP

German Healthcare Market Segments – ‘05-’14 (€bn)

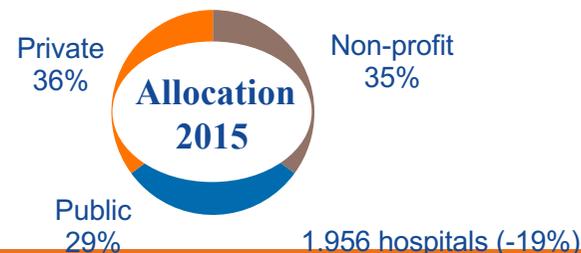
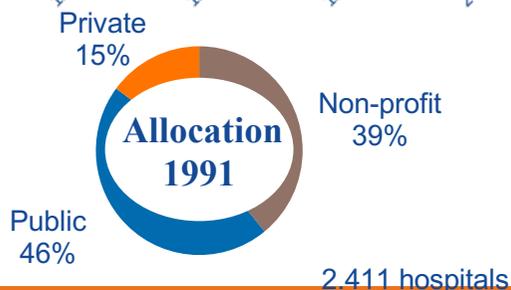
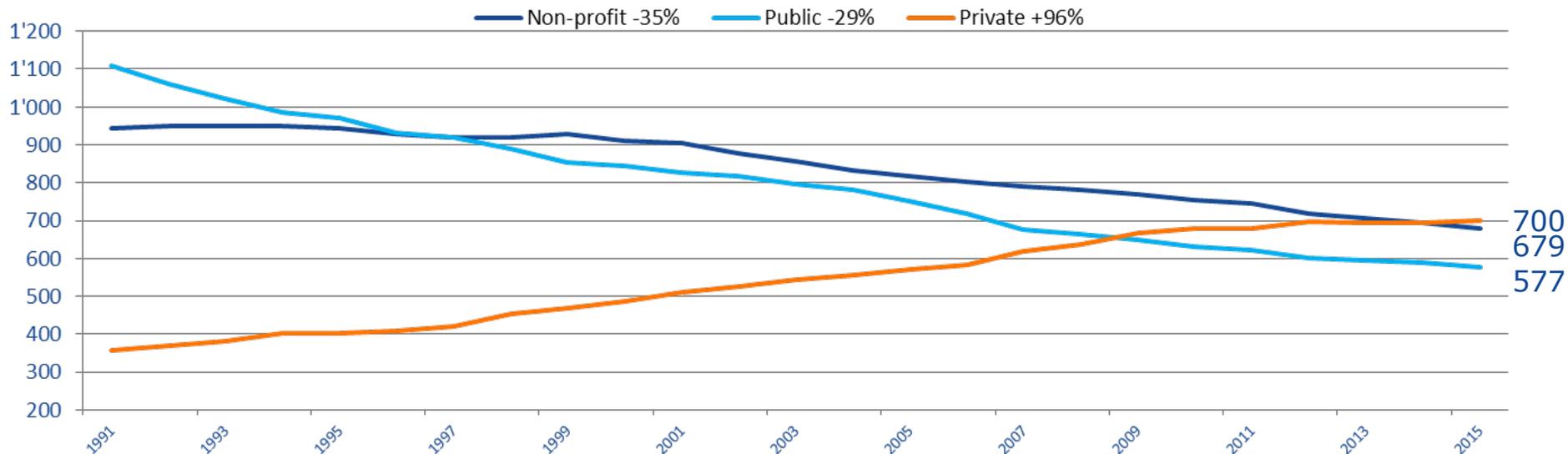


Key Drivers

Above GDP-growth of German healthcare market driven by favorable macro developments such as

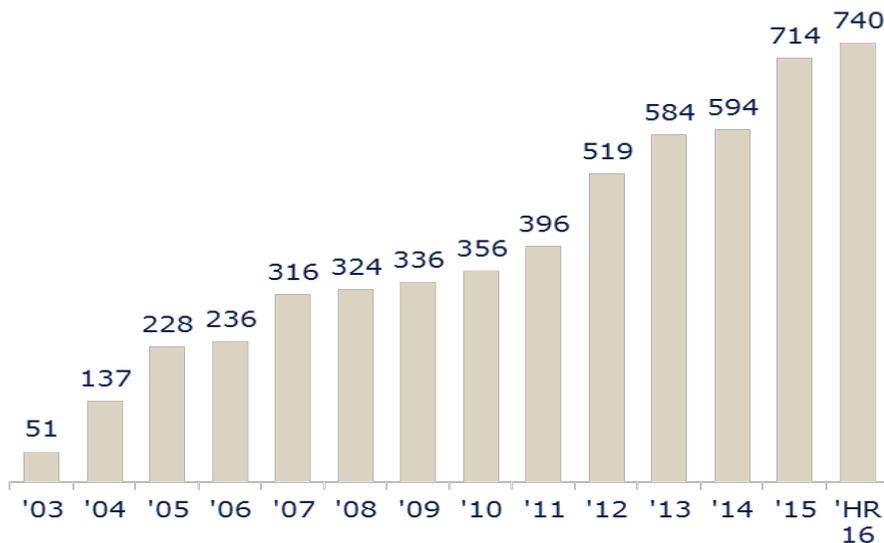
- Shift in demographic structure
- Longer life expectancy
- Increasing mental or behavioral disorders as a side effect of ageing population
- Increasing acceptance of psychiatric illness
- Rise in number of complex treatment methodologies
- Progress of medical technology supports positive market development

HOSPITALS DECREASE WHILE PRIVATE ONES GAIN MARKET SHARE



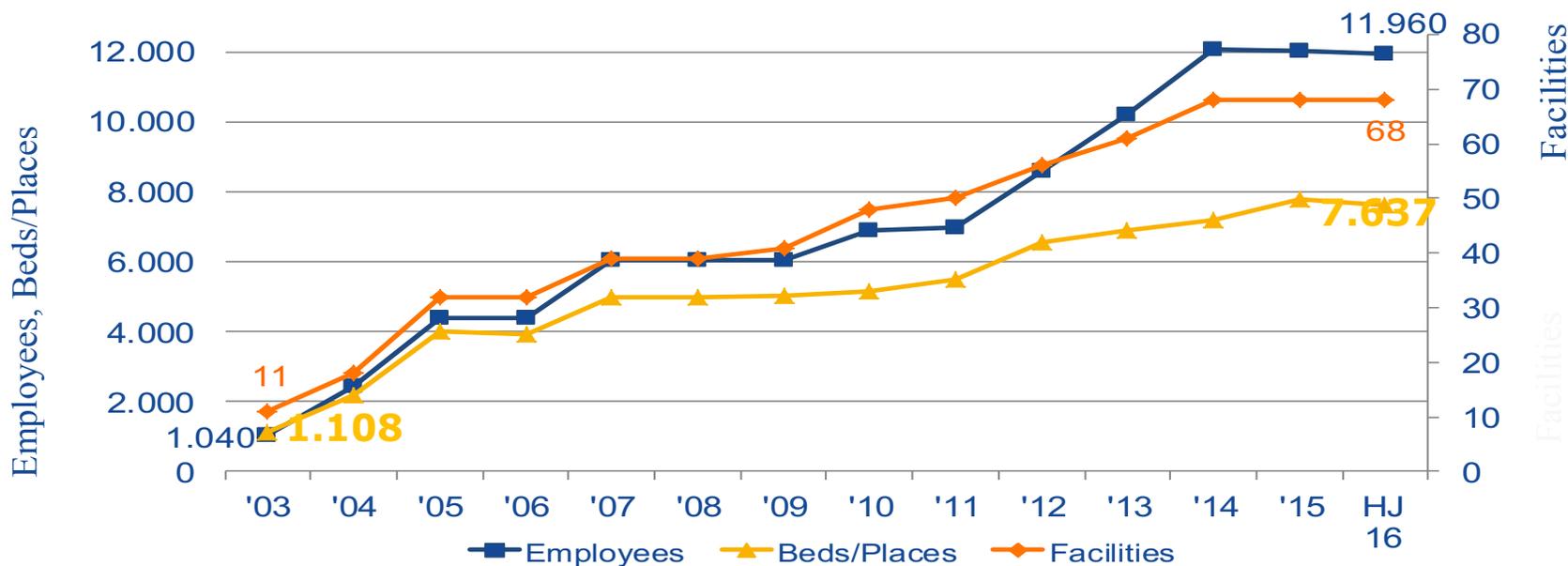
AMEOS REVENUE GROWTH SINCE 2003

Revenues in €m



- Constant growth through acquisitions as well as improvement of medical services
- Steady growth of patients treated leads to continuous increase of revenues
- Turnaround of money losing acquisitions secures long-term EBITDA growth
- 2012/2013 acquisition of additional AMEOS Klinika in the Region East
- 2014 acquisition AMEOS Klinika in the Region West (states Bremen and Lower Saxony)

AMEOS DEVELOPMENT 2003 – 2016



2. UNLOCKING PEAK PERFORMANCE: FULFILLING INFORMATION EXCHANGE NEEDS AND ADAPTING JOB PROFILES



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HUGE PORTION OF NO-/LOW-VALUE ADDING EMPLOYMENT TIME IN A TYPICAL HOSPITAL

- 
 Physicians on the ward (“residents”) spend about 30-40 % of their time being occupied with tasks they would not have needed to study medicine for.

- 
 Nurses on the ward spend about 20-30% of their time being occupied with tasks they would not have needed to be educated as nurses for.



REALITY IN TOO MANY HOSPITALS: NO OR LOW CREATION OF VALUE

-  No creation of value: on the third day after the patient's admission a medical resident spends two hours to search for the patient record.
-  Low creation of value as related to education or profession: a medical resident spends one hour to make phone calls and organize a patient's EKG, x-ray, and ENT consult the same day.



STRUMA RESECTION PATHWAY

Pre-Admission

- CXR
- EKG
- ENT consult
- trachea image
- prepare blood sampling for:
 - GPS
 - SD values (T3,T4,TSH basal)
 - EK (0/2)

Explanations:

- = ordered/ dated/
executed plus result available
- = grey boxes:
not relevant on this day

Day 1

- CXR
- EKG
- ENT consult
- trachea image
- blood sample
- WMC
- Check:
 - lab
 - premedication protocol
 - OP consent
 - diagnostics ordered
 - cut drawn
 - histology- and taxi form filled
- nurse's OR preparation
- premedication

CHANGE IN PROFESSIONS: NURSING TAKES CHARGE OF CLINICAL MANAGEMENT

- Physician and nurse commonly use a „quick-check“ table of the pathway in A3 format (or even IT-based).
- The resident adapts the pathway for the individual patient via „individual corrections“.
- Case manager (primary nurse) is process owner of the patients way thru diagnostics and treatment.
- She administers windows (time slots): Scheduling is based on pathway prescriptions.

REALLOCATION OF JOBS AND TASKS: BENEFIT FOR PHYSICIANS

- 📶 **Physicians having less documentation and communication load.**
- 📶 **Physicians stating higher compliance of the nursing profession with prescriptions deviating from standard.**
- 📶 **Physicians describing nursing profession as more interested and motivated.**
- 📶 **Physicians profiting from improved development perspective for the nursing profession.**

KEY ECONOMIC RESULTS OF STRUCTURED INFORMATION EXCHANGE

- 📶 **LOS objectives reached**
- 📶 **Costs „occurred“ are accurate for diagnosis (DRG)**
- 📶 **structured communication between nurses and physicians**
- 📶 **early and continuous discharge planning**





Thank for Your Attention!

Dr. Axel Paeger