

Die Krankenhaus CEO / Eigentümer Perspektive auf die Digitalisierung in Deutschland und den USA







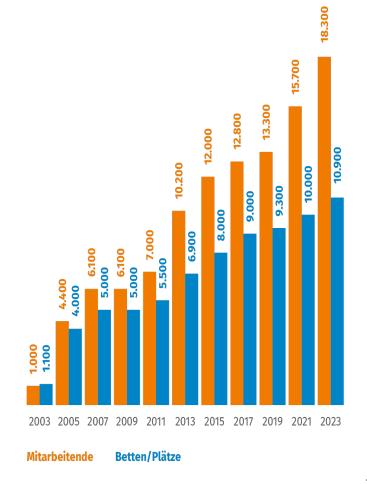




Development of AMEOS Group 2002 - 2023

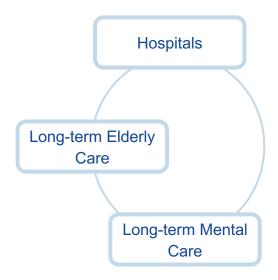


2002: founded as a start-up

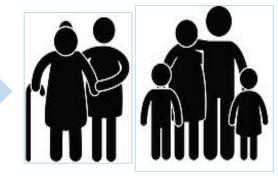




AMEOS operates



on behalf of the state



for all members of society





Two impact categories of Digitization in Healthcare

cat# 1: The "Big Impact Applications": they can save life and influence mortality like e.g.

- 24-hour surveillance
- digitized knowledge for personalized medicine



Digitization within this category is typically inter-institutional, i.e. it cannot be implemented by a single healthcare institution alone.

At the same time this kind of digitization is going to be a quantum jump for health and life expectancy.



Two impact categories of Digitization in Healthcare

cat# 2: The "Many Little Improvements": they optimize the way healthcare is delivered like e.g.

- an app for patients that enables them to get an appointment online
- an app for doctors that enables them to make better decisions or to document more easily and accurately



Digitization within this category can typically be implemented by and within a single healthcare institution.

These little but many improvements are going to optimize the processes how medicine is delivered significantly.



Essentials of the AMEOS Digitization Strategy

- Internal focus on category #2
- Being involved in network projects for category #2
- Digitization takes place in the head, not through apps and software.
- Whatever future digitization potentials will be developed, the organization must be ready to quickly adopt them.
- Core of the AMEOS Digitization Strategy is to innovate processes and make them "digitable".





AMEOS has implemented a DigiLab for the "Many Little Improvements" (cat# 2)

- The DigiLab is a companywide coordination project for digitization.
- Apps and softwares are continuously evaluated in use cases.
- Most use cases are assessing the benefit for process improvement and/or process innovation.
- Strategy on the process level is to make processes "digitable".

Day 1	Day 2	Day 3
1. H & P 2. PrevMedRec: Echo,	2. PrevMedRec: still	
Muga, CXR, EKG	available	
3. Telemetry	3. Discuss D/C Telemetry	
4. CXR		4. CXR
5. EKG 6. Echo		5. EKG
7. ABG or Pulse Oxim.		7. ABG or Pulse Oxim.
8. Chemistries	8. Drug Levels	8. Chemistries
9. CBC	40 6 11 5	
10. Cardiac Enzymes Q8	10. Cardiac Enzymes	
11. Thyroid Studies 12. Nursing Assessment		12. Disc Progress
13. Vital Signs, I&O		12. Disc Hogiess
14. Cardiac Drugs		14 16. D/C Med
15. Diuretics	16 4 4 1	21 Haltan
16. Anticoagulant 17. Oxygen	16. Anticoagulant 17. Discuss O ₂	21. Holter 22. Echo/consult
18. Bed Rest	17. Discuss O_2 18. Activity	18. Amb. 23. Muga
19. Diet	19. Discuss Diet	24. Cardiac Cons
20. Disc SW, HH, FS c Dr	20. SW Intervention	20. Disc D/C if non-resp.



Major differences in digitalization US versus Germany are caused by different financing systems

- In the US the volume of financing is in general more adequate and allows more liquidity for digitalization investments
- Financial incentives are frequently opposite in the United States and Germany





Financial incentives are frequently opposite in the United States and Germany

- US: market-oriented system: digitalization investments amortize because of efficiency and quality gains
- GER: planned-economy system frequently destroys the pay-off incentive (and KHZG is needed to partly compensate for wrong incentives)

<u>Example</u>: digitalized medication cabinets abolished after implementation of nursing cost budgets (nursing costs fully reimbursed)



Thank You For Your Kind Attention



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