



Article by: Cornelia Wels-Maug, June 2019

A Patient Journey in Germany: Coordinated? Connected? Informed?

“If one embarks upon a journey, he can tell a tale”...

This was not only true at the end of the 18th century, when German poet and journalist Matthias Claudius wrote this, but it still holds true today, where traveling has become much more routine. There is also a lot to relate from a patient journey, probably far more than at the time when Claudius was voyaging in a stagecoach. Especially an oncological patient journey will be loaded with unpredictable turns and is bound to be straining. Yet, many people have to embark upon it – the [National Cancer Institute](#) estimates that in the U.S. alone more than 1.7 million new cases of cancer occur every year. In Germany, almost half a million new cancer cases are [diagnosed each year](#). The number of new incidents has been continuously on the rise, mainly as a result of demographic changes.

Diagnosing cancer requires numerous medical examinations, including blood tests, and a series of scans such as sonography, computer tomography (CT), magnetic resonance imaging (MRI), or positron emission tomography (PET).

For the patient concerned, a journey into the unknown commences. It is marked by many stops along the route, interspersed with holdups: waiting for doctor appointments, test results, a bed in a hospital or rehabilitation clinic, a second opinion, or perhaps psycho-oncological assistance. Whenever the patient’s journey comes to a halt and a new care giver gets involved, the patient must produce an array of “travel documents”: letters of discharge, clinical findings, and a medication list.

In addition to the physical and psychological strain of this expedition, comes the aggregation of identifying relevant information on the actual disease, its expected progression, the most suitable therapy options, as well as therapists.

Which approach could care providers adopt to render a patient journey more comfortable?



More Ease En Route with Coordinated Care

The new regulation on discharge management in Germany that came into force in October 2017 is certainly an important step towards a better orchestrated cooperation of all care providers looking after a particular patient. Markus Stein, Healthcare Business Unit at [RZV Rechenzentrum Volmarstein GmbH](#), applauds this move: “The discharge management guarantees an uninterrupted flow of patient data between healthcare establishments. A hospital must reconcile the subsequent care with the involved care providers, e.g. the referring physician, nursing services, and psycho-oncological assistance. In this way the dismay that might befall a newly diagnosed cancer patient can be better handled by the professionals in the clinic as they take care of the patient and his or her follow-up treatment.”

However, this process would be even smoother if all documents were available digitally and all communication concerning a medical case would no longer involve faxes, memos, letters, or telephone calls: “Transmitting all documents electronically to those in charge of the follow-up care would be great. At discharge, many patients still take home a lot of paper documents, e.g. referral letters and prescriptions. Although an electronic referral letter does already exist, only few physicians are using it as it requires a qualified electronic signature,” Stein relates.

Integrated Care Can Work – At Least in a Pilot

The pilot project “[FALKO.NRW](#)” that ended February 2019 showcased that hospitals, general practitioners, and other non-hospital based physicians can successfully exchange patient information via an electronic case record. FALKO, an abbreviation for “communication on medical case records within interoperable networks” (“Medizinische Falldatenkommunikation in interoperablen Netzwerken”) took place in North Rhine-Westphalia (NRW), one of Germany’s 16 states. As part of the pilot, four university hospitals joined forces with partners from science and industry, employing RZV’s eHealth platform to exchange data. To ensure user-friendliness, it was crucial that clinicians could work within their own primary system and only had to mark the relevant documents and select them to be transmitted to those institutions that provide the follow-up care. Hospitals utilized the existing teleradiology network infrastructure in order to transfer the patient data to RZV’s eHealth platform in its data center.

The platform automatically checks whether there is already an electronic case record for a specific patient. Should this be the case, the transferred documents will be saved in there; if not, a new case record will be instantly created. The eHealth platform uses HealthShare from InterSystems: “HealthShare is a great tool, which allowed us to program our electronic case record according to the IHE-based requirements of Specification 2.0,” commends Stein. The case records remain accessible for authorized service providers until the treatment of an oncological case has been completed.

Assistance on the Patient Journey

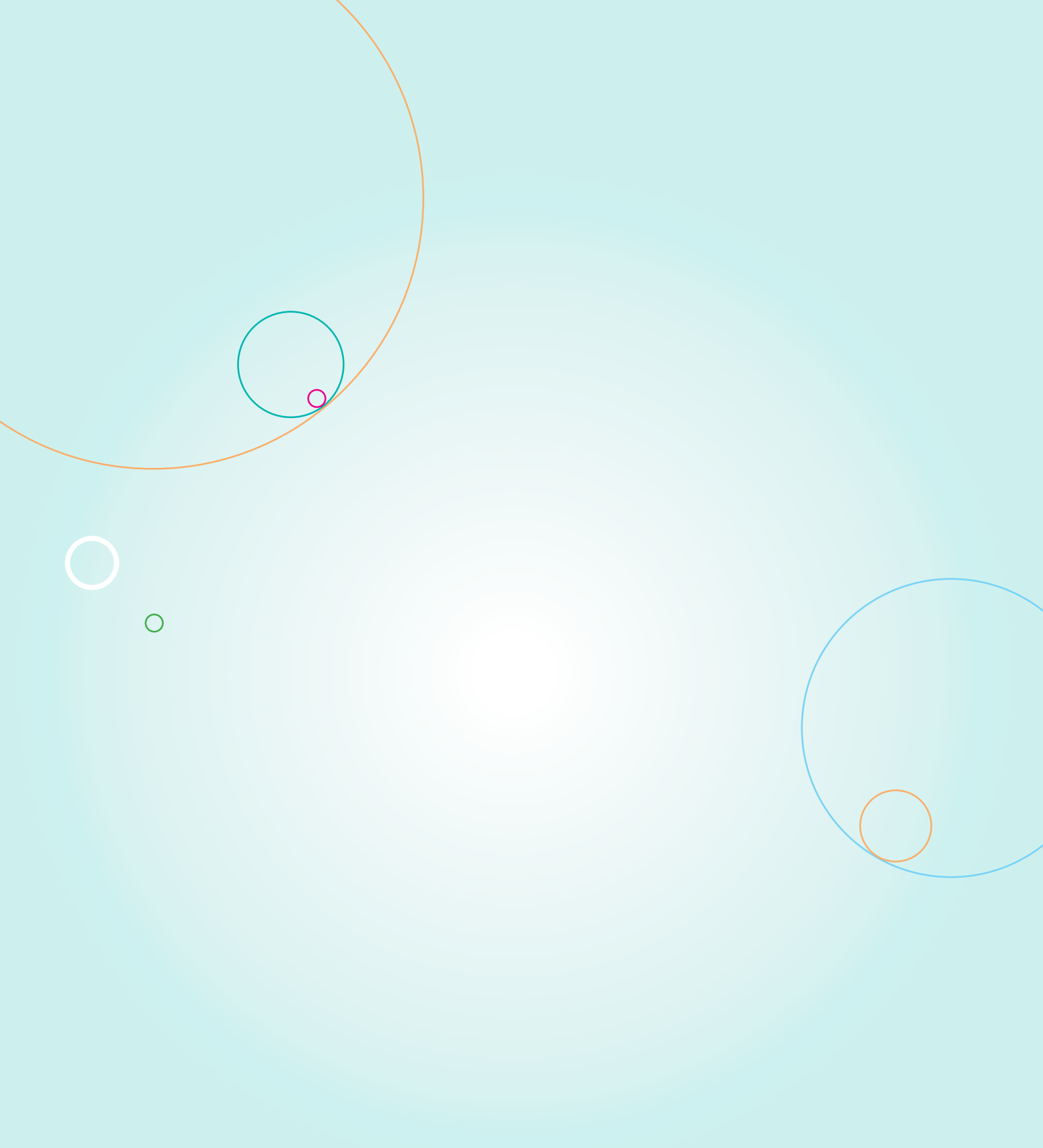
In the meantime, some offerings for patients and their relatives have been developed to help them navigate their patient journey more lightly. These include the second opinion portal of the German Cancer Research Center (DKFZ), the oncological S3 guidelines in app format, and the patient portal of the National Center for Tumour Diseases (NCT). The latter also provides web-based offers, such as a patient handbook and online support programs for relatives.

The healthcare sector can learn from successful tour operators how to ease a patient journey, how to make it less bumpy. The stagecoach is outdated. With the patient's well-being at heart, traveling in a coordinated, connected, and informed manner will make for a better passage. Then the patient can simply focus on what matters most: recuperating.

About the Author

Cornelia Wels-Maug has been analyzing the use of IT in various industry sectors for over 25 years. Since 2008, she has focused on the global healthcare IT market, writing articles, case studies, marketing materials and white papers. Cornelia also gives speeches and presents webinars. She works as a freelance journalist and as a Principal Healthcare Analyst for Creative Intellect Consulting, which is now part of CCS Insight. Cornelia previously worked for Ovum Ltd, Mentis Corp. (now Gartner Inc.) and BIS Strategic Decisions Ltd.

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