‚eLiSa (electronic Life Saver)' from AOK Nordost and ‚AdAM' from BARMER

Blueprint for medication management with added benefits

What connects the selective contractual care offer eLiSa (1) of AOK Nordost and the innovation fund projects AdAM (2), TOP (3), eRIKA (4) of BARMER and AOK Nordost with the DMP requirements guideline for requirements for structured treatment programmes for patients with type 1 diabetes mellitus and the medication management including medication plan planned with the ePA (5) from 2025? The problem with the latter two: It is not defined how medication management and the medication plan should be implemented. Both the G-BA in its DMP-A guideline (6) and the legislator in the definition of the medication plan (7) leave this completely open. Although the legislator stipulates that dosage and intake instructions should be ‚clearly and comprehensibly documented', nothing more than documentation has been specified to date. The situation is different with the AOK Nordost ‚electronic Life Saver' (eLiSa for short) and BARMER's ‚AdAM', which were jointly awarded the first prize for patient safety by the Patient Safety Action Alliance and the first prize of the MSD Health Prize 2023, and the expansion stage planned this year can certainly be regarded as a blueprint for medication management, especially for DMPs and ePAs.

>> One cause of medication errors is the lack of information about the patient and their medication therapy, as well as the ‚insufficient use of high-quality electronic decision support', writes the team of authors Prof Dr Christoph Straub, Daniela Teichert, Thomas Müller, Marcel Böttcher, Thomas Wulle and Prof Dr Daniel Grandt in their article ‚Mortalitätssenkung durch digital unterstütztes ärztliches Medikationsmanagement', published in ‚Welt der Krankenversicherung' (11|2023). They also describe why this is important. The Barmer Arzneimittelreport 2022 showed that 1,886 different active pharmaceutical ingredients in 458,348 combinations of 2 simultaneously prescribed active ingredients were prescribed to insured persons on an outpatient basis over the course of a year: A flood of information that no doctor can reliably assess without electronic support. Because this is the case, it is estimated that more than 60,000 patients with polypharmacy die avoidably every year as a result of inadequate drug therapy - ‚23 times as many as in road traffic'. An electronically supported care service such as eLiSa, which is intended to contribute to better coordinated medical treatment and help to make medication therapy considerably safer, can change this. To this end, the software from technology partner RpDoc(R) Solutions GmbH extracts and aggregates all important information about the patient's treatment from the routine data provided by the health insurance company over the last 36 months and makes it available to support treatment:

- diagnoses
- Examinations and treatments carried out
- prescribed medication
- hospital stays
- Prescriptions for remedies and aids
- Contact details of co-treating doctors

This gives doctors a comprehensive overview of all medication and enables them to carry out a medication check with the help of software:

- Check whether medicines harbour inadequate risks for patients
- Receive indications of an unsuitable combination of medications
- Can create a medication plan that is available in several languages; contains instructions on how to take the medication.

The doctor should record all medicines actually taken by the patient, including self-medication, in a structured manner on an ad hoc basis, but at least once a year, and take into account their possible side effects and interactions in order to be able to make therapy changes or dose adjustments at an early stage. As part of this structured recording of medicines, it may also be necessary for the coordinating doctor to review the indication for the individual prescriptions in consultation with the other parties involved in the medical treatment.'

The idea for eLiSa was born a good ten years ago; initially as a comprehensive solution for the inpatient sector in the form of a very large Innofund project called ‚eBI - electronic treatment information' in the consortium of Bundesknappschaft, BARMER and AOK Nordost. The application was not approved at the time. This was followed by the approved innovation fund project ‚AdAM (Application for Digitally Supported Drug Therapy Management)' by BARMER and the Westphalia-Lippe Association of Statutory Health Insurance Physicians. AdAM was designed as a prospective randomised study to investigate the benefits of this digitally supported GP medication management for patients with polypharmacy. For the first time worldwide, a significant reduction in mortality could be proven in an RCT, which is highly relevant: 7 out of 1,000 patients died less per year in the intervention group than with today's usual routine care. Extrapolated to Germany, 67,000 deaths could be avoided each year. AdAM also received a recommendation from the G-BA at the beginning of 2023 to be transferred to standard care. Back in the sum-

DMP-Anforderungen-Richtlinie/DMP-A-RL)

1.3.7 Besondere Maßnahmen bei Multimedikation

„Die Ärztin oder der Arzt soll anlassbezogen, mindestens aber jährlich sämtliche von der Patientin oder vom Patienten tatsächlich eingenommenen Arzneimittel, einschließlich der Selbstmedikation, strukturiert erfassen und deren mögliche Nebenwirkungen und Interaktionen berücksichtigen, um Therapieänderungen oder Dosisanpassungen frühzeitig vornehmen zu können. Im Rahmen dieser strukturierten Arzneimittelerfassung kann auch eine Prüfung der Indikation für die einzelnen Verordnungen in Rücksprache mit den weiteren an der ärztlichen Behandlung Beteiligten durch die koordinierende Ärztin oder den koordinierenden Arzt erforderlich werden."

Citation

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mer of 2017, the Board of Directors of AOK Nordost decided to launch ‚eLiSa' as an independent selective contract-based healthcare service that works in the outpatient sector in the same way as AdAM and with the identical web-based software. Setting up the necessary IT structures, including corresponding security factors such as two-factor authentication for doctors, took almost as much time as the contracts to be concluded with the Berlin Physician Networks Working Group (AGBAN) and the KV Berlin. In terms of content, eLiSa was also linked to the contract for the care of multimorbid insured persons of AOK Nordost. However, a Europe-wide tender was necessary for this, which again took time. As a result, it was not possible to really get started until 2019. And then came Corona ...

Around 600 doctors, mainly from Berlin, are currently participating in eLiSa and are using the software for over 14,000 patients registered with AOK Nordost who are on multi-medication, explains Thomas Wulle, eLiSa manager and Head of Controlling at AOK Nordost, to ‚Monitor Versorgungsforschung'. This means there is plenty of room for improvement: ‚We have more than 300,000 of our 1.69 million policyholders who could benefit from eLiSa,' explains Thomas Wulle. He knows exactly the reason why ‚only' 14,000 patients insured with AOK Nordost have benefited so far. The G-BA is also in favour of the roll-out and has issued a recommendation for the new form of care to be transferred to routine care. The systemic obstacles that have been identified are to be eliminated, e.g. the lack of a national standard for coding drug therapy including dosage, the lack of interfaces in practice and hospital software and centralised documentation of drug therapy in machine-processable form in the ePA; solutions that are already being implemented within the innovation fund project ‚eRIKA as an element of interprofessional care pathways for continuous AMTS', eRIKA for short, by BARMER and AOK Nordost in cooperation with KV Westfalen-Lippe.

Here too, the software comes from RpDoc Solutions and is the first ‚WANDA Smart' certified AMTS application in the TI (telematics infrastructure). eRIKA extends medication management to all patients with drug therapy and all prescribing doctors. By the time eRIKA reaches routine care in the future, the number of eLiSa patients should have increased significantly to 25,000 by 2024; this will primarily be achieved by integrating eLiSa into the HzV contract in Brandenburg, in which around 500 doctors are currently participating.

If one assumes that there are around 20% patients with multi-medication in the normal portfolio of statutory health insurance funds, the potential would be enormous. The same applies to Mecklenburg-Western Pomerania, the third German federal state in which AOK Nordost is strongly represented. Although there is currently no HzV contract here to which eLiSa could be docked, the negotiations that were started before corona and then shelved are to be restarted this year.

Another obstacle is the time factor. As doctors need around 25 to 30 minutes, especially for the first medication check for multi-medication patients, AOK Nordost rewards the effort with 50 euros, which, according to Thomas Wulle, is considered a ‚reasonable price' by the medical profession. The 50 euros will remain the same in subsequent years, when the effort required will be less. Those doctors who already use eLiSa intensively today no longer want to do without the service. This is mainly due to the fact that the RpDoc(R) software can detect the large number of possible medication interactions much better than a human, but also because the software only outputs the results that are really clinically relevant, including practical management recommendations, and also takes into account the recommendations of the S2k guideline ‚Drug therapy in multimorbidity'.

This distinguishes the approach from other systems, which often lead to ‚over-alerting' and practical unsuitability. With the experience gained so far with digital medication management, Thomas Wulle is looking forward to the coming year. It is important to him to emphasise that the system used by AOK Nordost and BARMER is ‚not in competition' with the ePA. On the contrary: ‚We are already working very hard with gematik to ensure that all the necessary definitions are made in advance in order to integrate our solution for digitally supported multi-medication decision support with the electronic medication plan envisaged within the ePA.' According to Wulle, this is the only way that ‚real medication management as we understand it' would be possible across the board.

Health insurance companies are not doing all this out of pure altruism. Of course, patient welfare is the top priority for everyone. But then comes the economy, which is also a legal requirement for selective contracts. AOK Nordost, for example, has already analysed how much pharmaceutical expenditure can be saved through eLiSa. The planned value of 150 euros per insured person per year - i.e. three times as much as eLiSa costs per patient in pure doctors' fees - was exceeded. The internal, as yet unpublished analysis of around 4,300 cases comes to an average gross savings effect of 170.53 euros. This does not yet take into account the fact that digital multi-medication management can also avoid hospitalisations. This analysis is to be completed by the end of the 2nd quarter of 2024.

Together with the medical profession, the aim is also to work out why the recommendations of the software were deviated from and why the risk of drug interaction was deliberately taken. This may be because, for example, a doctor who carries out such a medication check cannot or does not want to easily discontinue or change a medication prescribed by a colleague. According to Wulle, it is necessary to establish a simple and secure line of communication to all co-treating doctors - the software will also enable this in compliance with gematik via KIM (Kommunikation im Medizinwesen). Wulle: ‚We expect this to further increase efficiency, so that in future we can go beyond the 150 or 170 euros per insured person per year that we have been talking about so far and avoid more hospitalisations - first and foremost always for the benefit of the patients. This is why the scaling and further development of eLiSa is one of the top-prioritised (healthcare) topics for AOK Nordost in 2024. <<

by: MVF Editor-in-Chief Peter Stegmaier

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