The innovation fund project ErwiN (extended transfer of activities in doctor networks to relieve the burden on doctors)

Relieving the burden on doctors' practices & sustainable care

More than 16 million people over the age of 67 live in Germany. This figure is expected to rise to over 20 million by 2040. As the proportion of older people in the population increases, so too will the number of chronically ill, multi-morbid and care-dependent people. The care problem will become particularly acute in rural and structurally weak regions, as the demographic developments described above tend to be more pronounced here than in urban areas. As a result of this development, the already tense situation in many doctors' surgeries will become even more acute. At the same time, there are difficulties in attracting doctors and nurses to work in rural and structurally weak urban regions. In order to counter these undesirable developments, the ErwiN innovation fund project is utilising the advantages of the organised 'doctor network' setting to transfer medical activities to members of the geriatric and nursing professions for the independent practice of medicine in accordance with the G-BA directive pursuant to Section 63 (3c) SGB V. The transfer of activities that relieve physicians to specialised nursing professionals (SPFP) is intended to significantly relieve the burden on doctors' practices and make a genuine contribution to the future viability of care structures in Germany.

>> This situation applies to various regions in Brandenburg and Mecklenburg-Western Pomerania, among others. Some Berlin districts also have similar problems. As a result, emergency services and rescue centres are frequented even though this is not medically indicated, and patients are admitted as inpatients even though outpatient treatment would have been sufficient.

In order to realise the central concerns of ErwiN, pioneering work was initially carried out because the curriculum for training and further education in accordance with Section 53 of the Nursing Professions Act (PflBG) for the transfer of activities that relieve physicians to nursing staff first had to be developed for the target indications. Building on preliminary work, including from the Innovation Fund-supported project 'InDePendent - Interprofessional dementia care: Task redistribution between doctors and qualified nursing staff in home care', a project-specific curriculum was developed in ErwiN, which was provisionally approved by the BMG and BMFSFJ in a letter dated 21 December 2023.

The implementation

A total of four physician networks of the consortium partners MEDIS, HaffNet and AGBAN are involved in the implementation of the new form of care (nVF) in the implementation regions of South-West Brandenburg, Stettiner Haff, Neuruppin/Templin and Berlin Köpenick/Neukölln. From October 2024 to December 2025, a total of 1,200 patients (at least 65 years old and approved or applied for care grade 2 or higher) from the participating health insurance companies AOK Nordost and BARMER will be cared for by ErwiN specialists in cooperation with the network doctors. The possibilities of telemedical support are utilised to ensure that the independent practice of medicine within the framework of model projects in accordance with Section 63 (3c) SGB V can be medically secured at any time by involving a doctor. The doctor networks offer the advantage of being able to draw on the positive experience of delegated home visits by non-medical specialists. This already provides a basis for the acceptance of a more extensive transfer of tasks. The latter can only take place in close coordination with the GP providing treatment, for which purpose a 'transfer form' modelled on a prescription is used, on which the specifications made by the G-BA are specified in terms of content and time for the transfer of tasks.

The evaluation

The evaluation is carried out via a prospective, multi-centre, controlled, cluster-randomised intervention study in a stepped-wedge design. This means that all included patients - divided into four waves - receive the intervention after a waiting quarter and thus switch from the control group (CG) to the intervention group (IG) after a waiting period of at least three months (waiting quarter), in which they receive care and support from the ErwiN specialists for six months. The IG consists of the subgroups hypertension (categorisation via blood pressure measurement), pain (categorisation via Brief Pain Inventory short form (BPI short)) and malnutrition (categorisation via Mini Nutritional Assessment (MNA long form)). The study is fundamentally structured by a training, process, outcome and health economic evaluation.

The primary aim of deploying ErwiN spe-

The consortium

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HaffNet Management GmbH
AGBAN – Arbeitsgemeinschaft Berliner Arztnetze GmbH & Co. KG
AOK Nordost
BARMER
DZNE – Deutsches Zentrum für neurodegenerative Erkrankungen e. V.
AGENON Gesellschaft für Forschung und Entwicklung im Gesundheitswesen mbH
JGM GmbH

Other parties involved

Kassenärztliche Vereinigungen
Ärztekammern
Gesundheitsministerien der Länder bzw. Senat
Kommunen (Landkreise und kreisfreie Städte) der Umsetzungsregionen bzw. Stadtbezirk
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cialists is to reduce outpatient-sensitive hospital cases (ASK cases) by 18%. Secondarily, ErwiN aims to stabilise non-institutionalised care and improve the subjective health and quality of life of participating patients. Finally, the use of the SPFP should lead to a significant increase in the job satisfaction of doctors and higher patient satisfaction.

Qualitative and quantitative primary and secondary data will be utilised and linked to each other in order to examine the target variables described. For example, as part of the training evaluation, standardised surveys and guided individual and group interviews are used to analyse the formal suitability of the training with regard to the normative requirements. In addition, based on the Kirkpatrick model, the acceptance and satisfaction with the qualification, the learning success in terms of knowledge and skills acquisition and the ability and extent of empowerment for the new professional role are evaluated. The qualitative surveys are preceded by standardised short surveys in which basic data on the professional biography and expectations of the qualification (pre-survey) and the assessment of the qualification (post-survey) are recorded. These enquiries take the pressure off the subsequent qualitative interview and provide an introduction to an in-depth treatment of aspects of interest. In general, the questions and results of the qualitative and quantitative surveys are related to each other in such a way that the qualitative interviews deal with aspects of interest in greater depth. The combination of both methods thus upports - in the sense of data triangulation - a validation of the results.

The health economic evaluation examines whether the intended effect of the nVF on utilisation can be proven. To this end, all hospital cases of the participating patients from the first quarter of 2023 up to and including the second quarter of 2026 are taken into account.

The hospital case numbers before and after the start of the intervention are compared, as are the subsets of the number of emergency admissions and cases with an ASK diagnosis. In addition, from the start of the waiting quarter for all included patients in the participating primary care practices until the end of the intervention phase, the duration of the doctor contact is also documented in addition to the date of a consultation. When measuring effects on primary care utilisation, differences in consultation frequencies and durations in the KG and IG are determined and tested for statistical significance. In a further step of the analysis, contact frequencies and durations with the ErwiN specialist as a component of care supplementing primary care (SPFP primary care component) are included for the IG, so that the mean primary care expenditure in the KG can be compared with the mean primary care expenditure including the SPFP care component in the IG. Finally, a cost-effectiveness analysis will analyse the effectiveness of the deployment of ErwiN specialists in terms of total costs, hospital costs and the costs associated with ASK cases. Final results are expected to be available at the end of 2026. <<

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Brief interview: Marit Weber, Managing Director of MEDIS Management GmbH

The biggest challenge is social acceptance

Ms Weber, where do you see the biggest challenges that need to be tackled with the ErwiN innovation fund project?

On the one hand, major challenges lie in the formal qualification and examination requirements - the demands on the qualification are relatively high with the approval of the curriculum by two federal ministries and a final state-recognised examination. There are also issues of liability and insurance for the professionals. However, the biggest challenge is still the social acceptance of this new profession.



Marit Weber, Managing Director of MEDIS Management GmbH

And where do you see the greatest opportunities?

At the top of the list, especially in our rural regions, is relieving the burden on doctors and practice teams. Specialised professionals can make home visits more closely, which increases patient satisfaction. Hospitalisations and social problems can be reduced. In addition, this new profession will enhance the status of nursing care - a step that Germany has struggled with in international comparison.

Let's assume that the ErwiN project is successful and is approved by the G-BA: What do politicians at federal and state level need to do to make this form of care accessible to the wider population?

It is imperative that opportunities are created to employ and finance such specialised professionals in all areas of outpatient care. Larger associations of doctors, such as BAGs, MVZs or even networks of doctors, as in our pilot project, are certainly predestined for this.

The networks of doctors involved in the project have the great advantage that they have a long history of experience with home visits 'delegated on a case-by-case basis' by non-medical specialists. What about the possibility of transferability to regions without this experience?

These years of work have naturally created trust between all those involved. This trust is aprerequisite for the successful introduction of new options for outpatient care by specialised nursing staff. Due to their experience with delegation models, the ErwiN specialists in the participating doctor networks had a certain advantage in terms of trust and therefore had a somewhat easier start and were certainly able to start the actual implementation more quickly. However, our experience is that with good communication and interaction, even doctors who had not previously delegated or transferred activities were quickly convinced of the benefits for patients and their own practice.