15 years of inav – Private Institute for Applied Healthcare Research GmbH

A driving force behind a paradigm shift

To mark the fifteenth anniversary of the inav Institute, leading experts from the healthcare sector gathered in Berlin to debate the pressing issues surrounding sustainable healthcare provision. At the heart of the symposium was the realisation that the German healthcare system is facing a far-reaching transformation that requires both technological innovations and a radical reorientation of cross-sectoral collaboration.

>> Until now, healthcare management has often been backward-looking, relying on historical billing data. Daniela Teichert, Chair of the Board at AOK Nordost, strongly criticised this status quo: “We only ever look at past data. This tells us that people were in hospital yesterday, but not whether they will need to be admitted the day after tomorrow.” To move away from this inefficient model, she argued, a paradigm shift towards forward-looking, data-driven planning is essential.

The experts present advocated making greater use of clinical information and predictive analytics in future to identify treatment needs before acute emergencies arise. A key driver of this change is interoperability in line with international standards. Prof. Dr Sylvia Thun from Charité Berlin highlighted the enormous economic potential. An OECD study shows, for instance, that interoperable data could lead to savings of six to eight per cent in healthcare costs. However, this is not just a matter of efficiency, but primarily of medical quality. The use of international nomenclatures, for example, enables rare diseases to be recorded accurately. Thun emphasised the lack of visibility of many affected individuals to date: “We have over 8,500 rare diseases that have a name but no ICD-10 code.” This means that none of these patients are visible in the data.













Symposium and anniversary celebration: 15 years of inav.

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A key tool for data-driven development is the electronic health record, which must evolve into a dynamic treatment companion. Nevertheless, data quality remains a critical hurdle, as inaccurate coding can undermine the reliability of algorithms. True transparency will only emerge once insured people recognise the concrete benefits of data sharing. Daniela Teichert sees this as the key to the reform’s success: “We are truly on the cusp of a paradigm shift if we can get people to recognise why their data is important for their care and must therefore be made available systematically.”

In parallel with the digital infrastructure, primary care must be rethought to address the growing shortage of resources. Innovative approaches from the field are already demonstrating how efficient patient management can be achieved. Annette Hempen, Head of the TK Regional Office in Lower Saxony, presented impressive results from the KVN-Akut project: “83 per cent of people who used this out-of-hours service were ultimately able to receive telemedical care without having to leave their homes.”

For Dr Patricia Hänel of the Berlin Health Collective, however, the vision of modern primary care goes beyond purely technological solutions. It encompasses multi-professional centres that act as local hubs, bringing together medical care with social and psychological support services under one roof. In such facilities, GPs, paediatricians, psychotherapists and specially qualified care staff, such as community health nurses, work together as equals. Hänel also emphasised the need to take social factors into account: “Illnesses are psychosocial. Fifty per cent of people who visit a GP’s surgery are carrying a social burden.” Hänel also warned against outdated, doctor-centred hierarchies: “I believe we’re lying to ourselves when we say we want to work in an interprofessional way, but only one profession is in charge. That doesn’t work.” Only through a successful combination of technological solutions and human connection in regionally adapted models can equitable care be secured for the future. <<