



# —Program

**DMEA**  
Connecting Digital Health

9 – 11 April 2019  
Berlin Exhibition Grounds  
[www.dmea.eu](http://www.dmea.eu)

In association with



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Deutsche Gesellschaft für  
Medizinische Informatik,  
Biometrie und  
Epidemiologie e.V.

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# Digital Transformation in Nursing – What Is the Added Value?

Category	Date	Time:	Location
Congress Session	April 9, 2019	09:30 - 11:00	_Stage C, Hall 4.2

Computers are a normal feature of many wards in German hospitals, and there are frequently also monitors and bedside terminals in patients' rooms. As well serving documentation purposes, nursing information systems are used as management and communication tools and as a source of information. Close coordination between all the professional groups involved in the care process is necessary in order to ensure that nurses and interdisciplinary professionals can conduct effective and efficient work. In the age of digitalisation, can these demands still be fulfilled using pen and paper?

That is why the session entitled 'Digital transformation in nursing – What is the added value?' will examine this subject and highlight 'positive and negative experiences'. If possible, the submissions should seek to answer one of the following questions and contribute to accounts of past experiences:

What nursing processes at your institution have already undergone a digital transformation?

How does digitalisation support patient discharge processes in an intersectoral nursing environment?

Can you offer a practical example of a successful (or failed) digitalisation project (positive and negative experiences) in the nursing environment?

What benefits has the digital transformation of nursing processes achieved in your institution?

## Chairmanship:

[Claudia Dirks](#), Communications, hih

[Prof. Björn Sellemann](#), Health Dept., User-oriented Health Telematics and Assistive Technologies, University of Applied Sciences Münster, GMDS

## Talks

**09:40 - 10:00**

### **Prediction of Nursing Workload in Hospital**

A dissertation project [1] at the University of Witten/Herdecke investigated which care-sensitive patient characteristics were suitable for forecasting a higher or lower outlay on care. The aim was also to examine whether a prospective classification of the care outlay could be made using data obtained directly from routine care documentation. Such a forecast of the outlay on care can not only serve as the basis for planning personnel requirements in a hospital but also provides the answers to questions about health policy issues. In addition to obtaining and collecting this data, innovative methods have to be found for evaluating the volume of data, in order to be able to use the information it provides as the basis for action. The first step is to identify potential predictors by calculating four machine-learning algorithms (random forest, gradient boosting, linear boosting and lasso regression) and to compare the results by means of feature importance. Linear regression is then used to model the predictors identified in Stage 1 in order to forecast the outlay on healthcare. The approaches are explorative and intended to identify the structure, like those used in data mining processes[2]. The characteristic features of these approaches are not just the large volumes of data and the rate at which the data is generated, but also the sources of the data, which can be very diverse.

The paper will show the initial results of the dissertation project, presenting the patient characteristics that have been identified and which enable a forecast to be made about whether a patient will require a larger or smaller outlay on care, as well as findings about the identified predictors and their potential for making such forecasts.

The new findings obtained in this way should then be used to more effectively link together the individual parts of the care process documentation and integrate them in everyday care as instruments for determining the course of action to be taken. Until now there has only been a rudimentary recognition of the possibilities available from the use of big data. But despite all the euphoria, it is also important to minimize the risks, which have so far also only been discussed in a rudimentary way. In the debate about new information technology[3] the questions of how to deal with, exploit and utilize the data obtained from the routine documentation process present a challenge, as do the issues of data protection and data security. Overcoming these challenges will be a multidisciplinary task, involving the combined efforts of such scientific fields as information technology, mathematics, epidemiology, biostatistics, social science and nursing studies as well as ethics.

*Literature [1] M. Fiebig, Exposé zum Dissertationsprojekt - Identifizierung von Prädiktoren zur Vorhersage des Pflegeaufwands im akut-stationären Bereich, Universität Witten/ Herdecke, unpublished manuscript, 2015. [2] V. Hielscher, S. Kirchen-Peters, CH. Sowinski, Technologisierung der Pflegearbeit, Pflege und Gesellschaft, 20 Jg., H1 (2015), pp. 5-19. [3] I. Witten, E. Frank, Data Mining – Praktische Werkzeuge und Techniken für das maschinelle Lernen, Hanser Verlag, Munich, 2001.*

## Speaker:

[Madlen Fiebig](#), Unit Manager Data Analytics, ePA-CC GmbH

**10:00 - 10:20**

### **The Added Value of Structured Data in Electronic Documentation: From Discharge Management to CCMS/Expenditure Statements**

The electronic documentation system Recom-Grips has been introduced in the Nordoberpfalz AG clinics, where it has proved its effectiveness with its well-founded, structured data and semantic links. This system presents the care process from admission to discharge, and uses standard documentation to automatically deduce scores, cost and accounting data. In the course of implementing the framework agreement for discharge management, and working together with Recom, the software was expanded to not only meet statutory requirements but also to obtain meaningful support for the process.

In October 2017 the discharge management framework agreement became mandatory in German hospitals. In many cases the requirement was

met more at an administrative level in the hospital information system. The Nordoberpfalz AG clinics viewed this new legislation as a challenge to embed the discharge management process firmly in the care process and thus in the clinical documentation. An interdisciplinary working group comprising nursing staff, social services, physicians, pharmacists and IT monitored and considered this development.

The basic nursing assessment (BAss) was incorporated in the admission case history. Filling in these structured assessments automatically inserts a case mix, the expected degree of required care and widely differing scores. The BAss also suggests whether a more differentiated discharge management should be applied. Information about consent is transferred from the hospital information system. If the patient is admitted to the differentiated discharge management the system automatically initiates tasks that are allocated to specific occupational groups, such as the preparation of a standardized national medication plan or a discharge plan. From BAss the system also extracts care diagnoses with a range of available evidence-based intervention (care classification ENP). The standard documentation is used to determine the outlay on care and OPS and ICD-10 care services that are relevant for accounting purposes. Drugs can be obtained from the clinical documentation in order to generate a standard national medication plan. The instruction for the dispensing of medications from the BMP (National Medication Plan) in turn activates tasks for nursing care, and the BMP itself is referred back to the HIS. An interdisciplinary, structured discharge plan has been developed and integrated.

Close collaboration between the interdisciplinary working group and the solutions provider with regard to depiction of the process, system integration and usability was of decisive importance in order to make a genuine contribution to the integrated and process-oriented documentation and not just to create "additional forms". All wards now operate with the same standardized terminology, which provides the documentation with a structure and orientation, harmonizes undesirable diversity and creates comparable, coherent case reports.

The Recom-Grips expert system used by the Nordoberpfalz AG clinics operates symbiotically with HIS systems as the basis for well-structured and standardized documentation. It eliminates the time-consuming compilation of catalogues and forms and brings distinct benefits for the clinic and the nursing profession. This approach has the potential for reducing duplicated documentation, supporting professional action, improving patient safety and optimizing accounting processes. This forms the basis for a process-related knowledge management. However, it can only be fully effective in association with interdisciplinary and, ideally, intersectoral documentation.

**Speaker:**

[Simon Berger](#), Head of Product- und Projectmanagement (CPO), RECOM

[Robert Dworschak](#), Leitung Zentrale EDV, Kliniken Nordoberpfalz AG

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## 10:20 - 10:40

### Benefits and Risks of the Clinical Information System as a Mobile Solution for Nursing Care

Scientific findings show that mobile documentation at the patient's bedside can lead to increased efficiency in hospitals, both for nurses and physicians. In addition to potential time savings, the accuracy, completeness and availability of information can be improved as users capture and access it directly at the bedside.

Walking distances between patient rooms and other rooms are very time-consuming for the nursing staff. In some cases, these routes are necessary for documentation, providing information or looking up (current) information. A mobile solution eliminates some of these walking routes. Furthermore, paper slips and handwritten notes are often used as aids to have up-to-date patient information available from the clinical information system (CIS) or to note down vital signs of the patient before they are documented to the CIS. This procedure not only costs a lot of time, but can also lead to transmission errors and impair the accuracy of patient information.

Various (pilot) projects of mobile applications carried out at the University Hospital Zurich highlight the added value but also the risks of introducing and using mobile applications in nursing. Among other projects, a mobile version of the CIS was tested in two pilot nursing wards during 3 months in 2017 and a quantitative and qualitative analysis was carried out. The pilot showed that time savings and efficiency in the care processes can be achieved, but only under certain conditions.

The evaluations showed that the form factor of the mobile device plays a very important role, e.g. the iPad Mini is too large because of it was not handy enough and was therefore not used compared to an iPhone. Furthermore, nursing staff should be involved in the design of the applications right from the start. Permanent and intensive participation of caregivers and bottom-up approaches proved effective in various digitalization projects. From the analyses and discussions during and after the pilot project, it was determined that the mobile app would not generate the hoped-for benefits due to usability, missing functions and process improvements. The great potential hidden behind such a mobile solution was, however, recognized in particular by the pilot users. This means that to optimize existing processes, the right functionalities of a mobile solution must be developed together with the nursing staff so that a mobile CIS can lead to increased efficiency, time savings and improved documentation quality.

Targeted impulses for mobility development are important. In the nursing care, mobile solutions should be used where high benefits can be expected: This applies primarily to the areas of documentation and communication. Mobile applications can also contribute to improved traceability of clinical activities, increased security and process control. It is important to bear in mind that only limited efficiency gains can be achieved if an existing process is merely digitally duplicated. For a successful improvement, existing processes must be reevaluated while taking into account the possibilities of new technologies.

This contribution gives an insight into the experiences at the University Hospital Zurich with a mobile CIS solution in nursing care, in particular the added values and risks of such a solution are highlighted. At the same time, recommendations for hospitals and developers will be given, e.g: What has to be considered when introducing and developing a mobile application for care? or What has to be considered when developing and integrating a mobile solution?

**Speaker:**

[Pamina Göttelmann](#), Business Development Manager, imito AG

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## 10:40 - 11:00

### The Digital Journey – Now it is the Turn of Patient Care

Nursing is certainly one of the beneficiaries of digitalization in the healthcare sector. It acquires particular importance because of its direct contact with patients. However, it is accompanied by a volume of documentation that can barely be dealt with by hand any more. This was recognized some time ago by the University Clinic Essen, which introduced a digitalization strategy.

The paper by Markus Pätzold shows how nursing benefits from IT support. Working together with his team he has been achieving advances in digitalization in his facility and has already successfully implemented numerous IT projects. The electronic patient file has already been introduced in 53 wards, with very evident benefits: the time required for patient admissions has in some cases been reduced by 50 per cent, there is no longer

any need to search for files, and illegible, handwritten instructions are a thing of the past. The staff benefit too: being able to access files from anywhere has a positive impact on nursing staff work routines. Moreover, readings, documentation and instructions no longer have to be entered up.

The paper by Markus Pätzold illustrates the path from planning through implementation of the electronic patient file and explains in detail the benefits to be derived from IT support. He also looks at particular challenges that emerged during the course of the project and draws attention to the aspects that everyone should consider if they wish to put a similar IT project into practice.

Paper files are now finally obsolete, as Markus Pätzold demonstrates at the end of his paper. In a performance that is both destructive and artistic he shreds an entire paper file by hand.

**Speaker:**

[Markus Pätzold](#), Team Leader, Essen University Hospital

## Standards and Interoperability as They Apply to Patient Safety and to Innovative Diagnostics and Therapy

**Category**  
Congress Session

**Date**  
April 9, 2019

**Time:**  
09:30 - 11:00

**Location**  
\_Stage B, Hall 2.2

**Conditions:**

Unstructured and non-standardized language contains errors and semantic misinterpretation. Can systems exchange data between APPS and health records and process them clearly and without errors? Terminologies and ontologies developed worldwide, such as SNOMED CT, LOINC, OMICS, or drug terminologies such as IDMP and UCUM, not only make data traffic more secure, they also form the basis for algorithms that are already being used today to enable precision medicine and merge data from Genetics and Electronic Patient Data.

**Solutions:**

Systems and projects that map terminology management will be . In addition, the different application scenarios of medical, therapeutic and nursing terminology will be discussed.

**Customer benefits:**

The benefits of ontologies and terminologies will be discussed against the background of modern technologies for artificial intelligence and machine learning. What can and does e-health terminologies offer in the digital age that go beyond mere billing documentation? Why do we need standardized languages in order to perform AI and ML effectively and to operate the algorithms? What will the future bring us?

**Project reports:**

Projects and products that have already used international e-health terminology in Germany and Europe will present their results and represent the hurdles and opportunities.

**Chairmanship:**

[Angelika Händel](#), Board Member, DVMD – German Association for Professionals in the Field of Medical Documentation

[Prof. Sylvia Thun](#), Director of eHealth and Interoperability, BIH Berlin Institute of Health, Council Member, German Association for Medical Informatics, Biometry and Epidemiology (GMDS) e. V.

## Talks

**09:30 - 09:50**

### Interoperability in German

Terminology servers are expected to offer the entire scope of specialized medical language that AI is able to provide in the field of radiology. The issue here is no less than the ability to understand a written text. To an increasing extent it would appear that numerous attempts and the ensuing solutions are mastering this capability. Nevertheless it is barely possible to transfer this knowledge, because the improvements that have been made to the systems apply firstly to specific domains and secondly to individual languages. Only a few of the terminologies and ontologies have a sufficiently broad scope. Using as an example an established terminology that has been in use for more than 20 years, this paper demonstrates how, on the basis of German technical terminology, it is possible to implement interoperability across a wide spectrum of languages. A number of differentiated workflows are used to show the incorporation of additional arrangement systems (terminologies, classifications, value sets). The flexible applicability and scalability in various branches of medicine are underpinned by practical examples.

**Speaker:**

[André Sander](#), CTO, ID Information und Dokumentation im Gesundheitswesen GmbH & Co. KGaA

**09:50 - 10:10**

### FHIR for better Data Quality

Mobile applications are often seen as a source of sub-standard data and, consequently, as a risk to patient safety.

However, it is in this area that a new standard is currently being established, with access to an extensive, up-to-date terminology and conformance framework, enabling it to supply highly structured, validated and machine-readable data.

As the latest addition to the HL7 group of products, and just as a normative specification, FHIR is still seen by many people as a niche product for games on smartphones. But FHIR is capable of much more than that. For the first time developers have produced a single standard tool for

implementing secure, web-based communication, for creating machine-readable specifications, performant, integrated validation of instances, and a consistent API in order to incorporate terminologies.

Methods & tools:

- FHIR conformance framework for profiling and validation
- FHIR terminology framework for linking to terminology systems
- FHIR path expressions
- Provenance resource
- Metadata tags

Numerous organizations are now using FHIR for the uniform, standardized allocation of terminologies, one example being that of LOINC, which has been accessible via an FHIR interface since September 2018. Various terminology servers with an FHIR interface are commercially available (e.g. "Ontosever"), enabling the complex operation of disparate terminologies to be transferred from application systems to expert systems, without requiring those implementing them to use a new technology. This substantially increases the competence of the application systems when dealing with terminologies.

The various tools for the validation of instances not only assist developers when checking the correctness of their implementations against the underlying guidelines or the (IHE) profiles, but also enable the quality of the data to be monitored during operations. Instances validated against profiles form the basis for comparable and interoperable, structured data in different facilities, such as is required, for example, by AI systems. In consolidating data from various sources the provenance resource helps to keep track of the origin of the information in FHIR-based systems and, if necessary, to sign it digitally. Tags can be used to mark resources in order to alert the user, for example, to unreliable sources.

The FHIR standard has become established so quickly in all areas of the healthcare sector not just because of its ease of implementation, but also on account of its wide range of functionalities.

FHIR is now not only regarded as the de facto industry standard for mobile applications in the healthcare sector but is also being used, for example, by the market leader Google as the basis for machine learning.

In this area in particular the normalization and validation of data and uniform coding are of utmost importance, meaning that there is simply no alternative to FHIR.

**Speaker:**

[Simone Heckmann](#), Chair of the FHIR Technical Comitee, HL7 Germany, Gefyra GmbH

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**10:10 - 10:30**

### **A Semantic Data Model for all Future CGM Applications**

Today's clinical information systems store much of their information in paper-like forms and, beneath them, in proprietary data models. In many cases this takes place without a consistency check to determine whether this information category may have already been set up under another name. This makes it difficult to achieve a more precise interpretation or analysis of this data. It becomes even more difficult if data has to be exchanged outside the premises or even beyond the confines of a particular system. Of course this is where standardizations are of additional assistance. The subject can also be addressed by means of a logical data model as used in the information systems, based on an international standard such as HL7 FHIR. CGM takes this direction using CDMPPlus, incorporating such a data model in stages in the newly developed primary systems.

**Speaker:**

[Heike Dewenter](#), Head of Competence Unit Data Modeling and Standards, CompuGroup Software GmbH

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**10:30 - 10:50**

### **Digitalisierungsgrad im Krankenhaus – Wie sieht es aus Sicht der digitalen Langzeitarchivierung wirklich aus?**

**Speaker:**

[Annett Müller](#), Head of Special Services Medical Documentation, DMI GmbH & Co. KG

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## **The Future of Healthcare**

<b>Category</b>	<b>Date</b>	<b>Time:</b>	<b>Location</b>
Congress Session	April 9, 2019	09:30 - 11:00	_Stage A, Hall 1.2

There is certainly no lack of challenges facing Europe's healthcare systems. On the one hand we are witnessing a huge demographic shift, with a significant increase in the elderly and chronically sick. On the other hand, personalised treatment, genetic decoding, adapted innovative drugs and medical products also present a challenge. None of this can be obtained for free, and there is a growing need for highly qualified staff. A noticeable shortage of skilled workers already exists. There is demanding work to be done but no one available to do it. Against the backdrop of these challenges, particularly in Germany, a care sector structure exists in which digitalisation lags decades behind developments in other areas. Beacon projects cannot obscure the fact that to a large extent we are still in the twentieth century.

**Chairmanship:**

[Prof. Dr. Andreas Goldschmidt](#), CEO - International Health Care Institut, Trier University

[Dr. Nikolai von Schroeders](#), Vice President, German Association of Medical Controlling

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## **Talks**

09:45 - 10:00

## Moonshot Thinking - The Blueprint to Success

Moonshot Thinking describes a mindset shift and process about the disruptive power of exponential technologies into desirable futures. In his keynote Nicolas will present a flight manual for launching Moonshots and he will share his secret sauce for disruption.

**Speaker:**

[Nicolas Heyer](#), CEO, BIOLAB Innovation GmbH

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10:00 - 10:15

## TK-Safe - Electronic Health Record

**Speaker:**

[Philipp Blieske](#), Supply management (digital offers), Techniker Krankenkasse

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10:15 - 10:30

## Predictive AI as an Ethical Challenge to Know our Biological Time of Death?

Who wants to live forever? Well, most people want to live a Healthy life, but the not yet fully understood complexity of this astonishing system we call "human being" offers an extreme variety of diseases. Our Genes, the way we live our life, the world around us - and last but not least the development of and access to the smartest and individualized medicine possible are important factors. On the pathway to true precision (e)medicine, many important topics are widely discussed. Think AI-medicine, Smart Care, digital prevention, big data genomics - and so forth. Technology meets Medicine again - but this time it is a fundamental change, e.g. in the relation between the doctor and the patient, in transforming health systems, new data-driven business models, developing Smart Hospitals. And - back in the days - more or less mystical questions and ideas now become accessible for Research and maybe even Practise. "[...] patient-specific predictions of time to an event such as mortality [...]" (Avati et al. arXiv:1806.08324, p. 1) - mortality prediction might be the holy grail of AI-based smart medicine. Of course the focus of current research is not so much about mortality prediction in the sense news media reflected it - but exactly because such a provocative topic is more fiction than fact today, thinking about ethical issues that may arise is crucial NOW. Ethics is no descriptive discipline, it is (or should be) normative, dealing with questions such as "What should I do?", "Who is responsible for what?" - and of course "Is a technology A legitim just because it works?". Predictive AI through an Ethical lense - do we really want to know our biological time of death? Is this ethically right?

**Speaker:**

[Prof. Stefan Heinemann](#), Professor of Business Ethics, FOM University of Applied Sciences, University Clinic Essen

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10:30 - 10:45

## Potentiale Künstlicher Intelligenz für eine bessere Gesundheitsversorgung

**Speaker:**

[Dr Philipp Daumke](#), CEO, Averbis

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## Health Insurer Initiated Personal Health Records

Category	Date	Time:	Location
Workshop	April 9, 2019	09:30 - 13:00	_Room Lovelace, Hall 2.2

Personal Health Records and electronic Case Records can improve communication between health care providers in many ways, e. g. by improving the availability and quality of the information exchanged. This allows for linking and automated evaluation of data, which again leads to a meaningful use of digital patient data. Apps and portals building upon these platforms make up the insured's primary system. Insurees may run their own applications on their recorded health data for achieving individual health goals.

In order to make use of this potential for their insured persons, AOK, DAK, TK and other health insurances have initiated digital health record platforms. Throughout 2018, the first applications on these platforms have already been put into regular operations. The basic approaches are very different, for example, the solution of the AOK Northeast is very much based on the paradigm of an electronic Case Record and may even be used without an app or web portal. The DAK (vivy) and TK solutions, on the other hand, are designed as mobile health apps which very much focus on the insured as the primary user of his own health data.

The workshop presents the use cases behind the respective solutions. Representatives of the insurance companies will show how insured and doctors benefit from such their respective approach. It will be outlined how all three mentioned health record platforms can interact with existing hospital IT infrastructures via coordinated IHE profiles and HL7 standards. This clarifies that the competition of the insurers with respect to health record platforms takes place solely at the use case and value proposition level, while at the technical and semantic level the highest possible interoperability is sought in order to achieve the required network effects and to keep the connection costs low.

This session is organised and held by Fraunhofer Institute for Open Communication Systems FOKUS.

**Moderation:**

[Dr. Jörg Caumanns](#), Head of Department „eHealth“, Fraunhofer Institute for Open Communication Systems FOKUS

**Speaker:**

[Peter Biltzinger](#), DAK Gesundheit

[Mandy Mangler](#), Chief Physician of the Clinic for Gynaecology and Obstetrics, Auguste-Viktoria-Klinikum

[Janina Rexin](#), IT & Digitization Department, vivantes Netzwerk für Gesundheit

[Klaus Rupp](#), Head of Supply Management, Techniker Krankenkasse

[Nico Schwartze](#), Head of Digital Innovation Management, AOK Nordost

## IT Security for Medical Products

Category	Date	Time:	Location
(Academy) Seminar	April 9, 2019	09:30 - 13:15	_Room Nightingale, Hall 1.2

**Please note that the seminar is fully booked.**

**Note: the seminar will be held in German.**

At the very latest with the introduction of the new regulations for medical products, the subject of IT security introduced a statutory requirement to be complied with by all manufacturers. What sounds simple enough is proving to be difficult to implement in everyday situations: How can one tell how secure a product is against intentional and unintentional threats, either internally or externally? What sort of actions are legislators expecting from manufacturers? How can such actions be included in the development process? And what must be done by manufacturers and by operators once the process has been put into effect? And how does one deal with a situation in which one's team does not include any IT security experts, even though they may be skilled developers? And what are the requirements of the authorities, auditors and relevant bodies? This workshop not only provides information about statutory requirements but also offers concrete assistance and replies to the above questions.

The benefits for you: Following this workshop...

you will be able to deal with these terms confidently

you will be informed about the regulatory requirements applying to IT security

you will be able to carry out threat modelling yourself

you will know what possibilities exist for testing IT security, together with the skills and tools that are needed for this

you will understand the interaction between the processes of development, risk management and IT security

you will be familiar with the typical vulnerabilities of interconnected medical products

you will know what documentation you need to compile

you will know the guidelines for IT security that were developed jointly by the Johner Institute, TÜV Süd and TÜV Nord, and will be able to apply these guidelines to your projects

Instructional content

Regulatory principles

Concepts and models

Methods for analysing risks relating to IT security

Threat modelling

(Test) methods for checking IT security risks

Incorporating actions in risk management and the development process

Material:

**All participants should bring a laptop.**

**Chairmanship:**

[Prof. Dr. Christian Johner](#), Director, Johner Institute

**Speaker:**

[Dr. Andrea Seeck](#), Consultant Regulatory & Quality Management, Johner Institute

## DMEA Press Talk 2019

Category	Date	Time:	Location
Talk	April 9, 2019	10:00 - 11:00	_Box, Hall 1.2

What innovative IT solutions improve medical healthcare and strengthen patient autonomy?

How does the industry currently assess the political framework and business environment?

How can we encourage young professionals and executives in the healthcare industry?

At DMEA 2019, visitors are offered a wide range of exciting topics, trend-setting solutions and interesting dialogue partners.

In line with this program, the DMEA Press Talk gives journalists the opportunity of obtaining important background information as well as an overview of the event. During this Press Talk, business representatives, representatives of the scientific community and healthcare professionals will discuss various aspects related to digital healthcare before answering questions from the audience.

**Please note: The event is to be filmed and broadcasted via video-livestream.**

**Moderation:**

[Natalie Gladkov](#), Public Relations Officer, German Association of Health IT Vendors (bvitg)  
[Britta Wolters](#), Team leader and PR Manager / Press and Public Relations, Messe Berlin GmbH

**Speaker:**

[Jana Aulenkamp](#), Doktorandin, Ruhr-Universität Bochum (RUB)  
[Prof. Bernhard Breil](#), Professor, University of Applied Sciences Niederrhein, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)  
[Jens Heithecker](#), Executive Vice President, Messe Berlin Group  
[Jens Naumann](#), Chairman, German Association of Health IT Vendors (bvitg)  
[Christoph Schmelter](#), Board Member, German Association of Health IT Vendors – bvitg e. V.

**gematik Beiratssitzung (nicht öffentlich)**

Category	Date	Time:	Location
Meeting	April 9, 2019	10:00 - 12:30	_Room Virchow 6, Hall 2.1/7

This session is organised and held by gematik – Gesellschaft für Telematikanwendungen der Gesundheitskarte mbH.

**Innovative Healthcare IT**

Category	Date	Time:	Location
Congress Session	April 9, 2019	11:30 - 13:00	_Stage B, Hall 2.2

What innovative technologies are changing the healthcare system? How does one define an innovation and when does it benefit the patient? The session entitled 'Innovative Healthcare IT' focuses on the latest innovations in different areas of the healthcare system. ranging from innovative products to processes and services as well as improving the quality of care. Innovations take place through planned and controlled changes using new ideas and systems which are not yet part of standard healthcare and which produce measurable improvements. Looking towards the future, the idea is to highlight the areas where innovative solutions can be applied and what distinguishes them from today's IT systems.

**Chairmanship:**

[Prof. Bernhard Breil](#), Professor, University of Applied Sciences Niederrhein, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)  
[Prof. Christian Wache](#), Professor for Medical Computer Science, University of Konstanz, GMDS

**Talks****11:30 - 11:50****Process Optimization with Artificial Intelligence: A Use Case for Diagnoses Related Billing**

It seems that everyone is discussing the use of artificial intelligence to automate complex processes. The Use Case of ICD and OPS coding demonstrates the potential that this technology offers hospital administrators.

For example, for the purposes of case rate accounting, a hospital with 15,000 in-patient admissions has to encode the equivalent number of case files in conformity with ICD-10 und OPS. Coding specialists are able to process an average of 2,500 patient files annually. Due to a lack of specialist staff and budgetary constraints, in many cases hospitals can no longer attract sufficient specialists to perform this task. This staff shortage means that this work must either be dealt with by medical personnel or delays will occur in the accounting process. An efficient, automated process is therefore needed. Even though rule-based algorithms have been remarkably successful until now, nevertheless the remaining coding outlay is still regarded as excessive.(1)

MM-care software was used for the test, which relies on methods obtained from natural language processing and ML. Following a training phase it can automatically recognize and issue ICD and OPS codes in patient files.

Anonymized emergency admission forms were used to test the ICD-10 codes S06.0 and R55. Some 1,400 documents were made available for S6.0 and approximately 1,000 for R55. The results were preclassified using a S21 data set and downloaded onto the software. During training this enabled a precision of 94% to be achieved.(2) To determine whether time savings could be achieved when carrying out automated classification, and if so, by how much, around 10% was not used in the training but was reserved for a concluding test. The time recorded during the test was compared with the average time required for text reading comprehension.

The mean average number of words in the documents tested was 378. Assuming an average reading speed of 300 words per minute (3), specialist personnel required an average reading time of 1 minute and 14 seconds per text (excluding setting up times). The program was able to process the documents on a laptop in less than 5 seconds. This gives a minimum difference of. 1 minute and 10 seconds.

This example reveals that, by automatically allocating cases to ICD, a time saving of 1 minute or more per document can be achieved in the case rate accounting process. The classification results are therefore sufficiently accurate, with a precision of between 80% and 94% (error rate of up to 20%) compared with a reading "expert" (error rate between 10% and 30%)(4).



With the application and also with the human processors, setting up times were not taken into account. Furthermore, in attempting to define the precise advantage, there is also a lack of a basis of comparison for the error rate between the ML algorithm (known error rate) and the expert personnel (error rate is only known for general readers).

1) (Fu & Thriman) CS224N Final Project - Medical Record Understanding

2) Mean of accuracy and strike rate

3) <http://www.howlongtoreadthis.com/> & Hill, J. (1986). Using Literature in Language Teaching. London: Macmillan.

4) Expert readers are between 70 and 90% correct, Schmitt, N., Jiang, X., & Grabe, W. (2011). The percentage of words known in a text and reading comprehension. The Modern Language Journal, 95(1), 26-43.

**Speaker:**

[Matthias Bay](#), Technical Director, MINDS-Medical

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**11:50 - 12:10**

## **The Journey from "Regular Hospital" to "Intelligent Health Organization"**

More and more healthcare providers are interested in providing value-based care. In the vision of SAP, this can only be achieved through the "Intelligent Enterprise for Healthcare". Together with health service providers around the world, five strategic priorities have been identified. These highlight the need to:

- Improve the patient experience.
- Increase operating efficiency.
- Improve patient outcomes.
- Reduce complexity, the enemy of an efficient workforce.
- Drive innovation.

To address these priorities, it is essential to digitally transform by integrating health data across all silos and creating 360° longitudinal patient views. Organizations must make use of tremendous amounts of health data, using industry standards (e.g. FHIR), standard adapters, and text analysis. Through this, they can begin to improve the healthcare value chain, also by linking with core processes such as ERP and CRM. This added value is created through the use of an in-memory data platform and advanced analytics, that helps to optimize core processes through user-centric design and embedding of intelligence. Ultimately, an intelligent healthcare organization will support the value-based care model with components such as:

(1) A digital Health Data Platform, with optimized data management and security that can be deployed in the (hybrid) cloud.

(2) Intelligent health care applications. A set of solutions for optimizing business processes. These include Apps that help rethink the hospital's core processes.

(3) Intelligent technologies, such as machine learning or IoT How do health organizations tackle this today?

Examples that will be discussed include Gustave Roussy, Europe's largest cancer center, which has integrated its patient data on a single platform to develop more accurate treatment options for its patients. Mercy can create savings in the millions, and serve its patients by predicting and prescribing the right care. Around 347 million people worldwide suffer from diabetes; Roche developed a mobile App that allows clinicians to track their patients' progress through a real-time dashboard.

Conclusion: there is increasing pressure within the healthcare system. There is a strong need to use digital transformation and data driven approaches. This is not a challenge that is easy to solve, but leading institutions are taking the first steps in this direction.

**Speaker:**

[Dr. Clemens Suter-Crazzolara](#), VP Product Management, SAP SE

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**12:10 - 12:30**

## **Digital Health – what Patients Really Want**

Prevention, behavior change, health apps - do they work? And do they deliver value for the healthcare industry beyond acting as marketing gadgets? Current real world evidence is not encouraging. What does this mean for players in the healthcare industry? How can they meet increasing expectations around patient centric care and outcomes/value based healthcare and reimbursement? In her talk, Dr. Wildhagen will lay out success factors for designing digital health solutions that patients really like and will engage with in the long term. And what to look out for when developing secure, scalable and value adding digital health solutions for pharma, medtech, health insurances and health IT companies.

**Speaker:**

[Dr. Carol Wildhagen](#), CEO, Ariana Digital Health Solutions

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**12:30 - 12:50**

## **ARGUS – Avoiding Undesirable Events with the Aid of Machine Learning Methods**

Demographic changes, combined with staff shortages in German hospitals, have exacerbated the situation, with the result that there is frequently not enough time to appreciate the implications of all the medical findings, or to include them or give them sufficient consideration when treating the case. The information available to nursing staff is often insufficient or, worst of all, is simply ignored. Inexperienced staff are often unfamiliar with interactions and contra-indications.

Assisted by machine learning algorithms, structured and unstructured clinical data about the course of treatment are evaluated, and pattern recognition is used to suggest ways of avoiding undesirable clinical occurrences.

The aim of ARGUS is to act as a clinical assistant. By taking into consideration comprehensive information and experience gained from past cases, in the context of the particular medical establishment, the learning system is intended to support the physician in coming to a decision.

Within the scope of this project a CDS monitoring system and retrospective evaluation with clinical experts are to be deployed in order to improve

and speed up the conclusiveness and clinical relevance of alerts and to adapt them to the clinician's requirements.

This subject matter acquires particular relevance from its potential for offering improved treatment. Particular reference is made to the use cases of delirium and sepsis, which are among the most urgent problems in the treatment of patients. These not only have massive negative consequences for patients but are also associated with enormous costs for the facilities providing treatment.

**Speaker:**

[Dr. Frank Reddig](#), Head of Medical Controlling, Marienhospital Stuttgart

[Ralph Szymanowski](#), Business Development Manager, Agfa HealthCare GmbH

## International Market Access: The Nordics

Category	Date	Time:	Location
Talk	April 9, 2019	11:30 - 13:00	_Hub 3, Hall 3.2

This session will give digital health companies insights into the promising business opportunities of the Nordic markets. Practitioners as well as market experts will share their observations and experiences with the audience, to help identify and target the Nordic markets. Spotlights will be set on Denmark, Sweden, Norway, Finland and Estonia.

The presenters will be also available after the session at the International Networking Lounge.

**Note: This session will be held in English.**

This session is organised and held by Germany Trade and Invest - Gesellschaft für Außenwirtschaft und Standortmarketing mbH.

**Moderation:**

[Joanna Zygadlo](#), Manager Medical Technology & Digital Health, Germany Trade and Invest (GTAI)

**Speaker:**

[Sybille Köhler](#), Project Leader, Norwegian-German Chamber of Commerce

[Marc Lehnfeld](#), Director, Germany Trade and Invest (GTAI)

[Fredrik Lindqvist](#), Business Development Manager HealthTech, Invest in Skåne

[Jussi Määttä](#), Founder & CEO, Buddy Healthcare Ltd Oy

## Is Germany about to become World Champion of Digital Health...?

Category	Date	Time:	Location
Congress Session	April 9, 2019	11:30 - 13:00	_Stage A, Hall 1.2

Since the beginning of 2017 eight health industry associations have been demanding that political decision-makers establish eHealth goals, i.e. a joint vision of digitally supported healthcare in Germany. These demands are also being voiced by representatives of science and those using digital solutions in the care sector. Together, they agree that without common goals it is impossible to achieve a digital transformation of the healthcare system.

In its coalition agreement the federal government proposed a roadmap for digitalising the healthcare system which could offer political decision-makers orientation for establishing laws. Urgent help is also needed for the digital transformation in practice. Innovation is needed and investment decisions must be made. This can only succeed if the direction healthcare is to take becomes clear.

The healthcare system still faces considerable challenges where the digital transformation is concerned. While many hospitals are simply doing their best without digitalisation, at strategic level important questions need answering. What will the future role of gematik be? How will the telematics infrastructure be used? What role can the electronic patient file (ePA) actually occupy in the care process? What access to digital solutions will there be in the care process? How will artificial intelligence be involved in decision-making? What level of interoperability will there be when exchanging data? Financial questions must also be resolved and much, much more.

The digital transformation of the health sector is gathering pace fast, but what goals and eHealth strategies is it pursuing?

Together with those who are shaping the healthcare system, you are invited to discuss eHealth strategy expectations and the possibilities for reliable planning in a dynamic and digital age.

**Chairmanship:**

[Jürgen Flemming](#), Head of Projectmanagement, Vinzenz von Paul Clinics

[Sebastian Zilch](#), CEO, German Association of Health IT Vendors (bvitg)

**Speaker:**

[Prof. Christian Fegeler](#), Founder, MOLIT Institute

[Stephanie Kaiser](#), Founder & Managing Director, Heartbeat Labs GmbH

[Dr. Susanne Ozegowski](#), Team Leader Supply Management – Individual Contracts, Techniker Krankenkasse

[Prof. Anke Simon](#), Dean of Faculty of Economics, Baden-Wuerttemberg Cooperative State University (DHBW) Stuttgart

**Category**  
Congress Session

**Date**  
April 9, 2019

**Time:**  
11:30 - 13:00

**Location**  
\_Stage C, Hall 4.2

Nursing is more than a combination of taking care of the elderly and sick. Instead the challenge in future will be to ensure the best possible organisation and coordination of care and support for the sick and/or very elderly, those with multiple diseases and in need of extra care. In the resultant complex healthcare scenarios a continuous flow of communication between the relevant sectors and professionals, the players involved as well as those concerned, and/or patients, is required in order to ensure the safest, most effective and most efficient medical healthcare possible.

Until now, barely insurmountable obstacles have existed between sectors and professions as well as the healthcare institutions involved in nursing, resulting in major deficits in management and the flow of information. In such an environment reliable healthcare is not possible.

The session aims to present concrete IT-based nursing care concepts which have been successfully implemented in practical care scenarios across a variety of sectors and professions, possibly even in other European countries. The session will also benefit from receiving innovative ideas and suggestions for new IT developments.

Submissions should in particular seek to answer the following:

How can the role of nursing be improved in intersectoral and interprofessional care processes?

From a nursing point of view, which areas urgently require interaction between care processes and which areas require less?

What shape could cooperation between physicians and/or pharmacies take?

What role does the electronic patient file occupy in nursing processes?

Regarding nursing, what form should communications take between nurses, nursing patients and their family?

#### Chairmanship:

[Thomas Knieling](#), Managing Director, VDAB - Deutscher Verband der Alten- und Behindertenhilfe e.V.

[Prof. Dietmar Wolff](#), Board Member, FINSOZ

## Talks

**11:30 - 11:50**

### Startup meets Documentation Software: Interoperable Teamwork between Hype and Care Routine

Older people are particular prone to falls. The aim of the startup Lindera is to use AI to analyze the risk factors leading to falls, to measurably reduce the elements in the home that can cause falls, and to help older people to live independently for longer.

To achieve this Lindera has developed a mobility test as an early means of identifying the risks of falling. It suggests measures for avoiding such risks and uses 'Sturzprophylaxe', a standard defined by experts, to avoid falls in old age. It is made available to nursing staff by means of a mobile phone: a video is recorded of a person walking, answers are provided to a psychosocial test in the app, and an analysis is obtained.

Operating in the background, AI determines what the user finds easy, and this is then incorporated in the care processes and the case documentation. Only in this way can all the hype associated with AI be avoided, resulting in genuine improvements to the care of older people and to the care processes. Trials of this integrated system have been conducted by Lindera and C&S Computer & Software GmbH in Bavaria.

The start-up and C&S became acquainted with one another during a panel event at conHIT 2018. Both partners then sought to redesign the existing documentation platform in care in a way that would overcome sectoral boundaries, improve care and allow the development of new business models.

For this purpose, and in a number of stages, the partners have developed a mobility test within the exiting structures of nursing care such as telematics, with the aim of enabling senior citizens and nursing staff to share in these digital innovations, and transcend existing sectoral boundaries. The first stage was for C&S and Lindera to automate the mobility analyses in accordance with the SIS structural model and expert standards and incorporate them in the care documentation. The next step is to establish a link with doctor-nurse communication. The aim of the C&S "ManagingCare Digital" platform is to enable care personnel to include the results of Lindera's analyses and other sensor-based evaluations in their existing care documentation systems via a standardized interface. At the same time the system registers falls and communicates with physicians on all matters concerning falls and fall prevention.

This is a good example of the way that innovations in AI can be implemented in existing care structures, serving as a role model for the continual connection to digital patient files and to systems for managing the production of personal social services.

- How can collaboration between a start-up and an established player be facilitated?
- What are the results of such cooperation?
- How can an established business model be introduced into new, intersectoral structures?
- What impact does this have on nursing staff and patients?

C&S and Lindera are jointly presenting the individual phases of their collaboration and in particular they address the requirements in terms of interfaces and systematic project management.

As partners we use the mobility test as a digital application in order to establish intersectoral communication and an exchange of data between nursing staff and dependents, as well as out-patient and in-patient care of the elderly, and between physicians. To assist this process C&S also incorporates experience gained with the telemedicine alliance. The solution is provided by the link between the Lindera mobility test and the C&S ManagingCare System.

#### Speaker:

[Diana Heinrichs](#), Managing Director, Lindera

11:50 - 12:10

## Intersectoral Discharge Management: Digitization Best Practices

Cross-sectoral discharges in the intersectoral and professional care process are a tremendous challenge from a compliance and process perspective. Highly manual and outdated procedures result in resource-consuming coordination efforts in clinics. These repetitive and inefficient work steps encumber caretaker as well as social worker structures.

Digitalization is the perfect instrument to automatize the aforementioned coordination processes. Together, the Sana-Kliniken AG and the leading discharge-management platform Racare present how digitalization can be used in a scalable way for big catchment areas in practice. Care related discharge management with an intersectoral context is confronted with heterogeneous challenges. Primarily, the aftercare market is highly fragmented and capacities are non-transparent. As a result searches for a suitable aftercare provider in the right time frame are time-consuming. Moreover, different cost-bearers even complicate the search for follow-up care in rehab clinics. This example has already shown, that all the sectors have particular requirements in addition to individual IT-systems used by the follow-up care providers, wherefore digital communication cannot be implemented easily. How is it hence possible to develop a scalable, nationwide and digital solution consistent with the daily hospital routine?

Michael Rosenstock (Head of Sana Digital), illustrates the challenges of intersectoral communication and its need for efficient processes in the discharge management of big clinic groups. In cooperation with Recare, a tool has been developed to enable seamless and low-maintenance patient transfers into follow-up care in the rehab and care sector. The project started with a pilot in one hospital and -based on a positive evaluation- a company-wide roll-out was initiated.

Similarly, the tool was further customized according to the needs of the Sana corporation. Recare is an online platform for the coordination of digital patient transfers. The user in hospitals are able to access Recare from any device and create patients profiles in accordance with laws on data privacy. The platform then searches for suitable providers without any further manual effort. The "matchmaking" is based on Recare's self-learning algorithm, which estimates statistically each provider's probability to be able to provide the necessary care. Then, all the data are used to create a ranking based on relevancy and requests of suitable aftercare providers are automatically generated. Providers can either accept or decline requests digitally and even ask patient-related questions via a safe and encrypted chat-function. This results in a list of providers, who have capacities to not only take care of all the patient needs but also have capacities for the requested discharge date. Further communication can be done with encrypted data transfers on Recare as well.

Together, we will illustrate that even in health care it is possible to roll-out a scalable online platform for all types of clinics with individual needs, which not only works in accordance with data-privacy laws but also solves compliance-related problems in the documentation. The Sana Kliniken AG will be used as an example to show all possible outcomes. To conclude this case study, chances and opportunities of digital platforms solving problems in intersectoral coordination will be discussed critically to find out if the platform really results in relief for all parties involved.

### Speaker:

[Maximilian Greschke](#), CEO, Recare

[Michael Rosenstock](#), Head of Sana Digital, Sana Clinics

12:10 - 12:30

## Study: Requirements from the Ambulant Care for the Digital Intersectoral Care

While physicians and patients in the stationary care already enjoy the benefits from the digital network, the ambulant care has received less attention so far. Therefore, in a national wide scientific study 100 leaders of ambulant nursing services were interviewed on the assessment of digital intersectoral care. The results show that there is a great agreement on the content of an electronic patient file (including care reports and emergency information). Two-thirds of those surveyed would use an electronic patient file, required that the cooperation with physicians, pharmacies and caregivers can be improved. The greatest potential lies in the digital networking with the physicians regarding to the medication processes, the drug plans and the exchange of information during visits in the doctor's practice or at home of the care needed persons.

### Speaker:

[Nelli Schneider](#), Product Developer, CompuGroup Medical

## The Patient in Digital Care

**Category**  
Werkstatt

**Date**  
April 9, 2019

**Time:**  
11:30 - 13:00

**Location**  
\_Box, Hall 1.2

This workshop is a moderated event and open platform for startups, doctors and health insurances. The aim is to highlight the status quo, trends and current obstacles to digital care solutions from various angles and to attempt to work on these issues. The objective is to establish possible scenarios in which comprehensive digital care exists as well as the paths to be taken to achieve that. The results will be presented to high-ranking speakers at the Congress session under the same heading on day three of the Congress at 9.30 a.m.

### Moderation:

[Dr. Alexander Schachinger](#), CEO, EPatient RSD GmbH

### Speaker:

[Gregor Drogies](#), Head of Unit Health- and Care Management, DAK-Gesundheit

[Katharina Jünger](#), Founder & CEO, Teleclinic GmbH

[Ralf Lägele](#), Board Member, German Managed Care Association, Managing Director, Cap4Health GmbH & Co. KG

[Dr. Philipp Stachwitz](#), Facharzt Anästhesiologie, Spezielle Schmerztherapie, E-Health Consultant, Schmerzpraxis Havelhöhe

## Hospital Excursion to Charité – Universitätsmedizin Berlin

Category	Date	Time:	Location
Excursion	April 9, 2019	11:30 - 14:30	Exkursion 1, Meeting Point: Information Desk, South Entrance (Messe Süd)

Charité - Universitätsmedizin Berlin has been known for its world-class medicine for three centuries. With almost 660,000 outpatient and around 140,000 inpatient cases a year, the Charité treats more patients than any other German university hospital and thus has a valuable wealth of experience. Each day, around 3,700 scientists and researchers in more than 1,000 projects, working groups and cooperative projects work to advance forward-looking developments in the field of medicine to the highest standards of quality and sustainability.

During the excursion, we will introduce you to a project of the Charité and put you in direct contact with doctors and scientists of this extraordinary clinic.

**Note: This session will be held in English.**

**The registration for this excursion is closed. If you are interested, please inform yourself on April 9, 11:30 am at the Information Counter, located at the South Entrance (Eingang Messe Süd) for possible vacancies.**

## Healthcare Thinking - The Human in the Center of Medical Innovation

Category	Date	Time:	Location
Workshop	April 9, 2019	12:00 - 13:00	_Room Zuse 6, Hall 4.1/7

The digital transformation offers plenty of technical opportunities in the healthcare sector to revolutionize products and services. However, these new products are often developed by people without medical background, which carries a certain risk: When applied in practice the products sometimes fail, due to the complex requirements in the medical sector.

In this workshop, we will explain what a user-centric innovation process can look like, based on an example of best practice of a digital application in the field of medical rehabilitation. The participants will learn how to develop and test prototypes of new solutions inexpensively and quickly. The goal is to develop products and services in a way those new solutions meet user requirements and create added value for patients and medical staff.

Please register online [www.healthcapital.de/dmea2019](http://www.healthcapital.de/dmea2019)

Note: Room Zuse 6, Hall 4.1/7 is best found via the DMEA App under "Meeting rooms". It is located one level below Hall 4.2 on the east side. Please follow the signs near stage C in Hall 4.2.

### Moderation:

[Philipp Günther](#), Projektmanager Innovation, Berlin Partner für Wirtschaft und Technologie GmbH

### Speaker:

[Hester Hilbrecht](#), Founder & CEO, Mermaid Studios GmbH

[Tessa Mäder](#), Marketing Manager, Mermaid Studios GmbH

## DMEA-Opening

Category	Date	Time:	Location
Keynote	April 9, 2019	13:30 - 14:00	_Stage A, Hall 1.2

### Greeting:

[Dr. Christian Göke](#), Chief Executive Officer, Messe Berlin GmbH

[Jens Naumann](#), Chairman, German Association of Health IT Vendors (bvitg)

[Jens Spahn](#), Federal Minister for Health, Federal Ministry of Health

## Making a Real Career

Category	Date	Time:	Location
Coaching	April 9, 2019	13:30 - 14:30	_Room Nightingale, Hall 1.2

**The number of participants is limited. Remaining places are available on site!**

**Your opportunities on the German job market.**

A growing demand for well-trained staff, falling unemployment and a steady increase in the number of job vacancies ... the German employment market

is changing. The good news for you: you are in demand.

However, the increasing number of publically advertised vacancies does not necessarily mean that they include one that is right for you. This is because a growing number of start-ups, hidden champions and DAX businesses engage specialized personnel service providers to find them the right talents, to find you. The question directed at you, and one that is decisive in your search for a career, is:

### Do you use XING and LinkedIn? And if so, do you use them properly?

At our workshop you can learn how to structure your business profile correctly to enable you to be found by personnel consultants wanting to offer you an attractive position.

### Perfect application. Perfect presentation.

In addition PERM4 | recruiting specialists can provide suggestions and advice on how to convince recruiters that you are the right person for the job, both in your written application and in your job interview. Because we want you to have a successful career.

This session is organized and held by [PERM4](#).

## Abbildung des gesamte Medikationsprozesses im Krankenhaus

Category	Date	Time:	Location
Workshop	April 9, 2019	13:30 - 15:30	_Room Curie 2, Hall 1.1/2.1

Krankenhäusern in Deutschland, aber auch in der Schweiz, Österreich und den Niederlanden, effektive Lösungen im Einsatz. ID MEDICS®, ID DIACOS® PHARMA und ID PHARMA APO sind intuitive Werkzeuge für ein verlässliches Medikationsmanagement: Von der Erfassung der Eingangsanamnese über die Anpassung an die Hausliste und die stationäre Verordnung bis hin zur Dokumentation der Entlassmedikation im Arztbrief wird der gesamte Medikationsprozess abgebildet. Da die Arzneimitteltherapie die häufigste Form der medizinischen Behandlung ist und der Digitalisierungsgrad immer weiter voranschreitet, werden auch die Möglichkeiten des Arzneimittelcontrollings immer vielfältiger. Die retrospektive Betrachtung der betroffenen Prozesse mit Hilfe des speziell entwickelten Controlling-Werkzeugs soll dazu beitragen, die Sicherheit, Qualität und Wirtschaftlichkeit der Arzneimitteltherapie zu optimieren. ID EFIX® PHARMA kombiniert die in ID MEDICS® / ID DIACOS PHARMA® erfassten Daten zur medikamentösen Therapie und die Ergebnisse des Medikationschecks ID PHARMA CHECK® mit den Daten des §21 KHEntgG Datensatzes.

#### Moderation:

[Susann Burde](#), Produktmanagement, ID GmbH & Co. KGaA

#### Speaker:

[Lukas Westfechtel](#), Apotheker, ID GmbH & Co. KGaA

## Digitalisation in the Care Sector – Best Practice Knowledge for Successful Projects

Category	Date	Time:	Location
(Academy) Seminar	April 9, 2019	13:30 - 17:15	_Room Lovelace, Hall 2.2

#### Note: the seminar will be held in German.

Professional nursing care is experiencing far-reaching changes. In addition to a shortage of skilled personnel and demographic challenges, there is also an increasing outlay on documentation. As a result of the latest legal initiatives the transparency of nursing care services also acquires an economic importance. By way of contrast, in more than 70 % of clinics nursing staff are still using paper and pens to produce their documentation. However, this is where increased interest clearly exists in launching corresponding digitalisation projects in nursing over the coming months. However, the digital transformation in nursing care is not simply a major IT project. The successful digitalisation of this professional group also depends on a number of diverse nursing and organisational aspects. In this respect practical support for the nursing process by means of innovative workflows, technology and skills has an important part to play. This workshop offers knowledge based on best practice, shows some pitfalls and explains the particular characteristics of professional nursing care. An exemplary digitalisation process is explained using a combination of short lectures, statements and a subject-specific dialogue, with the involvement of the participants.

[Get your Ticket!](#)

#### Chairmanship:

[Heiko Mania](#), CEO, NursIT Institute GmbH

#### Speaker:

[Madlen Fiebig](#), Unit Manager Data Analytics, ePA-CC GmbH

[Dr. Dirk Hunstein](#), Executive Partner, ePA-CC GmbH

[Sven Kiebler](#), Pediatric Nurse, Clinics of the City of Cologne

## Colour Thermometer: Showing Temperature in Colours

<b>Category</b> Workshop	<b>Date</b> April 9, 2019	<b>Time:</b> 14:00 - 18:00	<b>Location</b> Campus of Technische Universität Berlin at Ernst- Reuter-Platz, EN-building, 2. floor, Room EN 201
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**Unfortunately the workshop had to be cancelled!**

**Age:** Classes 10 to 13

**Number of participants:** min. 6 - max. 16

**Participation fee:** none

Thermometers are wonderful things, preventing us from burning our fingers or enabling us to decide whether to wear a t-shirt or a pullover. They are used in medicine too, to take temperature readings. However, it often takes an unnecessarily long time to think about what this reading in °C tells us. It would be much better if, at a glance, we could see whether something is hot or cold. After all, we intuitively associate red with hot, and blue with cold. This is used, for example, in modern LED taps. In this case the chosen method is that of an RGB-LED. This can light up red, or blue, and much more besides. In this workshop we can learn how any other coloured light can be mixed from the three primary colours, without getting our hands dirty, and using a single LED. And you can also learn to use an electronic sensor to register the temperature, so you can recreate the electronics to be found in your tap. Your own program is then used to control the mixing of light, irrespective of the actual readings.

<http://www.dein-labor.tu-berlin.de/veranstaltung/farbthermometer-dmea-nachwuchs>

## AI in the Healthcare System – Part 1: Data Knows Better

<b>Category</b> Talk	<b>Date</b> April 9, 2019	<b>Time:</b> 14:30 - 15:30	<b>Location</b> _Hub 4, Hall 4.2
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Will artificial intelligence revolutionize healthcare? Will AI help us deal with annoying documentation tasks, make therapy decisions and replace the radiologists in the future? Or will we soon realize with disillusionment that many of the computing tasks in the medical field are too complex and too flawed to use AI?

Two panels will shed light on artificial intelligence in its current application and future in health care.

In fact, software technologies such as machine learning or deep learning combined with advanced computing, memory processing, and big data, speech, and image processing technologies enable applications today that were unthinkable a few years ago. In healthcare, we often encounter "weak" AI, that is, software solutions for specific application problems, such as speech recognition or navigation system. The "strong" AI, on the other hand, should have the same intellectual skills as humans, or even surpass them. Software that reacts to unpredictable events or makes decisions despite insecure knowledge is scarcely found in the current German healthcare system.

This panel will take a look into the future. What tasks can be automated to leave more time for patients? Will the completely automated diagnosis in radiology be technically possible? And what ethical questions arise from the fact that software could make better decisions than hospital planners, healthcare professionals, or even patients themselves?

This session is organised and held by the Project Group Artificial Intelligence, German Association of Health IT Vendors – bvitg e. V., the Cluster HealthCapital Berlin Brandenburg and Lernende Systeme – Germany's Platform for Artificial Intelligence.

**Moderation:**

[Dr. Tobias Knobloch](#), Capgemini

**Speaker:**

[Dr. Franz-Joseph Bartmann](#), Speaker Landesverband Nord, German Society for Telemedicine

[Prof. Dr. Dr. Christian Dierks](#), Founder and Managing Partner, Dierks+Company

[Dr. Dietmar Frey](#), Specialist in Neurosurgery, Charité – Universitätsmedizin Berlin

[Dr. Roland Roller](#), Project Leader and Researcher, German Research Centre for Artificial Intelligence (DFKI)

[Dagmar Schuller](#), Co-Founder & CEO, audEERING

## Blockchain in Healthcare - Introduction, Presentation of Concrete Scenarios, Open Discussion

<b>Category</b> Talk	<b>Date</b> April 9, 2019	<b>Time:</b> 14:30 - 15:30	<b>Location</b> _Box, Hall 1.2
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Blockchain is currently a heavily discussed topic. Many know the term from the context of Bitcoin and other cryptocurrencies. But what exactly is behind the technology? And what does the technology have to do with the German healthcare system?

In an interactive session, a brief introduction to blockchain technology will be given. The technical functionality is roughly explained as well as different network structures and their advantages and disadvantages. Based on this, 3 teams present concrete application scenarios of how Blockchain could be

used profitably in the German healthcare system.

The following application scenarios are presented:

- eBtM - a concept to tackle narcotic abuse with Blockchain
- Track & Trace - offers the opportunity to significantly increase the product safety of drugs and medical devices
- TransplantChain - an approach to improve the safety of the transplant system and increase the number of organ donations

In an open round, both the presented concepts and general questions of participants regarding Blockchain technology will be discussed. The Box Session offers interested parties not only an introduction to the topic but also an opportunity for professional exchange and networking.

**Moderation:**

[Maximilian Pütz](#), Engagement Owner, Cerner Health Services

**Speaker:**

[Irina Hardt](#), Business Informatician, eBtM

[Rolf Pfister](#), Cognostics AG

[Dr Christian Sigler](#), Medical Doctor, eBtM

[Leonhard Teichert](#), Cognostics AG

[Lukas Vogel](#), Freelance Consultant, LuxTag

## Career Insights

Category	Date	Time:	Location
Panel	April 9, 2019	14:30 - 15:30	_Stage B, Hall 2.2

As the name indicates, the 'career insights' provide a clearer picture of the digital health sector.

In the four papers the representatives of industrial enterprises, users and scientific institutions will be showing the career paths that are possible in this vocational field.

**Moderation:**

[Prof. Bernhard Breil](#), Professor, University of Applied Sciences Niederrhein, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)

## Every individual has a Doppelgänger – Personalised Medicine and Digital Twins

Category	Date	Time:	Location
Talk	April 9, 2019	14:30 - 15:30	_Hub 2, Hall 2.2

This session is organised and held by The German Association of Health IT Vendors – bvitg e. V.

**Moderation:**

[Dr. André Nemat](#), Managing Partner, Institute for Digital Transformation in Healthcare, Board Member, International Data Space Association (IDSA)

**Speaker:**

[Prof. Dr. Frederick Klauschen](#), Managing Senior Physician at the Institute of Pathology, Charité – Universitätsmedizin Berlin

[Prof. Dr. Boris Otto](#), Managing Director, Fraunhofer Institute for Software and Systems Engineering

[Nenad Stojanovic](#), CEO, Nissatech Innovation Centre

## Tour 1: Digital Health Innovations

Category	Date	Time:	Location
Guided Tour	April 9, 2019	14:30 - 15:30	Central Foyer, Hall 3.2   4.2

Be it with new ideas, disruptive concepts or digital products, the digital transformation is creating room for innovation. The trade fair tour presents companies, products and services which are already driving tomorrow's digital transformation and whose innovativeness sets them apart from existing solutions and approaches.

## Tour 2: Electronic Patient Record

Category	Date	Time:	Location
Guided Tour	April 9, 2019	14:30 - 15:30	Central Foyer, Hall 3.2   4.2

In order to provide quality medical care which makes responsible use of existing healthcare resources access is needed to complete and centralised



documentation, the basis for which is the electronic patient record. This can be maintained by either patients or doctors. Sensible solutions already exist.

## Tour 3: Revenue Optimisation in Inpatient Care

Category	Date	Time:	Location
Guided Tour	April 9, 2019	14:30 - 15:30	Central Foyer, Hall 3.2   4.2

The high complexity of the DRG encoding and the large amount of material to be viewed often make it difficult for hospitals to accurately translate all information into billing. Software can help to identify potential improvements in billing coding. The visited manufacturers show tools that support optimal revenue coding for hospitals with different technical and logical approaches.

## What Does the Future Hold for Medicine in AR and VR?

Category	Date	Time:	Location
Talk	April 9, 2019	14:30 - 15:30	_Hub 1, Hall 2.2

Discussion of the panelists

The future of XR in the Health Sector

Status Quo

Perspectives

Barriers

Followed by Q&A-Session with the audience.

This session is organised and held by **VRBB** ("Virtual Reality Berlin-Brandenburg e.V.").

### Moderation:

[Peter Lorenz](#), Managing Director, Virtual Reality Berlin-Brandenburg e.V. (VRBB)

### Speaker:

[Thomas Bedenk](#), Director Immersive Media, Exozet

[Sönke Kirchof](#), CEO, INVR

[Heiko Nemmer](#), CEO, Baby Giant Studios

[Marcus Ritter](#), Interlake

## Sana+ I – Trainee Program Technology

Category	Date	Time:	Location
Talk	April 9, 2019	14:45 - 15:00	bvittg-booth C-114, Hall 4.2

## Would you like to get to know Helios? Here you are right!

Category	Date	Time:	Location
Talk	April 9, 2019	15:15 - 15:30	bvittg-booth C-114, Hall 4.2

In a relaxed atmosphere, you can meet IT managers from Helios and find out about career opportunities at Europe's largest hospital operator.

This session is organized and held by Helios Kliniken GmbH.

## AI in the Healthcare System – Part 2: Data Knows Nothing

Category	Date	Time:	Location
Talk	April 9, 2019	15:45 - 16:45	_Hub 4, Hall 4.2

Will artificial intelligence revolutionize healthcare? Will AI help us deal with annoying documentation tasks, make therapy decisions and replace the radiologists in the future? Or will we soon realize with disillusionment that many of the computing tasks in the medical field are too complex and too flawed to use AI?

Two panels will shed light on artificial intelligence in its current application and future in health care.

In fact, software technologies such as machine learning or deep learning combined with advanced computing, memory processing, and big data, speech, and image processing technologies enable applications today that were unthinkable a few years ago. In healthcare, we often encounter "weak" AI, that is, software solutions for specific application problems, such as speech recognition or navigation system. The "strong" AI, on the other hand, should have the same intellectual skills as humans, or even surpass them. Software that reacts to unpredictable events or makes decisions despite insecure knowledge is scarcely found in the current German healthcare system.

This panel will bring the audience back to the - sometimes sobering - bottom of the facts. How intelligent is healthcare software today really? Can intelligent software be reimbursed, certified and do medical staff or patient trust its use in health care? Where does artificial intelligence already come to meet us in the health care sector without patients or doctors noticing it?

This session is organised and held by the Project Group Artificial Intelligence of the German Association of Health IT Vendors – bvitg e. V. and the Cluster HealthCapital Berlin Brandenburg

**Moderation:**

[Dr. Tobias Knobloch](#), Capgemini

**Speaker:**

[Dr Peter Gocke](#), Head of Digital Transformation Unit, Charité – Universitätsmedizin Berlin

[Dr Eduard Hergenreider](#), Solution Manager, SAP

[Daniela Kluckert](#), Member of the German Parliament (MdB), Deutscher Bundestag

[Dr Wojciech Samek](#), Head of Machine Learning Group, Fraunhofer Heinrich-Hertz-Institut

[Dr. Margret Stennes](#), Chairwoman of the Board, Association of Statutory Health Insurance Physicians, Berlin

## Company Slam

Category	Date	Time:	Location
Slam	April 9, 2019	15:45 - 16:45	_Stage B, Hall 2.2

In three-minute speed lectures, companies and institutions introduce themselves as employers, try to convince visitors to come by your stand or convince them that they are the best employer in the world. The aim is to inspire schoolchildren, students and young professionals with an entertaining and creative presentation and thus point out the company.

We are pleased to announce the following "slamming" companies:

Brainlab Corporate Services GmbH  
Cerner Deutschland  
CHILI GmbH  
DMI  
epitop medical GmbH  
KAIROS GmbH  
medatixx GmbH und Co. KG  
Sana IT Services GmbH  
SBK (Siemens-Betriebskrankenkasse)  
seca gmbh & co. kg  
Sopra Steria SE  
CompuGroup Medical

**Moderation:**

[Prof. Bernhard Breil](#), Professor, University of Applied Sciences Niederrhein, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)

## CV-Check

Category	Date	Time:	Location
Coaching	April 9, 2019	15:45 - 16:45	bvitg-booth C-114, Hall 4.2

The recruiting experts of [PERM4](#) provide feedback on CVs and tips for your next application. Take the opportunity to get valuable input in a personal interview.

Not only for students! Come by with your CV.

## Cyber risks in Healthcare - When Doctors become Patients

Category	Date	Time:	Location
Talk	April 9, 2019	15:45 - 16:45	_Stage A, Hall 1.2

**Moderation:**

**Speaker:**

[Richard Renner](#), Managing Director, Perseus Technologies GmbH

## eHealth Hot Seat

Category	Date	Time:	Location
Hot Seat	April 9, 2019	15:45 - 16:45	_Box, Hall 1.2

The #eHealthHotSeat is a new interactive Q&A format. In a 60 minute live stream session Dr. Gottfried Ludewig, head of Digitalisation Department, will respond to questions from the audience, via Twitter as well as video messages from doctors, patients, representatives of business and science. The aim is to cover a wide range of outpatient and nursing care issues which reflect the entire range of healthcare.

This session is organised and held by The German Association of Health IT Vendors – bvitg e. V.

**Moderation:**

[Chris Berger](#), Governmental Affairs, German Association of Health IT Vendors (bvitg)

**Speaker:**

[Dr. Gottfried Ludewig](#), Head of Division 5 „Digitalisation and Innovation“, Federal Ministry of Health

## Health & Care 4.0. Intelligent and smart assistance systems in the future market of health

Category	Date	Time:	Location
Talk	April 9, 2019	15:45 - 16:45	_Hub 1, Hall 2.2

Digitization is a trend driven by intelligent systems and machine learning. With the AI Strategy of the Federal Government, Germany is expressing its claim to thematic leadership, taking into account European ethics guidelines, especially in the health sector. The Innovation Space is dedicated to questions arising from this claim. The state of the art of selected Health & Care solutions will be clarified, future scenarios and their realization perspectives will be discussed, opportunities and risks in the use of intelligent assistance systems will be pointed out.

The use of a digital twin e.g. offers advantages when used for AI-based health and medical devices and generates new challenges. eHealth systems learn their knowledge and expertise through large amounts of training data, not through detailed programming. Learning AI systems, especially deep learning, do not forget once learned knowledge. What does this mean in practice? What threats does the sensitivity of the systems to unbalanced and incomplete training data pose, which can lead to the purpose and competence of the systems being exceeded?

The shortage of physicians in the periphery demands new technological solutions in order to provide care services more efficiently and with higher quality. Are intelligent solutions using edge computing and reactive AI backends sustainable solutions for the success of managed care? Which smart solutions counteract the care crisis? How do intelligent transition solutions from the clinic to care look like? And do you know Paul? Get to know intelligent assistance functions in the Smart Home.

Employees must be trained in new, digital processes. Learn more about e-learning technologies that leverage a new format of medical data management, AI elements, and virtual realities.

Discuss with us!

This session is organised and held by the Association for Electrical, Electronic & Information Technologies (VDE)

**Moderation:**

[Christina Rode-Schubert](#), Partner, TCI GmbH

**Speaker:**

[Prof. Dr Kurt Becker](#), Head of Studies, APOLLON Hochschule der Gesundheitswirtschaft

[Dr Pierre Gembaczka](#), Research Assistant, Main Developer of AlfES, Fraunhofer IMS

[Dr Moritz Lehne](#), Health Data Scientist, Berlin Institute of Health (BIH)

[Dr. Rainer Lutze](#), CEO, Lutze Consulting

[Bruno Ristok](#), Managing Partner, C&S Computer und Software GmbH

[Siddharth Saha](#), Vice President of Research, Transformational Health, Frost & Sullivan

[Dr. Thomas Zenk](#), CEO Vitaphone, vitagroup AG

## Innovation Clusters: From Pilot to Market

Category	Date	Time:	Location
Talk	April 9, 2019	15:45 - 16:45	_Hub 3, Hall 3.2

“Health 4.0 made in Germany” by Dr. Thilo Kaltenbach

“Digital Solutions made in Brandenburg (digisolBB)” by Jan Philipp Sachs

The Brandenburg Ministry for Economic Affairs and Energy has initiated the project “Digital solutions made in Brandenburg|digisolBB”, which is jointly run by the Chair of Business Informatics and Digitalization (University of Potsdam), HPI Digital Health Center, VDI/VDE Innovation +

Technology, and MEME. The project aims at identifying and supporting pioneering actors with innovative ideas for new products or services for the healthcare industry. The ideas shall be road-tested with regional partners and eventually transferred into viable business models to strengthen the regional economy sustainably.

“Healthcare Network 2019 of GEOkomm e.V.” by Dr. Peter A. Hecker

**Note: This session will be held in English.**

This session is organised and held by Germany Trade and Invest - Gesellschaft für Außenwirtschaft und Standortmarketing mbH.

**Moderation:**

[Julia Pietsch](#), Manager Chemicals & Healthcare, Germany Trade and Invest (GTAI)

**Speaker:**

[Peter A. Hecker](#), Chairman, GEOkomm e.V.

[Dr. Thilo Kaltenbach](#), Senior Partner, Roland Berger

[Jan Philipp Sachs](#)

## Interoperability and telemedicine

Category	Date	Time:	Location
Talk	April 9, 2019	15:45 - 16:45	_Stage C, Hall 4.2

Telemedical procedures may help to ensure high quality, affordable treatment. Compatibility between the involved IT-systems is a requirement for a smooth data exchange and optimal workflow. Accepted standards play a key role.

In comparison to other countries the acceptance of standards in Germany is low. From the perspective of telemedicine the development of the telematics infrastructure (TI) also leaves open questions. For example the e-health law with the interoperability list provides a procedure for determining the necessary interoperability specifications for the telematics infrastructure. However in the context of telemedicine applications there is still a lack of consistent standards of interoperability.

Together with experts DGTelemed discusses interoperability in telemedicine and provides i.a. its position paper on the creation of interoperability standards.

This session is organised and held by the German Telemedicine Association.

**Moderation:**

[Dr. Franz-Joseph Bartmann](#), Speaker Landesverband Nord, German Society for Telemedicine

**Speaker:**

[Dr. Dietmar Bayer](#), Chairman, Austrian Society for Telemedicine & eHealth (ÖGTelemed)

[Marcus Beck](#), Managing Partner, TIANI Spirit Germany

[Rainer Beckers](#), Managing Partner / Board Member, Centre for Telematics and Telemedicine (ZTG), German Society for Telemedicine

[Alexander Ihls](#), Vendor Co-Chair, IHE Germany, InterSystems

## Mobile Health Zone 1 – Apps and Digitalisation

Category	Date	Time:	Location
Pitch	April 9, 2019	15:45 - 16:45	_Hub 2, Hall 2.2

In this first part of the four-part Mobile Health Zone presentation series, exhibitors at the DMEA special area for mobile health solutions will present their apps and mobile image solutions to simplify the digital healthcare process.

**Moderation:**

[Andrea Hillmann](#), Project Manager DMEA Mobile Health Zone | Startup Café, Messe Berlin

## Talks

**15:50 - 16:00**

### Day-To-Day Insights into the Status of "Medical" Apps Since 2015

The identification of relevant iOS Apps in "Medical" and "Fitness/Health" is still considered impossible because of their large number. Since the end of 2015, day-to-day, nova motum's AppQualifier database has been able to determine the exact number of iOS apps and their Android counterparts in both categories at any time. On 31.01.19 at about 8:00 a.m. Berlin time, the total number of iOS Apps worldwide in the two stores DE + US was about 104,400 iOS Apps. Of these, about 8,900 were iOS apps, which are only listed in the US store. Our statistics include the growth in new apps as well as the development of apps that are no longer listed.

Examples for searches by indications:

- Depression: approx. 1,050 apps
- Diabetes: approx. 2,150 Apps

- Cardiology: approx. 950 Apps

- Cancer: approx. 2,000 apps

AppQualifier shows that almost 50% of "Medical" apps are exclusively available for iOS devices, also were not created for Android!

**Speaker:**

[Volker Kohl](#), CEO, nova motum@ Services & Consulting GmbH

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**16:00 - 16:10**

### **Secure WhatsApp Alternatives - Requirements and Benefits for Healthcare Companies**

- WhatsApp is widely used as part of shadow IT in healthcare companies. This raises numerous data protection and security issues.
- Secure messaging apps for healthcare companies are a suitable alternative. We show you which functions in the healthcare sector are particularly important and what users value.
- Comprehensive data protection, security, administration and compliance are important requirements for healthcare companies. We explain how a messaging app meets all these requirements.
- There are more and more applications for a secure messaging app in healthcare companies. We present innovative functions for alerting, connections to EHR and IOT integrations.

**Speaker:**

[Gianfranco Pizzata](#), Sales Director, Teamwire grouptime GmbH

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**16:10 - 16:20**

### **Mobile Patient Engagement for Heart-Transplant Patients with phellow seven: Insights and**

Mobile Patient Engagement for Heart-Transplant Patients with phellow seven: Insights and Added Values

Mobile apps for the interaction between physicians and patients are of great value in the case of heart-transplant patients. The patients are involved in cycles of regular check-ups to recognize health problems early and to monitor the function of the transplanted heart. This is closely linked to an increased communication effort short after a check-up, as patients wait for feedback regarding possible adjustments of medication to prevent the body from rejecting the transplanted heart. In this period, patients contact the responsible ambulance at frequent intervals either by phone or telefax, leading to time-consuming support activities. By using phellow – a mobile app for patient engagement - newly available information can be provided automatically, resulting in improved satisfaction.

**Speaker:**

[Dr. Oliver Heinze](#), Founder, phellow seven, Heidelberg University Hospital

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**16:20 - 16:30**

### **CGM Partner Ready Model - Open for Good Ideas**

With CGM LIFE, CGM has developed a communication and networking platform that guarantees maximum interoperability through elaborate data models - being a digital ecosystem at the same time, it is open to specialized applications from CGM partners. The heart of this platform is the electronic health record. The CGM LIFE Partner Ready Program provides third parties with access to this worldwide communication and networking platform, called CGM LIFE. After the user's approval of the CGM LIFE eHealth record, partners can exchange medically relevant information between different service providers and partner applications via LIFE. This way, they develop value-added services for the users of the CGM LIFE file and added value for professionals and couple them with CGM LIFE - a secure and fast way to globally network healthcare systems and services and open up new markets. CGM LIFE's "Partner Ready Model" enables the interaction of all innovations: Using a comprehensive and understandable software development kit, it is possible to integrate third-party applications into CGM LIFE. CGM LIFE already interacts reliably with a wide variety of partner solutions, such as Mediteo.

**Speaker:**

[Ekkehard Mittelstaedt](#), Business Development Manager, CompuGroup Medical Germany

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**16:30 - 16:40**

### **State of the Art Engineering of Medical Software and Mobile Medical Apps According to MDR, FDA and IEC 62304 Requirements**

The presentation gives a small insight into the medical software engineering process, while focusing on the following five main questions:

- What are the requirements for medical software and Mobile Medical Apps to fulfill the MDR?
- What should be considered when designing a software architecture that should meet the MDR, GDPR and FDA Cybersecurity requirements?
- What is the most efficient way to engineer and maintain a medical software that should be released in multiple regulated markets?
- What are the main criteria to decide if a medical software component should be engineered from scratch or based on an unvalidated SOUP component?
- Should multiplatform apps for Android and iOS devices be engineered native or by means of a cross-platform framework like Xamarin?

In addition to answering these questions, the paper provides a brief overview of the challenges of developing medical software and highlights possible solutions based on realized projects.

**Speaker:**

[Miriam Schulze](#), Director Medical Engineering, bayonet AG

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## Tour 4: Safe Drug Treatment Plan

Category	Date	Time:	Location
Guided Tour	April 9, 2019	15:45 - 16:45	Central Foyer, Hall 3.2   4.2

A safe drug treatment plan encompasses the full range of measures for an optimum medication process with the aim of minimising or avoiding medication errors and preventable risks for patients during the course of their treatment. In order to improve safe drug treatment a number of action plans have been put in place over the years. Patients receiving prescriptions from several non-communicating medical sources, discarding medication plans or taking medication without professional advice potentially risk unwanted drug effects. In order to improve safe drug treatment levels a complete knowledge of patient medication is required. As a result, better communications between the various sources, i.e. general physicians, specialists, patients and pharmacies are needed.

## Tour 5: Digital Patient Empowerment

Category	Date	Time:	Location
Guided Tour	April 9, 2019	15:45 - 16:45	Central Foyer, Hall 3.2   4.2

The aim of patient empowerment is to strengthen the role of patients by providing them with information, enabling them to actively participate, and involving them in decision-making processes. The aim is to involve the patient more in the treatment and decision-making process. Digitisation in the healthcare system plays an important role in this context, as patient empowerment involves patient websites, apps and mobility solutions. The aim of the tour is to show what patient empowerment can achieve in nursing care and how technology can be efficiently incorporated into medical care without ignoring the need for social contact.

## Tour 6: FHIR

Category	Date	Time:	Location
Guided Tour	April 9, 2019	15:45 - 16:45	Central Foyer, Hall 3.2   4.2

In 2014, with pressure growing to build intersectoral communications, support mobile and cloud-based applications and create an immediate interoperability solution, the first draft standard for trial use of the Fast Healthcare Interoperability Resources (FHIR) standard of HL7 in Germany was published. FHIR is an open source standard which combines the benefits of HL7 versions 2 and 3 and CDA. It also makes use of the benefits of modern web technology such as XML and JSON and by using a REST-defined application programming interface enables rapid electronic data transfer and an easy standardised implementation of healthcare data.

## AI for the Public Good: The Case for Open Sourced and Decentralized Medical AI

Category	Date	Time:	Location
Keynote	April 9, 2019	17:00 - 17:30	_Stage A, Hall 1.2

**Note: This session will be held in English.**

Artificial Intelligence (AI) is one of the most transformative forces of our time, but it is not a silver bullet. It is bound to alter the fabric of society, but it has both the potential of increasing or decreasing access to healthcare services. It could lead to a privatization of medical knowledge, which Bart calls the anti-Gutenberg moment of healthcare. But if done, based on the principles of collaboration instead of competing, openness instead of closed, and plurality instead of monopoly, it presents the greatest opportunity to increase prosperity and growth, without losing our fundamental European rights such as the right having access to healthcare.

AI is key for addressing many of the grand challenges facing the world, such as global health and wellbeing as expressed in the United Nations Sustainable Development Goals. During his talk, Bart will guide you through a journey, that will give you some insights in the foundation of exponential thinking, give you an overview on where AI is already over-performing on humans today, and he will explain why he left his corporate career to follow his most important mission, the creation of an open source movement and community for AI in healthcare.

**Keynote:**

[Bart de Witte](#), Founder, HIPPO AI Foundation

## Digital Health Crossing Borders - Startups Serving Patients Worldwide

Category	Date	Time:	Location
Panel	April 9, 2019	17:00 - 18:00	_Hub 3, Hall 3.2

**Note: This session will be held in English.**

This session is organised and held by BiM - Federal Association of Internet Medicine.

**Moderation:**

[Laura Wamprecht](#), Director Pioneer Program, Flying Health

**Speaker:**

[Philipp Albrecht](#), CEO & Co-Founder, HappyMed GmbH

[Sebastian Gaede](#), CEO & Co-Founder, Smartpatient

[Erik de Heus](#), B2B Program Manager, SkinVision

## eHealth Strategy: Europe's Prospects

Category	Date	Time:	Location
Talk	April 9, 2019	17:00 - 18:00	_Hub 4, Hall 4.2

This session is organised and held by The German Association of Health IT Vendors – bvitg e. V.

**Moderation:**

[Stefan Höcherl](#), Head of Digitalisation & Alliances, Verband Forschender Arzneimittelhersteller e. V. (vfa)

**Speaker:**

[Rauno Mäekivi](#), Adviser in Digital Development, Ministry of Social Affairs of Estonia

[Prof. Veronika von Messling](#), Head of Division 6 „Life Sciences“, Federal Ministry of Education and Research

## Natural Language Processing and AI: The Digital Transformation Begins With Collecting Information

Category	Date	Time:	Location
Talk	April 9, 2019	17:00 - 18:00	_Hub 2, Hall 2.2

Digitalization in the field of healthcare has led to an increased demand for voice recognition and digital speech processing, both in general practice and in the in-patient sector. The acceptance of voice recognition has also been assisted by new documentation requirements, e.g. in managing patient discharge and in the pioneering new development with more accurate identification and improved user-friendliness.

How can speech recognition be deployed as a horizontal technology in IT solutions in the healthcare sector? And in this context, what role do AI and cloud systems play?

This session is organised and held by the Project Group Artificial Intelligence of The German Association of Healthcare IT Vendors – bvitg e. V.

**Moderation:**

[Claudia Dirks](#), Communications, hih

**Speaker:**

[Jan Becker](#), Head of Information Technology and Communication, VAMED Gesundheit Holding Deutschland GmbH

[Thomas Pettinger](#), Project Manager, Thieme Compliance GmbH

[Heinrich Recken](#), Leiter des Studienzentrums Essen, Projektleiter des BMAS finanzierten Projekts „Sprint Doku“, Hamburger Fern-Hochschule

[Dr Norbert Reithinger](#), Forschungsbereich Kognitive Assistenzsysteme, Deutschen Forschungszentrum für Künstliche Intelligenz GmbH (DFKI)

[Dr Markus Vogel](#), Chefarzt Krankenhaus Neuwerk, St. Augustinus Gruppe

## Projects Undertaken by Scholarship Holders at the Friedrich-Wingert-Stiftung

Category	Date	Time:	Location
Panel	April 9, 2019	17:00 - 18:00	_Stage C, Hall 4.2

For many years now the Friedrich-Wingert Foundation has been supporting scientific research projects in the field of medical information, linguistics and medicine, in particular where they assist with medical and nursing documentation and lead to further improvements in methods and algorithms for computer-assisted analyses of medical texts.

Due to a serious shortage in the numbers of qualified newcomers to the IT sector in healthcare, the foundation has launched a concept aimed at assisting students and young researchers at colleges, universities and other academic establishments. This provides for the award of up to 10 grants annually.

Four students who are currently recipients of these grants will be exhibiting their study projects at the DMEA.

**Moderation:**

[Prof. Paul Schmücker](#), Representative, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)

**Speaker:**

[Benjamin Bergner](#), Hasso-Plattner-Institut, Digital Engineering Fakultät, Universität Potsdam

[Samuele Garda](#), University of Potsdam

[Johannes Oehm](#), Student, Universität zu Lübeck

[Stefanie Ververs](#), Student, University of Lübeck

## Stationär, ambulant, stambulant – wo kann Digitalisierung in der (häuslichen) Krankenpflege ansetzen?

Category	Date	Time:	Location
Talk	April 9, 2019	17:00 - 18:00	_Box, Hall 1.2

The nursing crisis has led to a number of policy measures to help address this problem. In order to relieve the strain on nursing staff, the "Immediate Care Programme" also considers digitisation.

In reality, "care" is thought of by political actors exclusively within the respective sectoral boundaries. What could cross-sectoral digitisation in (home) care look like? And how can technology support the transition between forms of care in particular?

**Moderation:**

[Marcus Steffen Bauer](#), Partner, Healthcare Practice Lead, Strategy&

**Speaker:**

[Britta Gräfe](#), Consultant for Digitisation, bpa – German Association of Private Providers of Social Services

[Tobias Kley](#), Projektleitung Innovation und Technik, Evangelisches Johannesstift Altenhilfe gGmbH

[Dr Nils Lahmann](#), Head of Workgroup Nursing Research, Deputy Director Geriatrics Research Group, Charité – Universitätsmedizin Berlin

[Maxie Lutze](#)

[Marie-Luise Mangelsdorf](#), Head of advita Quality Management & advita Academy, advita Pflegedienst GmbH

## Telematics infrastructure in hospitals

Category	Date	Time:	Location
Talk	April 9, 2019	17:00 - 18:00	_Hub 1, Hall 2.2

**Moderation:**

[Hans-Peter Bröckerhoff](#), Geschäftsführer, HEALTH-CARE-COM GmbH

**Speaker:**

[Christian Karnatz](#), HE HCIS ORBIS Solution & Business Management, Agfa Healthcare GmbH

[Thomas Kleemann](#), Head of IT Department, Ingolstadt Clinic

[Jan Neuhaus](#), CEO - IT, Data Communications and eHealth, German Hospital Federation (DKG)

## Tour 7: Guided Tour for International Visitors

Category	Date	Time:	Location
Guided Tour	April 9, 2019	17:00 - 18:00	Central Foyer, Hall 3.2   4.2

The tour (including company presentations) is **in English** and takes visitors to exhibitors who are looking for international customers and who are currently marketing their products successfully on the German healthcare market.

This tour is supported and carried out by Germany Trade and Invest.

Please find a list of all participating exhibitors [here](#).



## Tour 8: IT Security 2.0

<b>Category</b> Guided Tour	<b>Date</b> April 9, 2019	<b>Time:</b> 17:00 - 18:00	<b>Location</b> Central Foyer, Hall 3.2   4.2
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Health data is highly sensitive and must be protected. Securing IT systems against unauthorised access, protecting patient records and ensuring their availability and integrity is a top priority. However, satisfying these requirements must not lead to over-restricting medical information and withholding it from those involved in the treatment process and supplying emergency aid. The aim is to provide solutions using the appropriate technology, on the one hand ensuring health data remains secure and on the other facilitating networked access within the healthcare system.

## Tour 9: AI in the Healthcare System. On the Way to the Future.

<b>Category</b> Guided Tour	<b>Date</b> April 9, 2019	<b>Time:</b> 17:00 - 18:00	<b>Location</b> Central Foyer, Hall 3.2   4.2
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Artificial intelligence (AI) is regarded as one of the key technologies of the twenty-first century. It is key to improving efficiency and realising smart and self-teaching assistance systems at every stage of the value chain in the healthcare system. AI-based applications are essential to promoting health and preventing diseases as well as assisting doctors and medical staff. They help to support independent and safe living and to manage specific diseases and situations in life. The tour presents current uses for AI and highlights potential future applications.

## DMEA After Work

<b>Category</b> Get-together	<b>Date</b> April 9, 2019	<b>Time:</b> 18:00 - 20:00	<b>Location</b> South Entrance
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Let the first DMEA day pass in review and exchange about it with your colleagues, business partners and trade visitors at the official DMEA After Work at the South Entrance (Eingang Messe Süd) with a beer after work.

## Excursion for Young Professionals to Beelitz-Heilstätten

<b>Category</b> Excursion	<b>Date</b> April 10, 2019	<b>Time:</b> 08:30 - 12:45	<b>Location</b> Exkursion 2, Meeting Point: Information Desk, South Entrance (Messe Süd)
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Take advantage of your visit to Berlin for a short trip to the Brandenburg region and visit the [Beelitz-Heilstätten](#) on 10 April 2019.

8:30: Departure at the exhibition center (meeting point: Messe Süd entrance)

9:30: Start of the tour "Beelitz-Heilstätten, How it all started - Three buildings - One guided tour"

10:45 - 11:45: DMEA young talent talk

12:00: Departure Beelitz-Heilstätten

12:45: arrival DMEA

**Registration is still possible on site at the info counter at the South Entrance "Messe Süd".**

Program language: German

The guide is unfortunately not barrier-free.

### Moderation:

[Prof. David Matusiewicz](#), Professor of General Business Administration, FOM University of Applied Science

## Women in Digital Health – Breakfast (Non-Public Event)

<b>Category</b> Get-together	<b>Date</b> April 10, 2019	<b>Time:</b> 09:00 - 10:30	<b>Location</b> _Room Virchow 6, Hall 2.1/7
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Strategy and Network Meeting of the Organisers of #SHEHEALTH

This session is organized and held by the SheHealth Community.

## Certification of medical devices with focus on usability

<b>Category</b> Workshop	<b>Date</b> April 10, 2019	<b>Time:</b> 09:30 - 10:30	<b>Location</b> _Room Zuse 6, Hall 4.1/7
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The usability of medical devices is a decisive factor in enabling patients and users to operate them intuitively and safely. For this reason, the standards DIN EN 62366 or EN 60601-1-6 (for electrically operated medical devices) prescribe a user-centered design process. For the certification of medical devices, manufacturers must be able to prove that the usability was taken into account during the development process, in accordance with the regulatory requirements. With the entry into force of the new regulation 2017/745 on medical devices, this requirement of a user-centered design process, was strengthened and concretized – also in the context of market surveillance after market introduction, to prove basic safety and performance requirements are met.

The workshop provides an overview of the certification process and elaborates on usability in this context. The implementation of a user-centered development process will be explained and illustrated by practical and interactive examples. Products, especially IT-based solutions, are more successful if they are consistently designed to meet user needs. Therefore, the workshop will – in addition to fulfilling regulatory requirements – also focus on how further added value can be generated by methods of user experience design. In the human-centered design process, the interaction between many stakeholders is also taken into account, for example: users (patients/professionals), developers, designers, risk managers, project managers, product owners, etc.

The workshop aims to connect designers with manufacturers and users of medical informatics and is organized by the cluster ICT | Media | Creative Industries in cooperation with the Mittelstand 4.0-Kompetenzzentrum Usability.

Please register online [www.healthcapital.de/dmea2019](http://www.healthcapital.de/dmea2019)

Note: Room Zuse 6, Hall 4.1/7 is best found via the DMEA App under "Meeting rooms". It is located one level below Hall 4.2 on the east side. Please follow the signs near stage C in Hall 4.2.

### Moderation:

[Philipp Günther](#), Projektmanager Innovation, Berlin Partner für Wirtschaft und Technologie GmbH

### Speaker:

[Pawel Libera](#), Consultant / Regulatory Affairs, BEO MedConsulting Berlin GmbH

[Christoph Rosemeier](#), Senior UX Consultant, Ergosign GmbH

## mHealth - The mobile Revolution in Productive Operation

<b>Category</b> Congress Session	<b>Date</b> April 10, 2019	<b>Time:</b> 09:30 - 11:00	<b>Location</b> _Stage A, Hall 1.2
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Smartphones and tablets will lead to radical changes in the processing of information in the healthcare sector. In combination with a well-developed network infrastructure and the wealth of information that the internet can offer, all the data that we in the healthcare sector require will be available at any time or place, in an accurate, up to date and complete form on mobile terminals. This was our vision when enthusiasm for the mobile revolution was at its peak. Eleven years after the launch of the first iPhone we want to use the mHealth session to ask what remains of this vision, and what mobile concepts have actually been successfully introduced in the productive operations of the healthcare sector. We examine the challenges confronting us when mobile technology is integrated in the care process and in healthcare information systems. And we also discuss what are the expected implications of the next technological revolution, that of digitalisation.

### Chairmanship:

[Prof. Wolfram Ludwig](#), Professor of Medical Informatics, Hanover University

[Dr. Markus Müschenich](#), Board Member / Managing Partner, National Association of Internet Medicine, Flying Health

## Talks

**09:30 - 09:50**

## **Patient App in the IT Process - medatixx-AppPoint**

The health app market is expanding rapidly. However, it is almost impossible to establish which patient apps actually offer meaningful and medically based benefits in the case of acute and chronic illnesses. There is an urgent need to find a reliable way of choosing tested health apps, based on their quality, safety and reliability.

Physicians will only use an app or recommend its use to patients if it satisfies fundamental quality criteria. Given the diversity of available health apps a medical practice does not normally have the capacity to keep up to date with the latest patient apps, and requires competent and continuous support. Surrounded by a veritable jungle of patient apps, physicians face challenges not only in finding their way around but also in their efforts to benefit from this development. This imposes new requirements on us in the range that we offer the medical profession. medatixx has created its own platform by the name of medatixx-AppPoint to assist physicians and patients to find selected patient apps, which are integrated in the practice software offered by medatixx. The medatixx-AppPoint is a clear decision-making aid for physicians, helping them to recommend reliable patient apps for various diagnoses and symptoms. Due to the secure way in which the apps are integrated in practice software, communication via the app can be incorporated in the treatment process in a highly structured way. Patients can send the accumulated health data in the app to the practice, where it can be stored with a click directly in the patient's documentation. This facilitates the exchange of data between patient and doctor and provides long term therapeutic support. Consequently patients are more closely involved in their own treatment and are provided with a clearer picture of their diagnosis and therapy. This has clear benefits for patients and doctors alike in terms of improved, faster and more centralized healthcare.

**Speaker:**

[Alexandra John](#), Head of Marketing, medatixx GmbH & Co. KG

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**09:50 - 10:10**

## **Patient Onboarding and Informed Consent - from Paper to Digital**

Many of the processes in German clinics are still paper-based, including admission and explanatory notes. Mobile applications provide the ideal conditions for modernizing processes and for making direct use of acquired data in those processes. Contracts and explanatory notes are available in digital form in the patient file, thereby avoiding delays to operations and lost revenue resulting from mislaid paper documents. Quality assurance measures such as signal-based status monitoring of HIS processes ensure a shared view of the current situation for those involved in the treatment.

Many clinics such as UKE Hamburg, UK Würzburg, Charité and UK Jena use the mobile software E-ConsentPro in order to take advantage of these features. A platform is created for the digitalization of medical and administrative documents together with patient management systems. In 2011 the first clinics introduced projects to digitalize paper-based explanatory notes. Over the next 7 years they collaborated with Thieme Compliance to expand these projects. With the introduction of the iPad 2 in 2011 mobile explanatory notes were developed in collaboration with two clinics, UKE and UK Würzburg. In addition to process optimization the aim was to provide identification and to achieve other advantages such as status tracking of the documents being processed, transferring anamnesis data to other systems, anamnesis independent of the explanatory process, administrative documents such as optional benefit agreements and providing explanatory notes at home. These clinics are now supplying some 150 patients per day with explanatory notes on mobile devices. E-ConsentPro provides the central platform for the processes shown, using the interoperability standards HL7 and FHIR.

Depending on the patient's initial contact with the clinic, the process for elective patients takes the following forms:

1. The patient at home uses the clinic portal to access services, responding to the anamnesis or to the treatment contract and consents. The information is fed into the process by means of secure portal communication.
2. The patient's details are registered in the administrative admission. The administrative system displays the relevant documents on a tablet, where apps are used to sign them using an advanced electronic signature. These are then immediately available in the archive.
3. The explanatory form is then returned to the patient, if necessary supplemented with details that have already been filled in. Using a mobile device the patient then responds to the anamnesis questions, which are augmented by the information that the answers have been provided, and returned to the HIS.
4. The physician can use a mobile device to view the risk profile, using it as the basis and, together with the Thieme database, he can check any salient responses against the current state of scientific knowledge, adapting the explanatory notes accordingly. Following biometric signatures from the physician and the patient, the status and completed PDF-A are passed on to the HIS and operations management.

Consistent case history data avoids the duplication of inquiries and reassures patients that the nursing and medical staff are well acquainted with the case.

Drawbacks can include the frequent absence of or faulty WLAN, the creation of semantic interoperability and outlay on development among various parties. Unambiguous identification when providing explanatory notes at home also presents a challenge that needs to be dealt with. A common theme is the transfer of experience between the various departments of a clinic, for which the differing explanatory and admission processes are frequently to blame. Taking a longer view, the focus on documents should be replaced by modular content, thereby creating the possibility for supplying individualized information. All clinics share the same ambition, that of making access as wide-ranging as possible for their patients.

**Speaker:**

[Alexander Wahl](#), Partner Manager, Thieme Compliance

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10:10 - 10:30

## From the App Idea to the Rollout in Hospitals - Challenges and Lessons Learned

From the app idea through market validation to rollout in 20 organizations for productive use in everyday clinical life. With imitoCam, the Zurich-based startup imito AG has successfully completed exactly these steps since its foundation in 2016. The market analysis for clinical photo documentation by Chrysanth Sulzberger in 2015 illustrates the clear need for a mobile and data protection-compliant solution. Around 500 doctors took part in the survey and confirmed that more than half already use their private smartphones for clinical photo documentation.

The two founders therefore decided to investigate these loose ends and connect them with the possibilities of new mobile solutions. With imitoCam, imito AG successfully launches its first app for the visual documentation and communication of findings. imitoCam objectifies the wound documentation with photos and digital wound measurement directly on the patient. In other specialist areas such as dermatology, surgery and physiotherapy, imitoCam is used for structured photo and video documentation and second opinions via chat in order to improve the quality of the documentation and save valuable time in clinical everyday life. The consistent focus on the user experience and the innovative process optimization for previously cumbersome and time-consuming documentation paths inspires medical staff. This enthusiasm leads to increasing numbers of users in hospitals and the figures for the current use of imitoCam prove the relevance of visual documentation in clinical everyday life. At the university hospitals of Zurich, Bern and Basel, users document around 1000 photos per week. With an average of two photos per series, this corresponds to approximately 300 documented patients per week. The idea for a further app for everyday clinical use has also emerged from the numerous user feedbacks and their continuous evaluation: imitoScan uses a smartphone to scan paper documents directly into the electronic patient file, for example referral letters brought along by patients. imito has been gaining valuable experience since 2016 with its pioneering achievements for the seamless integration of clinical apps into the existing ICT architectures of hospitals. So far, imitoConnect integrations have been implemented in 8 different PACS/DMS solutions, 7 different HIS solutions and imitoCam has been rolled out via 4 different MDM solutions using the backend imitoConnect developed in-house.

Depending on the strategy of the hospitals, the use of the apps on business or private mobile devices is progressing in clinical everyday life. The presentation will give an insight into the challenges facing clinical apps and a young company in the hospital environment - challenges in integration, rollout, data security, but also lessons learned in using them on impersonal ward devices and accompanying hospital teams in rollout projects.

**Speaker:**

[Chrysanth Sulzberger](#), CEO and Co-Founder, imito Ltd

10:30 - 10:50

## Custom Criteria Catalogues for Rating Health Apps

About one third of the German population has already installed an app related to health issues on their smartphone or tablet. Offering well over 100,000 health apps, public app stores cover a wide range of uses, from providing information and training on health topics, to managing health data or assessing health conditions, to diagnostic and therapeutic support for both patients and professionals.

The meta-criteria catalog "AppKri" provides an open collection of quality criteria for health apps on the basis of existing criteria catalogs, studies, guidelines, etc. The recently provided 300 criteria are structured as a semantic network. In addition, all criteria are attributed by metadata, e. g. for providing information about whether a criterion can be evaluated by simply trying out the app, or whether additional technical expertise is required. A web application on top of this ontology of topics, criteria and features selects the semantically linked catalog of criteria via an intuitive graphical interface and supports multipliers such as self-governing bodies, individual payers, medical societies, medical associations and consumer organizations in assembling their own catalogues for assessing and/or rating health apps. Such catalogues may then be specific to the indication, target group, operational situation, etc. The created catalogs can be exported in PDF or FHIR format and processed further. It has been shown that even the currently available 300 criteria (plus checklists for regulatory requirements with approx. 150 further criteria) require additional means for access in order to be manageable at all. This concerns both the maintenance of the semantic network and in particular the ability of users to search and browse the meta-catalogue. Users are faced with the challenge of forming a suitable subset of only a roughly structured fund, without completely overlooking the entire selection space. Semantic technologies and heuristics are considered suitable to make recommendations and to control redundancies (i.e. selection of criteria that overlap content) in the sense of better guiding the user while setting up a customized criteria catalogue.

**Speaker:**

[Dr. Jörg Caumanns](#), Head of Department „eHealth“, Fraunhofer Institute for Open Communication Systems FOKUS

[Sophia Matenaar](#), Referent, German Federal Ministry of Health

## Responsible Handling of Patient Data

Category	Date	Time:	Location
Congress Session	April 10, 2019	09:30 - 11:00	_Stage C, Hall 4.2

The structured collection, exchange and use of digital health data already holds great potential in the short term for more effective, better patient care and for medical research.

Their findings will also enable completely individual therapies in the medium term and provide new innovative treatment approaches, for example for extremely rare diseases. At the same time, health data are part of people's highly personal sphere of life. Their routine processing must be measured against the highest data protection and ethical standards.

Patients themselves are at the heart of this debate: As data donors, as sick people with all the associated hopes and fears, and as self-determined individuals who autonomously decide the level of knowledge about their own health.

Therefore, the session asks in conversation with those affected, industry and science under which conditions patients can effectively manage their health data.

What basic demands and expectations do patients have of the storage and management of their data?  
Is there a right not to know? How can unauthorised data access be effectively prevented technically, organisationally and legally?  
What concrete opportunities does research with care data, for example from the future electronic patient file, offer for human health?  
How can a data donation be used best and as quickly as possible to improve care, for example in the field of rare diseases?

**Chairmanship:**

[Sebastian Claudius Semler](#), Scientific Director, Technology, Methods and Infrastructure for Networked Medical Research (TMF)

**Speaker:**

[Gerlinde Bendzuck](#), Vorsitzende, Landesvereinigung Selbsthilfe Berlin e.V.

[Bernhard Calmer](#), Director Business Development, Cerner Health Services Deutschland GmbH

[Dr Peter Gocke](#), Head of Digital Transformation Unit, Charité – Universitätsmedizin Berlin

[Holger Langhof](#), Research Fellow, Charité, Berlin Institute of Health (BIH), QUEST- Center for Transforming Biomedical Research

## Speaking UX - bridging the gap between user and product

Category	Date	Time:	Location
Werkstatt	April 10, 2019	09:30 - 11:00	_Box, Hall 1.2

The entire healthcare sector is under massive cost and efficiency pressure and are pushing for digitisation. Politicians have understood this and intend to implement the goals of digitisation by 2025, with the E-Health Act and the Future Agenda for Health.

This creates enormous pressure in product development: on the one hand, it is necessary to meet the high safety and software requirements, and on the other hand, diverse user groups and contexts must be taken into account.

Particularly in the medical field, it is important to strike the right balance between autonomous and semi-automated processes in order to encourage users such as patients and doctors to use eHealth solutions. In addition, medical devices must be designed in such a way that their users can familiarise themselves with the system - generally during a normal work day - without a great deal of additional effort. The acceptance of a product is dependent on this.

Good user experience plays a key role and is the key factor for successful software.

What is behind the buzzword UX? Why is usability no longer sufficient today?

Is UX not just something for the consumer sector?

What concrete benefits can UX bring to the healthcare sector?

How can UX support your development process in the most effective and efficient way?

We would like to discuss these questions with you, as well as others. That's why we need you, your questions and your comments.

This session is organised and held by UseTree GmbH.

**Moderation:**

[Ariane Jäger](#), Senior UX Consultant, UseTree GmbH

**Speaker:**

[Cornelia Lüderitz](#), UX Consultant, UseTree GmbH

## The Telematics Infrastructure: Current Situation and Future Prospects

Category	Date	Time:	Location
Congress Session	April 10, 2019	09:30 - 11:00	_Stage B, Hall 2.2

Beginning by taking stock on the rollout of the telematics infrastructure (TI), the purpose of this session is to present and discuss ongoing development work for additional applications, as well as mobile access to TI services by insured persons.

The experience gained from connection to the TI and from the use of Assured Core Data Management in out- and in-patient facilities will be examined at both a technical and an organisational level, from the viewpoint of those responsible for providing the IT. Service providers need to know what medical applications are already available and how these can be integrated in the service providers' existing processes. Among other aspects, independent access to TI as a prerequisite for using health files is vital for patients in the age of digitalisation. From the health policy perspective it is also important to consider the expected specifications arising from the Appointments Service and Care Law (in German: TSVG) and from an eHealth Law II, and how they apply to the way in which the content of the TI is structured.

The session will address these aspects in practice-related papers and undertake a critical examination of the background to these developments at the time of the DMEA 2019.

**Chairmanship:**

[Prof. Martin Staemmler](#), German Association of Hospital IT Managers (KH-IT)

[Dr. Günter Steyer](#), German Medical Informatics Professional Association (BVMi)

## Talks

**09:30 - 09:50**

## **Utilizing the Potential of Cross-sectoral Interconnection**

Based on the legal requirements imposed by §291b Section 1b SGB V, it is the declared aim of gematik to expand the telematics infrastructure beyond the framework of statutory applications of the health card and to also make it available for wider applications. Making these healthcare applications more generally available will enable the full potential of a nationwide, cross-sectoral and secure platform to be exploited for the benefit of all service providers and of facilities in the healthcare sector and of patients too.

The paper examines the advantages of the telematics infrastructure for the providers of other applications, and for their target groups. It also presents the products, processes and documents available from gematik, which are used to support providers as they expand into TI. The telematics infrastructure offers the providers of other applications with added value that can be clearly presented to their own target groups. The legal basis for the electronic health card, a widely addressable customer base with all the connected stakeholders in the healthcare sector, functionalities that generate a range of benefits, and the security promised by the telematics infrastructure itself, create a scope and exclusivity as well as generating trust and reliability.

With access to the basic services provided by the telematics infrastructure, providers can limit the development outlay for applications, thereby gaining a competitive edge.

Providers themselves are supported by gematik in a number of ways, including standardized confirmation procedures, information materials and customer-specific advice and support.

Using one single, secure means of access, healthcare providers and facilities connected to the telematics infrastructure can, in addition to what is statutorily stipulated, make integrated use of a wide diversity of additional applications and services, thereby enjoying the benefits of a user-friendly digitalization.

In addition to the benefits for all interested groups of using a telematics infrastructure, the paper also deals in detail with the diversity of services offered by gematik as a central authority for confirming more far-reaching use in the telematics infrastructure. Accordingly the paper looks at the required confirmation procedure and accompanying services such as the advice and information on offer, as well as technical services.

It also gives an overview of the actual steps undertaken by providers in the course of the confirmation procedure and in connecting to the telematics infrastructure.

Furthermore several examples of possible applications or fields of application are featured, to help interested providers to understand the processes.

There are various options for connecting to the telematics infrastructure and using the services and functionalities that it offers, and these are available to the providers of other healthcare applications.

They include the use of encrypted identities and the associated technical functions for authenticating, end-to-end encoding and decoding, and electronic signatures. Other areas include accessing central services in the telematics infrastructure, e.g.:

- central indexing service
- naming service
- time service
- configuration service

In addition to the many different technical possibilities, the paper will also deal with the ensuing economies and synergies that arise in developing the application, as well as aspects such as multi-system interoperability for basic functions and the accompanying improvements that this offers to users.

### **Speaker:**

[Martin Heisch](#), Strategic Product Management, gematik

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**09:50 - 10:10**

## **Scalable IT Service for the KfH: Connection of 220 Dialysis Centers and Practices to the Telematics Infrastructure**

KfH Kuratorium für Dialyse und Nierentransplantation e.V. (KfH) is looking for an efficient connection to the telematics infrastructure (TI). In accordance with the strategy of offering KfH centres the entire IT as a service, a new solution has been developed, tested and introduced in cooperation with akquinet, Concat and gmc. This involves connecting the KfH dialysis centres and practices to the TI via a central connector farm in a secure German computing centre. With the 220 facilities and dialysis centres, together with cooperating practices, the KfH is impacted comprehensively by the e-health law. The TI version with one connector and two card reader units, as envisaged by the legislators for basic practices, is not viable for KfH: A KfH centre has 1 or more business premises registration numbers (BSNR) and many doctors. A total of 1,200 doctors are employed at the KfH. What technical equipment is required and who should procure it? Who updates the core data? How is the supply chain for TI components safeguarded in order to comply with statutory regulations? Who looks after the interfaces? What happens when doctors are replaced? How is the security of patient data safeguarded? KfH needed a modern, secure solution that was easy to administrate, and could cope with the required level of complexity. In accordance with its IT strategy KfH adopted the approach of managing its IT support by means of scalable IT services. Instead of local servers and systems, the centres and practices obtain their IT as a service, managed centrally, monitored and developed further by KfH and its internal IT service provider, knowledgepark GmbH. For this purpose KfH has been cooperating since 2013 with akquinet AG, storing its data in the latter's readily available Twin Datacenter, which has the highest security category. The TI link also reflects this strategy. The new IT service was developed jointly with KfH, akquinet, gmc Systems (KfH's partner for supporting communication with the KBV - National Association of Statutory Health Insurance Physicians) and Concat AG (supplier of gematik-approved hardware: connectors, card readers and VPN access service). The technical basis for the implementation concept is provided by a centrally managed connector farm in a German computing centre, and a secure data transfer.

The connector farm is set up in such a way that all KfH card readers are connected and good performance is ensured. A logical model has been developed to connect the 220 facilities with the BSNRs and to assign the physicians with effective access rights. The application by the SMCBs to the Federal Print Office has been organized centrally. A management and monitoring tool has been developed to administer the connectors, card readers, SMCBs and access rights.

In a pilot project 22 centres were connected to KfH and a reference centre demonstrated that the data access and synchronization times were faster than those attained with a stand-alone solution. The central TI link with all KfH centres and practices was successfully rolled-out. This solution also included intermediate buffers for the data in the event of offline operation. The project was more complex than originally expected. For example, due to the mandatory documentation of transport, alone the organization and procurement of the SMCBs and card readers presented a major challenge. From the viewpoint of KfH, the approach whereby the TI link for the KfH was set up as a central, scalable IT service has proved

its effectiveness. The availability of the solution in the KfH centres is being constantly registered and monitored.

**Speaker:**

[Martin Overath](#), IT-Architect, Knowledgepark

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**10:10 - 10:30**

**Added Value Services in the Context of the Telematics Infrastructure**

The BTA acts as the state-wide point of contact for all activities in the areas of telemedicine, e-health and healthcare telematics. It is a neutral platform for expertise that initiates, coordinates and interlinks die BTA telemedical initiatives in Bavaria. In this capacity it receives funding from the Bavarian State Ministry for Health and Care.

Within the scope of its own projects the BTA also runs trials and establishes telemedical forms of care. In all of these projects it coordinates closely with gematik GmbH. A concept has therefore been introduced to implement the projects. This takes into account not only the data interfaces, applications for users (the public, healthcare providers, purchasers etc.) but also the gematik infrastructure (e.g. card readers). Going forward the intention is to establish full compatibility and smooth integration in the telematics infrastructure.

The SPeed project, for example, will see the digital care documentation being implemented in care facilities. Among other aspects this will be supplemented by the telemedical interconnection with GPs, the aim being to improve care for those in particular need of it. The Aslyakte project has been created to improve health care for refugees. In this case, when the initial admission takes place, telemedical support is not only provided for physicians, and electronic documentation will also ensure a faster access to patient and emergency case data, irrespective of the location.

Within the scope of the GOINakut pilot project a triage procedure was successfully trialled for the first time in Germany. In countries such as England or Switzerland such procedures are part of everyday healthcare, with the acute treatment needed by each patient being determined by telephone, and those affected being directed to the care facility that best meets their requirements. The Rise-uP project (German acronym for 'innovative back pain therapy with e-health for our patients') systematically investigates how to improve treatment for back pain, which has until now often been less than effective. This is based on the proposals contained in the National Care Guidelines for Back Pain. Rise-uP comprises a therapy navigator with electronic documentation and also containing suggested treatment and a back app. Rise-uP is a prime example of an e-health project for patients with back pain and is supported by innovation funding from the Common Federal Committee. A video consultation provides the telemedical communication between doctor and patient, other doctors or the care-dependent – as in- or out-patients. The Doccura video consultation focuses on improving communication between doctors and patients, with the aim of also improving medical support for in- and out-patients, and of taking some of the burden off medical practices.

Certificated services from Doccura have been available since March 2018. Experience gained thus far with Doccura reveals that certificated video communication offers a significant potential, with general practitioners and also with other stakeholders in the healthcare system (e.g. care homes, wound treatment centres, clinics).

**Speaker:**

[Dr. Christoph Götz](#), Bayerische TelemedAllianz

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**Artificial Intelligence in Medicine**

Category	Date	Time:	Location
(Academy) Seminar	April 10, 2019	09:30 - 13:15	_Room Nightingale, Hall 1.2

**Unfortunately, this seminar is already fully booked.**

**Note: the seminar will be held in German.**

The workshop seeks to give its participants an overview of areas in which hospital information systems are deployed in medicine, the relevant standards and general regulatory conditions. The workshop will begin by using examples of applications to illustrate the potential of AI approaches in medicine. In addition to addressing current solutions that have been successfully applied (e.g. in classifying skin lesions), attention will also focus on typical historical failings, in order to identify factors of critical importance in the successful use of AI. In recent years machine learning (ML) processes have been attracting particular attention in medical applications too. The workshop will present the necessity for a division of responsibilities, and the form that it will take, between traditional knowledge processing, which still remains indispensable, and ML. Two of the HL7 standards that are relevant for the deployment of AI will be featured: the Arden Syntax and Clinical Quality Language (CQL). Moreover the workshop will take a look at the viability of other standards from the non-medical field (including the business process model and notation, and the predictive model markup language) for AI applications in medicine. Many AI applications have been designed to support diagnostic and therapeutic decision-making or processes. Implementation of the new Medical Device Regulation 2020 (MDR 2020) throughout the EU leads in this case to a tightening of the general regulatory conditions, and this will also be dealt with in the workshop. We can expect the clinical evaluation of AI-based applications to become a prerequisite for their routine deployment. The workshop provides an overview of the evaluation methods and relevant findings.

**Chairmanship:**

[Prof. Dr. Oliver Bott](#), German Medical Informatics Professional Association (BVMi)

**Speaker:**

[Dr. Myriam Lipprandt](#), Postdoctoral Researcher, University of Oldenburg

[Dr. Cord Spreckelsen](#), Deputy Managing Director, RWTH Aachen University

## Women in Digital Health

Category	Date	Time:	Location
Workshop	April 10, 2019	11:00 - 13:00	_Hub 4, Hall 4.2

Women in health IT: the workplace would be unimaginable without us. Nevertheless, we are under-represented. How are women driving the digital transformation forward? What conditions must be met for women to have an even greater say in the future? How do women make their way into senior management and onto the supervisory boards of the DIGITAL HEALTH industry? And what can we ourselves do to better confront the challenges of an industry dominated by men?

This session is organised and held by the SheHealth Community.

### Moderation:

[Prof. Sylvia Thun](#), Director of eHealth and Interoperability, BIH Berlin Institute of Health, Council Member, German Association for Medical Informatics, Biometry and Epidemiology (GMDS) e. V.

### Speaker:

[Inga Bergen](#), Managing Director, Magnosco GmbH

[Prof. Dr. Britta Böckmann](#), Professor for Computer Science in Medicine, University of Applied Sciences and Arts Dortmund

[Bettine Gola](#), Innovations Manager, Cluster HealthCapital, Berlin Partner für Wirtschaft und Technologie GmbH

[Katja Kümme](#), Head of IT, University Medical Center Münster

[Gabriele Rittinghaus](#), FidAR e.V.

## Mobile Health Zone 2 - Apps and Mobile Software Solution

Category	Date	Time:	Location
Pitch	April 10, 2019	11:30 - 12:30	_Hub 2, Hall 2.2

In this second part of the four-part presentation series of the Mobile Health Zone, exhibitors at the DMEA special area for mobile health solutions present digital health software solutions.

### Moderation:

[Andrea Hillmann](#), Project Manager DMEA Mobile Health Zone | Startup Café, Messe Berlin

## Talks

**11:35 - 11:45**

### User Experience Strategy for innovative Medical Devices

The success of a new product highly depends on the factor, whether potential users recognize an obvious added value for themselves. Technological progress and good usability alone are often not sufficient to address the appropriate users and their needs. This presentation helps you to learn, how a user experience strategy supports you in developing innovative medical products, which delight their users. The primary goal of a user experience strategy is to co-create a product vision, which is validated with end users and thereby outlines improvements for respective user groups. Essential activities for this, like e.g. user research, are key to doing development and documentation of medical products according to IEC 62366. In addition, this approach facilitates the assessment regarding the reasonably possible use of new technologies, like e.g. wearables or augmented reality.

### Speaker:

[Christoph Rosemeier](#), Senior UX Consultant, Ergosign GmbH

**11:45 - 11:55**

### Mobile Solutions for SAP in Hospitals

ISEC7 Mobility for SAP is the easiest way to mobilize SAP. Preconfigured mobile solutions can easily be enhanced and adopted. For hospitals these are:

- Mobile plant maintenance for SAP PM:
- Assignment and overview about orders and notifications, reservation of spare parts, checklists and confirmation of time and material
- Restock medicine chests
- Simple ordering of drugs and materials to restock chests
- Asset inventory
- Speed up yearly asset inventories with barcodes and a more efficient process
- Approval of workflows
- Speed up your processes by mobile approval of workflows



**Speaker:**

[Frank van Bebber](#), Product Manager „ISEC7 Mobility for SAP“, ISEC7 Group

**11:55 - 12:05**

**Process Mining – Tools to Enable Excellence in Clinics**

The increasingly comprehensive digitalization of data from everyday clinical practice is now allowing innovative data analysis methods such as process mining to be tools for optimizing processes within clinics.

Based on the digitization of process data, many processes of everyday patient care are now being systemically mapped and made available as structured data. This data allows for harmonization and holistic analysis of clinical processes and patients care. Until now, these processes have been largely inaccessible to the health care systems, where a fundamentally lower awareness of the processual contextualization of patient progressions is the rule.

A historically grown tendency to act in a specific way and the high data protection requirements for patient data have, until now, stood in the way of a process-oriented consolidation of the diverse data sources and their analysis. These traditional barriers can now be overcome, for example through pseudonymization, enabling process mining and the raising the potential of process optimization. In the examples we present, we will show clear increases in efficiency within the clinic and in the billing processes. Both of these can have direct positive results on the overall quality of patient care, by for example reducing unnecessary wait times.

**Speaker:**

[Franco Bettels](#), Account Manager, Schütze Consulting

**12:05 - 12:15**

**Faster Market Entry through Digital Health Building Blocks**

The realization of innovative health care ideas and concepts in marketable medical solutions or IT-based health services is an extreme challenge for SMEs, Startups and research alliances in the healthcare industry.

From medical apps to secure back-ends and data analytics approved for clinical studies – the use of software building blocks promotes digital health ventures to accelerate market entry for these patient-centered digital health applications.

Related to patient-centered innovations, a publicly funded project will be introduced. In this framework, ITK Engineering connects a consortium of digital health players which jointly develops an open and scalable platform for digital health solutions. As one specific example, a personalized, app-based assistance system that supports patients with bipolar disorder will be presented. This shows how digital health building blocks can be used and how valuable they are to realize digital healthcare solutions.

**Speaker:**

[Daniel Schifferdecker](#), Digital Health Expert, ITK Engineering GmbH

**12:15 - 12:25**

**Virtual Reception - Digital Link in the Project TelePark - Telemedical Care of Parkinson's Patients**

Today you pull on the couch - actually anywhere, at any time - the smartphone and expects immediate, correct information. We look up to 88 times a day on our beloved helper and panic when he is lost.

So it is obvious, the smartphone to establish the tablet as an integral part of the telemedicine care of Parkinson’s patients.

Previous approaches to telemedicine for Parkinson’s patients are limited either to the use of video medicine or to the continuous recording of disease-related symptoms. With TelePark, these various aspects are to be examined for their integrated applicability in everyday practice for the first time and prepared for permanent use.

**Speaker:**

[Thomas Menzel](#), Intecsoft Group

**Regulatory Update: Telemedicine in Germany**

Category	Date	Time:	Location
Talk	April 10, 2019	11:30 - 12:30	_Hub 3, Hall 3.2

Telemedicine in Germany - The rocky road to the market

Telemedicine is now permitted in most parts of Germany. Digital apps are also on the advance and are pushing their way onto the market. But how far can a tele treatment go? Will machines replace doctors? And who will actually have to pay for telemedical treatment?

Lean Startup & The Code of Social Law – it can fit together. In order to help you getting your head around some essentials of a Statutory Health Insurance’s view, we would like to provide some insights that will help you to sharpen your business model.

**Note: This session will be held in English.**

This session is organised and held by Germany Trade and Invest - Gesellschaft für Außenwirtschaft und Standortmarketing mbH.

**Moderation:**

[Julia Pietsch](#), Manager Chemicals & Healthcare, Germany Trade and Invest (GTAI)

**Speaker:**

## Tour 10: FHIR

Category	Date	Time:	Location
Guided Tour	April 10, 2019	11:30 - 12:30	Central Foyer, Hall 3.2   4.2

In 2014, with pressure growing to build intersectoral communications, support mobile and cloud-based applications and create an immediate interoperability solution, the first draft standard for trial use of the Fast Healthcare Interoperability Resources (FHIR) standard of HL7 in Germany was published. FHIR is an open source standard which combines the benefits of HL7 versions 2 and 3 and CDA. It also makes use of the benefits of modern web technology such as XML and JSON and by using a REST-defined application programming interface enables rapid electronic data transfer and an easy standardised implementation of healthcare data.

## Tour 11: Mobile Health

Category	Date	Time:	Location
Guided Tour	April 10, 2019	11:30 - 12:30	Central Foyer, Hall 3.2   4.2

Mobile devices such as smartphones and tablets can be found almost everywhere, including in medical care. Currently, numerous tried and tested applications exist that can aid the work of doctors and nurses and optimise processes throughout the medical care phases. The possibility for employing them in completely new areas of application also exists.

## A Different Perspective: Who will Shape Tomorrow's Health IT?

Category	Date	Time:	Location
Congress Session	April 10, 2019	11:30 - 13:00	_Stage C, Hall 4.2

Everything takes too long and is always the fault of someone else: administrations, politicians, hospitals, not enough doctors and money, and one's own boss. A situation we are all familiar with – but is it the same everywhere? And will it never change? Who will shape tomorrow's Health IT? Sometimes a different perspective is a good thing. Looking beyond horizons, listening to new voices, accepting other views. That is exactly what this session will attempt to do, and to achieve that we are inviting guests from well-known companies to present untested ideas, organisations that are already doing things differently, and optimists who still dare to think in new ways. Looking forward to this event? So are we ...

### Chairmanship:

[Bernhard Calmer](#), Director Business Development, Cerner Health Services Deutschland GmbH  
[Dr. Daniel Diekmann](#), CEO, ID Berlin GmbH & Co. KGaA

## Talks

**11:30 - 11:50**

### **New Players, New Business Models, New Strategies – Think Digital**

It's getting serious. No one can talk their way out of the fact that the digital world is still far away, no one can talk their way out of the fact that they did not know that the digital world is driving change. Everyone knows the fate of Quelle, Brockhaus or Kodak. They misjudged the digital world. If you want to be successful, you have to know the strategic pillars that need to be considered if you want to develop and implement digital strategies. Strategic answers need to be found to the central questions of the digital future of health: What technological advances will drive change? What new players and roles will we see? What does globalisation mean in the context of digitisation of healthcare? And last but not least, which value chains will develop, who will steer patients where and how will these success criteria affect our strategies? Which business models will lead to the ruin of one and the success of the other?

### Speaker:

[Dr. Markus Müschenich](#), Board Member / Managing Partner, National Association of Internet Medicine, Flying Health

11:50 - 12:10

## Municipalities as New Players in the System: Demands and Assistance for Healthcare IT too

The use of digital technology, organized in partnership, including social partnerships, can provide long term support in safeguarding healthcare on a local basis, including the use of intersectoral and interprofessional care programmes. In view of the resistance from general practitioners, socio-structural problems in the care system and the disparate administrative conditions among the various service providers and cost providers, local politics, usually represented in rural area by mayors, can be the driving force for digital technology as part of the social infrastructure.

Local politicians and mayors, working for the common good and their population, can support digitalization in human resources development measures, thereby acting as the motive force for innovation in healthcare. Along the way the report will focus on some of these visionaries.

**Speaker:**

[Christine Becker](#), Referenzprojekt Odenwald-Allianz

12:10 - 12:30

## Healthy Wirral: Keeping Wirral Healthy

Wirral, in north-west England (pop: ~320,000), includes affluent areas, and more deprived ones, with significant disease prevalence. The Healthy Wirral Digital Programme began in 2015, aiming to develop a solution to support the health and social care delivery across the area. Integrated IT can support acute healthcare delivery, and optimise chronic disease management and risk stratification, resulting in improved patient outcomes. In three years, the considerable development of Healthy Wirral Partners, and collaborative working with Cerner, has led to the successful development of the HealtheIntent<sup>SM</sup>Wirral Care Record (WCR) and Health Information Exchange (HIE). Now Wirral, as a Global Digital Exemplar (GDE), is at the forefront of IT developments, being the first system outside the US to use these platforms. These interoperability developments help improve the seamless delivery of care: cross-organisational exchange of patient data between primary, secondary and community care ensures that duplication is reduced and people receive the most appropriate management for their needs. Also, intelligence obtained from registries that have been developed to support chronic disease areas will help to tackle health inequalities and aid population health management.

Phase 1 development of the WCR and registries supports patient management focusing on adult and childhood asthma, COPD, adult and childhood diabetes. The registry/dashboard highlights parameters specific to the particular disease area and early data has shown a reduction in non-elective admission in those patients whose parameters are completed and met.

Phase 2 development is underway with registries for cardiovascular disease, mental health, wellness and end of life. HIE allows the sharing of patient data across providers to support patient management in real time, avoiding duplication and ensuring a seamless journey for patients. Our message is that patients should have to tell their story only once.

**Speaker:**

[Paul Charnley](#), Director of IT and Information, Wirral University Teaching Hospital

12:30 - 12:50

## The Patient as a Game Changer in the Healthcare System

The healthcare system will be substantially changed by responsible citizens who are comfortable using smartphones. They are more likely to abandon the traditional route to and during treatment, and they also have different expectations regarding the services and information that they receive during treatment.

**Speaker:**

[Bernhard Geist](#), Senior Department Manager Product Management and Development G3 HIS, Compugroup Software GmbH

# Electronic Patient Files – The Expectations of Doctors, Nurses and Patients

Category	Date	Time:	Location
Werkstatt	April 10, 2019	11:30 - 13:00	_Box, Hall 1.2

Following an introduction to the topic of "electronic patient files", the expectations of doctors, nurses and patients on the different types of files (institution-internal, inter-institutional, personal) will be discussed. This discussion will also deal with the added value and risks of such files.

The workshop organisers have succeeded in motivating doctors, nurses and representatives of ministries, gematik and self-governed institutions to participate in the IT workshop and provide statements. The opinions and statements of patients will be recorded in the run-up to the event.

**Moderation:**

[Prof. Paul Schmücker](#), Representative, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)

**Speaker:**

[Prof. Peter Haas](#), Professor of Medical Informatics, University of Applied Sciences Dortmund

[Dr Sebastian Karmann](#), Vivantes - Netzwerk für Gesundheit GmbH

[Stefan Müller-Mielitz](#), CEO, Institute for Efficiency Communication Research (IEKF) GmbH

[Dr Christoph Seidel](#), President, German Medical Informatics Professional Association (BVMI)

# Is Progress Being Made? Telemedicine and Home Care in Germany

**Category**  
Congress Session

**Date**  
April 10, 2019

**Time:**  
11:30 - 13:00

**Location**  
\_Stage B, Hall 2.2

Be it in order to solve medical staff shortages, ensuring that there is care in peripheral areas, or in order to gain access to global expertise, telemedicine is often called upon to act as the panacea that will resolve current and future care issues. How far has Germany come in establishing telemedical applications in diagnostics and treatment and in exchanging specialist knowledge? Are the necessary technical preconditions, the legal framework and organisational structures in place? Has a cultural shift taken place as a result of which digitalisation of the medical system is no longer regarded as a threat, but instead as support? Where digitalisation is concerned, are outpatient nursing institutions overtaking organisations such as hospitals, and what added value do they offer the patient? How can digitalisation help to make cooperation at the interfaces in the care process more professional? At this interactive session, together with experts representing the medical profession, nursing, hospitals and administrations, we intend to devote time to these questions and to others of a highly pressing nature.

**Chairmanship:**

[Dr. Franz-Joseph Bartmann](#), Speaker Landesverband Nord, German Society for Telemedicine

[Dr. Patricia Ex](#), Managing Director, German Managed Care Association (BMC)

## Talks

**11:30 - 11:50**

### Initial Experience with the Rescinding of the Ban on Remote Treatment

tba

**Speaker:**

[Dr. Ulrich Clever](#), President, State Medical Association Baden-Württemberg

**11:50 - 12:10**

### Not Start-Up, but Start now!

**Speaker:**

[Eva Richter](#), Business Development, n:aip Deutschland GmbH

**12:10 - 12:30**

### Healthcare 4.0 - Tele-Intensive Care Platform Baden-Württemberg

In September 2018 the Zollernalb Clinic at its two sites, Albstadt and Balingen, and the University Clinic Tübingen gave the go-ahead for a digitalization project in intensive medical care. This is focused on developing a platform for information and communication that is not confined to one particular location, whereby patient care at the Zollernalb Clinic is to be improved through a digital link with the University Clinic. The aim of the clinically oriented digitalization project is to work together and cross-sectorally with the practitioners involved in order to exploit the possibilities that digitalization offers nursing staff, physicians and, in particular, patients, and to integrate these possibilities in standard care. For intensive care this means specifically: all the clinical data such as the progress of the illness, preliminary findings, vital parameters or current blood values are recorded directly in a computer system.

In the long term this innovative telemedical project is also intended to promote need-based collaboration between hospitals and various stages in the care process, with the aim of safeguarding and improving the quality, safety and efficiency of patient care.

**Speaker:**

[Dr. Martin Holderried](#), Managing Director Central Medical Division, Tübingen University Hospital

[Dr Helene Häberle](#), Chief Senior Physician Intensive Care Unit, University Hospital Tübingen

**12:30 - 12:50**

### eIVI Electronic Rounds - Experience with Projects for Cross-sectoral Deployment

A report on the experience gained after one year working on a project to implement the eIVI system, aimed at setting up electronic rounds in in-patient care establishments, and in intersectoral deployment, between discharge from the clinic, out-patient medical care and therapeutic care. Herzogtum Lauenburg practice network is one of two such networks in the whole of Germany with the highest accreditation stage, in accordance with §87b SGB V. The area covered extends over 1,600km<sup>2</sup> with a population of around 190,000 and is predominantly rural in character.

**Speaker:**

[Markus Knöfler](#), CEO, Praxisnetz Herzogtum Lauenburg Management

Category	Date	Time:	Location
Congress Session	April 10, 2019	11:30 - 13:00	_Stage A, Hall 1.2

In this session the invited experts and practitioners will be presenting the diverse facets of IT security in a hospital. This will be illustrated graphically, using numerous examples of the experience gained in actual practice.

The session will begin with Julian Suleder, who will be using case studies dealing with the interconnection of various categories of medical equipment to explain some of the typical obstacles that can be observed.

He will be followed by Torben Klagge, who will describe the various stages being undertaken at the present time to apply IT security in a complex environment of university clinics and projects by clinical groups.

And what happens when something goes wrong and the IT systems suddenly fail? Andre Solarek will tell us about a wide-ranging command post exercise, explaining how the process nevertheless keeps functioning.

And to provide all the visitors with something that they can take home with them, in conclusion there is a small additional contribution by Maryna Khvastova on the subject of fitness trackers. This focuses on the IT security of six popular devices.

Together we can look forward to a fascinating session, so make sure that you secure one of the highly sought-after places.

#### Chairmanship:

[Markus Holzbrecher-Morys](#), Deputy General Manager, German Hospital Federation

[Thorsten Schütz](#), CIO, Itzehoe Medical Center, German Association of Hospital IT Managers (KH-IT)

## Talks

**11:30 - 11:50**

### **The Security of Medical Devices - A Race against Time**

Digital networking is already widespread in many areas of life. Also in the health industry, more and more medical devices are being networked. In hospitals, the number of medical high-tech devices is increasing. The security of these devices will be a game-changer in the future. Our research shows that medical devices that perform critical tasks often have only basic security mechanisms in place. In the clinical setting these kind of devices include medication pumps, implants or large medical equipment, such as CT and MRI. All of these devices have in common that they exchange sensitive health data to work as a unit. Particularly in the clinical environment, the highly complex and critical area of application as well as the long service life and intensive use of the devices is a serious problem, since these are usually not designed for this purpose and often even lack basic safety measures. A defective or manipulated device may pose a massive threat to a patient's life. On this subject we published in May 2018 a white paper [1], which presents case studies of various device classes used in medicine and explains the frequent problems with regard to the security of medical devices. We would like to use this talk to motivate you for the sensitive field of application of the various devices (classes) and common fundamental vulnerabilities of the devices used on the basis of real-world examples from everyday clinical life as well as the possibilities of improving this situation and possible obstacles.

[1] Suleder, Julian; Dewald, Andreas; Grunow, Florian. *Medical Device Security: A Survey of the Current State*. 2018. ERNW White Paper 66 (May 2018). ERNW Research GmbH, Heidelberg, Germany. Online: <https://ernw.de/en/whitepapers/issue-66.html>

#### Speaker:

[Julian Suleder](#), Security Analyst, ERNW Research

**11:50 - 12:10**

### **IT Security from KRITIS in a Highly Automated Clinical Environment, Using Projects at Several University Clinics and Clinical Groups as Examples**

This lecture describes the experience gained with our ongoing projects involving three university clinics, a clinical group and a municipal clinic, and concerns the implementation of the requirements laid down by the IT Security Law (IT-SiG / KRITIS), and in particular the stipulations contained in ISO 27001, the industry-specific ISO 27799 and state of the art safeguards. The special characteristics of the healthcare sector and the interdisciplinary measures and solutions that have already been applied with these objectives in mind, together with the target of meeting all the KRITIS stipulations by July 2019, form the primary subject matter of this lecture. Consequently not only will traditional IT subject matter be examined, but also all the other systems and processes coming within the scope of these critical services, from medical technology to the relevant processes in personnel administration.

Since July 2017 the IT Security Law (IT-SiG) also imposes obligations on many medical care providers, laying down firm specifications regarding the facilities that come within its scope and the security standards that must be met by their systems by July 2019. Not only traditional office IT comes within the scope of his legislation, but specialist systems too, in particular those involving medical technology, building systems engineering and communication technology, as well as the relevant administrative systems. All are now bound by law to meet these specifications. In the past the security aspects of medical technology have frequently been neglected: devices such as interconnected MRT were not seen as IT systems and were therefore not protected by the same measures as those applying to a PC. The heterogenous nature of such systems in particular makes compliance with the provisions of IT-SiG a complex task. Severe demands are therefore imposed on clinics if they are to be able to safeguard patient safety, as well as avoiding any possible claims for damages, loss of reputation and financial penalties in the event of failure to observe the stipulations of IT-SiG. A number of steps have been successfully completed in our projects in order to comply with IT-SiG:

1. Determining the scope:

- Inclusion of all the procedures and processes that form part of the critical service “In-patient care”
  - Inclusion of all the systems (IT, medical technology, building engineering systems), which are required for the correct execution of these processes
2. Determining the special features of the healthcare sector from the viewpoint of IT security:

- Very “open” physical safety
- The balancing act of patient safety versus IT security

3. Working out the gap between the theoretical state according to IT-SiG and the actual state
4. Assessing the risks presented by the gaps identified, and deriving appropriate measures

In the second phase of the project efforts were made jointly to deal with the gaps as defined by the IT Security Law, and to define suitable measures, and a start was made on implementing them.

An extract from the measures already undertaken will be presented during the course of this lecture. In the lecture we present the special characteristics of the healthcare sector from the perspective of IT security, and which in some cases render the application of standard security solutions and stipulations much more difficult. The solutions that have been worked out as part of the still ongoing KRITIS projects, especially for the traditional, non-IT sector, are being presented here.

The “KRITIS” projects being conducted with our customers and presented here will be completed by mid-2019, enabling us to provide a good picture of the current progress of these projects. Because the auditing requirements of the IT-SiG have to be repeated at regular intervals after July 2019, we will conclude by describing the planned methods and measures to show how, once it has been attained, the high level of IT security can be constantly adapted in line with technical developments. In this way the “living ISMS” required by the law can be implemented.

**Speaker:**

[Torben Klagge](#), Manager IT-Security, Sopra Steria SE

**12:10 - 12:30**

**Fitness Trackers: A Useful Tool or Security Risk?**

Fitness trackers are now being carried by many people on a daily basis and there is much discussion about their usefulness for monitoring the state of one’s health. Fitness trackers record a large volume of data: weight, calories burned, heart rate, distance covered and the progress of the training regime. In many cases they also give the location, possibly by means of an app, and such details can be configured and combined. Bluetooth enables each device to be easily connected to a smartphone, in order to collate the necessary data.

Six of the best-selling fitness trackers have been examined from the aspect of information security. In addition to investigating data protection guidelines and the apps from various manufacturers, the data sent and received by fitness tracker apps was also examined using a man-in-the-middle system, and existing risks were analyzed.

**Speaker:**

[Maryna Khvastova](#), Scientific Associate, HTW Berlin

**12:30 - 12:50**

**Restrictions to Emergency Medical Care Processes as a Result of the Failure of IT-supported Procedures in Hospitals**

The spread of malware as a result of the servicing work carried out by an external provider can seriously affect the everyday running of clinics. In order to safeguard clinical processes and patient care the hospital crisis team is then called in to undertake containment measures and restore normal service.

Every day attacks by hackers on IT systems in critical infrastructure in areas such as transport, industry and healthcare present users, and security experts in particular, with a number of challenges. Hospitals too are not exempt from the introduction of malware through fake emails or infected storage media, and in 2016 no fewer than 45 hospitals in England as well as a number in Germany found themselves back in the digital Stone Age for periods of 3 to 5 days.

In preparing for such events the crisis management team at the Charité hospital, together with the Berlin Senate’s health department, intends to carry out a command post exercise to examine the efficacy of the planned measures. In order to do this a scenario has been constructed that does not seek to simulate traditional hacker attacks. Instead the malware would be introduced into the clinic’s infrastructure on an infected USB stick during routine maintenance work by an external service provider.

In addition to identifying an IT security breach, the aim is to initiate the correct procedures, to pass on the required information and, with the involvement of the various responsible bodies and departments within and outside the hospital, to safeguard patient care.

The command post exercise is intended to enable the hospital management to take appropriate measures to identify the cause and to deploy counter-measures in order to restore normal services. Another factor that has to be considered is that the emergency medical services for patients should not be restricted either.

The scenario is to be constructed freely but plausibly, and should also be realistic in terms of the many external maintenance contracts in hospitals.

In addition to the incident management team carrying out the exercise in the hospital, a reaction group is also being set up to record and assess all the decisions and the measures taken, and in this way to also influence the course of events. A script is prepared for the reaction group, telling them when particular occurrences are to be introduced to the incident management team, what reactions are expected, and when. The entire exercise is led by a game master and a group of observers evaluates the work of the incident management team.

Existing instructions should be adapted and, if necessary, revised in the course of the exercises. The compilation of a checklist showing the main tasks is intended to provide hospital crisis management teams with a set of recommendations

However, this can only be prepared and evaluated after the exercise has taken place in February 2019.

**Speaker:**

[André Solarek](#), Department of Civil Protection and Emergency Planning, Charité-Universitätsmedizin Berlin

## Tour 12: Startup meets Corporate

<b>Category</b> Guided Tour	<b>Date</b> April 10, 2019	<b>Time:</b> 11:30 - 13:00	<b>Location</b> Central Foyer, Hall 3.2   4.2
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## Excursion to Pflegewerk Berlin: The extra-clinical intensive care in the home care service in Berlin-Charlottenburg

<b>Category</b> Excursion	<b>Date</b> April 10, 2019	<b>Time:</b> 11:30 - 14:30	<b>Location</b> Exkursion 1, Meeting Point: Information Desk, South Entrance (Messe Süd)
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During the excursion you will get to know the nursing facility in Berlin-Steglitz, which offers intensive care and care for ventilated patients. In cooperation with the company TalkTools, a specialist in sensory, robotic and telemonitoring systems, people in need of care receive support. The nursing team is made up of certified nurses who have additional training for out-of-hospital respiratory care. In addition, the team is complemented by respiratory therapists, quality managers and social workers who have additional training as case managers.

In 1988, Pflegewerk founded its first assisted living facility. Since then, the family business has developed into a modern nursing home and can look back on more than 20 successful years. In the meantime, more than 1700 employees are employed nationwide. The Pflegewerk operates both inpatient and outpatient care services.

**Please note: This session will be conducted in English.**

**This excursion is already fully booked. For possible vacancies please come to the South Entrance (Eingang Messe Süd) on 4/10 at 11:30 am**

## Seeing things from the patient's angle – Customer Journey Around the Health Insurance World

<b>Category</b> Pitch	<b>Date</b> April 10, 2019	<b>Time:</b> 12:30 - 13:00	<b>Location</b> _Hub 2, Hall 2.2
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Digitalisation does not mean producing a perfect, flawlessly engineered product but improving and optimising these products to suit the customer's needs – this is what we call a "customer journey".

The same applies to health insurance companies. But how far have they already moved in this direction?

BVDW has investigated this issue in cooperation with Capgemini. In interviews with statutory health insurance companies, private health insurance companies and insured individuals, we have collected and assessed different views regarding the customer journey.

At DMEA, we will be presenting our short study to the public for the first time.

### **Moderation:**

[Ronny Köhler](#), Deputy Chairman BVDW Focus Group Connected Health / Site Manager Dresden, wdv Gesellschaft für Medien & Kommunikation mbH

### **Speaker:**

[Claudia Neumann](#), Senior Business Analyst, Capgemini Germany

## ADAS General Assembly (not open to public)

<b>Category</b> Meeting	<b>Date</b> April 10, 2019	<b>Time:</b> 12:30 - 17:15	<b>Location</b> _Room Virchow 4, Hall 2.1/7
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This session is organised and held by ADAS-Bundesverband Deutscher Apothekensoftwarehäuser.

## Federal Becomes Digital – Document Exchange with MDK

Category	Date	Time:	Location
Talk	April 10, 2019	13:15 - 14:15	_Stage C, Hall 4.2

Both hospitals and the MDK have a strongly growing expenditure with the treatment of the test announcements after §275 exp. 1c SGB V. Current figures show an increase in the examination rate to 20% of all inpatient cases. Although the test procedure agreement refers to the possibility of a digital exchange, there are currently different specifications of the federally organized MDK. A national specification with specific information on the transmission path and formats of the patient documents to be transmitted is in preparation.

In the dialogue session, the requirements of the MDK on the one hand, but also initial approaches from the clinics will be presented and discussed.

This session is organised and carried out by the German Association of Health IT Vendors – bvitg e. V..

### Moderation:

[Markus Stein](#), Hospital Product Management, RZV Rechenzentrum Volmarstein GmbH

### Speaker:

[Benjamin Böhland](#), In-house Lawyer, Krankenhausgesellschaft Saxony e. V.

[Dr Jörg Eckardt](#), Leiter Fachreferat Krankenhaus, MDK Westfalen-Lippe

[Dr Martin Holder](#), Head of Medical Controlling, University Hospital Hamburg-Eppendorf

[Dr Thomas Petzold](#), Expert Corporate Development and IT Coordination, MDK Sachsen - Medical Service of the Health Insurance Funds Saxony

## How to Make Money with Data?

Category	Date	Time:	Location
Panel	April 10, 2019	13:15 - 14:15	_Hub 3, Hall 3.2

**Note: This session will be held in English.**

This session is organised and held by BIM - Federal Association of Internet Medicine and BVDW - The German Association for the Digital Economy

### Moderation:

[Joseph Meiser](#), Chairman Focus Group Connected Health, BVDW - The German Association for the Digital Economy

### Speaker:

[Markus König](#), Investment Team, Signals VC

[Dr. Markus Müschenich](#), Board Member / Managing Partner, National Association of Internet Medicine, Flying Health

[Julia Rohde](#), Senior Vice President International Business Development and Commercialization, Preventicus

## IT in Nursing Practice

Category	Date	Time:	Location
Talk	April 10, 2019	13:15 - 14:15	_Stage A, Hall 1.2

In the professional nursing care sector, an increasing amount of documentation work faces a severe shortage of skilled personnel. Digitalisation projects in nursing care are one possible way of mitigating the problem.

However, digital transformation in nursing care is a complex large-scale IT project. A broad range of care-specific and organisational aspects have to be taken into consideration to ensure successful digitalisation in the nursing care sector.

In this session, the results of the Academy Seminar staged on the previous day (Digitalisation in the Care Sector – Best Practice Knowledge for Successful Projects) will be presented and discussed with active nursing care professionals who are currently engaged in implementing IT projects.

This session is organised and held by the Working Group Digitalisation in Nursing Care, German Association of Health-IT Vendors – bvitg e. V.

### Moderation:

[Prof. Björn Sellemann](#), Health Dept., User-oriented Health Telematics and Assistive Technologies, University of Applied Sciences Münster, GMDS

### Speaker:

[Heike Dewenter](#), Head of Competence Unit Data Modeling and Standards, CompuGroup Software GmbH

[Dr. Dirk Hunstein](#), Executive Partner, ePA-CC GmbH

[Heiko Mania](#), CEO, NursIT Institute GmbH

[Reza Mazhari](#), Scientific Employee Nursing Care Management, Hannover Medical School



Category	Date	Time:	Location
Pitch	April 10, 2019	13:15 - 14:15	_Hub 1, Hall 2.2

In this third part of the four-part presentation series of the Mobile Health Zone, exhibitors at the DMEA special area for mobile health solutions present digital health software solutions.

**Moderation:**

[Andrea Hillmann](#), Project Manager DMEA Mobile Health Zone | Startup Café, Messe Berlin

### Talks

**13:20 - 13:30**

#### **Digital Assitant System and Efficient Patient Communication with Doctolib**

Today's time is fast-paced and requires a high degree of flexibility - even in medical facilities and patients. Doctolib supports both sides with a modern appointment management service. Intelligent workflows help the medical facilities and support in patient communication. Patients have the option of arranging or managing a doctor's appointment at any time via the platform. How exactly and smoothly these processes work and which further advantages arise for both sides, we will gladly show you in our lecture.

**Speaker:**

[Dr. Ilias Tsimpoulis](#), Director of Hospitals, Health Systems & Partnerships, Doctolib GmbH

**13:30 - 13:40**

#### **Smart Apps as litelligent Helpers for Everyday Clinical Use**

imito AG has done important pioneering work in the field of mobile health through a broad project experience within German and Swiss hospitals. imitoCam revolutionizes the clinical photo documentation and visual collaboration. Doctors, nurses and other specialists involved in the treatment are fascinated by the consistent focus on user experience and innovative process optimization of the previously time-consuming and cumbersome photo and wound documentation. The app is seamlessly integrated in existing IT systems, which makes the everyday clinical life easier with innovative functions: direct and precise wound measurement, angle measurement, team chat, clever categorization and dynamic intelligent search, chronological timeline of the documentation process - everything in the patient context. The usecases are directly presented in a live-demo.

**Speaker:**

[Pamina Göttelmann](#), Business Development Manager, imito AG

**13:40 - 13:50**

#### **StrokeNet - Optimizing Stroke Treatment using mobile devices and AI**

200,000 strokes per year in Germany. 20% mortality within 4 weeks - the third leading cause of death in Germany. A highly relevant topic with one thing in particular: Time is brain. In this work, we present a solution that demonstrates a new approach to treating strokes from the combination of M-Health and Artificial Intelligence.

**Speaker:**

[Dr. Michael Müller](#), CEO, mbits imaging GmbH

**13:50 - 14:00**

#### **StethoMe® - Fully Interactive Lung Auscultation at Patient's Home - Smart Stethoscope as Intelligent Helpers for Everyday Clinical Use**

Coughing, a runny nose, a fever... Should you call the doctor immediately? Or should you wait a while and see what happens? StethoMe® quickly dispels these doubts. Examine your child without leaving your home and send the results to your doctor, who can then decide what to do next. During the presentation, we are going to introduce an innovative medical solution - StethoMe® - a wireless stethoscope working with a smartphone and featuring a smart sound analysis system based on artificial intelligence algorithms.

**Speaker:**

[Slawomir Kmak](#), StethoMe sp. zo.o

14:00 - 14:10

## KOS / ePA mobile - very close to patients

KOS / ePA mobile is the mobile electronic patient file. KOS / ePA mobile is platform-independent and can be used on tablets, smartphones or permanent workstations. KOS / ePA mobile convinces by a modern professionalism in documentation and increases patient satisfaction. The routine and serious handling of contemporary media gives the patient and his relatives a secure feeling. An important factor for a positive assessment of the stay in your clinic and possible referrals.

**Speaker:**

[Markus Potthoff](#), Executive Director, Potthoff+Partner

## On the Basis of International Standards

Category	Date	Time:	Location
Panel	April 10, 2019	13:15 - 14:15	_Hub 2, Hall 2.2

In recent months several stakeholders in the healthcare system have drawn up and published various specifications based on international standards, e.g. from the HL7 range, whereby, at a number of events, the phrase "on the basis of international standards" has caused confusion and has often been incorrectly interpreted. This is because using the components of international standards, such as FHIR, does not mean that a specification itself becomes a standard. Instead, as was the case in the past, this leads to the creation of more proprietary solutions. Interoperability can be safeguarded by using agreed international standards, thereby ensuring lasting added value. But what really is the main difference between a specification "on the basis of international standards" and official international standards for the healthcare sector, for example as worked out, agreed and published by HL7? In a fascinating discussion representatives of industry, self-regulation and standardization committees will explain the thematic aspects of standardization.

This session is organised and held by the AG Interoperability and Standardisation, The German Association of Health IT Vendors – bvitg e. V.

**Moderation:**

[Alexander Ihls](#), Vendor Co-Chair, IHE Germany, InterSystems

**Speaker:**

[Bernd Greve](#), Leiter Dezernent Telematik/IT in der Versorgung, Kassenärztliche Bundesvereinigung

[Andreas Grode](#), Head of Innovation Department, gematik – Society for Telematic Applications of the Health Insurance Card

[Franz Leisch](#), Managing Director, ELGA GmbH

[Dr. Frank Oemig](#), Senior eHealth Architect, Telekom Healthcare and Solutions, Board Member & CTO, HL7 Germany

## Think Tanks in the Healthcare Sector Bring a Breath of Fresh Air

Category	Date	Time:	Location
Panel	April 10, 2019	13:15 - 14:15	_Box, Hall 1.2

In the USA think tanks are already a powerful force for influencing healthcare policy and are an established component of the range of available decision-making aids. Examples include the Heritage Foundation, which is reputed to have exercised a significant influence on the reforms of the US Healthcare system known as Obama Care.

In Germany it was only in the 1960s and 1970s that a practically based organization was set up, and the aspects that it dealt with included questions about the healthcare system.

Recent years have seen the emergence of a growing number of young initiatives, which are also providing a significant impetus and are encouraging new thinking. These "Next Generation Think Tanks" are seeking to engage in a dialogue with established decision-makers in order to offer fresh ideas for a healthcare system that has become somewhat set in its ways.

**Moderation:**

[Prof. David Matusiewicz](#), Professor of General Business Administration, FOM University of Applied Science

**Speaker:**

[Jana Aulenkamp](#), Doktorandin, Ruhr-Universität Bochum (RUB)

[Timo Frank](#), Hashtag Gesundheit e.V.

[Luise Tavera](#), Chairwoman, Denkschmiede Gesundheit

[Markus Wulfern](#), BKK Young Talents

[Julia Zink](#), President, BKK Young Talents

## Tour 13: Digital Health Innovations

Category	Date	Time:	Location
Guided Tour	April 10, 2019	13:15 - 14:15	Central Foyer, Hall 3.2   4.2

Be it with new ideas, disruptive concepts or digital products, the digital transformation is creating room for innovation. The trade fair tour presents companies, products and services which are already driving tomorrow's digital transformation and whose innovativeness sets them apart from existing solutions and approaches.

## Tour 14: Newcomers

Category	Date	Time:	Location
Guided Tour	April 10, 2019	13:15 - 14:15	Central Foyer, Hall 3.2   4.2

Healthcare institutions everywhere are lamenting an extreme shortage of young job applicants. The industry offers students a wide range of job prospects and just as many opportunities for launching their careers. With this tour, DMEA takes newcomers directly to the stands of exhibitors so that they can get to know the industry, the players and the various opportunities and possibilities for embarking on a career. The aim is for institutions to paint a positive picture of the industry as a potential future employer.

## VSDM, NFDM, eMedication Plan...What Next? Telematics Infrastructure Applications

Category	Date	Time:	Location
Panel	April 10, 2019	13:15 - 14:15	_Hub 4, Hall 4.2

Around one-third of resident practitioners are already connected to the telematics infrastructure. The TI applications now operating are the Health Insurance Customer Data Management System (VSDM) and Emergency Data Management System (NFDM). A centrally managed intersectoral data highway incorporating innovative digital applications such as ePrescriptions and the electronic patient file are due to follow. But how long will it take to integrate them into the telematics infrastructure and what other applications will become part of the system in the future?

This session is organised and held by the AG IT in Ambulatory Care, The German Association of Health IT Vendors – bvigt e. V.

### Moderation:

[Rieke Schulz](#), Managing Partner, Pathways Public Health

### Speaker:

[Alexander Beyer](#), CEO, gematik – Society for Telematic Applications of the Health Insurance Card

[Thomas Eisenreich](#), Acting Manager and Division Leader Economy, Association of diaconal employers in Germany (VdDD)

[Dr. Tino Großmann](#), Head of telematics infrastructure division, CompuGroup Medical Germany

[Heike Nowotnik](#), Manager IT Control, Federal Association of AOK

## Introduction to HL7 FHIR®

Category	Date	Time:	Location
Workshop	April 10, 2019	13:15 - 14:45	_Room Lovelace, Hall 2.2

This session is organised and held by HL7 Germany.

### Moderation:

[Simone Heckmann](#), Chair of the FHIR Technical Comitee, HL7 Germany, Gefyra GmbH

## Codierung 4.0 - Einfach. vollständig. klinisch. korrekt.

Category	Date	Time:	Location
Workshop	April 10, 2019	13:30 - 15:30	_Room Curie 2, Hall 1.1/2.1

Wir begleiten einen Patienten auf dem Weg seines klinischen Aufenthaltes und sehen uns an, wo im DRG-Kontext, Software helfen kann, die Arbeit der Mediziner, Apotheker, Medizincontroller oder des Pflegepersonals zu unterstützen.

Live-Session: ID DIACOS®, ID clinical context coding - , inkl. ID MEDICS®

Diese Session wird von der ID GmbH & Co. KGaA organisiert und durchgeführt.

**Moderation:**

[Peter-Michael Jarnicki](#), Ärztlicher Leiter, ID GmbH & Co. KGaA

**Speaker:**

[Sebastian Jäkel](#), Produktmanagement, ID GmbH & Co. KGaA

## 1 Year of the Coalition's eHealth Policies: an Interim Assessment of Health Policy Measures

Category	Date	Time:	Location
Panel	April 10, 2019	14:30 - 15:30	_Stage B, Hall 2.2

The federal government began its work over a year ago and set itself ambitious goals for digitalising the healthcare system. In addition to introducing the electronic patient file, ePrescriptions and the eHealth Action Plan 2020, its aim is also to promote the digital transformation of nursing care and mobile applications. It is time therefore for an interim political assessment together with those who have collected information on events, to determine which of the coalition agreement's promises on eHealth have already been implemented and to what extent.

This session is organised and held by The German Association of Health IT Vendors – bvitg e. V.

**Moderation:**

[Hans-Peter Bröckerhoff](#), Geschäftsführer, HEALTH-CARE-COM GmbH

**Speaker:**

[Erik Bodendieck](#), President, Saxon State Medical Chamber

[Uwe Eibich](#), Board Member, CompuGroup Medical Germany

[Prof. Peter Haas](#), Professor of Medical Informatics, University of Applied Sciences Dortmund

[Maria Klein-Schmeink](#), Spokesperson for Health Care Policy, Member of the German Bundestag, German Bundestag, Bündnis 90 / Die Grünen

[Tino Sorge](#), Member of the German Parliament (MdB), German Bundestag, CDU/CSU Parliamentary Group

## All Your Data Belongs to Us: the Electronic Patient File from a Data Protection Perspective

Category	Date	Time:	Location
Panel	April 10, 2019	14:30 - 15:30	_Hub 2, Hall 2.2

At last – as of 2021 every health insurance customer will be legally entitled to an electronic patient file. But how secure is a patient's health data on digital media? The Doxing scandal in January 2019 showed that it is possible to hack into and infiltrate even the most secure networks. Are Germany's high levels of data protection an obstacle to introducing the electronic patient file or a guarantee that patients will be in control of their data?

This session is organised and held by The German Association of Health IT Vendors – bvitg e. V.

**Chairmanship:**

[Susanne Mauersberg](#), Policy officer Health, Verbraucherzentrale Bundesverband e. V.

**Moderation:**

[Dr. Christina Czeschik](#), Doctor and Medical Informatician, Textagency Intellicore Press

**Speaker:**

[Christof Basener](#), Director eID Solutions, achelos

[Holm Diening](#), Head of Department „Data Protection and Information Security“, gematik

[Christian Rebernik](#), CEO, Vivy GmbH

## Cloud Computing: Dark Clouds or a Model for the Future?

Category	Date	Time:	Location
Panel	April 10, 2019	14:30 - 15:30	_Box, Hall 1.2

Cloud computing (CC) is the new paradigm in the world of IT. While SMEs have already successfully taken CC on board, in the German healthcare system the practice of using and storing data externally is not widespread. Despite some medical practices and hospitals already putting their data in secure external storage we are still a long way from being able to analyse anonymous patient data, for example. Are high data protection levels and a lack of interoperability and business models the real obstacle to progress?

This session is organised and held by the AG Data Protection & IT Security, The German Association of Health IT Vendors – bvitg e. V.

**Moderation:**

[Thomas Althammer](#), Managing Partner, Althammer & Kill

**Speaker:**

[Sabine Loest](#), Global Director SAP Healthcare Industry, Insights & Innovations, SAP SE

## Digital Health Startup Showcase

Category	Date	Time:	Location
Pitch	April 10, 2019	14:30 - 15:30	_Hub 3, Hall 3.2

### Meet the newest startups at the DMEA!

As part of the DMEA 2019, the cluster HealthCapital Berlin-Brandenburg and Health 2.0 Berlin organise the 6th "Digital Health Startup Showcase".

In 6-minute pitches, new startups can make themselves known to the professional audience.

Aaron.ai <https://aaron.ai/smart-voicemail-gesundheit>  
AssistMe <http://www.assistme.io>  
BORA [www.biosency.com](http://www.biosency.com)  
BringLiesel [www.bringliesel.de](http://www.bringliesel.de)  
Get.On <http://geton-institut.de>  
LungPass <http://lungpass.com>  
POLAVIS Aufnahme Manager <https://www.polavis.de/aufnahmemanager/>  
Stalice <https://www.stalice.ai/>  
Think3DDD GbR <https://www.think3ddd.de>

This session is organised and held by the Cluster HealthCapital Berlin Brandenburg, Health 2.0 Berlin.

**Note: This session will be held in English.**

### Moderation:

[Bettine Gola](#), Innovations Manager, Cluster HealthCapital, Berlin Partner für Wirtschaft und Technologie GmbH  
[Tobias Neisecke](#), Brandenburg Economic Development Corporation (WFBB), MedTech & Digital Health in the Cluster Healthcare Industries Berlin-Brandenburg (HealthCapital)

## eRezept, gemeinsam in die Zukunft?

Category	Date	Time:	Location
Talk	April 10, 2019	14:30 - 15:30	_Hub 4, Hall 4.2

The German Federal Minister of Health, Jens Spahn, has declared digitalisation of the healthcare industry to be one of the core objectives of his work. In addition to the electronic patient file, the electronic prescription (eRezept) is currently at the focus of attention. The eRezept is supposed to have been implemented in the German healthcare sector by 2020.

Various initiatives by several stakeholders from the healthcare industry are currently working on this development. But what is a future electronic prescription for Germany going to look like? Is it merely a transformation of the current "Muster 16" regulation into electronic form or will the framework conditions have to be adjusted?

What consequences does the prescription have for people involved in the health management sector - is a new approach to processes required? What role do standards play in the electronic prescription specification?

Various stakeholders will be discussing these questions in what promises to be a lively discussion.

This session is organised and held by the Workgroup Pharmaceutical Regulation and Medicament Therapy Security of the German Association of Health IT Vendors – bvitg e. V.

### Speaker:

[Dr. Amin-Farid Aly](#), Head of Devison Telematics, German Medical Association  
[Christian Buse](#), Managing Director and Partner, myCARE, BVDVA Board  
[Dr. Frank Oemig](#), Senior eHealth Architect, Telekom Healthcare and Solutions, Board Member & CTO, HL7 Germany  
[Tim Steimle](#), Head of Pharmaceuticals Division, Techniker Krankenkasse

## The 5 Key Digitalization Topics 2018 - Results

Category	Date	Time:	Location
Talk	April 10, 2019	14:30 - 15:30	_Stage C, Hall 4.2

Since 2006, the goal of ENTSCHEIDERFABRIK has been to develop solutions for problems in business processes by means of digitalization projects and to show the target group of hospital decision makers the benefit-making contribution to the hospitals' success in a suitable manner.

These objectives are achieved by the fact that the promotional associations of the ENTSCHIEDERFABRIK have decided to offer at least 10 hospitals each year the possibility to try out elected digitalization solutions for 12 months at no costs.

In doing so, ENTSCHIEDERFABRIK has been taking over the incubator function for digitalization projects in the healthcare sector.

For a period of 12 months, hospitals can "test" whether digitalization projects contribute to the hospital's success

Hospitals can test "great ideas" without running the risk of spending money incorrectly

IT and MedTech companies receive successful pilot and reference installations

Hospitals and solution vendors achieve a win-win situation

**Moderation:**

[Dr. Pierre-Michael Meier](#), Association of German Economics (bdvb), European Association of Hospital Managers (EAHM)

**Speaker:**

[Meik Eusterholz](#), Business Unit Leader, UNITY

[Dr. Jochen Groppe](#), Managing Director, CONSULitAS GmbH

[Dirk Holthaus](#), Senior Consultant, promedtheus

[Luca Motzo](#), Owner, Dimc

[Dr. Andreas Zimolong](#), Managing Director, Synagon GmbH

## The Digitalisation Offensive in Hospitals – No More Paperwork!

Category	Date	Time:	Location
Panel	April 10, 2019	14:30 - 15:30	_Hub 1, Hall 2.2

While the healthcare world in 2019 is discussing the intelligent use of data and learning systems, in many cases German hospitals are still deeply entrenched in the analogue world. Numerous reports refer to the inefficiency of processes. What do we need in order to achieve up to date hospital care, and how can the in-patient sector be successfully linked to the TI?

This session is organised and held by the Working Group for HIS/Clinical IT of The German Association of Healthcare IT Vendors – bvitg e. V.

**Moderation:**

[Matthias Meierhofer](#), Management Board, Meierhofer AG

[Thomas Simon](#), Chief Executive Officer, CGM Clinical Deutschland GmbH

**Speaker:**

[Stefan Georgy](#), Chief Digital Officer, Klinikum Ernst von Bergmann

[Angela Krug](#), Vice President, Association of Hospital Directors in Germany (VDK)

[Jörg Marquardt](#), gematik

[Jan Neuhaus](#), CEO - IT, Data Communications and eHealth, German Hospital Federation (DKG)

## Tour 15: Guided Tour for International Visitors

Category	Date	Time:	Location
Guided Tour	April 10, 2019	14:30 - 15:30	Central Foyer, Hall 3.2   4.2

The tour (including company presentations) is **in English** and takes visitors to exhibitors who are looking for international customers and who are currently marketing their products successfully on the German healthcare market.

This tour is supported and carried out by Germany Trade and Invest.

Please find an overview on all participating exhibitors [here](#).

## Tour 16: AI in the Healthcare System

Category	Date	Time:	Location
Guided Tour	April 10, 2019	14:30 - 15:30	Central Foyer, Hall 3.2   4.2

Artificial intelligence (AI) is regarded as one of the key technologies of the twenty-first century. It is key to improving efficiency and realising smart and self-teaching assistance systems at every stage of the value chain in the healthcare system. Be it efforts to improve health awareness and avoid diseases or systems supporting doctors and medical staff, already day-to-day healthcare would be unimaginable without AI-based applications. AI helps to shape independent and safe living and to manage specific diseases and situations in life. The tour presents current uses for AI and highlights potential future applications.

## Tour 17: Telemedicine

Category	Date	Time:	Location
Guided Tour	April 10, 2019	14:30 - 15:30	Central Foyer, Hall 3.2   4.2

The annual summit of German physicians voted for the abolition of exclusive treatment by face-to-face contact. Physicians will hence be able to treat patients via video conference without prior personal contact. The most recent legislation on care ("Pflegepersonal-Stärkungs-Gesetz") is expected to push forward digital applications in care settings.

## DMEA Newcomer Award

Category	Date	Time:	Location
Award Ceremony	April 10, 2019	14:30 - 16:00	_Stage A, Hall 1.2

Each year the best theses by bachelor and master candidates in the fields of medical IT, e-health, healthcare IT, healthcare management and healthcare economics are awarded the DMEA Young Professionals' Prize and attractive financial rewards.

The authors of the five best bachelors' and masters' theses will be presenting their topics to our panel of experts and the audience in five minute sessions.

The winners of the Young Professionals' Prize will be chosen on the basis of the papers and the preceding assessments by the panel. This process identifies the work that, in a particular way, provides practical approaches for achieving lasting improvements to healthcare through the use of information technology.

### The Finalists:

Categorie: Bachelor Thesis

Myopie-Erkennung mithilfe des Landolt-Sehtests unter Verwendung der VR-Technologie am Beispiel der Samsung Gear VR, Borislav Degenkolb

Generative Adversarial Networks for Automated Hippocampus Segmentation, Tanja Eichner

Mobiles Medikamentenmanagement, Tanja Nedovic & Neslihan Umeri-Sali

Transformation of Medical Diagnostics with Machine Learning by Considering the Example of Atrial Fibrillation Identification, Simone Schneider

Improvement of the layer adhesion of composite cardiac patches, Anne Zimmermann

Categorie: Master Thesis

Implementierung und Evaluation einer FHIR-interoperablen App für psychoonkologische Patienten, Helene Lenz-Heizenreder

Conception and Implementation of a Novel Mobile System for the Assessment of Movement Disorders, Stephan Niewöhner

Anwendung von künstlicher Intelligenz und Machine Learning in der Medizin: Eine ökonomische und medizininformatische Betrachtung, Arne Peine

EfficientWeb-based Review for Automatic Segmentation Results of Volumetric DICOM Images, Tobias Stein

cBioPortal als Plattform für die translationale Forschung - Prototypische Einführung und Erweiterung, Philipp Unberath

### Moderation:

[Prof. Bernhard Breil](#), Professor, University of Applied Sciences Niederrhein, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)

[Prof. Dr. Britta Böckmann](#), Professor for Computer Science in Medicine, University of Applied Sciences ans Arts Dortmund

## International Market Insights: Delegations from the Netherlands and Ireland

Category	Date	Time:	Location
Talk	April 10, 2019	15:45 - 16:45	_Hub 3, Hall 3.2

This session will give digital health companies an insight into promising markets in Europe.

Representatives from the Netherlands and Ireland will talk about the digital health environment in their home countries including specific initiatives and projects.

**Note: This session will be held in English.**

This session is organised and held by Germany Trade and Invest - Gesellschaft für Außenwirtschaft und Standortmarketing mbH.

### Moderation:

[Julia Pietsch](#), Manager Chemicals & Healthcare, Germany Trade and Invest (GTAI)

### Speaker:

[Guido Danen](#), Programme Manager, Task Force Health Care

## Making a Real Career

Category	Date	Time:	Location
Coaching	April 10, 2019	15:45 - 16:45	_Room Nightingale, Hall 1.2

**The number of participants is limited. Remaining places are available on site!**

**Your opportunities on the German job market.**

A growing demand for well-trained staff, falling unemployment and a steady increase in the number of job vacancies ... the German employment market is changing. The good news for you: you are in demand.

However, the increasing number of publically advertised vacancies does not necessarily mean that they include one that is right for you. This is because a growing number of start-ups, hidden champions and DAX businesses engage specialized personnel service providers to find them the right talents, to find you. The question directed at you, and one that is decisive in your search for a career, is:

**Do you use XING and LinkedIn? And if so, do you use them properly?**

At our workshop you can learn how to structure your business profile correctly to enable you to be found by personnel consultants wanting to offer you an attractive position.

**Perfect application. Perfect presentation.**

In addition PERM4 | recruiting specialists can provide suggestions and advice on how to convince recruiters that you are the right person for the job, both in your written application and in your job interview. Because we want you to have a successful career.

This session is organized and held by [PERM4](#).

## Moral Machine? - Digital Ethics in Healthcare and Insurances

Category	Date	Time:	Location
Talk	April 10, 2019	15:45 - 16:45	_Hub 4, Hall 4.2

The federal government's Data Ethics Commission has pledged to put forward a draft outlining ethical guidelines on data policy, the use of algorithms, AI and new digital products by the summer of 2019.

The challenge will be to reconcile a framework that promotes innovation on the one hand with protecting the integrity of digitally connected individuals on the other.

How can one define responsible patient data management?

Will "donating data" generally solve the problem of urgently needed data in research and industry?

What are digital clinical studies and what are their benefits?

How can one make correct use of the flow of data and what happens to it – including when someone dies?

This session is organised and held by the German Association of Health IT Vendors – bvitg e. V and the German Association of the Digital Economy (BVDW).

**Moderation:**

[Dr. Sarah J. Becker](#), Managing Partner, idigiT - Insitute for Digital Transformation in Healthcare GmbH

**Speaker:**

[Achim Himmelreich](#), Vice President, German Association for the Digital Economy (BVDW)

[Dr Janina Loh](#), University Assistant (Post-Doc), Technical and Media Philosophy, University of Vienna

[Dr. André Nemat](#), Managing Partner, Institute for Digital Transformation in Healthcare, Board Member, International Data Space Association (IDSA)

## One Year of the Data Protection Directive: Between Hope and Hardship

Category	Date	Time:	Location
Panel	April 10, 2019	15:45 - 16:45	_Stage B, Hall 2.2

Nearly a year has passed since the Data Protection Directive came into effect. Although the anticipated wave of court cases never occurred, practices and clinics are still in legal limbo over how to correctly process data. Establishing a procedure for collecting and processing data continues to be made difficult by the divergent regulations of the various federal states. What is the situation regarding data protection in the healthcare system? Is the DSGVO a bureaucratic monster or has it in fact helped to make data more secure?

This session is organised and held by the AG Data Protection & IT Security, The German Association of Health IT Vendors – bvitg e. V.

**Moderation:**



**Speaker:**

[Christoph Isele](#), Lead Regulatory Affairs Strategist, Cerner Health Services

[Dr. Johannes Jacubeit](#), Founder and Managing Partner, connected-health.eu

[Jan Neuhaus](#), CEO - IT, Data Communications and eHealth, German Hospital Federation (DKG)

[Nick Schneider](#)

## The Electronic Patient File – Medically Supervised Data Communications amid Myriad Filing Systems

Category	Date	Time:	Location
Talk	April 10, 2019	15:45 - 16:45	_Hub 2, Hall 2.2

Health records, patient and case files – over the last two years filing systems have become increasingly important. Health insurances are permitting customers to store their own health data and policymakers are pressing for the nationwide introduction of the patient file. In addition, over the last ten years electronic case records have been supporting the communication of case-related, quality-assured treatment data supervised by doctors.

The dialogue session on the electronic case file (EFA) will provide some orientation and highlight its important contribution to digitally supported healthcare both now and in the future. A number of lectures containing ideas from industry and politics will illustrate how the electronic patient file is already interacting with other filing systems, health insurance systems for instance. At the end of the event the audience can put their questions to panel members.

This session is organised and held by the Fraunhofer Institute for Software and Systems Engineering.

## Tour 18: Apps & Wearables

Category	Date	Time:	Location
Guided Tour	April 10, 2019	15:45 - 16:45	Central Foyer, Hall 3.2   4.2

Wearables, apps and smart services are revolutionising communication between patients, doctors, health insurances, insurance companies and the pharmaceutical industry. What impact these developments have, in particular the emancipation of patients now able to collect their own health records, for example, cannot be fully quantified yet. What is clear is that new solutions must take professional treatment and diagnostics into account while directly involving the patient.

## Tour 19: Safe Drug Treatment Plan

Category	Date	Time:	Location
Guided Tour	April 10, 2019	15:45 - 16:45	Central Foyer, Hall 3.2   4.2

A safe drug treatment plan encompasses the full range of measures for an optimum medication process with the aim of minimising or avoiding medication errors and preventable risks for patients during the course of their treatment. In order to improve safe drug treatment a number of action plans have been put in place over the years. Patients receiving prescriptions from several non-communicating medical sources, discarding medication plans or taking medication without professional advice potentially risk unwanted drug effects. In order to improve safe drug treatment levels a complete knowledge of patient medication is required. As a result, better communications between the various sources, i.e. general physicians, specialists, patients and pharmacies are needed.

## Tour 20: IT in Outpatient and Partial Stationary Nursing Care

Category	Date	Time:	Location
Guided Tour	April 10, 2019	15:45 - 16:45	Central Foyer, Hall 3.2   4.2

Everyone is talking about the electronic patient file, telemedicine and health apps. However, electronic applications are either hardly used in outpatient and stationary nursing care or employed as standalone solutions only. In non-clinical care in particular, house emergency call systems aside, scarcely any modern technology is used to assist persons in need of care and to reduce the burden on nursing staff. In this fast-growing market especially, intelligent communications could potentially improve care processes with relatively little investment and reduce the impact of skilled labour shortages. The tour highlights digital solutions which can support nursing care.

## Young & Digital – My Future Career in Healthcare

Category	Date	Time:	Location
Werkstatt	April 10, 2019	15:45 - 16:45	_Box, Hall 1.2

Around the world the digital transformation in healthcare is moving forward apace and offers huge potential for improving medical care. Not only are innovative IT solutions assisting the various stakeholders in healthcare. The digital transformation also means redeveloping or adjusting work processes and indeed re-examining particular types of jobs.

**This is a closed session, participation by invitation only.**

This session is organised and held by the bvitg-Talents, German Association of Health IT Vendors – bvitg e. V. and Brown Bag, German Managed Care Association (BMC).

**Moderation:**

[Lucas Fandrey](#), Spokesman, bvitg Talents

[Valerie Stutenbecker](#), Office Lead and Assistant to the Board, German Managed Care Association (BMC)

**Speaker:**

[Dr Maike Henningsen](#), Specialist in Gynaecology and Obstetrics

[Katharina Kolbe](#), Founder & Owner, Kolbe Health Communications

[Sonja Krein](#), Solution Advisor - Strategic Development | Population Health Management, Cerner Germany

[Benjamin Zwerg](#), Digital Innovation Management, AOK Nordost

## medatixx: Anbieter von IT-Lösungen für Ärzte – Einstieg und Perspektiven

Category	Date	Time:	Location
Panel	April 10, 2019	16:30 - 16:45	bvitg-booth C-114, Hall 4.2

Career opportunities and prospects in the field of e-health.

This session is organized and held by medatixx GmbH & Co. KG

**Speaker:**

[Nico Gerhold](#), Manager Recruiting, medatixx GmbH & Co. KG

## General Assembly of BVMI (non-public session)

Category	Date	Time:	Location
Meeting	April 10, 2019	16:30 - 18:00	_Room Lovelace, Hall 2.2

General assembly of 2019 with all BVMI e.V. members present at DMEA 2019.

This session is a non-public session. **Participation by invitation only.**

**Moderation:**

[Dr Christoph Seidel](#), President, German Medical Informatics Professional Association (BVMI)

## Keynote Dorothee Bär

Category	Date	Time:	Location
Keynote	April 10, 2019	16:45 - 17:15	_Stage A, Hall 1.2

**Keynote:**

[Dorothee Bär](#), Minister of State for Digitisation, Federal Chancellery

**Moderation:**

[Uwe Eibich](#), CFO, German Association of Health IT Vendors – bvitg e. V.

## Chatbots in Healthcare – Use Cases & Business Models

Category	Date	Time:	Location
Panel	April 10, 2019	17:00 - 18:00	_Hub 3, Hall 3.2

**Note: This session will be held in English.**

During this session, use cases for the use of chatbots in healthcare will be presented and the respective business models will be discussed.

We will get to know Newsenselab GmbH, a startup that uses the technology within its extensive migraine companion app "M-sense".

A further Startup developed the Chatbot Superizzy, which advises its user inside approximately around topics to the woman health and there 24/7 is addressable.

In addition, we are looking forward to the exchange of experiences with the CSS insurance company from Switzerland, which wants to give patients orientation in medical questions with the Chatbot myGuide.

This session is organised and held by BIM - Federal Association of Internet Medicine.

**Moderation:**

[Laura Wamprecht](#), Director Pioneer Program, Flying Health

**Speaker:**

[Dr Markus Dahlem](#), CEO, Medical Affairs, Newsenselab GmbH

[Thomas Goijarts](#), Co-Founder, Caro Health

[Hajnalka Hejja](#), Founder & CEO, Smart Health / Super Izzy

## CV-Check

Category	Date	Time:	Location
Coaching	April 10, 2019	17:00 - 18:00	bvitg-booth C-114, Hall 4.2

The recruiting experts of [PERM4](#) provide feedback on CVs and tips for your next application. Take the opportunity to get valuable input in a personal interview.

Please contact us under [dmea@bvitg.de](mailto:dmea@bvitg.de) by **04 April 2019** with details of the day of the event. Get one of the consultation appointments or come by with your CV.

## Digital Health: Success through User Orientation and Participation!

Category	Date	Time:	Location
Talk	April 10, 2019	17:00 - 18:00	_Hub 4, Hall 4.2

Digital health experts will open the discussion with brief introductory papers on digital participation. The focus will be on topics under the heading of participation in digital health: digital expertise, health expertise, patient empowerment and the question of how the over sixty-fives can master the challenges of digitalisation, and if not, what will happen.

This session is organised and held by the AG Digitalisation in Nursing Care, The German Association of Health IT Vendors – bvitg e. V. and Capgemini.

**Moderation:**

[Thomas Heimann](#), Principal Enterprise Architect & Account Chief Architect, Capgemini Deutschland

**Speaker:**

[Ulrike Anders](#), Project Manager Digital & Innovation, Barmer

[Claudia Neumann](#), Senior Business Analyst, Capgemini Germany

[Kai Schnackenberg](#), Academic Adviser, Hamburg Authority of Social Affairs, Family, Health and Consumer Protection

[Gerald Schneider](#), Product Manager Mobile Services / Digitalisation, AOK Systems GmbH

[Matthias Schreiber](#), Head of Customer Support, ottonova Services

## Meet2Match

Category	Date	Time:	Location
Matchmaking	April 10, 2019	17:00 - 18:00	_Hub 1, Hall 2.2

What used to be the Career Speed Networking event is now Meet2Match: an innovative forum for a quick exchange of ideas between young

professionals and companies in healthcare IT.

The rules are simple:

Students, graduates and young professionals can meet with companies from various areas of healthcare IT, and each of them has five minutes for a face-to-face discussion. There is no fixed sequence or specifications regarding the discussions, and the participants can spontaneously search for discussion partners during the event.

The following companies have confirmed their participation:

Siemens Healthineers  
DMI GmbH & Co.KG  
Meierhofer AG  
samedi GmbH  
Rhenus Office Systems GmbH  
Agfa HealthCare GmbH  
VISUS Health IT GmbH  
Thieme Compliance GmbH  
Sana IT Services  
Helios Gesundheit  
Cerner Deutschland  
d.velop AG  
CompuGroup Medical SE  
medatixx GmbH & Co. KG  
Statice GmbH  
Vivy GmbH  
CHILI GmbH  
Drägerwerk AG  
Oxipit  
m.Doc GmbH  
Sopra Steria Consulting  
caresyntax GmbH  
arxes-tolina GmbH

**Moderation:**

[Prof. Bernhard Breil](#), Professor, University of Applied Sciences Niederrhein, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)

## N<sup>3</sup>: How Can Digitalisation Make Hospital Work More Efficient?

Category	Date	Time:	Location
Talk	April 10, 2019	17:00 - 18:00	_Hub 2, Hall 2.2

IT has become integral to processes and assists doctors in their daily work. Faced with mounting challenges in the workplace, a poll conducted by Marburger Bund found that some 80 % of doctors in hospitals hope that digitalisation will make their work more efficient.

Against this backdrop Marburger Bund and the German Association of Healthcare Vendors (bvitg) have agreed on a joint project with the aim of developing a manageable online questionnaire which doctors in hospitals can use to collect information on and rate their use of IT, as well as the usability and practical benefits of eHealth solutions in hospital processes.

The institutions will present this tool at a showcase event and provide information on the project's progress.

This session is organised and held by the AG Market Research, The German Association of Health IT Vendors – bvitg e. V.

**Moderation:**

[Alexander Wahl](#), Partner Manager, Thieme Compliance

**Speaker:**

[Dr. Peter Bobbert](#), Chairman, Marburger Bund

[Uwe Buddrus](#), Managing Director, HIT.net UG

[Bernhard Calmer](#), Director Business Development, Cerner Health Services Deutschland GmbH

## Tour 21: Electronic Case Record

Category	Date	Time:	Location
Guided Tour	April 10, 2019	17:00 - 18:00	Central Foyer, Hall 3.2   4.2

The intersectoral exchange of quality-assured, treatment-related medical data is at the heart of the electronic case record (eCR). For over 10 years the eCR has been the beneficiary of and the driving force for international standards such as IHE and HL7. It sets the standard for related file concepts and is supported by a large number of IT health enterprises.

## Tour 22: IT in Clinical Nursing Care

Category	Date	Time:	Location
Guided Tour	April 10, 2019	17:00 - 18:00	Central Foyer, Hall 3.2   4.2

Clinical nursing staff make up the largest group of medical care professionals by far. At the same time healthcare institutions are competing for their skills on the job market as never before. Digital applications and modern IT systems supporting nursing staff in their work, including documentation, patient supervision and communications, can be used to improve the care process and give nursing staff more time for their main tasks, i.e. caring for the patient. The tour highlights digital solutions which can support clinical nursing care.

## Where, when, why, what? - Digital Health in Public Perception

Category	Date	Time:	Location
Talk	April 10, 2019	17:00 - 18:00	_Box, Hall 1.2

The digital transformation of society is progressing ever faster. This also applies to the German health care system. Thus, health IT becomes a topic that affects people in many areas of their everyday life. Six different stakeholder share the stage with one common story: patients (Digital Native meets baby boomers), industry representatives, medical specialists, representatives of gematik and health insurances, discuss their different perspectives and perceptions of digital health care. Together they will figure out how and by what means a potential asymmetry in knowledge could be minimized for all stakeholders in the future. In particular the panel will shine a light onto the role of marketing, media and various communication channels in closing possible information gaps.

### Moderation:

[Timo Bayer](#), Marketing, German Association of Health IT Vendors (bvitg)

### Speaker:

[Christian Krohne](#), #Gesundheit

[Natalie Raima](#), insured person

[Markus Winter](#), Deputy of the Board of Chairmen, BKK Linde

## DMEA Party

Category	Date	Time:	Location
Party	April 10, 2019 - April 11, 2019	21:00 - 03:00	BRICKS Club Berlin, Mohrenstrasse 30, 10117 Berlin

Make new contacts in the industry in a relaxed and informal atmosphere. Celebrate the successes of the DMEA together with exhibitors, trade visitors and young professionals and experience the Berlin nightlife in a trendy location.

Admission Subject to Availability!

Over 18 Years.

## Digitalization from the Radiological Viewpoint

Category	Date	Time:	Location
Congress Session	April 11, 2019	09:30 - 11:00	_Stage B, Hall 2.2

A possibility for rethinking and designing care processes for patients. The relevant information can be supplied not only to the hospital but to all people and institutions involved, all of which can be included in the process, from the staff handling the admission to the hospital and in the rehabilitation clinic and other post-treatment providers, to out-patients, in-patients, relatives and visitors. The collaboration between the nursing staff, doctors and secondary services within and between departments is being completely restructured. At all times the focus must be on the patient.

What ideas are there in terms of imaging? How, why and by whom can it be carried out? What is meaningful and what is desirable? What does the patient want? What other positive as well as negative aspects can arise?

### Chairmanship:

[Johannes Dehm](#), CEO, DIN Standards Committee Radiology

[Katja Kümmel](#), Head of IT, University Medical Center Münster

### Moderation:

[Dr. Bernhard Clasbrummel](#), Established Orthopedist, Praxis Clasbrummel

## Talks

**09:30 - 09:50**

### The Digitalization Strategy in Radiology

**Speaker:**

[Dr. Stefan Lohwasser](#), CEO, Deutsche Röntgengesellschaft e. V.

**09:50 - 10:10**

### The Automated Production of Medical Findings – Thereby Saving Time and Money

Smart Reporting GmbH was set up in 2014 by the radiologist Professor Dr. Wieland Sommer as a spin-off from a project at Ludwig- Maximilians University in Munich. The company's solution provides for the structured and digitalized production of medical findings and clinical decision-finding in the field of radiology. The software is integrated in the systems of various RIS/PACS manufacturers and within the clinical workflow it supports the production of medical findings in conformity with specified guidelines.

**Speaker:**

[Prof. Wieland Sommer](#), Founder und Chief Executive Officer, Smart Reporting GmbH

**10:10 - 10:30**

### Artificial Intelligence in Diagnostics

VISCERAL - Visual Concept Extraction Challenge in Radiology funded by the European Union FP7. VISCERAL will organize two competitions on information extraction and retrieval involving medical image data and associated text that will benchmark the state of the art and define the next big challenges in large scale data processing in medical image analysis.

**Speaker:**

[Prof. Dr. Tim Conrad](#), Head of Group Bioinformatics & Mathematics, Freie Universität Berlin

## Electronic Patient Files – Benefits for Physicians or Benefits for Patients?

Category	Date	Time:	Location
Congress Session	April 11, 2019	09:30 - 11:00	_Stage A, Hall 1.2

§ 291a of the Fifth Volume of the Code of Social Law stipulates that a uniform electronic patient file is to be implemented nationwide by 2021. A lively debate is currently taking place about its purpose, benefits and risks. There appears to be no unanimous opinion on whether, and in what form, the patient file can improve care. As files covering various sectors have already been in use for more than ten years, both regionally in Germany and abroad, it is worth taking a look at what is happening in practice in order to highlight future options. What currently works? What new opportunities have arisen? Do difficulties exist when communicating with the patient? Was there resistance and has it been overcome? Practitioners are being invited to address these issues and outline in which scenarios patient files offer benefits and how the risks can be handled. The closing debate will aim to jointly formulate expectations regarding the future of the patient file in Germany.

**Chairmanship:**

[Jan Neuhaus](#), CEO - IT, Data Communications and eHealth, German Hospital Federation (DKG)

[Dr. Philipp Stachwitz](#), Facharzt Anästhesiologie, Spezielle Schmerztherapie, E-Health Consultant, Schmerzpraxis Havelhöhe

## Talks

**09:30 - 09:50**

### Patient-centric Files: Patient Empowerment – Physicians as Enablers

**Speaker:**

[Michael Schober](#), Leitung Vertrieb, medatixx GmbH & Co. KG

**09:50 - 10:10**

## **em.net – A Physician-led File Leads to Noticeable Improvements in Care**

The e-health company epitop links ophthalmologists, general practitioners, surgeons, patients and opticians with the electronic patient file em.net. 1st objective: Cataract operations – 650,000 annually in Germany – improved preparation.

2nd objective: To show that a patient file presented by a physician can also function without the need for subsidies, and also brings benefits.

The involvement of unlicensed professional groups helps to increase the acceptance of an electronic patient file and make it useable over a wide area. For this reason epitop, using the electronic patient file em.net, has enrolled opticians in the care project with the aim of improving optical health. The inclusion of ophthalmologists, surgeons, general practitioners and opticians is intended to improve the quality of patient care.

To achieve more widespread access to opticians, since the start of 2018 epitop has been cooperating with Rodenstock, a leading manufacturer of spectacle lenses and frames. Opticians and doctors have been enlisted and subsequent progress made with educating patients about optical health. The opticians carry out eye examinations using their own equipment. The data obtained is made available on a doctors' network for assessment. Intelligent algorithms are used to support the doctors in preparing a standardized evaluation. This can be used for a pre-operative consultation, and shows the data that still needs to be obtained for planning therapy. The next stages are included on a list for individual customers, which the optician then discusses with the customer.

Since 2004 epitop has been linking referring physicians and tele-diagnostics experts on selected treatment paths, such as tumor treatment or radiological issues, with em.net. In order to meet interoperability requirements while remaining flexible, the data model for the file consists of modified "pile units": Structured data is disassembled and stored in the smallest units of data. Snapshots and intelligent algorithms are used to safeguard the original databases. In this way a transformation into different data formats is achieved while at the same time maintaining the independence of semantic standards (e.g. SNOMED). Communication is transferred in stages to the FHIR standard in order to simplify links to external system or other electronic patient files.

During the course of the cooperative project some 140 file transactions take place each day. This number is likely to increase fourfold over the next 6 months. Currently 190 opticians are using em.net, and they in turn are exchanging data with 6-12 doctors.

Because opticians provide their customers with much more individualized consultations, ophthalmologists are able to focus more on the medical details of the treatment. This means that patients do not have to endure long waiting times to see medical specialists, and this in turn removes the pressure when allocating and preparing therapy as well as in aftercare and follow-up treatment. If a medical condition arises, by using em.net doctors have access to qualified information and are thus in a position to offer the patient the best possible treatment.

It is not the technology that is the obstacle. Instead it is a question of who speaks to whom. Ophthalmologists have serious reservations about opticians trying to take work away from them. However, they are willing to take part in the project if the benefits are explained by colleagues in the medical network or epitop, whose chief executive is himself a doctor.

### **Speaker:**

[Dr. Amir Mobarez Parasta](#), Medical Director, Munich Eye MVZ GmbH – Augenzentrum München

[Dr. Amir Parasta](#), CEO, epitop GmbH

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**10:10 - 10:30**

## **Electronic Case File (EFA) – From the Initiative to a Certified Case File System**

Using ongoing and established projects as well as technological solutions, this lecture seeks to show that IHE-based file systems in Germany have now come of age. The greatest obstacle, i.e. acceptance by systems manufacturers and users, has been overcome by the work of committees and the involvement of users. The results and the experience gained have been incorporated in a beneficial way in the creation of new forms of care.

The use of health infrastructures is becoming increasingly widespread, the aim being to improve the intersectoral interconnection of stakeholders in the health sector in order to improve the quality of medical care and economic efficiency. When the law on secure digital communication and applications in healthcare (the E-Health Law) came into effect on 1 January 2016 this also created the legal conditions for the introduction of medical applications. In addition to offering incentives for the introduction and use of such systems, attention was also focused on the interoperability of IT systems. National and international communication standards such as Integrating the Healthcare Enterprise (IHE) have a major role to play in this respect.

The Fraunhofer Institute for Software and Systems Technology ISST has been actively involved in drawing up specifications for health infrastructures since the start of the case file initiative in 2006. Working closely together with users in the electronic case file association (Elektronische FallAkte e.V), further development work was carried out on the IHE-based EFA specification in collaboration with the Fraunhofer Institute for Open Communication Systems, IHE Deutschland e.V. and bvitg e.V. The IHE/EFA-API, developed at Fraunhofer ISST was successfully tested most recently at the IHE-Connectathon 2018 in The Hague. The API applies all the core functions of the EFA 2.0 standard and can be easily embedded in any IT systems in order to exchange EFA 2.0-compliant data.

The IHE/EFA-API is already at the heart of established file case applications such as the MDK solution that has been developed jointly with RZV GmbH and Intersystems, and which has been designed to support communication between hospitals and the German Health Insurers' Medical Service (MDK). In various medical application scenarios the IHE/EFA-API has also been integrated in medical portals and systems in order to support the standardized exchange of medical data. Examples of some of the projects include EPItect (FK: 16SV7482), Parkinson Companion (FK: 16SV7857), HeLP (FK: EFRE-0800712), I/E-Health NRW, NephroTeTe (EFRE - 0800734, GE - 1 - 2 - 011).

Fraunhofer-ISST has developed an EFA 2.0 portal in the I/E-Health NRW project. This is being rolled out in the Borken/Ahaus region and also in the Dortmund area. Close collaboration with the partners in the I/E-Health Project and EFA providers is designed to ensure that the EFA 2.0 portal offers communication between all stakeholders, unaffected by any media disruption, and independently of the selected EFA-2.0 link, which can also be implemented via KV Connect or hospital information systems using an EFA 2.0 interface. In this respect stipulations about semantics, directories of service providers and unambiguous patient identification are significant factors. Along with complex technological challenges, the user also remains a focus of attention. In the interest of participative design this aspect is always included at all phases of the development of the EFA 2.0 portal, in order to ensure user acceptance and the inclusion of EFA solutions in established medical and organizational processes.

### **Speaker:**

[Salima Houta](#), Scientific Employee, Fraunhofer-Institut für Software- und Systemtechnik (ISST)

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10:30 - 10:50

## Helios.bridge: The Bridge to the Patients

Helios is setting the pace in the digitalization of administrative and medical processes in Europe. The Helios.bridge offers hospital operators a pioneering architecture that has been set up with the aim of actively involving patients in digital treatment processes. For this purpose Helios uses modules from the ICW eHealth Suite. Data protection and security played a major role in the implementation process.

In the first important use case Helios.bridge offers patients the possibility of accessing all their relevant medical data, provided that they have given their express approval for the data to be transferred from the particular facility. A dedicated portal enables patients to read medical documents such as medical reports or clinical findings that are stored in Helios.bridge. Helios attaches great importance to the patient's right to obtain his own information. It is the patient alone who determines the scope of the data supplied to Helios.bridge. In managing his own account the patient can grant fine-grain consent and authorizations.

An important building block in setting up a secure infrastructure for many different application scenarios has been the close coordination with the relevant data protection and data security authorities. For the experience gained thus far, the use of electronic patient files and their digital patient services will attract a growing acceptance, provided that the highest possible degree of digitalization can be achieved. It is simply necessary for the necessary steps to be integrated in the work processes of all those involved, but this should not result in additional expense. For this reason Helios is also constantly engaged in improving established processes.

Helios is constantly expanding its Helios.bridge, and new applications are being included every year. For example, in advance of planned rehabilitation measures, those affected will soon be able to complete the complex MBOR questionnaire (German acronym for Medically and Vocationally Oriented Rehabilitation), encompassing more than ten A4 pages, in the comfort of their own homes. The questionnaires that patients fill in can be used in many other areas too. Moreover, with Helios.bridge it will also be possible by means of mobile apps to use the parameters obtained from wearables (such as body weight, blood pressure, blood sugar levels, oxygen saturation) and transfer them to the cross-facility electronic patient file. One example of an application is in metabolic surgery (reducing the size of the stomach). In addition to the wide-scale rollout of the existing solution through the inclusion of additional clinics, the provision of a medical portal with self-registration functionalities and offering possibilities for patients to book their own appointment is currently in the planning stage. With such developments Helios.bridge is continuously providing added benefits, not only for patients but also for doctors.

### Speaker:

[Andreas Hempel](#), Head of Development and eHealth, Helios IT Service

[Thomas Schneider](#), Head of Product Management, InterComponentWare AG (ICW)

## Medicine 4.0 – a Case for Medical Device Regulation (MDR)

Category	Date	Time:	Location
Werkstatt	April 11, 2019	09:30 - 11:00	_Box, Hall 1.2

Europe-wide regulations are being introduced in a bid to improve regulation of medical products and make them safer. Thus, EU regulations governing medical products (MDR) and in-vitro diagnostics (IVDR) came into force in 2017, and will apply as of 2020 and 2022 respectively.

The new regulations mean that health software will not only be categorised as a medical product, but will also be listed as Class IIa or higher. Higher classification results in greater expense for manufacturers, because more planning, checking and documentation is required before a product can be marketed.

The question being asked is "Is an HIS actually a medical product?", based on which the workshop will discuss how the transition from a software product to an intelligent medical product actually takes place, what "intended use" means, and what medical clinical information systems should really represent.

This session is organised and held by AG Medical Products, The German Association of Health IT Vendors – bvitg e. V.

### Moderation:

[Dr. Myriam Lipprandt](#), Postdoctoral Researcher, University of Oldenburg

### Speaker:

[Prof. Dr Kurt Becker](#), Head of Studies, APOLLON Hochschule der Gesundheitswirtschaft

[Dr. Wolfgang Lauer](#), Federal Institute for Drugs and Medical Devices

[Matthias Meierhofer](#), Management Board, Meierhofer AG

[Miriam Schuh](#), Lawyer, reuschlaw Legal Consultants

## Precision Medicine for the Wellbeing of the Patient?

Category	Date	Time:	Location
Congress Session	April 11, 2019	09:30 - 11:00	_Stage C, Hall 4.2

Genomic high throughput procedures enable the molecular components of diseases to be examined in detail. Increasingly the molecular profiling of patients is taking place not only in the course of clinic investigations but also in routine clinical care. On the one hand this has led to expectations of highly adapted therapies for individual patients, but on the other it has revealed other new challenges. For example, it will not be possible to manufacture a precisely targeted medication for each individual patient, and in fact the patient categories that have until now been registered in larger groups are being broken down into a great number of sub-groups with uncertain consequences for their targeted treatment. This leaves many clinicians in a state of uncertainty and consequently cases in which the primary treatment in accordance with specified guidelines is not effective are often



presented in highly specialized, interdisciplinary therapy boards. However, the question also arises as to whether patients are willing to accept a few days' or weeks' uncertainty about the success of a therapy while at the same time experiencing serious side effects. In the final analysis there is some doubt about who should meet the costs of what are in some cases very extensive therapies.

In this track we adopt the perspective of the patients, clinician and cost providers, and look forward to a lively discussion with the panel that follows.

**Chairmanship:**

[Dr. Martin Lablans](#), Head of Department, German Cancer-research Center

[Prof. Ulrich Sax](#), Commissioner of the Institute of Medical Informatics, University Medical Center Göttingen

## Talks

**09:40 - 09:55**

### Challenges in Using Routine Medical Data for Secondary Data Analysis

The use of routine medical data for further analyzes, so-called secondary data analyzes, are increasingly being discussed. Initial results are showing promising effects when the routine medical data is viewed and analyzed from a new perspective. Everything should be very simple, because most of the medical data is digitally available, isn't it? An insight is provided into the reality of the current availability of routine medical data and the opportunities to use it for data analysis. Also issues are discussed such as interoperability between different systems in healthcare and approaches to solve the challenges. In addition, there are the points of the necessary resources in terms of technology and personnel.

**Speaker:**

[Prof. Tibor I. Kesztyüs](#), Professor, Ulm University

**09:55 - 10:20**

### Clinical Networks as Future Treatment Models Using the Example of Lung Cancer

In recent years, oncogenic driver mutations and predictors for targeted immunotherapy have been detected in various cancer types. Treatment with targeted immuno/oncological therapies is significantly superior to conventional chemotherapy in terms of response, reduction of side effects and improvement in overall survival. Thus, treatment decision making must be based on previous comprehensive molecular diagnostics and interdisciplinary clinical expertise. The complexity consists of selecting the most suitable treatment for each patient, who is very individual in his tumor biology, and thus for different oncological sub-diseases within one cancer type. However, this isn't a onetime assessment, but again relevant for any treatment decision in the course of the cancer disease (e. g. relapse). Medical progress is always creating new challenges for practitioners, whom they can meet in the context of interdisciplinary and intersectoral clinical networks. This development can be seen on the example of lung cancer within the Network Genomic Medicine (NGM), founded in 2010 at the University Hospital of Cologne and its expansion to the national Network Genomic Medicine (nNGM) established in April 2018 with the initial funding of the German Cancer Aid. Currently, nNGM consist of 15 centers ([www.nngm.de](http://www.nngm.de)). The motto of the network is the centralization of the quality-assured molecular complex diagnostics and the decentralization of the subsequent treatment, as close as possible to the patients' home. The network structure guarantees continuous innovation transfer and bi-directional, interdisciplinary exchange for outpatient and inpatient treatment providers (partner sites) nationwide. The reimbursement of molecular diagnostics should be long-term assured by cooperation with the health insurance companies.

**Speaker:**

[Anna Kron](#), Management of the nNGM office, University Hospital Cologne

**10:20 - 10:40**

### Telemedicine - Diagnostics and Therapy of Cardiovascular Diseases

The digital transformation has a lasting impact on the current and future development of the health care system. The diagnostic and therapeutic spectrum of modern medical care is becoming increasingly complex. Telemedicine, as an expression of this transformation, offers the opportunity to solve communication, rationalisation and quality problems. However, the telemedicine landscape in Germany is characterised by isolated solutions. Concepts with positive effects are confronted with studies that could not prove any benefit for patients or the health care system. One of the central success factors of positive studies is the implementation of structured, coordinated processes based on SOPs. The full potential of telemedicine can only be exploited by providing a structure and a sensible combination of digital solutions in the processes of the health care system.

**Speaker:**

[Dr. Thomas Helms](#), Board Member, Deutsche Stiftung für chronisch Kranke

## DMEA-Business Meetings

Category	Date	Time:	Location
Matchmaking	April 11, 2019	09:30 - 13:00	_Hub 1, Hall 2.2

The "DMEA Business Meetings" on 11 April offer the opportunity to make targeted and time-efficient contacts with exhibitors and trade visitors from Germany and abroad. Through an online platform, interested parties can present themselves in the run-up to the event with a profile and thus make targeted appointments.

Participation is free of charge. Register here: <https://dmea2019.b2match.io/>

This session is organised and held by the Enterprise Europe Network Berlin Brandenburg, Berlin Partner für Wirtschaft und Technologie GmbH.

**Note: This session will be held in English.**

## Results of the Consortia of the Medicine Informatics Initiative (MII)

Category	Date	Time:	Location
Panel	April 11, 2019	09:30 - 13:00	_Room Zuse 5, Hall 4.1/7

This session is organised and held by Technology, Methods, and Infrastructure for Networked Medical Research (TMF e.V.), the Association of the University Clinics in Germany (VUD) and the Medizinischer Fakultätentag der Bundesrepublik Deutschland e. V. (MFT).

## Talks

**09:30 - 10:30**

### Results of the Medical Informatics Consortia: HiGHmed

**Speaker:**

[Birger Haarbrandt](#), Medizinische Hochschule Hannover

[Dr. Oliver Heinze](#), Founder, phellow seven, Heidelberg University Hospital

[Nikita Meyer](#), Universitätsklinikum Heidelberg

**10:40 - 11:40**

### Results of the Medical Informatics Consortia: SMITH

**Speaker:**

[Dr Silke Haferkamp](#), Deputy Head of IT, Universitätsklinikum Aachen

[Dr Thomas Wendt](#), Head of data integration center, University Hospital Leipzig

**11:50 - 12:50**

### Results of the Medical Informatics Consortia: MIRACUM

**Speaker:**

[Prof. Dr. Paul Schmücker](#), Chair for Medical Informatics, University of Mannheim, MIRACUM (Medical Informatics in Research and Care in University Medicine)

## IT in Intensive Medical Care and Anaesthetics

Category	Date	Time:	Location
(Academy) Seminar	April 11, 2019	09:30 - 13:15	_Room Lovelace, Hall 2.2

**Note: the seminar will be held in German.**

IT systems are being used increasingly in intensive care units, intermediate care, stroke units, in emergency outpatient departments, in anaesthetics and in the recovery room, where patients are being continuously monitored, and where large volumes of data have to be processed. The IT systems in question (known as PDMS and AIMS), which are used to support medical and organisational processes, make information about the treatment process available quickly and clearly to all those involved, as well as improving patient safety. By means of scoring, therapeutic planning and standards, the use of such systems improves the quality of patient care and reduces mortality in intensive care units. The introduction and operation of PDMS and AIMS is a project that is not confined to any specific professional group or department and involves physicians, nursing staff, the IT department, medical technology, financial controlling and accounting personnel. This makes far-reaching integration in the HIS and/or CAS and other IT systems such as medication an essential factor. The speakers from various clinics will describe the process, introducing PDMS/AIMS and showing how they have already achieved integration in their own HIS / CAS etc., the challenges that have had to be overcome, and what functions still need to be implemented.

**Order of events:**

9.30 – 9.45 a.m.: Welcome and introduction to the subject matter (C. Vosseler)

9.45 – 10.45 a.m.: Report on experience gained at Klinik am Steinenberg (Dr. Bauer) with QCare from Health Information Management GmbH, with a discussion

10.45 – 11.45 a.m.: Report on experience gained at the cardiac clinic MediClin Herzzentrum (Dr. Eberle) with M-PDMS from Meierhofer

Medizintechnik GmbH, with discussion

11.45 a.m. – 12.00 noon: Break

12.00 noon – 1 p.m.: Report on experience gained at the Cologne University Clinic (Dr. Langebartels) with Metavision from iMDsoft, with discussion

1.00 - 1.15 p.m.: Voluntary examination (all participants)

[Get your Ticket!](#)

**Chairmanship:**

[Cornelia Vosseler](#), Vice-President, German Medical Informatics Professional Association (BVMI)

**Speaker:**

[Dr Michael Bauer](#), senior physician, District Clinics Reutlingen

[Dr. Thomas Eberle](#), Chief Physician, MediClin Herzzentrum Coswig

[Dr. Georg Langebartels](#), Medical coordinator, University Hospital Cologne

## The Right to Data Portability: Implementation and Use

Category	Date	Time:	Location
(Academy) Seminar	April 11, 2019	09:30 - 13:15	_Room Nightingale, Hall 1.2

**Note: the seminar will be held in German.**

The purpose of the seminar is to present participants with the general conditions and technical concepts, as well as with experience gained from practical implementation. To begin with the fundamental principles will be considered (Section 20 Data Protection Regulation, §630g BGB). This will be followed by discussions about concepts for interfaces and identification, authentication and secure transport as prerequisites for the transfer of data to patient/health files. Two contributions by medical facilities will deal in detail with the practical implementation of data transferability, featuring the underlying architectures as well as the experience gained from actual use. The desired outcome is for participants to then be in a position to plan a suitable approach to ensure the viable transfer of data, identify the measures needed, and to organise and implement this demand by patients in a way that complies with data protection requirements.

[Get your Ticket!](#)

**Chairmanship:**

[Prof. Martin Staemmler](#), German Association of Hospital IT Managers (KH-IT)

**Speaker:**

[Dr. Danny Ammon](#), Head of the Data Integration Center, Jena University Hospital

[Thomas Dehne](#), Head of IT, Rostock University Medical Center

[Gerald Spyra](#), Lawyer, Kanzlei Spyra

## Mobile Health Zone 4 – Future of Digitalization

Category	Date	Time:	Location
Pitch	April 11, 2019	11:30 - 12:30	_Hub 2, Hall 2.2

In this fourth part of the four-part presentation series of the Mobile Health Zone, exhibitors at the DMEA special area for mobile health solutions present the digital mobile future.

**Moderation:**

[Andrea Hillmann](#), Project Manager DMEA Mobile Health Zone | Startup Café, Messe Berlin

## Talks

**11:35 - 11:45**

### Patient Apps in the IT Process - medatixx-AppPoint

The market for health apps is growing ever more rapidly – turning the identification of apps with medically sound benefits into a difficult task. Reliable criteria are key for selecting the right health app based on quality, security and trustworthiness. Health apps need to fulfill all of these criteria in order for physicians to use them and recommend them to their patients. medatixx has created a platform called medatixx-AppPoint which presents doctors with an overview of selected health apps with a direct integration into their medical office software by medatixx. medatixx-AppPoint serves as a decision-making aid for physicians when recommending reliable patient apps for various diagnoses and symptoms. Patients can send their compiled data from the app to their medical office where the data are saved with just one click in the patients' individual medical files in the medical office software. The integration of patient apps into medical office software enables the exchange of data between patient and

physician and brings about sustainable therapeutic support.

**Speaker:**

[Olga Mari](#), Project Management Marketing | Sales, medatixx GmbH & Co. KG

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**11:45 - 11:55**

**Complete IT Systems for Medical Laboratories - Using Standards, Creating Ideal Solutions**

MELOS is one of the technological market leaders for laboratory software and distribute, maintain and implement complete IT systems for medical laboratories. Since its foundation in 1988, MELOS has been an important software specialist for medical and industrial laboratories. The purpose of our innovative and user-friendly technological solution is always the individual optimization of laboratory organization. In close cooperation with our customers, we share a pioneering spirit and creativity. MELOS relies on IT standards, but also on independent product developments.

**Speaker:**

[Andreas Manntz](#), CEO, Melos GmbH

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**11:55 - 12:05**

**Digital Signage - Get Information Quickly to the Right Place**

**Speaker:**

[Maik Büdenbender](#), New Business Development, TELEVES Germany

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**12:05 - 12:15**

**Patient Experience 2020 - The Digital Hospital as an Opportunity**

Mobile devices such as tablets and smartphones are widely spread in the working and private life. With mobile applications, a wide group of people buy train tickets, check into a hotel, manage their flight, communicate, inform themselves and much more. At the same time, many hospitals do not or only selectively use these new platforms as tools to continuously improve the quality and patient experience.

In addition to patient entertainment, these new technologies can be used to improve the patient's outcomes. Before, during and after the hospital stay, communication at various levels with doctors, nursing staff and the hotel industry is possible. In addition, caretakers are supported by these devices in their work.

Information technology can thus help with various technical means, so the hospitals can focus on value-adding activities in care. In this lecture we want to show what the patient experience of the future might look like. We highlight classic approaches such as patient entertainment terminals, as well as the advantages and disadvantages of approaches such as "bring your own device". We also provide insight into the resulting added value for the hospital, nurses and patients.

**Speaker:**

[Alexander Fischer](#), Telecom Sante

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**12:15 - 12:25**

**Patient Journey App**

During our presentation we will demonstrate the app itself and how easy it is to create patient journeys for different treatments.

Furthermore, we will share the results of two scientific studies, which detail how the app improves patient knowledge, satisfaction, self management and physical outcomes.

**Speaker:**

[Thomas Timmers](#), CEO & Lead Sales, PATIENT JOURNEY APP

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## Tour 23: Digital Health Innovations

Category	Date	Time:	Location
Guided Tour	April 11, 2019	11:30 - 12:30	Central Foyer, Hall 3.2   4.2

Be it with new ideas, disruptive concepts or digital products, the digital transformation is creating room for innovation. The trade fair tour presents companies, products and services which are already driving tomorrow's digital transformation and whose innovativeness sets them apart from existing solutions and approaches.

# Artificial Intelligence for Physicians and Patients: Opportunities and Challenges for Practical Applications

**Category**  
Congress Session

**Date**  
April 11, 2019

**Time:**  
11:30 - 13:00

**Location**  
\_Stage C, Hall 4.2

Until now, knowledge-based systems supporting physicians have been mainly part of medical products such as ECGs, or databases containing specific information. Increasingly, such knowledge-based systems combine implementing guidelines with artificial intelligence and medical information from various sources and provide real-time support even for complex medical tasks.

As a result of this development what are the opportunities and challenges for practical applications? How reliable is the advice that these systems offer? And what is this advice based on? How can we monitor the quality and safety of these systems? Do we need new rules for approval? And what do we need to observe in practice?

The session will present a number of examples of knowledge-based systems supporting physicians and their practical applications. At first the session will illustrate how existing knowledge is electronically accessed and kept up to date, and subsequently how the system functions in practice and the how it is reshaping medical care.

At the end of the session a panel discussion will debate which areas are already suitable for implementing knowledge-based systems and what needs to be observed when these systems are put to practical use.

## Chairmanship:

[Hans Peter Bursig](#), Managing Director, German Electrical and Electronic Manufacturers' Association (ZVEI)

[Prof. Klaus Juffernbruch](#), Professor of Health and Social Management, FOM Hochschule für Oekonomie & Management gGmbH

## Talks

**11:35 - 12:00**

### Recognizing and Implementing – Data Protection Law and Artificial Intelligence in the Health Sector

Following a brief description of the possibilities for deploying artificial intelligence, machine learning and Big Data in the healthcare sector, an explanation will be given of the requirements of the data protection law. The presentation will feature in particular the correct implementation of the data protection law regulations in the selection, introduction and utilization of these technologies, with an emphasis on the practical aspects. Especially in the healthcare sector, artificial intelligence, machine learning and Big Data offer enormous possibilities. Their uses range from diagnostics to research. However, the successful utilization of these technologies is accompanied by the need to observe statutory regulations, especially those concerning data protection. These should be considered and integrated prior to and during the introduction and use of new technologies. With a distinct emphasis on practical aspects, this paper will deal with all the points to be taken into consideration and will offer practical solutions.

Firstly the relevant aspects of the data protection law are summarized. A concept is then produced for selecting, introducing and applying artificial intelligence. This concept should be implemented individually for each technology that is to be selected, introduced and used. In this process it is also important to conduct a thorough analysis of the technology to be deployed. It may also be necessary to consider the interaction between various modern technologies such as Big Data analyses and machine learning, and to incorporate this when they are implemented.

Firstly, as part of the implementation concept, an overview is prepared of the most important aspects in terms of data protection law. Special consideration should be given to the aspects of earmarking data processing, the legal basis for the processing, and in particular the consent of those affected, transparency, the rights of those affected and especially their rights of deletion, medical professional confidentiality and the deployment of external service providers. An implementation concept is then drawn up on the basis of these points. This provides for an efficient and more manageable implementation of the data protection law regulations when introducing and using artificial intelligence. This paper provides useful practical advice about preparing and implementing this concept.

As a result the audience will be able to gain insights into the implementation of artificial intelligence in the healthcare sector in compliance with data protection requirements. The most important aspects of data protection will be explained together with details about their practical implementation. The audience will be made more aware of the subject and instructed about observing data protection requirements from the very start when deploying such technologies. This is particularly important because, since the Basic Data Protection Regulation came into force on 25.05.2018, the financial penalties for infringements of the law have been substantially increased and, especially in the healthcare sector, the use of artificial intelligence and similar technologies is subject to critical scrutiny, particularly with regard to concerns about data protection law.

The challenges presented by the data protection law and other regulations must be identified at an early stage. Many issues in this field still require final clarification. When choosing and introducing artificial intelligence in the healthcare sector these aspects must be recognized at an early stage and implemented accordingly. Only then will it be possible to take advantage of the enormous potential offered by artificial intelligence.

## Speaker:

[Thanos Rammos](#), Salary Partner, TaylorWessing

12:00 - 12:25

## ITU/WHO Focus Group AI for Health: Evaluating and Measuring the Performance of AI Algorithms

**Speaker:**

[Prof. Thomas Wiegand](#), Director, Fraunhofer HHI

12:25 - 12:50

## Clinical Decision Support System (CDSS) for Epilepsy Patients

**Speaker:**

[Prof. Yvonne Weber](#), Deputy Medical Director, University Hospital Tübingen

## b<sup>2</sup>-Parship

**Category**  
Werkstatt

**Date**  
April 11, 2019

**Time:**  
11:30 - 13:00

**Location**  
\_Box, Hall 1.2

The interactive session for graduates, people who want to change jobs, innovative and creative employers, even if nobody - not even you - knows that you are willing to change jobs or can't even imagine that you have cool jobs. Of course we also invite everyone who simply wants to have a funny session.

Who cares how many times a minute someone falls in love?

It's much more important how often horny jobs are offered in this highly innovative industry. Find the job that suits you - or more precisely find the pot under the lid.

Where are the creative workaholic rising stars in this industry? If you have the cool pot - where is the lid?

Anyone who is equipped with a "smartphone" already has a ticket for this session - we ask the questions that nobody dares to ask. In this session Bernhard represents the talents and Bernhard the cool jobs in the industry and we make sure that YOU FIND EACH OTHER - therefore b<sup>2</sup> Parship.

**Speaker:**

[Prof. Bernhard Breil](#), Professor, University of Applied Sciences Niederrhein, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)

[Bernhard Calmer](#), Director Business Development, Cerner Health Services Deutschland GmbH

## New Business Models – with and without IT

**Category**  
Congress Session

**Date**  
April 11, 2019

**Time:**  
11:30 - 13:00

**Location**  
\_Stage A, Hall 1.2

Developments in IT and the resultant digital transformation (including in medicine) are generating new business models. These models are not primarily driven by IT, but instead by the need and opportunity to improve care and management processes and make them more efficient. Traditional barriers between individual processes and fields could thus be overcome or even eliminated.

The impact of these developments on the health sector in particular is huge. This is where support through IT can lead to sector boundaries being overcome and to improvements in care. Approaches such as managed care and prevention could also become more important.

Besides the business models themselves, it is their organisation and the players involved that are also of particular importance. What developments are there and who is driving them? Are traditional providers of healthcare (hospitals, resident practitioners etc.) ultimately only service providers or will they continue to play a major role? What role will industry and health insurances play in the future?

This session highlights both best practices and future prospects. Speakers can present solutions that deal directly with the health industry as well as developments adapted from other sectors.

**Chairmanship:**

[Dr. Carl Dujat](#), Chairman of the Board, promedtheus AG

[Prof. Dr. Björn Maier](#), Chairman, German Association of Hospital Controlling (DVKC)

## Talks

**11:35 - 11:55**

## **Digital Strategy, Digital Transformation and Derivative IT Business Models**

IT business models are generally derived from the respective context of business operations and corporate strategy. The example of Vivantes - Netzwerk für Gesundheit GmbH illustrates how a medical service provider has redefined its digital strategy, which implementation measures has been initiated and which new requirements result from this with regard to IT alignment and IT business models. In addition to the presentation of the holistic approach of a procedure for digital corporate transformation, the basic modules of digital corporate content, interoperability and the target group modules of digital patients, digital cooperation with external service providers and the focus on the modernization of IT employee workplaces in the sense of an integration of consumer IT solutions are considered as examples. Specifically focused on the internal IT customer business, changed requirements for IT service management, IT project marketing and IT service level management are presented.

**Speaker:**

[Gunther Nolte](#), CIO, Vivantes Netzwerk für Gesundheit GmbH

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**11:55 - 12:15**

## **Digital Transformation – How are we Making the Most of the Opportunities?**

Compared with other sectors, healthcare is a late starter as far as the digital transformation is concerned. But once it gets going it will really take off. We will have to prepare ourselves for some far-reaching changes. This in turn means that success in the past does not automatically mean success in the future. The many changes and challenges call for an active involvement with future care structures and business models. In order to arrive at new structures and digital business models the current stakeholders must also create the right conditions at the levels of "digital data" and "digital processes". In their eagerness to implement digitalization it is vital not to lose sight of the most important aspect: the digital transformation is not an end in itself but an opportunity to improve healthcare. So how will we make use of it?

**Speaker:**

[Janine Hübner](#), Head of Corporate Development, AGAPLESION gAG

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**12:15 - 12:35**

## **Managed Service for the IT Infrastructure**

The Gesundheit Nordhessen group of clinics with its 4,800 or so employees operates at seven locations, with four clinics, rehab centres and senior citizens' homes in Kassel, BadArolsen, Hofgeismar and Wolfhagen and has demonstrated its ability to provide the highest level of services. As a one-stop shop for all-round care it is organized as an integrated and standardized cross-sectoral and multi-location chain of processes from general practitioners to maximum care.

**Speaker:**

[Dr. Henning Janßen](#), Head of IT, Gesundheit Nordhessen Holding AG

[Stephan Paulicks](#), ICT Manager, Deutsche Telekom Healthcare and Security Solutions

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**12:35 - 12:55**

## **Digital Transformation in Healthcare and from Health-IT to Health Information Management**

This lecture focuses on

- (1) the digital transformation of the healthcare industries,
- (2) the development of health-IT to create health information management and
- (3) the associated demand for advanced training and qualification.

For the three sections of the paper examples have been taken from the USA.

Re.: (1)

With regard to the digital transformation we will refer to disruptive business models and the deconstruction of traditional business processes, and strategic fields of actions and the categorization or subdivision into digital strategy, digital work, digital business and digital patient relationship management.

Re.: (2)

In the past healthcare IT was based on traditional thinking and the concept of "information and communication technology" with the emphasis on the second part of these two terms: technology. The biggest challenge facing us today is that of efficient and effective information management – from Big Data to clinical decision support systems. With regard to the management of healthcare facilities, strategic information management is a critical factor in their success, i.e. HIT (Health IT) becomes HIM (Health Information Management).

Re.: (3)

This change is reflected in the advanced training and qualification of management staff in IT, whereby in the USA an additional reporting line to chief digital officer has been created. The objective is the continuous qualification of CIOs in

- hospital management and digitalization strategy,
- technology management,
- managing change,
- service management,
- talent management und
- relationship management.

In addition a final qualification of CIOs into CMIOs – Chief Medical Information Officers and CNIOs – Chief Nursing Information Officers will be undertaken.

**Speaker:**

[Dr. Pierre-Michael Meier](#), Association of German Economics (bdvb), European Association of Hospital Managers (EAHM)

## Startups in the \_Hub: Founders from Different Countries Present Themselves and Their Idea

Category	Date	Time:	Location
Pitch	April 11, 2019	11:30 - 13:00	_Hub 3, Hall 3.2

**Note: This session will be held in English.**

In cooperation with GTAI, Messe Berlin GmbH and the German Association of Health IT Vendors – bvitg e. V. international and national startups present themselves in short pitches (5 min.) with subsequent discussion (in English). In this 90-minute session, startups from different countries are at the start:

**11:35-11:40 Lilian Zsákai, Kinepict**

Angiography analysis software for lower contrast agent and radiation dose (Hungary)

**11:40-11:45 Zsolt Molnár, HubScience**

AI-based text analysis solution for the compilation of scientific publications (Hungary)

**11:45-11:50 Jogundas Armaitis, Oxipit**

Oxopit - automating chest X-ray (Lithuania)

**11:50-11:55 Marcin Szary, SECFENSE**

Enabling HIPAA compliant anti-phishing protection in minutes and with no vendor lock and no coding (Poland)

**11:55-12:00 Michael Mayrhofer, KLM Vision**

IKOSA®, a smart and flexible platform for images (Austria)

**12:00-12:05 Miłosz Wiciński, infermedica**

Guide your patients to the right care (Poland)

**12:05-12:10 Tomasz Gondek, SensDX**

Fast, ultra-sensitive diagnostic test with a mobile application to check the etiology of infection (Poland)

**12:10-12:15 Thomas Schletter, Leitwert GmbH**

Real time access to digital biomarkers - Connecting wearable devices and mobile biosensors in hospitals and @ home (Switzerland)

**12:15-12:20 Julian Nast-Kolb, Cliniserve**

Software for better nursing (Germany)

**12:20-12:25 Pirmin Kelbel, VISSEIRO**

Contactless Measure Vital Data such as Heart rate, Heart rate Variability and Breathing with a Seat Cushion (Germany)

**12:25-12:30 Radka Kittová, GalaxyMD**

Intelligent Planning and Scheduling for Efficient Healthcare (Czech Republic)

**12:30-12:35 Semmelweis (Hungary)**

**12:35-12:40 Short Break**

**12:40-13:00 Discussion with selected startups**

**Moderation:**

[Andrea Hillmann](#), Project Manager DMEA Mobile Health Zone | Startup Café, Messe Berlin

**Speaker:**

[Julia Pietsch](#), Manager Chemicals & Healthcare, Germany Trade and Invest (GTAI)

## The Patient in Digital Care

Category	Date	Time:	Location
Congress Session	April 11, 2019	11:30 - 13:00	_Stage B, Hall 2.2

Digital solutions for the patient are increasingly becoming a reality in the care sector. Even though for the majority of citizens and patients it is hard to find the right health app, in inpatient and outpatient care the first steps towards implementing coordinated digital care solutions are now taking place. This observation should not hide the fact that the first products to appear are still niche market solutions. At the same time, the BMG is working hard to put together an initial regulatory framework for their practical use. The focus here is on vital elements such as market access, evaluation, reimbursement and the eternal problem of IT-based coordination with patient data (ePA, eGA, telematics infrastructure). Together with various experts, and taking different viewpoints into account, this session focuses on two areas in the care sector:



The current status of digital care solutions in Germany and the opportunities and challenges in the day-to-day work environment  
Identification of the most pressing and unresolved issues as well as possible solutions

**Chairmanship:**

[Julia Hagen](#), Head of Division Health and Pharma, Bitkom

[Dr. Alexander Schachinger](#), CEO, EPatient RSD GmbH

## Talks

**11:30 - 11:40**

### Seizing Opportunities, Shaping Digitalization

**Speaker:**

[Christian Klose](#), Permanent Representative of Division 5 „Digitalization and Innovation“, Federal Ministry of Health

**11:40 - 11:50**

### What Doctor and Patient Need

**Speaker:**

[Erik Bodendieck](#), President, Saxon State Medical Chamber

**11:50 - 12:00**

### Von der App hin zur echten Versorgungslösung. Fallbeispiel Vorhofflimmer-Screening zur Schlaganfallprävention.

**Speaker:**

[Dr. Thomas Hübner](#), Preventicus GmbH

**12:00 - 12:10**

### Nachhaltiger Therapieerfolg durch digitale und multimodale Nachsorge - CASPAR

**Speaker:**

[Maximilian Michels](#), CEO, Caspar Health

**12:10 - 12:20**

### Benefit-oriented Digital Initiatives in Healthcare

**Speaker:**

[Franz-Helmut Gerhards](#), CDO, DAK-Gesundheit

## Tour 24: Startup meets Corporate

Category	Date	Time:	Location
Guided Tour	April 11, 2019	11:30 - 13:00	Central Foyer, Hall 3.2   4.2

The tour is promoted and conducted by Cluster HealthCapital Berlin-Brandenburg.

## 50 Years of the Electronic Patient File

Category	Date	Time:	Location
Workshop	April 11, 2019	13:15 - 14:15	_Box, Hall 1.2

This workshop will give an account of the beginnings of the electronic medical report and electronic patient file. Afterwards, follow-up projects such as

DOMINIG and BAIK as well as other developments up to the present day will be presented.

The second part of the workshop will discuss why previous developments were not put into practice or afforded the necessary attention, and were simply forgotten despite their concepts not being antiquated.

A discussion will take place on whether better progress could have been made with digitalising the healthcare system if early concepts and solutions had been pursued.

Further details can be found on the information pages for the third quarter on the [GMDS website](#) (see report "50 years of the electronic patient file", pages 15 and 16.)

This session is organised and held by German Association for Medical Informatics, Biometry and Epidemiology (GMDS) e. V.

**Moderation:**

[Prof. Paul Schmücker](#), Representative, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)

**Speaker:**

[Dr. Ralf Brandner](#), Executive board, InterComponentWare AG (ICW)

[Prof. Dr. Wolfgang Giere](#), Emeritus, Johann Wolfgang Goethe-Universität Frankfurt am Main

[Prof. Paul Schmücker](#), Representative, German Association for Medical Informatics, Biometry and Epidemiology (GMDS)

## David or Goliath? The Economic Impact of the Health IT Sector

Category	Date	Time:	Location
Talk	April 11, 2019	13:15 - 14:15	_Hub 2, Hall 2.2

There are high hopes that digitalising the healthcare system will help develop solutions to overcome current and future challenges in connection with affordable and quality healthcare in Germany. Digital healthcare solutions will make their way into every sector and in particular will become even more important in healthcare. For that reason it is imperative to make political decision-makers and healthcare stakeholders aware of the economic importance of healthcare IT as well as the current opportunities and challenges. In 2018 the German Association of Healthcare Vendors (bvitg) commissioned WifOR, an independent economic research institute, to carry out the first economic analysis of the healthcare IT sector in Germany in order to provide a statistical basis for future discussion. A dialogue session will take place at which these industry statistics and the findings of a survey conducted among bvitg-affiliated companies will be presented by WifOR GmbH. Afterwards, various industry representatives will analyse the results and deduce possible demands on policymakers.

This session is organised and held by the AG Market Research, The German Association of Health IT Vendors – bvitg e. V.

**Moderation:**

[Martina Götz](#), Head of Marketing Communication DACH, Agfa HealthCare GmbH

**Speaker:**

[Andreas Kassner](#), Board Member, German Association of Healthcare IT Vendors (bvitg)

[MinR Harald Kuhne](#), Director-General, Federal Ministry for Economic Affairs and Energy

[Benno Legler](#), WifOR

## Digital Tools for Care Givers

Category	Date	Time:	Location
Panel	April 11, 2019	13:15 - 14:15	_Hub 3, Hall 3.2

**Note: This session will be held in English.**

This session is organised and held by BiM - Federal Association of Internet Medicine.

**Moderation:**

[Lina Behrens](#), Director Digital Drugs, Flying Health

**Speaker:**

[Jürgen Besser](#), Managing Partner, MOIO GmbH

[Alexander Braunreuther](#), CEO, Aiderly GmbH

[Jasper Böckel](#), Founder & Managing Director, Myosotis

## Hacking, Doxing, Data Theft: Cybersecurity in the Healthcare Sector

Category	Date	Time:	Location
Panel	April 11, 2019	13:15 - 14:15	_Stage C, Hall 4.2

**Moderation:**

[Philip Schunke](#), Director of Idealism and Chief Contributor to Random Thoughts and Erratic Activity, Podcast: Gesundheit.Macht.Politik

**Speaker:**

[Dr. Georg Heidenreich](#), Technical Regulation & Standardization, Siemens Healthcare GmbH  
[Markus Holzbrecher-Morys](#), Deputy General Manager, German Hospital Federation  
[Robert Musick](#), Senior Innovation Developer, Bundesdruckerei GmbH Berlin  
[René Salamon](#), Unit CK 34, Senior Expert Health Sector, Federal Office for Information Security

## Intelligent Use of Data by MedTech: Digital Medical Technology in Diagnostics and Treatment

Category	Date	Time:	Location
Talk	April 11, 2019	13:15 - 14:15	_Hub 4, Hall 4.2

Industry experts examine what digital health solutions can potentially achieve and how they can support diagnostics and treatment. Furthermore, they will highlight the challenges that exist in putting these solutions into practice.

This session is organised and held by the German Association of Health IT Vendors – bvitg e. V. and the German Medical Technology Association (BVMed)

### Moderation:

[Juliane Pohl](#), The German Medical Technology Association (BVMed)

[Olaf Winkler](#), Head of Healthcare System Division, The German Medical Technology Association (BVMed)

### Speaker:

[Alexander Fröhlich](#), Director Market Access & Institutional Affairs, Abbott

[Jan Steinke](#), Market Access & Reimbursement Manager, BIOTRONIK Vertriebs GmbH & Co. KG

[Jana Storz](#), Business Management Processes, Global Marketing & Sales, Aesculap AG

[Caius Unterberg](#), Johnson & Johnson

[Mario Welte](#), Business Management Digital Operation, Global Marketing & Sales, Aesculap AG

## Meet2Match

Category	Date	Time:	Location
Matchmaking	April 11, 2019	13:15 - 14:15	_Hub 1, Hall 2.2

What used to be the Career Speed Networking event is now Meet2Match: an innovative forum for a quick exchange of ideas between young professionals and companies in healthcare IT.

The rules are simple:

Students, graduates and young professionals can meet with companies from various areas of healthcare IT, and each of them has five minutes for a face-to-face discussion. There is no fixed sequence or specifications regarding the discussions, and the participants can spontaneously search for discussion partners during the event.

Hospitals and groups of clinics that are not among the exhibitors at DMEA 2019 again form part of the Meet2Match this year.

The following companies have confirmed their participation:

NEXUS AG  
Projektron GmbH  
MedVision AG  
Sopra Steria Consulting  
KAIROS GmbH  
caresyntax GmbH  
m.Doc GmbH  
Saatmann GmbH & Co. KG  
RAYLYTIC GmbH  
DMI GmbH & Co.KG  
Rhenus Office Systems GmbH  
VISUS Health IT GmbH  
CompuGroup Medical SE  
medatixx GmbH & Co. KG  
Sana IT Services  
Meierhofer AG  
arxes-tolina GmbH

### Moderation:

[Kim Becker](#), Project Manager Interoperability & Standardisation, German Association of Health IT Vendors – bvitg e. V.

## Tour 25: Apps & Wearables

<b>Category</b> Guided Tour	<b>Date</b> April 11, 2019	<b>Time:</b> 13:15 - 14:15	<b>Location</b> Central Foyer, Hall 3.2   4.2
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Wearables, apps and smart services are revolutionising communication between patients, doctors, health insurances, insurance companies and the pharmaceutical industry. What impact these developments have, in particular the emancipation of patients now able to collect their own health records, for example, cannot be fully quantified yet. What is clear is that new solutions must take professional treatment and diagnostics into account while directly involving the patient.

## Tour 26: Electronic Patient Record

<b>Category</b> Guided Tour	<b>Date</b> April 11, 2019	<b>Time:</b> 13:15 - 14:15	<b>Location</b> Central Foyer, Hall 3.2   4.2
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In order to provide quality medical care which makes responsible use of existing healthcare resources access is needed to complete and centralised documentation, the basis for which is the electronic patient record. This can be maintained by either patients or doctors. Sensible solutions already exist.

## Tour 27: Telemedicine

<b>Category</b> Guided Tour	<b>Date</b> April 11, 2019	<b>Time:</b> 13:15 - 14:15	<b>Location</b> Central Foyer, Hall 3.2   4.2
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The annual summit of German physicians voted for the abolition of exclusive treatment by face-to-face contact. Physicians will hence be able to treat patients via video conference without prior personal contact. The most recent legislation on care ("Pflegepersonal-Stärkungs-Gesetz") is expected to push forward digital applications in care settings.

## 1st year of Medical Informatics Initiative: Results and Perspectives

<b>Category</b> Panel	<b>Date</b> April 11, 2019	<b>Time:</b> 13:15 - 14:45	<b>Location</b> _Stage A, Hall 1.2
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There is great potential in the networking of routine medical healthcare data and cutting-edge medical research: both for improvements in medical treatment and for efforts to increase the attractiveness of Germany as a business and science location.

By 2021, in the context of its medical informatics initiative (MII), the German Federal Ministry of Education and Research (BMBF) will have provided funds of more than € 150 million for the improvement of research activities and patient care by the introduction of innovative IT solutions.

In four funded consortia, nearly all the institutions of medical faculties at German universities at more than 30 locations will be cooperating with research institutions, commercial enterprises, health insurers and patient representatives to develop a framework for the use of research findings for the direct benefit of patients. The plan is to make the exchange and use of healthcare, clinical and biomedical research data possible across all institutions and sites. Data protection and data security have top priority here.

BMBF, the four funded consortia DIFUTURE, HiGHmed, MIRACUM and SMITH as well as the MII coordination office will be presenting the initial results of this project at DMEA and will also be providing an outlook on what steps are intended next.

This session is organised and held by the Technology and Method Platform for Networked Medical Research (TMF), the Association of German University Clinics (VUD) and the German Medical Faculty Day (MFT).

### Moderation:

[Dr Ben Illigens](#), VUD, UniMedIT

[Sebastian Claudius Semler](#), Scientific Director, Technology, Methods and Infrastructure for Networked Medical Research (TMF)

### Speaker:

[Dr. Danny Ammon](#), Head of the Data Integration Center, Jena University Hospital

[Christian Luft](#), State Secretary, Federal Ministry of Education and Research

[Martin Peuker](#), Chief Information Officer, Charité – Universitätsmedizin Berlin, Berlin Institute of Health (HiGHmed)

[Fabian Prasser](#), Technical Coordinator DIFUTURE, TUM – Technical University of Munich

[Prof. Martin Sedlmayr](#), Chair for Medical Informatics, TUD Technical University of Dresden, Medical Informatics in Research and Care in University Medicine (MIRACUM)

[Sebastian Claudius Semler](#), Scientific Director, Technology, Methods and Infrastructure for Networked Medical Research (TMF)

## Big Data and Artificial Intelligence from a Systems Medicine Perspective

Category	Date	Time:	Location
Workshop	April 11, 2019	14:30 - 15:30	_Box, Hall 1.2

Big Data approaches, and in particular techniques from artificial intelligence, such as deep learning, have spurred dramatic innovation in many fields, including biomedicine. Yet, such approaches frequently focus on prediction, while a comprehensive systems medicine approach requires modeling and understanding of underlying biological mechanisms. To provide a perspective on what a unified approach could look like, the board of the subject area "Medical Bioinformatics and Systems Biology" of the GMDS has organized this workshop, highlighting exemplary applications and providing a discussion forum.

This session is organised and held by the German Association for Medical Informatics, Biometry and Epidemiology (GMDS) e. V.

**Moderation:**

[Prof. Harald Binder](#), Head of Institute for Medical Biometry and Statistics, University Hospital Freiburg

**Speaker:**

[Prof. Niels Grabe](#), Head Tissue Imaging & Analysis Center, University of Heidelberg

[Prof. Dr. Ralf Hofestädt](#), Head Bioinformatics Department, University of Bielefeld

## Digital instruments in patient-oriented research

Category	Date	Time:	Location
Keynote	April 11, 2019	14:30 - 15:30	_Stage C, Hall 4.2

Die Bundesregierung hat im vergangenen Jahr das neue Rahmenprogramm Gesundheitsforschung beschlossen. Ziel ist es, Innovationen schneller zu den Menschen zu bringen. Die Session „Digitale Instrumente der patientennahen Forschung“ zeigt das Potential der schnellen Überführung von wissenschaftlichen Erkenntnissen in digitale Lösungen für die praktische Patientenversorgung am Beispiel der Demenzforschung.

So lange wie möglich zu Hause leben – das ist der Wunsch vieler Menschen mit Demenz. Um dies zu ermöglichen, haben Forscherinnen und Forscher des DZNE ein computergestütztes Verfahren entwickelt, das individuelle Lücken in der Versorgung von Patientinnen und Patienten aufdeckt. Eine Schlüsselrolle tragen besonders qualifizierte Pflegefachkräfte. Sie besuchen die Betroffenen zu Hause und erfassen per umfangreicher Befragungen mit Hilfe von Tablet-PCs deren Versorgungssituation. Anhand dieser Angaben erstellt ein Computerprogramm auf Basis eines wissenschaftlichen Kriterien- und Maßnahmenkatalog für eine möglichst optimale Versorgung von Menschen mit Demenz spezifische Handlungsempfehlungen für die Hausärztinnen und Hausärzte.

Anschließend stellt Prof. Dr. Emrah Düzel (Universitätsklinikum Magdeburg) die NEOTIV-App zum Monitoring und frühe Diagnose kognitiver Einschränkung vor. Die Forschungsgruppe untersucht mit Hilfe von modernster Bildgebung die Entstehung und den Verlauf von Alzheimer-Demenzkrankungen und deren Prävention. Basierend auf diesem Wissen entwickelt das Team neue digitale Testverfahren. So kann das Demenzrisiko frühzeitig geschätzt werden. In Zusammenarbeit mit dem Startup neotiv wurden diese wissenschaftlichen Testverfahren in eine digitale App integriert. Damit soll die Versorgung von Patienten mit Gedächtnisproblemen verbessert und eine kostengünstige Therapiestratifizierung sowie ein besseres Therapiemonitoring ermöglicht werden.

**Moderation:**

[Stefan Rabe](#), Leiter Kommunikation und Public Affairs, TMF - Technology, Methods and Infrastructure for Networked Medical Research

**Speaker:**

[Prof. Dr. Emrah Düzel](#), Direktor des Instituts für Kognitive Neurologie und Demenzforschung, Universitätsklinikum Magdeburg

[Dr. Armin Keller](#), Research Associate, German Centre for Neurodegenerative Diseases

## Digitalisation and Hygiene – Hand in Hand

Category	Date	Time:	Location
Talk	April 11, 2019	14:30 - 15:30	_Hub 2, Hall 2.2

Every year, 4.5 million people suffer from a hospital infection in Europe. Improving hand hygiene is a key prevention measure. The IoT system NosoEx is the digital assistant to optimize hygiene-relevant processes.

New learning in medicine. As an innovative provider of meduplus Smart Learning, meduplus improves the training of legally prescribed learning content, as e-learning or blended learning events. The content is offered with the help of a powerful software solution (as a service) that recognises previous knowledge, is fun and gives employees the flexibility they need to learn in the healthcare industry. Meduplus stands for more individuality, efficiency and practical relevance in continuing medical education.

**Moderation:**

[Maria Grunwald](#), TV Journalist, Deutsche-Welle Television

**Speaker:**

[Nikolas Fleischhut](#), Project Manager, meduplus GmbH

## Electronic Patient File – Confusion or is Everything Interoperable?

Category	Date	Time:	Location
Panel	April 11, 2019	14:30 - 15:30	_Hub 4, Hall 4.2

Currently one of the most prominent IT issues in the German healthcare system is that of the electronic patient file. In addition to the existing facilities available from various industrial enterprises, last year various health insurance providers also started offering electronic patient files to people insured with them.

Within the scope of the E-Health Law an order was placed with gematik to specify the framework conditions for electronic patient files and to find a way of safeguarding the exchange between various electronic patient files and the primary systems.

Under the provisions of the Appointments Service and Care Law (TSVG), by 2021 health insurers have to be able to offer a gematik-certified electronic patient file to people insured with them.

By the end of December 2018 the first version was released by gematik for implementing the required specifications. Whereas the gematik specifications focus on such aspects as access authorization, especially in dealing with out-patients, for the in-patient sector there are a number of in-house initiatives, in particular among larger clinical networks such as Helios and Vivantes. All the files have one objective, that of providing patients with data about their treatment, which leads to lasting improvements in care.

However, the pathways chosen in arriving at these solutions could not be more different. In order to make it possible to enter the data, all electronic patient files must be connected to the various primary systems.

To achieve this, in early September 2018, the German Association of Health IT Vendors – bvitg e. V. issued a standardized, IHE-compliant recommendation for interfaces.

But who can see their way through this jungle of files, and what degree of interoperability exists between the various solutions and with existing primary systems? Service providers, standardization experts and representatives of industry and self-regulation will be addressing these issues in a fascinating round of discussions.

This session is organised and held by the Working Group Interoperability and Standardisation of the German Association of Health IT Vendors – bvitg e. V.

### Moderation:

[Dr Samrend Saboor](#), Vendor Co-Chair, IHE Deutschland e.V.

### Speaker:

[Dr. Ralf Brandner](#), Executive board, InterComponentWare AG (ICW)

[Andreas Hempel](#), Head of Development and eHealth, Helios IT Service

[Mark Langguth](#), Head of Product Management, gematik

[Michael Meilutat](#), Lead Solution Design, Cerner

[Jens Naumann](#), CEO, medatixx GmbH & Co. KG

## Entering the German Health IT Market – Best Practices and Industry Insights

Category	Date	Time:	Location
Panel	April 11, 2019	14:30 - 15:30	_Hub 3, Hall 3.2

In this session, international Health IT companies and representatives of hospitals discuss what it takes to enter the German market.

Topics include how to best navigate the fragmented German healthcare industry. What business models are more likely to be successful? How do you find partners, e.g. for clinical trials?

This session focuses on the opportunities and challenges of the German Health IT market and reveals what hospitals and clinics expect from Health IT providers.

### Note: This session will be held in English.

This session is organised and held by Germany Trade and Invest - Gesellschaft für Außenwirtschaft und Standortmarketing mbH.

### Moderation:

[Dr. Marcus Schmidt](#), Director Chemicals & Healthcare, Germany Trade and Invest

### Speaker:

[José Luis Araya Oyanedel](#), Assistant Director of Business, Sistemas Expertos

[Dr. Wolfgang Kniejski](#), Access-to-Market Lead Digital Infrastructure & Finance, European Institute of Innovation & Technology (EIT)

[Dr. Pierre-Michael Meier](#), Association of German Economics (bdvb), European Association of Hospital Managers (EAHM)

[Dr. Axel Paeger](#), Founder & CEO, AMEOS Group

[Dr. Werner Pauls](#), IT Consultant, Ex CIO UKSH

## Forschung und Datenschutz - Zeit neu zu denken?

Category	Date	Time:	Location
Panel	April 11, 2019	14:30 - 15:30	_Stage B, Hall 2.2

Gesundheit in Zeiten von BIG DATA, Machine Learning und Künstlicher Intelligenz: Medizinische Forschung ist auf hochwertige Patientendaten angewiesen. Diese Daten müssen einem hohen Datenschutzniveau unterliegen. Dieses sicherzustellen ist für Wissenschaftler der einzige Weg, langfristig das Vertrauen der Patienten für und in die Forschung zu gewinnen. Der Datenschutz und die Anforderungen der Wissenschaft dürfen dabei nicht gegeneinander ausgespielt werden. Vielmehr sollten beide im Einklang miteinander zum Wohl der Patienten genutzt werden. Nur so lassen sich die Chancen und Versprechen des digitalen Zeitalters auch im Bereich der medizinischen Forschung umsetzen, ohne dabei das Recht auf informationelle Selbstbestimmung zu revidieren.

Aber wie sieht die derzeitige Lage aus? Wird Innovation ausgebremst, Forschung und Wachstum behindert und die bestmögliche medizinische Versorgung verhindert? Was ist zu tun? Wo gibt es Grenzen? Wir diskutieren mit Experten aus Politik, Forschung und der Gesundheitswirtschaft über Möglichkeiten, Risiken und Wege in eine neue Forschungswelt!

Diese Session wird von der FDP-Bundestagsfraktion organisiert und durchgeführt.

### Moderation:

[Prof. Dr. Andrew Ullmann](#), Obmann im Gesundheitsausschuss, Deutscher Bundestag

### Speaker:

[Dr Mario Brandenburg](#), Chairman of the Enquiry Commission on Artificial Intelligence, German Bundestag

[Dr Axel Diefenbach](#), Global Data Privacy Business Partner for Research & Development, Bayer AG

[Dr Sabine Grapentin](#), Legal & Compliance, Siemens Healthcare GmbH

[Dr Andreas Kosmider](#), Leiter Bereich Strategische Initiativen, Helmholtz-Gemeinschaft Deutscher Forschungszentren e.V.

## Tour 28: Digital Patient Empowerment

Category	Date	Time:	Location
Guided Tour	April 11, 2019	14:30 - 15:30	Central Foyer, Hall 3.2   4.2

The aim of patient empowerment is to strengthen the role of patients by providing them with information, enabling them to actively participate, and involving them in decision-making processes. The aim is to involve the patient more in the treatment and decision-making process. Digitisation in the healthcare system plays an important role in this context, as patient empowerment involves patient websites, apps and mobility solutions. The aim of the tour is to show what patient empowerment can achieve in nursing care and how technology can be efficiently incorporated into medical care without ignoring the need for social contact.

## Tour 29: Newcomers

Category	Date	Time:	Location
Guided Tour	April 11, 2019	14:30 - 15:30	Central Foyer, Hall 3.2   4.2

Healthcare institutions everywhere are lamenting an extreme shortage of young job applicants. The industry offers students a wide range of job prospects and just as many opportunities for launching their careers. With this tour, DMEA takes newcomers directly to the stands of exhibitors so that they can get to know the industry, the players and the various opportunities and possibilities for embarking on a career. The aim is for institutions to paint a positive picture of the industry as a potential future employer.

## Tour 30: Mobile Health

Category	Date	Time:	Location
Guided Tour	April 11, 2019	14:30 - 15:30	Central Foyer, Hall 3.2   4.2

Mobile devices such as smartphones and tablets can be found almost everywhere, including in medical care. Currently, numerous tried and tested applications exist that can aid the work of doctors and nurses and optimise processes throughout the medical care phases. The possibility for employing them in completely new areas of application also exists.

## “Hello, it’s me: your colleague from healthcare IT“ – Recipes for Success and Survival Strategies

Category	Date	Time:	Location
Talk	April 11, 2019	14:30 - 15:30	_Hub 1, Hall 2.2

Oh yes, this is indeed the case: female role models in sectors that have traditionally been dominated by men. They demonstrate that it is certainly possible for a woman (possibly coming from another industry) to make a career for herself in healthcare IT. How to succeed as a "flamingo among penguins" is something that we will be discussing together with management staff, newcomers to the ranks of management and all those who aspire to such positions.

This session is organised and held by The German Association of Healthcare IT Vendors – bvitg e. V. and the Friedrich-Naumann Foundation for Freedom.

### Moderation:

[Jessica Birkmann](#), Governmental Affairs, German Association of Health IT Vendors (bvitg)

### Speaker:

[Nicole Bauer](#), Women’s political spokeswoman, FDP Parliamentary Group in the Bundestag

[Daniela P. Chase](#), Sr. Project Manager Population Health Management, Philips GmbH Market DACH

[Nicole Cienskowski](#), Account Manager GKV & Healthcare, Capgemini

[Jessica Hanneken](#), Deputy Director, Deutsche Apotheker- und Ärztebank

[Anja Stahr](#), Marketing Manager, Rhenus Office Systems GmbH

## DMEA-Closing

Category	Date	Time:	Location
Get-together	April 11, 2019	15:45 - 16:45	_Hub 4, Hall 4.2