Provision of effective health care for a growing and aging global population represents a major challenge for economies all over the world. New research breakthroughs in medical technology and pharmaceuticals are promising undreamed-of possibilities of well-directed early diagnostics and treatment of diseases at the same time. Additionally, rapid digitalization provides room for more efficiency and effectiveness across all branches of health care.

In order to use the potential of these advances in the interest of patients and stakeholders in a more effective manner, it is worth rethinking existing structures and processes in health care and defining new improved ones. With its conceptual approach of a *Boundaryless Hospital in (Responsible) Health Care Networks*, this year’s CASiM Conference will focus on an expansive draft solution and discuss it with distinguished researchers from the fields of economics and medicine. Core topics include innovative chains of value creation, efficiency and quality management as well as smart technologies. The dialog with prominent representatives from the health care sector at the beginning and conclusion of this international conference aims at examining the relevance of the latest scientific findings as well as exploring new forms and possibilities of cooperation in networks.

The members of the CASiM Executive Board are looking forward to your participation and input and wish for an exciting conference with many new insights and encounters.

Horst Albach
Heribert Meffert
Andreas Pinkwart
Ralf Reichwald

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* Notice in accordance with FSA code of conduct: Pfizer supports this conference with 5.000 EUR
## PROGRAM

### June 11, 2014

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| 5.00 p.m. | **WELCOME AND OPENING**  
Prof. Dr. Andreas Pinkwart (Dean of HHL Leipzig Graduate School of Management) |
| 5.15 p.m. | **I. KEYNOTE SPEECHES: Great Challenges of Health Care in the 21st Century**  
*Global Trends and Challenges in the Health Care Sector*  
Dr. Nicolaus Henke (Director Healthcare Systems & Services, McKinsey and Company, Inc.) |
| 5.45 p.m. | **Innovative Health Care Strategies**  
Dr. Ulf M. Schneider (Chairman of the Management Board, Fresenius Group) |
| 6.15 p.m. | **New Developments in Medical Technology**  
Wolfgang Bayer (CEO, Healthcare Deutschland, Siemens AG)  
Jozsef Bugovics (Co-Founder of SPI Surgical Process Institute GmbH) |
| 7.15 p.m. | **Comments from a Transatlantic Perspective**  
Dr. Jack Janes (President, American Institute for Contemporary German Studies, John Hopkins University) |
| 7.30 p.m. | **RECEPTION** |

### June 12, 2014

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| 9.00 a.m. | **WELCOME AND INTRODUCTION**  
Prof. Dr. Andreas Pinkwart (Dean of HHL Leipzig Graduate School of Management) |
| 9.05 a.m. | **II. PLENARY PANEL: Contributions of Health Care Economics to the Realignment of the Hospital**  
*Chair:* Prof. Dr. Liv Jaeckel (HHL Leipzig Graduate School of Management)  
*New Chains of Value Creation*  
PD Dr. Sören Eichhorst (McKinsey & Company, Inc.)  
*Efficiency and Quality Management: How People and Innovative Products Leverage Clinical Processes*  
Prof. Dr. Dr. Wilfried von Eiff (HHL Leipzig Graduate School of Management)  
*Personalized Medicine Realigns the Health Care System*  
Prof. Dr. Manfred Dietel (Charité – Universitätsmedizin Berlin) |
| 10.30 a.m. | **Coffee Break** |
| 11.00 a.m. | **III. PLENARY PANEL: Medical Requirements for the Hospital of the Future**  
*Chair:* Prof. Dr. Frank Emmrich (Universitätsmedizin Leipzig)  
*Challenges of the Hospital in New Value Chains for Cancer Treatment*  
Prof. Dr. Michael Hallek ( Universitätsklinikum Köln)  
*Rethinking Acute Care Medicine on the Example of Heart Attack*  
Prof. Dr. Friedrich-Wilhelm Mohr (Herzzentrum Leipzig)  
*Health Networks in the Treatment of Stroke*  
Prof. Dr. Matthias Endres (Charité – Universitätsmedizin Berlin)  
*Requirements of the Hospital for Effective Treatment of Epilepsy*  
Prof. Dr. Christian E. Elger (Universitätsklinikum Bonn) |
| 12.30 p.m. | **Lunch Break** |
## IV. PARALLEL PANELS: Recent Research Findings on the Hospital of the Future

### Panel 1: New Chains of Value Creation and Health Networks

**Chair:** Prof. Dr. Heribert Meffert

**User Innovation in Health Care Networks**
Dr. Hagen Habicht (HHL Leipzig Graduate School of Management)

**Burden of Disease: “How MRSA Cross-Border Networks Contribute to Patient Outcome, Medical Quality and Cost Savings”**
Dennis Haking, MSc (University of Münster)

**Creating a Collective Intelligent Patient Online Community: A Case Study for Inflammatory Bowel Disease**
Jermain Kaminski (MIT Center for Collective Intelligence & Witten/Herdecke University)

### Panel 2: Efficiency and Quality Management

**Chair:** Prof. Dr. Horst Albach

**Leveraging the Value for Health Care Providers Using Clinical Workflow Analytics**
Dr. Eva Gattnar (Siemens AG)

**International Comparison of Efficiency of Public and Private Hospitals – A Meta-Analysis**
Wiebke Schüttig, MSc (LMU München)

**Contracting out of Cleaning and Quality Shading in UK Acute Hospitals**
Dr. Shimaa Elkomy (University of Surrey)

### Panel 3: Electronic Health Care

**Chair:** Prof. Dr. Ralf Reichwald

**Facilitating Innovation Sharing and Diffusion Among Patients: the Case of the Patient Innovation Platform**
Leid Zejnilovic (CATÓLICA-LISBON School of Business & Economics)

**Identifying Adoption Processes for e-Health Services**
Dr. Isabel Schmidt (Bayreuth University)

**The Role of Technology and Community Management in Healthcare Crowdsourcing Projects**
Prof. Dr. Angelika Bullinger-Hoffmann (Technical University of Chemnitz) Catharina van Delden (Innosabi GmbH)

### 3.15 p.m.

Coffee Break
V. DISCUSSION PANEL: Reflections of Decision Makers from the Health Care Sector on the Hospital of the Future

3.30 p.m.  **Chair:** Prof. Dr. Wilfried von Eiff (HHL Leipzig Graduate School of Management)
Prof. Dr. Wolfgang E. Fleig (Chairman of the Board, Universitätsklinikum Leipzig)
Dr. Steffen Hehner (Director, Healthcare Systems & Services, McKinsey & Company, Inc.)
Dr. Michael Meyer (Vice-President Health Policy/ Vice-President National Account Management, Healthcare Deutschland, Siemens AG)
Dr. Andreas Penk (Head Pfizer Oncology Europe/ AfME, Chairman of the Board of Pfizer Germany)
Prof. Dr. Alexander Schachtrupp (Director, B. Braun Foundation)

5.00 p.m.  **CONCLUSION:** Prof. Dr. Andreas Pinkwart (Dean of HHL Leipzig Graduate School of Management)

5.15 p.m.  End of Conference

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**The Organizing Committee**

Prof. Dr. Dr. h.c. mult. Horst Albach (Professor Emeritus, Humboldt-University Berlin, Board Member of CASiM)

Prof. Dr. Dr. h.c. mult. Heribert Meffert (Professor Emeritus and Director Emeritus of the Marketing Center Münster at the University of Münster, Board Member of CASiM)

Prof. Dr. Andreas Pinkwart (Dean of HHL Leipzig Graduate School of Management, Stiftungsfonds Deutsche Bank Chair of Innovation Management and Entrepreneurship at HHL Leipzig Graduate School of Management, Board Member of CASiM)

Prof. Dr. Prof. h.c. Dr. h.c. Ralf Reichwald (Professor Emeritus at the Technische Universität München, Academic Director of the research center CLIC at HHL Leipzig Graduate School of Management, Board Member of CASiM)
II. Plenary Panel

Contributions of Economics to the Realignment of the Hospital

New Chains of Value Creation
by PD Dr. Sören Eichhorst (McKinsey & Company, Inc.)

Current hospital organizations are often comprised of multiple boundaries, resulting in a major gap between medical evidence and clinical practice. The existence of these boundaries has significant implications - impaired clinical excellence, reduced financial performance, and organizational setups that are sub-optimally equipped to cope with future trends and challenges. Value is the key term for the global healthcare industry – essentially in a crisis today – to bridge the gap between the rising costs of the care provision and ensuring the highest quality of care. In order to capture the highest value for hospitals in a growing healthcare industry, these issues have to be addressed and boundaries in hospitals need to be overcome. There are five major trends which drive hospitals towards a higher level of value creation. First, the patient experience needs to be recognized as a critical matter that can also be monetized. Second, the focus on value improvement in hospitals is important and will be rewarded. Third, the healthcare industry is starting to converge towards a provider/payer/life science continuum, which will significantly affect the care provision in hospitals and open up new opportunities for value creation. Fourth, new technologies and the full exploitation thereof will be equally important for higher value creation in the inpatient care provision. Fifth, innovative hospital concepts that are on the horizon lead the way and disrupt current chains of value creation, resulting in higher impact for all involved stakeholders. These multiple value creation opportunities ranging from maximizing value in existing systems, operational excellence, and consolidation through harvesting the benefits of new technology and innovative delivery models to the actual rethinking and redefining of the hospital care provision will unfold and develop over time.

Efficiency and Quality Management: How People and Innovative Products Leverage Clinical Processes
by Prof. Dr. Dr. Wilfried von Eiff (HHL Leipzig Graduate School of Management)

Most hospitals in Europe are currently facing the same opportunities and threats. The phenomenon of the Aging Society in combination with the spread of chronic diseases and severe illnesses is causing an increase in demand for medical services with more intensive treatment for multi-morbid patients. Also, patients are becoming more demanding. They expect high-class medicine within a dignity-driven and painless healing environment. In the face of these increased demands, the financial limits have already been reached in all European countries. Therefore, hospitals will suffer from ever-increasing budget restrictions, which ultimately entail pressure to contain costs and to apply process reengineering and continuous performance improvement.

Benchmarking and best practice management are proven management tools for enabling hospitals to achieve a higher level of medical quality, patient outcome and service capability while simultaneously containing costs. Such a daunting constellation of objectives can only be pursued through efficient performance processes, whose output corresponds to patients’ expectations and where the use of resources is optimal (meaning without wasted time, financial resources, materials, etc). Simultaneously, it is important to bear in mind that a given hospital can secure a strong and lasting competitive position through an innovative configuration of medical and performance-based offerings.
Furthermore, especially in Germany hospitals suffer from a perceptible shortage of medical doctors, nurses and technicians. The “Generation Y” requires new types of division of work, prefers to work in teams, does not accept power-based authority and aims to ensure a work-life-balance. Under these conditions hospital managers are forced to organize controlled clinical processes, based on qualified staff, innovative medical products and intelligent organizational approaches that are able to gain outstanding results in terms of medical quality, economy and patient outcome.

After this presentation the conference attendees:

- will have a deep insight in the nature of “lean” clinical processes (patient-centered and waste avoiding),
- will recognize the importance of cross-occupational cooperation and delegation of tasks, responsibilities and competencies from physicians to nurses (“Delegation Cascade”),
- will understand how principles of medical ethical conduct (first do no harm to the patient’s dignity; patient’s autonomy and informed consent) do influence the organizational design of clinical processes as well as purchasing decisions pertaining to medical products and devices and
- will be able to identify and assess international best practices in Human Resource Management and Business Process Reengineering.

**Personalized Medicine Realigns the Health Care System**

*by Prof. Dr. Manfred Dietel (Charité – Universitätsmedizin Berlin)*

Many functionally important fields of the complex organization of big hospitals are already handled or, to be precise, partly supported by electronic systems. However, the complexity of structural medical workflows is extremely high and the necessity to adapt many steps and measures to individual, patient-orientated needs makes the challenge even greater. This is particularly true for university hospitals since research activities, such as clinical studies, translational research etc. have to be integrated without hampering medical treatment.

To the knowledge of the author, there exists no electronic system, which is able to handle all or almost all of the diverse medical and non-medical areas, such as administration of personnel, billing, accounting etc. The same is even more relevant for all the medical activities, such as digitized radiology and pathology, support of surgery, cardiology, gynecology etc., which have to communicate smoothly with each other.

The challenge of the next couple of years will be to develop integrative medical information systems, which can be established in a stepwise manner to end up with an intelligently all-inclusive electronic hospital system to come nearer to a boundaryless hospital.
III. Plenary Panel
Medical Requirements for the Hospital of the Future

Challenges of the Hospital in New Value Chains for Cancer
by Prof. Dr. Michael Hallek (Universitätsklinikum Köln)

*was not available by printing deadline*

Rethinking Acute Care Medicine on the Example of Heart Attack
by Prof. Dr. Friedrich-Wilhelm Mohr (Herzzentrum Leipzig)

*was not available by printing deadline*

Health Networks in the Treatment of Stroke
by Prof. Dr. Matthias Endres (Charité – Universitätsmedizin Berlin)

*was not available by printing deadline*

Requirements of the Hospital for Effective Treatment of Epilepsy
by Prof. Dr. Christian E. Elger (Universitätsklinikum Bonn)

The aging population of all industrial nations including China results in a dramatic increase of almost all diseases. The neurological illnesses like Stroke, Dementia and other neurodegenerative diseases and Epilepsy cause problems on two levels: firstly, they rise in number progressively with age and secondly, the diseases cause a considerable demand for care. Both factors are expected to cause an economic burden resembling that of the climate catastrophe. The published facts seem to be ignored by politicians. Additionally, due to the problem of demonstrating efficacy with newly developed drugs in dementia and other neurological diseases, the pharmaceutical industry faces difficulties in achieving a positive return on investment and is therefore reducing investments in this field.

The increasing high level research in neurological disorders made obvious that diagnostic and therapeutic achievements are very cost intensive and require a high-tech technology and expertise. Therefore it is neither economically nor practically viable to provide them everywhere. One possible concept to generate a security of supply is networks in which high level institutions serve as “peers” for not so well equipped clinics and hospitals. However, at the moment there is still a huge resentment in clinical medicine accepting the expertise of a colleague or an institution as being superior. Together with non-existing payment structures innovative programs are missing or restricted to a small number of patients despite large investments. Based on the example of “epilepsy”, the proposals for solutions will be illustrated.
V. Parallel Panels
Recent Research Findings on the Hospital of the Future

Panel 1: New Chains of Value Creation and Health Networks chaired by Prof. Dr. Heribert Meffert

User Innovation in Health Care Networks*
by Dr. Hagen Habicht (HHL Leipzig Graduate School of Management)

We investigate the motives and activities of individual user innovators in healthcare, focusing on patients of various diseases. More specifically we investigate the role of patients in the development of new treatments, therapies or medical devices (TT&MD). Whereas producers typically benefit from commercializing innovations, user innovations are, by definition, developed by those who intend to use them. In health care, patients are one possible group of user innovators since they expect to benefit from using the solutions they self-develop. We draw upon and complement previous work of Shcherbatiuk and Oliveira (2012), Oliveira, vonHippel and DeMonaco (2011) and Oliveira (2012) that found that patients and family members display innovative capabilities and have developed a significant number of TT&MD for themselves (e.g. about 50% of TT&MD for Cystic Fibrosis were developed by the patients). The knowledge of affected people about the disease holds important potential for the health care sector, but the main players have – for several reasons – been hesitant to integrate them into their development processes. Given these circumstances, patients themselves have a strong incentive to innovate. We draw on path creation theory (Garud and Karnøe 2001) for analyzing a number of new therapies and medical devices developed by patients (i.e. user innovators), including the case of electronic trousers that help paraplegics to stand and walk; the injection port, a medical device for diabetes patients who need daily injections, and the shower shirt, to protect mastectomy patients from post-surgical infection, among other. We identify three particular mechanisms (i.e., rare conditions, strong constraints on daily life, and dead end situations) that systematically produce inappropriateness in health care provision as perceived by the patient. Furthermore, we identify four individual innovation strategies that patients used to transform their needs into innovations. Last, we show that by changing their role once – from patient to patient-innovator – individuals were able to help themselves, and by changing it again – from patient-innovators to producers of medical devices – they succeeded in helping many others and in finding a way to add their valuable contribution to the existing health care system.


Burden of Disease: “How MRSA Cross-Border Networks Contribute to Patient Outcome, Medical Quality and Cost Savings“
by Dennis Haking, M.Sc. (HHL Leipzig Graduate School of Management and University of Münster)

Annually there are approx. 600.000 nosocomial infections in Germany. Many of them are caused by the pathogenic agent Methicillin-Resistant Staphylococcus Aureus (MRSA). The spread of MRSA is fostered by the inappropriate use of antibiotics over the past 20 years. MRSA leads to prolonged and severe courses of disease, which has labour-intensive and expensive consequences. To prevent the spread of MRSA in health
facilities and in the community cross-sectoral cooperation has to be forced. Networks can help to cope with MRSA-associated problems effectively.

A look on the European map shows, that the MRSA-rate, which is defined as the share of MRSA isolates within the Staphylococcus Aureus isolates obtained from blood cultures, differs from region to region. Compared to the Netherlands and the Scandinavian countries with relatively low MRSA rates of 1 to 5%, the countries from Southern Europe like Portugal, Italy, Greece or Malta reach rates up to 50% or even higher. Germany is located in the mid-level with a MRSA-rate of 21%.

To take into account that germs are not constrained by borders and to ensure a safe cross-border patient flow, the Network MRSA-net in the EUREGIO region Gronau (GER) – Enschede (NL) was founded in 2005. Until now it expanded along the whole border of Germany and the Netherlands and currently operates under the name EurSafety Health-net.

By adopting many items of the Dutch Search & Destroy policy, the German healthcare institutions achieved many successes in preventing hospital infections and improving the patient safety.

Creating a Collective Intelligent Patient Online Community: A Case Study for Inflammatory Bowel Disease
by Jermain Kaminski (MIT Center for Collective Intelligence & Witten/Herdecke University)

The aim of this presentation is to (1) showcase an approach to measure communication patterns and sentiments within an online community of Inflammatory Bowel Disease (IBD) patients, (2) to analyze the enablers and incentives for a better connectedness, and (3) to prototype the design of a collective intelligent online patient network. Alongside this structure, a model for the case of IBD is presented that evolved from network analysis to the currently developed mobile application “YouMeIBD”.

“YouMeIBD” applies matching algorithms to better connect patients both virtually and locally. Considering quiz data, mutual interests and overlapping disease experiences as signals of homophily, the platform aims to provide a place to feel comfortable while sharing or collectively sorting relevant information. Below the line, all mechanisms aim to improve the diffusion of innovation by increasing the network density, psychological wellbeing and mutual trust. Initially targeted for the Inflammatory Bowel Disease / Crohn’s Disease community, YouMeIBD is intended to be a non-profit prototype, to be extended to other chronic disease groups.

Panel 2: Efficiency and Quality Management chaired by Prof. Dr. Horst Albach

Leveraging the Value for Health Care Providers Using Clinical Workflow Analytics
by Dr. Eva Gattnar (Siemens AG)

Driving clinical Information Technology (IT) has been a priority for many large health care organizations like hospitals, partly due to IT’s capability as a powerful tool for not only monitoring patient safety and satisfaction in the care delivery settings, but also in helping organizations rapidly achieve clinical, operational
and financial efficiency. For a number of organizations, IT investments have been primarily focused on infrastructure developments such as implementing transactional systems, either for back office operations including finance and billing, or on direct patient care in hospital departments like radiology. Often clinical processes are supported by the clinical IT systems but lacking at the same time process quality focus. Extracting additional data from involved clinical IT systems for process and workflow improvements build tremendous possibilities for process improvements based on workflow analysis and lead to new applications for health care enabling leveraging the “value” for health care providers.

In this contribution, first the relevant terms like process quality, process quality improvement and workflows are introduced. Based on this, nowadays challenges in health care are presented leading to the explanation of “value” in health care. Finally, practical implications for increasing the “value” through clinical workflow analytics are given - based on concrete healthcare applications describing a new area of analytics applications within health care organizations like hospitals.

**International Comparison of Efficiency of Public and Private Hospitals – A Meta-Analysis**
by Wiebke Schüttig, M.Sc. (LMU München)

Numerous international studies discuss ownership as a potential reason for differences in the efficiency of hospitals. Theoretical and empirical studies on the efficiency of public and private hospitals provide ambiguous results. So far, meta-regressions that investigate empirical studies’ methodological aspects on the efficiency of public and private hospitals and their influence on the results have not been conducted. This meta-analysis includes efficiency studies of the last 15 years. Through an ordinary least squares regression model, the influence of study characteristics on the efficiency difference between public and private hospitals is estimated. Variables included in the analysis are the sample size, the year of the sample, the underlying efficiency concept, teaching activities, hospital size, market concentration and quality aspects.

Based on the results of this study no ownership form is found to be significantly more efficient. Rather the efficiency studies’ design is confirmed as a crucial factor determining the outcome: studies taking into account market concentration and hospital size are more likely to reveal efficiency advantages of private hospitals than those which exclude these factors. Studies that take into account quality aspects show efficiency gains of both public and private hospitals. The results of the analysis provide evidence for the importance of efficiency analyses’ methodological aspects as well as for health policy and hospitals’ institutional contexts regarding their efficiency results.

**Contracting out of Cleaning and Quality Shading in UK Acute Hospitals**
by Dr. Shimaa Elkomy (University of Surrey)

Hospital acquired infections are a major problem with an estimated 1.4 million suffering from them around the world at any one time (Pittet and Donaldson, 2006). Since the 1980’s the private sector has played an increasing role in the provision of public services, based upon the argument that it would increase efficiency through the introduction of competition. There is a considerable literature that compares public and private provision and it largely, although not universally, finds greater cost efficiency under private provision (e.g. Megginson and Netter, 2001; Domberger et. al., 1986). Driven by competitive forces and profit maximizing behaviour, private sector firms drive down costs because their shareholders are the residual claimants on any profit. This can be at the expense of service quality (or other related characteristics) if this is unobservable or impossible to fully define (Shapiro, 1983). This is the well-known problem of incomplete contracts (Grout, 1984). We test this with data on contracted out cleaning services in English hospitals.

Standard economic theory predicts that contracting out should be cheaper but may result in quality shading where quality is difficult to measure directly. The paper investigates the effect of contracting out cleaning services in the UK acute hospitals on some health outcomes that are highly affected by the level cleanliness.
We use hospital level data to assess the effectiveness of contracting out cleaning services in 2011 and 2012 to reduce the incidence of health care associated infections. Also, the study aims to empirically examine the priori of the economic efficiency of outsourcing cleaning services compared to in-house cleaning in terms of costs. The paper attempts to investigate two dimensions of the quality of cleaning; the non-microbiological assessed by patient-reported outcome and the microbiological one that is reflected in the infection rate (Cdiff and MRSA).

Panel 3: Electronic Health Care chaired by Prof. Dr. Ralf Reichwald

Facilitating Innovation Sharing and Diffusion Among Patients: the Case of the Patient Innovation Platform
by Leid Zejnilovic (CATÓLICA-LISBON School of Business & Economics)

We know today that many patients and their caregivers innovate. In general population surveys of user innovation in the USA, UK, Japan, and Finland, the estimates of health related innovators in the population are from 0.1% to 0.4%. Among rare diseases patients the estimates are higher. A study in Portugal indicates that 8% of the surveyed patients and their caregivers come-up with solutions that are both considered important and useful for the innovators and novel by medical expert evaluators. Patient innovations may be anywhere from simple solutions for day-to-day problems, to highly sophisticated ones that may even embody a long-term solution for a disease. The value of these innovations for our society is undoubtedly high. Currently, diffusion of innovation-related information by patient innovators appears to be relatively low – and it has been proposed that a market failure negatively affects diffusion of user innovations in general. Once the patients solve their pressing issue and innovate, there is no incentive for them to make further investments and share their solutions. To attempt to explore and address this possible problem further, we have set up a website (https://patient-innovation.com/) to support diffusion of patient innovations, and to serve as an experimental platform to test the efficacy of a variety of interventions to improve diffusion. Patient Innovation is an international, multilingual, open, free and non-profit platform to facilitate the sharing of innovative solutions developed by patients or caregivers of any disease.

Identifying Adoption Processes for e-Health Services
by Dr. Isabel Schmidt (Bayreuth University)

The implementation of information and communication technology in the health care sector is of considerable interest, since, it has been proved that it leads to benefits like improved health care quality, patient safety and satisfaction as well as favourable cost-effectiveness compared to traditional services. Nevertheless, the implementation of electronic health care services as innovative interventions or tools into routine care is a slow and unpredictable process. To speed up this development and to attain a wide dissemination, the user's acceptance of these services is a fundamental prerequisite. Therefore, one central research objective is the identification of factors with a positive influence on the acceptance/adoption and in consequence the decision to use electronic health care services. However, knowledge about relevant adoption factors alone is not sufficient for the success of an innovation. Another important consideration, which is often neglected, is the analysis of the underlying decision-making process. This talk tackles the aforementioned gap by addressing the identification of the adoption process for electronic health care services. Based on the results of semi-structured problem-centred qualitative interviews, a representative adoption process for electronic health care services with six typical phases is presented. Additionally, different
identified specialities within the adoption processes – depending for example on the type of electronic health care service – are discussed. The insights gained into the adoption process for electronic health care services provide the basis for developing measurements which support a positive decision-making and consequently the services’ dissemination.

**The Role of Technology and Community Management in Healthcare Crowdsourcing Projects**

by Prof. Dr. Angelika Bullinger-Hoffmann (Technical University of Chemnitz) and Catharina van Delden (Innosabi GmbH)

Managing crowdsourcing projects like Patient-Innovation.com that enable patient driven innovation requires significant process planning for the platform technology used: How to protect patients from hurting themselves, how to identify valuable ideas and suggestions and how to ensure security and engaging community management are relevant questions to be answered. Furthermore this presentation will look into anonymized crowdsourcing projects in the field of healthcare – how to reach relevant crowds, how to carefully work with private and sensitive data provided by the participants and how to create new product concepts together with patients worldwide. The means of collaboration over the internet have speeded up, especially in the field of rare and chronic diseases; patients are able to connect like never before. Technology has to enable this dialogue in a way that is beneficial to all parties involved.

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**Organizational and Practical Information**

**Tea and Coffee:** Tea and Coffee is served downstairs in rooms SR1 to SR3.

**Lunch:** A warm lunch will be served downstairs in rooms SR1 to SR3 and SR7+SR8 during the lunch break.

**Cloak Room:** You can store coats, jackets and luggage downstairs in room SR4. An attendant will be in the cloak room at all times.

**Rooms for Resting and Discussions:** There will be proper chairs and tables in rooms SR7 + SR8, so that participants of the conference can sit down for getting some rest or for informal discussions.

**Internet Access:** Should you require internet access, please contact the reception for a W-LAN voucher that includes the necessary access codes.

**Taxi:** Call 0341-4884 to order a taxi.