

## **Seeing healthcare systems change towards paying for value-based care**

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Clinical inertia is still a major barrier to better diabetes care. This leads to a loss of both life expectancy and quality of life. Nevertheless, modern healthcare systems are willing to accept patient-centered outcome measures such as disease burden, behavioral change of affected individuals, symptom freedom, health literacy, adherence, and, of course, quality of life. Integrated personalised diabetes management (iPDM) has proven to be effective and cost-neutral in this regard.

But how can this success story be further told? What are the principal problems and which approach could be promising?

One of the central problems of personalized treatment is the, compared to randomized clinical trials, lack of internal validity of (patient) reported outcomes. On the other hand, real-world data have the charm of high generalizability. It is a matter of bridging the gap between the two worlds. The role of the patient is changing from being a recipient of the information and medical instructions to being a donor of the information who influences his or her own therapy. Obviously, patient-centered health software is the focus of methods, integrated into an ecosystem of, for example, data management platforms, medical devices, and electronic health records. Reinforcement loops and goal-oriented physician-patient communication in terms of shared decision-making are viable concepts. And that can be fun, too. New software concepts integrate gamification and social networks. Self-learning software systems continuously track the disease history longitudinally. Successful therapeutic approaches are retained and unsuccessful concepts are discarded. The immediacy of electronic health applications in informed and active patients can help overcome clinical inertia.

Currently, one can observe a stormy development and interesting concepts. Nevertheless, there is a need for further research. Therefore, one can be curious about the results of the current broad introduction of integrated personalised diabetes management.