

Parkinson-Krankheit

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PARKINSONNETZ
OSNABRÜCK+



PARKINSONSZENTRUM
Münster-Osnabrück



**International Parkinson and
Movement Disorder Society**



Seminar



Parkinson's disease

Bastiaan R Bloem, Michael S Okun, Christine Klein

Verlauf der Parkinson-Krankheit und Fragen von Betroffenen

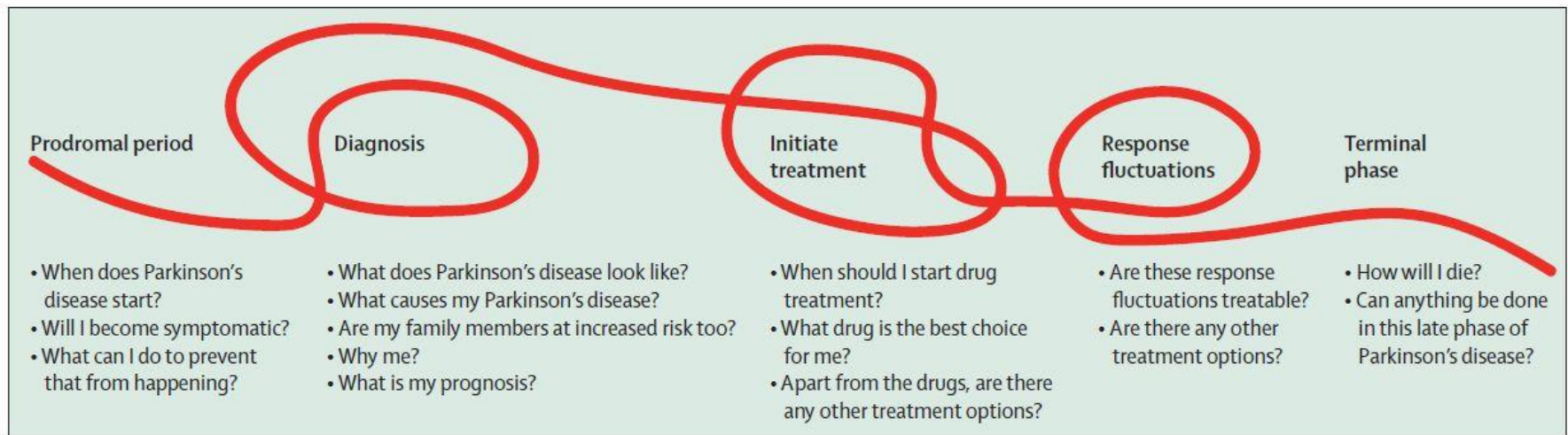


Figure 1: Examples of the various questions that people with Parkinson's disease might have during the consecutive phases of the disease

The various disease phases are connected by a figurative red thread, as graphically depicted here. We will use this red thread of personal perspectives to guide us throughout this Seminar and to show how the personalised management of people with Parkinson's disease can be optimised.

Falsche Vorstellungen über Parkinson

Largely untrue	Mostly true
Parkinson's disease is a single entity, with a single cause and a uniform clinical presentation	Multiple causes (eg, different genes) can lead to a similar appearing Parkinson syndrome, whereas single causes (eg, specific genetic mutations) can produce very heterogeneous manifestations
Parkinson's disease is a disease solely affecting older people	Parkinson's disease is an age-related condition, but might also affect younger people, including those younger than 50 years
Tremor is typical of Parkinson's disease	Up to 20% of people with Parkinson's disease do not have a tremor; however, bradykinesia is always present
Parkinson's disease is characterised only by movement abnormalities	The disease is typically characterised by a combination of both motor features (eg, bradykinesia and tremor) and a range of non-motor features (eg, depression, constipation, and disturbed sleep); these non-motor features can precede the manifestation of the motor syndrome
Men and women with Parkinson's disease present in an identical way	The clinical presentation, disease course, and health behaviour differ between sexes
The diagnosis of Parkinson's disease must be corroborated by an MRI scan, dopaminergic neuroimaging, or both	The clinical diagnosis remains the gold standard; ancillary tests should be applied only under specific circumstances in people presenting with an atypical presentation
Genetic testing is of no clinical relevance	Although not part of routine clinical practice, genetic testing can establish a definitive diagnosis in selected cases; and can be important for family counselling and will probably become increasingly relevant as genetically stratified people with Parkinson's disease enter gene-targeted clinical trials; also, as with cancer, people with Parkinson's disease might receive personalised treatment tailored to their genetic profile in the future
Postpone symptomatic drug treatment for as long as possible, to delay the development and severity of response fluctuations	Postponing treatment does not delay response fluctuations; timely instalment of symptomatic pharmacotherapy can reduce motor symptoms and improve quality of life
Postpone the use of levodopa for as long as possible; dopamine receptor agonists should be the first-line treatment	There is no evidence that withholding levodopa is beneficial to people with Parkinson's disease; compared with other strategies, levodopa is generally tolerated best and is the most effective antiparkinsonian treatment and, therefore, is the first-line treatment for most people with the disease
The medical specialist (ie, neurologist or geriatrician) is the main and often only practitioner necessary for treatment	Optimal management requires a multidisciplinary team approach
People with Parkinson's disease play only a minor role in the management of their own disease	The person with Parkinson's disease is an important member of the multidisciplinary team; self-management and active participation by people with the disease are essential to reach optimal outcomes
The many challenges associated with Parkinson's disease can be solved by the added sum of all ongoing monodisciplinary efforts	Optimal management of Parkinson's disease can only be done by an integrated collaborative effort, with intensive collaboration between professionals of multiple different backgrounds and people with Parkinson's disease as partners in care and science

Table 1: Several common misconceptions about Parkinson's disease, which can lead to delays in diagnosis, suboptimal management, avoidable disability, and unnecessary costs

Neue Therapien?

Target	Therapy	
	Precinical studies	Clinical studies
SNCA	Beta-2 adrenergic receptor siRNA	

Science for a **better life**

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Startseite > News & Stories > Innovation > Parkinson-Therapie – die Weichen werden neu gestellt

Bahnbrechende Innovation mit Zell- und Gentherapien

Parkinson-Therapie – die Weichen werden neu gestellt



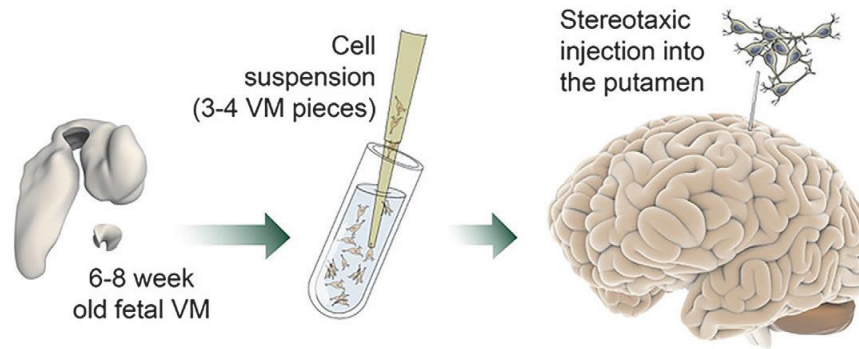
Vaccines, neuroinflammatory therapies, diets and microbiome, cannabinoids, novel druggable targets, gene therapy, and next generation adaptive deep brain stimulation

Emerging future therapies

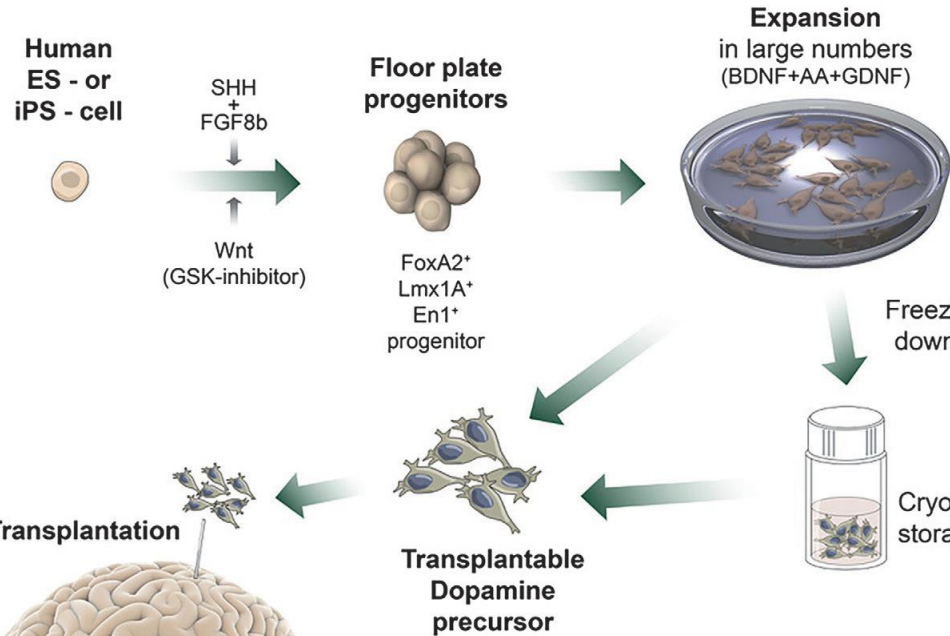
Figure 8: Emerging future therapies for Parkinson's disease

Neue Therapien?

Handbook of Clinical Neurology
Precision Medicine in Neurodegeneration
A.J. Espay, Editor
<https://doi.org/10.1016/B978-0-323-98888-8>
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Restorative



1's disease

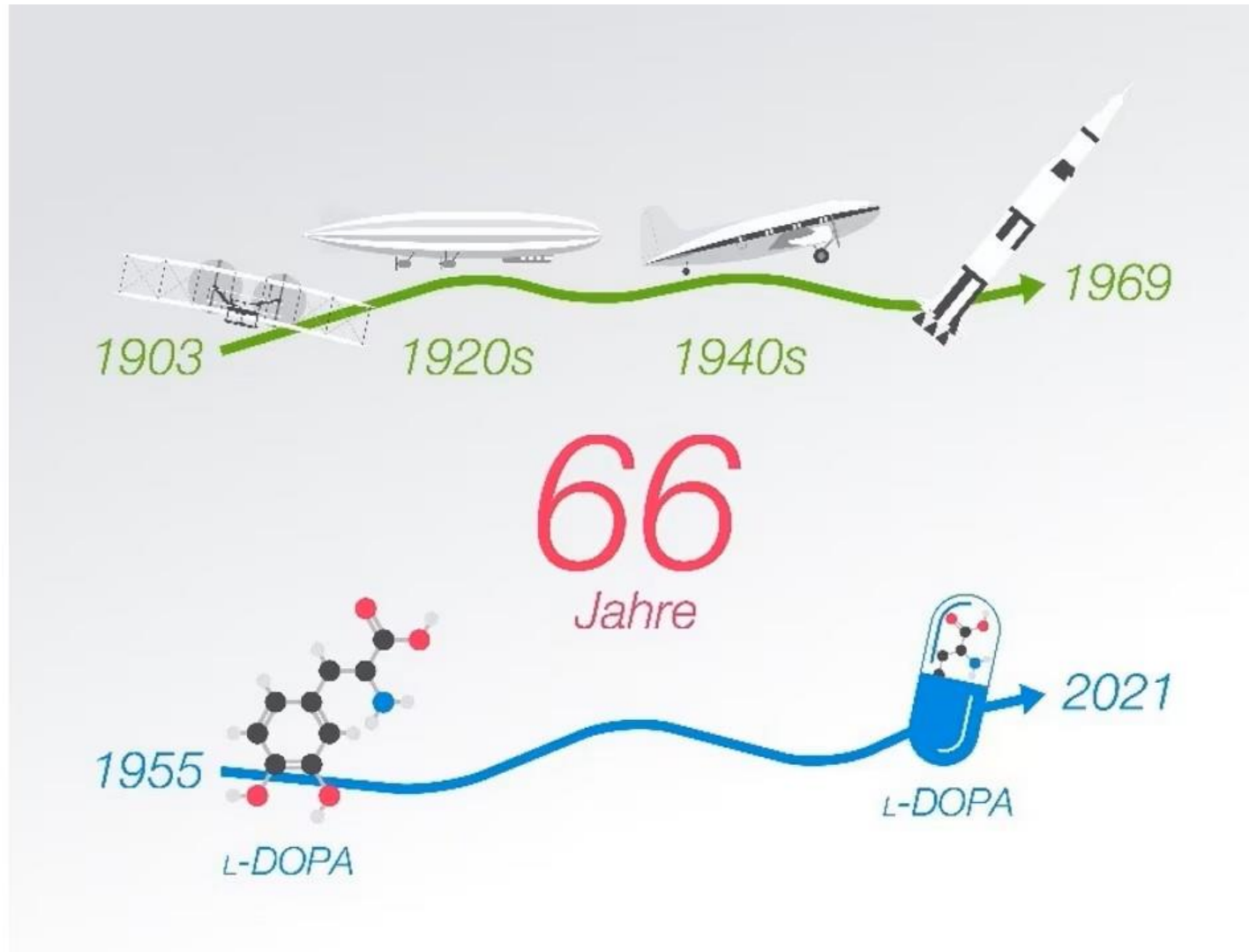
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B



In die Parkinson-Versorgung involvierte Berufsgruppen

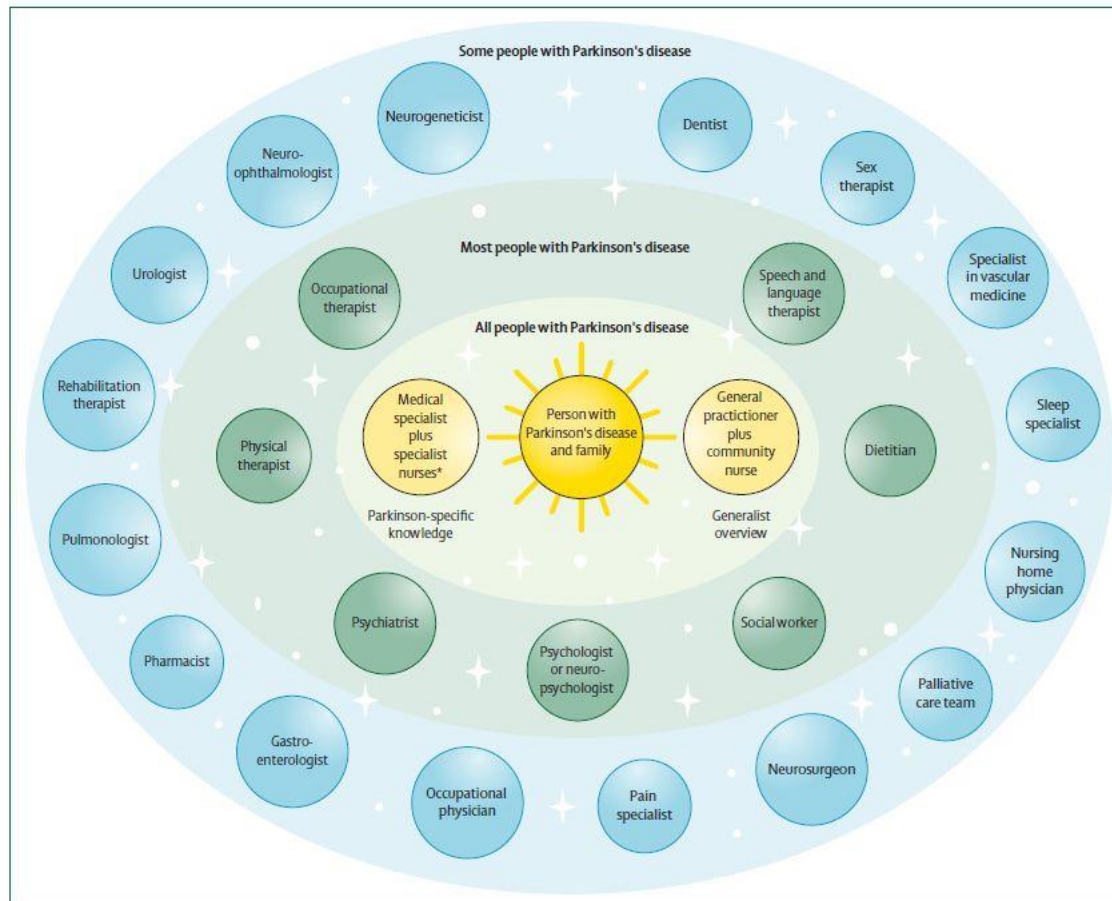


Figure 7: Professional disciplines involved in the multidisciplinary care for people with Parkinson's disease

There are no individual stars within the multidisciplinary team, but the person with Parkinson's disease can be seen as the sun around which the various professionals revolve to deliver their support. Some professionals are always involved in the care of people with Parkinson's disease, which includes the medical specialist (neurologist or geriatrician, depending on the specific setting) supported by a specialist nurse, and the family practitioner who, being a generalist, oversees issues, such as comorbidity and polypharmacy. Other professionals are involved in the care for most people with Parkinson's disease, whereas some are involved with only a smaller group of individuals. This model sketches an ideal situation in which each people with Parkinson's disease has access to each of these disciplines, which unfortunately is not the case in most places in the world. *Nurses who care for people with Parkinson's disease.

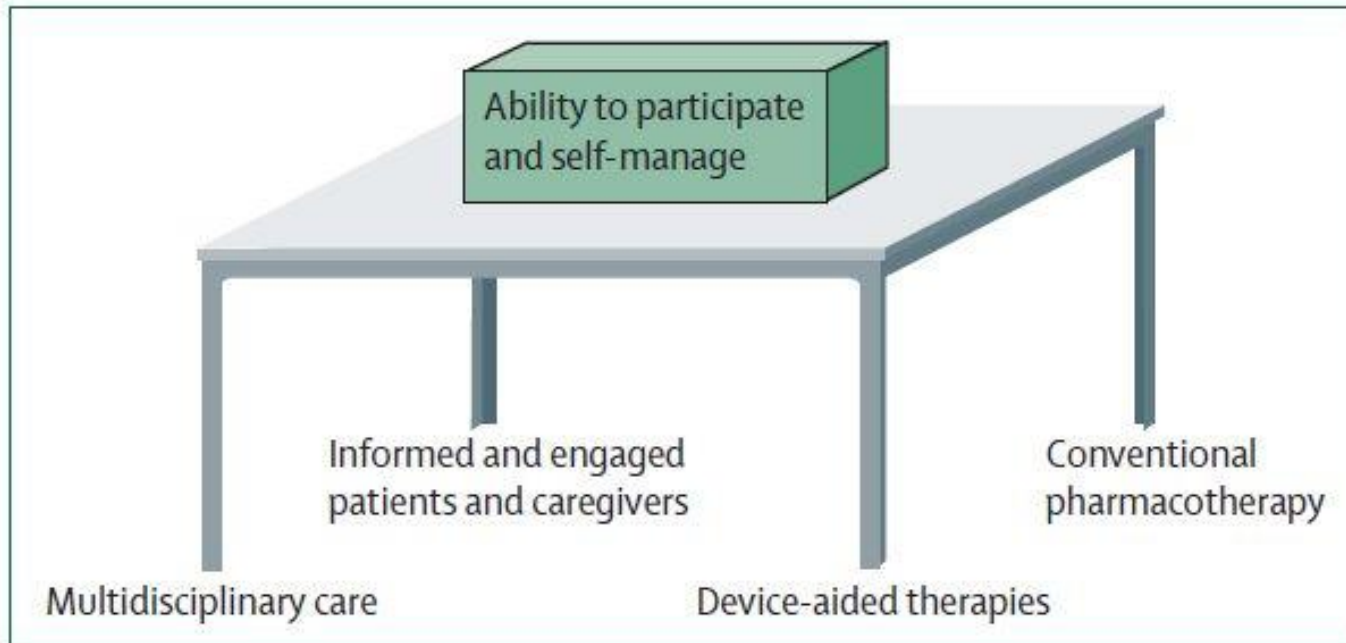


Figure 5: Overall management approach of Parkinson's disease

The overall management approach of Parkinson's disease can be visualised as a table resting on four legs that are needed for all people with Parkinson's disease, except for neurosurgery, which is indicated for only a subgroup. In line with a modern definition of health,⁹⁶ the ultimate goal is to support people with Parkinson's disease in their ability to participate in activities that are meaningful to them, and to support them in self-management.



Information Box: What Is the Right Terminology?⁶⁴

Intradisciplinary: working within a single discipline.

Cross-disciplinary: viewing one discipline from the perspective of another.

Multidisciplinary: people from different disciplines working together, each drawing on their disciplinary knowledge.

Interdisciplinary: integrating knowledge and methods from different disciplines, using a real synthesis of approaches.

Transdisciplinary: creating a unity of intellectual frameworks beyond the disciplinary perspectives.

Integrated: care approach to strengthen people-centered health systems through the promotion of the comprehensive delivery of quality services across the life course; it is designed according to the multi-dimensional needs of the population and the individual and is delivered by a coordinated multi- or interdisciplinary team of providers working across settings and levels of care.

Parkinson Netzwerke Deutschland e.V.

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MDS COMMISSIONED REVIEW

Integrated Care in Parkinson's Disease: A Systematic Review and Meta-Analysis

RAJAN ET AL

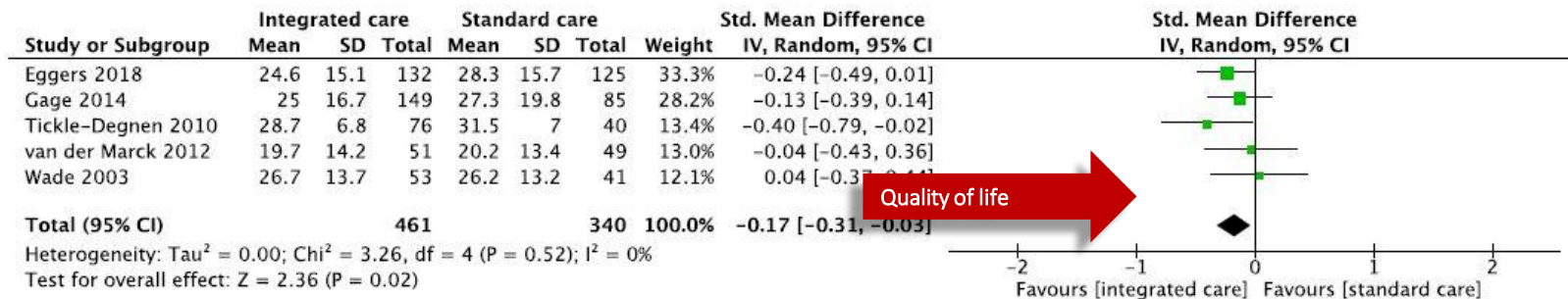


FIG. 4. Forest plot of meta-analysis exploratory subgroup analysis. Forest plot of data from studies assessing the effect of integrated care delivered in the out-patient setting on Health Related Quality of Life at six months or beyond, compared to standard care showing significant effect in favor of integrated care (SMD -0.17 [-0.31 - -0.03], $I^2 = 0\%$). [Color figure can be viewed at wileyonlinelibrary.com]

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- 
- Study coordination medical centres
 - Participating hospitals
 - ParkinsonNet
 - Usual care

ParkinsonNet is een landelijk netwerk met ruim 3.700 zorgverleners gespecialiseerd in parkinson

De best mogelijke zorg en kwaliteit van leven voor iedereen met de ziekte van Parkinson, of een atypisch parkinsonisme, dat is wat ons drijft. Door de mens met parkinson centraal te stellen, samenwerking tussen verschillende zorgdisciplines te verbeteren en expertise van zorgverleners te vergroten, faciliteert ParkinsonNet een optimaal netwerk van parkinsonspecialisten. Op deze manier draagt ParkinsonNet bij aan een hoogwaardige kwaliteit van zorg.



70

Regio's



56.800

Mensen met parkinson



3.797

Zorgverleners

Figure 1: Geographic distribution of the participating clusters in the trial

ParkinsonNet

GLOBAL HEALTH POLICY

By Bas R. Bloem, Lonneke Rompen, Nienke M. de Vries, Ab Klink, Marten Munneke, and Patrick Jeurissen

ParkinsonNet: A Low-Cost Health Care Innovation With A Systems Approach From The Netherlands

DOI: 10.1377/hlthaff.2017.0832
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NO. 11 (2017): 1987-1996
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Foundation, Inc.

ABSTRACT ParkinsonNet, a low-cost innovation to optimize care for patients with Parkinson disease, was developed in 2004 as a network of physical therapists in several regions in the Netherlands. Since that time, the network has achieved full national reach, with 70 regional networks and around 3,000 specifically trained professionals from 12 disciplines. Key elements include the empowerment of professionals who are highly trained and specialized in Parkinson disease, the empowerment of patients by education and consultation, and the empowerment of integrated multidisciplinary teams to better address and manage the disease. Studies have found that the ParkinsonNet approach leads to outcomes that are at least as good as, if not better than, outcomes from usual care. One study found a 50 percent reduction in hip fractures and fewer inpatient admissions. Other studies suggest that ParkinsonNet leads to modest but important cost savings (at least US\$439 per patient annually). These cost savings outweigh the costs of building and maintaining the network. Because of ParkinsonNet's success, the program has now spread to several other countries and serves as a model of a successful and scalable frugal innovation.

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Lonneke Rompen is a policy adviser at the Department of Neurology, Radboud University Medical Centre.

Nienke M. de Vries is a researcher in the Department of Neurology, Radboud University Medical Centre.

Ab Klink is on the Faculty of Social Sciences, Political Science, and Public Administration at Vrije Universiteit Amsterdam, in the Netherlands.

Marten Munneke is an associate professor in the Department of Neurology and the Department of

BMJ

BMJ 2014;348:g1838 doi:10.1136/bmj.g1838

Revolution in Parkinson's

Patients with Parkinson's disease can now benefit from a new network of specialists.

Bastiaan R Bloem and Marten Munneke
*ParkinsonNet*²³

¹Department of Neurology, Radboud University Medical Centre, Nijmegen, The Netherlands

Parkinson's

About Parkinson's

Over 10 million people live with Parkinson's disease

Parkinson's disease is a progressive neurodegenerative disorder that affects movement. It is characterized by tremor, rigidity, bradykinesia, and postural instability. The disease is caused by the loss of dopamine-producing cells in the brain.

From trials to clinical practice: Temporal trends in the coverage of specialized allied health services for Parkinson's disease

Bastiaan R. Bloem¹ | Marietta Eimers¹ | Mirte S. van Galen² | Marten Munneke¹ | Sirwan K. L. Darweesh^{1,3} 

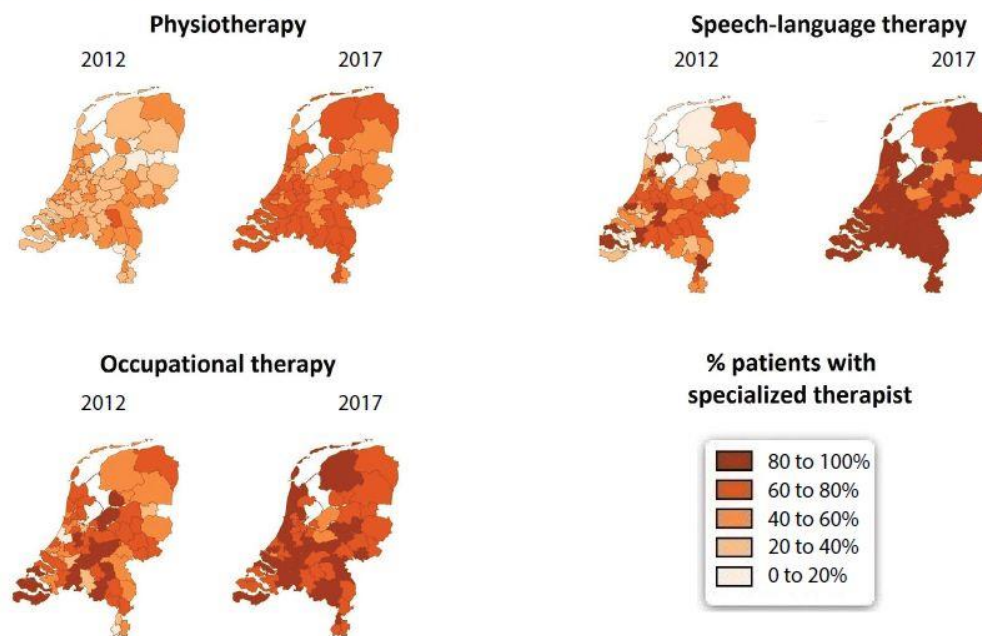


FIGURE 2 Regional distribution of therapy-requiring patients with a specialized therapist in 2012 and 2017. This graph illustrates the percentage of Parkinson's disease patients with community-based physiotherapy, occupational therapy, and speech-language therapy who were treated by a specialized therapist. Of note, claims data were categorized into 66 regions of the Netherlands in 2012, whereas data were categorized into 70 regions in 2017. For this graph, we used the 2012 categorization for both years to facilitate visual comparison [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

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PARKINSONNET

ParkinsonNet



NEWS

Dutch success story ParkinsonNet in Norway

The Dutch success model ParkinsonNet is now being launched in Norway. Minister of Health, Bent Høie has great faith in the project, also for patients...

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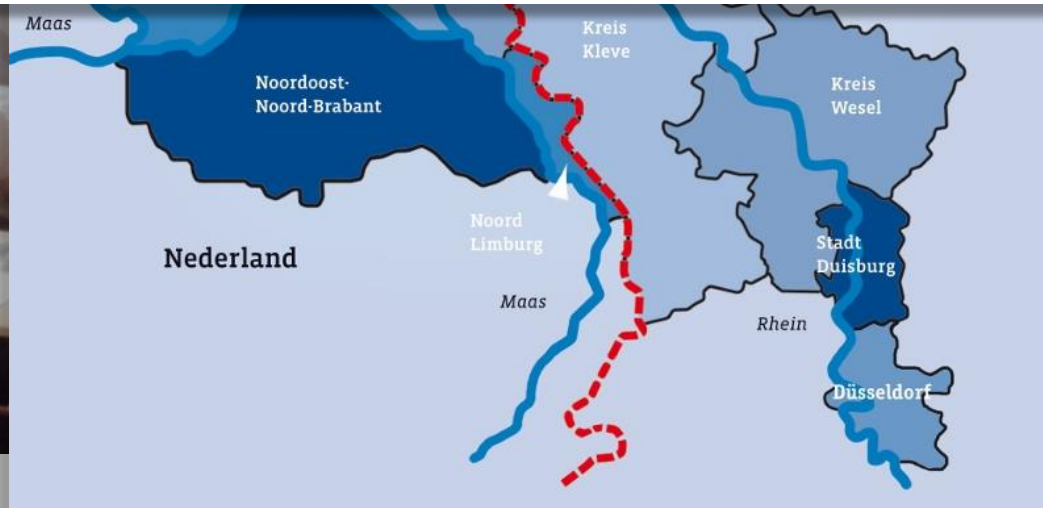
ParkinsonNET in Germany 2014-2015?

Euregio RIJN-WAAL

PARKIN



ParkinsonNET ist ein ideales Modell, aber eine einfache Übertragung auf andere Länder und Kulturen funktioniert nicht!



liederrhein GmbH, Duisburg

NL: € 65.823,50 (Provincie Gelderland)



Integrating Care to Prevent and Manage Chronic Diseases

BEST PRACTICES IN PUBLIC HEALTH

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13

ParkinsonNet, the Netherlands



This chapter covers ParkinsonNet in the Netherlands, a programme to deliver high-quality, specialist care for patients with Parkinson's disease. The case study includes an assessment of ParkinsonNet against the five best practice criteria, policy options to enhance performance and an assessment of its transferability to other OECD and EU27 countries.

Box 13.3. Key elements of a successful transfer

ParkinsonNet was transferred to the Niederrhein region in Germany. The educational materials and software were translated into German, and a three-day training was provided for physiotherapists. However, despite early enthusiasm, the intervention did not take off. Afterward, three key elements of success were identified that were missing in the German transfer.

- **A champion** – generally someone renowned in the field of Parkinson's disease, who drives and promotes the programme
- **A super trouper** – someone within the network who receives continued training and can educate the trainers
- **A business case** – there needs to be some mechanism to capitalise on healthcare savings made by the programme to cover the ongoing cost of the network.

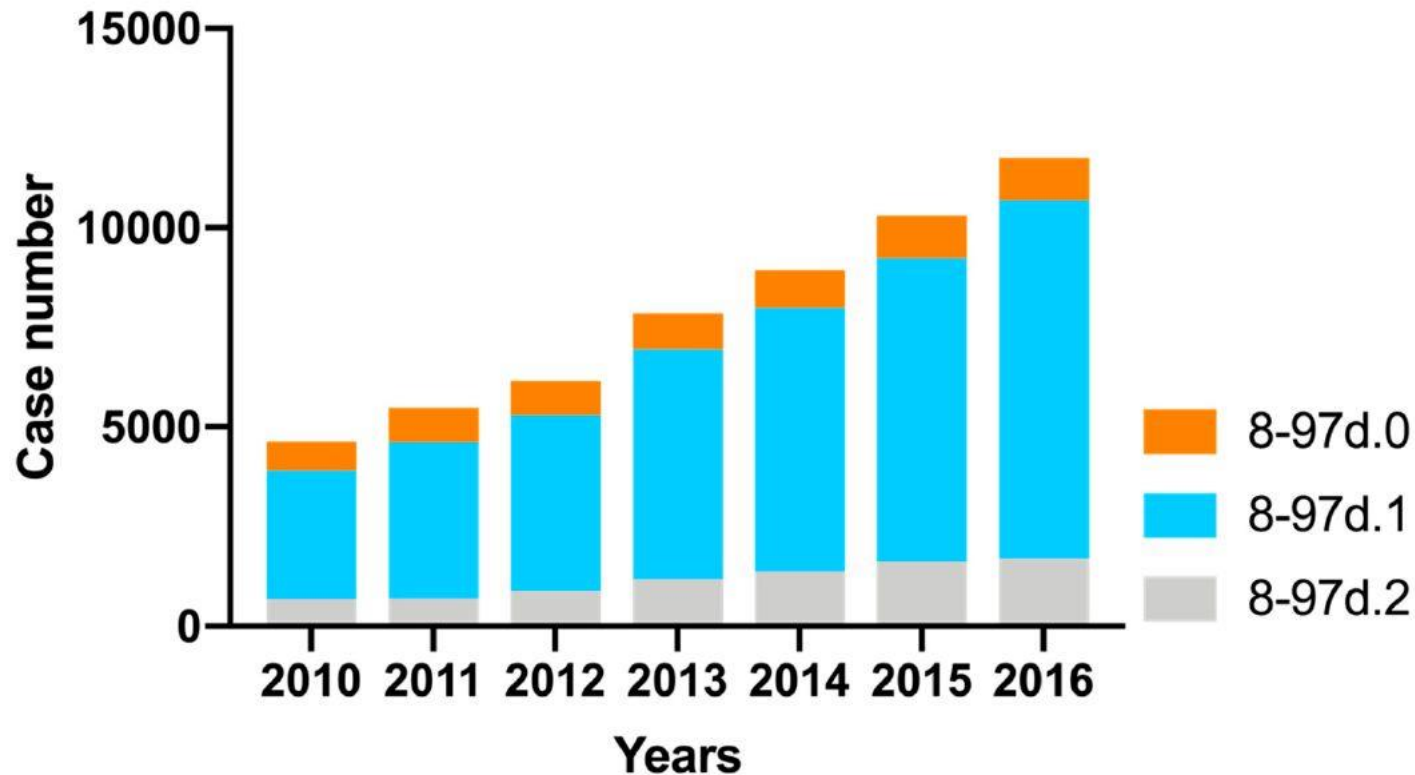
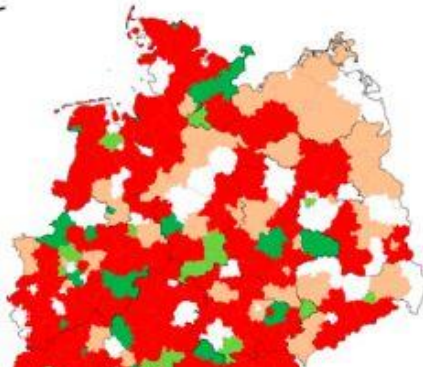


Figure 2. Case number development of PD-MCT from 2010 to 2016 divided into subcategories. 8-97d.0 = PD-MCT treatment of 7–13 days; 8-97d.1 = PD-MCT treatment of 14–20 days; 8-97d.2 = PD-MCT treatment of at least 21 days.

Parkinson Komplexbehandlungen in Deutschland

c



Die “traditionelle” stationäre Parkinson-Komplexbehandlung in Deutschland erfüllt nicht die Kriterien einer wohnortnahen integrierten Versorgung!



PD-MCT rate - patient migration	
< -90%	Red
-90% up to -30%	Orange
-30% up to +30%	White
30% up to 90%	Light Green
90%>	Dark Green

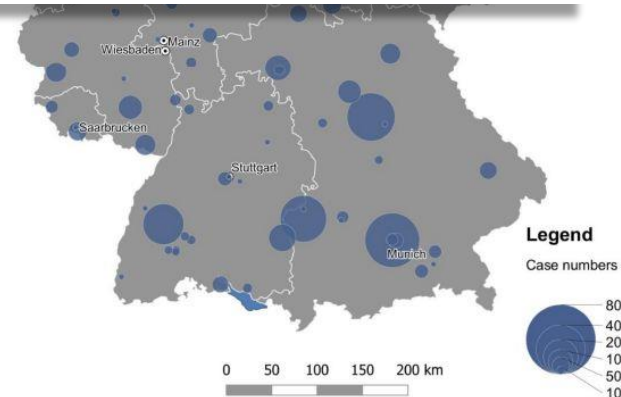
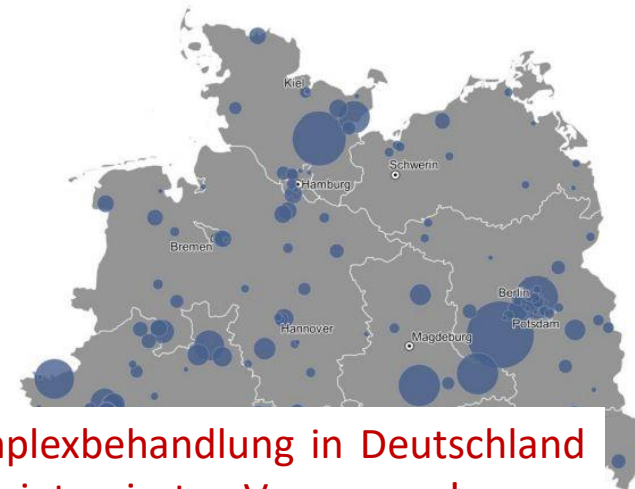


Figure 8. Area-proportional representation of PD-MCT case numbers in German hospitals in 2016.

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Personal View

Integrated and patient-centred management of Parkinson's disease: a network model for reshaping chronic neurological care

Prof Bastiaan R Bloem MD ^a  , Emily J Henderson MD ^{b, c}, Prof E Ray Dorsey MD ^d, Prof Michael S Okun MD ^e, Njideka Okubadejo MD ^f, Prof Piu Chan MD ^g, John Andrejack EdD ^h, Sirwan K L Darweesh MD ^a, Marten Munneke PhD ^a

“Chronic neurological conditions are now the leading source of disability globally. Because of a rapidly expanding ageing population, the worldwide prevalence and burden of chronic neurological diseases will rise further in the coming decades. To meet the needs of these many chronic neurological patients, an optimally performing healthcare system should reach the Quadruple Aim: (1) enhancing [quality of care] and patient experience, (2) improving population health, (3) reducing costs (these originally formed the Triple Aim) and (4) improving the work-life of clinicians. However, recognition grows that our current healthcare system is not designed optimally to reach this Quadruple Aim. “

Supplement A. Barriers to reaching the Quadruple Aim.

Several important barriers in today's healthcare that hamper us from reaching the Quadruple Aim. These are visible even in high-income countries such as the U.S. or United Kingdom, with even worse conditions in lower income countries.^{31,103} The inadequacies of care exist worldwide in spite of different models of healthcare and differences in funding. Together, these shortcomings lead to avoidable disability and unnecessarily high costs.

Fragmentation of care: • Poor interdisciplinary collaboration and disconnected monodisciplinary therapies • Numerous barriers between different healthcare settings • Difficult, delayed and greatly variable access to services and therapies^{29,30} • Traditional hierarchical approach
Reactive approach: • Focusing on repairing problems after they have arisen *
Inability to manage complex problems: • Lack of disease-specific expertise among many clinicians
Predominantly physician-driven care: • Primary focus on medical management (pharmacotherapy, neurosurgery), with less attention to non-pharmacological interventions, and even less to lifestyle or social issues • Lack of patient involvement in decision making
Emphasis on institutionalized care: • Outpatient visits inadequate reflection of problems in daily living⁵⁷ • Inpatient visits often associated with poor services and outcomes^{66,104}
Disease-centred care: • One-size-fits-all approach • Emphasis on protocols that are informed by averaged group results from trials.

* For example, in the UK, unplanned hospital admissions among persons with PD are often related to falls and to urinary tract infections, some of which may be anticipated and proactively managed. In the U.S., 88% of personal healthcare expenditures are devoted to hospital or nursing home care, whereas only 7% is spent on ambulatory care¹⁰⁵—where these admissions could perhaps be avoided through timely recognition and management of PD-specific complications.¹⁰⁶



Gemeinsam für
Menschen mit Parkinson

Gemeinsam für Menschen mit Parkinson und deren Angehörige

Die Parkinsonnetze Münsterland+ und Osnabrück+ sind regionale, dynamische Aktionsverbünde, die sich zum Ziel gesetzt haben, die Parkinson-Versorgung durch stärkere Vernetzung sowie durch interdisziplinäre und sektorenübergreifende Zusammenarbeit zu verbessern.



Parkinson in Deutschland

ca. **420.000**
Betroffene

ca. **15.000** Neu-
erkrankungen pro Jahr

Parkinson in Münsterland und Osnabrück

3.600.000
Einwohner

davon ca. **16.000**
Betroffene



Gemeinsam für
Menschen mit Parkinson

gefördert durch:



MITGLIEDERBEREICH

*Article*

Building a Parkinson-Network–Experiences from Germany

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Review

Recommendations for Standards of Network Care for Patients with Parkinson's Disease in Germany

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Figure 1 provides an overview of common players and structures in a local supply network.

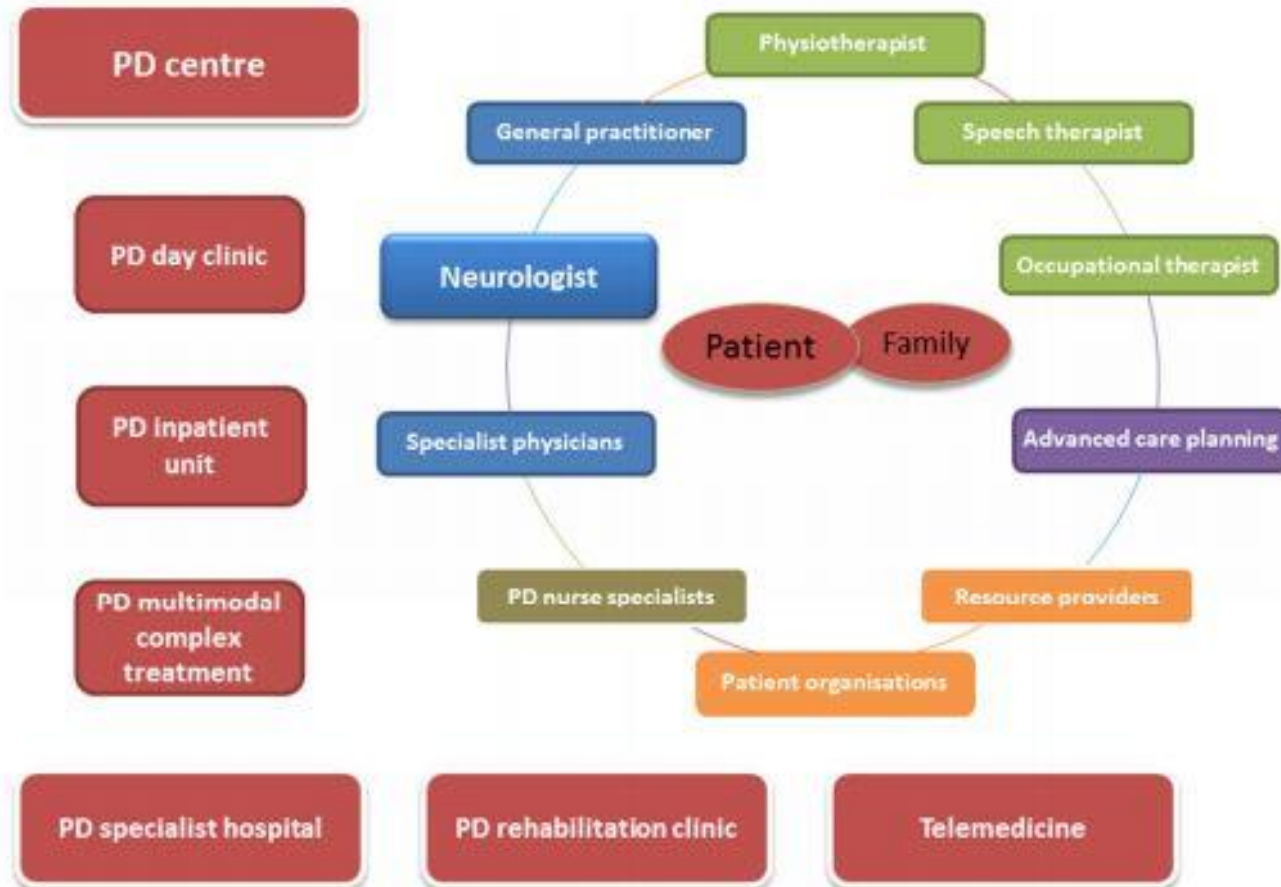
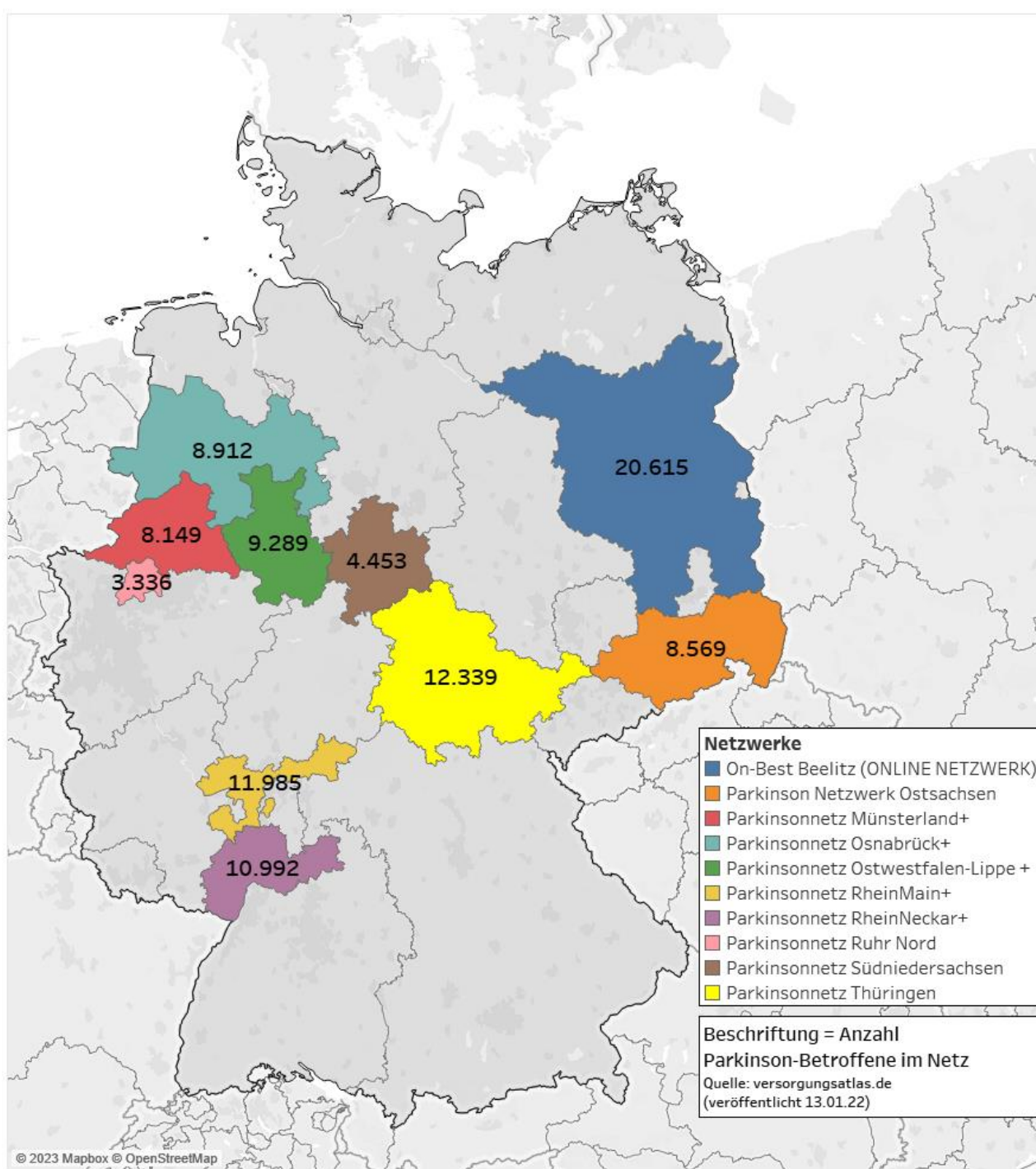


Figure 1. Schematized representation of common players and structures in a local supply network.

Parkinson Netzwerke in Deutschland







Parkinson Netzwerke
Deutschland e.V.

Gemeinsam für Teilhabe

MENSCHEN BEWEGEN

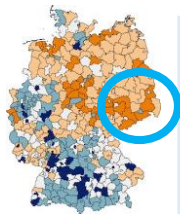
Parkinson Netzwerke Deutschland e.V. - Dachorganisation

- Founded in March 2023 as an umbrella organization
- Involved disciplines in founding: Inpatient and outpatient Neurologists, Physiotherapists, Occupational therapists, Speech therapists, Parkinson Nurses, Scientists, Pharmacists
- Support from Institute of Applied Health Services Research (inav), Hilde-Ulrichs-Foundation, Abbott, and Esteve
- Management by OptiMedis AG
- Development of certification criteria for quality assurance
- Annual congress



Deutschland ist ein föderaler Staat

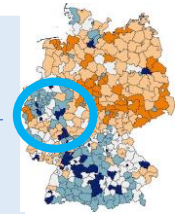
Solutions for different regional structures



Region	Saxony
Challenges	High hospitalization Rate of PD patients
Reasons	Lack of neurologists, patients are treated by GP
Solution	Digital platform for teleconsultation, Case management, education for referral



Region	North Rhine Westphalia
Challenges	Less than 1/3 of PD patients has specific non-pharmacological therapy
Reasons	Lack of knowledge, no communications between neurologists and therapists
Solution	Digital communication tool, feedback system via Quickcards, education for non-pharmacological therapies



OptiMedis-Modell

THE RIGHT INCENTIVES

Of vital importance for the remuneration of management companies and physicians are the health benefits: The healthier the regional population, the better the result.

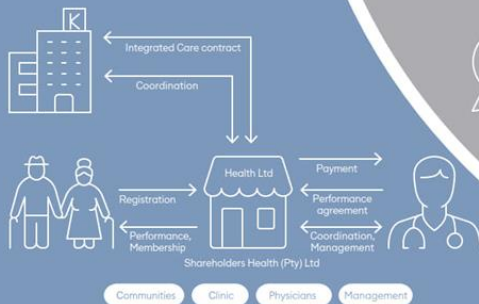


Appropriate remuneration and cooperation in the networks improves the satisfaction levels of physicians and all other partners.



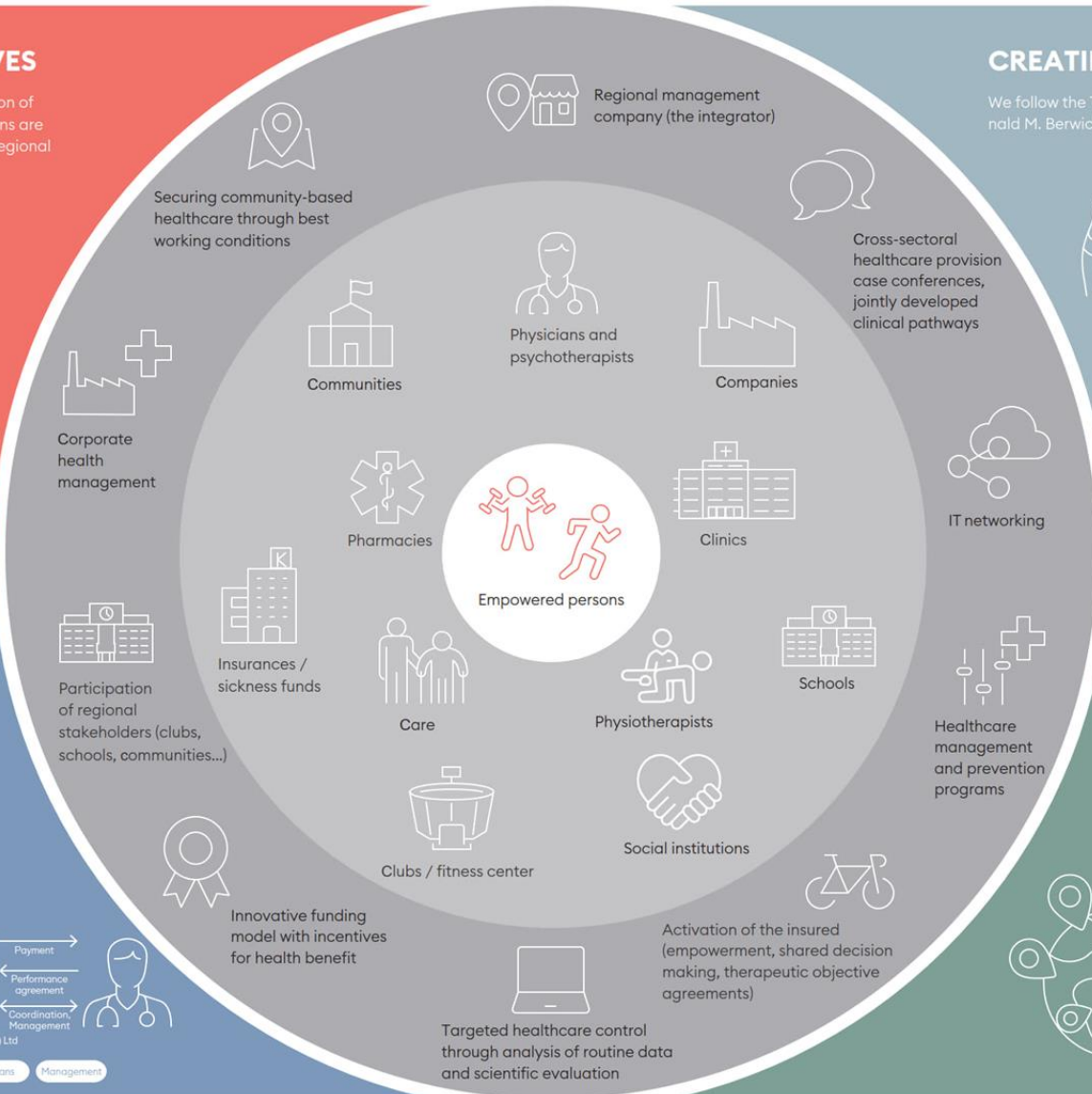
THE INTEGRATOR

The regional management company organizes networking and memberships, develops measures for prevention and health promotion, trains practice staff, and more.



CREATING VALUE

We follow the Triple Aim approach, proposed by Donald M. Berwick, with three goals:



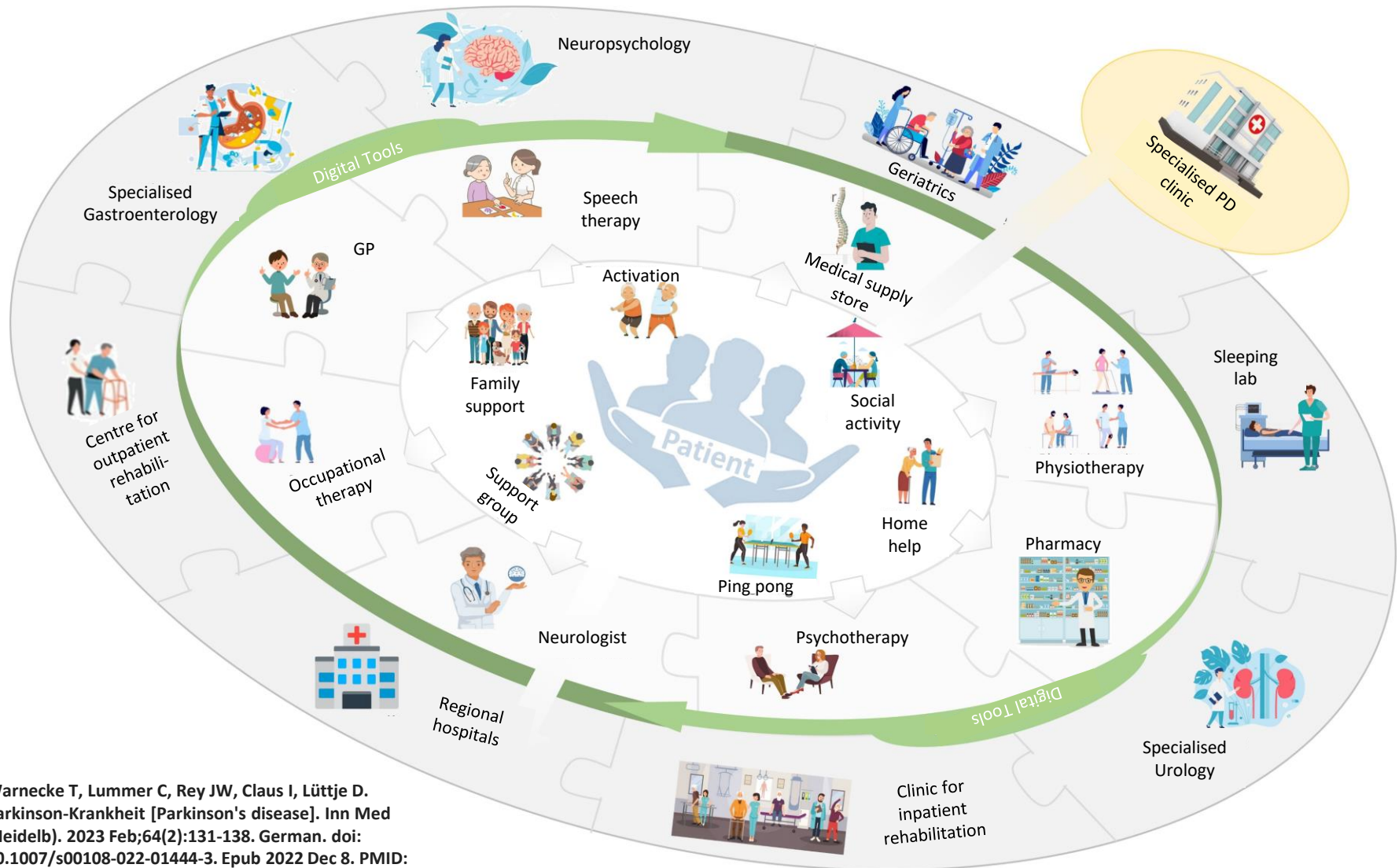
INTERNATIONALLY IMPLEMENTABLE

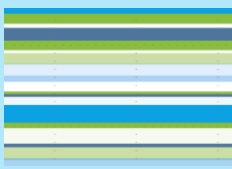
We are shaping the international developments toward a regional, population-oriented healthcare through cooperations with various universities, networks, associations and specialists in the respective countries. Our model can be implemented in rural areas as well as in cities, and in Germany as well as abroad.





Parkinson Netzwerke
Deutschland e.V.





PARKINSON- NETZWERKKONGRESS

1. und 2. Dezember 2023 in Berlin

Programm



Parkinson Netzwerke
Deutschland e.V.



Parkinson-Netzwerkkongress 2023 – Skalierung des bundesweiten Netzwerks im Fokus

Liebe Partner:innen, liebe Interessierte,

für viele von uns markiert der Parkinson-Netzwerkkongress das Highlight des Netzwerk-Jahres und gleichzeitig den Start für neue Aktivitäten: Gemeinsam mit Ihnen wollen wir Erfahrungen aus den einzelnen regionalen Netzen austauschen, neue Ideen für die kommende Zeit auf den Weg bringen und bisherige Erfolge feiern.

Das Jahr 2023 steht ganz unter dem Motto der Professionalisierung der Netzwerkstrukturen in Deutschland – sowohl in der Indikation Parkinson als auch darüber hinaus. In diesem Sinne hat sich im April 2023 der Parkinson Netzwerke Deutschland e.V. gegründet, in dem alle deutschen Netzwerke überregional gemeinsam agieren. Wie aus diesen Puzzleteilen ein nachhaltiges und skalierbares System werden kann, möchten wir am 1. und 2. Dezember 2023 in Berlin gemeinsam mit Ihnen diskutieren.

Ziel der Veranstaltung ist es, neue Perspektiven zu finden, mit denen die Netzwerkidée regional, aber auch indikationsübergreifend skaliert werden kann. Darüber hinaus soll das Thema Netzwerkarbeit gesundheitspolitisch thematisiert sowie detailliert auf den verschiedenen Handlungsebenen im Alltag beleuchtet werden.

Wir freuen uns auf zwei spannende Tage mit Ihnen!

Prof. Dr. Tobias Warnecke, Prof. Dr. Carsten Eggers, Prof. Dr. Lars Tönges
(Vorstand des PND e.V.)

Vorläufiges Programm am Freitag

15.00 Uhr	Check-in und Get-together
15.30 Uhr	Grußworte Prof. Dr. Tobias Warnecke, Vorstandsvorsitzender PND e.V., Chefarzt der Neurologie Klinikum Osnabrück Maria Klein-Schmeink, MdB
16.00 Uhr	Politische Keynote Podiumsdiskussion: „Netzwerke politisch gedacht – im Alltag gemacht (und erlitten)“ u. a. mit Prof. Dr. Carsten Eggers, Stellvertretender Vorstandsvorsitzender PND e.V., Chefarzt der Neurologie Knappschaftskrankenhaus Bottrop Dr. h. c. Helmut Hildebrandt, Vorstandsvorsitzender OptiMedis AG Dr. Amelie Gerhard, Mitglied des Vorstands KLUG – Deutsche Allianz Klimawandel und Gesundheit e.V. sowie mit Vertreter:innen aus Politik und von Krankenkassen
16.30 Uhr	
17.15 Uhr	Pause
17.30 Uhr	Grußwort nach der Pause Prof. Dr. Lars Timmermann, Präsident Deutsche Gesellschaft für Neurologie
17.45 Uhr	Internationale Keynote: Multiprofessional Parkinson's Disease treatment Prof. Dr. Joaquim Ferreira, Clinical director Campus Neurológico Senior Lisbon, Professor of Neurology and Clinical

Vorläufiges Programm am Freitag

18.15 Uhr Abschlussrunde

18.30 Uhr Ende des Programmparts und Dinner

Ab 20.00 Uhr Abendveranstaltung (kostenpflichtig – hier
gelangen Sie zur Anmeldung über
Eventbrite)



Vorläufiges Programm am Samstag

09.30 Uhr	Begrüßung Prof. Dr. Lars Tönges, Schatzmeister PND e.V., Stellvertretender Direktor Neurologische Klinik der Ruhr-Universität Bochum
09:45 Uhr	Status Quo: Parkinson Netzwerke Deutschland e.V. Prof. Dr. Tobias Warnecke, Sprecher PND e.V., Chefarzt der Neurologie Klinikum Osnabrück
10.15 Uhr	Thementische
11.00 Uhr	Industriesymposien
11.45 Uhr	Pause
12.15 Uhr	Internationale Keynote: Experiences of a Parkinson Nurse Miriam Parry, Senior Parkinson's Disease Nurse Specialist at The Parkinson's Foundation Centre of Excellence, King's College Hospital London
12.45 Uhr	Quo Vadis: Früherkennung der Parkinson-Krankheit Prof. Dr. Brit Mollenhauer, Stiftungsprofessur von den Paracelsus Kliniken Deutschland an der Universitätsmedizin Göttingen
13.15 Uhr	Abschlussrunde im Plenum
13.30 Uhr	Ende der Veranstaltung

GEMEINSAM STARK GEGEN PARKINSON

EXPERTISE VERKNÜPFEN,
GRENZEN ÜBERWINDEN



Parkinson Netzwerke
Deutschland e.V.

WAS WIR MACHEN:

- › Netzwerkarbeit initiieren & professionalisieren
- › Multidisziplinäre Zusammenarbeit digitalisieren
- › Wissensaustausch vorantreiben
- › Behandlungspfade entwickeln
- › Sichtbarkeit für die Netzwerke schaffen
- › Wissenschaftliche Analysen durchführen



www.parkinsonnetzwerkdeutschland.de

IHRE ANSPRECHPARTNERINNEN BEI OPTIMEDIS



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WEITERE INFORMATIONEN ZUM PARKINSON NETZWERKE DEUTSCHLAND E.V.



Webseite: www.parkinsonnetzwerkdeutschland.de



Webseite: www.parkinsonnetzwerkdeutschland.de

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Vielen Dank!



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