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DEMOCRATIZING HEALTH DATA: UNLOCKING VALUE

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**This publication captures key insights from the Executive Dialogue on
“Democratizing Health Data,” held in Berlin as part of the Data2Value Initiative.**

The Dialogue brought together health system leaders and innovators to explore how data can be better utilized to improve patient care, support evidence-based management, and accelerate medical research. We thank all participants for their valuable contributions.

A special thanks to **Sheba Medical Center** and **MDClone** for sharing their joint journey towards building a data-driven healthcare organization. www.mdclone.com





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DEMOCRATIZING DATA REQUIRES COURAGE

If health data is to reach its full potential, we need a change in attitude. Democratizing health data means making it accessible, usable, and impactful across clinical care and research. But this can only succeed if three essential conditions are met.

First, hospitals must implement broad consent procedures as standard. Without this legal and ethical clarity, any hope of meaningful secondary data usage remains blocked at the outset.

Second, we must establish consistent data structures. Only when data is collected and stored in a standardized way can it be meaningfully analyzed across institutions, regions, and disciplines.

And third — perhaps the most difficult — we need the courage to act on what the data reveals. Clinical data analyses can challenge established routines, question outdated guidelines, and expose uncomfortable truths. But they also offer the chance to improve outcomes, personalize therapies, and make healthcare more evidence-based and cost-effective.

This won't be easy. But it is necessary.

Looking abroad, we see how other countries have already made progress. Germany still has ground to make up. But the momentum is growing. Within the community, there is a clear will to embrace the tools now available and to use them in ways that truly benefit patients.



Prof. Holger Holthusen
is Chief Medical Officer
at University Hospital
Knappschaft Bochum.



A STRATEGIC IMPERATIVE?

At the first **Executive Dialogue of the Data2Value Initiative** in Berlin, leaders from hospitals, academia, policy, and industry came together to answer a key question: How can we unlock the value of health data responsibly, securely, and at scale?

Germany has the potential — but also persistent barriers: outdated IT systems, limited digital skills, and fragmented responsibilities. Yet solutions already exist. From self-service analytics and synthetic data to governance models and cross-sector collaboration, institutions like Sheba Medical Center in Israel show how curiosity and structure can deliver measurable value.

Six key insights emerged:

- Data access remains inconsistent — time is the real barrier.
- Culture change starts with ambassadors and visible leadership.
- Democratization means empowering all roles — not just data analysts.
- Usability matters more than infrastructure.
- Policy must enable through regulation.
- Create an environment that stimulates curiosity.

If Germany is to lead in data-driven care, it must act on what it already knows, invest in its people, and build lasting trust.

The Data2Value Initiative builds bridges across borders to help create a truly collaborative health data society — everywhere.

Because turning data into value is no longer optional.
It's a strategic imperative.



Armin Scheuer
is CEO & Founder at
Lemonmint.



OUTSTANDING MINDS IN THE HEALTH SYSTEM



Even today's available data could unlock significant efficiency gains in time and cost. To get there, we must strengthen digital competencies, modernize infrastructure, and foster a new mindset that sees data not as a burden, but as a strategic tool for better, more personalized care. The system has the talent. What's needed now is stronger collaboration — and the courage to turn good ideas into real results.

This Executive Dialogue was a step in that direction. It brought together the right people, asked the right questions, and showed that data-driven transformation can become a shared national project — if we're ready to act.

Prof. Björn Eskofier
University of Erlangen



Often we get the feeling that those shaping the policies aren't close enough to what's actually happening in practice.

Prof. Angelika Eggert
University Medicine Essen



Health data should serve the clinicians — not the other way around. Therefore we must eliminate the barriers - such as manual data entry or isolated systems.

Angela Ahrendt
FTI Consulting



Empower self-service to improve care and reduce costs, accelerate research, and enable meaningful collaboration!

Davidi Bachrach
MDClone



FROM HESITATION TO EMPOWERMENT



Germany has excellent health data. But in our hospitals, we use it far too little. That was the central insight of a recent Think Tank discussion on the democratization of health data — led by **Dr. Anke Diehl**, a long-standing advocate for responsible digital innovation in healthcare.

Data usage starts on the ward

The discussion focused on the here and now: the practical use of data inside hospitals — where care is delivered, decisions are made, and real impact happens.

To truly unlock this potential, we need more than infrastructure or regulation. We need a different culture around data usage in medicine. A culture that moves beyond endless debates about silos, data protection, or sector boundaries — and instead focuses on what's possible.

We must stop lamenting what stands in the way and start showing what moves us forward.

Innovation won't come from top-down mandates alone. It must emerge from within the clinical environment itself. When physicians, nurses, and clinical teams actively engage with data, they begin to see how it can improve care,

increase efficiency, and enhance decision-making. That engagement, in turn, builds momentum. But working with data in healthcare also shifts the professional dynamics. For too long, medical expertise was seen as the top of the pyramid — the sole authority. Yet in a data-driven environment, other professions play an essential role: medical informaticians, biomedical engineers, IT specialists — and yes, patients themselves.

We have excellent health data — but we use it far too little.

That means learning to work together. It means learning to understand and use health data as a shared resource — one that can empower collaboration rather than competition. The use of health data must become not a sensitive exception, but a confident standard. A natural part of how we diagnose, treat, and improve.



Examples from Sheba Medical Center show what's possible. There, data usage is not controversial — it's obvious. Decisions are informed by data, not overridden by it. The result: more efficient hospital operations, better-informed care, and more time for the patient.

At University Medicine Essen, part of the ARC Innovation ecosystem, we witnessed first hand how a shift in mindset and interdisciplinary collaboration can change not just outcomes — but attitudes. This isn't about importing a system. It's about importing the courage to change.

If we want more time for patients, better therapies, and smarter use of resources, we need to stop seeing data as a risk. And start seeing it as a tool — one that, when used responsibly, makes care more human, not less. ●



KNOW YOUR EXPERT

Dr. Anke Diehl is Chief Transformation Officer at University Medicine Essen and a Member of Germany's National Interoperability Council.

THINK. ACT. HEALTH.

Bring Innovation to the Point of Care

Encourage clinical teams to engage directly with data as part of daily practice — not only in research.

Stop Lamenting, Start Doing

Shift the focus from barriers like silos and privacy concerns to solutions and success stories that inspire change.

Redefine Collaboration in Healthcare

Empower interdisciplinary teams — including IT, data science, and patients — to work together as equals in clinical innovation.

Normalize Data-Driven Decision-Making

Make the use of real-time health data a routine part of diagnosis, treatment, and hospital management — not an exception.



IT ALONE WON'T FIX IT



Germany's healthcare system has no shortage of data — but it struggles to turn that data into value. At the heart of this challenge lies a simple truth: technical infrastructure is necessary, but not sufficient. If we want to move toward truly data-driven healthcare, we need focus on access, alignment, and usability, says **Prof. Martin Sedlmayr**.

In many hospitals, data remains trapped in silos — fragmented across departments and systems. This makes integrated analysis nearly impossible and reinforces the status quo: isolated decisions, duplicated efforts, and missed opportunities.

Even where technical tools exist, interoperability is lacking. Without shared standards and a common semantic framework, data cannot flow — and cannot scale. Clinicians, meanwhile, often don't have timely access to the very data they generate. Real-time insights remain a distant goal, buried under technical and bureaucratic constraints.

The root of the problem is organizational.

IT departments are often underfunded and overstretched. Strategic responsibilities are fragmented. Too often, investments are made in hardware or software — without considering how people will use them. Usability is treated as an afterthought.

To move forward, we must invest in more than systems. We must invest in people — in data stewards, in clinical champions, in real interdisciplinary collaboration.

Transformation has to feel inspiring, so that people want to be part of it.

Germany has the talent, the data, and the legal momentum. What's missing is alignment — and the courage to let go of legacy structures that no longer serve patients or professionals.



KNOW YOUR EXPERT

Prof. Martin Sedlmayr is Director of the Center for Medical Informatics and CDO at the University Hospital Carl Gustav Carus Dresden.



"STOP OVERTHINKING"

As a medical informatician, my goal is to create real value for healthcare. But in day-to-day practice, we frequently run into limitations — whether technical, organizational, or cultural.



How do we overcome the barriers that are holding us back?

Learning from others is crucial. Seeing how things are done in other countries, identifying best practices, and reflecting on what we can adapt here in Germany — especially in Saxony — is incredibly helpful. A recent visit to Israel made one thing clear: real progress happens when people stop overthinking and start doing.

What's your vision for the next few years?

We want to build a community in Germany — together with partners from healthcare, industry, and research — where innovation becomes reality. The aim is to improve the working lives of nurses and doctors, and ultimately, outcomes for patients.

What role do events like this Think Tank play?

They're essential. We're dealing with a wide range of issues. Tackling them requires dialogue. And just as important: transformation has to feel inspiring. People need to want to be part of it. That's why creating a community with shared energy and vision is so vital. ●

THINK. ACT. HEALTH.

Break Down Data Silos

Enable structured, cross-departmental access to clinical data to support integrated analysis and care optimization.

Invest in Usability

Design platforms and workflows around the needs of clinicians and researchers — not just IT administrators.

Empower the Workforce

Build up internal expertise by funding clinical data stewards, analytics leads, and training programs.

Clarify Data Governance

Establish clear responsibilities and cooperation structures between IT, clinical leadership, and research units.



BECOMING A DATA-DRIVEN HOSPITAL

In Israel, we can experience the redefinition of what it means to be a data-driven hospital. At the forefront of this shift is Sheba Medical Center's ADAMS Center – a structured framework that empowers clinicians to turn data into insight and insight into action. **Prof. Ronen Loebstein** shared how this transformation began with a simple clinical question – and evolved into a hospital-wide strategy.

What started as an individual research initiative in clinical pharmacology quickly revealed a broader potential. When Prof. Loebstein presented his findings to Sheba's CEO, the response was immediate: why limit this capability to isolated projects, when the entire hospital could benefit? This pivotal conversation laid the foundation for the ADAMS Center – not just a department, but a new operating model designed to embed data-driven thinking across the institution.

From Single Study to System Strategy

At its core, the ADAMS Center is an answer to a challenge faced by hospitals worldwide: how to move from raw data to real results. For years, Sheba's clinicians had access to MDClone, a self-service platform for data analysis. Most used it for specific research questions, often with the help of IT teams or statisticians. But Prof. Loebstein saw something more – a way to systematically explore real-world evidence, especially in drug safety and effectiveness, where clinical trial data often falls short of daily reality.





Sheba's leadership committed to becoming hospital that continuously improves by asking questions, analyzing data, and acting on findings. The ADAMS Center became the operational backbone of that commitment.

A Structured Model for Clinical Curiosity

The ADAMS Center is a model for cultural and organizational change. Named after the five-step methodology it promotes, ADAMS stands for:

- Ask – Identify a relevant clinical, operational, or strategic question
- Discover – Analyze the data using MDClone's self-service platform
- Act – Implement evidence-based changes
- Measure – Track the impact of those changes
- Share – Communicate findings internally and externally

This process is supported by a small central team — including a clinical lead, operational director, project managers, data experts, and a biostatistician. But the real engine is a growing network of over 35 ADAMS champions. Each champion brings forward questions from their field and works with the Center to explore solutions.

The most powerful driver of change in our hospital was curiosity.

More than 100 projects are currently running under the ADAMS framework — and participation is growing organically.

Two Weeks, Two Projects, Tangible Results

Prof. Loebstein emphasized that the success of ADAMS is rooted in practicality. "You don't need years to see results," he said.

One case involved Sheba's endoscopy unit, which was under pressure to increase procedure volume by 5% per year — a target they believed unachievable due to capacity limits. But in just two weeks, using data from over 20,000 procedures, the team identified two key bottlenecks: unnecessarily long recovery times due to standard sedation protocols, and inefficiencies in room scheduling, especially in the morning hours.



With targeted adjustments — including a coordinating nurse and procedure-specific sedation plans — the unit not only met but exceeded its goals, increasing procedure capacity by more than 10%.

In a second case, the team analyzed the use of the high-cost drug Sugammadex. Despite alternatives being available, usage was rising. The analysis showed that prescribing patterns were largely driven by individual habits, not clinical need. With clinician-led criteria and ongoing monitoring, Sheba cut usage by 40%, saving over \$1 million annually.

Self-Service, Synthetic Data, and Trust

The technological foundation behind ADAMS is MDCclone, a platform that structures data along a longitudinal timeline — from birth to death — and allows users to query it in clinical terms, without writing a line of code. What sets it apart is its synthetic data engine, which generates statistically valid data that mimics the original but contains no identifying information. This innovation allows researchers and even external partners to explore sensitive datasets securely and without regulatory delay.

Sheba has institutionalized this, eliminating the IRB process for synthetic data projects altogether. Now clinicians know that when they ask a question, answers don't take months. They take days.

Leadership from the Top, Momentum from the Bottom

The ADAMS Center's success didn't happen by chance. It was designed with both top-down and bottom-up alignment. The CEO of Sheba is not just a sponsor of the initiative — he's an active

participant, having submitted his own questions to the ADAMS pipeline.

This executive engagement sends a clear signal throughout the hospital: data matters. Equally important is the grassroots momentum — clinicians working on projects they care about, supported by a structure that makes it easy to ask questions and act on answers.

If just 30% of our projects generate measurable value, that's already a huge institutional return.

In fact, the ADAMS Center has already delivered over \$4 million in added value, with \$7 million targeted for the following year.

A Global Network of Learning Hospitals

Sheba's ADAMS Center is now part of a global network of hospitals using the same methodology — with sister centers in the U.S., Canada, UK, and South America. Each center works independently, but shares knowledge and methodology. The vision: an international ecosystem of hospitals that learn — and improve — together.

KNOW YOUR EXPERT



Prof. Ronen Loebstein

is Head of Clinical Pharmacology & Director of the ADAMS Center at Sheba Medical Center in Israel.



SHIFT THE CULTURE. USE THE DATA.



Germany continues to face structural barriers when it comes to the meaningful use of health data. Yet the potential is significant — particularly in areas like translational medicine, where scientific insight must be rapidly applied in clinical care, says **Prof. Irit Nachtigall**.

To realize the potential of data-driven, personalized, and evidence-based healthcare, a cultural shift is essential. Health data must be seen not only as something to be protected, but as a strategic asset that drives better care, faster research, and smarter decisions. When handled transparently and securely, data becomes a foundation for trust — and patients are increasingly willing to share it when they understand the value it creates.

A promising development in this context is the growing use of synthetic data. This technology replicates the statistical behavior of real data while fully protecting individual privacy. It enables research, cross-institutional collaboration, and even international cooperation — without exposing personal health information.

Across leading hospitals in countries like the U.S., Canada, Switzerland, and Israel, the use of data in clinical and research workflows has fundamentally changed.

Self-service analytics environments now allow healthcare professionals to explore data directly, generate insights quickly, and collaborate across disciplines and borders — all while maintaining strict privacy protections. This shift enables real-time evidence generation, accelerates the translation of research into care, and supports more adaptive, data-driven decision-making in everyday clinical practice.

The goal must be a functioning infrastructure for secure data exchange — with a clear legal framework and active patient involvement.

However, technology alone is not enough. Too many institutions continue to operate in silos. Universities, industry, and care providers often pursue conflicting goals, slowing down collaboration. What's needed is a shared infrastructure for secure data exchange, supported by aligned standards, legal clarity, and active patient involvement.



Know What the Data Is For

Improved data usage starts with better data literacy. Healthcare professionals must not only collect data, but understand its value at the point of capture. Too often, information is documented without clarity on how it will improve care, inform research, or support decision-making. Building this awareness is essential. When those who generate data know what it is good for — and how it can benefit patients — trust increases, quality improves, and innovation becomes part of daily clinical practice.

In the end, it all comes down to a cultural shift — not as an abstract ambition, but as a practical foundation for progress. What's needed is a shared understanding that responsibly used data can save lives, improve therapies, and make medicine more precise and equitable. Only when this mindset permeates clinical workflows, leadership decisions, and medical education will Germany unlock the full value of its health data. ●



KNOW YOUR EXPERT

Prof. Irit Nachtigall is Head of Translational Research, Education, and Collaboration at Vivantes and Professor of Infectious Diseases. She hosts the podcast *DatenDurchBlick*, where she explores the digital transformation of healthcare.

Currently, we often work based on assumptions and outdated guidelines due to the lack of real-time data. Better data would allow us to analyze which therapies truly work.

THINK. ACT. HEALTH.

Strengthen Data Literacy at the Point of Care

Ensure healthcare professionals understand the purpose and potential of the data they collect — to improve quality, safety, and research impact.

Use Synthetic Data to Enable Secure Innovation

Adopt synthetic data to empower clinical research and AI development without compromising patient privacy.

Break Down Institutional Silos

Foster structured collaboration between hospitals, academia, and industry to align standards, processes, and goals for shared data usage.

Prioritize Translational Medicine

Accelerate the transfer of research insights into clinical practice by enabling real-time data access and feedback loops within care settings.



INNOVATION WITHOUT COMPROMISE



What does it mean to work in a truly data-driven hospital? After spending a year at Sheba Medical Center in Israel, **Dr. Anne Sophie Kubasch** has seen what it looks like when data becomes a strategic resource – not just a byproduct of care.

At the ADAMS Center, clinical decisions, research, and innovation are all enabled by data that is accessible, usable, and responsibly managed.

Self-service analytics and high-quality synthetic data empower clinicians and researchers to explore complex health questions immediately – without waiting months for approvals. Synthetic data offers both speed and security. It allows hospitals to analyze care patterns, train AI models, and validate new tools without ever exposing real patient information. This is especially valuable in rare diseases and small subpopulations, where traditional data access is difficult or impossible. And it opens doors for international collaboration, even in highly regulated environments.

At Sheba, this innovation is embedded in the hospital's core. The ARC Innovation Center, Sheba's in-house platform for accelerating and implementing healthcare innovation, plays a key role in this. It's not about ideas in isolation – it's

about real-world application. New concepts are tested alongside clinical teams, and if they work, they're scaled. The ADAMS platform is a perfect example: it's not a research tool tucked away in a basement – it's used every day across the hospital.

Synthetic data isn't just a compromise to protect privacy – it's a key enabler of the data-driven hospital.

Could German hospitals do the same?

Absolutely. But it requires more than technology. It requires a mindset shift. Hospitals must become not only providers of care, but stewards of data and engines of innovation. The Health Data Use Act has laid the legal foundation. Now we must build the infrastructure, governance, and culture to support it.



EXPERTVIEW

At Sheba, data scientists, clinicians, and entrepreneurs work side by side. Silos disappear. Insights come faster. We need similar interdisciplinary ecosystems in Germany – not next to hospitals, but inside them.

At the ADAMS Center in Sheba, clinical teams and researchers can quickly investigate complex health questions – without waiting months for data approvals.

And, synthetic data is not a compromise. It's a catalyst. If Germany embraces platforms like ADAMS and processes like those at ARC, hospitals can become secure, scalable, and transformative.

The technology is here. But are we ready? ●



KNOW YOUR EXPERT

Dr. Anne Sophie Kubasch is a specialist in Internal Medicine, Hematology, and Oncology. She is a researcher at the Hasso Plattner Institute (HPI) in Potsdam and the Else Kröner Fresenius Center for Digital Health at TU Dresden and University Hospital Dresden.



THINK. ACT. HEALTH.

Enable Self-Service Analytics

Provide clinicians with secure access to explore and analyze data independently.

Use Synthetic Data at Scale

Adopt synthetic data to accelerate research while safeguarding patient privacy.

Build Cross-Functional Teams

Establish in-hospital ecosystems where data scientists, clinicians, and innovators collaborate seamlessly.

Leverage New Legal Frameworks

Create governance structures that support responsible data usage.

Redefine the Hospital's Role

Position hospitals as active data stewards and innovation drivers—not just care providers.



FOCUS ON VALUE

Healthcare leaders met in Berlin to discuss how to democratize the use of health data within hospitals — not as a future vision, but as a practical strategy for immediate impact. These are the key findings and recommendations:

1. Access to Data Remains Inconsistent

Data availability varies: from 2 weeks to 9+ months depending on complexity, ethics, and institutional structure. Fragmented systems, unclear ownership, and low IT budgets still hinder practical use.

2. Time Is the Real Barrier — Not Interest

Clinicians often want to work with data, but lack time, tools, and support. Processes are perceived as too complex, slow and bureaucratic to deliver real-time value.

3. Culture Change Starts with Examples

Sheba's champion model and fast-track IRB process as replicable innovations. Role models (e.g., nursing staff, CNIOs) and small, visible wins can build momentum. Education modules help build trust and capacity.

4. Data Strategy Is Also a Leadership Strategy

Strategic alignment is critical: Innovation needs both top-down commitment and bottom-up opportunity.

When hospital leadership uses data themselves, it signals shared responsibility and sets the tone.

5. Usability Determines Success

Tools must be intuitive enough for clinicians to use without technical help. Poor system usability is one of the biggest causes of disengagement.

6. Democratization Needs a Broader Scope

While medical doctors are often the focus, nurses, admin staff, and researchers must also be empowered. True data democratization means multi-professional access and cross-functional collaboration.

Innovation doesn't need perfect data. It needs the right questions — and the infrastructure to ask them quickly and easily.

The next step? Institutionalize curiosity. Build the platforms, the trust, and the time for clinicians and staff to use data meaningfully — not someday, but now.



THINK. ACT. HEALTH



IN ACTION

Turning Curiosity Into Capability —
And Capability Into Change.

Build trust through action, not theory.

Real success stories like Sheba's show that curiosity can drive system-wide change — when supported by leadership and structured processes.

Usability matters more than infrastructure.

Self-service tools, fast-track access, and outcome visibility are essential for adoption.

Cultural transformation takes time and commitment — and starts with ambassadors.

Train, empower, and recognize the people who ask better questions.

Don't wait for perfect data.

Start small, act fast, and improve iteratively. Partial data used well beats perfect data never used.

Policy must enable, but stakeholders must act.

Policy makers should provide strategic guidance and enable supportive frameworks that give hospitals the autonomy to make operational decisions.



KNOW YOUR EXPERT

Lea Ledwon

is an experienced international health diplomacy expert and manages the Data2Value Initiative at Lemonmint.



STRENGTHENING CYBERSECURITY

The democratization of health data can transform patient care but hospitals need strong cybersecurity. Healthcare is an increasingly high-value target due to its rich data and often outdated security systems, according to **Harald Hertel** and **Janne Lorenz**.

Cyber attacks can paralyze hospital systems, delay surgeries, and endanger lives. Yet many hospitals remain underprepared and must catch up to meet the EU's NIS-2 directive by autumn 2025.

Effective hospital cybersecurity requires a comprehensive approach combining technical safeguards, clear structures, and precise communication. Hospitals must define roles, test crisis protocols, and ensure coordination across IT, clinical, legal, and communications teams. The first 48 hours after an attack are crucial: missteps can damage reputation, undermine trust, destroy value.

Awareness among medical staff

Overloaded and undertrained in cybersecurity, medical professionals are frequent targets — especially through phishing or social engineering. Hospitals therefore need regular, tailored training for clinical staff, including simulations, clear reporting paths, and a culture of shared responsibility for digital safety.

THINK. ACT. HEALTH.

Prepare Thoroughly

Build strong and up-to-date technical and organizational defenses - including staff training and crisis communications.

Respond Effectively

Act fast with a structured response to limit downtime and damage. Engage technical, legal, and communications experts early.

Improve Continuously

After an incident, analyze what went wrong. Review forensic and communication outcomes to find gaps.

KNOW YOUR EXPERT



Harald Hertel

is Managing Director and Forensic Cyber Security Expert at FTI Consulting.



Janne Lorenz

is Senior Director, Strategic Communications at FTI Consulting.



DATA IS VALUABLE WHEN IT'S USABLE

We must shift the conversation — away from data concerns and toward data value. The benefits of using health data far outweigh the risks, and it's time we act accordingly. That means bringing data and its analysis back to those who need it most: clinicians, researchers, and care teams.

Physicians must be able to access and work with data more easily. Not through added complexity, but through secure, intuitive platforms that enable high-quality, scientifically sound analysis. Empowering clinical teams to explore data directly is key — not only to improving care, but to restoring trust in the system as a whole.

The next step for Germany is clear: simplify access, reduce friction, and foster a culture where using data is as natural as documenting it.



KNOW YOUR EXPERT

Dr. Michael von Wagner is the CMIO at University Hospital Frankfurt and the Managing Director of the University Center for Digital Healthcare.





LEMONMINT – THINK. ACT. HEALTH.

Lemonmint exists to help build a Health Data Society. Everywhere.

Our mission is to facilitate the growth of key stakeholders and strengthen their impact in a data-driven health system.

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The Data2Value Initiative is managed by Lea Ledwon. You can contact her at lea.ledwon@lemonmint.org.

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DATA2VALUE INITIATIVE

The **Data2Value Initiative** empowers people, solutions and processes to turn evidence into value - at scale.

We act based on four principles:

- **Knowledge** is global.
- **Healthcare** is local.
- **Science** is central.
- **Collaboration** is essential.



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