Curriculum Vitae

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Personal data

born 25. 01. 1971 Eisenberg, Thuringia, Germany; German Nationality; married, 2 children

Educational training and professional experience

09/1977 – 08/1989	secondary and extend secondary school Eisenberg, Thuringia, Germany
09/1991 – 11/1998	Medical Training, Germany, Namibia and USA
08/1996	United States Medical Licensing Examination (USMLE)
01/1999 – 11/2007	Department of Endocrinopathies and Metabolic Diseases, Medical Faculty Carl Gustav
	Carus at the Technical University Dresden, Germany
06/1999 – 09/2000	postdoc at Howard-Hughes-Medical Institute, University of Chicago, USA
12/2007 – 06/2008	Specialist in Internal Medicine at the Medical Faculty Carl Gustav Carus
07/2008	Habilitation in Internal Medicine
07/2008 - 11/2008	Research Director of Public Health research at University of Helsinki
12/2008 – ongoing	Professor of Internal Medicine, Head of the Department of Prevention and Care of
	Diabetes at the Technical University Dresden
03/2015	Master of Business Administration (MBA) for international business
11/2018	W2 Professor for Prevention and Care of Diabetes

Research and other commitment

Dissertation:	Predictive analysis of mutations in BRCA1 and BRCA2
06/2003	Chairmen of the German workgroup of diabetes prevention
01/2005	scientific secretary of the European DE-PLAN project group
01/2006	member of the Diabetes Policy Working Group Europe
05/2007 - 04/2010	PI of the European Diabetes Prevention Group "IMAGE" to develop prevention
	guidelines and training curricula for prevention managers
03/2008 - 02/2010	Member of the Expert Advisory committee of the DIAMAP project do establish a
	European Roadmap for Diabetes Research
03/2009 – ongoing	PI of the FUSION Consortium at the National Institute of Health, USA
01/2010	endowed professor for Prevention and Care of Diabetes
04/2010 President of the 6 th World Congress on the Prevention of Diabetes	
06/2010 – ongoing	member of the Expert group to develop a European Diabetes Plan
08/2010	member of IDF Working Group for the United Nations Declaration on NCD
01/2011 – ongoing	elected member of the WHO Health City council at the City of Dresden
11/2012	President of the German National Diabetes annual meeting
05/2013 - 05/2016	PI of the European Disease management project MANAGE CARE
03/2014 - 03/2016	executive member of the Diabetes in Asia Study Group (DASG)
11/2015	Candidate for the President at the International Diabetes Federation (IDF)
11/2020	CHAIR of the Strategic Forum on Self-care, Technology & Digitalisation at the European
	Diabetes Forum (EASD/IDF)

Publications

Peter Schwarz has 252 peer reviewed publications, (115 as first and senior author, 34 reviews), with a total impact factor of 2145. His citations include 15998 articles without self-citations and are represented by a Hirsch index 52. He has written 42 book chapters. Peter Schwarz was invited to more than 350 presentations to peer-reviewed, internationally established conferences.

ABSTRACT

Three Pillars of Wisdom (2) - Self Care Technology Digitization

Digitalization in the diabetes today provides a fast growing number of opportunities for better care for our diabetes patients, but it also includes disruptive changes in our understanding of care pathways and the role between patients and the professional care-team. The development of apps used by diabetes patients provides unique opportunities to enhance empowerment for better self-management and decision making of the patient. Furthermore apps can provide a conclusive logbook about patient's self-management buy furthermore numerous aspect of the lifestyle of the patients. This provides an excellent of chance to use artificial algorithms to give feedback and to empower and motivate patients to change the lifestyle – but fully beside classical care pathways.

What does it mean for us as carers?

It would be wrong to be restrictive in the use of digital tools, because of the fear to lose our professional role. We should take your "professional" role and identity best practice apps and select them based on patient preferences, need, treatment requirement and the peer-environment of the patients. If the patient's selecting themselves, we should support them in using them and use the data provided by the apps. This is a challenge for many of us, but comparing with the implementation of glucose-meter, or the discovery of insulin 100 years ago, the digitalization is a slow but in some instances a similar disruptive innovation in the diabetes sector.

The strategic forum self-management and technology in digitalization of the European Diabetes Forum, is bundling activities to assess best practice digital tools for diabetes patients and diabetes are pathways in Europe. Our goal is to link evidence to the existing tools and provide a ranking between patients and healthcare providers about the quality and effectiveness of using those tools. This activity will be channeled into developing guidance how to use digital tools in diabetes care in the right way and how to select the patients with a good affinity to digital care pathways. Our call to action is to be open in the view onto digitalization in diabetes care. It will be disruptive but it will provide a high number of new, unique but satisfying opportunities.