Integration across the Care Continuum: Improving Population Health

The population-based Integrated Care System „Gesundes Kinzigtal“: conditions, financial model, evaluation, trends

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Our fragmented healthcare systems are engineered for “repair” but not for “maintenance” and not at all for “prevention” and “innovation”.

Maria Roth from Zell a.H. is a 84 years old woman suffering from heart failure.

From 2010 to 2014 the total costs of care for Maria were 72,261 €, resulting in a loss for the insurance of -23,204 € or about -5,800 € per year.

I am afraid we have to move to a nursing home because of my wife’s bad health status.
Can’t we do better?
Innovating the health system to be more efficient and to produce health.
Hanna Held from Nordrach is also a 84 years old woman suffering from heart failure. Since the diagnosis six years ago she has been participating in the health care program „Strong Heart“ and she has a case manager at her GP practice.

In the last 4 years Hanna only went once to hospital because of an ophthalmic complication. Her total costs of care summed up to 14,281.8 €, resulting in a profit for the insurance of +2,613.6 € or about +650 € per year.
Population Health in the Times of Global Financial Crisis: The Question

How to get a sustainable interest in investments in health and in delivering the best results?

How to get local health care providers motivated for health/public health?

... and how do we get this installed in a multi payer and multi provider system?
A new business model: Shared Health Savings Contracts / Shared Health Benefits Contracts

In “Shared Health Savings Contracts” we generate an economical benefit for purchasers (sickness funds or in another context the NHS) for a defined population through wise investments, prevention and optimized care.

An even better expression would be “Shared Health Benefits Contracts”, because we share the surplus benefit for the either sickness funds or national health systems.
Health gain sharing: the risk adjusted contribution margins of the partnering health insurances

The integrator company (re)invests and benefits from its success

Integrator company

Tangible investment:
Additional payments for management and substituting actions/ prevention

Intelligence investment:
Physicians know-how to streamline processes
Know-how of the management (and OptiMedis AG)
Cost cutting agreements (rebates and/or success remuneration)

Health insurance / NHS

Savings to be shared

Total actual costs
Normally expected costs (risk adjusted with Morbi-RSA algorithm)
Gesundes Kinzigtal: successful in the 10th year and still investing for further population health improvement

- **Start:** 2006 for a population of 33,000 insureds of AOK and LKK
- **58%** of all the GPs and specialists of the region have chosen partnership
- Surplus health care services, coaching and free preventive offers

- **Investing in health:** Central electronical data platform, around 20 prevention and care improvement programs, integrating sport and exercises
- **2015:** Building a medical training & education center (3.5 million € investment)
The pillars of optimization and quality – Integrated health care programs in Gesundes Kinzigtal

Gesundes Kinzigtal

Primary prevention

Health trainings / group activities
Club sports
Course offers (e.g. aqua fitness)
Health academy

Health programs

Heart failure
Metabolic syndromes
Back pain
Psychic crises
Depression
Geriatric care etc.

Special Themes

Quality indicators + Benchmarking
Focus on evidence based pharmacuetics
„World of health“ with exercises / Fitness
Workers health etc.

Community cooperation

Central electronic data

Public health focus

Committed network of partners + activated patients
Gesundes Kinzigtal produces value in three Dimensions:

- Participants die 1.4 years later (78.9 vs 77.5 control)
- 5.5 Mio € surplus improvement for the two sickness funds in the Kinzigtal region in 2013 against 75 Mio € norm costs
- 98.9 % of enrollees who set an objective agreement with their physician would recommend becoming a member to their friends or relatives

OptiMedis AG
It even produces **value in three further dimensions:**

**Quality of life and professional satisfaction of providers:** 15 % increase in income for partnering physicians per case + higher satisfaction through better cooperation (with other providers and patients + vice versa).

**Community building and securing health care for the region:** Local municipalities are calling on Gesundes Kinzigtal to secure the supply of health care and the staff for physician and nursing practices.

**Healthy workforce:** Companies are calling on Gesundes Kinzigtal to get support for health promotion management and activities around health at the workplace.
Triple Aim Results: Margin improvement for the two sickness funds in the Kinzigtal region 2014 – 5.5 Mio €

Development of Morbi-RSA allocations, actual healthcare costs, margin improvement and number of insured of AOK und LKK in the Kinzigtal region
Is Kinzigtal so special that we cannot do the same in other regions?
No
Different contexts, different problems, but similar solutions

• From rural to urban
  Solutions such as patient engagement, strengthening the role of GPs, implementing shared information systems are equally (or even more) relevant in an urban context with a disadvantaged population.

• Additional focus on inequalities and the social determinants of health
  Based on 40 years of research on the social determinants of health, the origins of inequality and strategies to reduce them are well established (WHO Closing the gap in a generation, 2008).

• Role of the regional integrator
  Additional stakeholders (e.g. more social service involvement and representation of target groups such as migrants), but the same approach to intervention planning, performance feedback, and shared savings.
In Switzerland several regions and health insurances are interested in cooperation with OptiMedis.
More information

Our regional integrated care model as infographic: www.optimedis.com
Let’s get in contact

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