Looking into details: Processes, Health need assessment and outcomings of targeted care management and prevention programs

Dirk Konnegen
Project Leader Networking, Healthcare & Research
Quality Manager

My most important task area at Gesundes Kinzigtal

- Healthcare programs: ÄrztePlusPflege, Depression
  - Hospitals
    - Wound management
    - Delirium management
  - Nursing homes and ambulant care
    - Interface between EPR (GP/SP) an EPR (nursing)
  - Developing an idea of a medical care center (MVZ)
  - Quality management
Developing a health care program consists of 5 steps

- Indication related and structured care programs organised through a central management authority ensure the optimal care of the patient

- A comprehensive development process is necessary to obtain a care program
How an idea turns into a coordinated care program

Phase 1: Project impulse
- An idea or impulse from partners, patients or specialised press and congresses

Phase 2: data research and analysis
- Feasibility study and considering the experience and information of previous/similar programs
- Indication specific data for the region
Multidisciplinary cooperation leads to a successful care program

Phase 3 and 4

- Draft of a project order on the basis of the data analysis, the guidelines and similar projects → approval through executive board and medical adviser
- Form a multidisciplinary project group with a project leader
- Design first pre-concept including Integrated care pathway and cost-benefit analysis
- Inform and train network partners
Regular evaluation to optimize care programs

Phase 5

- Test run (6 to 12 months) and final validation of the program → revision if needed
- Extension of the program to all involved practices or institutions
- Transfer to responsible person for monitoring and process-controlling
- Evaluation of the running program on the basis of the program documentation and the insurance data
There are numerous factors to consider during program development

![Gesundes Kinzigtal GmbH](image)

Consequent control of actual requirements by:

1. Experiences made by other projects or in other regions
2. Indication-related number of cases in the region
3. Existing supply structures
4. Evaluation of persons concerned

Inclusion of all affected partners is necessary for engagement and willingness → bottom-up

Long-term decisions e.g. cost effectiveness

IT-based documentation module as a guideline for physicians enables evaluation and adjustment of program contents
The implementation of health care programs by example of:

Starkes Herz – Gezielt gegen Herzschwäche

(Strong Heart – a program for patients suffering from heart failure)
Training of medical assistants and case-management are the most important components of care programs

- **Target group:** Patients suffering from heart failure (NYHA class III and IV)
- **Start of care program:** 2006
- **Participants:** 97
- **Education and training** of medical assistants as case-manager
- **External cooperation partners:**
  - University of Heidelberg, institute of general medicine, development of tailored questionnaires → Group A
  - External provider of telemedicine services (until 2011) → Group B
The program aims on stabilizing the health status of participants

- Close contact between case-manager and patient
- Improvement of quality of life
- Increasing survival rate
- Delaying disease progression
- Detection of emergency situations at an early stage through intensive care by a case-manager
- Support of a suitable self-management
- Avoidance of costly hospitalization
Clear criteria ensures aiming for the right target group

- Registered members of Gesundes Kinzigtal (GK)
- High-risk patients (identification by a specific questionnaire)
- Diagnosis: heart failure \(\rightarrow\) NYHA class III or IV
- Classification into a care profile depending on NYHA class and other criteria
Close contact between Case-Manager and patient strengthens self-management

**Patient**

- Daily weighing (every morning before breakfast)
- Daily blood pressure measurement (before getting up in the morning)

**Case-Manager**

- Frequent phone contacts or home visits
- Query of the questionnaire
  - Content: Weight, chest pain, dizziness, medication, liquid intake, etc.
- Report to doctor after every contact, or in case of emergency immediately
Intensive collaboration between doctor, Case-Manager and Gesundes Kinzigtal

✔ Practioner

- Intervention on account of feedback from Case-Manager

✔ Gesundes Kinzigtal

- Information package on the disease and the program itself
- Health report for each patient by his doctor and Gesundes Kinzigtal
- Evaluation of care program and adjustment if necessary
Evaluation and revision of the program four years after start

Results Group A (Case-Management)

- Case-Management leads to a good and intense cooperation between practice team and patients
- Self-management and individual responsibility of the patients are strengthened
- Average costs per patient = 374 € in total

Results Group B (Telemedicine by a call center)

- Transfer of activity to external partner → less stress and impact on the medical practice environment
- But: less communication between practitioner and patient
- Average costs per patient = 955 € in total

Conclusion:
Cost-benefit analysis of Group A is better than analysis of Group B.
→ Termination of telemedicine and continuation of Case-Management
Program evaluation as an indicator for success

- Evaluation of health insurers administrative data of program participants
- Evaluation of electronical and paper-based program documentation of practitioners and Case-Managers
- Matched-Pair analysis of health insurers administrative data of insured from the region and a comparison group
Higher survival rate of participants shows success of the care program

Survival-Kurven Programmteilnehmer Starkes Herz vs. Starkes Herz Zwilling

Quelle: GKV-Routinedaten der AOK und LKK Baden-Württemberg, n=je 55, 2011
Number of guidelines compliant medication is higher in Kinzigtal

Entwicklung Anteil der Herzinsuffizienz-Patienten* mit ACE-Hemmer/ AT1-Antagonist und/oder Betablockerverordnung**

Less costs per participant compared to comparison group

Kosten (€) je Programmteilnehmer gegenüber Vergleichsgruppe ab Zeitpunkt der Einschreibung

Quelle: GKV-Routinedaten der AOK und LKK Baden-Württemberg, n= je 55, 2011
A short view on our program for nursing home residents:

ÄrztePlusPflege – das Programm für Pflegeheimbewohner

(PhysiciansPlusNurses – a program for nursing home residents)
Patient-centered care not standard

- ward round not timed with nurses in care home
- no structured exchange of information between GPs and nurse in nursing homes
- physicians only available for nurses in nursing homes in their consultation hours
- hospitalization through emergency physician, who does not know the patient (because family doctor is not available)
- partly inadequate medication
ÄrztePlusPflege should help organize health care

- continuous care of residents in their own environment
- early identification of health threats of residents and if possible threat on site
- avoid hospitalization and therefore critical situation of residents
concerted procedures helps residents

- monthly visits in nursing homes: GP makes an appointment with nurses in the nursing home
- information exchange between GP and the nurse is more structured and documented.
- accurately timed proceeding of GP and nurse
- defined process of ward rounds
- standby service of GPs in addition to their consultation hour
In Kinzigtal is a less risk of a adverse effects in medication of ataractics for residents

Anteil Demenzpatienten* mit Psycholeptika-Verordnung**

ÄrztePlusPflege reduces hospital stay and -costs

Senkung der KH-Kosten pro Heimbewohner

The data for the other costs is not completely delivered from the AOK, since February 2009. Further data is an extrapolation based on 2008.

Quelle: GKV-Routinedaten der AOK Baden-Württemberg, 2011
Contribution margin gets better in trend

Verbesserung des Deckungsbeitrags pro Heimbewohner

The data for the other costs is not completely delivered from the AOK, since February 2009. Further data is an extrapolation based on 2008.

Quelle: GKV-Routinedaten der AOK Baden-Württemberg, 2011
Wir sind vorbereitet!
Und Sie?

Wirst du operiert?
Analysie?
RiO – Rauchfrei in den OP
(smokefree in the OP)

RiO is a project under the patronage of

Katrin Altpeter MdL
Minister of work and social order, family, women and elderly people of Baden-Württemberg
Beginning of the idea

- initiated from Prof. Olle Svensson, orthopedist at university hospital of Umeå in Sweden
- Prof. Svensson refuses smokers an operation because of risk of complications
- Therefore he offers a smoking cessation
- 2010 foundation of „En rökfri operation“
- Today 2/3 of Swedish hospitals participate the program
- Australia and New Zeeland are in discussion too
A stop of smoking 4 weeks before operation produces many positive effects on health

**Statistic significant reduce possible**:  

- **Less use of anesthetic and analgesic ↓**

- **Pulmonary complications ↓** (smokers have six times extra risk)

- **Wound healing disorder ↓** (smokers have three to six times extra risk)

- **Risk of Thrombosis ↓** (smokers have extra risk)

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Programm schafft strukturierte Behandlung von Patienten

Indikation für elektiven Operation
- GPs
- SPs

Edukation zur Raucherwerbung in Bezug auf die Operation
- GPs
- SPs

Kurzer deaddikation
- GPs
- SPs
- Abhängigkeitsberatungszentren

Edukation und Anamnese
- Ortenau Klinikum
  Möglicherweise Zeitverschiebung, falls der deaddikation nicht erfolgreich ist

Wenige deaddikation
- GPs
- SPs
- Abhängigkeitsberatungszentren

Operation und möglicherweise Krankenhausaufenthalt
- Ortenau Klinikum

Nachbehandlung
- GPs
- SPs
- Abhängigkeitsberatungszentren

Möglicherweise lange deaddikation
- GPs
- SPs

ambulant
stationär
Thank you for your attention

Contact

Dirk Konnegen
d.konnegen@gesundes-kinzigtal.de

Gesundes Kinzigtal GmbH
Eisenbahnstrasse 17, D-77756 Hausach
Tel.: +49 7831 96667-303

www.gesundes-kinzigtal.de

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