Population-based integrated care models in Germany

To procure and to be procured

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Our fragmented healthcare systems are engineered for “repair” but not for “maintenance” and not at all for “prevention” and “innovation”. 
REAL CASE IN TRADITIONAL HEALTHCARE KINZIGTAL:

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

Since 2012 Maria Roth was admitted to hospitals eight times because of inadequate monitoring and poor care coordination. She survived, but the prognosis is bad. From 2012 to 2016 the total costs of care for Maria were 72,261 €.

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.
A new value-based business model to procure: Longterm population-based shared Savings Contracts

In “Shared Savings Contracts” we generate an economical benefit for purchasers for a geographically defined population through wise investments, prevention and optimized care.

This economical benefit is shared between purchaser and us and is our motor + refines our investment → long term contract needed
One Example: Gesundes Kinzigtal: a geographically defined long term Shared Savings contract

- **Start:** 2006 – 10 year contract
- **Shared Savings contract:** Accountability for medical and economical results of a geographically-defined population of 33,000 insurees (two statutory health insurers AOK & LKK)
- **Aim:** Set incentives to focus on population health, vulnerable patients and include all providers – good or bad performers – avoid risk-selection.
Disruption of the traditional health care systems through an integrator / Accountable Care Organization
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- Shared Savings Contract
- Coordination
- Enrollment
- Services Membership
- Payment
- Service Contract
- Coordination Management
- Shareholder

OptiMedis
Regional Health Ltd
Shareholder

- Physician Network
- OptiMedis
- Hospital?
- ?
Our Triple Aim vision: Improve health care in three dimensions

Based on the Triple Aim principles of Donald M. Berwick
We achieve this vision in Gesundes Kinzigtal and produce Value in all three Dimensions

Participants live 1.2 years longer than control group compared with their individual life expectancy, general positive results on quality shown in external evaluation (www.EKIV.org)

~36,4 Million € gross surplus improvement for the two sickness funds in the Kinzigtal region in the last nine years (2007-2015), ~11,3 Million € net savings

98.9 % of enrollees who set an objective agreement with their physician would recommend becoming a member to their friends or relatives
Additional value

Higher quality of life and professional satisfaction of providers

Community building and securing health care for the region

Productivity gains for regional companies through healthier workforce

Increased attractiveness of the region for qualified labor force and young families

Insights to improve health services (Big Data, Health Service Research)

Testbed - innovation lab for healthcare companies / start ups
Range of evidence-based and locally adapted interventions

Gesundes Kinzigtal

**Primary prevention**
- Health trainings / group activities
- Club sports
- Course offers (e.g. aqua fitness)

**Health programs**
- Heart failure
- Metabolic syndromes
- Back pain
- Psychic crises
- Depression
- Geriatric care
  - etc.

**Supporting infra:**
- Incentive program
- Quality indicators
- “World of health”
- Health management
  - etc.

Committed network partners

Success factor: Technology

Gesundes Kinzigtal / OptiMedis has invested a two digit million € amount in technology in the last years:

Electronic networking system
- Multiple Doctor Information Systems (DIS) of the cooperating physicians have been connected to an electronic patient record for the network
- In preparation is the integration of further providers such as ambulant nursing care services, hospitals and social care institutes

Business Intelligence Solution
- Multidimensional Data Warehouse has been developed.
- Various data sources are linked in a prepared, enriched and used for management support via Deltamaster as BI front-end.
- Continuous development since 9 years
- Award winning solution

E-Care applications and services, e.g.
- Telemonitoring project for the management of heart failure patients has been tested
- Actually participating in EU-projects in this field (Beyond Silos, SmartCare) for e.g. Ambient Assisted Living technologies
- self tracking and mobile health data from APPs are also planned for the future
Digital & Health Innovation Centre at OptiMedis:
Towards a standardized assessment process to procure innovations for the integrated care systems of OptiMedis

- There is a sharp increase of new health technologies (IT-based, start-ups, wearable, device etc)
- A lot of these innovations have great potential but rarely make it to the market
- Key issues:
  - Lack of recognition of difficulties related to practical implementation
  - Lack of standardized assessment to procure these innovations

### Phase 1
Quality assessment
- Assessing evidence
- Quality criteria

### Phase 2
Pilot implementation
- Levels of acceptability of the innovation
- Testing impactability
- Generating the Business Case

### Phase 3
Modelling system effects
- Epidemiological and econometric models
- Impactability
The Time has Come: How do we proceed to spread the concept?

Ready to scale up and replication: evaluation protocols, investment models, >25 program outlines, incentive systems, quality indicators, guidebook, data warehouse, business intelligence system reporting system, business plan tool...
OptiMedis has multiple engagements in Germany

Rhein-Neckar / 20+ regions

1.1.2017 a new model started in the socially deprived urban area Billstedt/Horn in Hamburg (~7 Million funding over 3 years by German Innovation Fund to build up Kinzigtal like infrastructure)
OptiMedis has also multiple engagements in Europe
...and even internationally there is a big interest in the integrated, accountable care concept of OptiMedis

Sharing Success

The German Model: Measuring the Impact of Accountable Care Organizations on Population Health

by Alexander Pimperl, Ph.D., Timo Schulte, MBA, Axel Mühlbacher, Ph.D., Magdalena Rosenmüller, Ph.D., M.D., MBA, Reinhard Busse, M.D., MPH, FFPH, Oliver Groene, Ph.D., MSc, M.A., Hector P. Rodriguez, Ph.D., MPH, and Helmut Hildebrand, Ph.D. (h.c.)
What would be needed to further scale up Integrated Care Systems like Gesundes Kinzigtal in Germany and other countries in Europe?

**Purchaser, national health services or social health insurance organization:**
- Relevant market share
- Legal framework, interest and courage for
  - value- & regionally population-based
  - long-term
  - shared-savings contracts
  - with data-sharing

**Region**
- 30,000-150,000 inhabitants
- Stable migratory balance
- Ideally with identified care problems and need for change

**Bottom-up approach in combination with evidence-based, standardized tools**

**Regional integrator consisting of providers and health-science based management organization**

**Reliable and robust calculation of shared-savings**

**Political support to go from volume to value and towards population-based, integrated care models!**

**Investment funding for at least the first three years to (3-5 Million € per regional integrator)**
With the right procurement framework scaling integrated care models like Gesundes Kinzigtal would be possible in Europe, as the CMS policy move from volume to value and towards Accountable Care Organizations shows in the US.

Medicare in the US moves from volume to value ($900 billion per year for 105 million people)

2016: 838 Accountable Care Organizations for 28.3M, 9% beneficiaries (CMS, 2016)
Let’s get in Contact

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