

From Physicians Network

..... to a Healthcare Management Company

What does it take to make collaboration in a network successful?

International symposium



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GP,

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Authorized signatory of Gesundes Kinzigtal GmbH

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(Stand Juni 2015)

- Start: 2006
- Population-based integrated care for a population (AOK & LKK) of 33.000 insurees
- Long term shared-savings contract (2006 -2015*) for the whole population
- Active IC participants: ca. 10.000
- Reg. cooperation partners: 270
- Coop. physicians in the region : 58%
- Total costs** 65 Mio. €
- No restrictions for patients in their choice of doctors



*since 2016 permanently continued

**excl. dentistry

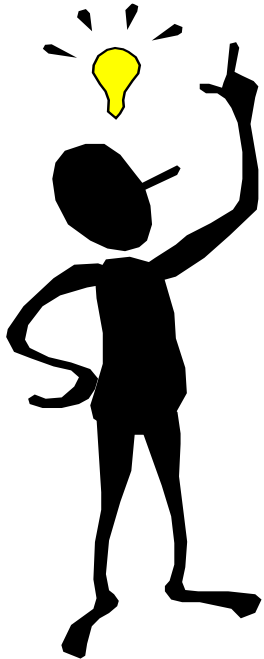
From „individual doctor“ to „physicians network“

..... their were informal “get togethers”, to which doctors from the neihgbour villages had met more or less regularly

- little by little an idea got shape:
to encourage dialogue and exchange among the local established GPs and specialists heading to better professional cooperation.

1992

Receivables and intentions:

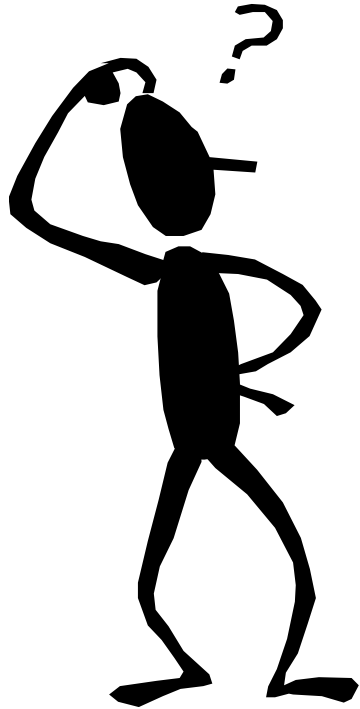


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- **Time saving + work easier**
- **better predictability of the remuneration**
- **Improve communication among the local physicians**
- **better exchange of patient data**
- **Improve emergency care**
- **Improve outpatient care**
- **voluntary participation by doctors + patients**
- **cost savings**
- **better negotiation with health insurance**
-

1994

What is to be done ?

Good reasons for (more) cooperation:



- **Acting instead of „being acted“**
 - by improving communication and cooperation
 - by improving patient management and offering more/better patient-oriented supply
 - by upgrading of quality
- **Strengthening outpatient medicine**
- **Gaining “internal” (regional) strength against “the outside,”** (i.e. statutory physicians association, health insurance companies and -policy)

**Only those who are “connected”
in a network
can work together closely and
trustingly.**

Criteria of success and failure:

Discussion and definition of common aims and values

**Clear intentions, clear allocation
and clear division of responsibilities**

Reliability in the implementation of self-selected aims

Practicing partnership in communication and cooperation

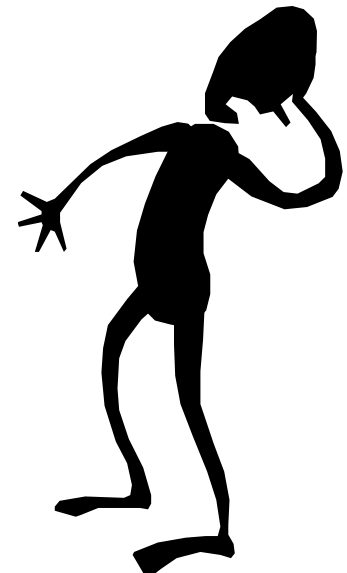
**Create organization and structures
(with professional help and support)**

Lack of willingness to change (yourself)

Lack of willingness to invest

Overestimation of own competence (s)

Size of network

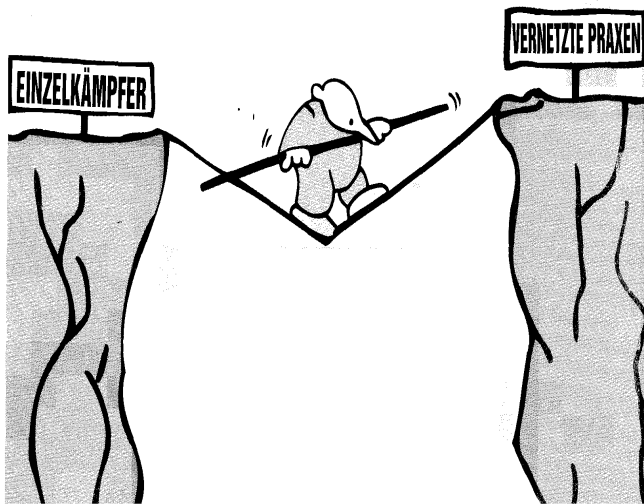


„Dynamic“ of Change:



Step by step:

It's a long Way



**It is not enough to know and
not enough to wish.
Things should have to been
tried and done.**

(J.W. Goethe)

- **Confidence and cooperation
must grow**
- **consensual (i.e. slow)
development “bottom up”**

2002

Stocktaking - the midway point:

The up to then developed structure does not fulfill all expectations related to income and the improvement of medical quality.
 (Professional) management of/in the network is only partially visible.

Dorthin!

ambivalent objectives (again and again) -

on the one hand improving the quality of healthcare,
 cost savings on the other hand

Nein, lieber dorthin

on one hand improved communication and cooperation;
 on the other hand claim on maximum preservation of
 individuality

on the one hand claim on economic success,
 on the other hand (often) only small consensus for
 "investments"

MEDIZINISCHES
 QUALITÄTSNETZ

Reorientation ...

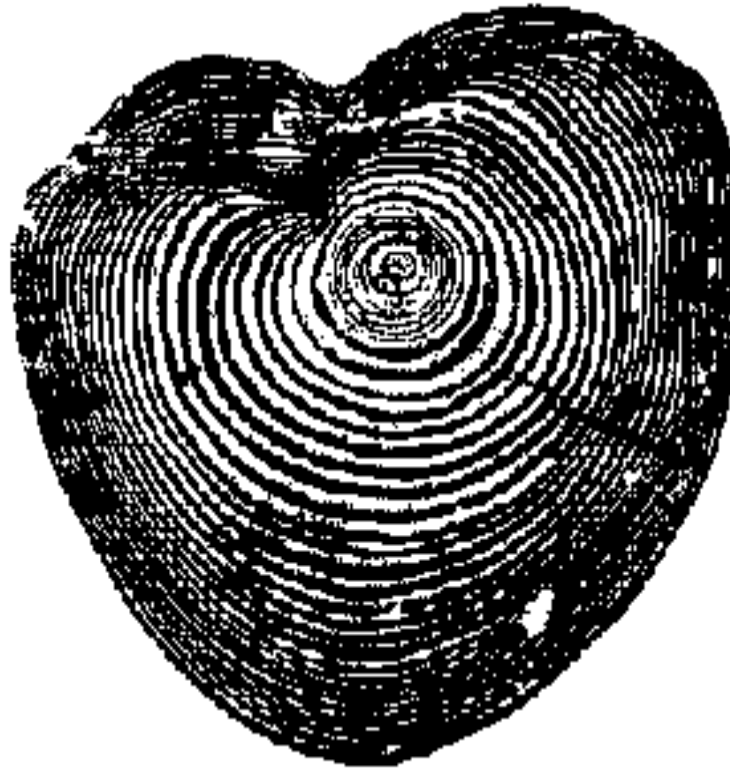
..... the doctors network strives for integrated care

Our VISION:

Development of a population-based, regional and independent concept of health care without sector boundaries.

2003
-
2004

Every change is a developing process



order:

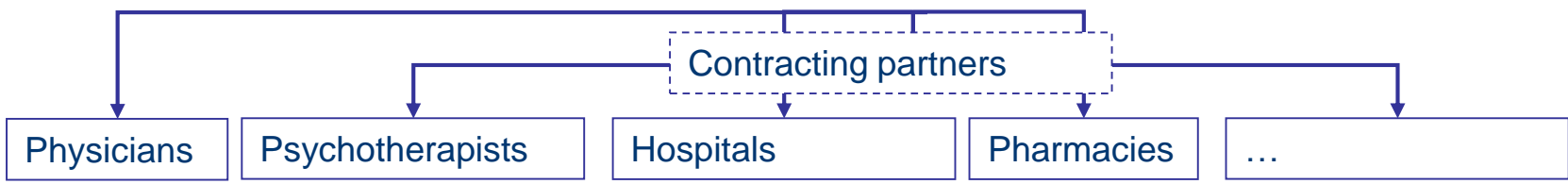
reality begins,
when one is still dreaming



- Maintaining our practices and outpatient care in Kinzigtal
- No risk selection
- Free choice of doctor
- „equality “ of GPs and specialists



Two committed partners:



Objectives

- **Outpatient before inpatient**
- Focusing on complex, chronic and cost intensive diseases
 - Optimized strategies and disease management to prevent of chronicity and/or relapses
- better follow-up of diseases in order to adapt the intervention to the current course faster and more specifically .
- More and improved prevention



The economic basis – the contribution margin

The management company invests and benefits from its success



Management 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)

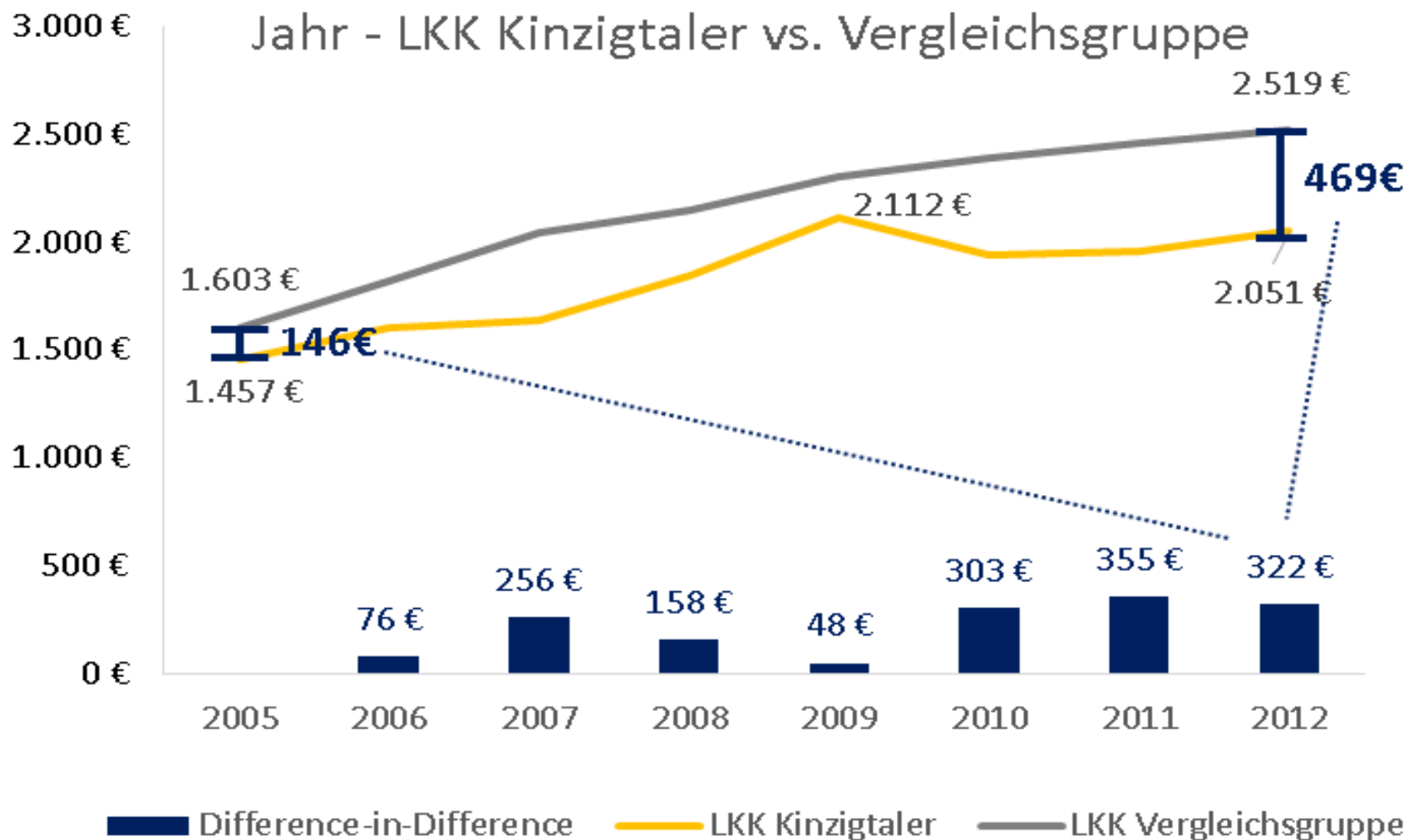
Contribution margin

Total-Costs

Normally expected costs

(allocations by means of the Morbi-RSA algorithm)

Entwicklung der Istkosten p. Versicherten und Jahr - LKK Kinzigtaler vs. Vergleichsgruppe

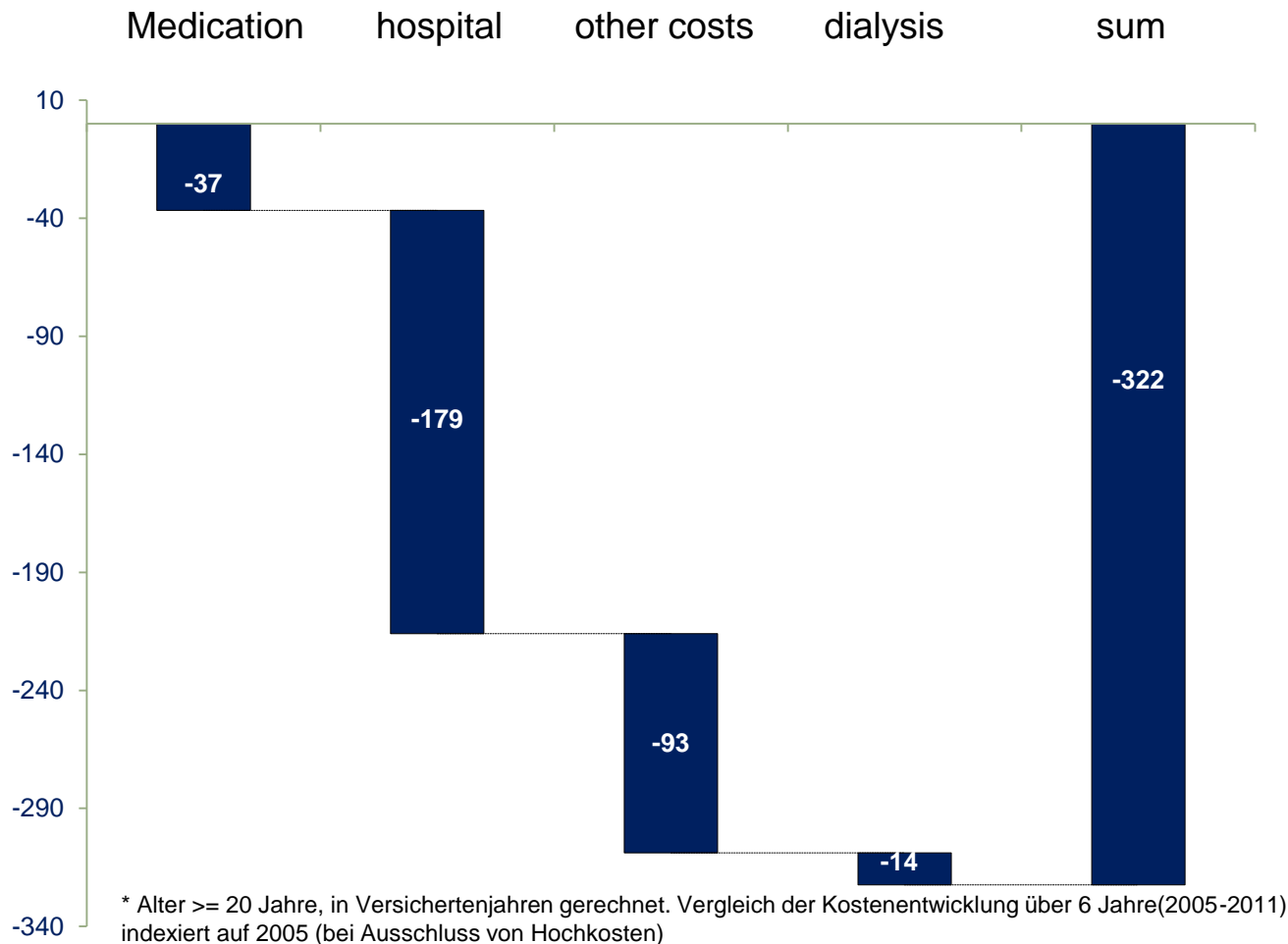


Versichertenanzahl

Normkosten bereinigt

Istkosten bereinigt

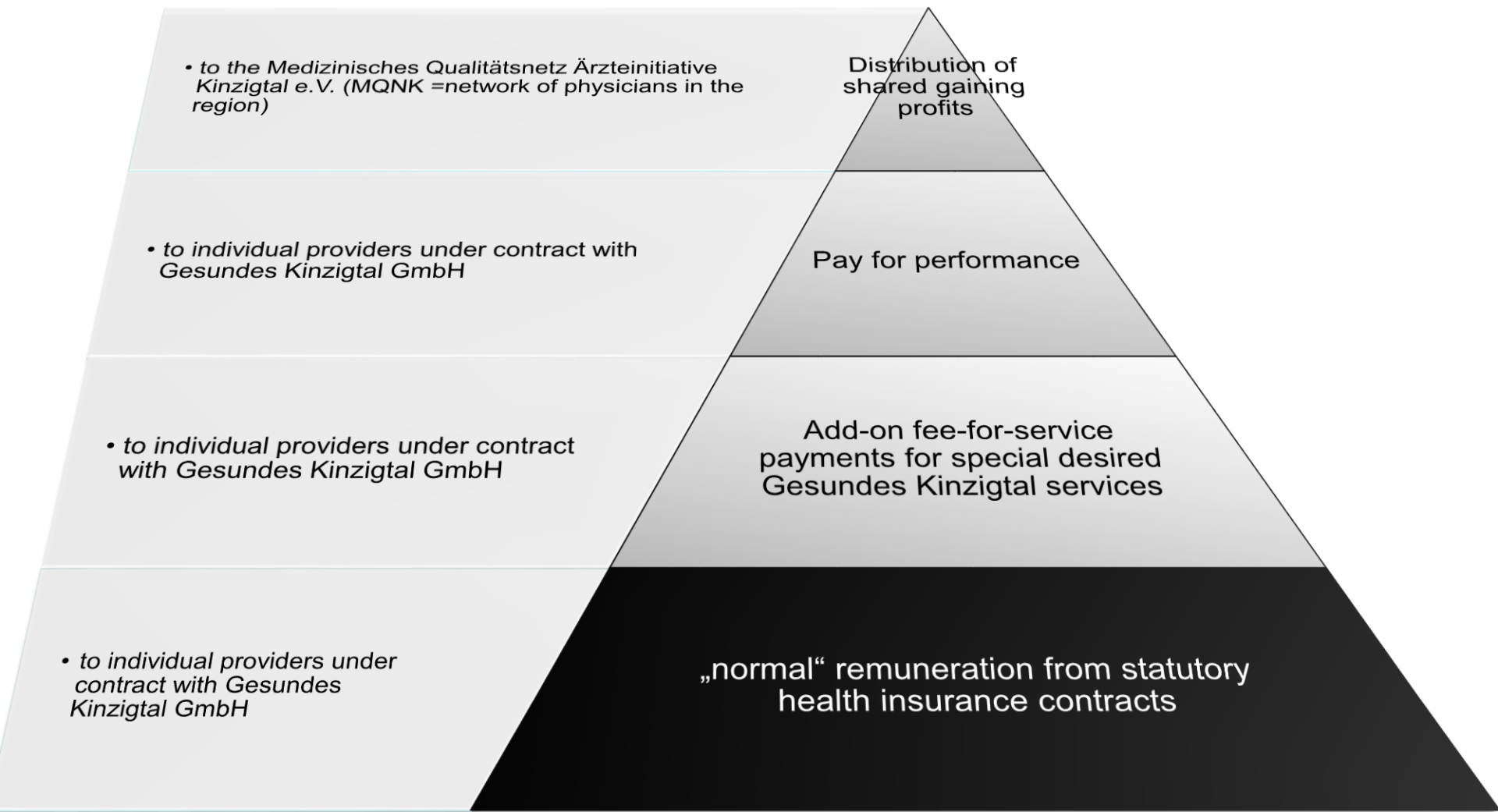
A detailed look at the cost savings for the LKK population (2005-2012)



Novelties:

- Prevention obtains central meaning.
- Shared Decision Making & informed consent in patient consultation
- The information of health insurance allows to analyze health expenditure and to develop "strategies" to avoid costs in the future.
- new "ad-on" remuneration.

A balanced multi-level remuneration system for the cooperating providers has been developed to support the re-orientation towards the Triple Aim



Objective agreements
have positive effects on
patient satisfaction and
health behavior.

For example:

45 percent of the patients,
who had agreed objectives
with their doctors, said that
they change personal health
behavior.

Siegel A et al: Gesundes Kinzigtal Mitgliederbefragung, Freiburg 2013





Around **500 people** participate as collaborators (160 organizations/institutions):

- ✓ Physicians, psychotherapists, hospitals, physiotherapists, nurses homes, ambulant care giver, pharmacies and other medical professions,
- ✓ statutory health insurance employees,
- ✓ sport clubs, fitness centers, local companies and local authorities

to organize integrated care for 33.000 insuredes of the both statutory health insurers (AOK and LKK).

→ **Professional relationship management and communication needed!**

Gesundes Kinzigtal is a Win-Win-Win-Solution

- **Win for society and payers:**
for the region / cities (attracting physicians and nurses, keeping the people healthy, improving the workforce conditions for local enterprises) ... for the insurance (lower costs, lower premature retirement & long term care)
- **Win for patients:**
getting better care, staying healthier, having more decision over their care on the long run: lower insurance premiums
- **Win for providers:**
getting surplus payment (from the „health dividend“), having more positive feedback of healthier patients, enjoying less regulations but getting back to the core of their decision to work in healthcare

„take-home-message“

„Smart contracting“
& health science-
based „triple aim“
interventions are able
to achieve significant
results

„No free lunch“:
Integrated care needs
a lot of investment &
intelligent management
& contracting

...and it raises joy, professional pride and
spirit + provides real value for the society

Thank you for your attention

If you have questions,
please do not hesitate to contact us:

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