

Accountable Care in Deutschland

- Verbesserung der Patientenversorgung durch mehr Vernetzung und informierten Dialog



Accountable Care in Germany

Sino-German experiences and challenges in regional health care
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L. Sundmacher, W. Schüttig, R. Flemming
Department of Health Services Management
Ludwig-Maximilians-Universität München

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Nordrhein



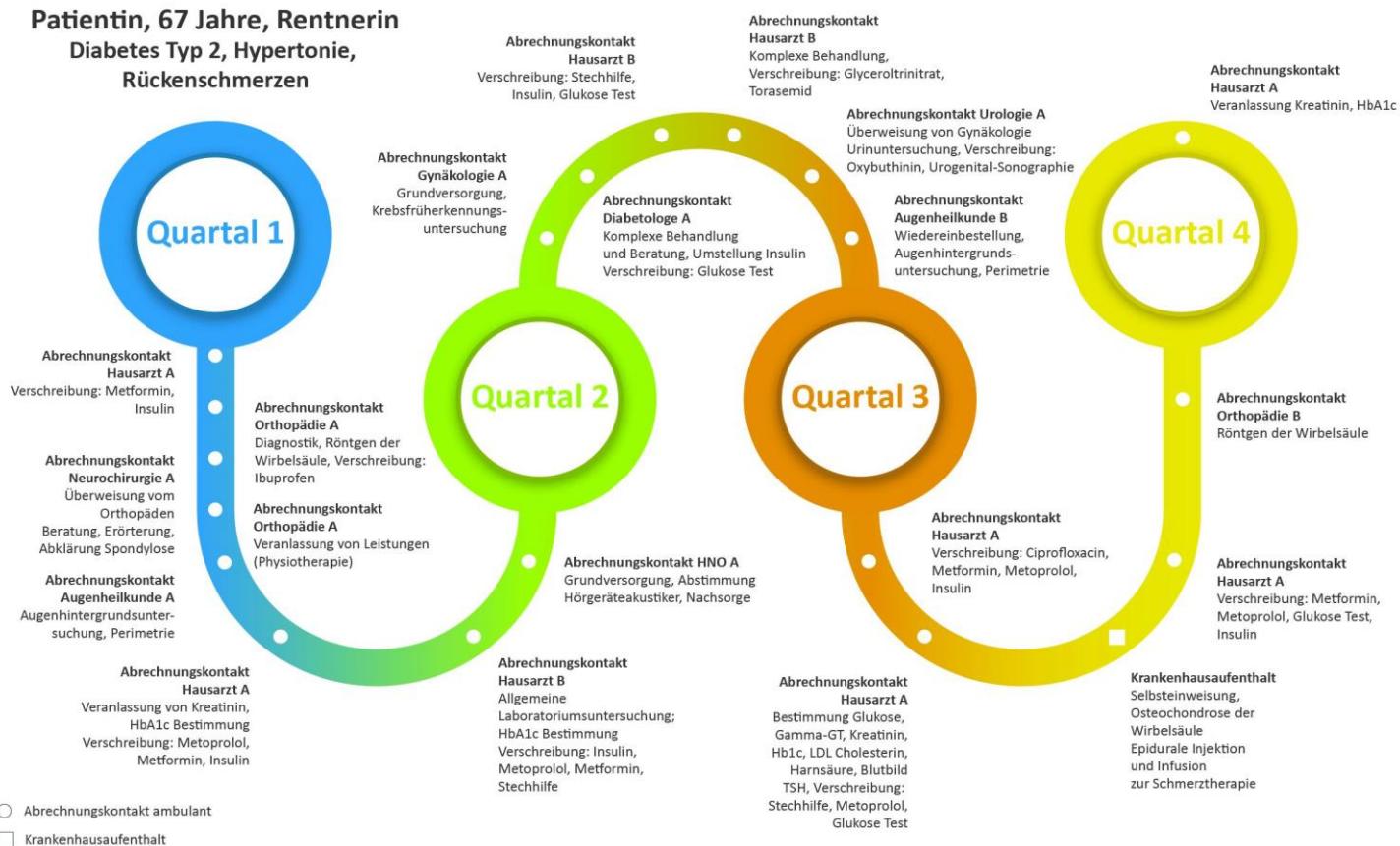
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Health Care Supply in Germany – An Example



Exemplary patient pathway of a female, 67 years old patient, suffering diabetes, hypertension and back pain.

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Motivation and Background

Structural framework of ambulatory care in Germany

- No gatekeeping system or systematic coordination within the ambulatory care sector and between the ambulatory and hospital sector is worthy of improvement^{1,2}
 - High number of treating physicians from the ambulatory and inpatient sector
 - Challenging communication and cooperation
 - Continuity of care is challenging *but could improve health outcomes*³
- Improvement of health care through medical or systemic changes is possible^{1,3}
- Networking of physicians could lead to higher continuity of care and thus could improve health outcomes such as reduced ambulatory care-sensitive hospitalisations⁴

1. Sundmacher L & Schüttig W. Krankenhausaufenthalte infolge ambulant-sensitiver Diagnosen in Deutschland. In: Klauber J, Geraedts M, Friedrich J & Wasern J, Hrsg. Krankenhaus-Report 2016. Stuttgart: Schattauer. S. 149-160.

2. Deimel D & Müller ML. Entlassmanagement - Vernetztes Handeln durch Patientenkoordination. Stuttgart: Thieme; 2012.

3. Vogt V, Koller D, Sundmacher L. Continuity of care in the ambulatory sector and hospital admissions among patients with heart failure in Germany. Eur J Public Health. 2016 Mar 9.

4. Von Stillfried, Czihal T. Welchen Beitrag liefern funktional definierte Populationen zur Erklärung regionaler Unterschiede in der medizinischen Versorgung? Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 2014 Feb; 57(2):197-206.

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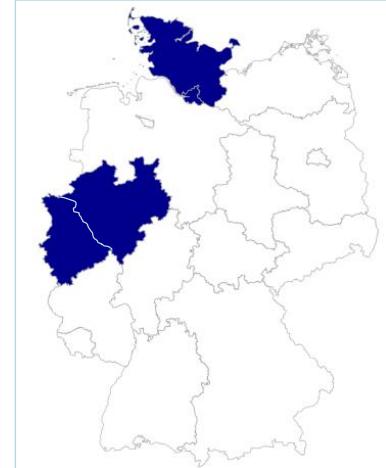
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Project Information

- Financed by the German federal joint commission for a three-year term
- Interdisciplinary research team
 - Health insurances
 - Associations of statutory health insurance physicians and their scientific institute
 - Universities (medical science, biostatistics, health services management)
- The aim of the study is an **intervention** to improve the patients' health care:
 1. Identify outpatient networks: Which physicians care for the same patient population within a region?
 2. Analysis of the quality of care within the networks: How well do the networks care for their patients?
 3. Analysis of reasons of differences in quality: What are the determinants for strengths or weaknesses of care?
 4. Network specific feedback in moderated dialogues: Do networking and feedback improve the health care?



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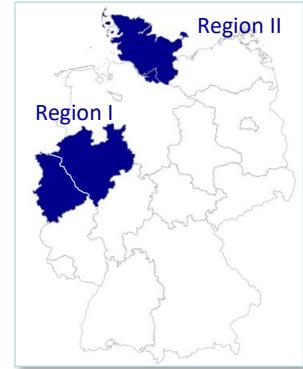
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Study Population

	Region I (North Rhine-Westphalia)	Region II (Schleswig-Holstein & Hamburg)
Number of networks*	50 (50)	50 (50)
Number of patients	9.6 millions	2.5 millions
*The numbers without brackets define the intervention group and the number in brackets the control group. **All information on the patient population are preliminary results.		
Share of Patients with relevant diseases		
Ischaemic heart diseases	10%	9%
Heart failure	4%	4%
Other diseases of the circulatory system	25%	23%
Bronchitis & COPD	25%	20%
Mental and behavioural disorders due to use of alcohol or opioids	2%	3%
Back pain [dorsopathies]	36%	30%
Hypertension	42%	40%
Gastroenteritis and other diseases of intestines	15%	16%
Intestinal infectious diseases	12%	12%
Influenza and pneumonia	3%	3%
Ear nose throat infections	39%	41%
Depressive disorders	16%	17%
Diabetes mellitus	15%	14%
Gonarthrosis [arthrosis of knee]	9%	7%



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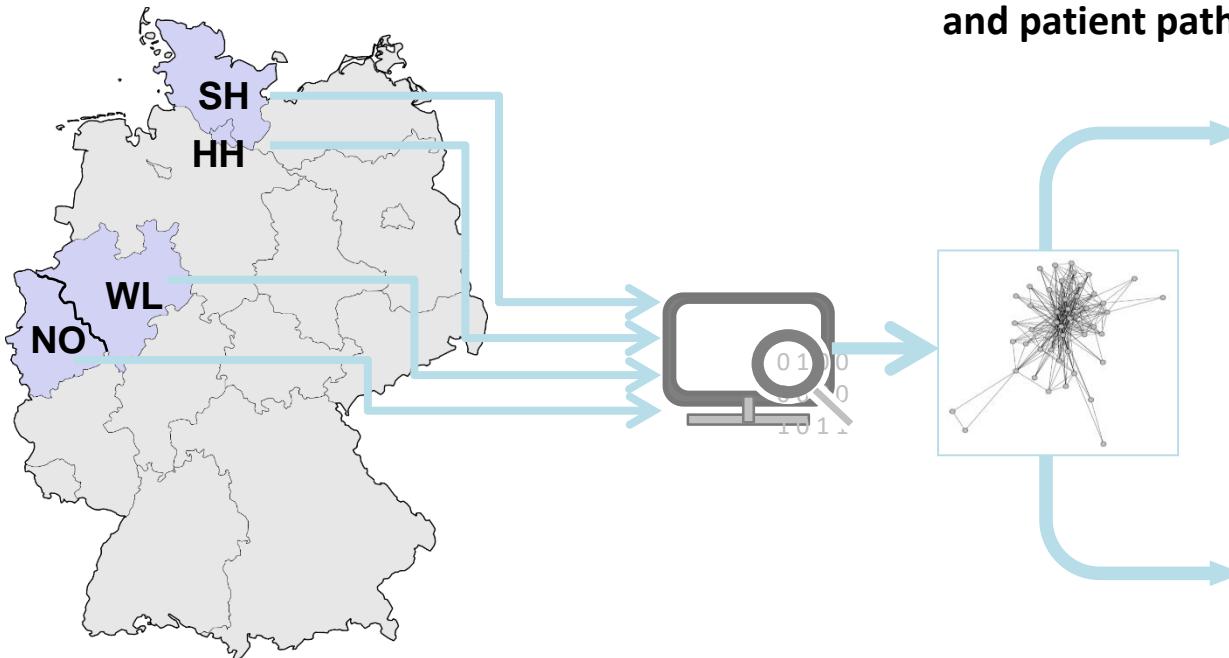
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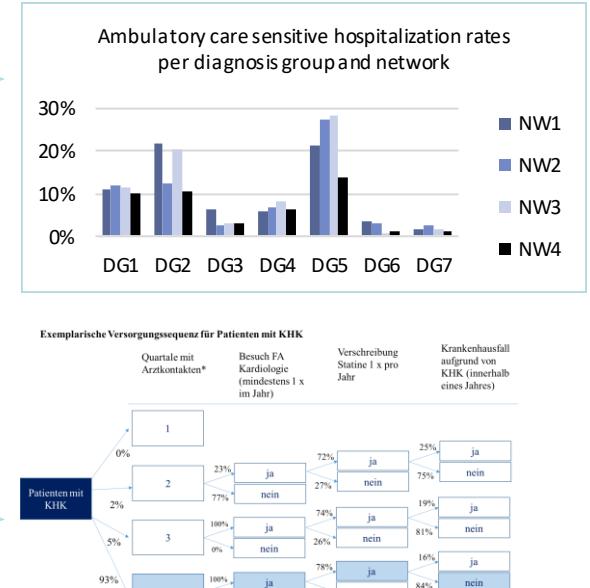


Organization of the Intervention Study

1. Identify and cluster randomize networks



2. Characterize health care based on indicators and patient pathways



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Organization of the Intervention Study

3. Moderated quality circles and structured feedback for a time period of 2 years

- Quarterly provided feedback on patient outcomes
- Feedback through patient based indicators for selected patient populations aggregated on a network level
- Organized quality circles every 6 months with structured and moderated dialogue

Structural indicators	Process indicators		Outcome indicators
No. of physicians in the network (per specialization) 46 (17 general practitioners, 10 internists, 4 specialists in neurology, ...)	Rate of diabetes patients consulting a general practitioner at least 4 times a year	98%	Mortality rate (per diagnosis group) 2,4% (5% of ischaemic heart disease patients, 4% diabetes patients,...)
No. of patients in the network (per diagnosis group) 4.822 (1191 diabetes patients, 757 ischaemic heart disease patients,...)	Rate of diabetes patients consulting an eye specialist	59%	No. of cases in the emergency department of heart failure patients 147 (No of heart failure patients: 320)
Demographical information about the patients Ø Age: 61.1y; ~ 59% female patients	Rate of diabetes patients getting a HbA1c test	91%	No. of patients with more than 1 hospital case (per diagnosis group) 63 (7 heart failure patients, 2 back pain patients,...)

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Structural indicators	Process indicators	Outcome oriented indicators	
No. of physicians in the network 46 (17 general practitioners 10)	Rate of diabetes patients	Mortality rate	2,4% (5% of ischaemic)
<ul style="list-style-type: none">• Use the quality circles to collaborate among physicians caring for the same patients• Discuss the network specific indicators• Develop network specific strengths and weaknesses and their reasons• Work out action plans to improve the patients' health care quality and working conditions			
Demographical information about the patients	Ø Age: 61.1y; ~ 59% female patients	Rate of diabetes patients getting a HbA1c test 91%	No. of patients with more than 1 hospital case (per diagnosis group) 63 (7 heart failure patients, 2 back pain patients,...)

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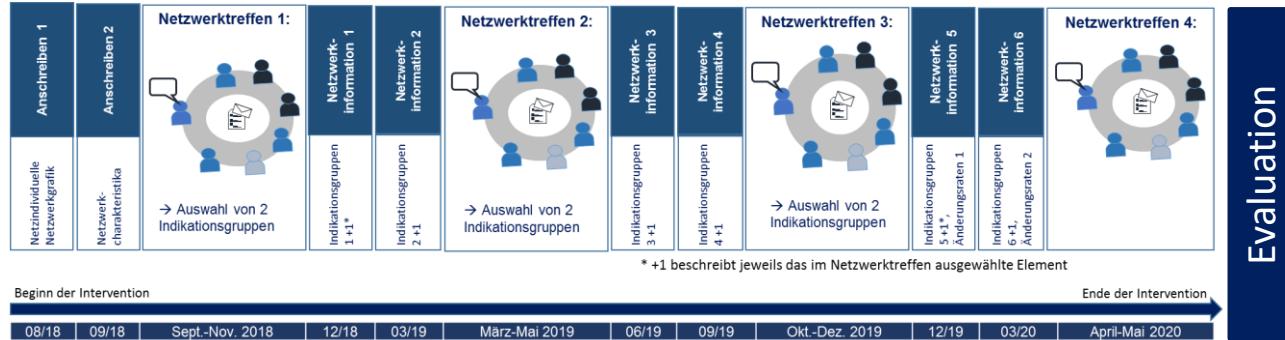
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Organization of the Intervention Study

4. Evaluation at the end of the study period



- Comparing patient results of the intervention and control networks and evaluation of the process
- Answering the research questions

3. Analysis of reasons for differences in quality of care:

What are the determinants for strengths or weaknesses of care?

4. Network specific feedback in moderated dialogues: Do networking and feedback improve the health care?

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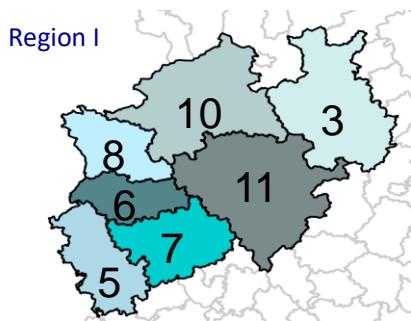
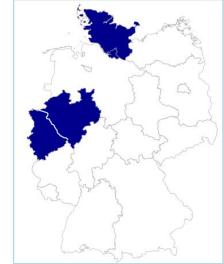
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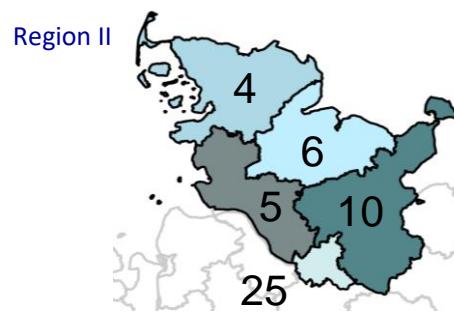


Status Quo and Outlook: Start of the Intervention

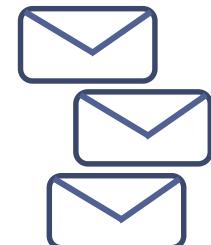
	Region I	Region II
Total number of physicians in networks	3,620	2,861
Number of physicians per network	72 [21-120]	57 [21-119]
Proportion of networks in urban regions	96%	68%
Total number of patients in networks	1,120,697	780,226
Amount of shared patients per network	22,413 [12,157 – 37,075]	15,604 [3,278 – 39,112]
Proportion of patients with multimorbidity per network	75% [69% - 88%]	72% [54% - 82%]



- Detmold
- Aachen
- Duisburg/Essen
- Düsseldorf
- Arnsberg
- Köln/Bonn
- Münster



- Hamburg
- Schleswig
- Kern
- Südost-Holstein
- Unterelbe



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THANK YOU FOR YOUR ATTENTION!

... more information available: www.acd-projekt.de

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