An integrated approach to value-based healthcare: Germany’s Gesundes Kinzigtal

The ageing of the German population and lifestyle-associated changes in health status are leading to an increase of multimorbidity patients who require a co-ordinated care plan involving numerous health providers, social services and a regime of multiple medications. However, the German health system is fragmented, making such co-ordination a challenge not only for the patient but also the providers. This is one of the most important issues facing the German healthcare system, and one that is potentially solved through population-based integrated care.
Gesundes Kinzigtal (GK) GmbH, located in south-western Germany on the banks of the Kinzig River, is a joint venture of OptiMedis AG, a publicly traded healthcare management company and a regional interdisciplinary network of physicians and psychotherapists. The GK programme, which organises the care of nearly half of the 71,000 people living in the Kinzigtal region, integrates value-based principles to address fragmentation of care, bolster investment in prevention and improve the quality of life, while avoiding unnecessary long-term costs.

“Fragmentation of health services is quite severe in the German healthcare system. This causes gaps in information as patients transition between in-patient and outpatient services, which affect the patient’s continuity and quality of care coordination,” explains Christian Melle, a project manager in the Administration and Research Department at GK GmbH. “The GK programme and design of services are constantly evaluating ways to improve information flow, IT integration and value, and build patient trust.”

The triple aim
Launched in 2005, GK GmbH received a €4m investment from two sickness funds that are part of Germany’s publicly funded health insurance. The goal of the investment was to save costs in the care provided to persons covered by the funds without compromising the quality of care they received (OptiMedis AG and the sickness funds agreed to share the realised savings). The GK programme, which translates to “healthy Kinzig valley”, is available without additional cost to everyone insured by the sickness funds living in the Kinzigtal region; in Germany, those earning less than €59,400 are automatically enrolled.

GK GmbH applies value-based care through the “Triple Aim” method for population-based health, popularised by the Institute for Healthcare Improvement, a UK-based non-profit. The Triple Aim focuses on three concurrent goals—improving the experience of care, improving the health of populations and reducing per-head costs of healthcare—through a multidisciplinary public health approach that involves health professionals and social care and other welfare services. Such services are essential to the long-term quality of life, improving recovery and sustaining health, but they are not easily measured and tracked—quantitative assessments are paramount in assessing value-based health impact. Furthermore, a multidisciplinary approach is unusual in the German health system, which has traditionally been organised around medical conditions.

Germany faces the challenges of an ageing population—as of 2017, slightly more than a fifth (21.4%, or 17.7m) Germans were 65 years of age or older. The increase in immigrant populations in recent years has helped to alleviate some of the demographic pressures on Germany’s statutory health funds, according to Steffen Waiss, policy officer in the political department at GKV-Spitzenverband, the National Association of Statutory Health Insurance Funds in Germany. Membership more than doubled between 2015...
and 2016 and most new members were between the ages of 20 and 30. However, the flow of migrants and subsequent demographic changes appear unlikely to continue at the same pace given recent political changes in Europe, including Chancellor Angela Merkel’s decision to not seek re-election.

Thus, as Germany’s overall population continues to age, the need for value-based programming has become more pressing, leading to GK GmbH’s integrated care approach garnering attention nationwide.

**Continuous improvement**

The GK programme is not designed solely to provide services for multimorbidity patients. But this patient population often has the most complex and costly care plans. Therefore, for many providers, they are frequently the first cohort targeted for an integrated care plan. The co-ordination of GK’s services related to those with multimorbidities emphasises information sharing, peer consultation among care providers, and care co-ordination to maximise patient compliance and improved outcomes.

For instance, six times a year physicians participate in consultations with a clinical pharmacologist to optimise the medication regimes of multimorbidity patients and the elderly. The physician submits a case report to a clinical pharmacologist who is also a geriatrician. The pharmacologist then evaluates the medications and the physician receives feedback scores with respect to their prescription behaviour and any additional feedback regarding improvement opportunities, such as which medication should be reduced or changed.3

Because multimorbidity patients typically require a combination of medications, GK expects this multidisciplinary consultation to increase patient safety and the effectiveness of the patient’s medication regime.

Operationally, a comprehensive cost-benefit analysis on a programme level is conducted approximately every 18 months by a review committee comprised of the multiple stakeholders in the patient’s care—physicians, therapists, psychologists, programme managers and GK management. The committee analyses programmes’ costs, patient outcomes and qualitative data from patients and health service providers. The committee then provides feedback to programme administrators and discusses what and how adjustments can be made to programmes and what new programming should be introduced.

**Expansion considerations**

The overall financial aim of GK GmbH is to improve the financial margin of the two participating sickness funds that provided the original investment. Although the data available are so far are encouraging, the sickness funds are conducting further analysis on the return on investment before considering expanding the GK programme to other regions.
A 2015 study by the King’s Fund, a health charity based in the UK, reported that between 2006 and 2010 GK GmbH generated a saving of 16.9% against the population budget for members of one of the funds, when compared with a group of its members from a different region. One of the main drivers of this saving was related to emergency hospital admissions. Between 2005 and 2010, emergency hospital admissions increased by 10.2% for patients in the GK programme, compared with a 33.1% increase for members in a different region. By improving the co-ordination of care and communications among health and social service providers, health issues can be identified more quickly and addressed before they require emergency services.

A criticism of the GK model of population-based integrated care is that it will not work in other regions. Contextually, populations can be thought of as communities, each with different demographics, health profiles, health service infrastructures and environmental settings. It is the focus on identifying and assessing population variables with multi-stakeholder consultations that drives effective programme design and care provision.

“Some feedback we received is that the Kinzig population is healthier than populations in other regions or settings such as urban areas, which we accept. Yet it was never our belief that one model or programme would blanket the German health system,” says Mr Melle. But delivering high-quality, cost-effective integrated care is a strong case for further growth and wider adoption throughout the German health system.

Although there has been little in the way of new value-oriented initiatives on the federal level, there are some efforts to create selective contracts based on value on the state level, such as for general practitioner contracts, according to Mr Waiss of GKV-Spitzenverband.

The country’s innovation fund has also launched a care co-ordination project—Regional uninterrupted service on the net—which is operating in Lower Saxony, North Rhine-Westphalia, Saxony and Schleswig-Holstein. The aim of the project, which is funded for three years with a total grant of €8.1m, is to create a regionally networked organisation that allows both non-medical and medical specialists in geriatrics to legally co-operate in a provider network in order to target multiple levels of care for vulnerable patients, across all sectors. As part of the project design, trained case managers will “document the outpatient and hospital-based risks of the ageing process of patients over the age of 70 years,” classifying each patient’s care requirements and designing care pathways. The results of the programmes for the 3,200 enrolled patients will be compared with those of 1,600 geriatric patients not taking part.4

Footnotes