Helmut Hildebrandt
CEO, OptiMedis AG and CEO, Gesundes Kinzigtal

Integrated care – a European perspective
Fully Integrated Person-Centered Health Care
Multiple Aims realized in „Gesundes Kinzigtal“ – A new Business Model in Health Care

Helmut Hildebrandt – Chairman of the Board, OptiMedis AG & CEO Gesundes Kinzigtal Ltd

11. November 2015, NHS Provider, Annual Conference and Exhibition Birmingham
Our fragmented healthcare systems are engineered for “repair” but not for “maintenance” and not at all for “prevention” and “innovation”.
Maria Roth from Zell a.H. is a 84 years old woman suffering from heart failure.

From 2010 to 2014 the total costs of care for Maria were 72,261 €, resulting in a loss for the insurance of -23,204 € or about -5,800 € per year.

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.
Hanna Held from Nordrach is also a 84 years old woman suffering from heart failure. Since the diagnosis six years ago she has been participating in the health care program „Strong Heart“ and she has a case manager at her GP practice.

In the last 4 years Hanna only went once to hospital because of an ophthalmic complication. Her total costs of care summed up to 14,281.8 €, resulting in a profit for the insurance of +2,613.6 € or about +650 € per year.

I can still go out to buy food and things. My quality of life is good and I feel safe.
What is the **driver** behind it?
A new business model: **Shared Health Savings Contracts**

In “Shared Health Savings Contracts” we generate an economical benefit for purchasers (State health care or Bismarckian health insurances) for a defined population through wise investments, prevention and optimized care.

This economical benefit is shared with us (and is our motor + refinances our investment)
Gesundes Kinzigtal: successful in the 10th year and still investing for further population health improvement

› Start: 2006 for a population of 33,000 insureds of AOK and LKK
› 58 % of all the GPs and specialists of the region have chosen partnership
› Surplus health care services, coaching and free preventive offers

› **Investing in health:** Central electronical data platform, around 20 prevention and care improvement programs, integrating sport and exercises
› 2015: Building a medical training & education center (3.5 million € investment)
Many years of experience with Gesundes Kinzigtal and the scientific evaluation shows that it works.
Gesundes Kinzigtal produces value in three Dimensions:

- Participants die 1.4 years later (78.9 vs 77.5 control)
- 5.613 Mio € surplus improvement for the two sickness funds in the Kinzigtal region in 2013 against 75 Mio € norm costs
- 98.9 % of enrollees who set an objective agreement with their physician would recommend becoming a member to their friends or relatives
It even produces **value in three further dimensions:**

**Quality of life and professional satisfaction of providers:** 15% increase in income for partnering physicians per case + higher satisfaction through better cooperation (with other providers and patients + viceversa).

**Community building and securing health care for the region:** Local municipalities are calling on Gesundes Kinzigtal to secure the supply of health care and the staff for physician and nursing practices + optimizing social care.

**Healthy workforce:** Companies are calling on Gesundes Kinzigtal to get support for health promotion management and activities around health at the workplace.
How do we do that?
Just one example of the interventions around diabetes

- **High cost patients**
  - 5%
  - Health coaching
  - Attention on polymedication – regular training
  - HK-progr: Physicians plus nursing (improving Interaction)

- **Rising risk patients progressing**
  - 20%
  - Aktive multi-specialty support for patients through disease management
  - HK-progr.: Psychotherapy akute / depression
  - Selfhelp+ self management training for chronic patients (in preparation ... Stanford SDSM)

- **Insured in risk**
  - 40%
  - HK-progr.: Healthy weight (adipositas)
  - HK-Progr.: blood pressure okay
  - Developing jointly health goals
  - Cooperating with sports clubs

- **Healthy insured – before getting into risk**
  - 35%
  - Unspecified training in health literacy (for patients and practices)
  - Health Festivals + health promotion within kindergartens, schools, companies
  - Supporting the existing preventive offers of health insurances
Just diabetes: We succeed in reducing hospitalisations

<table>
<thead>
<tr>
<th>Jahr</th>
<th>ICGK %</th>
<th>Not ICGK %</th>
<th>Overall %</th>
<th>Odds Ratio</th>
<th>95%-CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>2.8</td>
<td>2.8</td>
<td>2.8</td>
<td>1.01</td>
<td>0.58-1.75</td>
</tr>
<tr>
<td>2007</td>
<td>2.3</td>
<td>3.5</td>
<td>3.1</td>
<td>0.61</td>
<td>0.35-1.08</td>
</tr>
<tr>
<td>2008</td>
<td>3.1</td>
<td>4.8</td>
<td>4.2</td>
<td>0.65</td>
<td>0.42-1.03</td>
</tr>
<tr>
<td>2009</td>
<td>2.0</td>
<td>3.4</td>
<td>2.9</td>
<td>0.59</td>
<td>0.35-1.01</td>
</tr>
<tr>
<td>2010</td>
<td>2.7</td>
<td>3.5</td>
<td>3.2</td>
<td>0.76</td>
<td>0.47-1.23</td>
</tr>
<tr>
<td>2011</td>
<td>2.3</td>
<td>4.0</td>
<td>3.3</td>
<td>0.62</td>
<td>0.38-1.02</td>
</tr>
</tbody>
</table>

Comparison of enrolled (ICGK) and not-enrolled (Not ICGK) insured individuals of the AOK BW in the Kinzigtal region with diabetes and hospitalization due to diabetes (E10-E14) (modified figure based on PMV forschungsgruppe 2015, p. 244)

PMV, a department of University of Cologne, is our external scientific evaluation agency
Hard and ever ongoing working in a continuous quality improvement cycle

Integration of

› health care & social care
› clinical wisdom & scientific competence (health sciences)
› targeted prevention & mobile innovation
› electronic data exchange & analysis of Big Data for improvement
› community organizing & health promotion
› health care & public health
**Some key components making our regional integrated care model somehow unique for GER**

<table>
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<tr>
<th>Regional care company as “integrator” + partly ownership through local providers</th>
<th>Investment for the first three years (until earnings are big enough for ROI)</th>
<th>Going / thinking beyond healthcare + entrepreneurial health sciences spirit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional quality between providers, professions, management and patients</td>
<td>Comprehensive implementation of technology: ICT &amp; data-driven management approach</td>
<td>“Coopetition” = cooperation and competition through transparency and benchmarking</td>
</tr>
<tr>
<td>Balanced payment system oriented towards achieving the Triple Aim</td>
<td>Innovative culture and friendly interactions “open source” mindset</td>
<td>10 years contract with sickness fund to refinance investment</td>
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On of several success factors: **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
Why do we do that?
There is not one answer but a mixture of ethics and the financial earnings

Providers: Getting back to the ethics why they went into the health care professions & getting rewarded by their patients & getting a fair share of the financial results

Health Insurers: Having a new meso-level organisation that is financially drawn to the interests of the health insurers is way better than being all day confronted with demands for more services and more fees

OptiMedis: It is our firm belief in health sciences and the evidence that health and health care can be improved – and we love to earn our money by good work
4.65 Mio € Delta in Year 8 for 31,355 insurees of one health insurance only (AOK)
Just a reminder: Financial flows within Gesundes Kinzigtal Ltd

Providers:
(1) Each provider gets the normal payment as elsewhere in Germany
(2) They get a surplus payment from Gesundes Kinzigtal Ltd. for contracted services (reimbursement related to calculated time)
(3) If they are members of the physician network (2/3 shareholder in Gesundes Kinzigtal Ltd) they get their part of the payout of dividends

OptiMedis:
(1) Management contract (reimbursement related to calculated time with a cap)
(2) Its 1/3 part of the payout of dividends
We invest currently about 3.5 million € into the „World of Health in Kinzigtal“ ... Opening Nov 27th 2015

Primary Care, medical training & fitness centre, education centre & head office – altogether about 4,500 sq ft
OptiMedis: Our function in this process

• **We develop and manage the regional multi-professional healthcare-network**
in which physicians, hospitals, physiotherapists, pharmacies, sport clubs, schools and enterprises are engaged together.

• **We research and apply scientifically proven interventions activating patients towards prevention**
and thus improve the level of health and create significant health benefits proven interventions and activating patients towards prevention.

• **We analyze the health care data**
and perform independent, data-based real-life health care research and make the results available for the integrated provision of health care services.
Is Kinzigtal so special that we cannot do the same in other regions?
No
Different contexts, different problems, but similar solutions – currently in preparation for Hamburg (Billstedt+ Horn)

• From rural to urban
  Solutions such as patient engagement, strengthening the role of GPs, implementing shared information systems are equally (or even more) relevant in an urban context with a disadvantaged population.

• Additional focus on inequalities and the social determinants of health
  Based on 40 years of research on the social determinants of health, the origins of inequality and strategies to reduce them are well established (WHO Closing the gap in a generation, 2008).

• Role of the regional integrator
  Additional stakeholders (e.g. more social service involvement and representation of target groups such as migrants), but the same approach to intervention planning, performance feedback, and shared savings.
What would be needed to create a hundred regional („Kinzigtal“) health systems throughout Europe? – I

• Investment funding for at least the first three years
• National health services or social health insurance organisations – willing to share the savings long-term
• Relative cost savings can be calculated in a robust and reproducible manner

And ... local providers that can be interested are to be found everywhere
What would be needed to create a hundred regional („Kinzigtal“) health systems throughout Europe? – II

Managementwise high-performing organisations are needed:

1. Positive organisational culture
2. Receptive and responsive senior management
3. Effective performance monitoring
4. Building and maintaining a proficient workforce
5. Effective leaders across the organisation
6. Expertise-driven practice
7. Interdisciplinary teamwork

OptiMedis & Gesundes Kinzigtal: High-Performing Organisations

The Time has Come: How do we proceed to spread the concept?

OptiMedis collaborates with partners in an “open source” environment

› 6 more regions in Germany within the next two years and

› 2 other countries besides Germany with each 3 regions, e.g. in

  – the Netherlands (OptiMedis-NL already founded)
  – Switzerland

› Interest as well in UK, Belgium, Austria + Australia

Ready for replication: Quality indicators, evaluation protocols, program outlines, incentive systems, guidebook, data warehouse, reporting system …
What can we do to support similar initiatives abroad?

OptiMedis supports scaling up population health management at different levels and stages:

› **Local feasibility studies** (assessing sociocultural and technical contexts for implementation, establishing Logit models to guide intervention planning and evaluation)

› **Partnership in regional systems**, e.g.
  - Providing business intelligence
  - Producing interactive feedback reports
  - Partnering within EC-programmes

› **Setting up joint ventures abroad**:  
  - Drawing on local and regional knowledge
  - Contracting models, business intelligence, and implementation experience (sharing of models of best practice) “open source”
Interested to know more?

Join the webinar on the Gesundes Kinzigtal model organised by the NHS European Office on

26 November, at 12.00pm (UK time)

Register on the following webpage:

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