Integration across the Care Continuum: Improving Population Health

The population-based Integrated Care System „Gesundes Kinzigtal“: conditions, financial model, evaluation, trends

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

April 5th 2016
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 ophthamic 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.
Population Health in the Times of Global Financial Crisis: The Question

How to get a sustainable interest in investments in health and in delivering the best results?

How to get local health care providers motivated for health/public health?

... and how do we get this installed in a multi payer and multi provider system?
A new business model: Shared Health Savings Contracts / Shared Health Benefits Contracts

In “Shared Health Savings Contracts” we generate an economical benefit for purchasers (sickness funds or in another context the NHS) for a defined population through wise investments, prevention and optimized care.

An even better expression would be “Shared Health Benefits Contracts”, because we share the surplus benefit for the either sickness funds or national health systems.
Health gain sharing: the risk adjusted contribution margins of the partnering health insurances

The integrator company (re)invests and benefits from its success

Integrator company

Health insurance / NHS

<table>
<thead>
<tr>
<th>Tangible investment:</th>
<th>Intelligence investment:</th>
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<tbody>
<tr>
<td>Additional payments for management and substituting actions/ prevention</td>
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<td>Physicians know-how to streamline processes</td>
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<tr>
<td>Know-how of the management (and OptiMedis AG)</td>
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<td>Cost cutting agreements (rebates and/or success remuneration)</td>
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Savings to be shared

Totally actual costs

Normally expected costs
(risk adjusted with Morbi-RSA algorithm)
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)
The pillars of optimization and quality – Integrated health care programs in Gesundes Kinzigtal

Gesundes Kinzigtal

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

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

Special Themes
- Quality indicators + Benchmarking
- Focus on evidence based pharmaceutics
- „World of health“ with exercises / Fitness
- Workers health etc.

Community cooperation
Central electronic data
Public health focus

Committed network of partners + activated patients

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Gesundes Kinzigtal produces value in three Dimensions:

- **Improve the health of the population**
  - Participants die 1.4 years later (78.9 vs 77.5 control)

- **Increasing health gain**
  - 5.5 Mio € surplus improvement for the two sickness funds in the Kinzigtal region in 2013 against 75 Mio € norm costs

- **Enhance the patient care experience**
  - 98.9% of enrollees who set an objective agreement with their physician would recommend becoming a member to their friends or relatives

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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 + vice versa).

**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.

**Healthy workforce:** Companies are calling on Gesundes Kinzigtal to get support for health promotion management and activities around health at the workplace.
**Triple Aim Results:** Margin improvement for the two sickness funds in the Kinzigtal region 2013 – 5.5 Mio €

Development of Morbi-RSA allocations, actual healthcare costs, margin improvement and number of insured of AOK und LKK in the Kinzigtal region

<table>
<thead>
<tr>
<th>Year</th>
<th>Morbi-RSA allocations</th>
<th>Actual healthcare costs</th>
<th>Margin improvement</th>
<th>Number of insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>52 Mio €</td>
<td>65 Mio €</td>
<td></td>
<td></td>
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<tr>
<td>2006</td>
<td>29,667</td>
<td>70 Mio €</td>
<td></td>
<td></td>
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<tr>
<td>2007</td>
<td>30,935</td>
<td>70 Mio €</td>
<td></td>
<td></td>
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<tr>
<td>2008</td>
<td>30,323</td>
<td>70 Mio €</td>
<td></td>
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<tr>
<td>2009</td>
<td>29,880</td>
<td>70 Mio €</td>
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<tr>
<td>2010</td>
<td>32,129</td>
<td>70 Mio €</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>32,372</td>
<td>70 Mio €</td>
<td></td>
<td></td>
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<tr>
<td>2012</td>
<td>32,630</td>
<td>70 Mio €</td>
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<tr>
<td>2013</td>
<td>32,789</td>
<td>70 Mio €</td>
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Is Kinzigtal so special that we cannot do the same in other regions?
No
Different contexts, different problems, but similar solutions

• 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.
Our Partners in Germany and Europe

In Switzerland several regions and health insurances are interested in cooperation with OptiMedis.
More information

Our regional integrated care model as infographic: www.optimedis.com
Let’s get in contact

Helmut Hildebrandt
Chairman of the Board
h.hildebrandt@optimedis.de

OptiMedis AG
Borsteler Chaussee 53
22453 Hamburg
Office +49 40 226221490
Mobile +49 172 4215165
www.optimedis.de

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