Symposium: Innovating care for people with multiple chronic conditions in Europe (ICARE4EU)

Caring for people with multiple chronic conditions in Germany: Policy and practice

Verena Struckmann,
Wilm Quentin and Ewout van Ginneken
Technical University Berlin

IAGG, Dublin, 23.04.2015
The challenge of multimorbidity in Germany

• German population is relatively old, when compared with EU-28 population in 2012

<table>
<thead>
<tr>
<th>Share of population</th>
<th>EU-28 population</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 years or older</td>
<td>17,9%</td>
<td>20,6%</td>
</tr>
<tr>
<td>80 years or over</td>
<td>5,1%</td>
<td>5,4%</td>
</tr>
</tbody>
</table>

• Looking into the future: 2030 29% of the German population will be aged 65+
Health care reforms relevant to chronic illness care

• The fragmentation of care (ambulatory / hospital sector) is a key concern in health and social care in Germany
• Already in the 90’s reforms were implemented to support more coordinated approaches of care
• In the 2000s a series of new reforms were adopted
• In 2001 another reform (the Act to reform the risk structure compensation scheme in statutory health insurance) addressed former shortcomings and introduced structured care programmes for those with chronic disease (DMP’s)
Health care reforms relevant to integrated care

• The Health Care Reform Act in 2000 introduced provisions for the development of integrated care structures between ambulatory and hospital sectors.

• In 2004 further strengthening of integrated care with SHI Modernisation Act (§140 SGBV for integrated care)

• 2004 reform further introduced a start up funding (selective contracting with single providers or networks of providers)

• Participation in integrated care contracts is voluntary for patients and providers
Multimorbidity: a challenge for care delivery

1. Health care reforms in Germany as a precondition for an adaptation of care to the specific health and social needs of people with multimorbidity.

2. Interdisciplinary collaboration across sectors, integrated care models, taking a holistic approach and efficient use of resources is required.

Innovating care for people with multiple chronic conditions in Europe

Many countries are experimenting with innovative care delivery
An example from Germany

• The Gesundes Kinzigtal programme - a population based integrated care approach
• The Gesundes Kinzigtal GmbH has a contract with two health insurance companies (AOK and LKK)
• Target group: entire population of the Kinzigtal region
• Triple Aim: 1. improving the health of the population in the Kinzigtal region, investing more in prevention today, 2. improving the individuals experience of care (quality of life) and 3. at the same time reducing the per capita costs of care
The Gesundes Kinzigtal

- **Patient-centeredness**: foster patient self-management, enhance shared decision making with individual care plans and shared goal setting agreements

- **Health and social care** providers are involved under service contracts with the Gesundes Kinzigtal GmbH

- **Active health promotion** for the elderly, prevention of osteoporosis

- Special interventions are offered for **multimorbid patients**
Key results Gesundes Kinzigtal programme

• The Gesundes Kinzigtal programme as an option to overcome the fragmentation of care between the ambulatory and the hospital sector

• Reduction of hospitalisation, mortality rate, costs for morbidity and health care expenditure when comparing population enrolled in the GK programme to other regions in Baden-Württemberg

(Hildebrandt et al., 2013; Hildebrandt et al., 2010; Busse & Stahl, 2014; Siegel & Stößel, 2011)
Concluding remarks

• Nature and scope of programmes/initiatives of integrated care for people with multimorbidity varies across Germany
• Implementation of integrated models has progressed slowly
• Not all programmes identified have a clear focus on multimorbidity yet
• Lack of evaluation
Thank you!

Stay tuned...

www.icare4eu.org
www.mig.tu-berlin.de