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

Which financing methods promote care initiatives for people with multiple chronic conditions in Europe?

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• National Institute of Health and Science on Aging (INRCA), Italy
• Technical University Berlin (TUB), Germany
• University of Eastern Finland (UEF), Finland
Relevance of the topic

• The growing prevalence of patients with multiple chronic diseases requires care that is better coordinated across different providers and sectors

• Current payment systems do not fit contemporary patterns of multimorbidity

• Payment methods can influence the nature and quality of services and generate incentives for payers/purchasers, providers and patients

• Specific financial incentives:

Motivate  Stimulate  Control
i) Which financing methods for people with multiple chronic conditions are used in Europe?

ii) Do financing models used for integrated care for multimorbid patients result in savings?

iii) Can a payment system stimulate the development of integrated care for multimorbid patients?
ICARE4EU findings

Which financing methods for people with multiple chronic conditions are used in Europe?

• In 73% of the identified programmes (n=101) financing is the same as for usual care

<table>
<thead>
<tr>
<th>Payment schemes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bundled payment</td>
<td>8</td>
</tr>
<tr>
<td>Pay for performance (P4P)</td>
<td>17</td>
</tr>
</tbody>
</table>
Do financing models used for integrated care for multimorbid patients result in savings?

- 45% of the programmes achieved cost savings, of which 16% shared these savings between the care providers.

Savings resulted mainly from:

1. reductions of utilisation and costs (emergency care/ acute care visits), 2.) the use of new technologies; 3.) increasing multiprofessional collaboration; 4.) the reduction of polypharmacy.
The Gesundes Kinzigtal (Germany)

Can a payment system stimulate the development of integrated care for multimorbid patients?

• A comprehensive population based integrated care approach
• shared savings arrangements yield to include incentives for sickness funds and providers, which integrate actors usually operating separately
• a holistic public health approach, enabling health- and social care professionals to offer a comprehensive package of services
• extra funding from potential savings served as a powerful incentive for providers to participate
The INCA model (the Netherlands)

Can a payment system stimulate the development of integrated care for multimorbid patients?

- The INCA business model is focusing on integrated chronic care for multimorbid patients
- Based on the risk profile of a patient (casemix), which is visualized in a ‘Patient Health Issue Web’, stepped care modules are suggested
- Calculation of prospective care needs and use of bundled payment

![Diagram of INCA model with Health Issues, Assessment modules, and Stepped-care modules]

**Health Issues**
- Smoking
- Exercise
- Alcohol
- Nutrition

**Assessment modules**
- Assessment

**Stepped-care modules**
- Sc module 1
- Sc module 2
- Sc module 3
- Sc module 4
Barriers and facilitators

**Barriers:**

- Transition from project based funding into the regular health care system
- Overall system characteristics (e.g. tradition of patient choice of any provider, episodic service payment)
- Disease specific payment and provider specific payment

**Facilitators:**

- Willingness of providers and trust among participating providers
- Financial incentives to encourage providers to undertake activities to foster integrated care for multimorbid patients
- Monitoring and evaluation
Implications and considerations

– Specific financing methods are not commonly used to promote integrated care in multimorbidity programmes

– When indeed a different payment is used, there is no dominant method

– Some programs use interesting financing models, e.g. the Gesundes Kinzigtal (Germany), INCA (the Netherlands)

– This signals the complexity of (and need for) developing suitable innovative payment mechanisms for integrated care in multimorbidity