

Die integrierte Versorgung in Europa: ein Überblick

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&

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An overview of integrated care in the NHS

What is integrated care?

*Integrierte
Versorgung
ist aktuelles
Thema
in fast allen
europäischen
Ländern, ...*

The King's Fund and the Nuffield Trust
Developing a National Strategy for the Promotion of Integrated Care

Research report
Sara Shaw, Rebecca Rosen and Bened

June 2011

The Evidence Base for Integrated Care

Nick Goodwin and Judith Smith



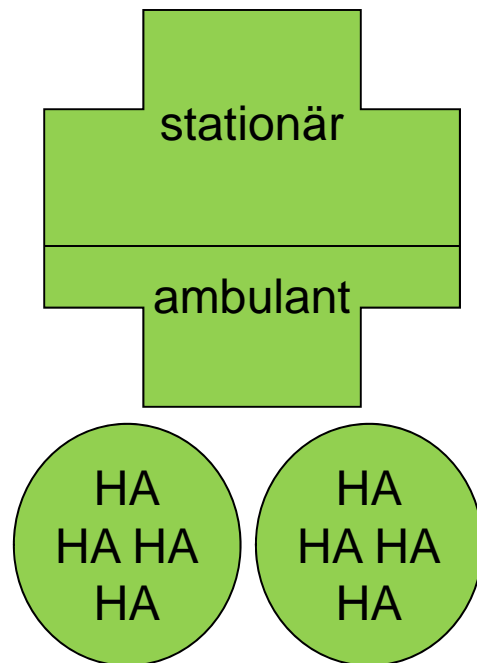
rivm

J.N. Struijs | J.T. van Til | C.A. Baan

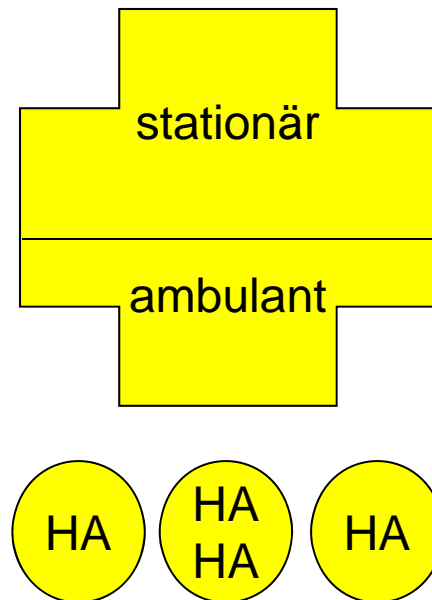
Experimenting with a bundled
payment system for diabetes care
in the Netherlands
The first tangible effects

... unabhängig vom Ausmaß der (ärztlichen) Desintegration ...

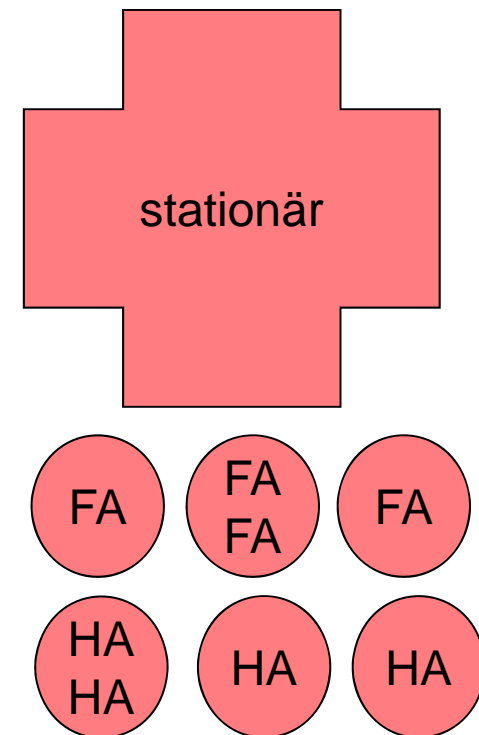
Portugal
Finnland
Großbritannien
Schweden
Spanien



Italien
Griechenland
Irland
Niederlande



Belgien
Deutschland
Frankreich
Österreich
Schweiz



... und weil nur ein Land als voll integriert gilt, ...

Integrated care at the macro-level

Example 4:

- › **San Marino**, a republic of 30,000 people on the Italian peninsula, integrates health and social care at an organisational and professional level using a single budget. Care professionals work in multi-disciplinary teams and take both individual and group accountability for service delivery (such as for joint assessment, planning, care management, and care outcomes). Investment is made in the services and skills required to support integrated care, including the fostering of an organisational culture to overcome individual professional interests. San Marino has been rated as one of the best care systems in the world by the WHO due to its combination of high life expectancy, low per capita spend, and comprehensive coverage.

Pasini (2011)

... da die Probleme überall die gleichen sind

- Insbesondere Patienten mit chronischen Krankheiten und/oder komplexem Versorgungsbedarf leiden durch Fragmentierung der Versorgung (z.B. ambulant/ stationär oder medizinisch/ sozial)
- Moderne Vergütungsformen (insb. „Capitation“/ Kopfpauschalen im ambulanten und DRGs/ Fallpauschalen im stationären Sektor) sind Effizienzorientiert, belohnen aber weder Koordinierung noch gute Qualität

Key forms of integrated care

- › Integrated care between health services, social services and other care providers (horizontal integration)
- › Integrated care across primary, community, hospital and tertiary care services (vertical integration)
- › Integrated care within one sector (eg, within mental health services through multi-professional teams or networks)
- › Integrated care between preventive and curative services
- › Integrated care between providers and patients to support shared decision-making and self-management
- › Integrated care between public health, population-based and patient-centred approaches to health care
 - This is integrated care at its most ambitious since it focuses on the multiple needs of whole populations, not just to care groups or diseases

Source: adapted from *International Journal of Integrated Care*

Die Schwerpunkte der Diskussion mögen sich ändern ...

An overview of integration in the NHS

The current focus on integrated care reflects a long-standing concern in the NHS with the organisation of care across three sectors of the health service (primary, secondary and tertiary). This can be thought of as 'internal' integration and is the main focus of this report. Furthermore, the organisational separation of health and adult social care services (with the exception of Northern Ireland) has been a further cause of service fragmentation for many users; representing a concern for 'external' integration. Concern about fragmentation typically focuses on a lack of service coordination for individual patients and, particularly, the structural and cultural isolation of generalist from specialist medicine, or adult social care from health care, which often results in patients experiencing discontinuity of care when they are transferred from home to hospital, or vice versa.

Table 1: Trends in integration initiatives

1980s

- coordinated working
- shared planning
- coordinated care
- care programmes
- case/care management

1990s

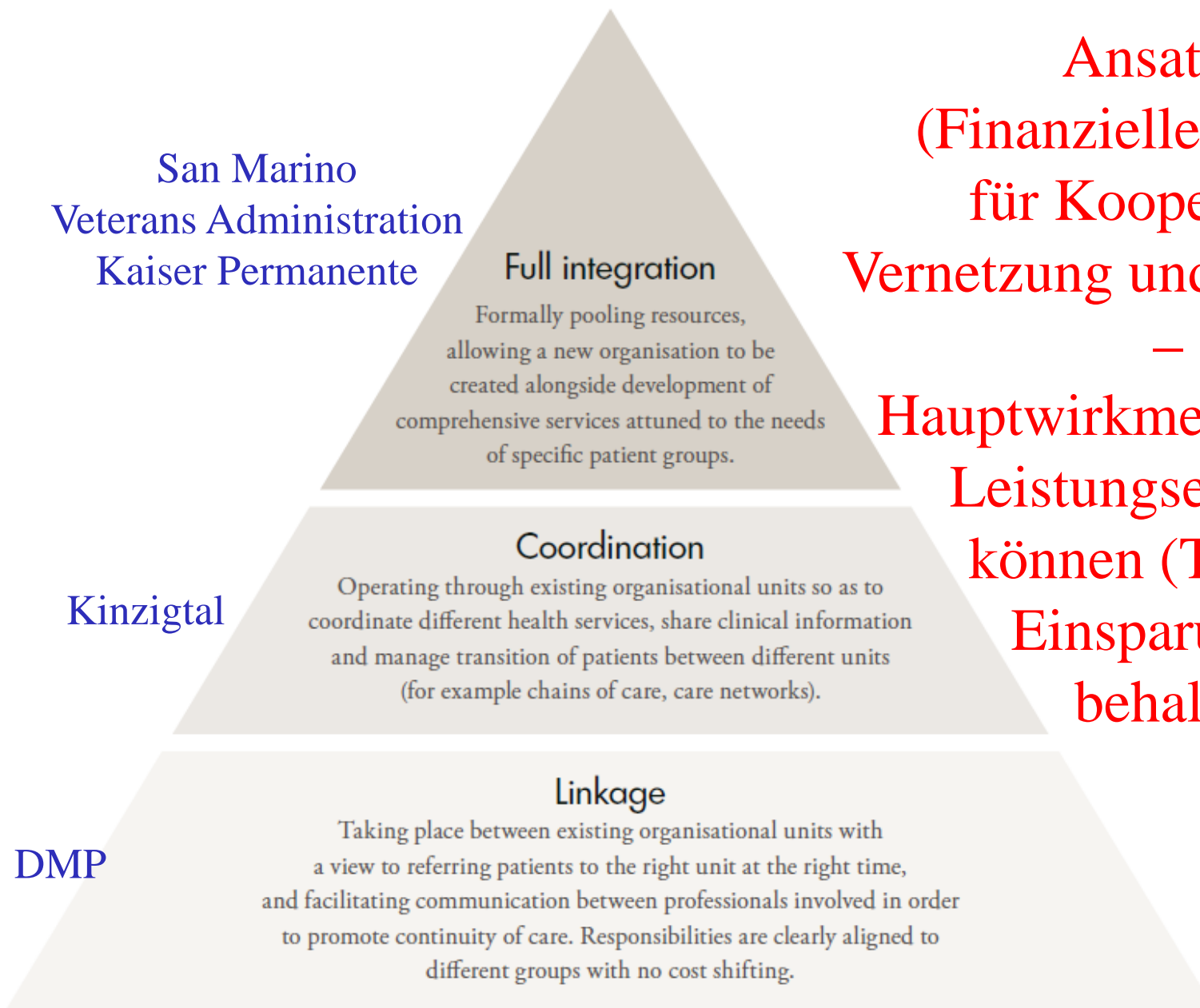
- inter-agency working
- intermediate care
- shared protocols
- managed care
- disease management

2000s

- inter-professional working
- whole systems working
- integrated delivery networks
- patient-centred care
- shared decision-making
- integrated care pathways

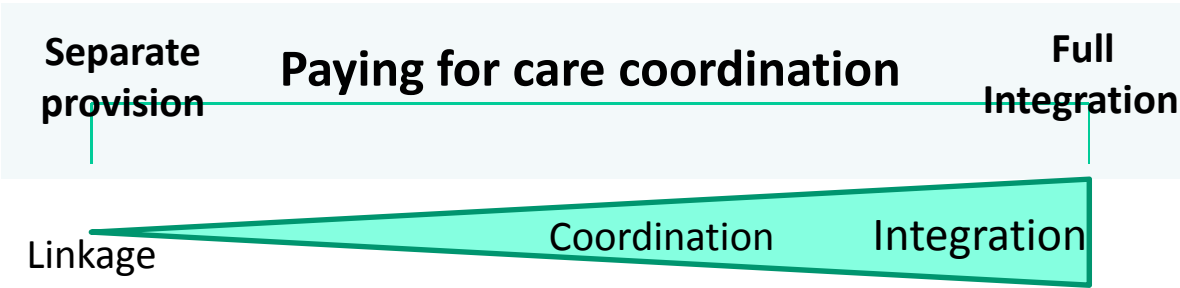
Figure 2: Intensity of integration*

... aber letztendlich werden zwei verschiedene Ansätze verfolgt



Ansatz 1:
(Finanzielle) Anreize
für Kooperation,
Vernetzung und Integration

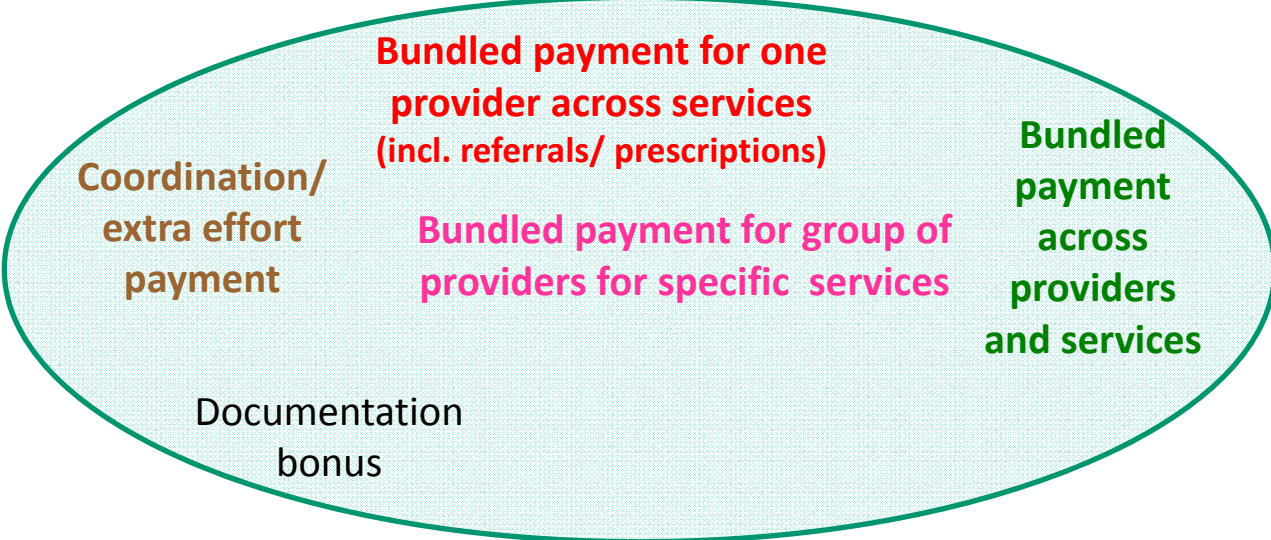
—
Hauptwirkmechanismus:
Leistungserbringer
können (Teil der)
Einsparungen
behalten



Capitation

and/
or

Case-based



Financial incentives used to (primarily) improve care coordination

... for coordination/ extra effort	... for bundling across services	... for bundling across providers	... for bundling across services and providers
“Year of care” payment for the complete package of chronic disease management (UK) or service incentives (AUS)	GP “fundholding” (UK)	1% of overall health budget available for integrated care → majority of integrated care (GER)	1% overall health budget available for integrated care → population-based integrated care (Kinzigal; GER)
Per patient bonus for physicians acting as gatekeepers for chronic patients/ for setting care protocols/ providing patient education (FR)		Payment for professional cooperation and diagnostic-related bundled payment (FR)	Shared savings for Accountable Care Groups ; tested in Physician Group Practice demonstration (US)
Bonus for DMP recruitment and documentation (GER) or initial payments (AUS)		Integrated Care Groups (NL)	
Service outcome payments (AUS)		Bundled payment for acute-care episodes (US)	

*IV rund um Hausärzte – das Beispiel Frankreich:
Anreize für multidisziplinäre Gesundheitshäuser und
Gesundheitszentren*

1. **A global envelope** (covering the cost for coordination) initially based on the size of GP's patient list and on the number of health care professionals. For the following years the global envelope will be adjusted on performance achievement.
2. **Specific (extra) payments for selected new services** (such as counselling chronic patients) for which the amount is initially based on the number of patients included in the program.
3. **Specific (extra) payments for professional cooperation.**
4. **Diagnostic related group payment.**

IV für eine Diagnose – das Beispiel Diabetes in den Niederlanden

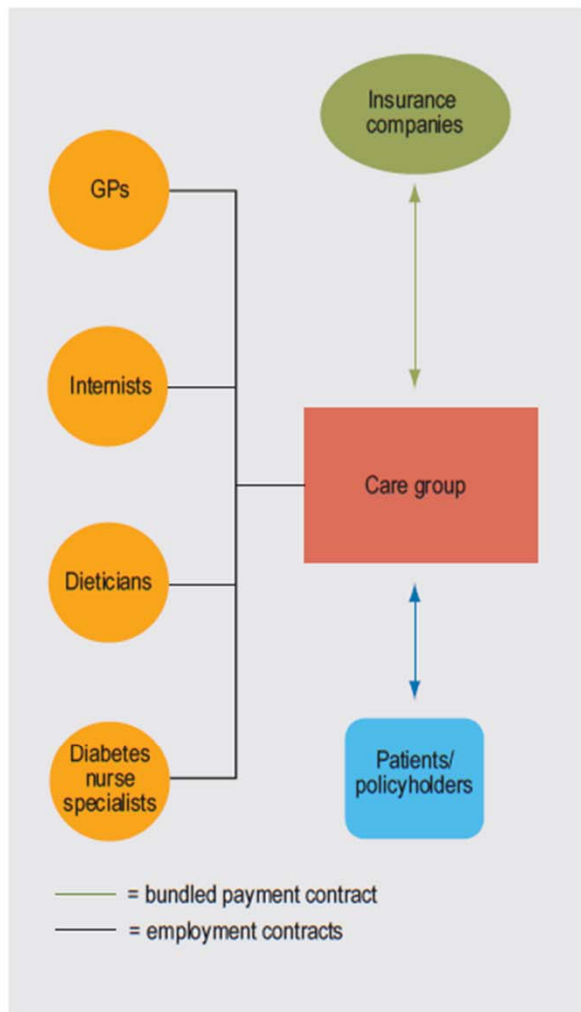


Figure 3.2a: Variant 1 for health care delivery: salaried health care providers.

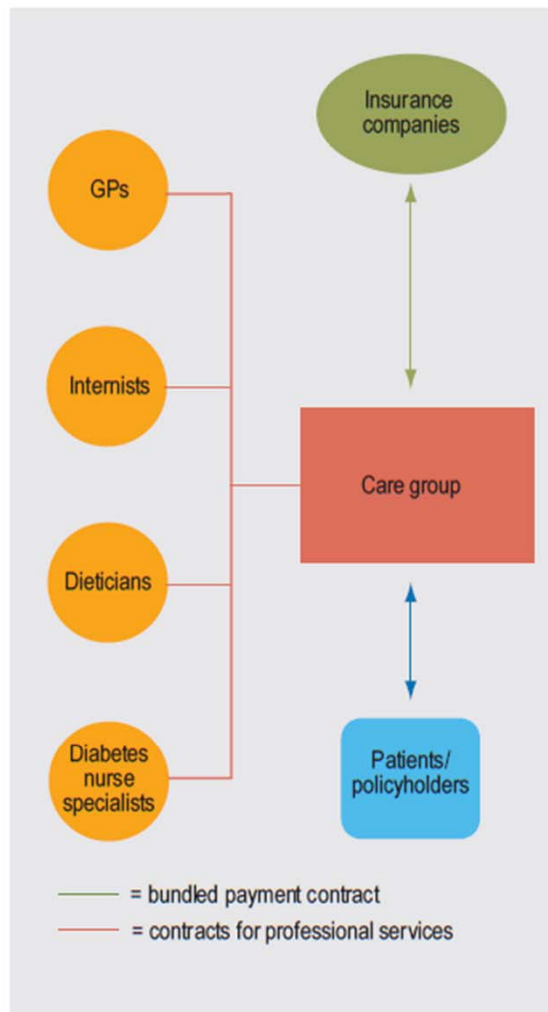


Figure 3.2b: Variant 2 for health care delivery: contracted health care providers.

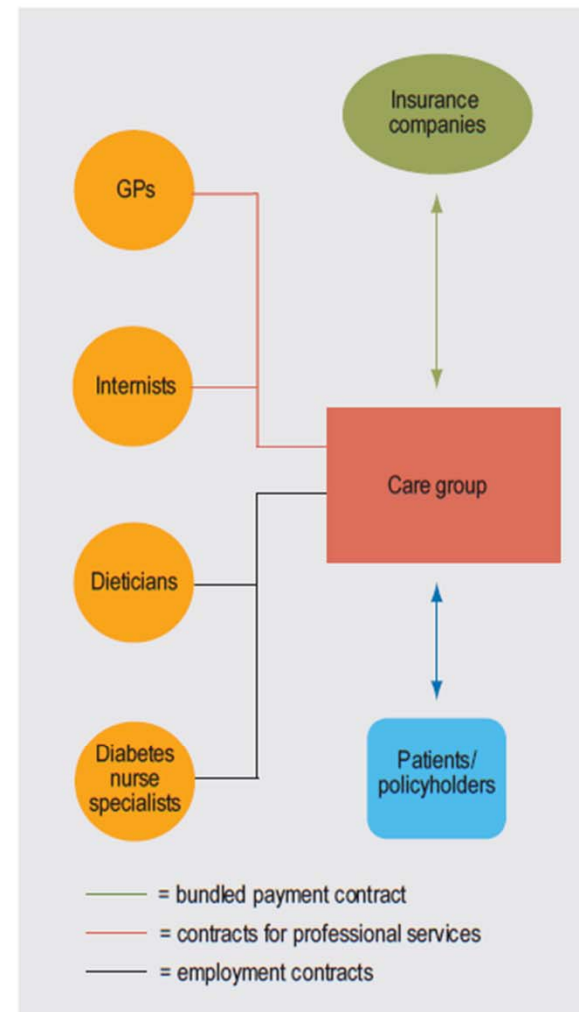


Figure 3.2c: Variant 3 for health care delivery: contracted and salaried health care providers.

Regionale IV – das Beispiel Katalonien

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Evaluating Catalan Integrated Health Care Schemes

Country: Spain
Partner Institute: Centre de Recerca en Economia i Salut (CRES), Universitat Pompeu Fabra, Barcelona
Survey no: (10)2007
Author(s): Gabriel Ferragut Ensenyat, reviewed by Sophia Schlette
Health Policy Issues: System Organisation/ Integration, Funding / Pooling
Reform formerly reported in: [Catalonia: Integrated HC Pilot Project](#)
[Integrating health and social care](#)
[Debate on integrated care pilot projects](#)

Current Process Stages

Idea | Pilot | Policy Paper | Legislation | Implementation | **Evaluation** | Change

- [Abstract](#)
- [Purpose of health policy or idea](#)
- [Characteristics of this policy](#)
- [Political and economic background](#)
- [Purpose and process analysis](#)
- [Expected outcome](#)
- [References](#)

Featured in half-yearly report: [Health Policy Developments 10](#)

Internet

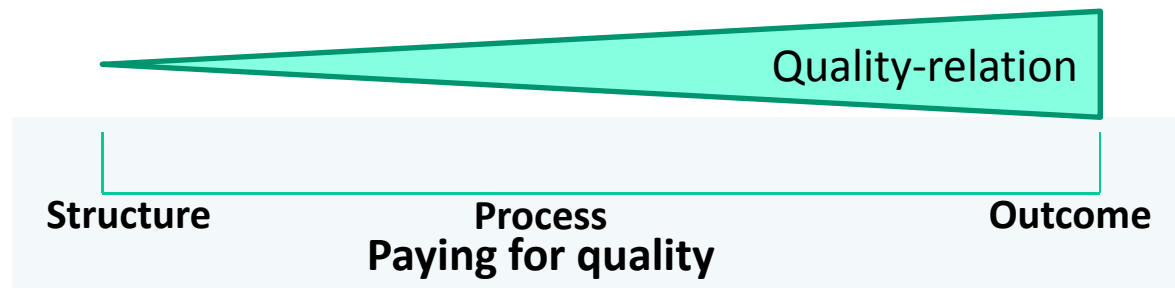
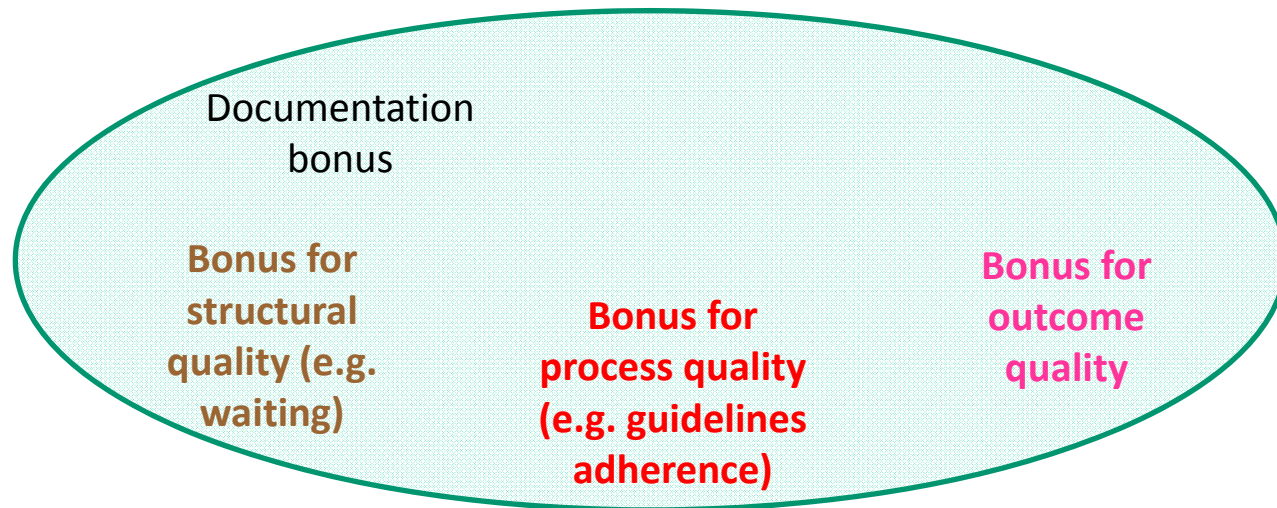
Ansatz 2: Finanzielle Anreize für hoher Qualität/ Qualitätsverbesserung

Capitation

or

Case-based

and



Financial incentives to (primarily) improve quality of care

... targeting <u>structures</u> of care	... targeting <u>processes</u> of care	... targeting <u>outcomes</u> of care
Per patient bonus for physicians for acting as gatekeepers for chronic patients and for setting care protocols or providing patient education (FR)	Points for reaching process targets (UK: QOF; FR: CAPI; AUS: PIP)	Points for reaching outcome targets (UK: QOF)
Bonus for DMP / PIP recruitment and documentation (GER; AUS)	P4P (mainly hospitals, US)	P4P (mainly hospitals, US)
Points for reaching structural targets (UK: QOF; FR: CAPI)		

*Das Original: Qualitätsboni für Hausärzte in Großbritannien
(initial insg. 1050 Punkte; Bonus/ Praxis im Mittel € 150.000)*

Examples of indicators, targets and point values in the GP contract			
Type	Indicator	Points	Target Range
Structural	Patients are able to access a receptionist via telephone and face to face in the practice, for at least 45 hours over 5 days, Monday to Friday.	1.5	yes/no
Structural	The practice establish a register for patients with stroke or TIA	4	yes/no
Process	The percentage of patients with history of myocardial infarction who are currently treated with an ACE inhibitor.	7	25%-70%
Process	Patient Survey: The practice will have undertaken an approved patient survey each year	40	yes/no
Outcome	The percentage of patients with diabetes in whom the last blood pressure is 145/85 or less.	17	25%-55%
Outcome	The percentage of patients age 16 and over on drug treatment for epilepsy who have been convulsion-free for last 12 months recorded in last 15 months	6	25%-70%

Qualitätsboni für englische Hausärzte → Verringerung der Qualitätsunterschiede

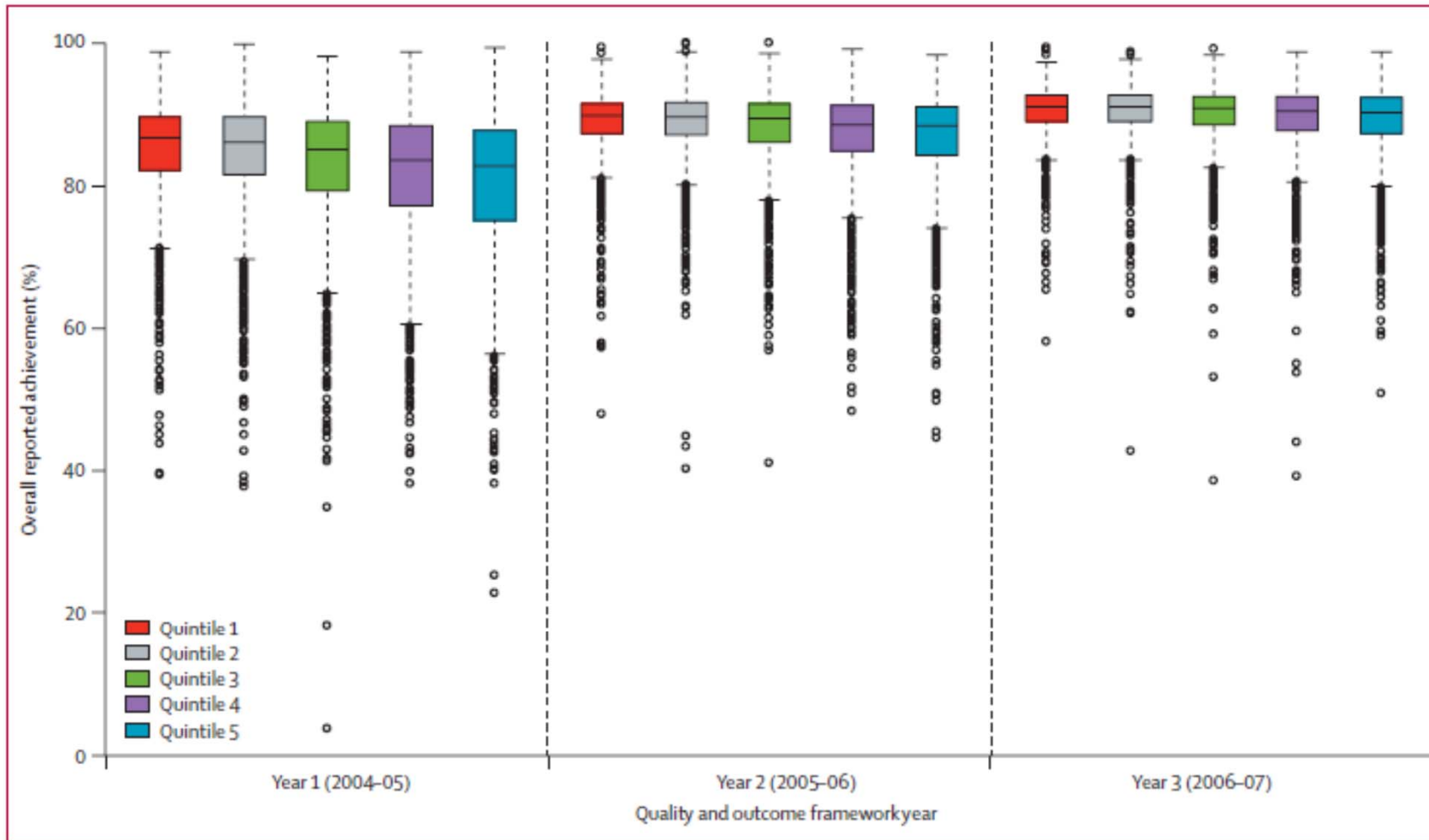


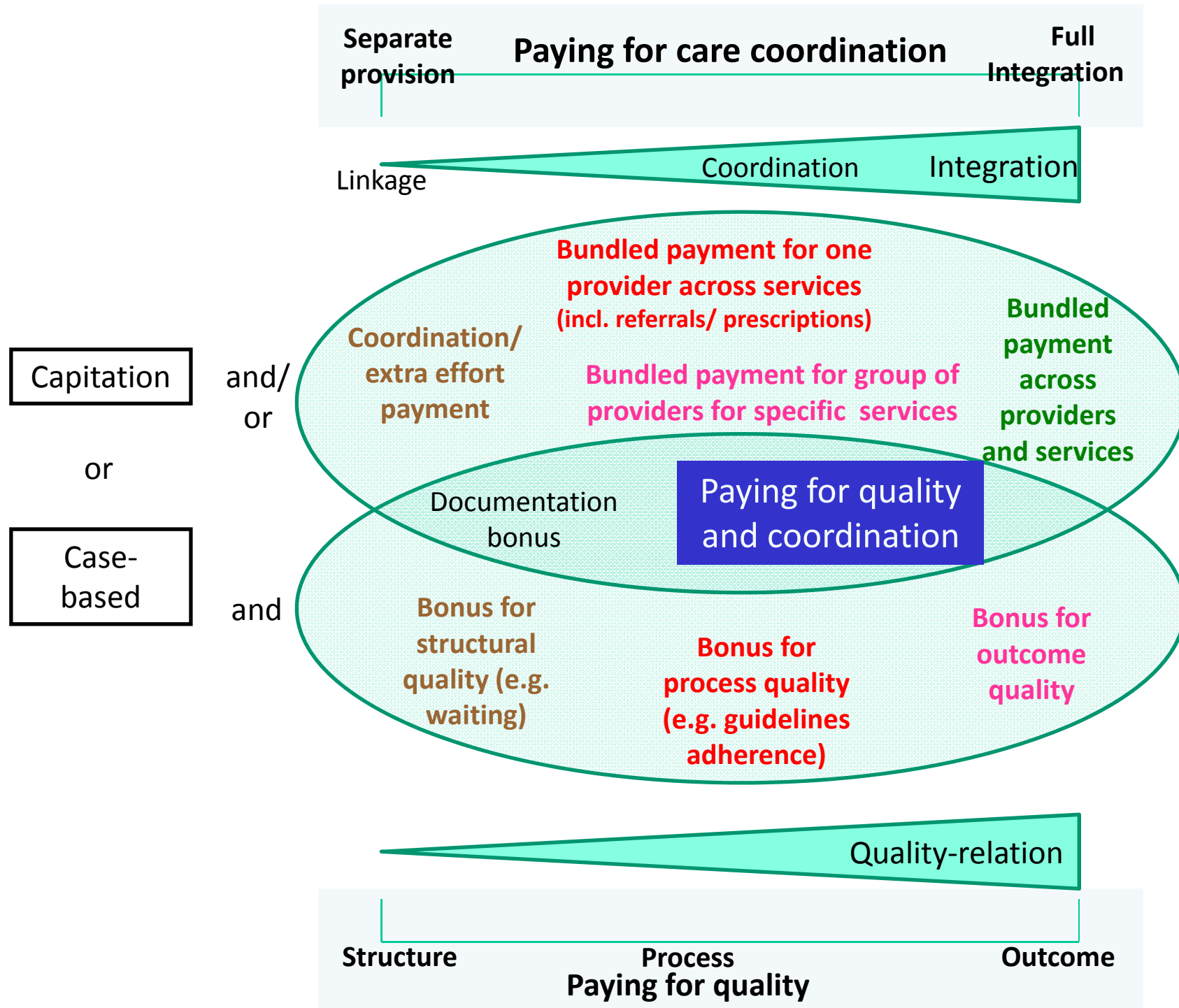
Figure 1: Distribution of scores for overall reported achievement by deprivation quintile for year 1 (2004-05) to year 3 (2006-07)

Central line shows median achievement and box shows interquartile range; whiskers represent range of achievement scores. Circles represent statistical outliers—ie, individual practices with achievement scores outside the range: first quartile $-1.5 \times$ IQR to third quartile $+1.5 \times$ IQR.

Nachgemacht, aber ebenfalls wirksam: CAPI in Frankreich

- The bonus: capitation by registered patient (7 € for a GP who would meet 100% of all the targets)
- For an average GP (800 patients registered) = 5600€ (GP turnover = 130 000 €, income = 75 000 €)
- The fields are weighted (60% prevention and quality of care, 40% efficiency of drug prescription),
- both the level achieved and the progression are taken into account
- In practice after 1 year, 2/3rds of contracting GPs have received a bonus (3100 € on average)

The global financial impact: savings on prescription finance the extra costs for screening or tests and drugs and the additional remuneration



Und was heißt das für uns?

- Deutschland hat seit den DMPs kein international beachtetes Versorgungskonzept mehr entwickelt.
- **Bzgl. Qualitätszuschlägen hatte Großbritannien im ambulanten Sektor eine Vorreiterrolle – und inzwischen etliche Nachahmer.**
- **Bei IV gelten Modelle wie das von Kaiser Permanente als führend – und werden oft kopiert.**
- **Die Kombination beider Ansätze ist praktisch noch nicht entwickelt – und bietet sich für Modelle in Deutschland an (derzeit einige IV-Verträge der TK).**
- **Ein großer Wurf wäre besser als klein-klein ...**

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