BUILDING SYSTEMS OF INTEGRATED CARE: LESSONS FROM FOUR EUROPEAN CASE STUDIES?

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Multi-disciplinary hospital-based team care for people with geriatric condition at a geriatric center in Berlin

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Agenda

- Integrated Care in Germany
- Case Site
- Results of a qualitative analysis
- Lessons learned
Integrated Care in Germany

- Integrated Care programs can be organized as a contract between health provider(s) and health insurance company since 2004
- Covering special indications or populations
- Content and payment of IC programs are subject to negotiations between provider and HIC
- Until end of 2008 new contracts were partially funded by contracting health insurance company
Development of IC in Germany

• §140 SGB V
• the right of health care providers to
  • negotiate direct contracts with health insurance companies
  • multidisciplinary (horizontal integration) or intersectoral health (vertical integration) care concepts
  • No necessity of horizontal and vertical integration
Integrated Care in Germany

- 2008: over 6,000 contracts
- Continual rise of contracts every year (2004-2008)
- Mostly disease-specific contracts
- Majority of contract partners were hospitals, rehabilitation centres and outpatient MDs (Grothaus 2009)

Integrated Care in Germany

Evaluation of existing programs is difficult

- No central registration since 2009
- 73% of contracting HICs do not or only partly evaluate their own programs
- Nearly 90% of contracting HICs do not or only partly publish their own evaluations (SVR 2012)
- Due to a lack of experience in IC, many programs have to be looked at as pilot programs

SVR: Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen
Overview

Clinic

One of Germany’s largest geriatrics specialty clinics (152 beds)

Integration of several facilities

- Clinic
- Day Clinic
- Day Care Unit
- Nursing Home
- Information Centre
- Research Centre
- Academy
Methodology

• semi-structured interviews with health professionals
  • Medical doctors
  • Neuropsychologists
  • Occupational therapists
  • Physical therapists
  • Nurses
Implementation history

Facilitating factors

• Willingness of the Charité to establish a geriatric centre
• Focus of national and local politics on the importance of geriatrics
• Personal experience of the appointed professor

Barriers

• Health policy framework
• Health profession education
• Strict borders between health care sectors
Understanding of IC

• No clear and defined understanding of IC
• IC was understood as “the normal way” to treat patients due to the demands and complexity of geriatric patients
Care Intervention and Care Coordination

- Multidisciplinary team as the core center of IC
- Channels for communication to facilitate multidisciplinarity
  - Formal team meetings
  - Informal sharing of information based on need
- Team structure
  - Only limited concordance on the structure and the specific responsibilities of the team
Results

Access of information

• In principle, all information were accessible by all health professions
• Access through the computer system was limited
• The free and fast gathering and sharing of all relevant information was stated by all health professions
Results

Assessment and care planning process

- The level of using structured assessments varied from HP to HP
- Conflicting statements on the purpose of using assessments
Lessons learned

The following factors seem to be central for a successful implementation and sustenance of an integrated care concept for geriatrics:

- Multidisciplinary teams
- Implementation of formal and encouragement of informal communication channels
- A clear team structure with defined responsibilities
- A suitable process of information sharing
- A suitable ICT system for speeding up bureaucratic tasks
- Care-Coordination and planning based on the expertise of the multidisciplinary team and structured assessments
- A constant process of change taking into account experiences of those at the executional level