

Why do we need integration of care and what are the proven tools

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Many miracles happen in hospitals

Unikátna operácia: Nitrianski lekári zachránili mladíka pred ochrnutím

Unique surgery: Physicians in Nitra saves young man from paralysis

NITRA/TRENČÍN – Skvelá práca lekárov. Zákrok, aký sa podarilo lekárov v nitrianskej nemocnici je možné považovať za malý zázrak. Mladému mužovi, ktorý mal po autonehode úplne roztrieštený krčný stavec a hrozilo mu, že sa na nohy viac nepostaví, unikátnou operáciou umožnili opäť chodiť. A to všetko bez možnosti zranenú chrbticu si zröntgenovať, čím sa celý náročný zákrok stal doslova unikátny.

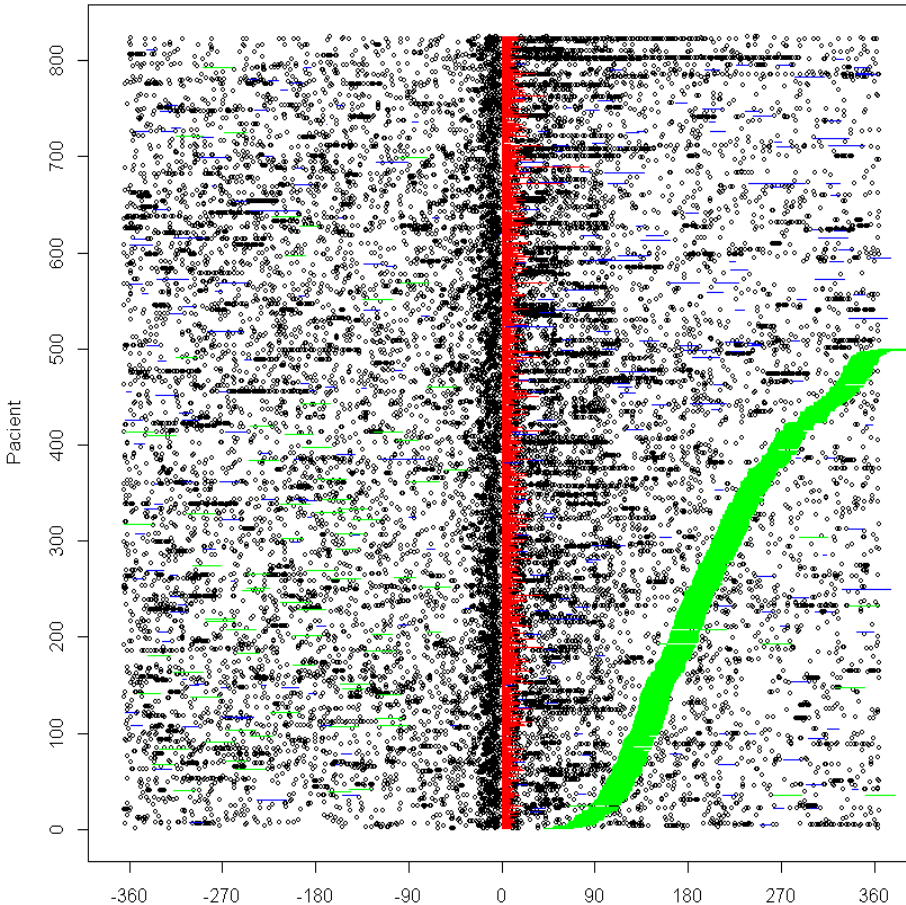


... implementation of many innovations, including pre-hospital care, leads for example to reduction of death rate after brain stroke by 30%

Coronary care unit in SSUSCH



... but there is still room for other improvements which would affect health



Number of days since the beginning of hospitalization for knee or lower back TEP; **Green lines** = spa stays

4

According to study Artz et al:

„Patients who received physiotherapy reported short-term improvement of functionality and pain relief compared to patients without physiotherapy.“

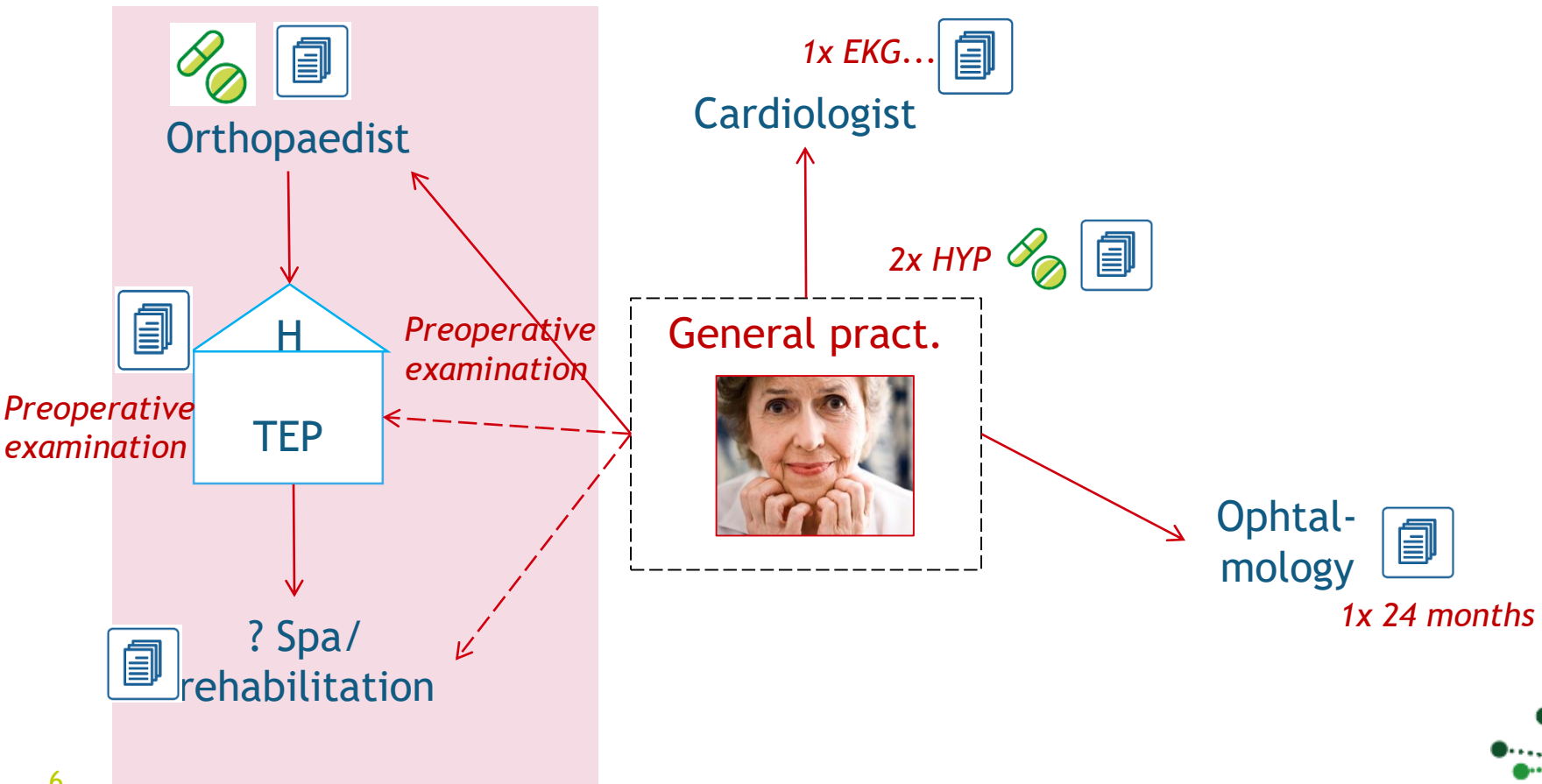
Source: Poliak, M.: APPLICATION OF DATA MINING METHODS ON GROUPING OF HEALTHCARE EPISODES
Data Dôvera insurance company



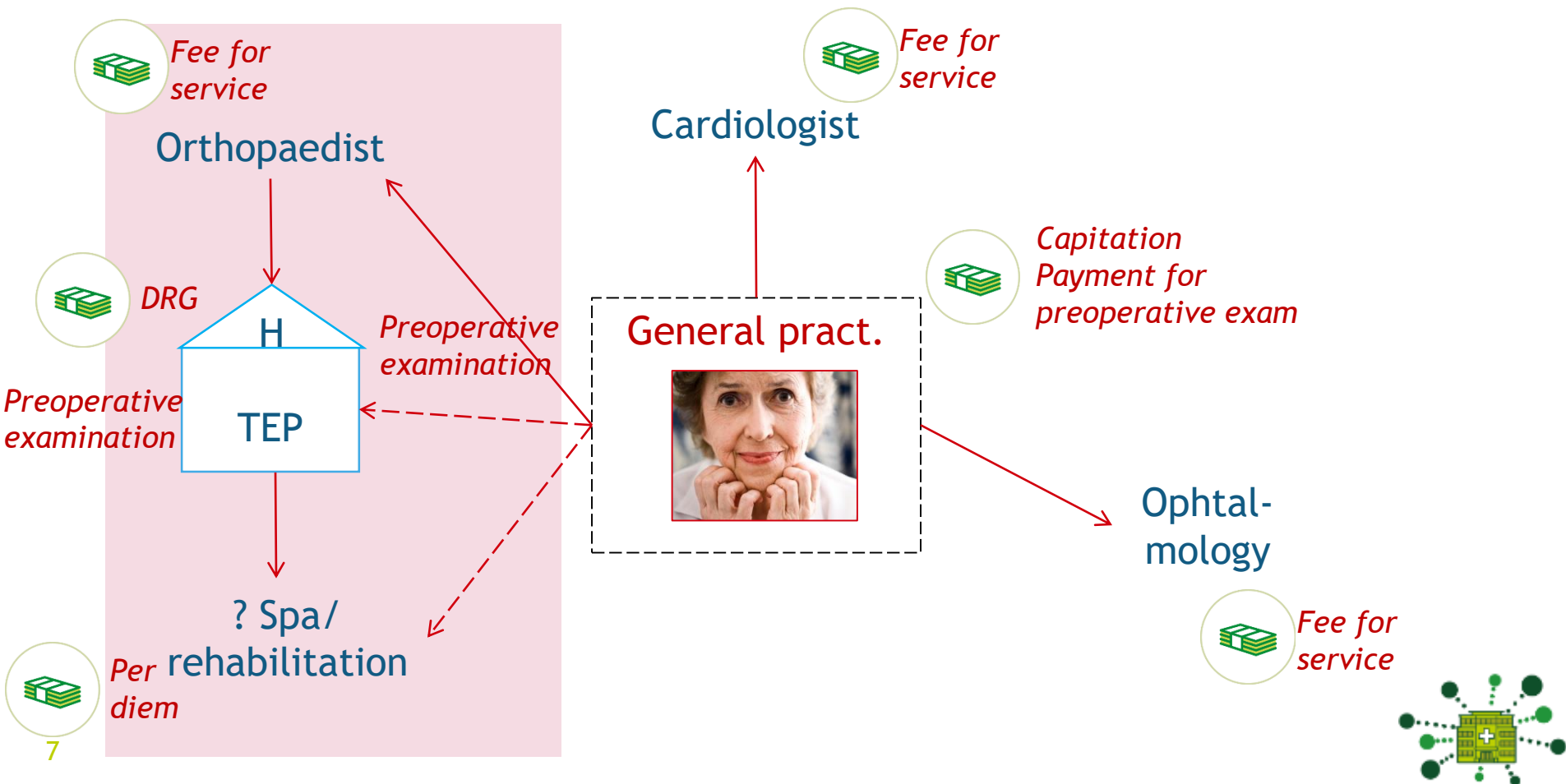
What is the problem with fragmentation



Providers are not connected and it is not sure who should **coordinate care** and prevent duplicates creation, shifts in treatment, under-treatment or undesirable interactions



No one is responsible for the result and financial motivation of providers is not connected, sometimes even conflicting

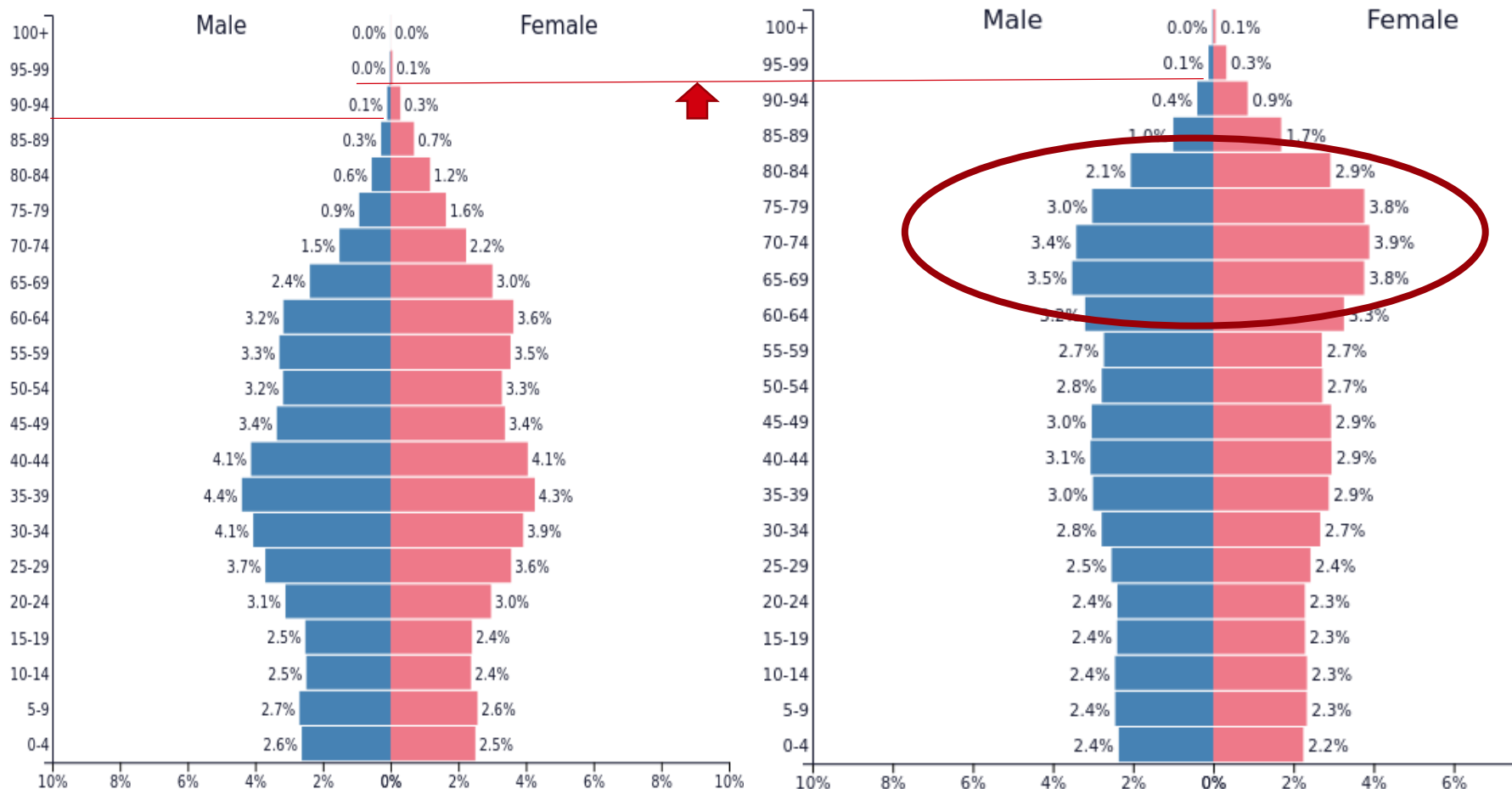


Why is integration so important



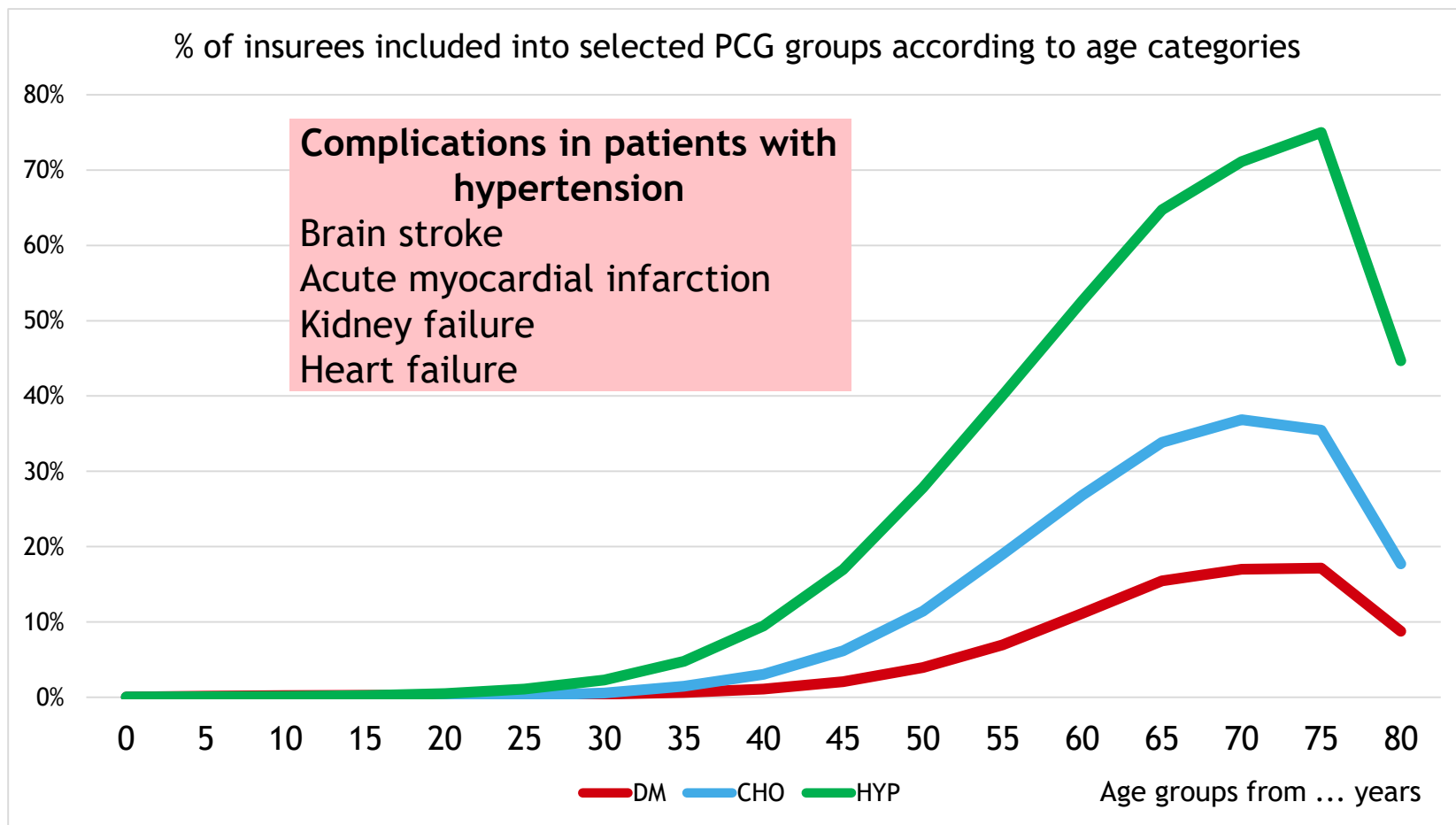
Inevitability of integration increases with population ageing

Slovakia - 2017 vs. 2057



Source: www.populationpyramid.net

... increase in the number of chronically ill patients and their complications



Integration is also important for **economic reasons**

- Lack of personnel and beds
- According to *Busse et al.* DRG implementation in almost all countries led **to shortening of hospitalization length, e.g. in Germany from 10,8 to 7,6 days (1995 vs. 2008)**
 - Shortening of surgery preparation time
 - Earlier transfers to other providers



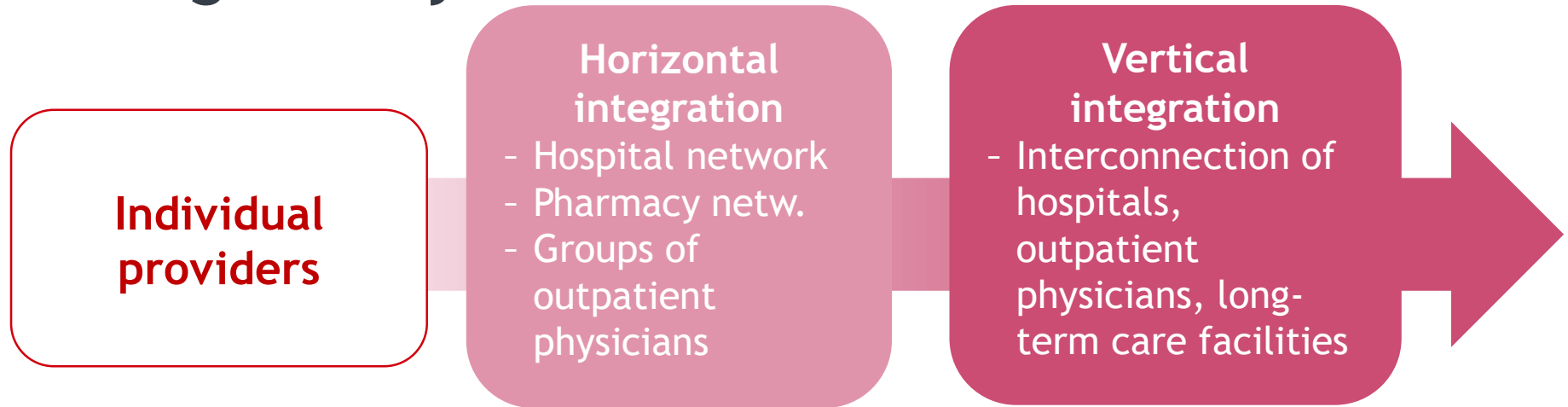
(Not only) according to A.C. Enthoven the recommended solution is **integrated system**

= organized, coordinated and cooperating **network of healthcare providers** which

- is **clinically and economically responsible for results** of health care and health status of selected population, especially of elderly and chronically ill
- **has tools for management** and improvement of these results
- is **connected through joint owner or contract** with the aim of providing coordinated and vertically connected healthcare to selected population

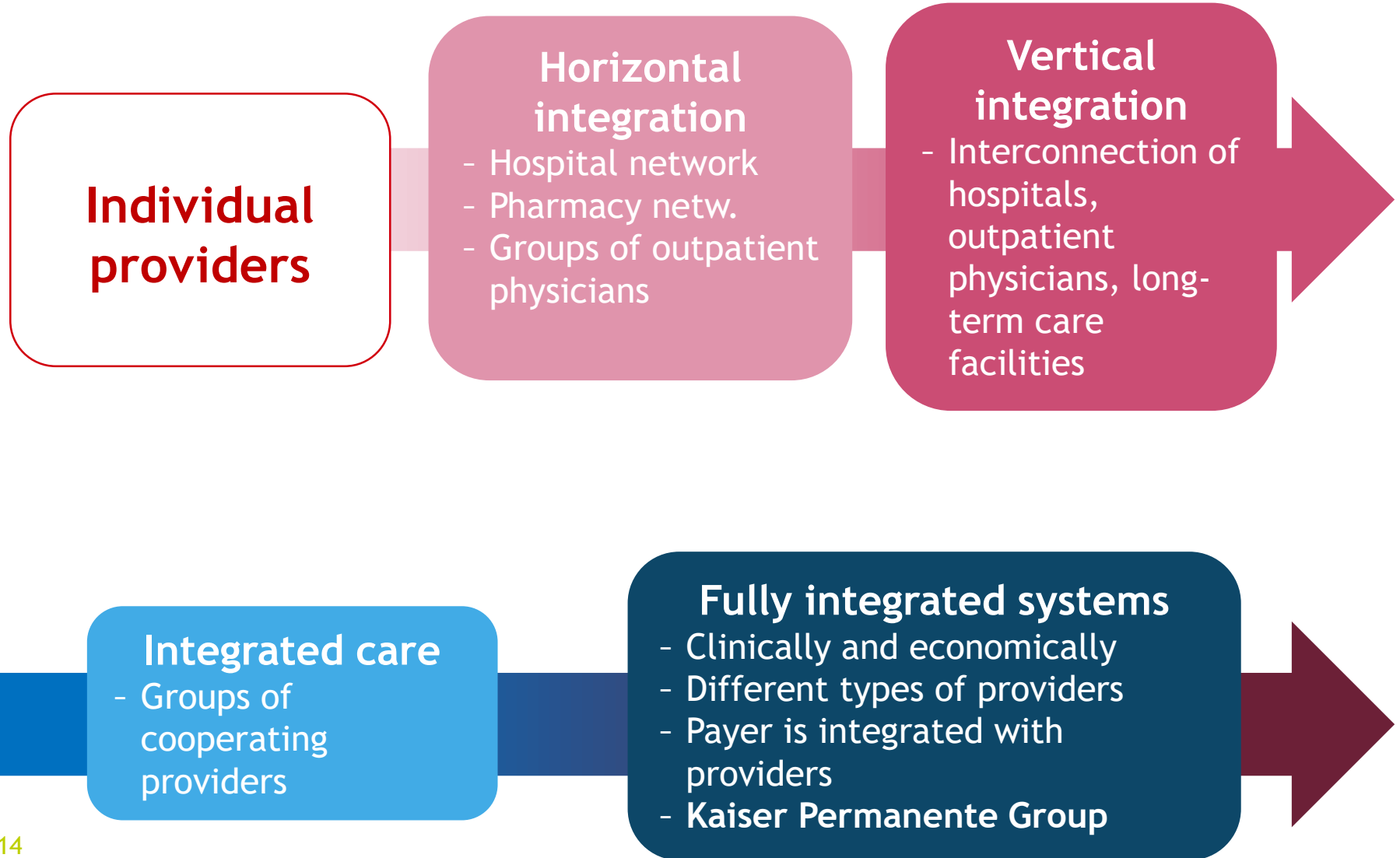


It is possible to build various shapes of integrated systems



- 1990s in the USA
- According to study from Burns and Pauly **these Integrated systems were UNSuccessful** because:
 - **They had insufficient structure** - connecting hospitals and general practitioners without specialists cooperation
 - Inability to manage risk within a combination of risk-capitative contracts and service payments (**conflicts in motivation**) **without information systems and data sharing (not only) with payers**
 - **They had high acquisition costs** of purchasing outpatient dept. and hospitals

Higher expectations from



Models of integrated care



Complex care for patients with total endoprosthesis*, Medicare, USA

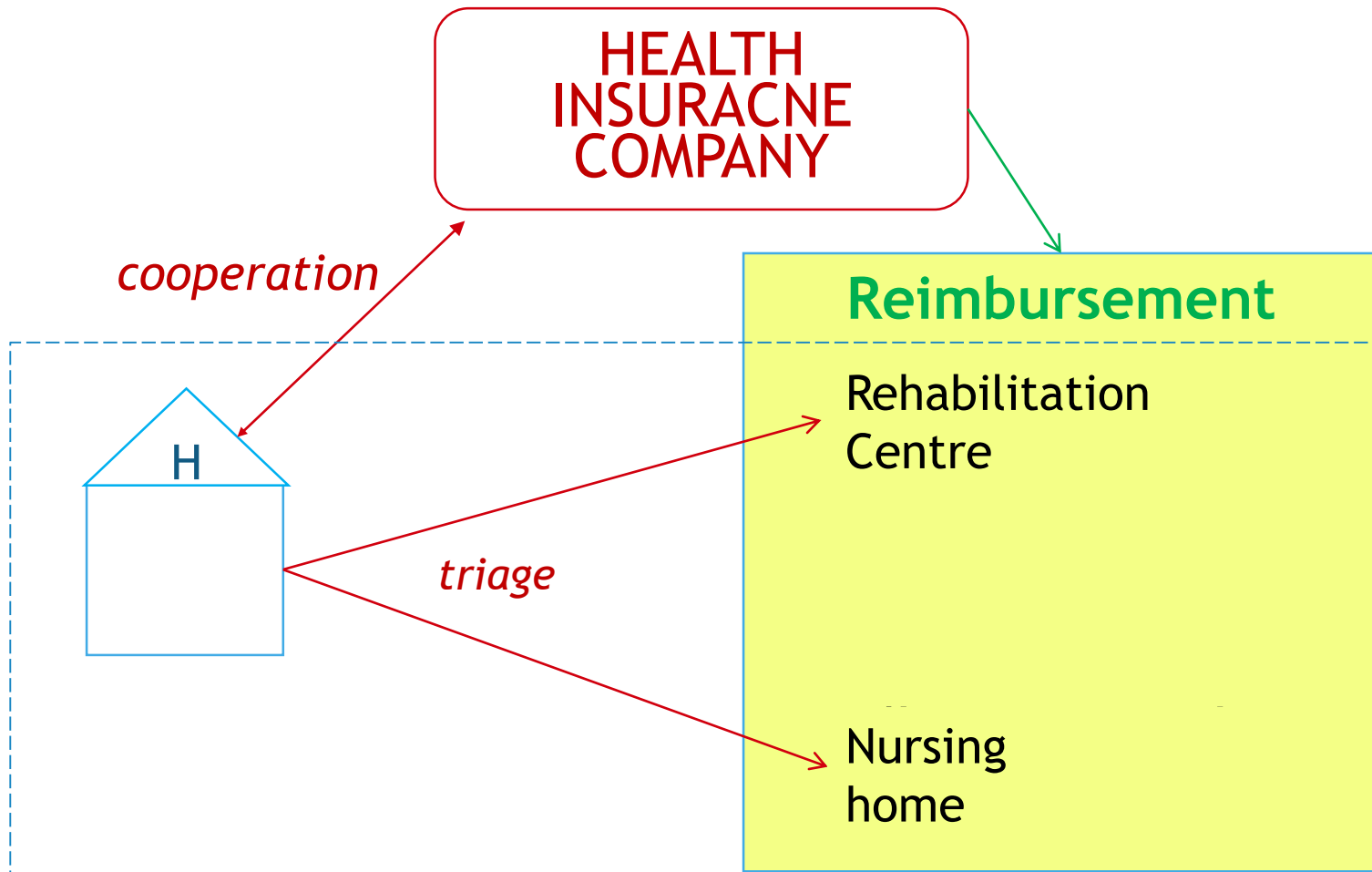
- **The most frequent hospitalization with great variability** in quality (rehospitalization rate, 3 times more complications) and costs (\$16,500 - \$33,000)



- **Responsible hospital** can obtain additional payment if it **keeps costs of an episode** of care (up to 90 days) and **secures min. quality**
 - Complication rate
 - Patients satisfaction
- Available **data on the cost** of care at providers of after care who are still paid by Medicare



Management of care for patients after brain stroke, NL

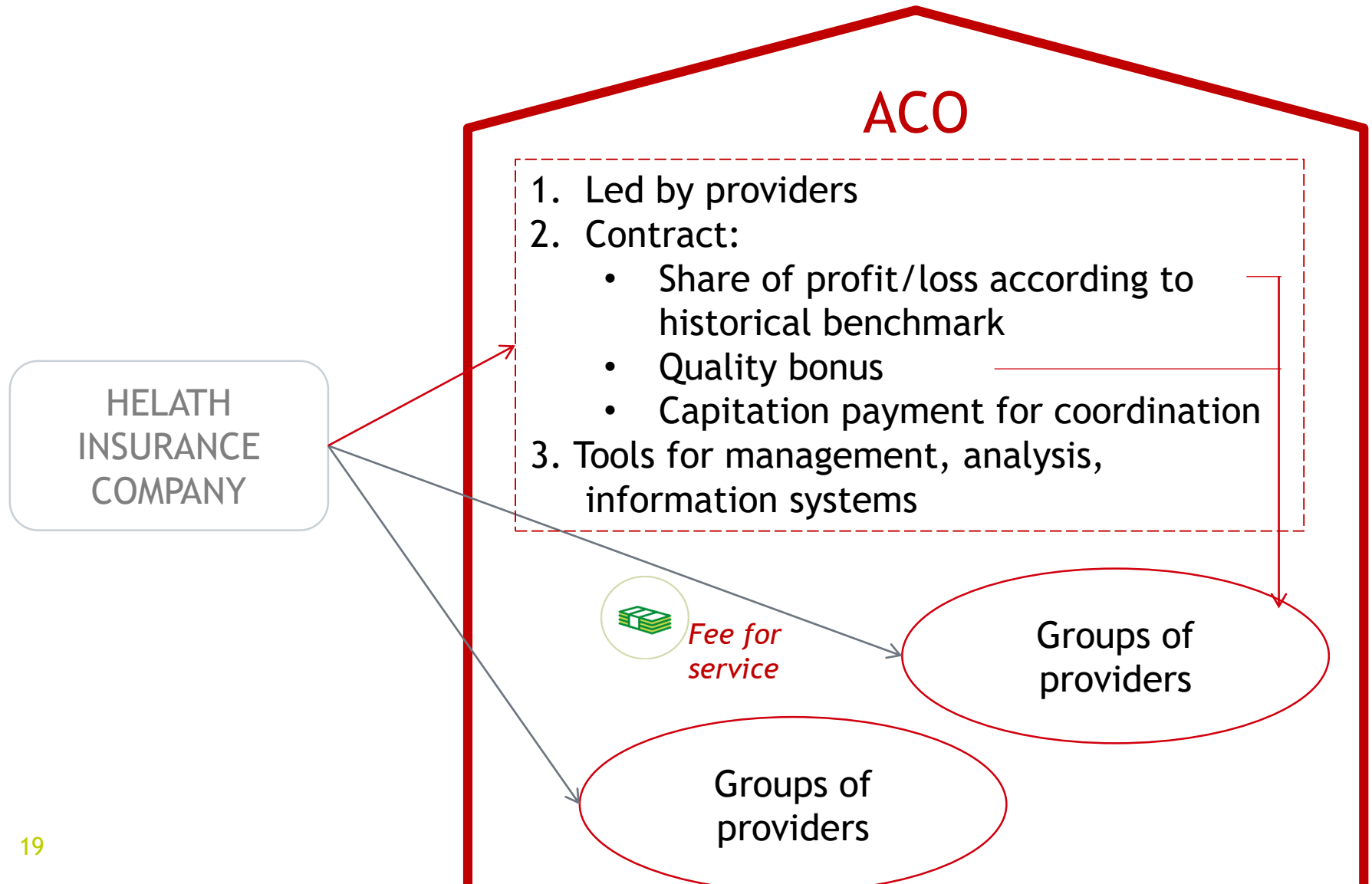


Shared savings programs Medicare, USA

- Program rewards providers for **reducing the growth of costs while maintaining or improving the quality** of patient care and cooperation among general practitioners, specialists and hospitals
- It supports creation of **Accountable Care Organizations** = independent organization of healthcare providers who **took responsibility for quality, costs and general care for assigned group of insurees**

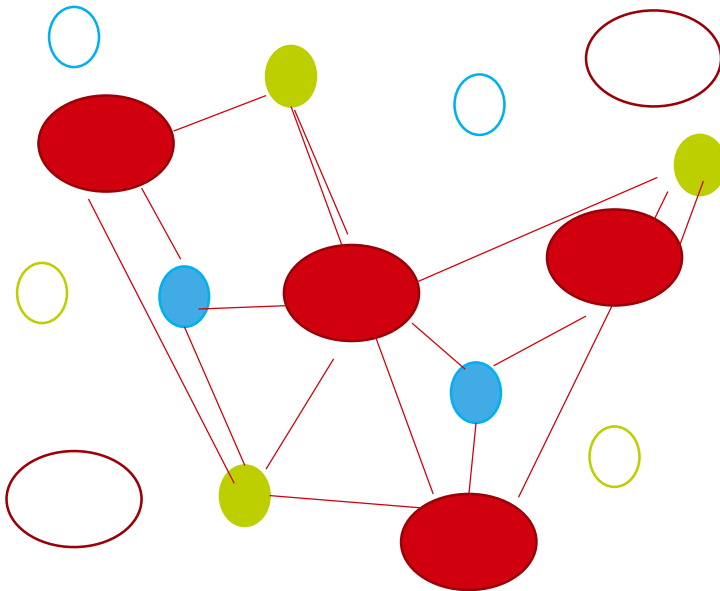


Shared savings programs Medicare, USA



SK - DôveraPomáha (Dôvera Helps)

HEALTHS INSURANCE COMPANY



Common tools:

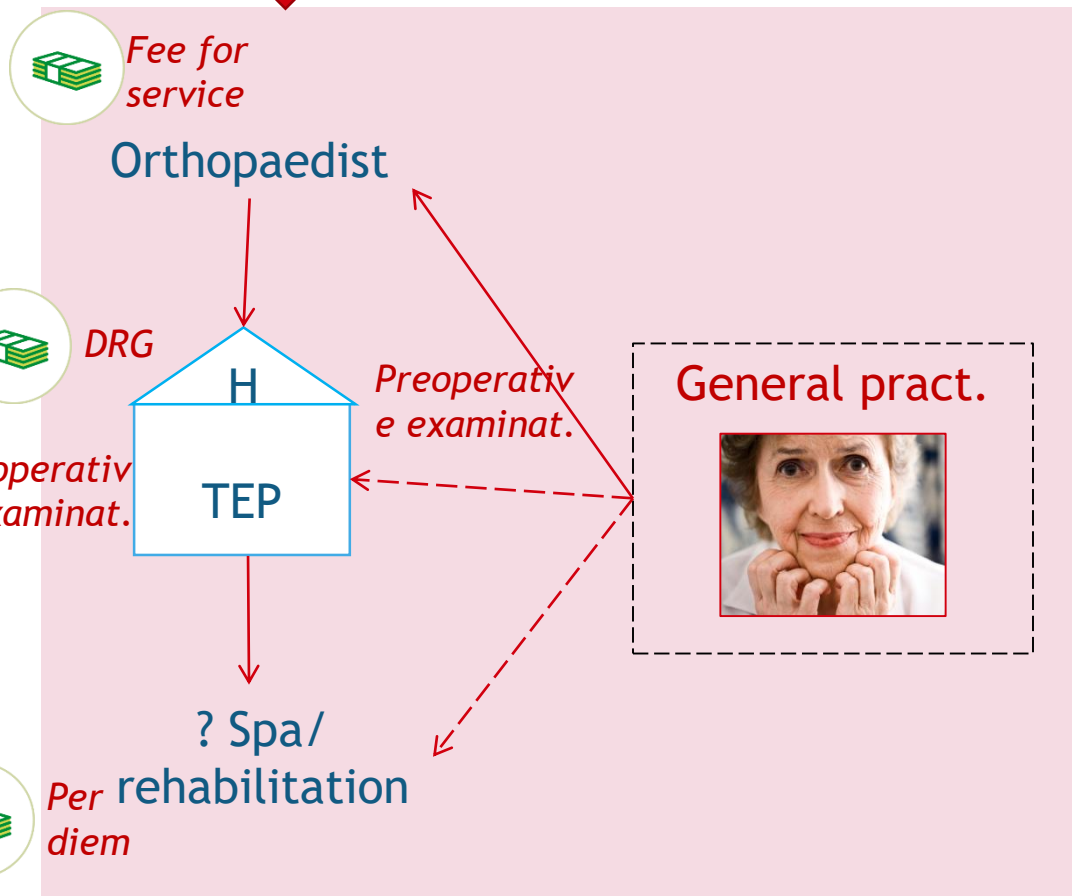
1. Integration through P4P contract
2. Disease management program - educators
3. Ordering system
4. Treatment recommendation - prescription of antibiotics
5. Quality indicators

4 key tools and principles of integrated systems

According to Enthoven, Burns and Pauly



1. Payment mechanism

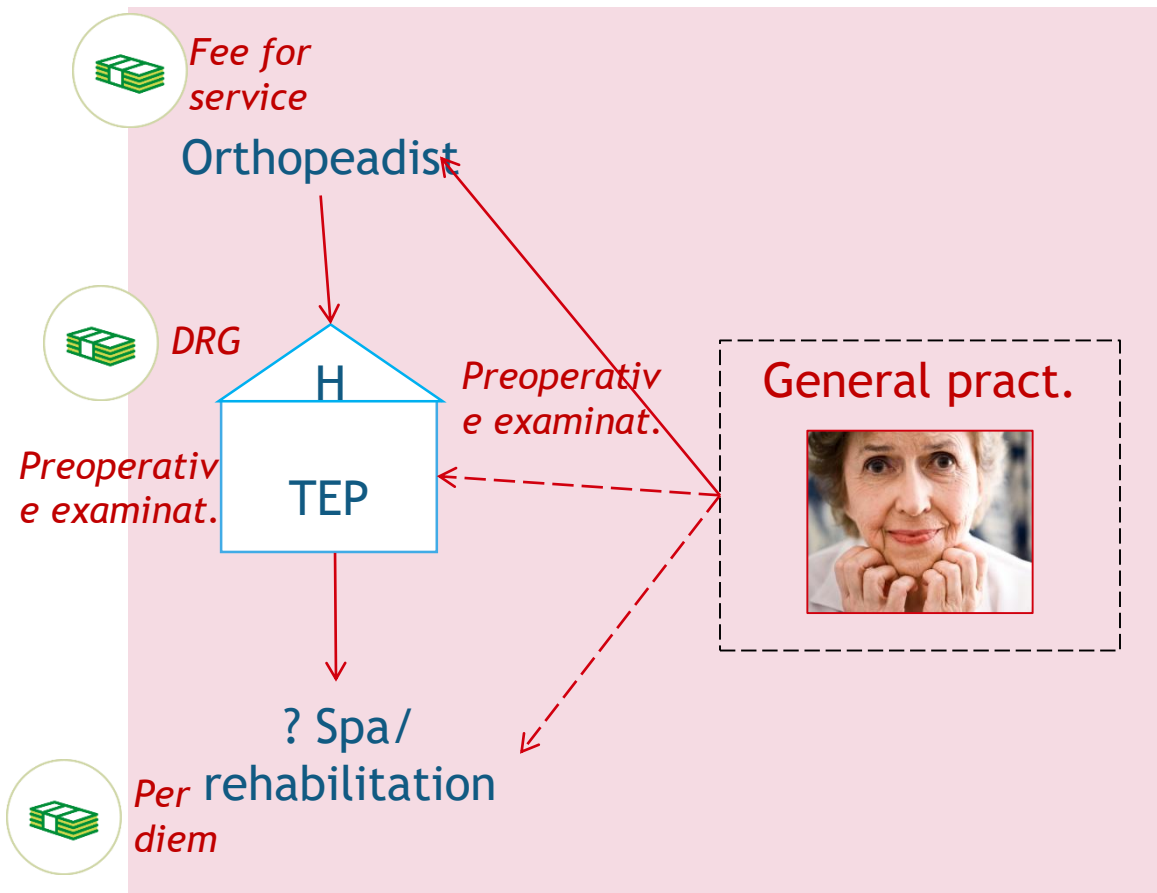


- P4P contracts
- Sharing of savings
- Risk/capitation contract
- **Ideally cooperation of more health insurance companies** (e.g. Medicare and private HIC) and providers



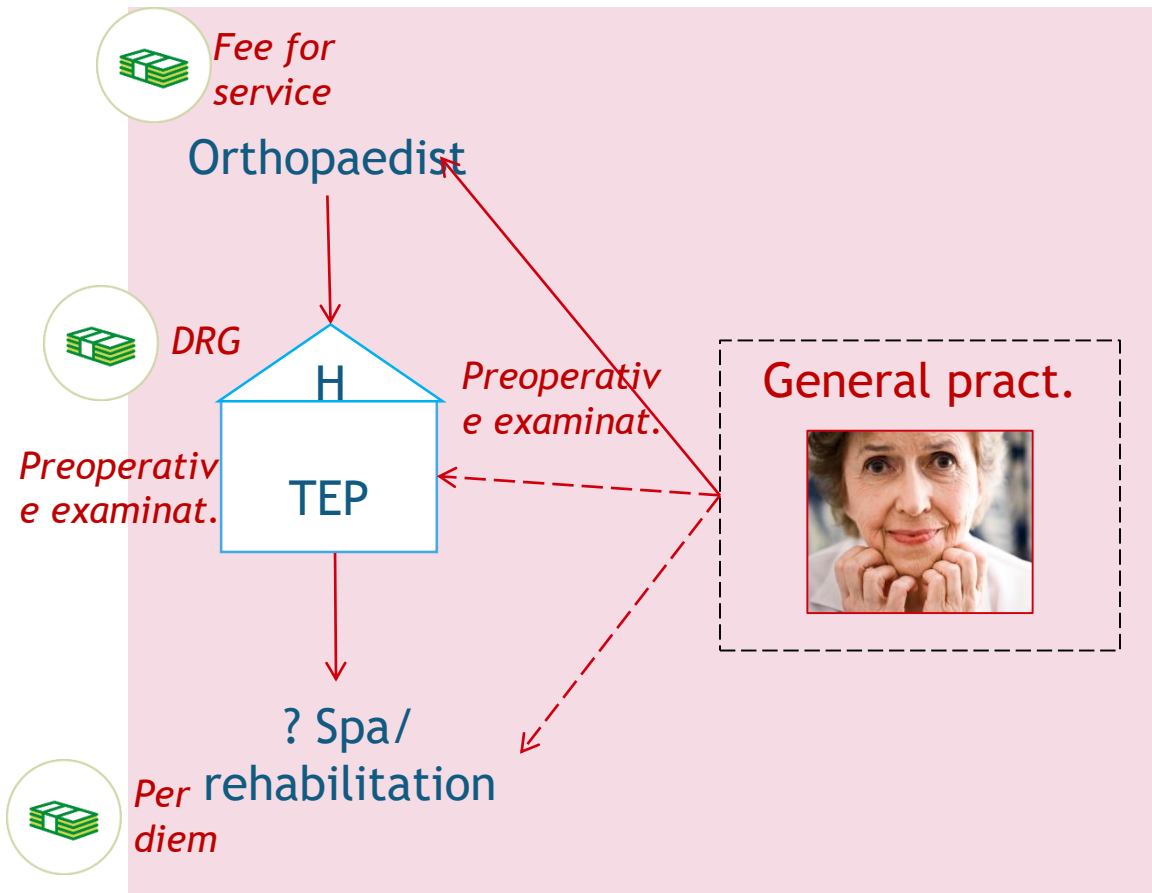
2. Data and analyses

- Data from health insurance company
- Identification of variability in processes, costs, results



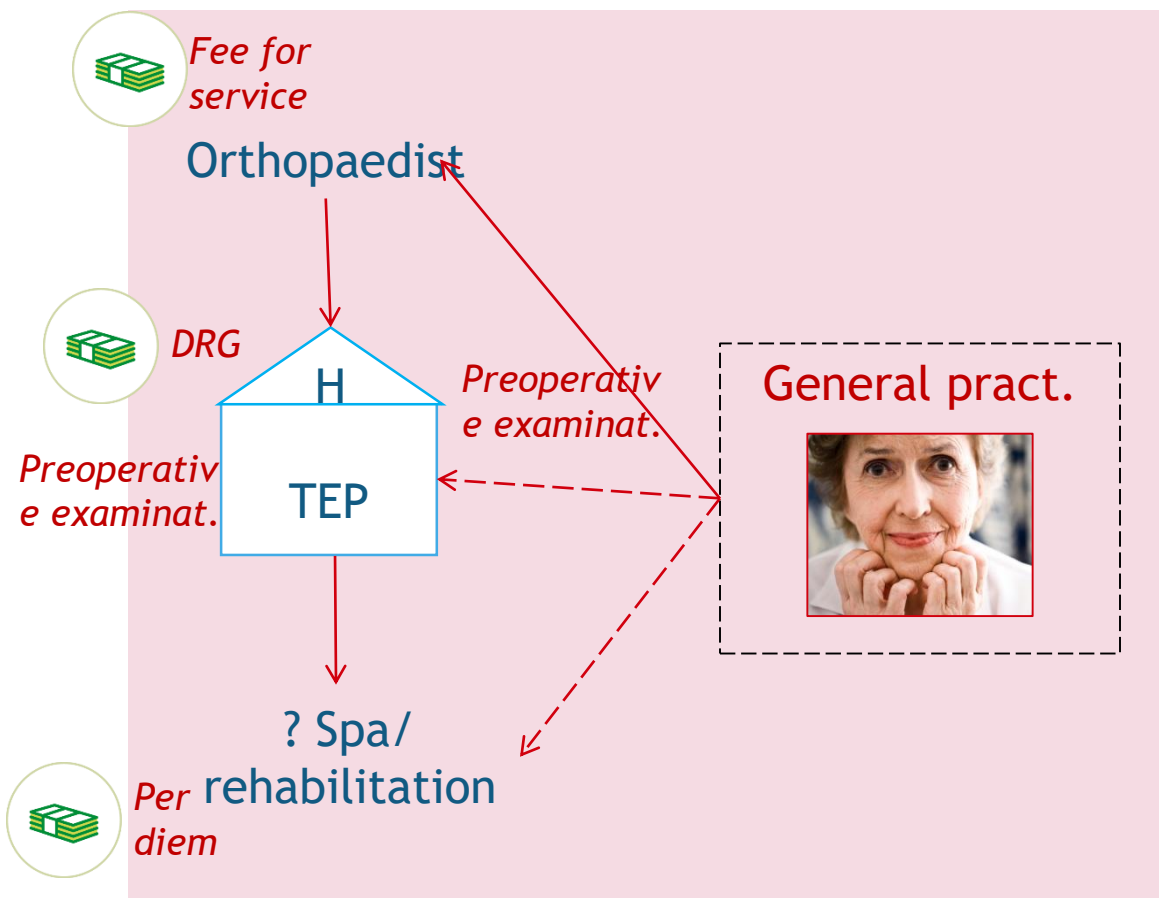
3. Care management tools

- Standardization of discharge letters
- Case management and clinical protocols
- Patients education
- Disease management programs
- **Clinical leadership**
- **Culture and vision of hospital focused on quality** - team work, Lean management, „Governing body in ACO“



4. Information system

- (Long-term) electronic health record
- Sharing of information
- Benchmarking
- Support of clinical decision making based on evidence based medicine



What else helps integration

- Measuring and publication of quality
- Active state policy with focus on integration of healthcare



Summary

- Building of integrated systems is necessary for coping with the impact of population aging, **securing of coordinated care especially for chronically ill** and improving clinical and economic results
- **Multiple models** work abroad - from fully integrated systems such as Kaiser Permanente to virtually integrated systems of cooperating providers
- Technical tools are not enough, also **vision of quality and innovations, involvement of clinical leaders, and state support** are necessary



Integration can bring value to everyone

Patients

HEALTH
IMPROVEMENT

SATISFACTION

Hospitals

PHYSICIANS
SATISFACTION

COST SAVINGS

HIGHER
PROFITS

Health insurance companies

PRODUCT FOR
INSUREES

BETTER
RELATIONS
WITH
HOSPITALS

COST SAVINGS

