“Population Health Improvement: the OptiMedis approach”.

Dr Oliver Groene PhD MSc MA

Vice-Chairman of the Board, OptiMedis AG

CEO Gesundheit für Billstedt Horn UG

Organizational structure of the OptiMedis – open source family

OptiMedis AG

Chairman of the Board: Dr. h. c. Helmut Hildebrandt, Vice Chairmen of the Board: Dr. Oliver Gröne, Dr. Alexander Pimperl

German Regional Integrated Care Systems

Gesundes Kinzigtal GmbH

- OptiMedis AG 33,4 %
- MQNK e.V. 66,6 %

CEO:
Dr. Alexander Pimperl

Gesundheit für Billstedt Horn UG

- OptiMedis AG 30%
- Ärztenetz Billstedt Horn e.V. 60%
- SKH Stadtteilklinik Hamburg GmbH 5%
- NAV-Virchow-Bund Verband der niedergelassenen Ärzte Deutschlands e.V. 5%

CEO:
Dr. Oliver Gröne

Gesunder Werra-Meissner Kreis GmbH

Up to now:

OptiMedis AG 100 %

responsible:
Dr. h. c. Helmut Hildebrandt
Justin Rautenberg

International Joint Ventures

OptiMedis Nederland B.V.

- OptiMedis AG 28% plus 1 Priority Share
- Td5 (NL) 20% plus 1 Priority Share
- Magpar XX (NL) 52% plus 1 Priority Share

CEO:
Jurriaan Pröpper + Jurrien Pentiga

OptiMedis-Cobic UK Limited

- OptiMedis AG 1/3
- Cobic Solutions Limited (GB) 2/3

Directors:
Dr. Nicholas Hicks
Dr Oliver Groene

Optimedis BE bvba

- OptiMedis AG 1/3
- Vias institute 1/3
- Hhaas bvba 1/3

Management Team
Karin Genoe
Frederic Maeyens
Frank Ponsaert

Population Health Improvement: a practical definition

The systems and processes required to achieve the greatest improvements in health and relief of suffering for a defined population from the resources available through:

a) The efficient and effective delivery of care in response to individuals presenting to and asking for help from the health and care system
b) identification of individuals and offer of intervention to those currently not in receipt of interventions that evidence suggests are likely to improve their health and wellbeing, reduce the risk of future ill-health, and/or reduce costs to both the health system and the wider community.
c) salutogenesis : i.e. provision of support for individuals and communities and the use of local assets to protect and promote health through:

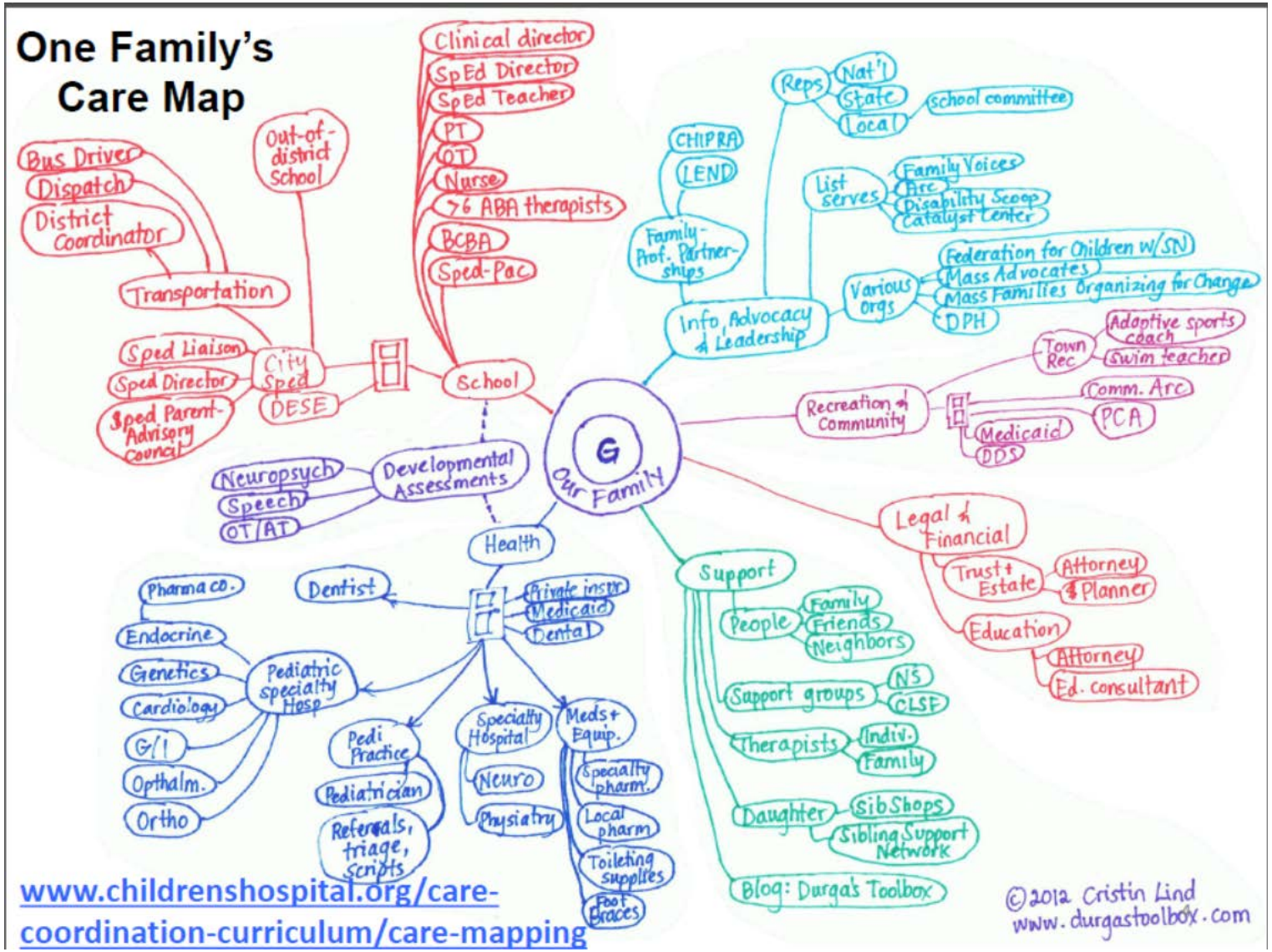
- *promoting individual knowledge, behaviours and attitudes that promote health*
- *supporting the development of strong social networks*
- *creating a health sustaining physical environment*

Source: Hicks NR, Groene O: OptiMedis-COBIC UK 2018

Our fragmented healthcare systems are engineered for “repair” but not for “maintenance” and not at all for “prevention” and “innovation”.

Meet Amy

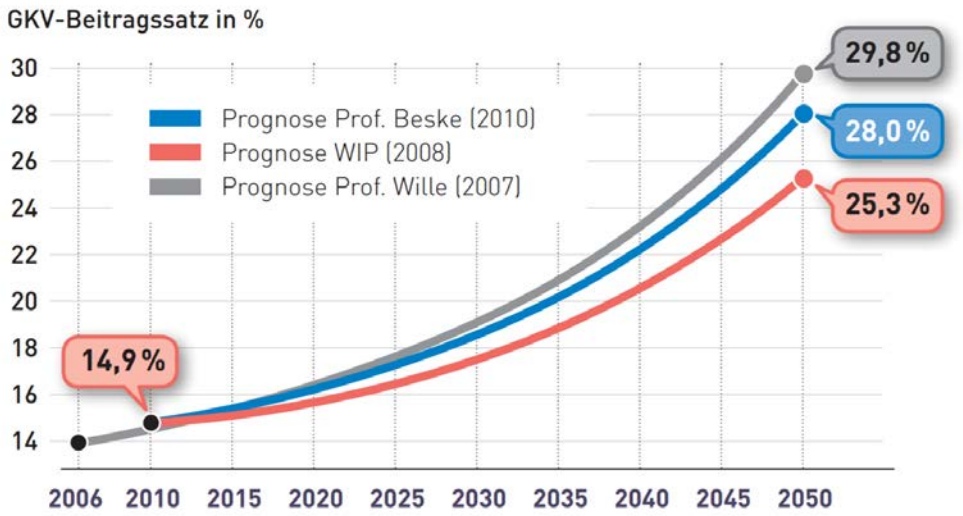
Professor Eugene C. Nelson, DSc, MPH, The Dartmouth Institute, USA



Richard Antonelli, MD, MS Medical Director of Integrated Care Boston Children's Hospital / Harvard Medical School Boston, USA vom 26 October 2016 in Wellington, Neuseeland

Disruptive innovations are needed to ensure sustainability of health systems for the future

Der Beitragssatz zur GKV bis 2050
in Prozent vom beitragspflichtigen Einkommen



Quelle: *Beske* (2007); *Beske* (2010); *Wille* (2007) in *Beske* (2010); WIP (2008)

Berücksichtigung/ Annahme	*Studie (Quelle)*	*Projektion (Jahr)*	*Beitrags-satzhöhe*
medizinisch-technischer Fortschritt	Dudy (1993)	2030	26 %
	Knappe (1995)	2030	25 %
	Oberdieck (1998)	2040	31,2 %
	Buttler et al. (1999)	2040	> 30 %
	Breyer und Ulrich (2000)	2040	23,1 %
	DIW (2001)	2040	28,2 – 34,0 %
	Postler (2003)	2050	22,5 – 39,5 %
produktivitätsorientierte Projektion	Prognos (1998)	2040	15,5 – 16 %
rein demografischer Effekt	Schmähl (1983)	2030	~ 16 %
	Knappe (1995)	2030	~ 16 %
	Sachverständigenrat (1994)	2040	15 – 16 %
	Erbsland und Wille (1995)	2040	15 – 16 %
	Buttler et al. (1999)	2040	18 – 19 %
	Postler (2003)	2050	16,2 – 16,5 %

Predicted health insurance contributions in Germany as % of income

Maria Roth is a 84 years old woman suffering from heart failure. Since 2010 she was admitted to hospitals eight times because of inadequate monitoring and poor care coordination.

From 2010 to 2014 the total costs of care for Maria were 72,261 €, resulting in a loss for the insurance of -23,204 € or about -5,800 € per year.

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Can’t we do better?

Innovating the health system to be more efficient and to produce health.

Hanna Held is also a 84 years old woman suffering from heart failure. Since the diagnosis six years ago she has been participating in the health care program „Strong Heart“ and she has a case manager at her GP practice. She gets supported in her self-management, her medication gets precisely adapted to her situation and she knows exactly to identify and act on signs of deterioration.

In the last 4 years Hanna only went once to hospital because of an opthalmic complication. Her total costs of care summed up to 14,281.8 €, resulting in a profit for the insurance of +2,613.6 € or about +650 € per year.

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The challenge

"Every organized human activity — from the making of pots to placing man on the moon — gives rise to two fundamental and opposing requirements:

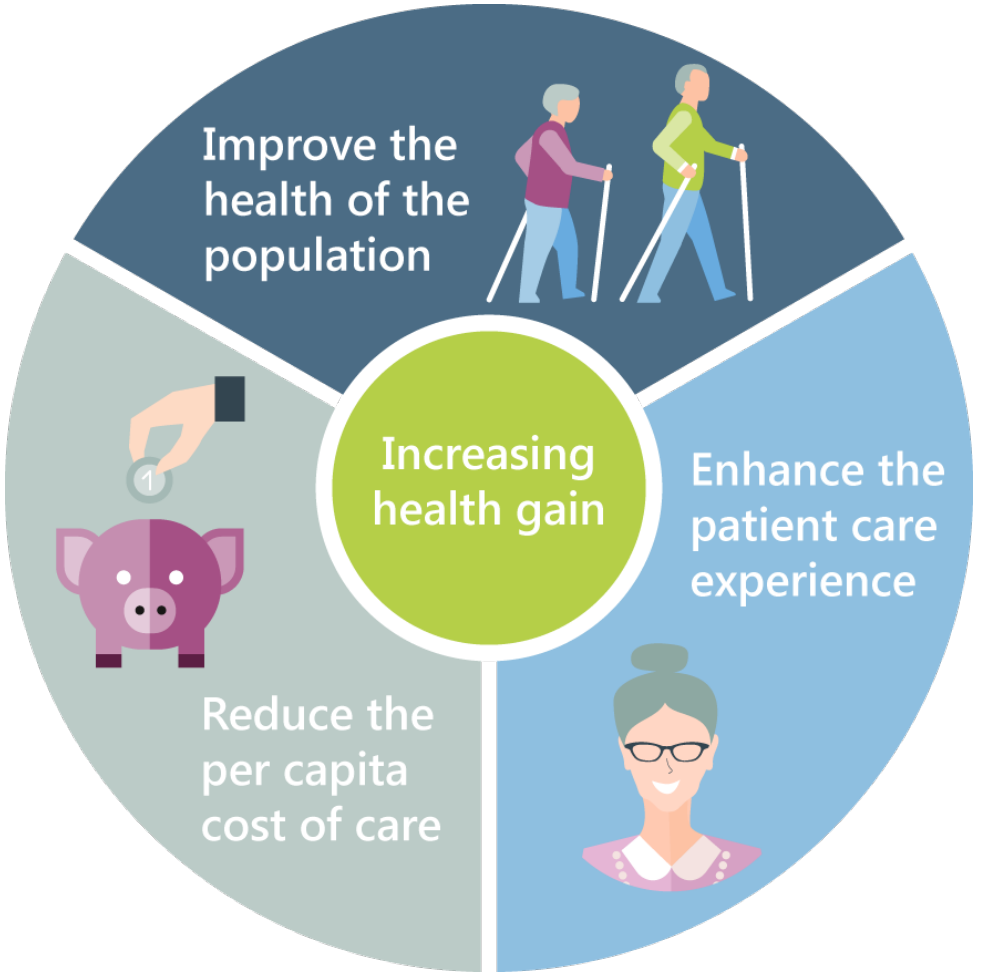
- the division of labour into various tasks to be performed,
- and the coordination of these tasks to accomplish the activity.

The structure of an organization can be defined simply as the sum total of the ways in which it divides labour into distinct tasks and then achieves coordination among them."

(Henry Mintzberg)

The OptiMedis Approach

What are we trying to achieve?



Berwick DM, Nolan TW & Whittington JW. The Triple Aim: Care, Health, And Cost. *Health Affairs 2008;* 27(3), 759–769.

How can we achieve the Triple Aim?

Key components necessary to attain the Triple Aim:

- a clear (regionally defined) reference population
- total budget limit or assumption of financial responsibility for the population,
- the presence of a regional integrator to take responsibility for the three aims.

The role of a ***regional integrator***:

?

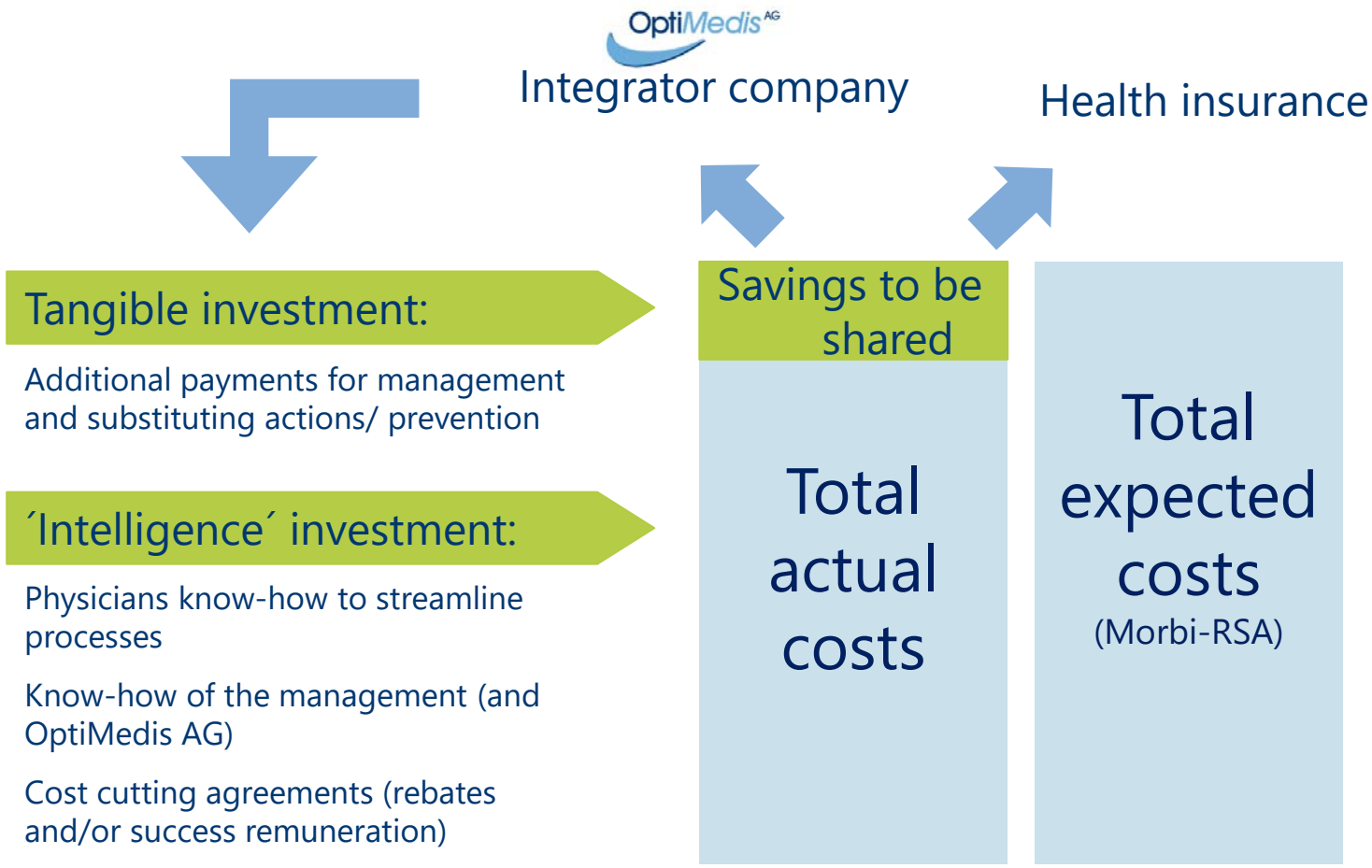
- assessing and managing population health
- redesigning health and care services
- achieving system integration at the macro level, and addressing local issues and
- establishing partnerships with individuals and families
- implementing tailored solutions with the involvement of all stakeholders.

A new business model: Shared Health Savings Contracts

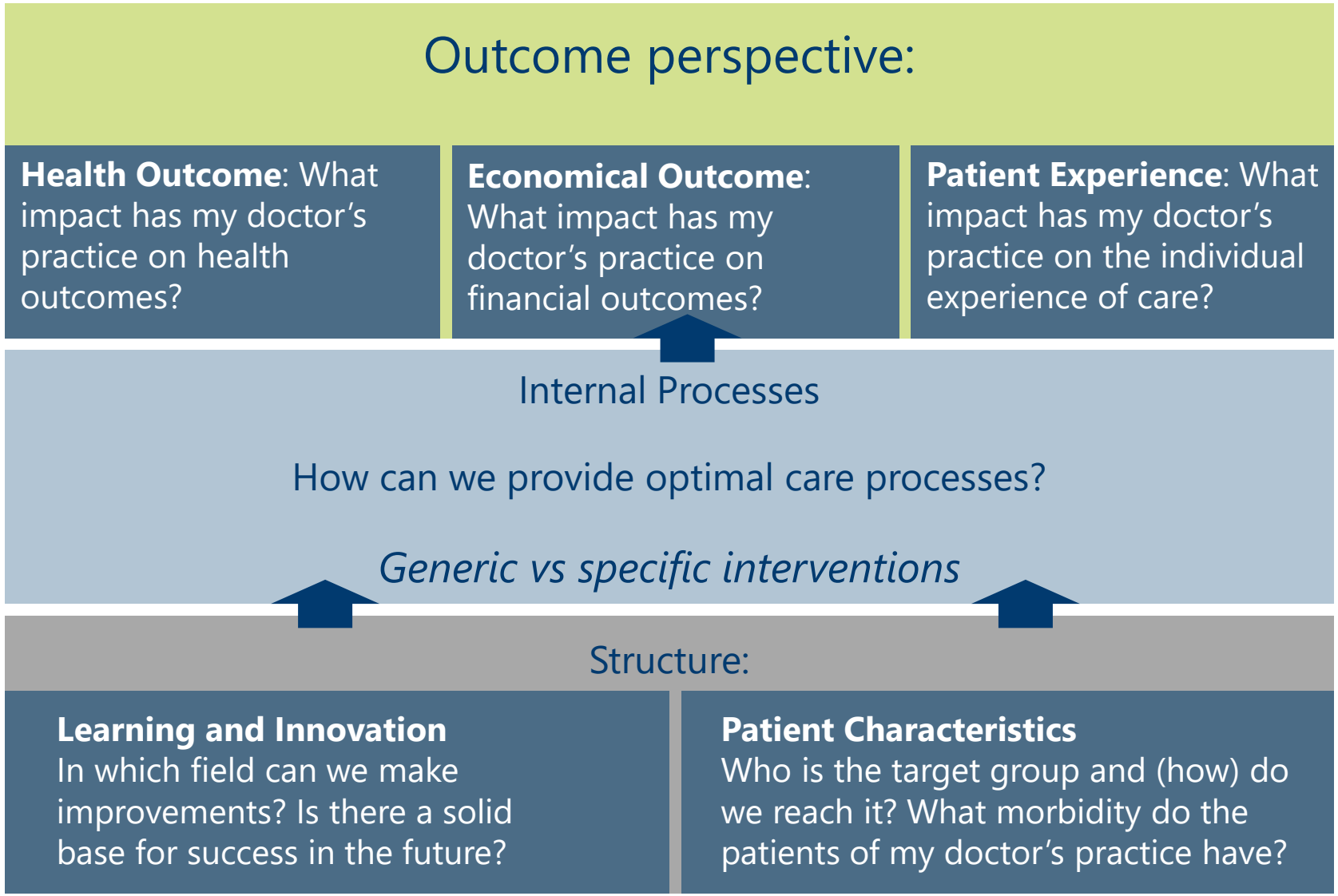
In “Shared Health Savings Contracts” we generate an economical benefit for purchasers for a defined population through wise investments, prevention and optimized care.

Shared savings contract - incentives to continuous improvement and investment in prevention

The integrator company (re) invests and benefits from its success



Intervention logic focused on the Triple Aim



Taking responsibility for the whole population: The chronically ill, the frail are in our focus but as well all the others

- The intervention is **directly** related to the enrolled integrated care participants. These are almost 1/3 of the total population of AOK Ba-Wü and SVLFG. *
- **Indirectly**, all insureds of the AOK Ba-Wü and SVLFG - this is a total of the insured in the Kinzigtal region (0-99 years) - benefit from doctors' training, health promotion, prevention and BGM interventions.
- The participation of the insured is free of charge & voluntary

Direct interventions

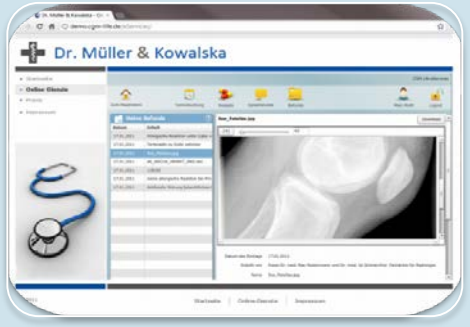
- Target Agreements + Risk Screening
- additl. care provision programs, comparable to Disease Management Programs
- Joined Electr. Patient Record
- Personalized advice
- Case Management
- Functional Training / Rehab-Sport
- Relaxation/Balancing
- Benchmarking + Feedback-Reports by means of GKV-standard data to physicians
- Campaigns to reduce / critically evaluate prescription of antibiotics
- Self-management-trainings
- Trainings, classes
- Healthy Company network

Indirect interventions

*Separate contract with TK, allows TK insureds to benefit from and participate in defined health and preventive programs

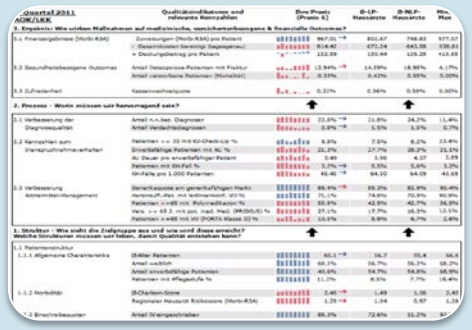
Success factor: Technology

Gesundes Kinzigtal / OptiMedis have invested a two digit million € amount in technology in the last years:



Electronic networking system

- Multiple Doctor Information Systems (DIS) of the cooperating physicians have been connected to an electronic patient record for the network
- In preparation is the integration of further providers such as ambulant nursing care services, hospitals and social care institutes



Business Intelligence Solution

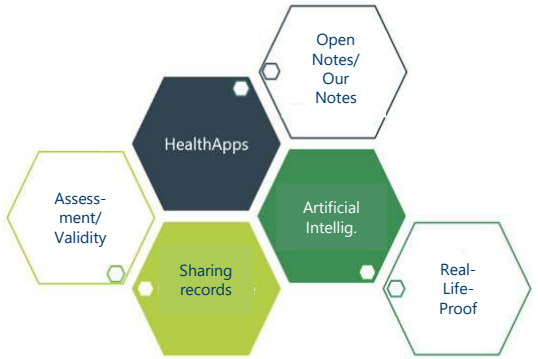
- Multidimensional Data Warehouse has been developed.
- Various data sources are linked in a prepared, enriched and used for management support via Deltamaster as BI front-end:.
- Continuous development since 9 years
- Award winning solution

2013 BARC Best Practice Award Business Intelligence

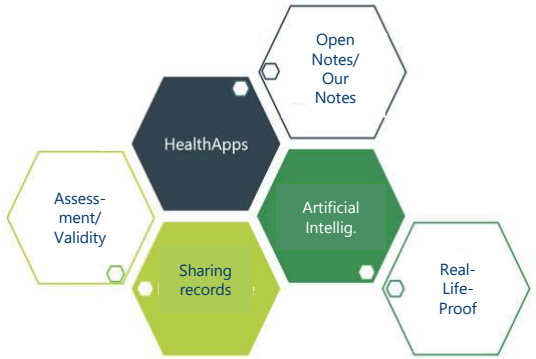
E-Care applications and services, e.g.

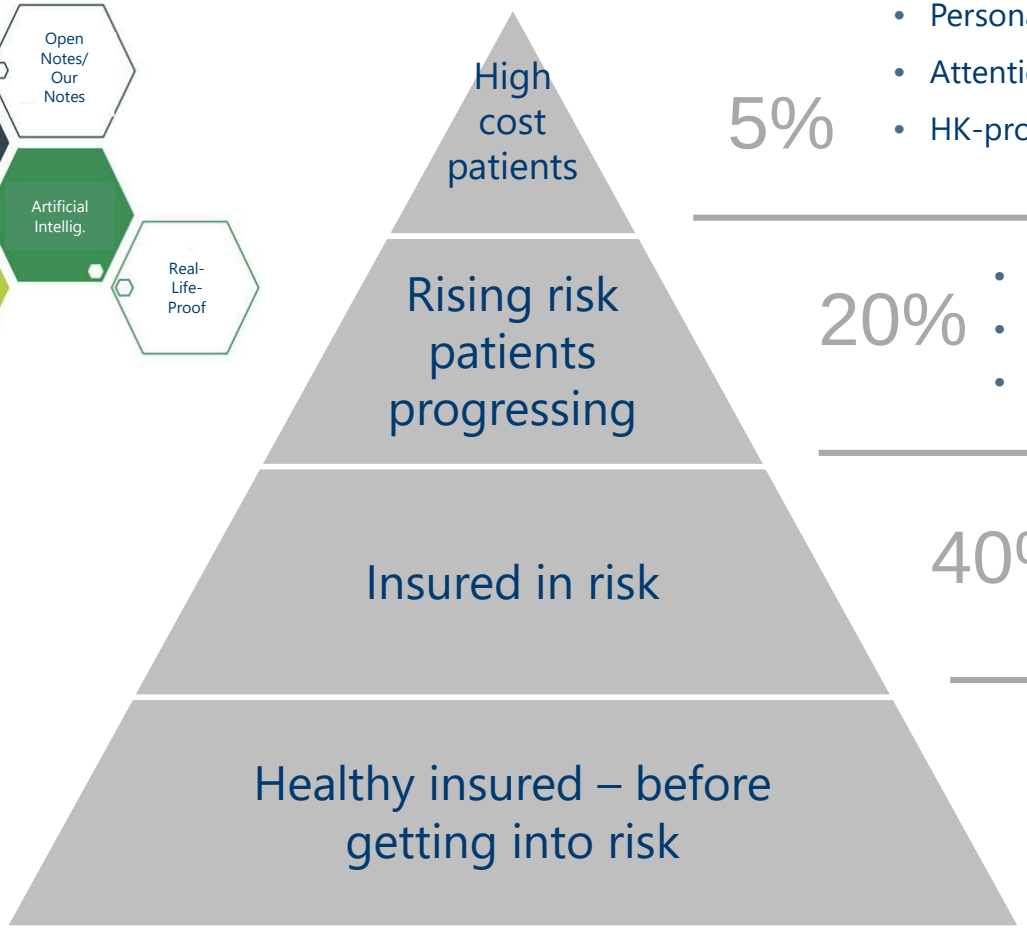
- Telemonitoring project for the management of heart failure patients has been tested
- Actually participating in EU-projects in this field (Beyond Silos, SmartCare) for e.g. Ambient Assisted Living technologies
- self tracking and mobile health data from APPs are also planned for the future

Digital Health & Innovation Centre:



Just one example of the interventions around diabetes / chronically ill - in the near future much more digitalized support





5%

- Personal Health coaching
- Attention on polymedication – regular training for doctors
- HK-progr: Physicians plus nursing homes (improving Interaction)

20%

- Active multi-specialty support for patients through disease management
- HK-progr.: Psychotherapy acute / depression
- Selfhelp+ self management training for chronic patients (Kate Lorig/ Stanford SDSM)

40%

- HK-progr.: Healthy weight (obesity)
- HK-Progr.: blood pressure management
- Developing jointly health goals
- Cooperating with sports clubs

35%

- Unspecified.training in health literacy (for patients and practices)
- Health Festivals + health promotion within kindergartens, schools, companies
- Supporting the existing preventive offers for health inthe community

The Healthy Kinzigal Region

Integrated Care Gesundes Kinzigtal … by a private company connected to local providers & underneath public insurances

2005 Founding of the regional management company "Gesundes Kinzigtal GmbH" by OptiMedis AG (1/3) and medical network MQNK e.V. (2/3).

Contracting health insurances (“funds”) for all their insurees (approx. 33,000): AOK Baden-Württemberg (since 2005), SVLFG (since 2006) … representing all ages and the sickerand less well off part of the population

Cooperating partners: approx. 300 (GPs and specialist doctors, hospitals, home care services, other medical professions, pharmacists, sports and community associations, etc.)

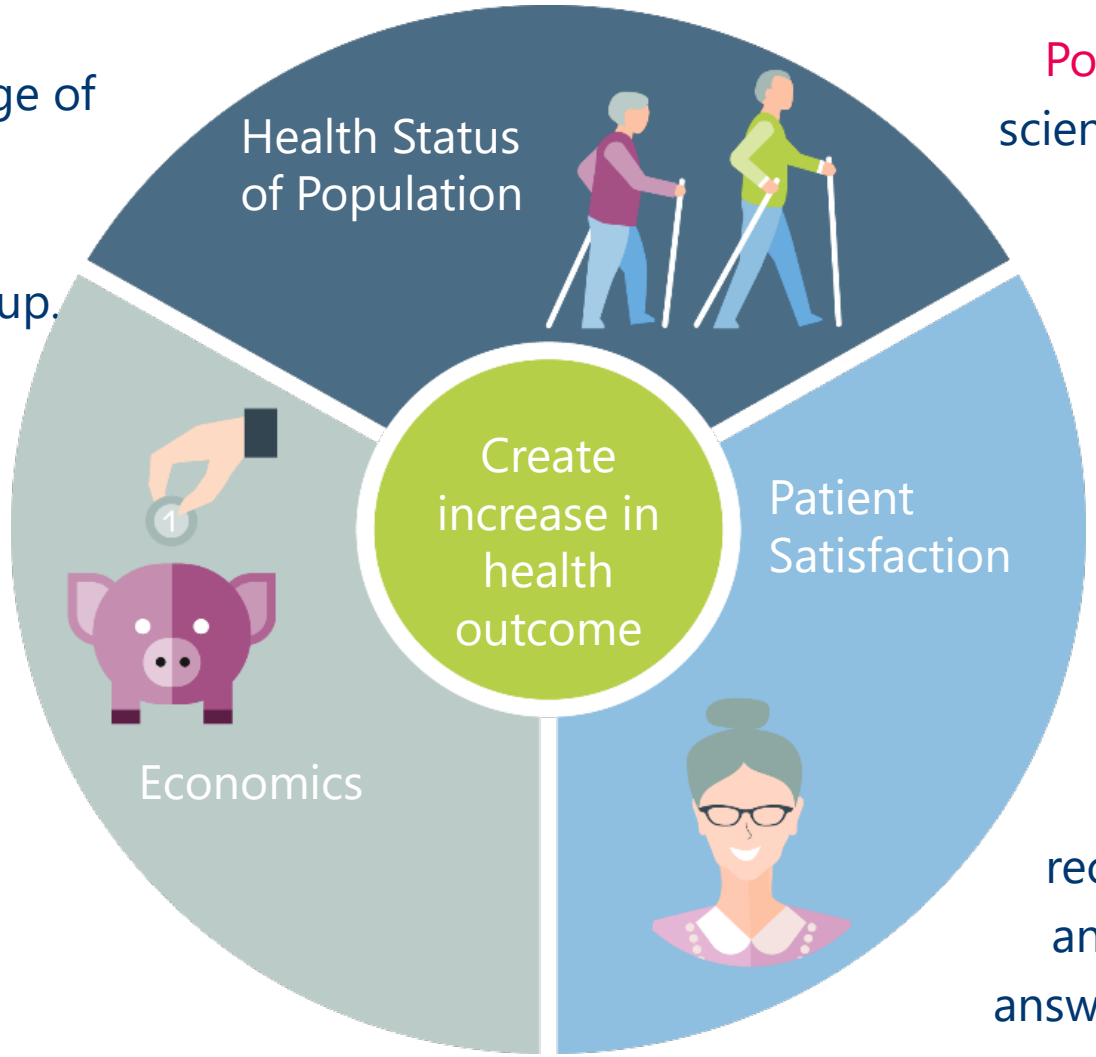
Gesundes Kinzigtal: a geographically defined long term Shared Savings contract

- Shared Savings contract: Accountability for medical and economical results of a geographically-defined population of 33,000 insurees
- Aim: Set incentives to focus on population health, vulnerable patients and include all providers – good or bad performers – avoid risk-selection.

In Gesundes Kinzigtal we made it – 13 years so far, and still going strong

GK members live an average of 1.5 years longer than their individual life expectancy, compared to a control group.

From 2007 to 2016 totaling € 41.7 Mill. Increase in surplus gross earnings (net € 13.2 mill.) for the participating health insurance funds

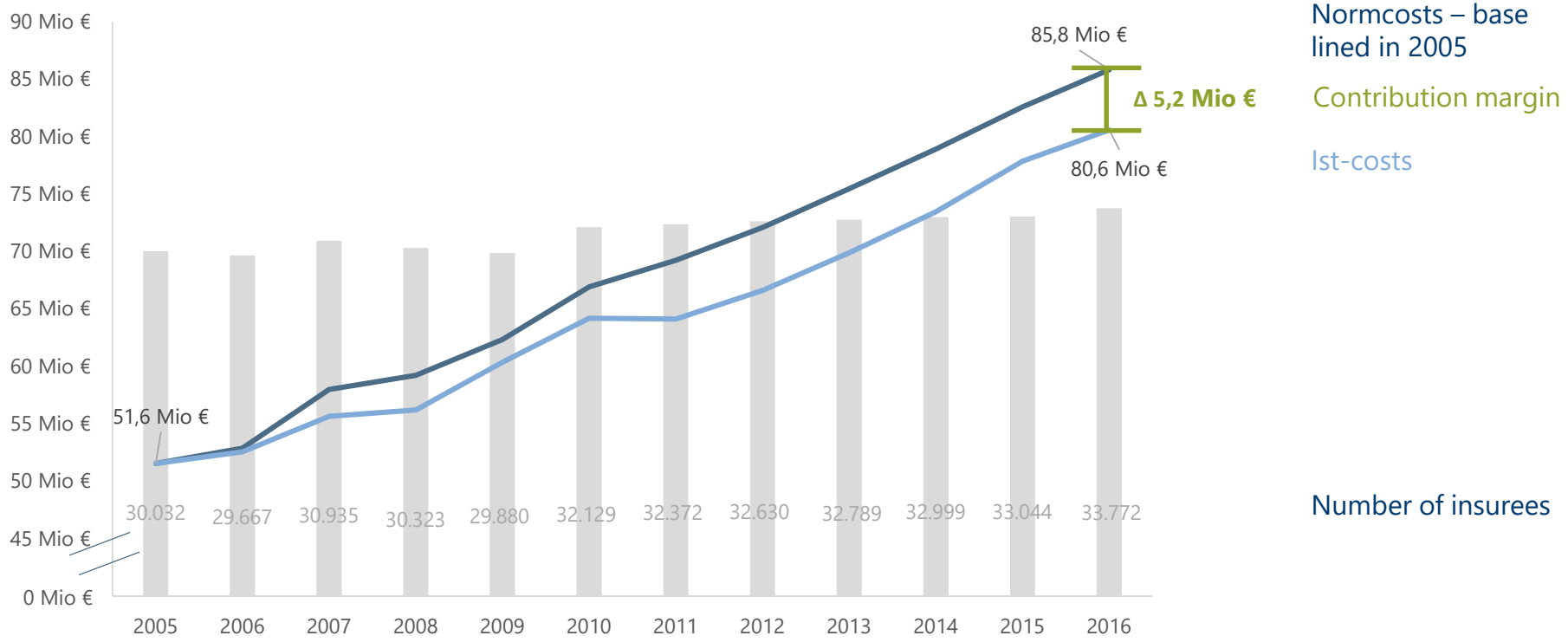


Positive confirmation by ext. scientific evaluation 2004-2011 of the effects on the – insureds in Kinzigtal (2012 – 2016 evaluation in progress INTEGRAL)

98,9% of GK members who, mutually with their physician, agreed to de-fine binding goals, would recommend GK membership and more than 50% of those answer “We live healthier now”.

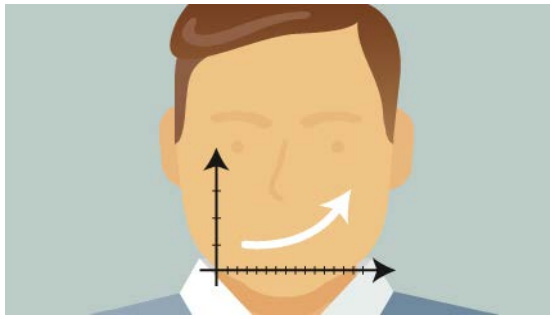
Brutto-Benefit for AOK and SVLFG (LKK) 2016 for their insurees in Kinzigtal: 5,2 Mio. €*

Normcost, Ist-costx, contribution margin and number insurees of AOK and LKK in Gesundes Kinzigtal*



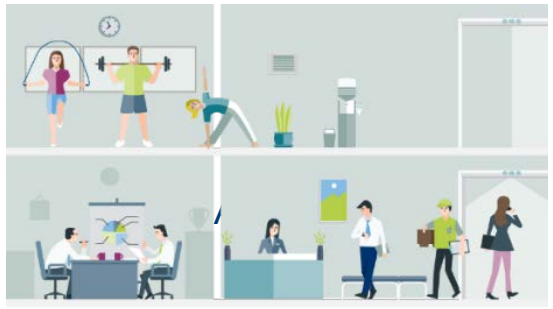
* SVLFG estimated for 2016

… and we create benefits in additional dimensions “quadruple aim”



Doctors and other health care providers benefit from higher income and better cooperation.

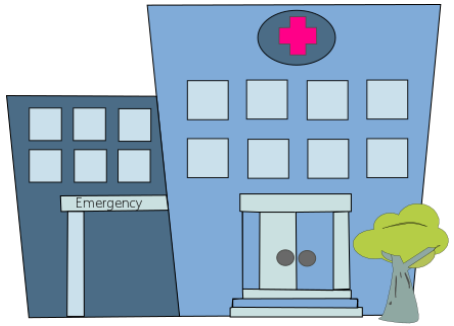
Securing provision of care in communities and attractive working conditions for employees of all health professions



Company health management: We help companies keep their employees healthy.

The region is gaining in attractiveness for skilled workers and young families.

Gaining insights to improve healthcare (research on health care provision)



Digital & Health Innovation Centre for the assessment of innovations in health care (currently in development)

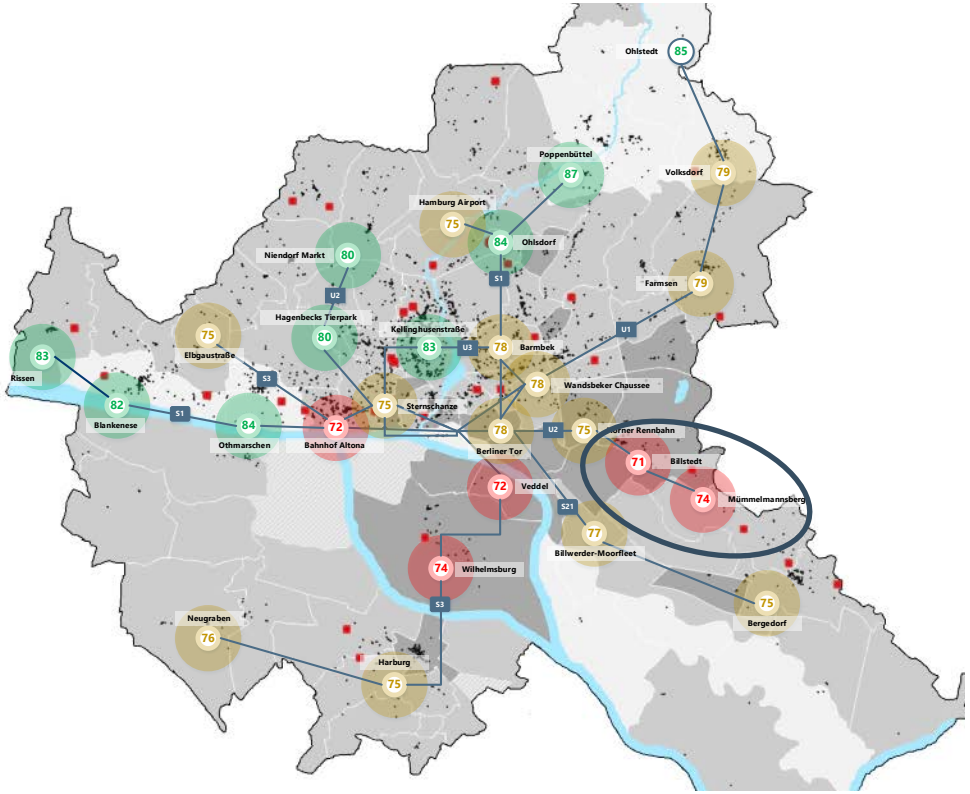
From rural to urban ….

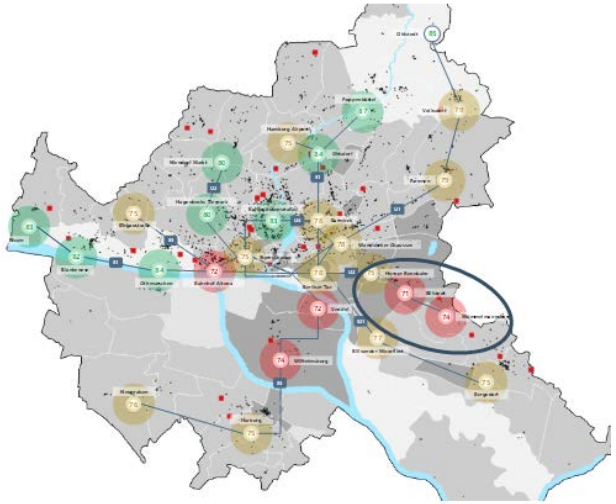
INVEST Hamburg Billstedt/Horn – start January 2017

Aim: **Building an integrated healthcare system in two socially disadvantaged districts**, characterized by high unemployment, a large number of migrants and a lower physician density.

Key motivation:

- 13 year difference in age at death
- 10 year difference in onset of chronic disease
- ***Substantially higher health care costs because of overutilisation of hospital services.***





The walk-in clinic is **a low-threshold** and supportive institution for all health-related issues with the aim of improving population health through a **needs-oriented, integrated and continuous healthcare** provided in mother tongue by a multiprofessional team.

Volume 7, Issue 12 December 2016

Accountable Care NEWS

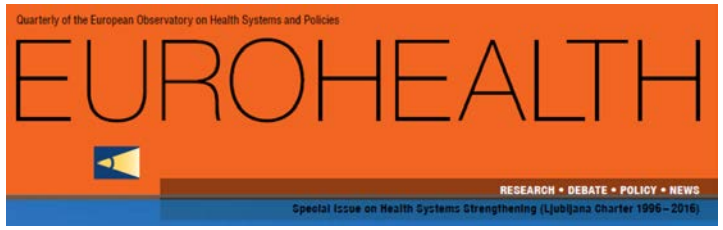
Sharing Success

The German Model: Measuring the Impact of Accountable Care Organizations on Population Health

by Alexander Pimperl, Ph.D., Timo Schulte, MBA, Axel Mühlbacher, Ph.D., Magdalena Rosenmöller, Ph.D., M.D., MBA, Reinhard Busse, M.D., MPH, FFPH, Oliver Groene, Ph.D., MSc, M.A., Hector P. Rodriguez, Ph.D., MPH, and Helmut Hildebrandt, Ph.D. (h.c.)

Gröne, O., Pimperl, A., Hildebrandt, H. (2017). The Role of Integrated Care and Population Health. In K. Aase et al. (Hrsg), Researching Quality in Care Transitions – International Perspectives. Springer International Publishing. 259-279.

Gröne O., Pfaff H., Hildebrandt H. (2017). Germany: Scaling Up a Population-Based Integrated Healthcare System: The Case of " Healthy Kinzigtal" in Germany. In: J. Braithwaite et al. (Hrsg.), Health Systems Improvement Across the Globe: Success Stories from 60 Countries. CRC Press. 167–174. Link



Quarterly of the European Observatory on Health Systems and Policies

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Special issue on Health Systems Strengthening (Ljubljana Charter 1996–2016)

PEOPLE-CENTRED POPULATION HEALTH MANAGEMENT IN GERMANY

By: Oliver Groene, Helmut Hildebrandt, Lourdes Ferrer and K. Viktoria Stein

Summary: Since 2006 the Gesundes Kinzigtal (GK) model has demonstrated how a people-centred focus on population health management can lead to significant gains in achieving the Triple Aim of better population health, improved experience of care, and reduced per capita costs. Through a strong management organization, a sophisticated data management system, and a trusting relationship between network partners and the communities, the GK model has been able to provide better outcomes for all partners involved.

Other partners/regions in Germany and Europe

OptiMedis UK
cobic

OptiMedis AG

Gesundheit für Billstedt/Horn

Gesundes Leinetal

Verband der niedergelassenen Diabetologen Niedersachsens e.V.
VNDN

MEDIZINISCHES QUALITÄTSNETZ BOCHUM
Verbund der Haus- und Fachärzte

GEHOSA
Gesundheitsgenossenschaft Homburg Saarpfalz

GENESA
Gesundheits-Netz Saar
www.genesa.de

gesundes Kinzigtal

OptiMedis Nederland

OptiMedis Belgium

So bleiben wir in Kontakt

Let's stay in touch

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