Healthy Kinzigtal
Germany

Title in original language:

Gesundes Kinzigtal – GmbH

Which 'life stage' for CVDs prevention targets the intervention?

All age groups are addressed. It is an overall concept for the integrated care of a region.

What is the level of implementation of the intervention?

The local level. "Healthy Kinzigtal" has been implemented in the small region of "Kinzigtal", which is located in Baden-Württemberg and consists of several small towns. In these, 32,000 people live who are insured by the AOK or the Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (formerly LKK) and can thus become members of Healthy Kinzigtal. Various German regions have already shown their interest in Healthy Kinzigtal and, at the end of 2014, a Dutch counterpart of OptiMedis AG was founded, OptiMedis Nederland BV., with the aim of founding comparable projects in the Netherlands.

To which type of interventions does your example of good practice belong to?

Individual intervention and policy/strategy. The objective is to optimise the healthcare and prevention of an entire region. Numerous individual projects and services can be derived from the overall concept of Gesundes Kinzigtal GmbH. The integrated care model in Kinzigtal is one of the few models in Germany with a population based integrated care approach. Healthy Kinzigtal has a holistic public health approach, enabling health and social care professionals and other partners involved to offer a comprehensive package of services to people across indications and health service sectors.

Short description of the intervention:

In 2005, the Medizinische Qualitätsnetz Ärzteinitiative Kinzigtal e. V. – MQNK [Medical Quality Network Doctors' Initiative Kinzigtal] (consisting of 35 general practitioners and medical specialists, 1 psychotherapist and 4 hospital doctors), together with the health science-orientated management and investment company OptiMedis AG, Hamburg, founded the management company Gesundes Kinzigtal GmbH [Healthy Kinzigtal], with the aim to optimise healthcare in the Kinzigtal region.

The integrated regional care model "Healthy Kinzigtal" is pursuing the idea of integrated care orientated towards amplifying the health benefits for the population concerned: to this end, doctors and psychotherapists, physiotherapists, clinics and hospitals, nursing services, clubs and societies, fitness centres and health insurance funds are co-operating closely with a regional management company and its prevention and care management programmes. Gesundes Kinzigtal GmbH is a company that was jointly founded by the Medizinische Qualitätsnetz Ärzteinitiative Kinzigtal (MQNK) e.V. and OptiMedis AG, a management and investment company specialised in integrated care. Based on the triple aim concept of Berwick et al., it has set the following aims: improvement of the health status of the population, better healthcare provision as experienced by the individual and this under efficient use of resources (cost effectiveness).

"Healthy Kinzigtal" derives its strength from the higher healthcare efficiency it achieves. In other words, the actual costs for people insured in the Kinzigtal region should be lower than the average costs on a national level. If this is accomplished, "Gesundes Kinzigtal GmbH" receives a proportion of the "health dividend" achieved. This has been successfully achieved every year since the beginning of the intervention in 2006.

Three main goals ("Triple Aim") are pursued:

- to support and strengthen the health of the population
- to enable the individual to experience better healthcare provision
- to improve the cost effectiveness of healthcare provision

The prevention and healthcare services provided by Healthy Kinzigtal are based on close co-operation across specialist and professional fields between service providers from the healthcare system, on the one hand. Depending on the service and aim, experts from other sectors (sector-wide) are also involved, such as clinics, pharmacists, nutritionists, physiotherapists, social workers and health coaches, and nursing specialists. On the other hand, Healthy Kinzigtal is currently working together with 38 clubs and societies in the region, several fitness studios, six companies and the local authorities of the region.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

Gesundes Kinzigtal GmbH is based on a long-term integrated care contract with the AOK Baden-Württemberg [a public health insurance fund] and the Sozialversicherung für Landwirtschaft, Forsten und Gartenbau [Social insurance for agriculture, forestry and horticulture] (formerly LKK). After completion of the first ten years, the contract is to be continued indefinitely with both partner funds from 2016 onwards. Integrated care, as offered by Gesundes Kinzigtal GmbH, overcomes the barriers present in the gesetzliche Krankenversicherung (GKV) [German statutory health insurance], e.g. between the outpatient and inpatient sectors. Among other things as a result of the separation of the two care systems, patients sometimes experience uncoordinated treatment courses. On top of this, additional expenditure may be incurred without any additional health benefit being achieved. This problem area was the starting point for the project "Healthy Kinzigtal".

A further starting point for "Healthy Kinzigtal" was a provision of the best possible care, taking cost effectiveness into consideration. Based on a critical analysis of the existing healthcare system, an alternative model was brought into being: the economic yield is not generated by the number of services provided, but by the health benefit achieved for the population of the region; what is decisive is the development of the delta of the healthcare costs of the health insurance funds involved for all insured persons of the region compared with the revenues of the health insurance funds for these persons (allocations from the central health fund in accordance with the composition of the population). This delta is compared with the time prior to the intervention. To this extent, the economic driver for the service provider and the sponsoring company consists in the development of lower healthcare costs (e.g. fewer dysfunctions requiring inpatient treatment) than develop typically for Germany. Investments in the improvement of the health of the population, whether it be through medical or social activities, through health education, exercise campaigns or programmes for vulnerable and chronically ill population groups, should thus become worthwhile measures. It should be of decisive importance to invest as precisely and as inexpensively as possible in primary and above all secondary prevention to achieve a long-term benefit. A major prerequisite for this was the long (ten-year) term of the contract between Gesundes Kinzigtal GmbH and the health insurance funds. The long-term orientation of the agreed contract provides an incentive to invest in the sustainability of the health benefit and not only to pursue a short-sighted cost lowering policy. (cf. Hildebrandt H., Schmitt G., Roth M., & Stunder B. (2011). Integrierte regionale Versorgung in der Praxis: Ein Werkstattbericht aus dem "Gesunden Kinzigtal". In: ZEFQ 105: 585-89)

Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods (e.g.. recruitment, location of intervention, concrete activities, and timeframe?

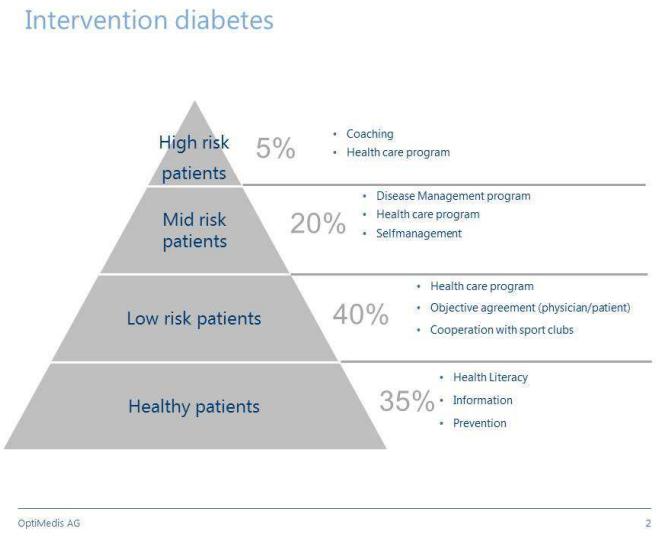
For the support and implementation of its tasks and goals, the management company maintains its own administrative office with around 18 full-time positions, which cover a broad profile of qualifications (public health, political economics, business economics, sports science, nursing, home care, occupational therapy, medical and commercial assistance staff). The preparation work for this project took around three years.

All activities are planned and supported by the management company. The following is an overview of the health and prevention programmes implemented in the Kinzigtal region, among other things for diabetics and patients with heart failure:

- Strong heart - Targeted against a weak heart (heart failure)
- Healthy weight - Now I'm going to do something about it (metabolic syndrome, including diabetes)
- Good prospects - Care services for children
- In balance - Getting to grips with my blood pressure
- Strong muscles - Solid bones
- Staying mobile - Treating rheumatism at an early stage
- Strong support - My healthy back
- Better mood - Getting to grips with depression
- ÄrztePlusPflege - DoctorsPlusCare
- Good counselling - Help, advice and support in critical times
- Psycho Acute
- Disease management programmes (DMP)
- Smoke-free Kinzigtal, including RiO – smoke-free into the operating theatre
- Social service
- Liberating sounds - In tune with music

In addition, there are numerous co-operation partners from the non-medical field, e.g. local authorities, sports clubs, cultural societies, and companies. For example, Healthy Kinzigtal is co-operating with 38 sports clubs in the region. On the one hand, the members of Healthy Kinzigtal receive discounts at numerous clubs. On the other, physical exercise courses offered by the clubs are building blocks of the above-mentioned health and prevention programmes. Thus, as a part of the programme "Healthy weight", there is a sports course for people who are overweight. This is organised by the Hausach gymnastics club. Or within the context of company health management, e.g. behavioural prevention takes place in the form of lectures, courses on back exercises or on dietary advice directly in the employees' working environment. Otherwise, it would be more difficult to reach them for prevention.

These programmes are developed according to the following schedule. Here is an example of the orientation of the programmes in accordance with the needs of the target groups, taking the example of patients with diabetes:



How is this example of good practice funded?

The initial funding of approximately 4 million euros was provided by the AOK Baden-Württemberg (statutory health insurance fund). These funds were used for establishing the management, the quality assurance, the scientific support and the network itself. The phase of the initial funding in the Kinzigtal ended on 1 July 2007.
Since this time, Gesundes Kinzigtal GmbH has been financed on the basis of savings contracting, also referred to as a cost-savings agreement, which was agreed with the two health insurance funds AOK Baden-Württemberg and Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (formerly LKK). Only if the healthcare is organised just as well as before the foundation, a higher patient satisfaction of the members has been achieved and a structured procedure has been implemented, does Gesundes Kinzigtal GmbH receive payment – in other words a share of the saved expenditures of the two health insurance funds. Further financial building blocks are project and third-party funds – in 2013, these were e.g. funds from a research project on quality indicators for the Kassenärztliche Bundesvereinigung [Association of Statutory Health Insurance Physicians], funds from a project for the Bundesministerium für Bildung und Forschung [German Ministry of Education and Research] and various prize monies.

What are the main aim and the main objectives of your example of good practice?

Three main goals ("Triple Aim") are pursued:
- to support and strengthen the health of the population
- to enable the individual to experience better healthcare provision
- to improve the cost effectiveness of healthcare provision

The three objectives are not to be achieved independently of each other, but influence each other mutually. The aim is to achieve a balance of these three objectives.
The primary objective is to reduce the morbidity load for the population, above all in relation to chronic diseases, by means of prevention, health promotion and empowerment ("health literacy"). Thus, e.g. osteoporosis, heart attacks or strokes, as well as secondary diseases related to diabetes, can be avoided or delayed by exercise training, dietary counselling or help in stopping smoking. An additional objective is to achieve a better interface organisation within and between the outpatient and inpatient sectors, i.e. an efficient co-operation of the service partners both within a sector and beyond sector limits (optimised treatment chain).

Please give a description of the problem the good practice example want to tackle (nature, size, spread and possible consequences of the problem):

Integrated care, as offered by Gesundes Kinzigtal GmbH, is aimed at overcoming the barriers present in the gesetzliche Krankenversicherung (GKV), e.g. between the outpatient and inpatient sectors. Among other things as a result of the separation of the two care systems, patients sometimes experience uncoordinated treatment courses. On top of this, additional expenditure may be incurred without any additional health benefit being achieved. Legislation now encourages service providers and health insurance funds to risk more co-operation and integration. This is the starting point for Gesundes Kinzigtal GmbH.
Contrary to the interest in maximising performance in the sense of microeconomic yield optimisation, this new form of care pursues a maximisation of health results and a long-term relative reduction of costs. Contrary to the interest in medicalisation, the focus is to be directed towards supporting the self-management capabilities of the people concerned and the promotion of health. In addition, interest is focused on a targeted sustainable investment in prevention and healthcare optimisation for the regional population.
Since Gesundes Kinzigtal GmbH has contractually agreed with the health insurance funds to receive the pseudonymised routine data of the health insurance funds for the population in the Kinzigtal region, data evaluations can be conducted by Gesundes Kinzigtal GmbH and OptiMedis AG, as can be seen in the figures.

Is your example of good practice embedded in a broader national/regional/ local policy or action plan?

Yes. Healthy Kinzigtal is a strategy for a region, taking a network of doctors and building up a regional health network that also comprises actors that do not originate from the healthcare system as stakeholder groups or client/service recipients, e.g. local authorities, schools, sports clubs and cultural societies, companies. Together with two health insurance funds and various different service and co-operation partners, integrated care is organised and provided for the Kinzigtal region.
The management company OptiMedis AG is in the process of building up further regions in Germany along the lines of Healthy Kinzigtal and, to this end, is in contact with around 30 doctor and healthcare networks and hospitals and associations.

The implementation of your example of good practice is/was:

Continuous. The contract started at the end of 2005. The contract was initially limited to 10 years. From 2016, the contract with the two health insurance funds is to be extended indefinitely.

Target group(s):

The target group of Healthy Kinzigtal is the entire population of the Kinzigtal region who are insured by the statutory health insurance funds AOK BW or SVLFG BW, regardless of age or need for care. However, persons insured by other health insurance funds also have the opportunity to participate in Healthy Kinzigtal, but under different preconditions.

During implementation, did specific actions were taken to address the equity dimensions?

One focus of the model "Healthy Kinzigtal" is directed at preventive measures for people with multi-morbid diseases. Although this vulnerable group does not represent an exclusive target group, there are specific services for multi-morbid people. For example, doctors are given advanced training in the optimisation of medication in multi-morbid or elderly people. In addition, training programmes held in the Kinzigtal healthcare academy are aimed at helping multi-morbid patients to adopt appropriate coping strategies.
Further subprojects and services (e.g. Smoke-free Kinzigtal, AGiL – Active promotion of healthcare for the elderly in Kinzigtal, promotion of healthcare for Muslims and other migrants) are directed towards specific vulnerable target groups. As service partners, general practitioners were included who enjoy a high standing particularly among people in a difficult social situation.

In design, did relevant dimensions of equity were adequately taken into consideration and targeted?

See previous question. On average, people insured by the AOK or SVLFG (from which the participants of Healthy Kinzigtal are recruited) have a lower social status and a lower level of education and show a higher rate of morbidity than people insured by other health insurance funds. cf. Project ICARE4EU Case report Healthy Kinzigtal Germany http://www.icare4eu.org/pdf/Gesundes_Kinzigtal.pdf

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants, (e.g.. including social determinants) and using different strategies (e.g.. setting approach)?

Healthy Kinzigtal's integrated care is one of the few population-based integrated care approaches in Germany, organising care across all health service sectors and indications. The comprehensive approach of Healthy Kinzigtal originates from the conceptual approach of addressing four problems of today's form of healthcare provision.
1. Contrary to the parcellation of the responsibility for healthcare that prevails today (explained by sectoral financing), a new regional level of responsibility was created, which, due to an integrated care contract, generates an economic interest in an optimisation of the overall healthcare provision across all sectors.

2. Contrary to today's interest in maximising performance in the sense of microeconomic yield optimisation, this new level of responsibility is interested in a maximisation of health results and a long-term relative reduction of costs.
3. Contrary to today's interest in medicalisation in the provision of services, this new regional level of responsibility directs the focus towards supporting the self-management capabilities of the people concerned and the promotion of health
4. Contrary to today's care, which tends to be orientated towards short-term effects, this new regional level of responsibility is interested in a targeted sustainable investment in prevention and healthcare optimisation for the regional population, based on the long-term contractual agreement which will be open-ended as of 2016. (cf. Hildebrandt H., Schmitt G., Roth M., & Stunder B. (2011). Integrierte regionale Versorgung in der Praxis: Ein Werkstattbericht aus dem "Gesunden Kinzigtal". In: ZEFQ 105: 585-89)
The respective settings will be integrated into the services of Healthy Kinzigtal, e.g. sports clubs, companies, schools or nursing homes. For example, there are 38 co-operations with sports clubs in the region. On the one hand, the members of Healthy Kinzigtal receive reduced rates at numerous clubs. On the other, physical exercise courses offered by the clubs are building blocks of individual health and prevention programmes (see below). Thus, as a part of the programme "Healthy weight", there is a sports course for people who are overweight. This is organised by the Hausach gymnastics club. This is organised by the Hausach gymnastics club. Or within the context of company health management, e.g. behavioural prevention takes place in the form of lectures, courses on back exercises or on dietary advice directly in the employees' working environment. Otherwise, it would be more difficult to reach them for prevention.
Healthy Kinzigtal is currently offering a large number of health and prevention programmes for specific risk groups and on specific clinical pictures:

- Strong heart - Targeted against heart failure
- Healthy weight - Now I'm going to do something about it
- Good prospects - Care services for children
- In balance - Getting to grips with my blood pressure
- Strong muscles - Solid bones
- Staying mobile - Treating rheumatism at an early stage
- Strong support - My healthy back
- Better mood - Getting to grips with depression
- ÄrztePlusPflege - DoctorsPlusCare
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The comprehensive character of the programme Healthy Kinzigtal becomes particularly clear through the wide variety of different modules offered (in chronological order).
Overview of the modules carried out (from: http://www.icare4eu.org/pdf/Gesundes_Kinzigtal.pdf)

2006	• Chronic heart failure management • Diabetes mellitus type II management (Disease Management Programme, DMP) • Breast cancer management (DMP) • Shared decision-making training
2007	• Lifestyle intervention for patients with metabolic syndrome • Quit smoking programme (smoke-free Kinzigtal) • Active health promotion for elderly • Intervention by psychotherapists/psychiatrists in case of acute personal crisis • Coronary heart disease management (DMP) • Start of electronic integration of all physicians (central patient record)
2008	• Prevention of osteoporosis/ osteoporotic features • Social case management for patients facing problems with finding appropriate information and management for their complex social situation • Asthma management • COPD management
2009	• Medical care for the elderly in nursing homes • 'Healthy Kinzigtal gets moving' initiatives • Patient academy classes initiative
2010	• Start of planning health and fitness training centres • Better management of major depression • Start of central electronic patient records
2011	• Physical exercises and treatment for patient with back pain • Early detection of treatment of rheumatic disorders • Hypertension and prevention of renal diseases • Improving medication adherence of elderly patients by distributing unit dose blisters
2012	• Health promotion programmes for unemployed • Reduction of antibiotic medication for various indications • Music therapy for patients with chronic pain problems • Start of a new approach to the development of a central electronic patient record connecting all physicians
2013	• Educational campaign for incontinence and pelvic floor training • Health promotion/health management for small and medium-sized companies and their employees • Coaching high cost patients with complex psycho-social needs (enlargement of the social coaching programme) • Start "Selbstbestimmt&Sicher", a programme supporting elderly and sick patients by using monitoring devices to detect falls and to ensure their safety in their own apartment or house (to reduce unnecessary nursing home stays and hospitalisation) – an EC funded project on "ambient assisted living" • Start of the new central electronic patient record connecting all physicians (CGM-net) • Start "Gesundheitsakademie Kinzigtal [health academy Kinzigtal+" – a training and education institute mainly for health care professionals
2014	• Reduction of delirium stages for patients in hospitals: to reduce the number of anxiety and complications after a surgery (GK in collaboration with the hospital staff) • Smoke free intervention before a surgery together with GP's and hospitals –

	supporting patients to stay free of smoking 4 weeks prior to elective surgery and offering smoke free training • "Beyond Silos" – EC-funded project to connect the ICT-systems of the central electronic patient record of the physicians with the ICT-system of social care • Screening interventions for the population with a migration background and their specific health needs
2015	• Start of the construction of a training and education centre "Gesundheitswelt Kinzigtal *world of health+" • Start of "Gesunde Betriebe im Kinzigtal *Healthy companies in Kinzigtal+" – a network of small and medium sized companies dedicated to improve the health of their employees and families • Implementation of a version 2.0 of several programmes having already started in earlier years (after evaluation and redesigning the outlays of the programmes)

Was an effective partnership in place?

When Healthy Kinzigtal was founded, there was already an existing network of doctors, the Medizinisches Qualitätsnetz – Ärzteinitiative Kinzigtal e.V., with an intersectoral composition of general practitioners, medical specialists, hospital doctors and psychotherapists. Over the course of time, the network of providers was enlarged by further partners, such as hospitals, nursing homes, outpatient nursing services, psychosocial counselling centres, physiotherapists, and pharmacists. Sports clubs, cultural societies and fitness centres have also become co-operation partners. In addition, Gesundes Kinzigtal GmbH is currently collaborating with welfare organisations in several research projects (EU projects "Smart Care" and "Beyond Silos", BMBF project "Selbstbestimmt und sicher" ["Self-determined and safe"]).

Was the intervention aligned with a policy plan at the local, national, institutional and international level?

In 2000, integrated care was taken up in the Sozialgesetzbuch V (GKV) [German Social Welfare Code], according to which networks of doctors and management companies were permitted to conclude contracts directly with health insurance funds. The Gesundheitsmodernisierungsgesetz (GMG) [Health Modernisation Act] of 2004 also envisaged an initial funding for integrated care (nationally) for the years 2004 to 2008. These framework conditions were the basis for the integrated care model Healthy Kinzigtal. The contract with the AOK Baden-Württemberg was signed in 2005, which was followed a year later by today's Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (formerly LKK). (Regional level)

Was the intervention implemented equitably, i.e. proportional to needs?

Several routes are available for identifying the needs for an intervention (e.g. a health programme): Either possible regional need is expressed from routine practice, e.g. by doctors, e.g. regarding a specific clinical picture. This suspected need is then recognised on the basis of statistical and scientific analyses as being relevant for the population or a subgroup, or not. Or the need may be identified on the basis of a "desk analysis" and then discussed with the practitioners and patients. The process of determining needs and intervention planning ideally looks like this:

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This process of statistical and scientific analysis in interaction with the practitioners (general practitioners and medical specialists, among others) as well as the people concerned (patients) guarantees that the interventions are appropriately planned and implemented in the healthcare process.

Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?

Upon signature of the contract with the AOK, a patients' advisory committee was established, which, in the first six months (when insured persons could not yet enrol = development phase), was made up of representatives of regional clubs and societies, self-help and social institutions in co-operation with the health insurance funds. The proposed interventions were presented to the patients' representatives and then, in response to their feedback, varied as appropriate or chronologically brought forward or put back. Since the second year of the contract, the patients' advisory committee has been elected at members' meetings and is closely involved in intervention planning. Most recently, the five-member committee was, e.g. included in the planning of an approach for "health literacy" and self-management promotion for chronically ill people.

Since patients and doctors jointly agree on goals that are to be achieved, the patient is integrated in the decision making and agreement seeking processes from the very start of the programme:

Patients who enrol in the care model "Healthy Kinzigtal" can select a doctor or psychotherapist who will coordinate the treatment for them as a doctor of their trust. According to the salutogenetic principle, the patients are asked upon enrolment about what health goals they consider to be realistic and their experiences with overcoming limitations. In addition, an extended check-up examination is performed in order to ultimately jointly elaborate the individual development potential and appropriate treatment goals. To this end, the participating doctors were trained in the shared-decision-making (SDM) method. In order to achieve these (target) agreements between the doctor and patient, among other things the health programmes developed for the participants by Gesundes Kinzigtal GmbH are utilised. As a result of the specific selection of programmes offered, above all patients suffering from chronic diseases felt addressed to begin with, but the circle of members has swelled in the meantime due to the extension of services offered. The overall medical concept is orientated along the "Chronic Care Model" (CCM),

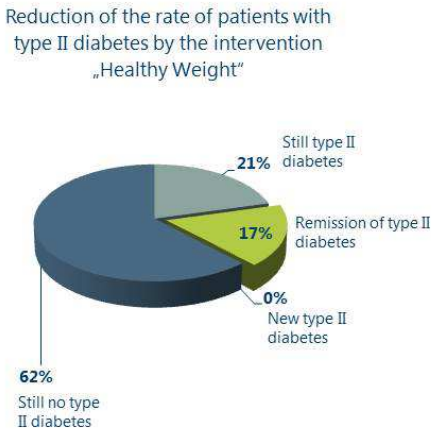
which combines a targeted activation and increase in the competence of the patient with regard to their illness with an organisational development process in the doctors' practices, a competence development for the specialist medical staff and an influence on the surrounding environment.

Did the evaluation results achieve the stated goals and objectives?

Healthy Kinzigtal is being evaluated externally and internally via a mix of diverse quantitative and qualitative methods. The evaluation results achieved the three main goals ("Triple aim"):
Population health (health status of the population): The majority of the quality indicators examined by the external scientific evaluation (PMV Forschungsgruppe der Universität zu Köln [*PMV Research Group at the University of Cologne*]) show positive developments. For example, the prevalence of patients with fractures among all insurants with osteoporosis. In 2011, this prevalence was approximately 26% in the "Kinzigtal" population (≥20 years old), compared with 33% in the control group. Further, the PMV research group has analysed the process quality among insurants with chronic CHD. The proportion with cardiologic examinations among the patients with chronic CHD was markedly higher in the group of IV-insurants (40.9%) than in the group of non-IV-insurants (34.3%). (cf. Köster, I, Ihle, P, Schubert I (2015): Evaluation report 2004-2011 for Gesundes Kinzigtal GmbH, AOK data, Cologne).
The following two figures show the results regarding prevention in diabetes development.

Prevention of the progression of type II diabetes (Intervention: „Healthy Weight")

- 62% of the participating individuals were patients without type II diabetes at the start of the program and all of them kept that status
- The other 38% were patients with type II diabetes at the start of the intervention, but 17% recovered from this status and became non-diabetic patients
- This means that for four out of ten patients a remission of the disease could be observed (HbA1c < 5,7%)!



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Patient experience (individual experience of healthcare): To the question "Would you recommend becoming a member of Healthy Kinzigtal to your friends or relatives?" A total of 92.1% of those questioned answered with "Yes, for sure" or "Yes, probably". 24% of those questioned further stated that they now live "more healthily" than before enrolment in the Integrated Care System Healthy Kinzigtal (ICSGK). In the sub-group of questioned insurants who had objective agreements with their doctors, 45.4% gave this answer.
Cost effectiveness: For both participating statutory health insurers, cost savings relative to the normally expected costs for the ICSGK population concerned are observable in every year. For example: In the eighth year of intervention (2013), the cost savings amount to a total of 4.65 million € for the AOK Baden-Württemberg. This represents a contribution margin of 148€ per insurant (31,156 insurants concerned).

(cf. Hildebrandt, H., Pimperl, A., Schulte, T., Hermann, C., Riedel, H., Schubert, I., Köster, I., Siegel, A., Wetzel, M. (2015): Triple-Aim-Evaluation in der Integrierten Versorgung Healthy Kinzigtal – Gesundheitszustand, Versorgungserleben und Wirtschaftlichkeit. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 4-5)

Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?

Yes. The project is being evaluated over its entire duration. The Evaluationskoordinierungsstelle Integrierte Versorgung Gesundes Kinzigtal (EKIV, www.ekiv.org [*Evaluation Coordination Agency Integrated Care Healthy Kinzigtal*]) has been contracted to perform the evaluation. The coordination agency was set up at the beginning of the intervention in Kinzigtal at the Department of Medical Sociology of the University of Freiburg. The evaluation is carried out under the inclusion of specialist scientific societies and organisations in the field of healthcare research. There are annual work reports and research reports for specific individual services. (cf. "Evaluation" section).
The EKIV coordinates, among other things, an evaluation model concerning an oversupply, undersupply or inappropriate supply of care in Healthy Kinzigtal. Further evaluation modules are concerned with the implementation of Shared Decision Making (SDM), coaching of the officials responsible for the integrated care and the process evaluation from the viewpoint of the service providers (COPE). Since 2012, the members of Healthy Kinzigtal have been polled (GEKIM). In addition, individual programmes of Healthy Kinzigtal are regularly evaluated.

Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

Yes. For the ongoing management, standardised feedback reports for care providers, the network management, the project management team and other stakeholders of the integrated care system have been implemented. A set of indicators was created that is constantly evolving and giving relevant information and was specifically established for this purpose (cf. Annex 3). These reports have been developed under strong involvement of all relevant stakeholders and are produced and distributed quarterly via an online platform. The network management and physician reports currently include about thirty indicators providing information about different components of care, presented in a framework referring to the Donabedian Model with the three categories of "structure", "process" and "outcomes". The software used to view the reports allows an overview with high information density but also provides detailed analysis for each indicator (Pimperl *et al.*, 2015).

Third quarter of 2013	Quality indicators and key figures	Your practice (practice 8)	Ø-LP-GP's	Ø-NLP-GP's	Min/ Max GP
3. Outcomes: Which impacts have interventions on medical and finacial outcomes and patient satisfaction?					
3.1 Economical outcomes	Allocation (Morbi-RSA) per patient	1.021,11 →	914,19	834,46	1.115,86
	- Total costs per patient	826,54	917,89	841,14	668,74
	= Contribution margin per patient	194,56	-3,70	-6,68	215,30
3.2 Health outcomes	Hospital cases per 1.000 patients (risk-adj.)	68,01	91,39	93,99	59,41
	Decedents % (risk-adj. mortality)	0,00 %	0,43 %	0,32 %	0,00 %
	Patients with osteoporosis & fracture %	1,8 %	1,3 %	1,3 %	0,0 %
3.3 Patient satisfaction	Impression of practice very good - exc. %	66,7%	61,0%		83,3%
	Med. treatment very good - exc. %	52,8%	53,0%		79,2%
	Recommendation likely - certain %	85,2%	84,6%		95,6%
2. Process - What must we excel at?					
2.1 Diagnostic quality	Unspecified diagnoses %	26,3 % →	27,7 %	34,3 %	17,0 %
	Suspected diagnoses %	1,8 %	1,4 %	1,6 %	0,8 %
2.2 Utilization	Patients >= 35 with health-check-up %	9,1 %	8,0 %	7,8 %	12,8 %
	Patients incapable of working %	27,2 %	25,3 %	26,8 %	18,1 %
	Lenght of incapacity for work	2,71	2,48	2,74	1,76
2.3 Improvement of Medication	Generic quota	92,2 %	88,5 %	87,0 %	92,2 %
	Pat. with heart-fail. & guideline prescr. %	72,7 %	71,5 %	68,8 %	84,6 %
	Patients >= 65 with pot. inad. med. (PRISCUS) %	14,4 % →	11,6 %	11,2 %	5,6 %
	Patients >= 65 with inad. med. (FORTA D) %	10,2 %	9,0 %	9,9 %	5,5 %
1. Structur - What is the target population? Where can we					
1.1 Patient structure					
1.1.1 Age, gender, etc.	Ø-Number of patients	481,0	480,9	326,1	934,0
	Ø-Age	57,88	55,31	52,96	54,2
	Female %	57,6 %	56,3 %	55,7 %	67,8 %
	Patients capable of work %	53,6 %	58,1 %	59,2 %	75,7 %
	Patients dependent on care %	8,7 % →	8,3 %	7,7 %	4,2 %
1.1.2 Morbidity	Ø-Charlson-comorbidity-score	2,15 →	1,37	1,26	0,75
	Regional GP-risk-score (Ø = 1,00)	1,16	1,04	0,95	0,81
1.1.3 Enrollment	Participants Integrated Care %	86,5 %	58,5 %	10,7 %	86,5 %
	Participants Disease Management Programs %	71,0 %	54,9 %	34,4 %	80,1 %
1.2 Learning & innovation	Participation in quality circles (Ø = 1,00)	1,50	1,00	-	4,00

Who did the evaluation?

Internal evaluation is performed by the contractual partners AOK Baden-Württemberg and SVLFG BW, as well as OptiMedis AG. Externally, the evaluation is coordinated by the EKIV and carried out by research institutions (cf. www.ekiv.org)

Specifically, what has been measured/evaluated?

Process evaluation: The evaluation project with the title "Identification and reduction of oversupply, undersupply or inappropriate supply of care – Care evaluation on the basis of routine data from the statutory health insurance" has the central aim of describing the relative development of the quality of care in the Kinzigtal region in longitudinal comparison, especially for selected common diseases (coronary heart disease, heart failure, dementia, diabetes, hypertension, etc.) on the basis of indices. For this purpose, pseudonymised routine data from the statutory health insurance for individuals insured by the AOK Baden-Württemberg and the Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (formerly LKK) for the years 2004-2011 were available. The evaluation follows the design of a quasi-experimental controlled study. Prevalences, indices and quality indicators that were determined for the interventional group are compared with data from a sample representative for the whole of Baden-Württemberg (AOK and SVLFG, the control group). Both groups comprised persons over the age of 20 years.

Evaluation of the impacts/effects: The quality of the medical outcomes, the health-economic effects (cost effectiveness), patient satisfaction and professional satisfaction of the participating doctors are measured. Central questions are the extent to which a quality improvement and a stronger patient activation can be achieved, which indicators can validly measure health outcomes in patients in medical practices, whether the project can be implemented in standard care, whether it is more cost effective than standard care without sacrificing quality, and whether the communication and specialist co-operation of the healthcare providers are improved.
The incidence of a fracture secondary to osteoporosis was documented as 26 % in the "Kinzigtal" population in 2011. In the comparative population, this proportion was 33 % (quasi-experimental control study). A quasi-experimental cohort study conducted since 2012 suggests that the intervention leads to a lower mortality: in the first four years after intervention, the mortality rate is 14 percent lower in 5,411 "IV-insurants" from Healthy Kinzigtal investigated than in the "non-IV-insurants".
Satisfaction of the insurants and patients with the IV Healthy Kinzigtal is the subject of the GeKiM study (Healthy Kinzigtal – member survey). The GeKiM study is designed as a trend study. The first wave of the survey took place in 2012, further surveys are to be conducted at two-year intervals. 3,030 members received a standardised questionnaire. A total of 717 (23.6 %) completed this questionnaire. 92.1 % of the participants stated that they would recommend IV Healthy Kinzigtal "definitely" or "probably". In addition, 24 % of those surveyed said that they now "live more healthily".
As regards the costs, a positive result compared with the reference population can be attested across all years in both health insurance funds. In the eighth year (2013), a contribution margin plus of 4.65 million euros was achieved by the AOK Baden-Württemberg. For individuals insured by the AOK BW, an improved contribution margin of 148 euros per head is thus achieved.

What are the main results/conclusions/recommendations from the evaluation?

Beside the above-mentioned results on the quality and cost effectiveness of the integrated care in the Kinzigtal region, both the high "patient satisfaction" and the satisfaction of the service partners of Healthy Kinzigtal with the IVGK are particularly prominent in the evaluation. One quarter of the participants surveyed state a change towards a healthy lifestyle. The majority of evaluated indicators on care quality point towards a very positive development. Among the service partners, almost 95% stated that they would both become a member in Healthy Kinzigtal again and recommend membership to their colleagues. As a whole, the Evaluations-Koordinierungsstelle Integrierte Versorgung (EKIV) draw a positive interim conclusion concerning care in the Kinzigtal region: In many areas, signs of a relatively high quality of care can be identified, which frequently increased – also in comparison with the rest of Baden-Württemberg – in the period 2004-08. Much more rarely, there are indications of an (absolute or comparative) deterioration in the quality of care. The EKIV considers the evaluation of the integrated care model Healthy Kinzigtal to be suitable for providing practice-relevant answers to important questions on the development of future healthcare provision in Germany.

Is the evaluation report available?

See: www.optimedis.com, www.gesundes-kinzigtal.com, www.ekiv.org English newsletter
In German:
http://www.ekiv.org/pdf/EKIV-Evaluationsbericht_2010_Kurzfassung_fin_2011-02-24.pdf
http://www.ekiv.org/pdf/EKIV-Evaluationsbericht_2011_Kurzfassung_FINAL_2012-06-30.pdf

http://optimedis.de/files/Publikationen/Studien-und-Berichte/2014/Mortalitaetsstudie-2014/Mortalitaetsstudie-2014.pdf
http://optimedis.de/images/.docs/aktuelles/121026_drei_dimensionen.pdf

Was there a follow-up or is any follow-up evaluation planned in the future?

For Gesundes Kinzigtal GmbH, the constant evaluation of the results is an integral part of its corporate culture. Thus, among other things, the routine data from the statutory health insurance are used for a continuous evaluation, e.g. on oversupply, undersupply and inappropriate supply or for individual health programmes. Also surveys, e.g. on satisfaction of the members, are conducted at two-year intervals.

Who implemented the intervention?

Gesundes Kinzigtal GmbH was founded in 2005 by the Hamburg Company OptiMedis AG and the medical network "Medizinisches Qualitätsnetz – Ärzteinitiative Kinzigtal". The medical network brings its medical expertise to Gesundes Kinzigtal GmbH; OptiMedis AG its health science and management expertise. The director of OptiMedis AG is at the same time the managing director of Gesundes Kinzigtal GmbH and has a professional background in pharmaceutics and public health, as well as articles for the WHO on health promotion and healthy cities / health promoting hospitals.

What core activities are/have been implemented?

1. Care and prevention programmes for the prevention of health risks, for improvement of the health status and quality of life of vulnerable groups of individuals.
2. Case management for supporting individual patients in health-related and social problem situations.
3. Patient activation by means of numerous different services in the form of lectures, courses on various different health topics.
4. Corporate health management for prevention of health risks in the corporate context.
5. Practice management for the supervision and support of partner practices.
6. Information and communication technology (ICT): use of integrated information and communication technology, among other things electronic patient files, for better coordination in the care of patients.

Was the intervention designed and implemented in consultation with the target population?

The integrated care model Healthy Kinzigtal was initially planned with the doctors of the region and in part with the AOK Baden-Württemberg. Upon signature of the contract with the AOK, a patients' advisory committee was established, which, in the first six months (when insured persons could not yet enrol = development phase), was made up of representatives of regional clubs and societies, self-help and social institutions in co-operation with the health insurance funds. The proposed interventions were presented to the patients' representatives and then, in response to their feedback, varied as appropriate or chronologically brought forward or put back. Since the second year of the contract, the patients' advisory committee has been elected at members' meetings and is closely involved in intervention planning. Most recently, the five-member committee was, e.g. included in the planning of an approach for "health literacy" and self-management promotion for chronically ill people.

Did the intervention achieve meaningful participation among the intended target population?

The programmes of Healthy Kinzigtal are based on a patient-orientated approach. In order to integrate patients as comprehensively as possible, various different aspects are taken into account. On the one hand, treatment plans are individually agreed with each member/patient. On the other hand, doctors and patients jointly agree the goals to be achieved (target agreement), so that the self-management of the patient and the "shared-decision making" are strengthened and improved.
In addition, there is a patients' advisory committee, which functions as a mediator between patients and the company or its service partners and involves the patients in the development of the programmes. In the case of concrete problems, an ombudswoman meets with the persons concerned in order to find a solution. In addition, there is a right to have a say in the make-up of the care, e.g. through members' meetings. Every two years, the participants are asked how satisfied they are with the care in the Kinzigtal region.

Did the intervention develop strengths, resources and autonomy in the target population(s)?

Since 2013 a health academy has been established, which enables not only medical staff but also interested people who live in the Kinzigtal region to inform themselves about health-relevant subjects. In addition, in order to improve the doctor-patient interaction in the IVGK, courses are offered for patients and practitioners for the further development of communicative and causative competences or target agreements, which risk patients develop jointly with the doctor of their trust.
Also through the target agreements between doctors and patients, in which the goals to be achieved are specified, the self-management of the patients and the "shared-decision making" are strengthened and improved. Thus, results of a patient survey conducted in 2014 show that patients who had made such a target agreement with their doctor, e.g. were more successful in taking up a healthy lifestyle than patients without a target agreement. Nevertheless, many patients remain reluctant about taking on more responsibility and empowerment with regard to their health. Patients are mostly not used to such an equal footed relationship with their doctor. Such a change and development requires time and Healthy Kinzigtal wants to promote and facilitate this process step-by-step.

Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?

Fundamentally, the project is directed towards the entire population of the Kinzigtal region. Since Healthy Kinzigtal was founded in order to create "better organised healthcare provision" in the Kinzigtal, it was and remains absolutely necessary to examine the target population of the Kinzigtal region for their concerns and needs. Among other things, this is illustrated by the fact that insurants with disproportionately high morbidity values were preferentially motivated to enrol in Healthy Kinzigtal. In addition, success was achieved in motivating above all elderly insurants and pensioners to enrol. These insurants was subsequently offered special prevention and hospital management programmes. All other specific services of Healthy Kinzigtal were tailored towards the respective target groups.
For the objective of Healthy Kinzigtal to achieve a reduction in morbidity above all in relation to chronic diseases thanks to a targeted promotion of preventive services, it is prerequisite for the needs of the target population of the Kinzigtal region to be determined.

Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?

On the one hand there are the service partners from medicine and therapy, on the other partners with whom Healthy Kinzigtal works as a company. These include sports clubs and cultural societies, fitness centres, companies from the region, schools and many other partners. Apart from this, Healthy Kinzigtal co-operates project-wise with various different pharmacies in the region. In order to promote healthcare provision on a political level and in society as a whole, Healthy Kinzigtal is currently involved in several EU and other projects.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

It is planned that the AOK Baden-Württemberg and the Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (SVLFG) will continue the contract for an unlimited period from 2016 onwards. In addition, Healthy Kinzigtal is in discussion with other health insurance funds and insurance companies, concerning opening up the services of Healthy Kinzigtal to people insured by other health insurance funds.
In addition, Gesundes Kinzigtal GmbH is consolidating its activities. For example, in the expansion of medical care and in the training of young doctors, with which the medical and therapeutic care in the Kinzigtal region will also be ensured in the long run. At the end of 2015, the "Gesundheitswelt Kinzigtal" ["*Kinzigtal World* of *Health*"] will open in Hausach under the ownership of Gesundes Kinzigtal GmbH. The *World of Health* comprises among other things a

training centre with special exercise and fitness offers for people with appropriate risks or diseases, as well as the health academy, in which lectures for the population or advanced training courses for service providers are offered.

Is there a broad support for the intervention amongst those who implement it?

Healthy Kinzigtal and its company have been in existence for almost 10 years. A large network of service and corporation partners supports the integrated care of the patients. An evaluation project ("Process evaluation from the viewpoint of the Healthy Kinzigtal service providers") has surveyed the satisfaction of the Healthy Kinzigtal service partners with the IVGK project and their affiliation to the IVGK since 2008. In 2010, 94% of the responding service partners stated that they would "become a member of Healthy Kinzigtal again" if they had the choice, and also 94% of the responders would "recommend membership to others".

Is there a broad support for the intervention amongst the intended target populations?

Since 2006, the membership figures of Healthy Kinzigtal have continuously increased. It started with 875 members in 2006. At the end of 2013, 9,806 people had decided to become members of Healthy Kinzigtal. Further, a survey on patient satisfaction (GEKIM) shows that more than 90% of the currently enrolled insurants "would definitely or probably enrol again if they were given the choice".

Did the intervention include an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks?

Yes, in a very comprehensive form for a total period of 10 years. The measures are orientated towards the formulated goals: improvement of the health status of the population, better healthcare provision as experienced by the individual, efficient use of resources (cost effectiveness). These goals are orientated towards the "triple aim" approach of Berwick.

Were sources of funding specified in regards to stability and commitment?

The initial funding of approximately 4 million euros was provided by the AOK Baden-Württemberg. These funds were used for establishing the management, the quality assurance, the scientific support and the network itself. The phase of the initial funding in the Kinzigtal ended on 1 July 2007. Since this time, Healthy Kinzigtal has financed itself solely from the success of its work. The financing is based on savings contracting, also referred to as a cost-savings agreement, which was agreed with the two health insurance funds AOK Baden-Württemberg and Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (formerly LKK). Only if the healthcare is organised just as well as before the foundation, a higher patient satisfaction of the members has been achieved and a structured procedure has been implemented, does Gesundes Kinzigtal GmbH receive payment – in other words a share of the saved expenditures of the two health insurance funds.

Were organisational structures clearly defined and described?

The team of the administrative office of Healthy Kinzigtal organises and plans the integrated care in the Kinzigtal region. More than 200 people are directly and indirectly involved in the optimisation of the healthcare in the region: general practitioners, medical specialists and hospital doctors, psychotherapists, physiotherapists, nursing services, the specialist medical staff of the practices, pharmacists, numerous clubs and societies, institutions – as well as people who are working in the administrative office on co-operation with all of those concerned. More than 20 people are currently employed in the administrative office – both full- and part-time. They include specialists for business and political economics, health economics, health science and health management, sports science, administration, public relations, marketing and media work, information technology and practice management.

The work of the administrative office is distributed over several supporting pillars. In accordance with the approach of the integrated care model Healthy Kinzigtal, the four departments networking & supply, administration & research, health management, as well as communication & information work across sectors. Each department has a departmental head, which form the management circle together with the managing director. They set the course for the company and are supported by the medical advisory committee in medical questions and by the patient's advisory committee in questions of member involvement.

Is the potential impact on the population targeted assessed (if scaled up)?

There is a continuous scientific evaluation of the services offered by Healthy Kinzigtal. For this purpose, the management company of Healthy Kinzigtal and the participating health insurance funds have set up a coordination agency at the University of Freiburg. The scientific research shows that the care in Kinzigtal has improved in numerous clinical pictures compared with the care provided to date. The survey of patient satisfaction also shows that more than 90% of the currently enrolled insurants "would definitely or probably enrol again if they were given the choice".

Are there specific knowledge transfer strategies in place (evidence into practice)?

The transferability of the shared-savings model on a national level is limited as the delta of costs savings would decrease accordingly (long-term perspective), although an estimated 25% of all regions in Germany would have to implement a comparable model of integrated care to realise this potential threat. The perspective of extra funding from potential savings served as a powerful incentive for stakeholders to participate, which has contributed to the success of the programme. A national rollout of the Healthy Kinzigtal model would require a new funding method. However, the shared savings model can play a role in transitioning towards a more integrated delivery system and contribute to a cultural change. The programme's transferability has not been evaluated yet, but a pre-existing physician network would be helpful for the implementation within another region. Nevertheless a similar programme is planned to be implemented in Billstedt-Horn, a part of the city of Hamburg that has a population with a low social status. Further programme expansions are being negotiated in the Saarland, Baden-Württemberg and Berlin; implementation is planned for 2016.

Is there available an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators?

There are deliberations and also initial discussions about extending the programme Healthy Kinzigtal to other federal states in Germany. In general, there are potential hurdles in the fact that, on the one hand, nursing care insurance is not included in Healthy Kinzigtal, although this would be advantageous for a comprehensive integrated care. On the other hand, health insurance funds receive less risk structure compensation the healthier a person is, which may have a deterrent effect for them.

What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

Of benefit at the start of the intervention in 2006 was undoubtedly the statutory initial funding for integrated care projects (2004 to 2008) and further the Alliance of medicine (represented by the doctors' network), health-science and management know-how (represented by OptiMedis) and cost bearers (represented by the AOK Baden-Württemberg). The most important factors for the success of the intervention are:

- Assumption of the responsibility for organisation by a professional management company
- Care programmes with health-promoting and secondary preventive elements, extending across specialist fields, professions and in part sectors
- Continuous data analysis, controlling and evaluation for constant optimisation of the intervention
- Therapeutic alliance of doctors and patients through diverse measures; the patients become co-producers of their health (shared decision making)

- New incentive structures for promotion of quality instead of quantity through an innovative financing model.
- Mutual acquaintance and trust of the actors involved in the intervention, e.g. the doctors, nursing, physiotherapy, hospital.

What were, in your opinion, the main lessons to be learned?

- "There is no free lunch": Interventions like those in the Kinzigtal region initially require investments in the care processes and structures.
- The actors involved, e.g. doctors, must also have a sense of responsibility among each other, and the area covered by the intervention should only be as big as allows mutual acquaintance and trust. Therefore, a regional context is beneficial and necessary.
- Interventions need time and patience. Therefore, we plead for contract terms of at least 6 to 10 years.
- Since services follow money, incentive systems must be designed in integrated care in such a way that the recovery and health of the patients – and not simply an increase in services – is remunerated.

Web page related to the intervention

http://www.gesundes-kinzigtal.de/

References (with possible links) to the most important articles or reports on the intervention:

http://publications.jrc.ec.europa.eu/repository/bitstream/JRC93763/jrc93763.pdf
http://www.who.int/servicedeliverysafety/areas/people-centred-care/evidence-overview/en/
http://www.kingsfund.org.uk/publications/population-health-systems?goback=.gde_5095119_member_5976047907332202497
http://www.icare4eu.org/pdf/Gesundes_Kinzigtal.pdf
http://www.ncbi.nlm.nih.gov/pubmed/25201659
http://www.gesundes-kinzigtal.de/media/documents/EKIV-Evaluationsbericht_2011_GESAMT_FINAL_2012-06-30.pdf

Other relevant documents:

http://www.icare4eu.org/pdf/Gesundes_Kinzigtal.pdf

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