

Shared-savings model of integrated care in southwest Germany: promoting patient self-management

Summary

- Healthy Kinzigtal (HK; in German, *Gesundes Kinzigtal*) is an integrated care network in southwest Germany, introduced in 2005, with the objective to promote integrated care for chronic illnesses and lower health care costs. Participating providers receive incentives to promote prevention and improve care coordination based on a shared-savings arrangement contracted between two health insurance funds and the programme management company.
- In 2020, of some 71 000 inhabitants in the region, 33 000 were members of the eligible insurance funds. Among these, 8 150 patients (25%) were enrolled in the program that year.
- Providers and affiliated facilities taking part in the programme include 24 general practitioners, as well as hospitals, nursing homes, community centres and pharmacies.
- Providers are primarily reimbursed on a standard insurance fee-for-service basis for usual care and receive add-on payments and performance-based reimbursements for additional services considered important to attain quality improvements.
- Profits come from realized savings relative to the average cost norm for care, which are shared between the management company and the insurance companies. Providers share in the company's profits based on their individual performance. One estimate suggests that these payments comprise up to 15% of a provider's income, with values around 5% being common.

- An evaluation covering the period of 2006 to 2015 found no significant impact on the quality of care. Since 2007, the HK programme has been able to sustain itself financially through the shared savings arrangement.

Key elements of the programme

- The approach is patient-centred; patients are encouraged to actively participate in shared decision-making, engage in self-management and take part in health promotion activities.
- Designated trusted doctors work with enrolled patients to develop an individual care plan and mutually agreed treatment goals by integrating health and community-based activities (such as taking part in sports and community associations); they also work cooperatively with other practitioners in the region, including those providing primary, secondary and long-term care.
- The programme management company (the regional “integrator”) facilitates care coordination, designs and implements health-promotion programmes, develops infrastructure for information technology (IT) and data analysis, and performs managerial tasks. Efforts are made to reduce wait times for patients who need to be seen urgently through better coordination of care, and health insurance funds' cost and utilization data are analysed to identify high-risk patients.
- Savings in health care spending are calculated by comparing actual spending to a cost norm. This cost norm is determined using the national morbidity-based risk-adjustment scheme, which estimates health care costs for a population based on several risk factors.

Results

- A 2021 external evaluation of the 10-year impact of HK implementation (2006 to 2015) reported no significant impact on care quality, suggesting that a positive trend observed during the first years of implementation cannot be confirmed.
- Internal evaluations report that health care expenditures for the covered population have remained below the expected norm cost, enabling savings for the company.
- Internal surveys of patient satisfaction are largely positive but not fully available and methodologically limited.

Facilitating factors

- Start-up costs of €4 million (est. US\$ 4.8 million at the time) covered the first years of implementation before the model became self-sustainable financially in 2007. An initial contract duration of several years encouraged providers to make long-term structural investments.
- Investments were made in a transparent and inclusive governance structure and in an advanced IT system.
- As a private entity, two-thirds of the programme management company is owned by a physician network, so that physicians are involved in implementation and related decision-making processes, which likely enhances their support for and motivation to actively participate in the project.

Inhibiting factors

- Population coverage is limited. Benefits are available only to those who actively enrol, leading to concerns about risk selection related to voluntary patient enrolment.
- It is unclear whether a balance has been achieved that addresses the risks inherent in a shared-savings contract of underproviding needed care, as well as the incentives for overprovision under the usual fee-for-service system.
- A great deal of implementation detail is not publicly available, thus inhibiting rigorous evaluation of programme impact and the translation of lessons to other settings.

Lessons learned for other settings

- Patient self-management is a key part of chronic disease control and can be incorporated into integrated service delivery that includes health and community-based services.
- Payment mechanisms that promote better integration of care require investments in the structure of the health care system and care processes.
- Payment mechanisms require close monitoring and evaluation to ensure optimal quality outcomes.
- Publicly available information about implementation and independent external evaluations could support learning in other settings.
- A shared vision among participating providers and funders, and mutual trust and support can contribute to the better functioning of integrated care models and prevent or help resolve any conflicts.

This policy brief is based on Lindner LE. *Healthy Kinzigtal Programme in Germany: case study*. Geneva: World Health Organization, Organisation for Economic Co-operation and Development; 2023.