UniversitätsKlinikum Heidelberg

Programme de *disease management* et organisation des soins ambulatoires en Allmagne

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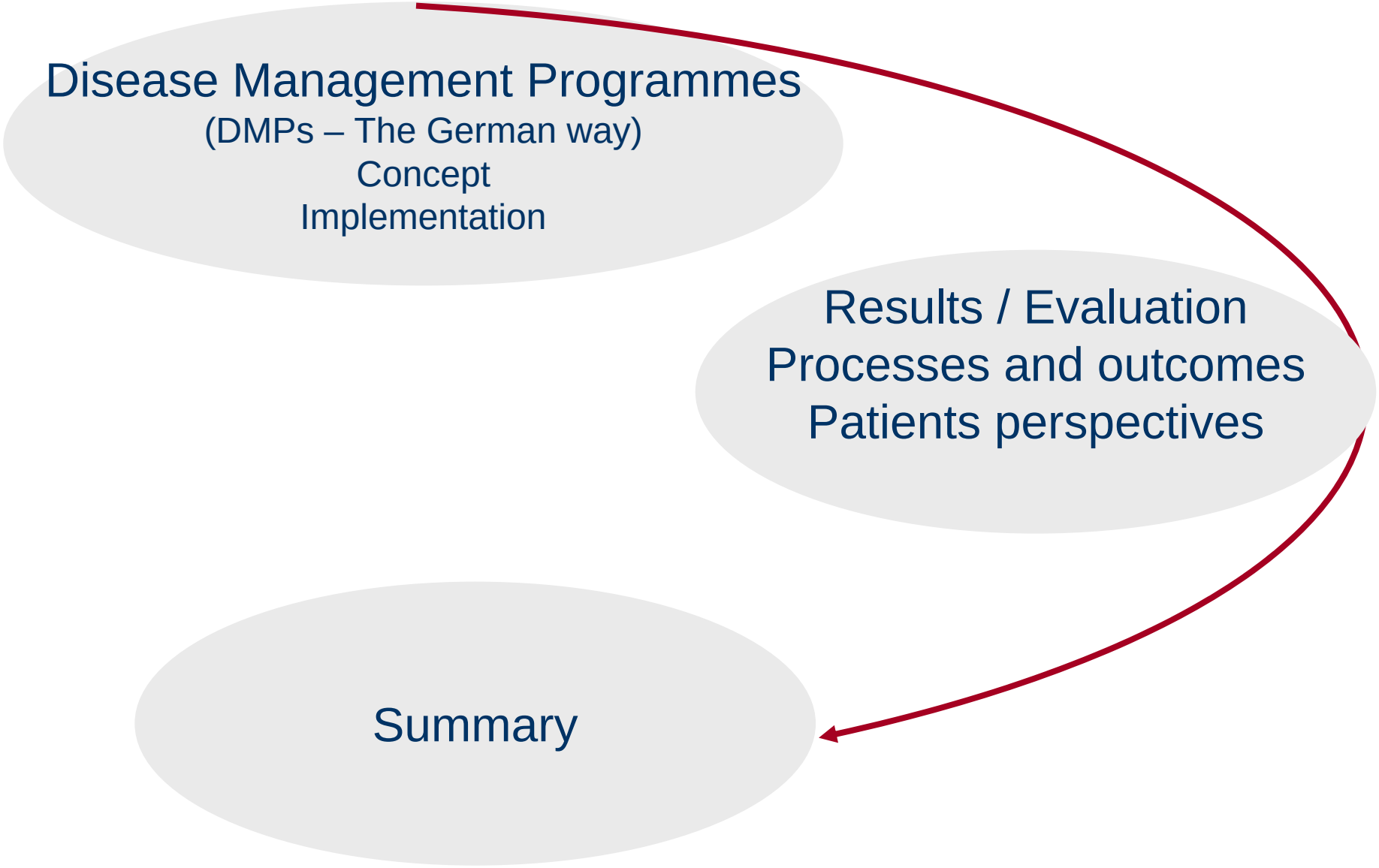
Colloque IRDES, PRosPERE, drees, Paris, 21 oct. 2009

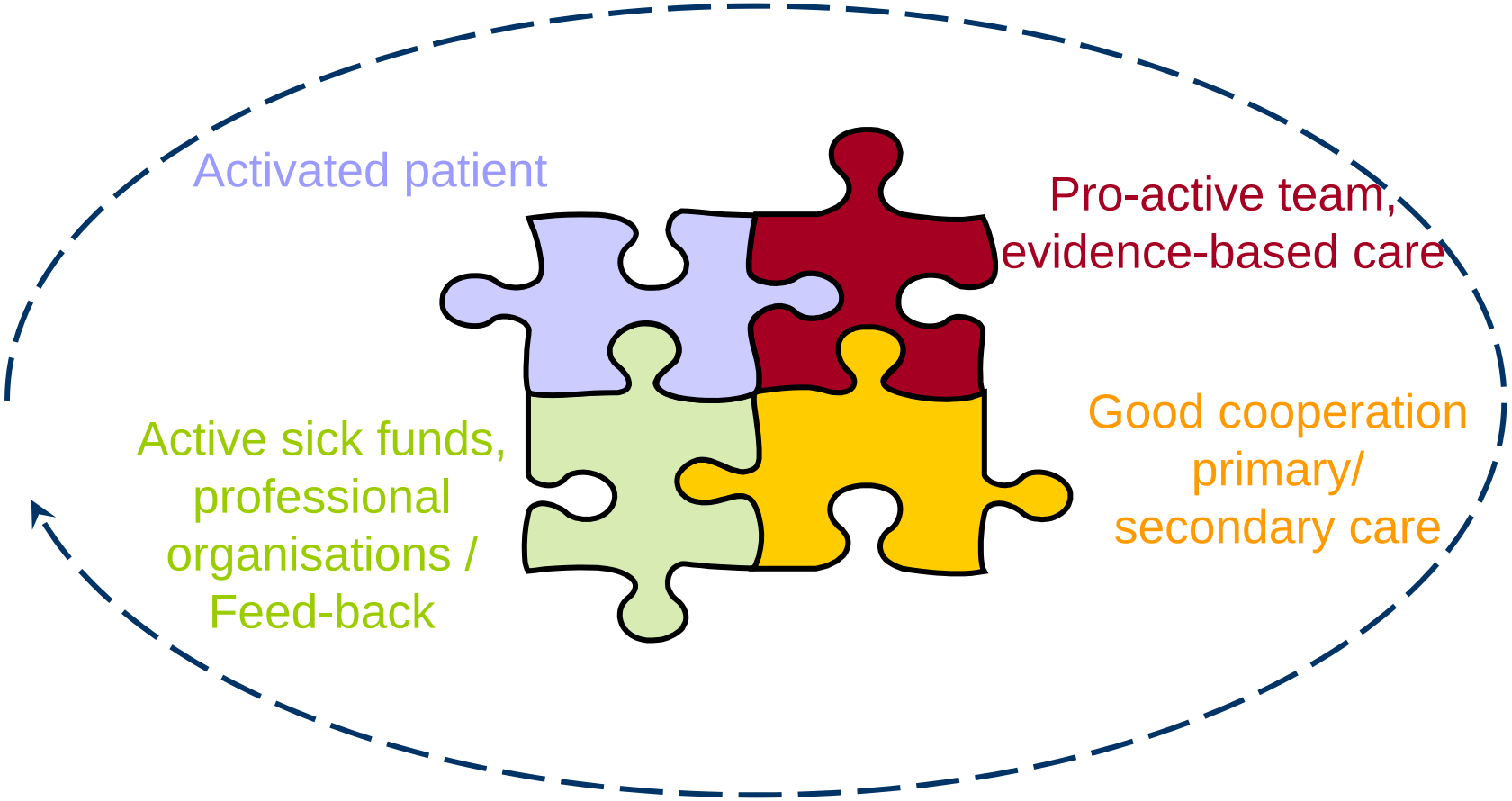
Overview


Disease Management Programmes
(DMPs – The German way)
Concept
Implementation
Results / Evaluation
Processes and outcomes
Patients perspectives
Summary

Germany

- Population: approx. 80 million
- Doctors in ambulatory care: 135.000
  - General practitioners (GPs)/gen.internists:55.000
- 90% of population insured by statutory sick funds („assurance maladies“) with a comprehensive health baske for patients
- In some regions gate-keeping models (GP centred care)
- Ageing population, increase of chronic diseases
- 2002/2003: introduction of disease-management programmes for chronically ill patients nationwide

Disease Management – the ideal



DMPs in Germany

- 2002/2003 introduction in social code book (SGB V)

- Core contents are compulsory for contracts between insurers and providers
- Defined by national expert groups at the level of the federal joint committee
  - Evidence based clinical guidelines
  - Basic data set
  - Quality indicators, provision of feedback
  - Transfer between different levels of care
  - Quality criteria for patient education

- Some small differences in renumeration, type of feedback etc. by region/contract
- Larger differences in CME, quality circles

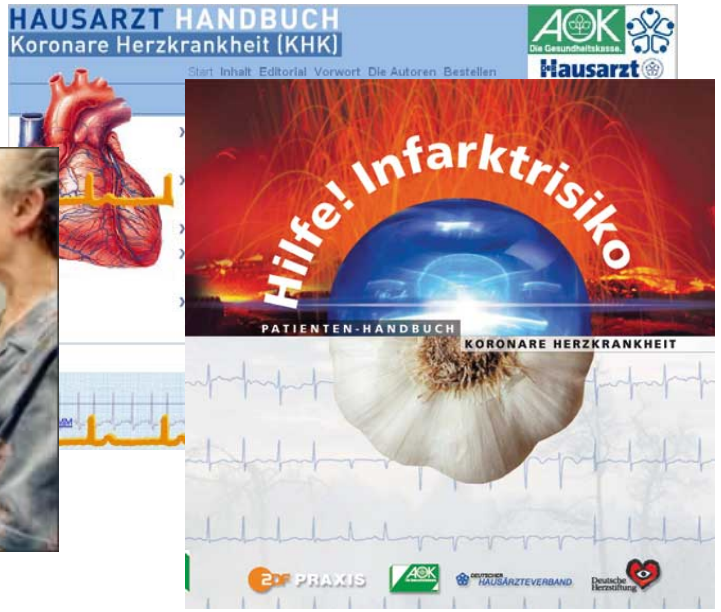
DMPs in Germany

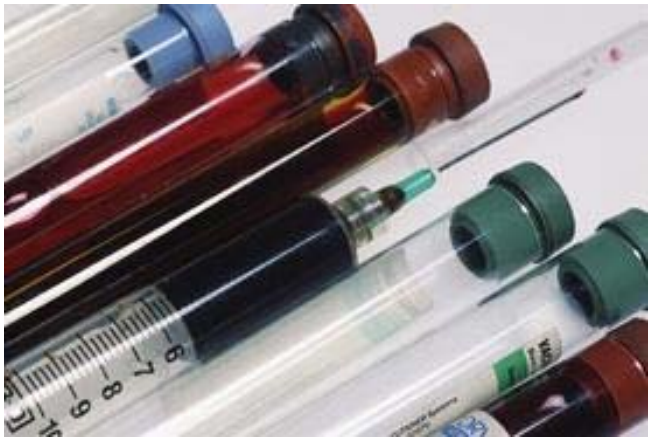
- Patients and practitioners have to enrol
- General practitioners play a leading role
- Cooperation with specialists (ambulatory and hospital outpatient)
- Insurers have some steering role for the patient
- Substantial financial incentives for sick-funds (national risk compensation scheme) until 2008, now only € 180/per year per patient
- Financial incentives for practices (approx. € 100 per year per patient on top of fees)

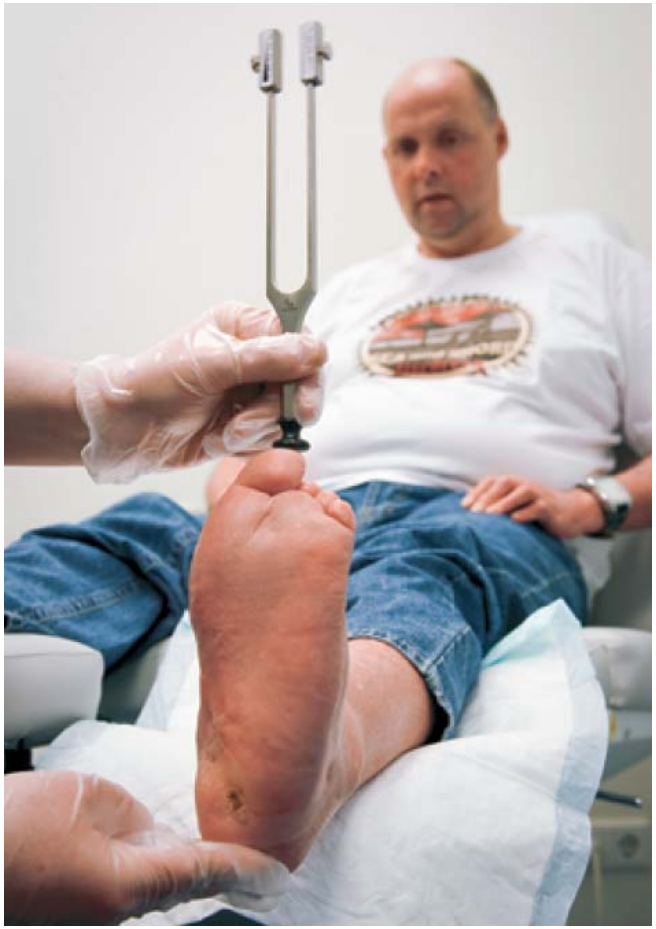
- Currently 6 diseases
  - CVD (new: module on heart failure)
  - diabetes mellitus, type I and II
  - breast cancer
  - asthma
  - COPD

- Participants
  - 5.773.000 patients (April 2009)
  - Approx. 6.8% of all insurants
  - More than 60.000 providers (GPs, specialists)

DMP – some elements







- Guidelines/clinical pathways for referrals to specialists
  - Diabetologist
  - Opthamologist
  - Foot specialist/surgeon
  - etc-

- What do doctors say?
  - in the beginning much resistance
  - „Cookbook medicine“
  - „Old fashioned drugs“
  - „burocracy“
  - …

  - Now: more positive

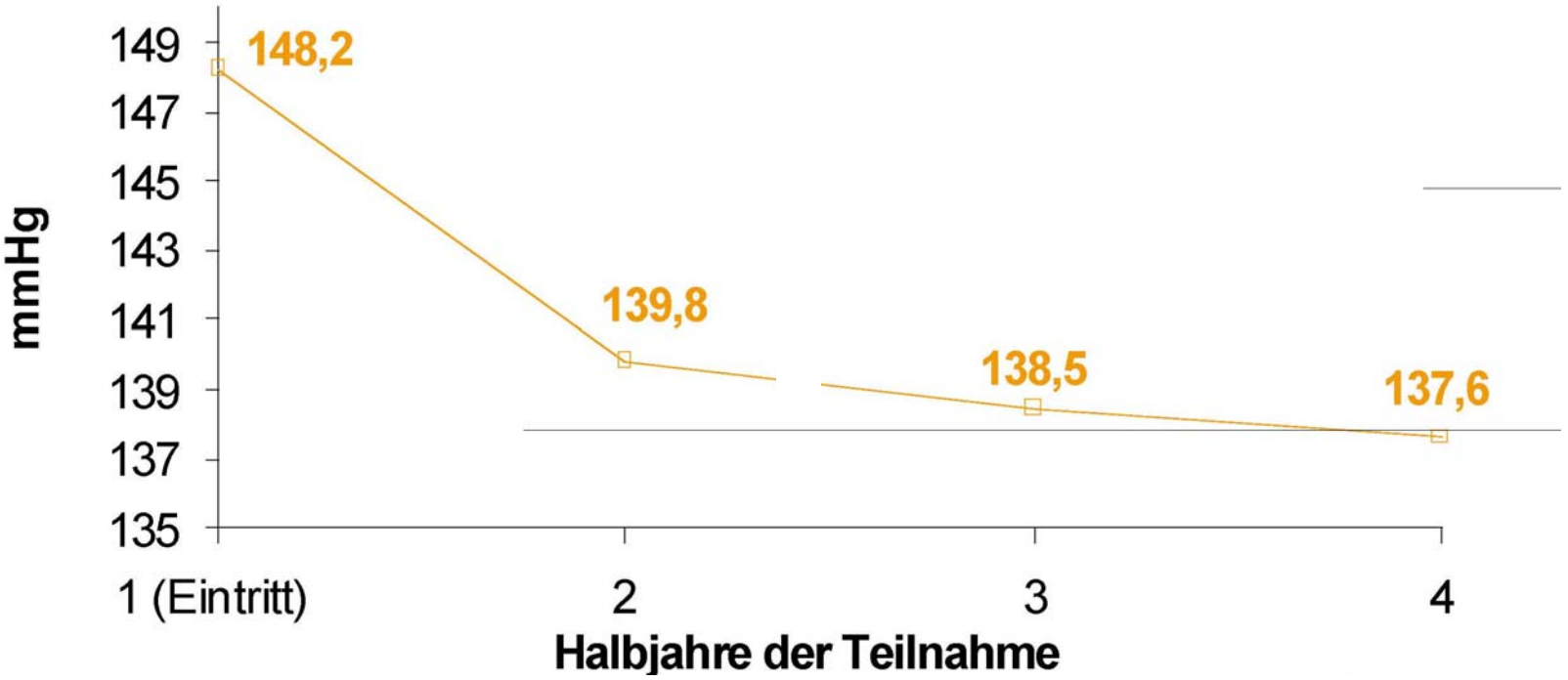
Evaluation

- Nationwide obligatory statutory evaluation
  - No control group
  - Patients incompletely followed over time
- More sophisticated evaluation in some projects

- I will present to you some examples

Systolic blood pressure, CVD patients

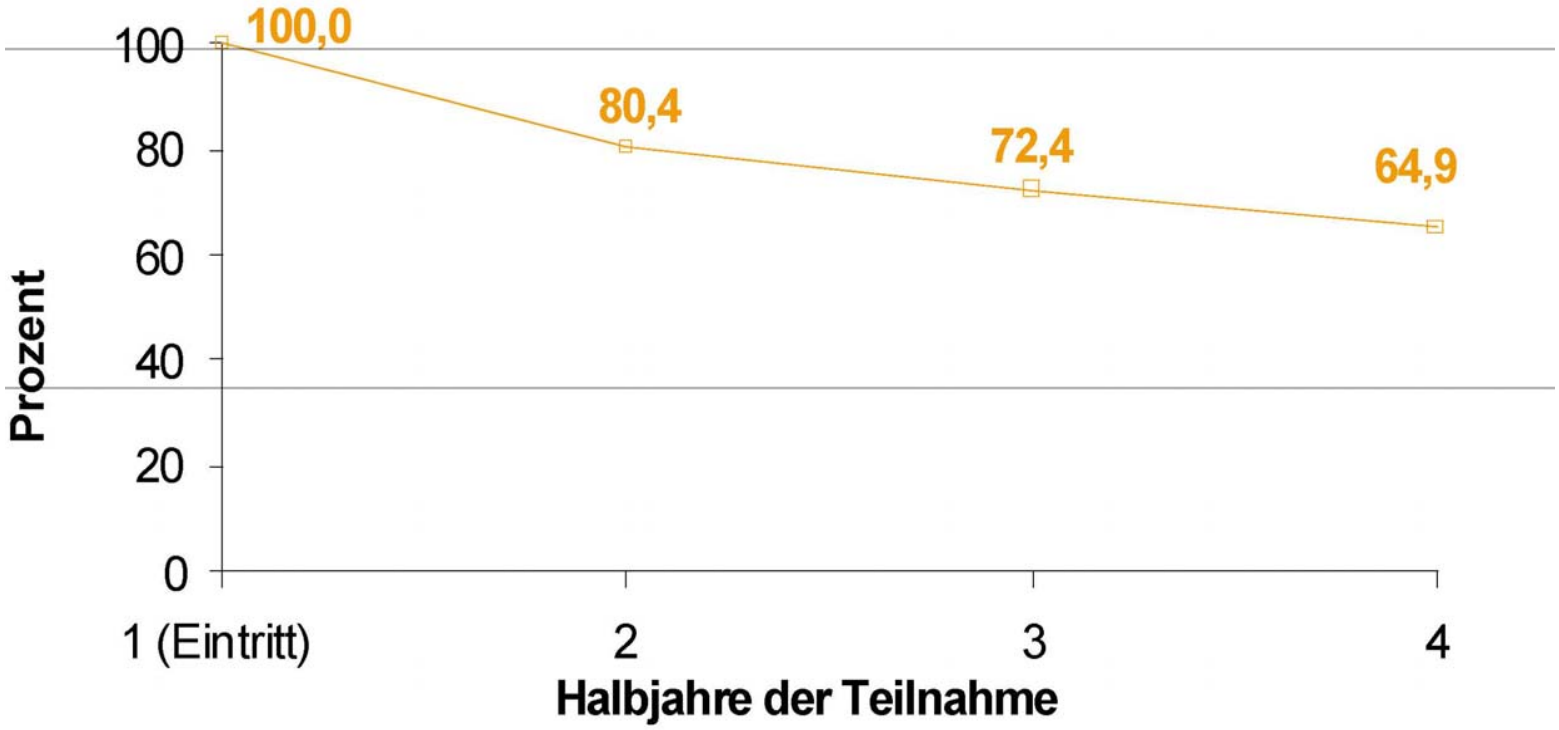
- Systolic blood pressure since enrolment in DMP



Gesetzliche Evaluation, Bundesauswertung zu den Zwischenberichten der AOK-Programme für Patienten mit KHK, 2008

Stop smoking, CVD patients

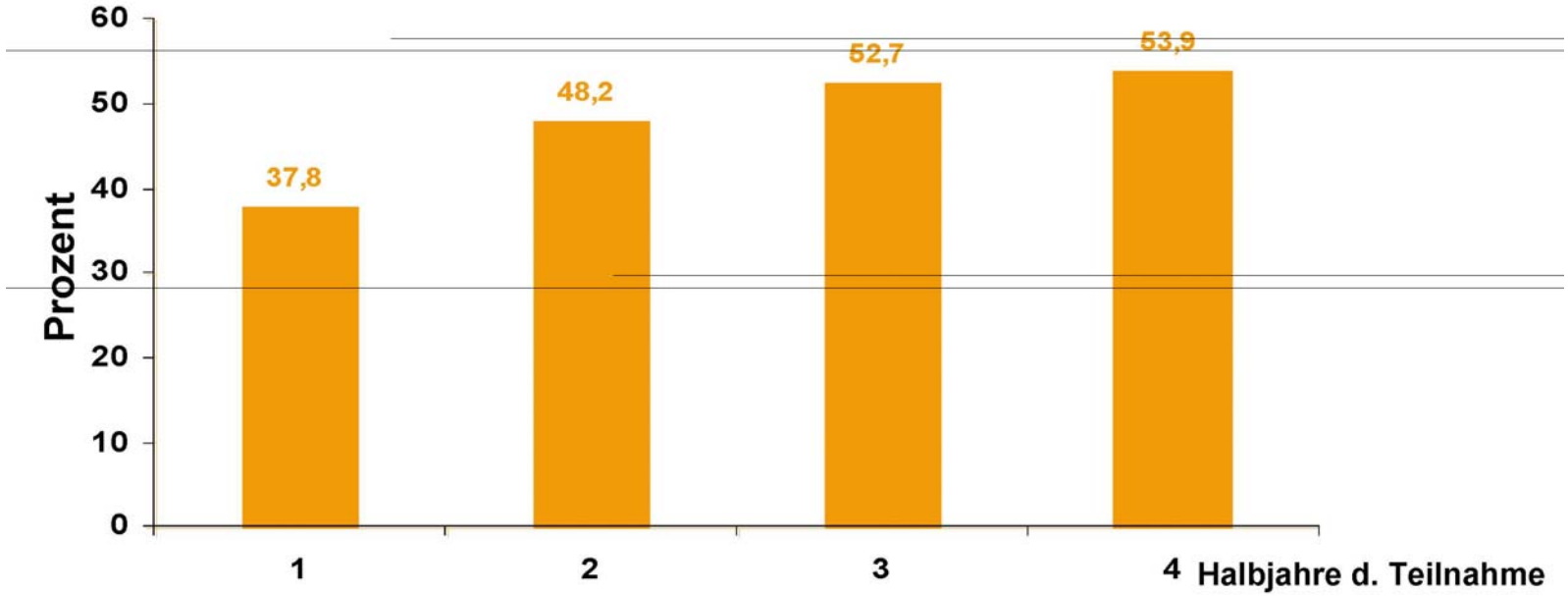
- % smoking of those who were smokers at enrolment



Gesetzliche Evaluation, Bundesauswertung zu den Zwischenberichten der AOK-Programme für Patienten mit KHK, 2008

Patients in the DMP for CVD

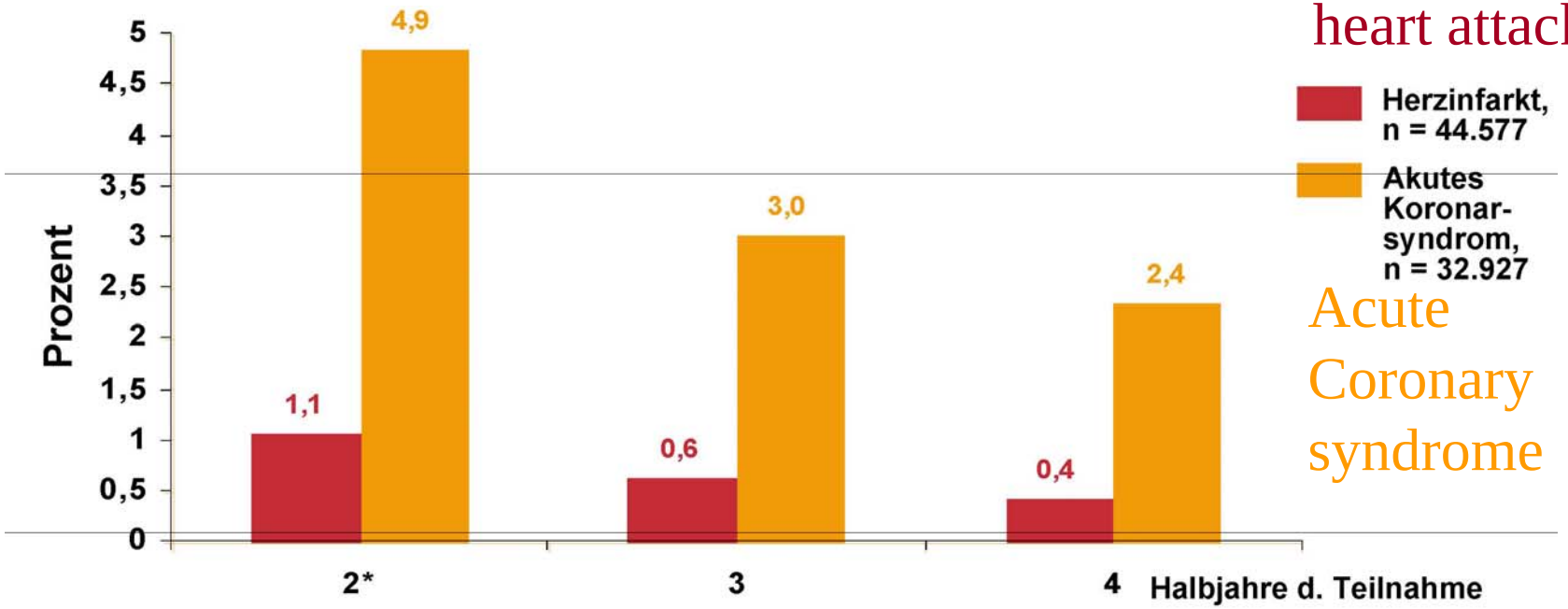
- QoL
  - % of patients without episodes of pain in the breast



Statutory nationwide evaluation for AOK patients, 2008

Cardiac events

- New events, patients in the DMP for CVD



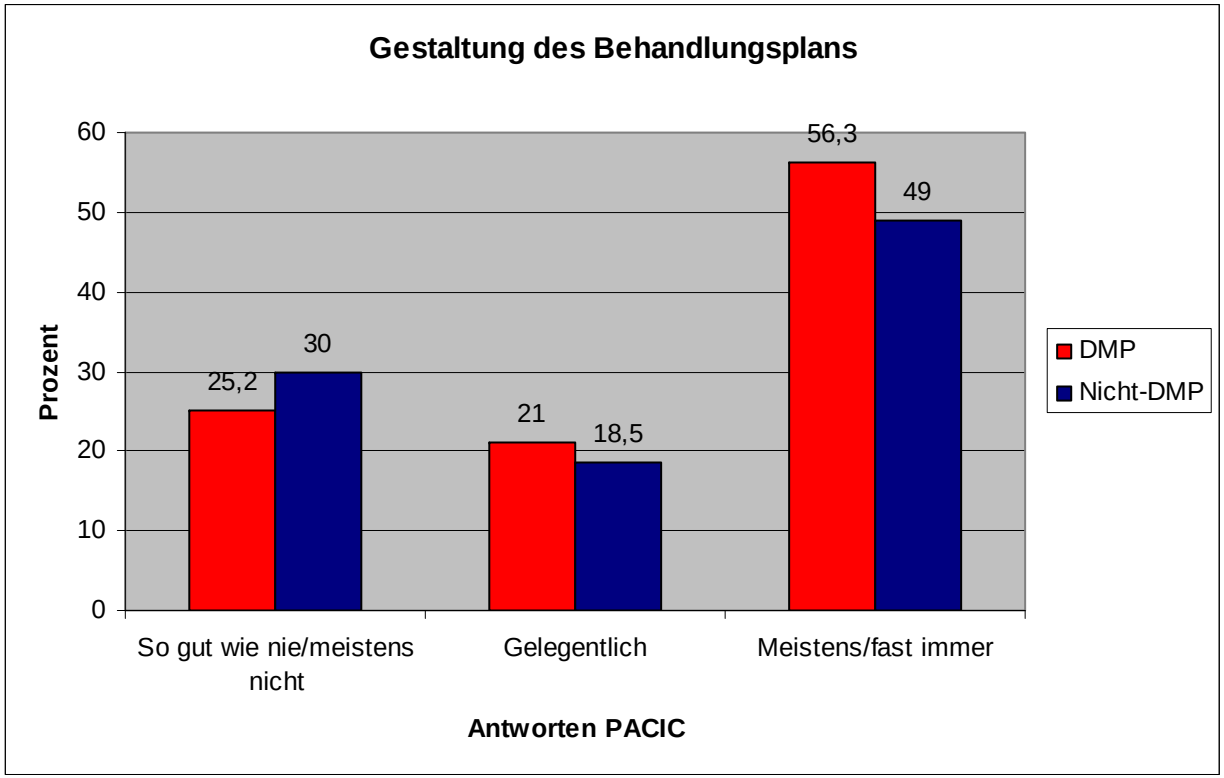
Statutory nationwide evaluation for AOK patients, 2008

ELSID study on DMP diabetes m. Type II

- Comparative longitudinal study
- 2 regions
- More than 20.000 patients
- More than 500 practices
- Routine claims data
- For subsets of patients
  - Surveys (i.e. PACIC – Patient Assessment of Chronic Illness Care)
  - Clinical data, mortality data
- Observational arm (DMP vs. Routine care)
- Controlled arm (DMP vs. optimized DMP, restructered organisation within the practice)

„In the last 6 months …

… I was involved in planning care for my illness.“

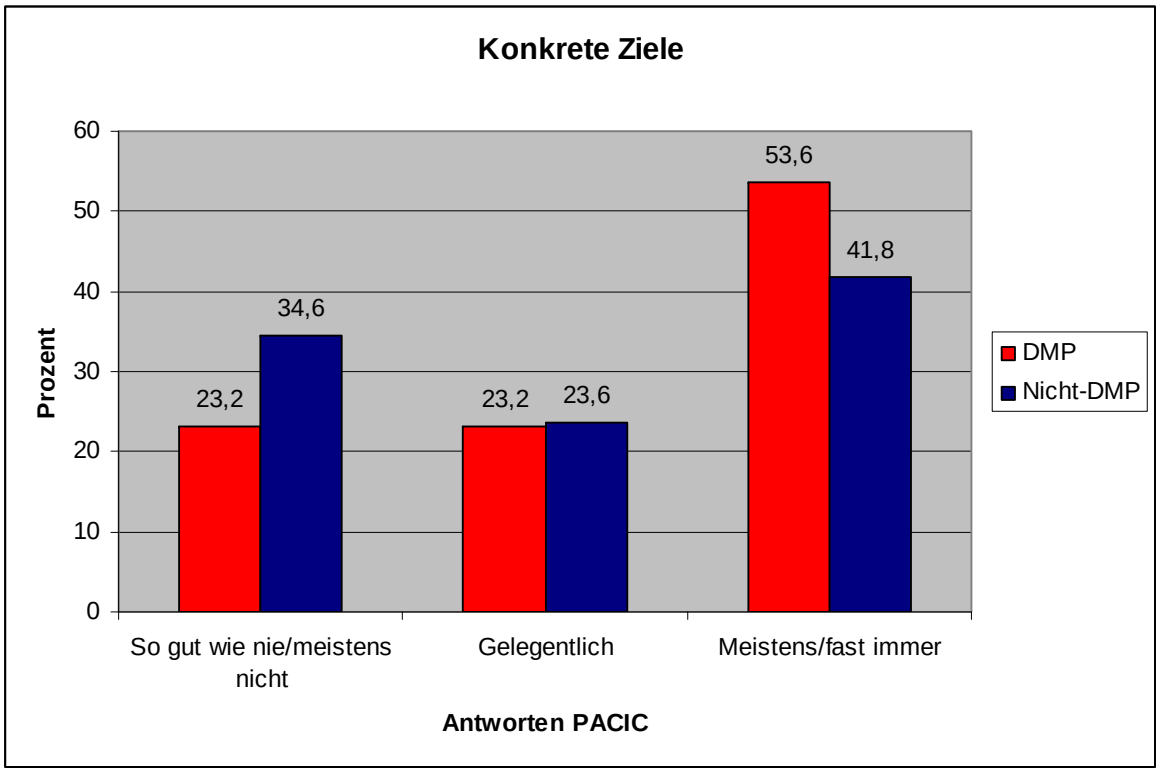


n=1.312

p=0,04

„In the last 6 months…

… I got support in setting goals for my diet and my physical activities

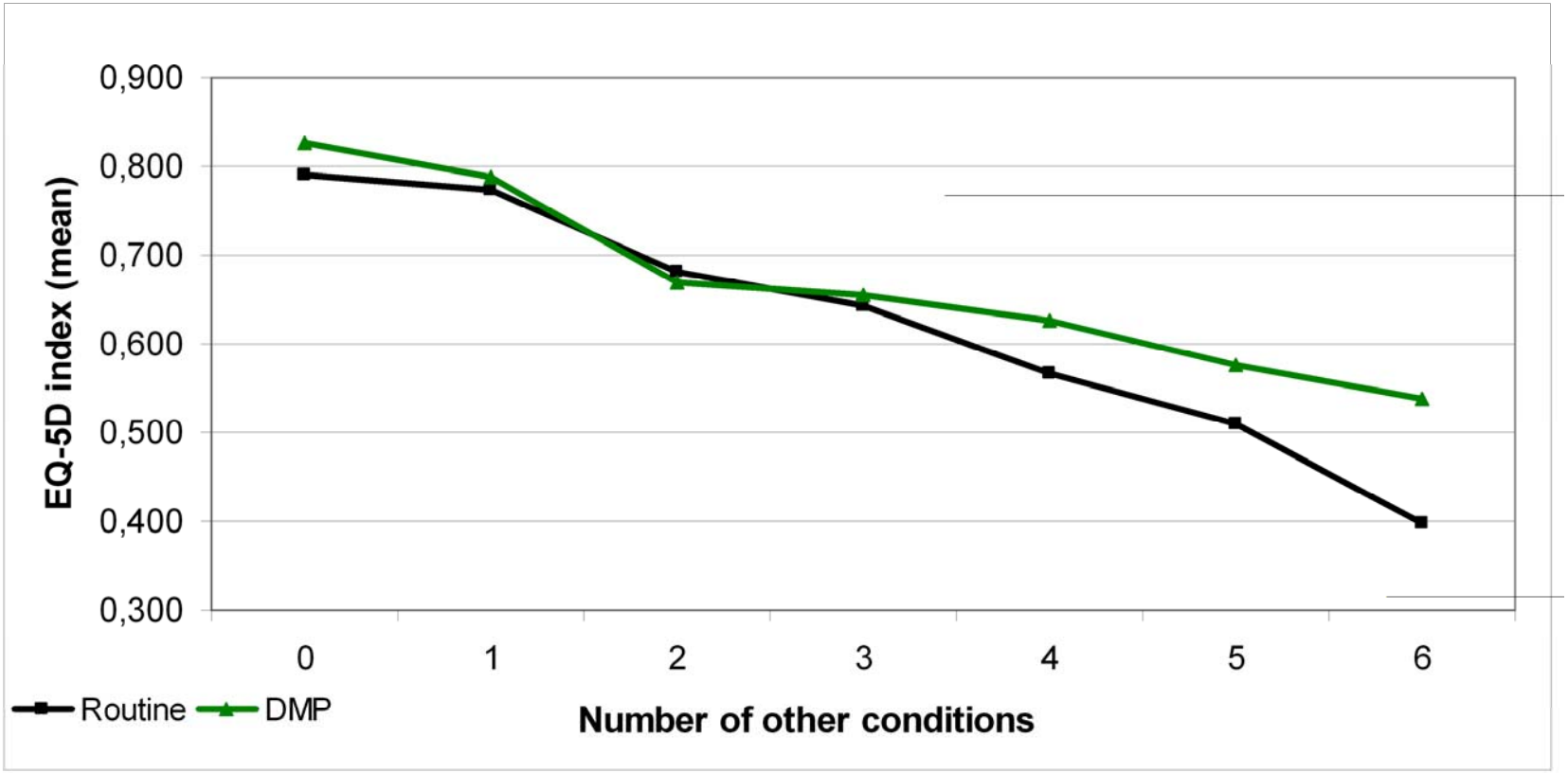


n=1.302

p<0,001

- In all Items of the PACIC and in the sum score there a more coordinated care according to the Chronic Care Model was shown for diabetic patients in the DMP vs. routine care
- Motivational counselling according to the 5A concept was better in the DMP vs. routine care
- „DMPs are recognized by patients as care that is more structured and that reflects the core elements of the Chronic Care Model and evidence-based counselling to a larger extend than usual care.“
- *Szecsenyi J et al. Diabetes Care 2008*

DMP as a „safeguard“ for patients with co-morbidity ?



Ose D, Wensing M, Szecsenyi J, Joos S, Hermann K, Miksch A , Diabetes Care. 2009

Is there a Survival benefit ?

- Matched pairs comparison of patients with diabetes mellitus type II (DMP vs. routine care)

→N=1.927 matched-pairs

Matching criteria

Age: mean=70,7 years
Sex: 60,3% woman
Insurance status: penioneer (yes/no)
Morbidity (Pharmacy Cost Groups, Diagnostik Cost groups)

- A matched-pairs comparison of more than 1.000 patients showed a significant (and relevant) survival benefits for older patients with diabetes mellitus in the DMP vs. non-DMP

- Results submitted and therefore not displayed here

Do DMPs save money?

- Evaluations of some sick funds show moderate cost reduction DMP vs. Non-DMP, especially for diabetes patients with higher morbidity
- ELSID study shows overall cost reduction for DMP diabetes mellitus type II vs. routine care due to lower costs for hospitalisation (but there are higher costs for prescribing)

The next steps we are taking..

- Telefone-monitoring in general practice

- Trained practice assistants/nurses
- Monitoring lists
- Better use of family and community resources
- Aims:
  - Improving primary care practices
  - Involving patients and families
  - Continuous monitoring and prevention of decompensation

Foto : BMBF/PT DLR Gesundheitsforschung
(Arzthelferin mit ArtMol Monitoring-Liste)

Early detection of decompensation

2.	**Haben Sie jetzt im Moment Luftnot?**	
Ja	Wie lange haben Sie diese Luftnot schon?	
	Seit Stunden	
	Seit Tagen	24h
	Seit dem letzten Kontakt oder länger	
Nein		
3.	**Wie oft haben Sie in den letzten zwei Wochen wegen Ihrer Luftnot in einem Stuhl oder mit mehreren Kissen im Bett geschlafen?**	
	Jede Nacht	24h
	Ein- bis dreimal pro Woche	
	Gar nicht / niemals	

Very promising results from cluster randomized controlled trials

Positive effects on patient related outcomes and quality of care

DEPRESSION

PromPT trial

(Gensichen et al, Ann Int Med 2009)

ARTHRITIS

PraxArt trial

(Rosemann et al. Arthr Rheum2007)

CHRONIC HEART FAILURE

HicMan trial

(Peters-Klimm et al. (in review)

MUTIMORBIDITY

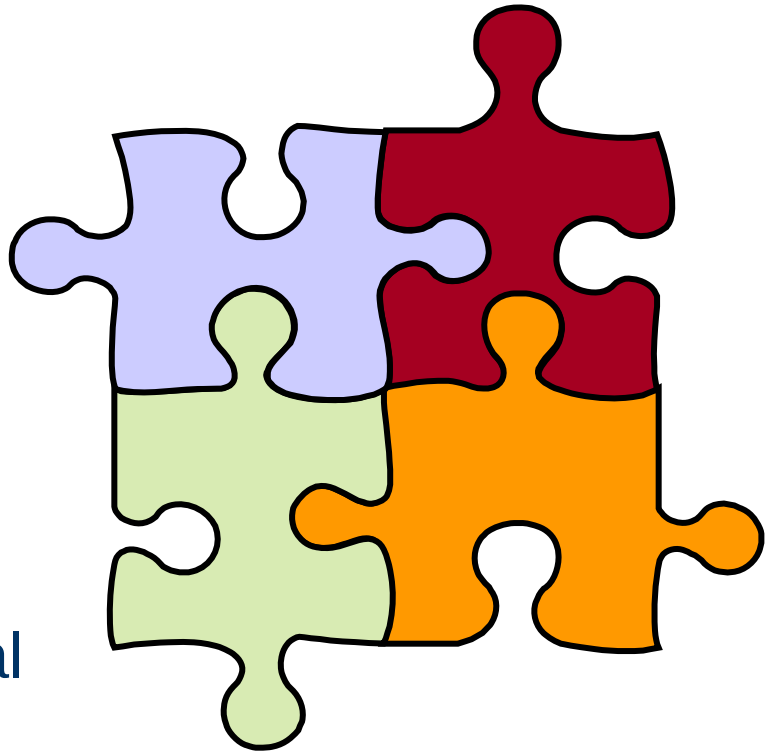
PracMan trial

started Sept. 2009

Foto : BMBF/PT DLR Gesundheitsforschung
(Arzthelferin mit ArtMol Monitoring-Liste)

Summary

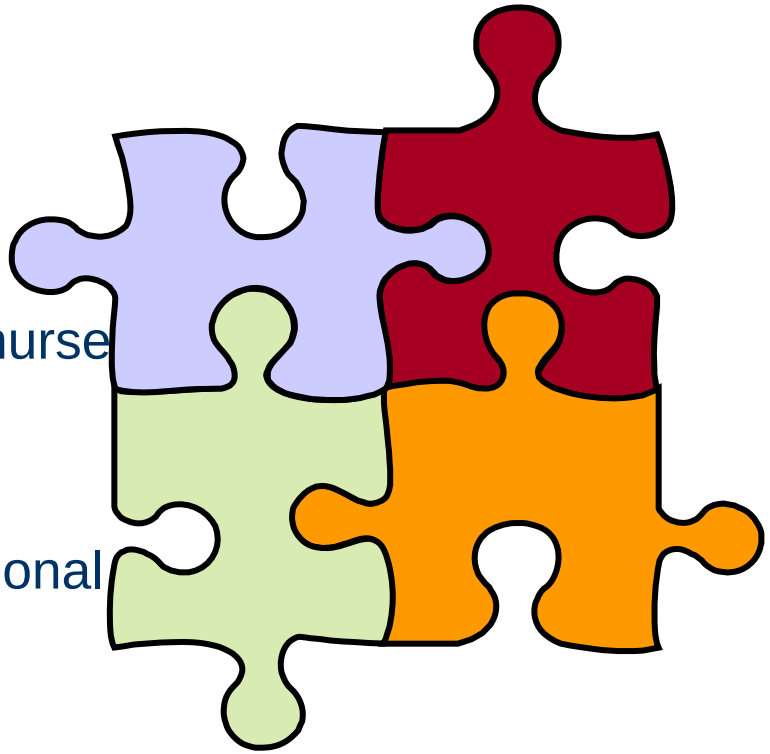
- Advantages of disease management in primary care/general practice:



- Care is more oriented according to the Chronic Care Model
- Practices are more pro-active
- Patients are more activated
- Care is more coordinated
- Positive effects on QoL and survival
- Smaller effects on prescribing, hospitalisation and costs

Summary

- General practice is the right place for managing DMPs,
  - Addresses target population
  - Equity, no „cherry picking“
  - Trusted by patients
  - Enhanced role for practice assistants/nurse
  - Cooperation with specialists
  - Partnering with sick funds and professional organisations



- Long term investment in primary care necessary