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Conference Abstract

Evaluation of the population based integrated Care System "Gesundes Kinzigtal": Results from the health care utilisation study over six years of observation.

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Abstract

Background: The ´Gesundes Kinzigtal Integrated Care' (GKIC) is a complex population based intervention implemented in the Kinzigtal region in Baden-Wuerttemberg (federal state of Germany in the south west). Central aims of GKIC are to increase the quality of care and to improve the health status of the population. It started in 11/2005. Different to most of the other IC-programs, GKIC is responsible for all insurants of the two cooperating health insurers (AOK and LKK Baden-Wuerttemberg) in the region. The contract between GKIC and the health insurers implied an extensive evaluation with different topics and methods applied (1). One of those evaluation projects aimed at analysing health care utilisation with respect to quality of care. The leading research questions was whether GKIC succeeds in improving the quality of care compared to usual care by reducing inappropriate services and enhancing therapy according to guidelines.

Method: The evaluation is a quasi-experimental controlled study based on pseudonymised claims data of insurants of the both sickness funds (data reported for AOK; in 2011: 21,411 AOK insurants, of those: 5,268 members of the IC). For comparison, data of a control group (500,000 insurants) of the same sickness fund from the federal state Baden-Wuerttemberg was provided for adults (20 years and older). Indicators have been derived both from literature and evidence based guidelines. Recommendations for specialist visits, diagnostic procedures and medication recommendations were taken as process-related indicators. Hospital stay of patients with CHD, heart failure or diabetes (as ambulatory care sensitive conditions (2)), long term sick leave due to back pain and the fracture rate in osteoporosis patients have been chosen as outcome indicators. For descriptive analysis, controls were adjusted to the Kinzigtal population according to sex and age. For analytical purpose, further variables for adjustment (Charlson Index (3), multimorbidity) were applied.

Results: Of 36 indicators assessed in the last interim report (2004-2011), 12 (30.5%) indicate a significant improvement compared to usual care. For four indicators, usual care showed better results. Further 20 indicators (28%) gave approximately equivalent results. For 10 of those, the development in GKIC clearly evolved into the intended direction over the last six years.

Discussion: When interpreting the results, one has to keep in mind that the evaluation comprises the whole Kinzigtal-population of the sickness fund and not only those enrolled in the IC program. As many interventions started recently, their effects are not to expect at this time of the study.

Conclusion: Based on the evaluation of six years from start of the program, there are strong hints that the GKIC managed to keep the quality of care and to improve some aspects of care compared to usual care as demonstrated by a broad range of indicators.

Lessons learned: Claims data - as one approach in IC evaluation - can be used to assess relevant aspects of care quality. In population based IC programs, the effects in those enrolled have to be quite strong in order to achieve significant differences of the whole population compared to usual care.

Limitations: Not all indicators intended to monitoir could be derived mostly due to a too small number of cases. Besides, due to lump sums, some process indicators of interest could not be assessed.

Suggestion: Behavioural changes need time to develop and to settle. Therefore long evaluation periods are necessary to assess effects and sustainability, even when researches have to cope with changes in the data provision and in the comparison group. Even though the data was available over six years, the timeframe is still too short for the IC in order to exploit all the potential of its concept.

Keywords

population based integrated care; evaluation; claims data; quality indicators

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