

INNOVATIONS IN SERVICE DELIVERY

PRIMARY CARE CENTERED INTEGRATED
HEALTH CARE MODELS



WORLD BANK GROUP

**Opportunities and challenges
for the Estonian health system
to address chronic diseases**

Tallinn, March 2015

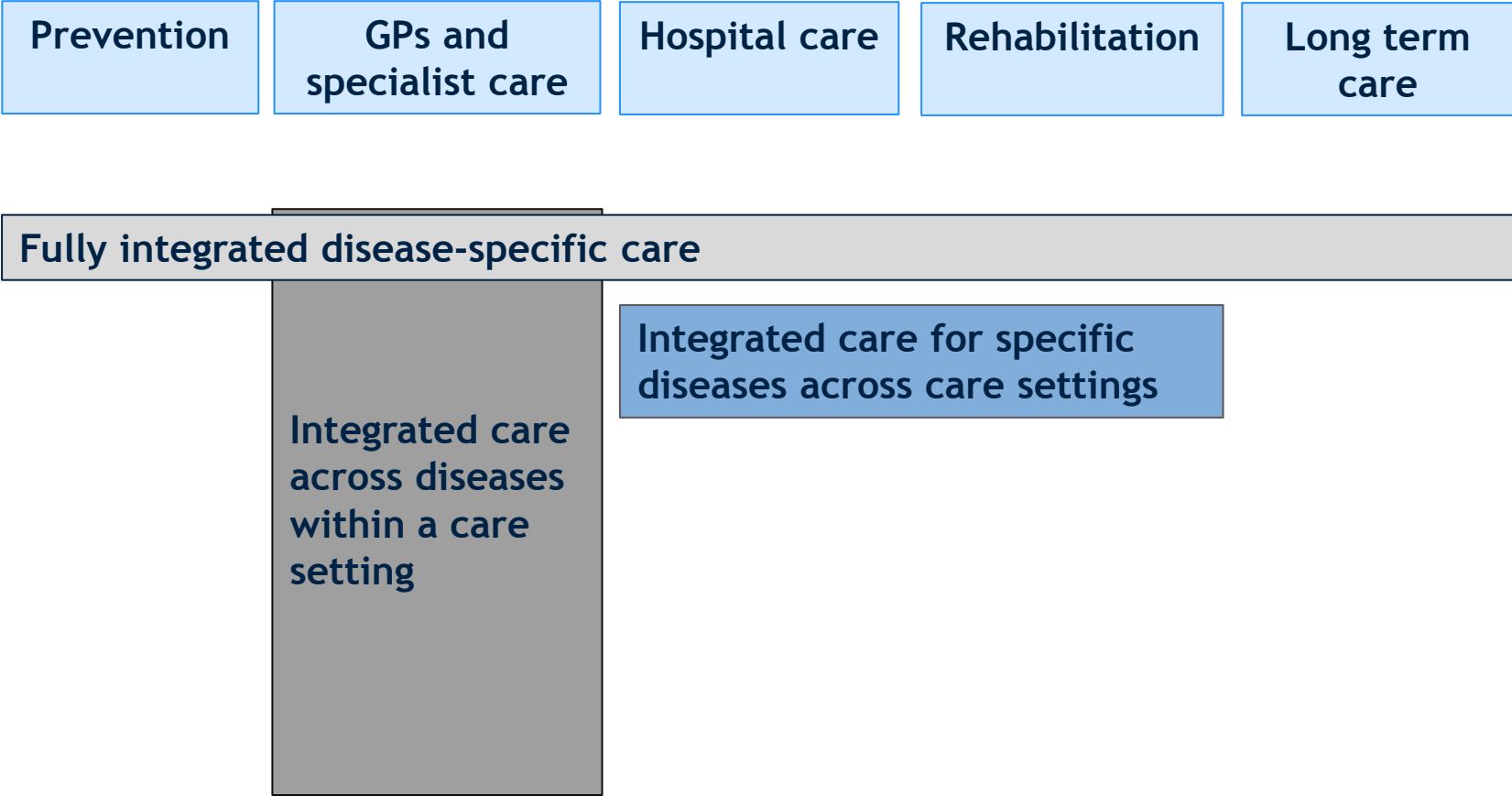
INTEGRATION OF CARE AROUND THE WORLD



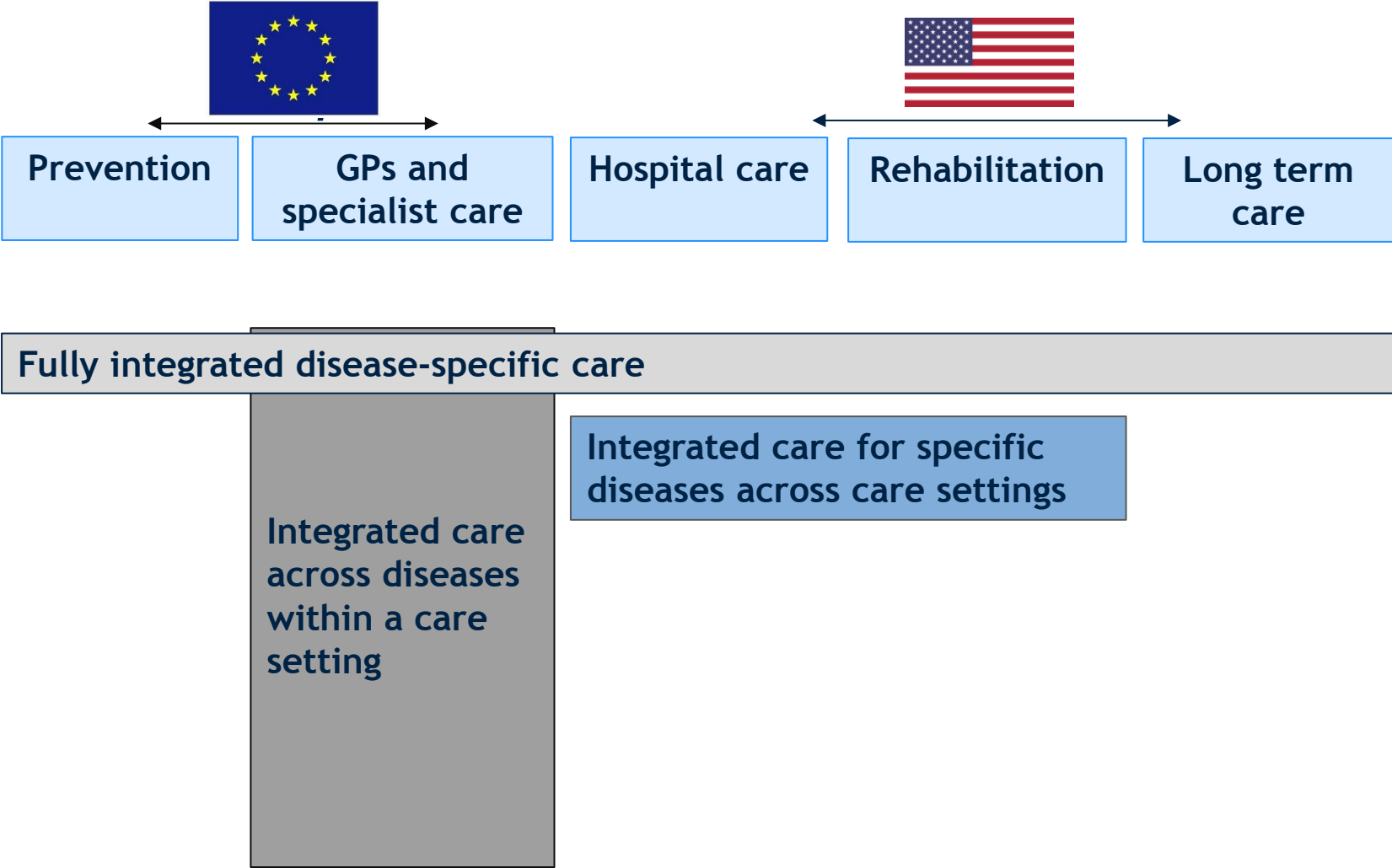
INTEGRATION ACROSS THE CARE CONTINUUM



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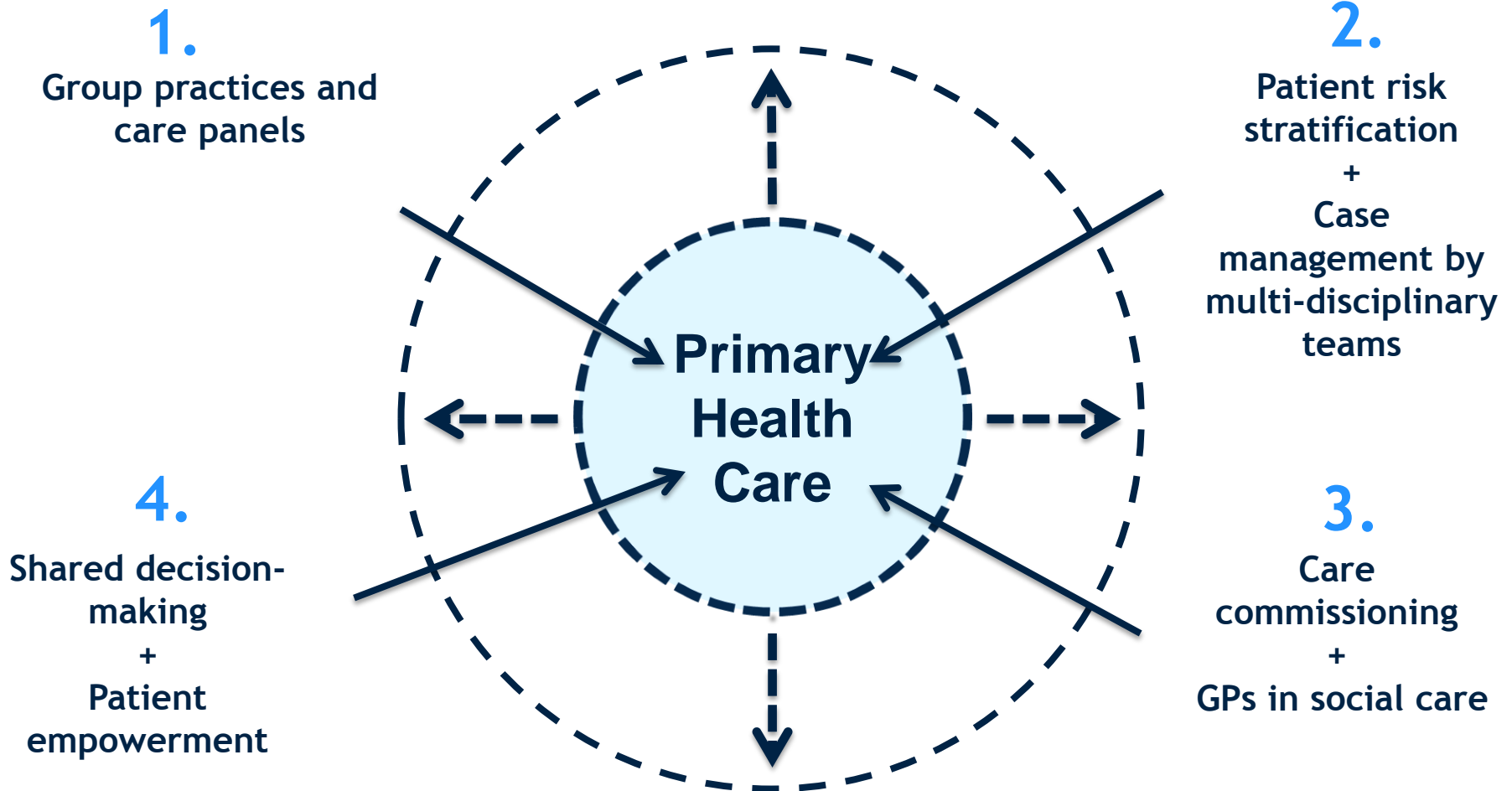
INTEGRATION ACROSS THE CARE CONTINUUM



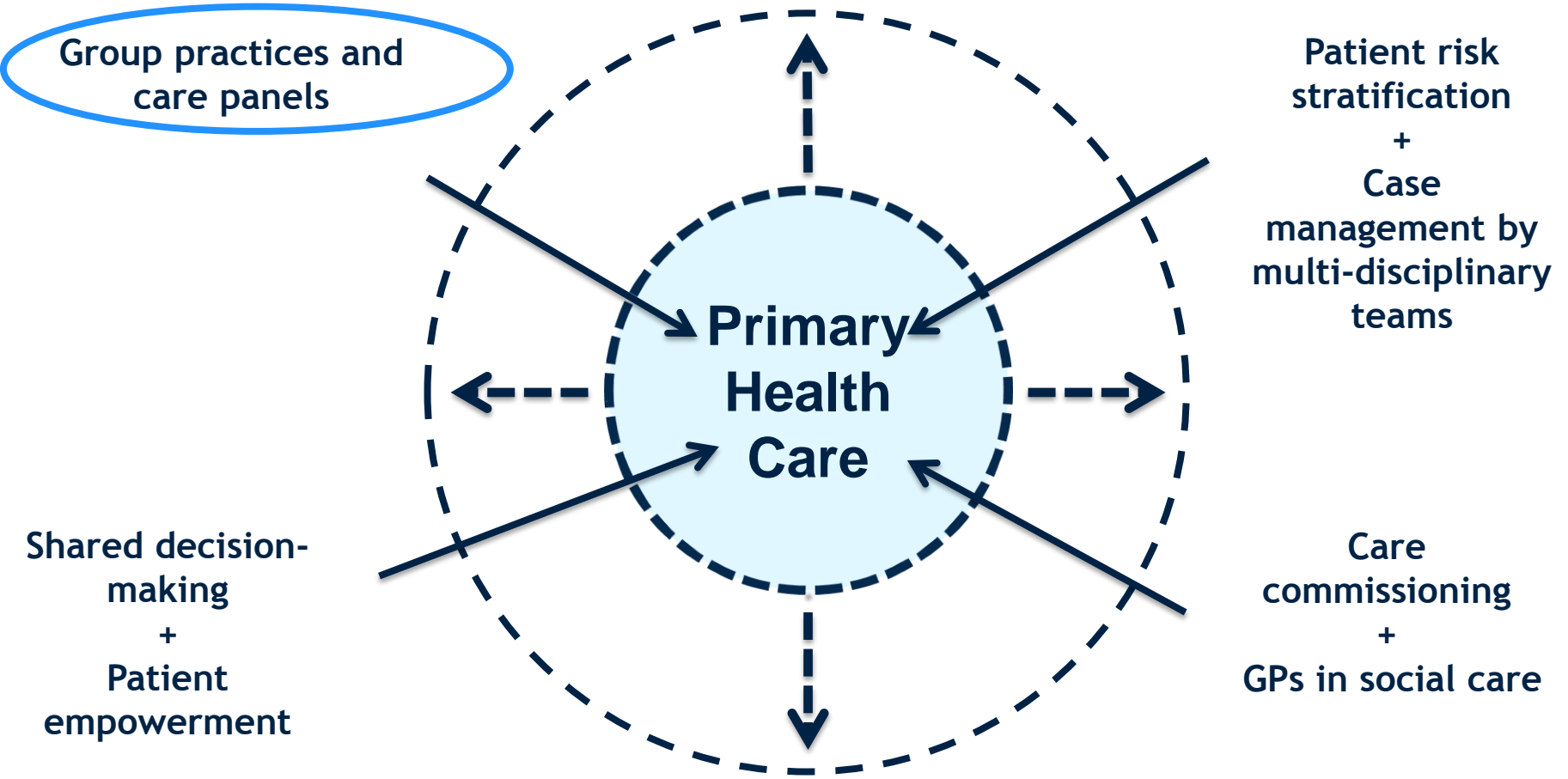
THE IMPORTANCE OF PRIMARY CARE

- Primary care is the first point of contact and entry to health care system.
- By its very nature, primary care is holistic, concerned with all the health circumstances and needs of the patient.
- There are three elements to primary care centered integrated care (for which there is also increasing evidence): i) improved outcomes, ii) improved efficiency, and iii) improved patient involvement and levels of satisfaction.

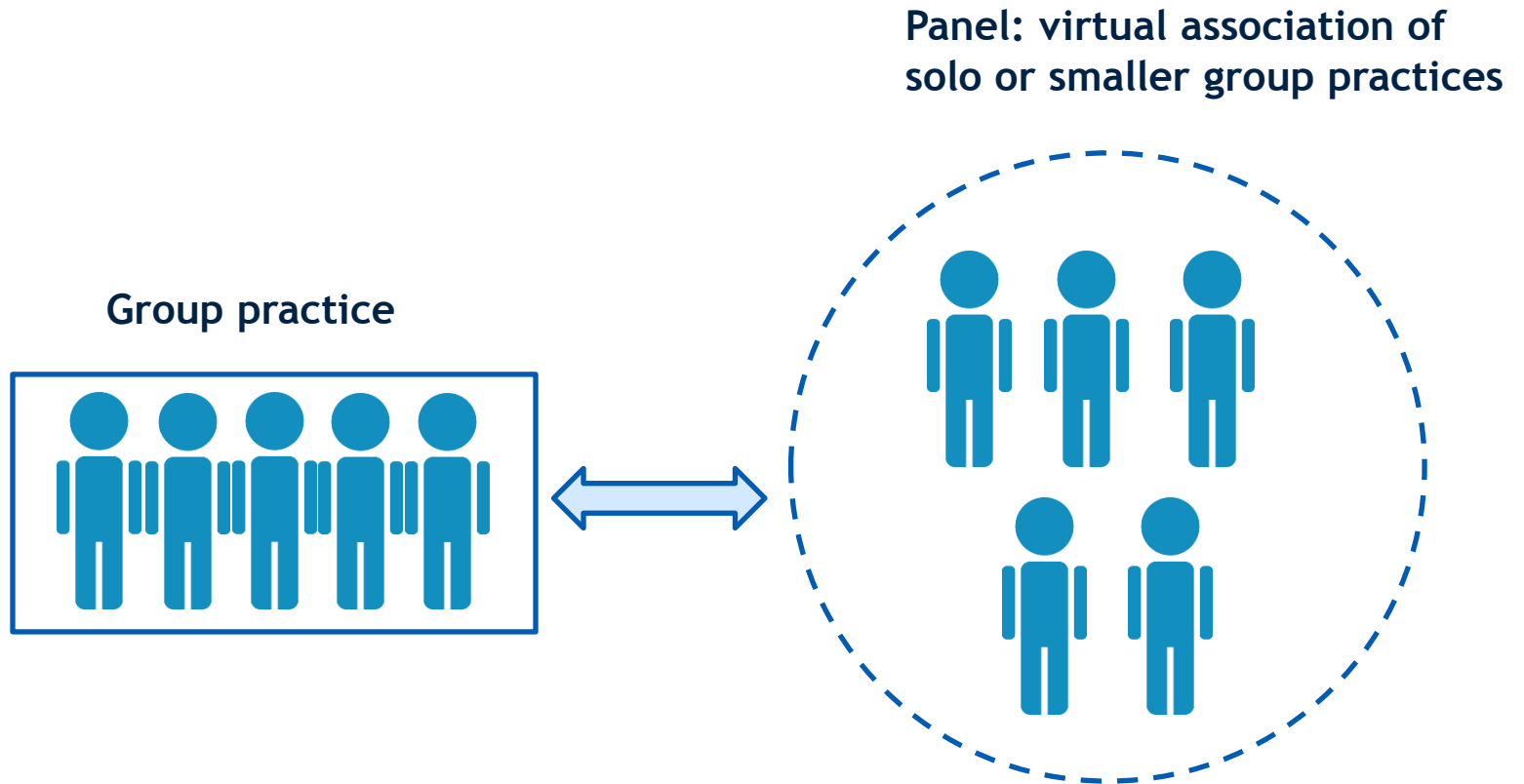
TRENDS IN INTEGRATING HEALTH CARE



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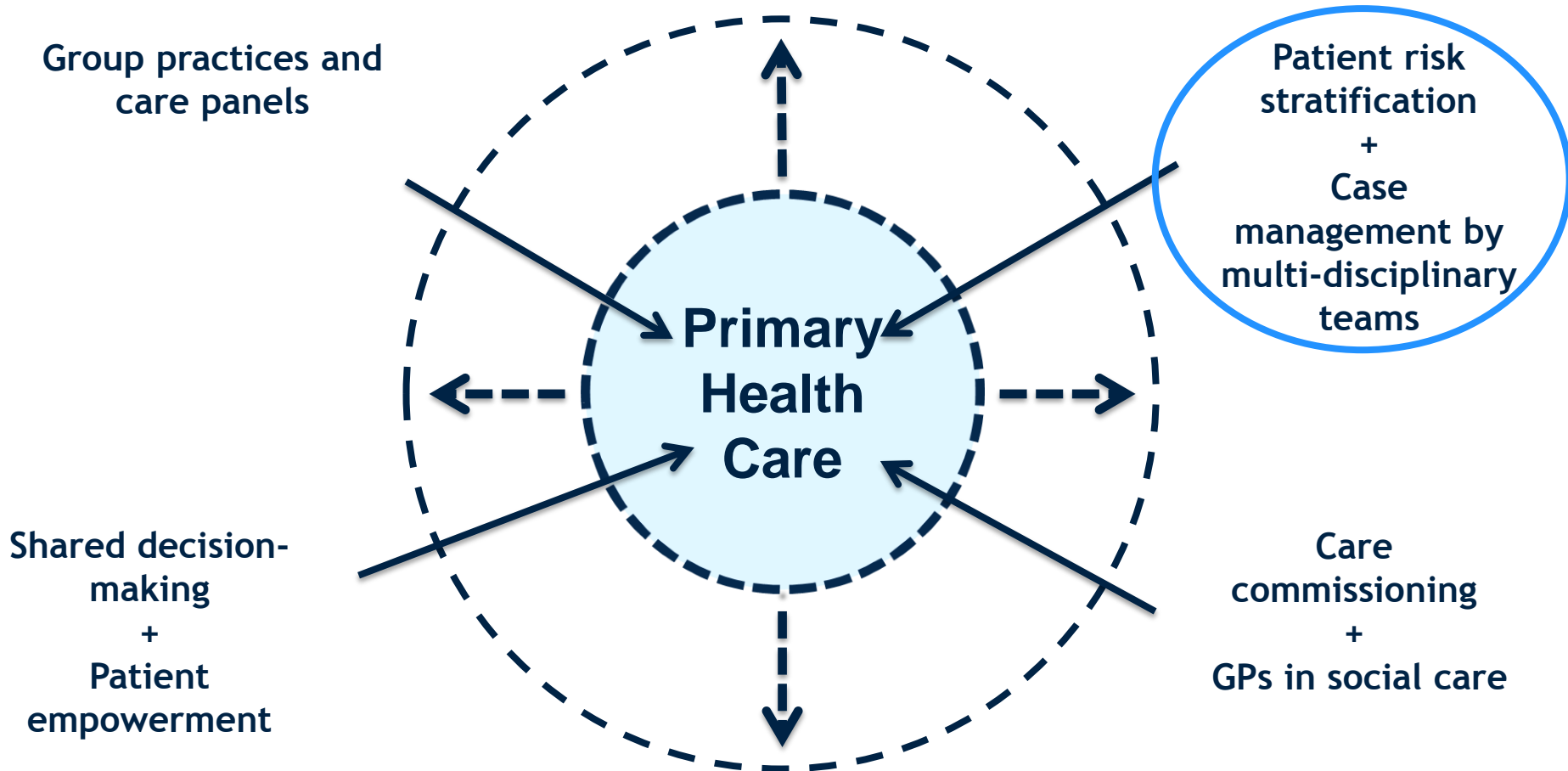
PRIMARY CARE PANELS



PRIMARY CARE PANELS

- Creating panels allows for large enough cohorts of patients to pool experiences necessary to see patterns and trends in cost and quality.
- Greater prospect for peer consultation regarding treatment alternatives and specialist choices for particular conditions, diagnoses or treatments.
- Allows for peer learning and review to help achieve cost and quality targets associated with a financial incentive.
- Allows for extended office access and continuity of care (e.g. after-hours care: Physicians within a panel look after each other's patients on out-of-hours schedules).

TRENDS IN INTEGRATING HEALTH CARE



PATIENT RISK STRATIFICATION

Advanced/critical illness
Band 1

Multiple chronic illnesses
Band 2

At risk
Band 3

Stable
Band 4

Healthy
Band 5

% of Pop. | % of Costs
3.0% | 33.0%

8.0% | 27.0%

13.0% | 18.0%

27.0% | 16.0%

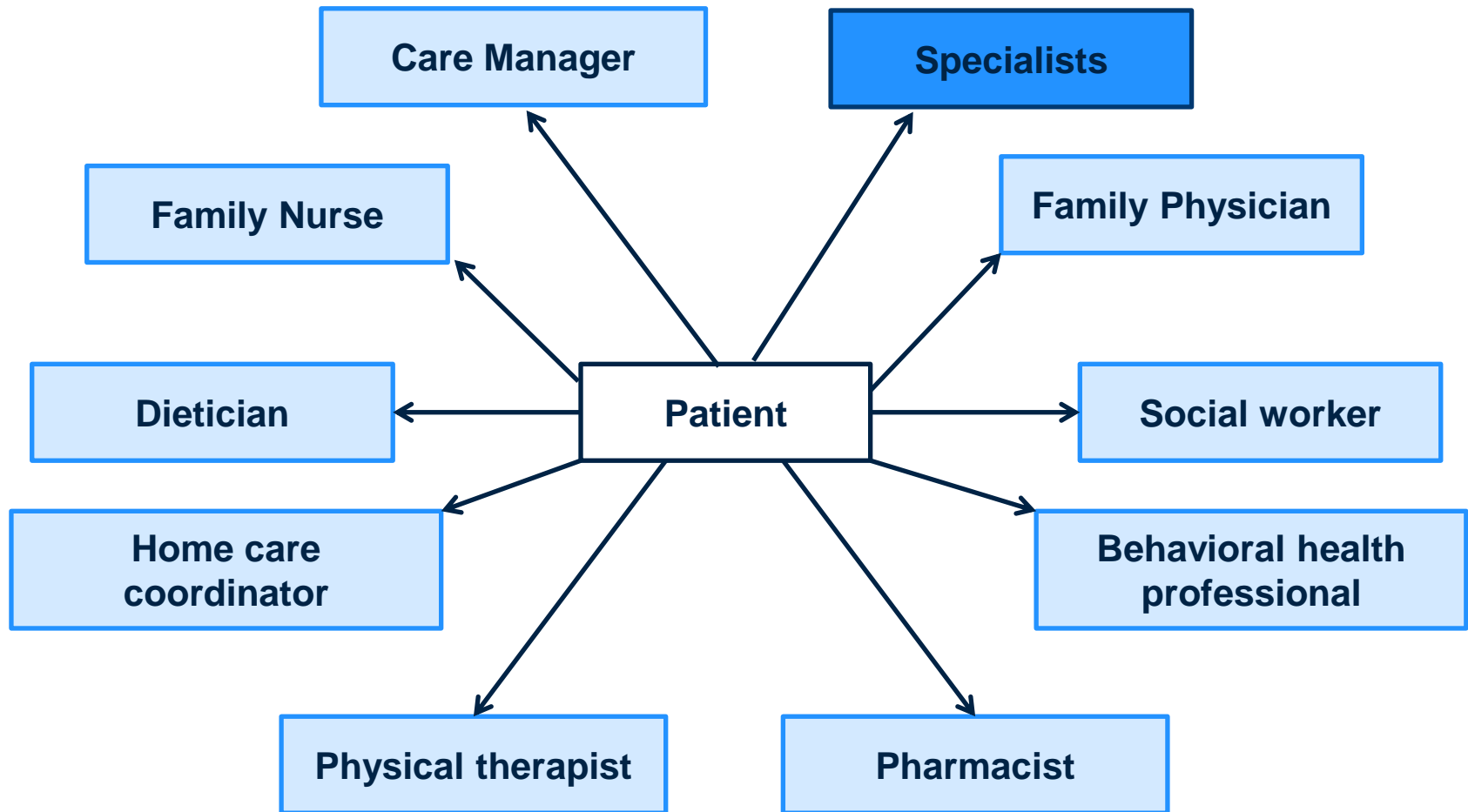
49.0% | 6.0%

Source: CareFirst USA - Illness Burden Pyramide 2012

PATIENT RISK STRATIFICATION

- Predict patterns and degrees of illness among practice patients.
- Determines the level of care where case management takes place
≠ Idea of gatekeeping role.

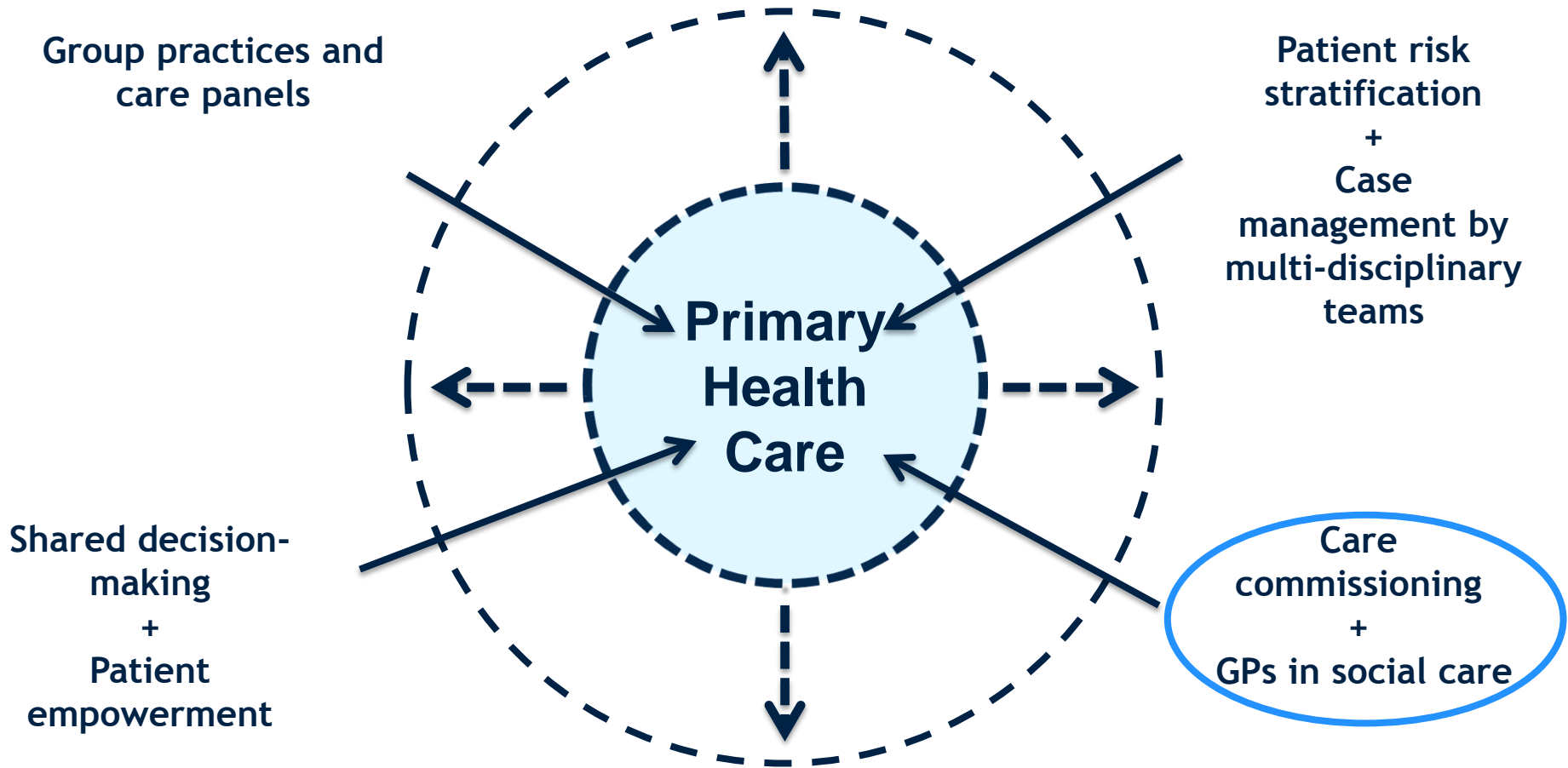
MULTIDISCIPLINARY CARE TEAMS



CASE MANAGEMENT BY MULTIDISCIPLINARY TEAMS

- Understanding whole set of facts and circumstances surrounding members which may involve additional tests and specialist consultations.
- Coordinating the full continuum of preventive, primary acute rehabilitative and long term care (i.e., nutrition, medication management, discharge planning and follow-up).

TRENDS IN INTEGRATING HEALTH CARE



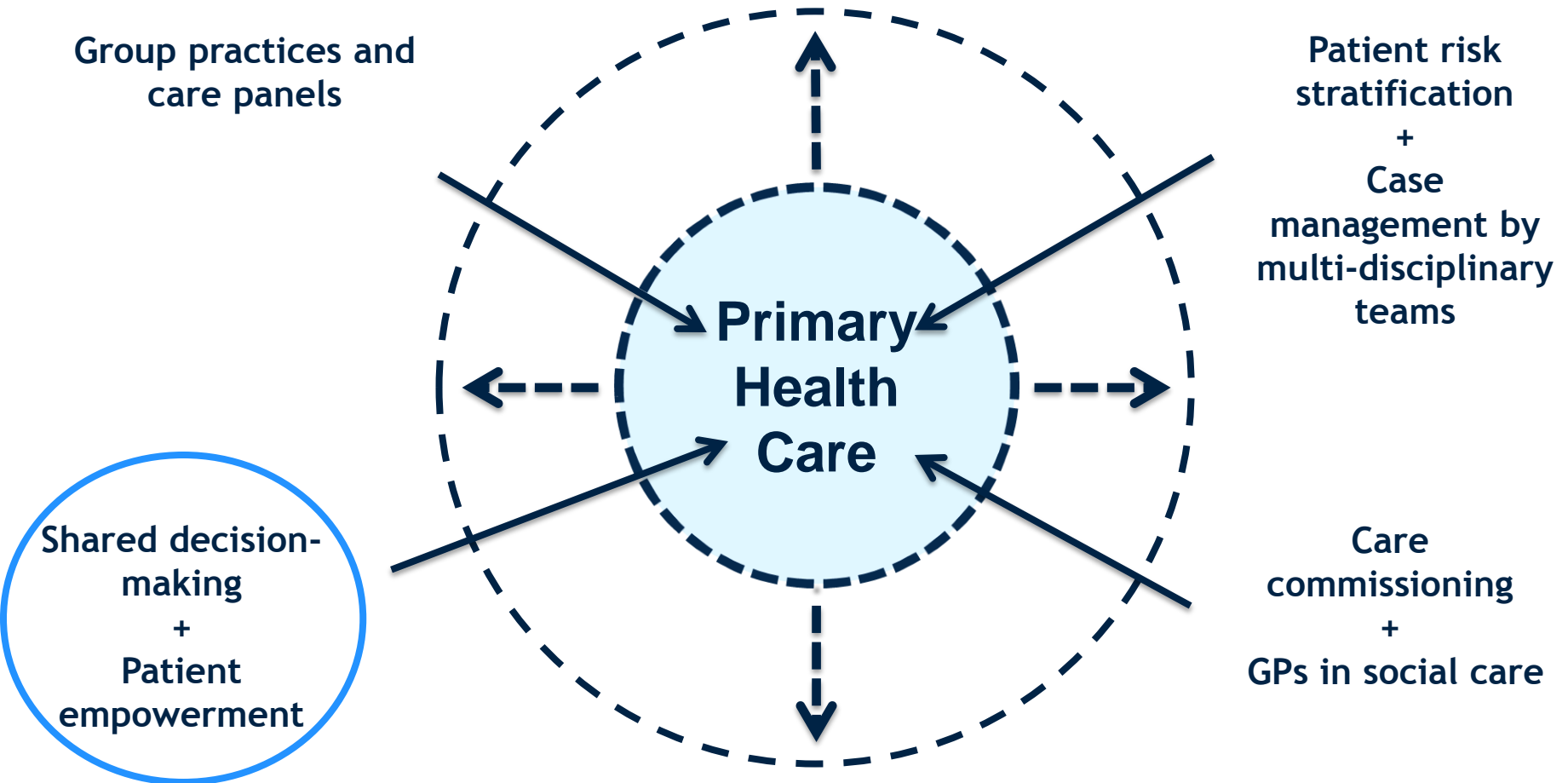
CARE COMMISSIONING AND LINKS TO SOCIAL CARE

- Commissioning of care: The agent (e.g., GP) purchases care services on behalf of the patient.
- Commissioning is already happening in Estonia.
- The package that is commissioned can vary extremely (e.g., GP trust funds in the UK).
- In some models, even social care is purchased by the GP.

CARE COMMISSIONING AND LINKS TO SOCIAL CARE

- Alternatively, GPs actually provide the social care themselves.
- **Example:** After hours primary care in nursing homes
- Otherwise, patients would require emergency care (no knowledge of patient history).

TRENDS IN INTEGRATING HEALTH CARE



SHARED DECISION-MAKING AND SELF-MANAGEMENT SUPPORT

- Training programs for family physicians on shared decision-making
- Supporting patients' active participation in health care treatment decisions
- Ensuring that patients' perspectives are carefully considered
- Further enabling patients to become 'co-producers' of their own health by adhering to treatment plans agreed upon with physicians

PHASING A COMPREHENSIVE REFORM ENDEAVOR...

2006	2007	2008	2009	2010	2011	2012
						Coaching high cost patients
						Health promotion programmes for the unemployed
						Reduction of antibiotic medication for different indications
						Music therapy for patients with chronic pain problems
						Health promotion for small and medium sized businesses and their employees
						Physical exercises and treatment for patients with back pain ("Mein gesunder Rücken")
						Early detection and treatment of rheumatic disorders ("Beweglich bleiben – Rheuma frühzeitig behandeln")
						Hypertension and prevention of renal diseases ("Im Gleichgewicht – meinen Blutdruck im Griff")
						Improving medication adherence of elderly patients by distributing unit dose blisters
						Start of planning a health and fitness training center ("Gesundheitswelt Kinzigtal")
						Better management of major depression ("Besser gestimmt")
						Start of central electronic patient record
						Medical care for the elderly in nursing homes ("ÄrztePlusPflege")
						"Healthy Kinzigtal gets moving" ("Gesundes Kinzigtal bewegt")
						"Patient university" classes
						Prevention of osteoporosis /osteoporotic fractures ("Starke Muskeln, feste Knochen")
						Social case management ("Sozialer Dienst")
						DMP asthma
						DMP COPD
						Lifestyle intervention for patients with metabolic syndrome ("Gesundes Gewicht")
						Quit Smoking Programme ("Smoke-free Kinzigtal")
						Active health promotion for the elderly ("AGil")
						Intervention by psychotherapists/psychiatrists in case of acute personal crises ("Psycho-therapie akut")
						DMP coronary heart disease
						Start of electronic integration
						Chronic heart failure ("Starkes Herz")
						DMP diabetes mellitus type II
						DMP breast cancer
						Shared Decision training

‘Gesundes Kinzigtal’ an integrated care model in Germany. Source: Hildebrandt et al. (2013)