Public Health Research - Perspective of a Statutory Health Insurance Company in Germany

Roundtable Discussion: "Public Health Research in Germany: Criteria and Structures"
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Dr Frank Verheyen
Scientific Institute of the TK for Benefit and Efficiency in Health Care
Director

WINEG
WISSENSCHAFTLICHES INSTITUT
DER TK FÜR NUTZEN UND EFFIZIENZ
IM GESUNDHEITSWesen
<table>
<thead>
<tr>
<th><strong>Basic Data</strong></th>
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<tr>
<td><strong>Techniker Krankenkasse (TK)</strong></td>
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<td><strong>TK headquarters in Hamburg</strong></td>
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<td><strong>Founded</strong></td>
<td>3 Aug 1884 in Leipzig, Germany</td>
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<td><strong>Legal status</strong></td>
<td>Non-profit organization under public law</td>
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<td><strong>Insured</strong></td>
<td>More than 8.7 million (6.3 million paying members plus 2.4 million co-insured dependants)</td>
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<td><strong>Area of Operation</strong></td>
<td>Nationwide</td>
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<td><strong>Contact to Customer</strong></td>
<td>92 million customers per year personally contacted</td>
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<td><strong>Employees</strong></td>
<td>12,857 (of which 676 are apprentices)</td>
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<td><strong>Local Service Points</strong></td>
<td>247</td>
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<td><strong>Budget</strong></td>
<td>Approx. 25.8 bn Euro (2014)</td>
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Beveridge and Bismarck

**Beveridge-type System**
- State health care system
- Funding basis: tax-financed government budgets
- Universal coverage for every citizen
- **Integration** of payers and providers

**Bismarck-type System**
- System of statutory health insurance
- Funding basis: income-based contributions
- Origins: Mandatory statutory health insurance for workers
- **Separation** between payers and providers

William H. Beveridge 1879-1963

Otto von Bismarck 1815-1898
Statutory Health Insurance in Germany

Those with health insurance in Germany (in millions)

- 69.8 with statutory health insurance
- 17.8 of that non-contributing insured family members
- 9.0 with private health insurance

About 90% of the German population is insured in the SHI.

Source: http://www.gkv-spitzenverband.de
**Basic contracts** - for non-competitive framework:

- **DKG**
  German Hospital Association

- **KBV**
  National Association of Statutory Health Insurance Physicians

- **GKV-Spitzenverband**
  Head Organisation of the Sickness Funds (SHI)

**Regional contracts** - for the regional needs and payments:

- **LKG**
  Hospital Association in State

- **KV**
  Association of Statutory Health Insurance Physicians in State

- **Landesverbände der Krankenkassen**
  Negotiating Organisations of the Sickness Funds (SHI) in State
SHI Contracting in German Health Care

Free choice of insurer

Free choice of provider

Collective and Selective provider contracts

Insurers

Regulatory framework

Insurants

Care providers
Collective vs. selective contracts with healthcare providers

- **Collective contracts** between the National Association of Statutory Health Insurance Physicians (KBV) or the regional Associations of Statutory Health Insurance Physicians (KV) and the SHI companies or respectively the particular associations
  † binding contracts for physicians and SHI companies

- **Selective contracts** between SHI companies and a particular care provider, an association of care providers or professional organizations with individual conditions

- Therefore, contracting parties are flexible in responding to needs of special forms of health care or the care of certain diseases

- The scope for selective contracts rised within the last years considerably

- Legal basis:
  - family doctor-based care according to § 73b SGBV
  - special ambulant care according to § 73c SGB V
  - integrated health care according to § 140a-d SGB V
  - selectable tariffs according to § 53 SGB V

† Both collective and selective contracts target the needs of the insured

Source: www.kbv.de
WHO Definition:
"Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease."

The three main public health functions are:
• The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.
• The formulation of public policies designed to solve identified local and national health problems and priorities.
• To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.

Source: http://www.who.int/en/
Legal Framework

Scope for prevention work in German SHI

- The legislator provides the framework for the regulations in statutory health insurance
- Social Code (Sozialgesetzbuch, SGB), divided into 12 sections
- Social code, book V (SGB V) covers social health insurance
- § 20 SGB V Prevention and Self-help: "SHI-benefits concerning primary prevention have to improve the general health status, and reduce social inequality of Health chances, especially"
  - § 20a Workplace healthcare
  - § 20b Prevention of work-related health risks (SHI has to work with the statutory accident insurance)
  - § 20c Promotion of self-help
  - § 20d Primary prevention through vaccination
- The National Association of Statutory Health Insurance Funds (GKV Spitzenverband) represents all SHI and long-term care funds in Germany
- The GKV Spitzenverband regularly publishes the "GKV-Leitfaden Prävention" containing fields and qualitative criteria for prevention activities compulsory for all SHI companies based upon the §§ 20 and 20a SGB V

Regarding Public Health activities, SHI companies are under federal supervision and have to act in a tight framework of legal regulations
Services covered by the SHI
Expenditures (2012)

1. Hospitals
   - 61.7 bn € (35.6%)
   - 884.6 € per insurant

2. Drugs
   - 29.2 bn € (16.9%)
   - 418.9 € per insurant

3. Physicians
   - 28.3 bn € (16.3%)
   - 405.3 € per insurant

- Dentists (without dentures)
  - 8.7 bn € (5.0%)
  - 124.5 € per insurant

- Dentures
  - 5.1 bn € (3.1%)
  - 44.2 € per insurant

- Sick pay
  - 2.2 bn € (5.3%)
  - 131.6 € per insurant

- Remedies
  - 5.0 bn € (2.9%)
  - 71.6 € per insurant

- Transportation
  - 4.0 bn € (2.3%)
  - 57.5 € per insurant

- Home care
  - 3.9 bn € (2.2%)
  - 55.7 € per insurant

- Prevention/Rehabilitation
  - 2.4 bn € (1.4%)
  - 34.7 € per insurant

- Social services, prevention and self-help
  - 1.7 bn € (1.0%)
  - 24.3 € per insurant

- Pregnancy/Maternity
  - 1.1 bn € (0.6%)
  - 15.5 € per insurant

- Others
  - 6.6 bn € (3.8%)

Source: KJ 1 Statistik Bundesministerium für Gesundheit

184.3 bn €
Primary prevention benefits of the SHI:

- **Setting approach:** settings are the living environments, e.g. kindergartens, schools, quarters, retirement homes

- **Individual approach:** course offers, that target individual health behavior of insurants; SHI companies advise their insurants as required

- **Workplace health promotion:** a specific setting, which is the place of work of people; here are both prevention strategies important (Behavioral Prevention and Environmental Change)
Workplace Health Promotion

• Systematic measures in private and public companies to reduce health-related stresses and to increase health-related resources.
• Through interacting approaches like changes in ergonomics, organisational conditions, social climate and individual behavior, workplace health promotion measures gain to have positive primary preventive and health promoting outcomes (setting approach).
• Problem definition and selection of health promoting activities are tackled participatory.
• Employee surveys, employees meetings, and especially health panels ("Gesundheitszirkel") are important measures to identify health issues.
• Workplace health promotion activities can be initiated through internal or external persons who bring together a team including at least one member of the management, the representation of the employees and the occupational safety.
Public Health from the view of the SHI

• Public Health focuses on the whole population and broadens the perspective of clinical medicine, which focuses primarily on individuals and diseases

• Public Health Research concentrates on the promotion and maintenance of health, usually with non-medical resources, especially social determinants of health risks and diseases in populations

• In contrast to Public Health Research, Health Services Research focuses on sick people and people at risk; furthermore, Health Services Research focuses on diseases and explicit health threats and its prevention, diagnosis, prognosis, therapy and rehabilitation and/or palliative care through utilization of medical resources and professions

• From methodological perspective, Public Health Research focuses mainly on non-interventional study designs (like in Epidemiology)

Health Services Research

• Health Services Research is the scientific research of individuals and populations who are supplied with health-related products and services under everyday conditions.

• The aim of Health Services Research is to gain curative and preventive care and health promotion as a "learning system" to optimize processes and minimize risks.

• Health Services Research findings are supposed to support and advise health care stakeholders, especially politicians, with valid scientific findings (objectivity and transparency).

• Therefore, Health Services researchers develop processes and standards for appropriate communication of findings.

• The aim is to successfully implement relevant findings into practice.

Public Health Research is partly associated with Health Services Research.

Source: Bundesärztekammer; Arbeitskreis "Versorgungsforschung" beim Wissenschaftlichen Beirat (2004): Definition und Abgrenzung der Versorgungsforschung
Study Outcomes - what's the real effect?

Clinical Research
- **Efficacy**: the extent to which an intervention does more good than harm under ideal circumstances ("Can it work?")

Health Services Research
- **Effectiveness**: assesses whether an intervention does more good than harm when provided under usual circumstances of healthcare practice ("Does it work in practice?")
- **Efficiency**: measures the effect of an intervention in relation to the resources it consumes ("Is it worth it?")

SHI funds aim to ensure optimal, evidence-based and efficient health care

Prerequisites:
- Scientific basis
- Patient oriented
- Tailored to the respective population
- Outcome oriented
- Tied to the provision of health care

Aspects of Health Services Research:
- Evaluation of health care (models)
- Increasing health care quality transparency
- Propelling health related topics
- Informing the debate on strategic and operational decisions
- Reflecting health policy decisions

Currently: Overuse and misuse in health care
TK Integrated Care Contracts

• Legal Basis: §§ 140 ff Social Code Book V

• 2004 to 2011: 420,000 TK insured

• 2012: 120,000 TK insured (120 million €)

• More than 250 single integrated care contracts
  - Orthopedics
  - Cardiology/cardiologic surgery
  - Mental Health
  - Oncology
  - Pain therapy
  - Ambulatory surgery
  - Promotion of innovation
Evaluation of Integrated Care Contracts

Evaluation of costs and benefits

- Comparison of health care and administration costs
- Between IC contracts and equivalent collective contracts
- Lower costs due to improvements
- Payoffs should be visible within 3 years
- Comparative analysis: contract objectives/TK's strategic aims

According to the cost benefit evaluations, 85 % of the IC contracts have led to positive results
Example of research activities of TK: Network Mental Health

- Integrated health care according to § 140a SGB V
- Inception of treaty: 09/01/2009
- 13 contracts nationwide
- Goal: avoidance of hospitalizations, strengthening of hometreatment approaches
- Selection criteria of insurants:
  - Predictive models
  - Determine the hospitalization probability
- Compensation: capitation model, payment reduction if inpatient treatment is utilized
- Evaluation through the AQUA-Institute together with WINEG/ TK
Example of research activities of TK: Network Mental Health

1. **Addition to family doctor and specialist standard care**
   - Availability around-the-clock
   - Personal contact (mentor)
   - Trialog: inclusion of family members and dependents

2. **Non-bureaucratic and flexible access to SHI-benefits**
   - Sociotherapy
   - Ambulant psychiatric nursing
   - Optional: psychotherapy (short-time)

3. **Additional benefits to SHI standard care**
   - Home treatment (need-adapted treatment)
   - Local stabilization, retreating or crisis rooms
   - Psychoeducation, also for dependents

4. **Synergy to complementary offers**
   - Ambulant rehabilitation, occupational rehabilitation
   - Assisted living
Evaluation of the Network Mental Health

Structure of the Evaluation:

- **Quantitative approach**: to relate patient-oriented outcomes to the structures and processes of the networks and to provide criteria for effective care.

- **Qualitative approach**: focus group discussions with patients, dependents and personnel, to determine individual needs and successful cooperation strategies.

- **Quantitative and qualitative** findings will be provided to the networks through individual quality reports; furthermore, findings will be discussed with the networks to identify optimization potentials and to develop recommendations (expert workshops).
Conclusion

• Public health is a societal task and requires e.g. social, economic and environmental measures and involves the society as a whole
• SHI companies are under federal supervision when it comes to public health and have to act in a tight framework of legal regulations
• There are considerable activities in the field of health promotion and prevention of SHI companies, but due to legal restrictions there is limited potential for additional activities
• Health care services depend on "individual" health care providers and are reimbursed by "individual" sickness funds
• Focus on health services research enables strategic and operational decisions
• Ideally, health services research has an impact on health care provision and is tailored to the needs of the insured
• There is an (indirect) impact on topics relevant to public health, e.g. through innovative health care models (selective contracts, promotion of innovations)
• Remark: The coalition agreement of the parties CDU, CSU and SPD emphasizes clearly enhancement of health services research and prevention and health promotion as well
Thank you very much for your attention!

Contact:
Dr Frank Verheyen
e-mail: dr.frank.verheyen@wineg.de