First steps towards subpopulation funding for integrated care

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Introduction
For many years Casemix systems have only been applied in hospital settings as these systems were based on the common availability of discharge data. It has given a solid base for the development and implementation of "DRG" type systems in many countries. But as health care systems were eager to shift their focus on the health issue of the patient and the outcome of care, the search for other solutions was started. As Michael Porter stressed the value of health care interventions will raise if the focus is given to the full cycle of care. Knowing that 50% of the mortality and 70% of the costs is related to chronic diseases, of which many are caused by negative lifestyle management. The Chronic Care Model of Wagner focused on both the important role of the patient (the active patient) and on the multidisciplinary characteristics of the health issues of chronic patients. In the Netherlands a start has been made to combine the available knowledge and the focus on prevention to develop care standards by chronic disease, and adopted by all specialties, disciplines and patient representatives. To promote the use of these care standards, a special funding mechanism has been introduced to fund chronic disease management in primary and partly secondary care.

Methods
The Integrated Care Funding approach is not based on a dataset and a specially developed grouper, but on the nationally approved standard for appropriate care for health issues related to a specific chronic disease. The Care standard model has been elaborated to the Integrated Care Program, which is based on the creation of a health issue web by patient, which suggests a set of appropriate stepped care modules. These will be discussed between the patient and the case manager and will lead to a set of agreed treatment and life goals. These form the base for the individual care plan, which will be executed in close collaboration with the patient and the multidisciplinary treatment team. Essential in the approach is the creation of an entity, which is responsible for the management of the integrated care process. This entity will contract a condition based capitation fee for each patient of the subpopulation they are serving. This approach changes the paradigm from a provider orientation towards a patient oriented approach which adds value to the health of the patient based on the commonly agreed standards of care. It changed the funding system from a fee for service model to a model where the care for the patient is key, and after a couple of years the outcome of the care provided to the subpopulation can be part of the funding equation.

Results
Since 2010 the Integrated Care Funding has been introduced for Diabetes, COPD and Vascular Risc Management mostly in primary care. Since 2010 a research process has been started to develop the Integrated Care Program approach, which integrates these three conditions into one program, preventing the introduction of Disease silo's and re-establishing the holistic approach so well known from primary care. In 2013-2014 a pilot study has been performed in three regions to assess the INCA approach. The test was done with retrospective data and proved the potential of the approach both for providers and in their interaction with their patients. Although the results were positive, the next step in the process of implementation requires the support of the different parties involved, insurance companies, providers, patient organisations and the ministry of health. As this was just one among the many discussions between these parties, the next step has been postponed.

Although the concept of the Care Standards has in the meantime been widely implemented, for instance also for perinatal care. In that domain the INCA approach proves to be as effective as for chronic diseases. As the process to introduce integrated perinatal care and appropriate funding is in a more elaborated phase the introduction of this person centred subpopulation oriented approach will be introduced in many regions in the next two years.
Conclusions
The Diabetes program has been introduced across the country and has resulted in unexpected positive results.
The introduction of the INCA approach has linked appropriate care as defined and accepted by health care providers and focused on care for the individual patient. This approach tested for chronic diseases, will first be operationalised for perinatal care, killing the silo's between primary and secondary care. It will have a positive impact on the multidisciplinary collaboration between care providers and actively involve the pregnant woman. The new perinatal care organisation will contract perinatal care with the insurance companies, and the traditional funding arrangements with the hospital (DBC-DOT) and with primary care midwives will be replaced by a subpopulation contract!