

Innovating care for people with multiple chronic conditions in Europe (ICARE4EU)

Which financing methods promote care initiatives for people with multiple chronic conditions in Europe?

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On behalf of all ICARE4EU partners:

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- Technical University Berlin (TUB), Germany
- University of Eastern Finland (UEF), Finland



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- The growing prevalence of patients with multiple chronic diseases requires care that is better coordinated across different providers and sectors
- Current payment systems do not fit contemporary patterns of multimorbidity
- Payment methods can influence the nature and quality of services and generate incentives for payers/purchasers, providers and patients
- Specific financial incentives:

Motivate

Stimulate

Control



- i) Which financing methods for people with multiple chronic conditions are used in Europe?
- ii) Do financing models used for integrated care for multimorbid patients result in savings?
- iii) Can a payment system stimulate the development of integrated care for multimorbid patients?



Which financing methods for people with multiple chronic conditions are used in Europe?

- In 73% of the identified programmes (n=101) financing is the same as for usual care

Payment schemes	%
Bundled payment	8
Pay for performance (P4P)	17

Do financing models used for integrated care for multimorbid patients result in savings?

- 45% of the programmes achieved cost savings, of which 16% shared these savings between the care providers

Savings resulted mainly from:

1. reductions of utilisation and costs (emergency care/ acute care visits), 2.) the use of new technologies; 3.) increasing multiprofessional collaboration; 4.) the reduction of polypharmacy.



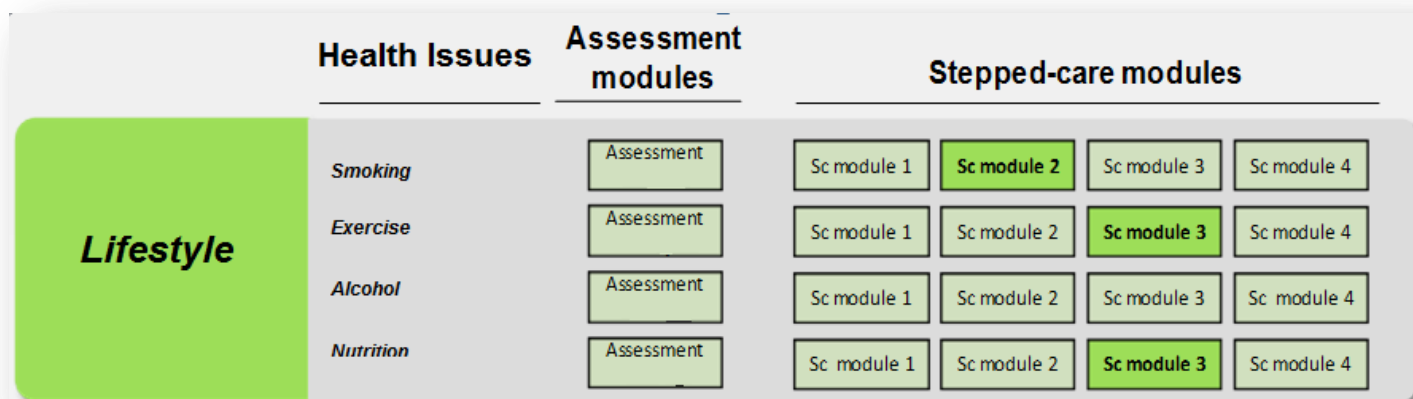
Can a payment system stimulate the development of integrated care for multimorbid patients?

- A comprehensive population based integrated care approach
- shared savings arrangements yield to include incentives for sickness funds and providers, which integrate actors usually operating separately
- a holistic public health approach, enabling health- and social care professionals to offer a comprehensive package of services
- extra funding from potential savings served as a powerful incentive for providers to participate



Can a payment system stimulate the development of integrated care for multimorbid patients?

- The INCA business model is focussing on integrated chronic care for multimorbid patients
- based on the risk profile of a patient (casemix), which is visualized in a 'Patient Health Issue Web', stepped care modules are suggested
- Calculation of prospective care needs and use of bundled payment



Barriers:

- Transition from project based funding into the regular health care system
- Overall system characteristics (e.g. tradition of patient choice of any provider, episodic service payment)
- Disease specific payment and provider specific payment

Facilitators:

- Willingness of providers and trust among participating providers
- Financial incentives to encourage providers to undertake activities to foster integrated care for multimorbid patients
- Monitoring and evaluation



- Specific financing methods are not commonly used to promote integrated care in multimorbidity programmes
- When indeed a different payment is used, there is no dominant method
- Some programs use interesting financing models, e.g. the Gesundes Kinzigtal (Germany), INCA (the Netherlands)
- This signals the complexity of (and need for) developing suitable innovative payment mechanisms for integrated care in multimorbidity

