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Business development model for transitional care in the Swiss project ‚Daheim statt Heim' - visualisation and dimensions

Summary

In the course of the introduction of the Swiss fee-per-case system (SwissDRG) in 2012 to contain costs in the health care system, a paradigm shift was made in the billing of health care services - away from cost recovery to service financing. In order to cushion any negative effects in this regard due to the introduction, various measures were included by the legislator in the Federal Health Insurance Act (KVG).

One of these protective measures was acute and transitional care (AÜP). However, for various reasons, the intended benefits of AÜP were not achieved.

Therefore, the project ‚Daheim statt Heim' aimed at developing a business development model as a possible solution.

The business development model ‚Daheim statt Heim' combines the St. Gallen Management Model (SGMM) as an outer space and the Business Model Canvas (BMC) as an inner space. In this context, the environmental spheres of the SGMM - nature, society, economy and technology - form the overarching, surrounding context in which the programme to promote resource-oriented and person-centred care and support (and thus also its financing) is embedded..

Schlüsselwörter

Acute/transitional care, business development model, DRG, business model canvas, St. Gallen management model

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In the course of the introduction of the Swiss flat rate per case system (SwissDRG) on 1 January 2012 to contain costs in the health care system, a paradigm shift was made in the billing of health care services, away from cost recovery to service financing. In order to cushion any negative effects in this regard due to the introduction, various measures were included by the legislator in the Federal Health Insurance Act (KVG) - one of these protective measures was acute and transitional care (Padrutt, 2019). Acute and transitional care (AÜP) was anchored in Art. 25a para. 2 KVG as part of the reorganisation of care financing. This 14-day prescription by a hospital doctor for a follow-up solution after a hospital stay was intended to prevent so-called ‚bloody discharges' - i.e. people should not be discharged home in need of treatment and care due to the shortened duration of treatment and stay (Padrutt, 2019; Zou et al., 2020). Nevertheless, EAP is very rarely prescribed in the inpatient setting in Switzerland or used by those affected.

>> The intended benefit and utilisation of OTIP have not been achieved for various reasons :

- The duration of 14 days is too short for most of those affected, but especially for older people .
- The costs of stay (board and lodging) during an inpatient stay have to be borne entirely by the persons concerned, although they have to cover ongoing fixed costs, such as a flat rent, at the same time .
- Inpatient care facilities are often geared and focused on purely nursing and non-rehabilitative care, as a result of which resource and support potentials in older people are not recognised and they slip into a permanent need for care (IG Pflegefinanzierung, 2018; Kollbrunner et al., 2020).

This is where the ‚Daheim statt Heim' project of the Institute of Applied Nursing Sciences of the Eastern Switzerland University of Applied Sciences (IPW-OST), funded by Health Promotion Switzerland, comes in by addressing two of the reasons - the promotion of resources during the stay and the financing of the AÜP. Within the project, which started in spring 2020, a programme to promote resource-oriented and person-centred care and support was developed together with three practical institutions in the cantons of St. Gallen and Thurgau. For this purpose, all relevant stakeholders such as health professionals, residents and their relatives were surveyed and these results were analysed in order to develop a programme adapted to each institution and to implement it through targeted support. In parallel, the development of a business development model began, for which relevant stakeholders such as financially responsible persons of the practice institutions and representatives of health insurance companies were interviewed. In addition, experts on long-term care financing and EDPs were interviewed at national, cantonal and municipal level. For the subsequent further development of the business development model ‚At home instead of in a home' and its content framework, results were decisive that established a relationship to the concept of ‚coordinated care' or to projects such as CURAVIVA's vision of ‚Living in old age' (CURAVIVA Switzerland, 2020).

The development of the business development model was guided by the principles of ‚coordinated care'. ‚Coordinated care' can be defined as the totality of procedures that serve to improve the quality of treatment throughout the entire treatment chain. The focus is on the persons concerned and their relatives as well as their integration and coordination along the entire care chain (Federal Office of Public Health [FOPH], 2016). Various challenges arise in the ‚coordinated care' of (very) old, multimorbid people after a hospital stay. These include, among others, information and involvement of the persons concerned (e.g. in the preparation for discharge, counselling on support services or of elderly, caring relatives), information transfer to the subsequent care setting (e.g. through interprofessional exchange) and medication (e.g. in the case of uncertainties and non-adherence).The recommendations for action in this regard include, among other things, adequate, holistic and person-centred transitional care after leaving hospital, a multidimensional assessment that also takes the living environment into account, better information for those affected and their relatives, consideration of

self-determination and respect for the will of those affected, targeted interprofessional cooperation and holistic discharge planning (BAG, 2015).

The results and findings in this regard were analysed together and formed the basis for the development of an initial proposal for the business development model. This was presented to selected experts and the practical institutions in a workshop and discussed in terms of scope and applicability. It was once again confirmed that the three practical institutions, even with the same contextual prerequisites, differ significantly from each other. For example, they each have a different sponsorship (special-purpose association, cooperative and public personnel corporation), which results in different strategic orientations, performance mandates and (financial) independence in corporate management (Auer, 2016; Department of Economic Affairs SO, 2015). Accordingly, it was essential for the development that the business development model adequately takes into account this field of tension between given, contextual framework conditions and the diverse business models of (future) long-term care institutions. To achieve this, two existing management models, the St. Gallen Management Model and the Business Model Canvas, were combined and used as a framework for the development of the business development model (cf. Fig. 1).

Background

St. Gallen Management Model

A company can be defined as a complex system, which can be understood as an ordered whole of elements, which in turn interact in many ways and stand in a specific, dynamic relationship to each other (Rüegg-Stürm, 2003). Based on the outlined system concept, six central conceptual categories (environmental spheres, stakeholder groups, interaction topics, moments of order, processes and development modes) are distinguished for the St. Gallen Management Model (SGMM).

For the context of the business development model ‚At home instead of at home', only the environmental spheres and the stakeholder groups are considered, which are explained in more detail below (see also Fig. 1):

Environmental spheres are the external factors that influence entrepreneurial activity. Specifically, these are technological, social, environmental and economic aspects. The social factors are often further subdivided into social, political and legal aspects. Depending on the sector and the focus of activity, these environmental spheres must be analysed for important change trends and for their impact on the company.

Examples of social trends are demographic development, multimorbidity in old age and increased expectations of residents and their relatives regarding care. Technological developments concern digitalisation, robotics and ambient assisted living. Economic aspects can be of a cyclical nature or, for example, wage levels in care professions. Finally, ecological aspects concern clean water, clean air and protection against natural hazards. Pandemics could also be located here.

Organisations in the social economy are primarily normative-critical, as opposed to strategic-economic. The strategic-economic stakeholder concept follows the functional logic of the market, whereas the normative-critical stakeholder concept follows the functional logic of ethical reason (Lambers, 2015). In relation to the health sector and nursing homes, the stakeholder model still applies, but other stakeholder groups are relevant, especially residents, relatives, employees, insurance companies, the public sector (federal government, canton, municipality) and possible networks.

The central task of care is to place the residents and their relatives at the centre of professional action. It is therefore important to comply with the relevant quality standards and to ensure access to the target group, if necessary through multipliers.

Relatives are another important stakeholder group. They can be an important source of information about the biography, habits, preferences and needs of the residents. Therefore, it is important to enable the relatives to participate as partners.

Employees shape a company and are crucial for its success and further development. Also in view of the current shortage of skilled workers, due consideration must be given to this stakeholder group.

By networks we mean associations, multipliers and other service providers. CURAVIVA as an industry association certainly plays a central role here, as do hospitals.

The public sector, especially the cantons, are responsible for ensuring health care according to the Federal Constitution. Financing is mostly done through service contracts with the corresponding institutions (nursing homes).

Health insurance companies are another stakeholder group. In some cases, they also assume costs that go beyond the scope of compulsory health care insurance (OKP).

Funding is understood to mean that, depending on the offer and the related development, it can make sense to acquire temporary sources of funding to cover (partial) costs and (start-up) financing.

Business Model Canvas

The Business Model Canvas (BMC) is a framework for visualising and structuring business models (Osterwalder & Pigneur, 2013). This makes it possible, among other things, to show potentials for the development of the company. The BMC is made up of nine building blocks: Value Propositions, Customer Segments, Customer Relationships, Channels, Revenue Streams, Key Activities, Key Resources, Key Partners and Cost Structure.

The value proposition in the BMC is at the centre of the business model (see Fig. 2). The right-hand side of the model, as the value-creating side of the BMC, is dedicated to the customers themselves, the relationship with them and how they are reached through various channels, as well as the sources of revenue. On the other hand, key activities, resources and partners as well as the cost structure define the means by which the company wants to successfully implement its business model (Osterwalder & Pigneur, 2013).

Business development model ‚At home instead of at home

The business development model ‚at home instead of at home' combines the external environmental spheres and the stakeholders of the SGMM as the outer space and the BMC as the inner space (Fig. 1 and 2). As a result, the outer space can be transferred to other institutions of inpatient long-term care in German-speaking Switzerland without major adaptations. The inner space, on the other hand, is more specific to an institution or organisation.

At the centre of the business development model is the BMC as an instrument for visualising the business model with the value proposition, value creation and cost structure. This inner space is unique

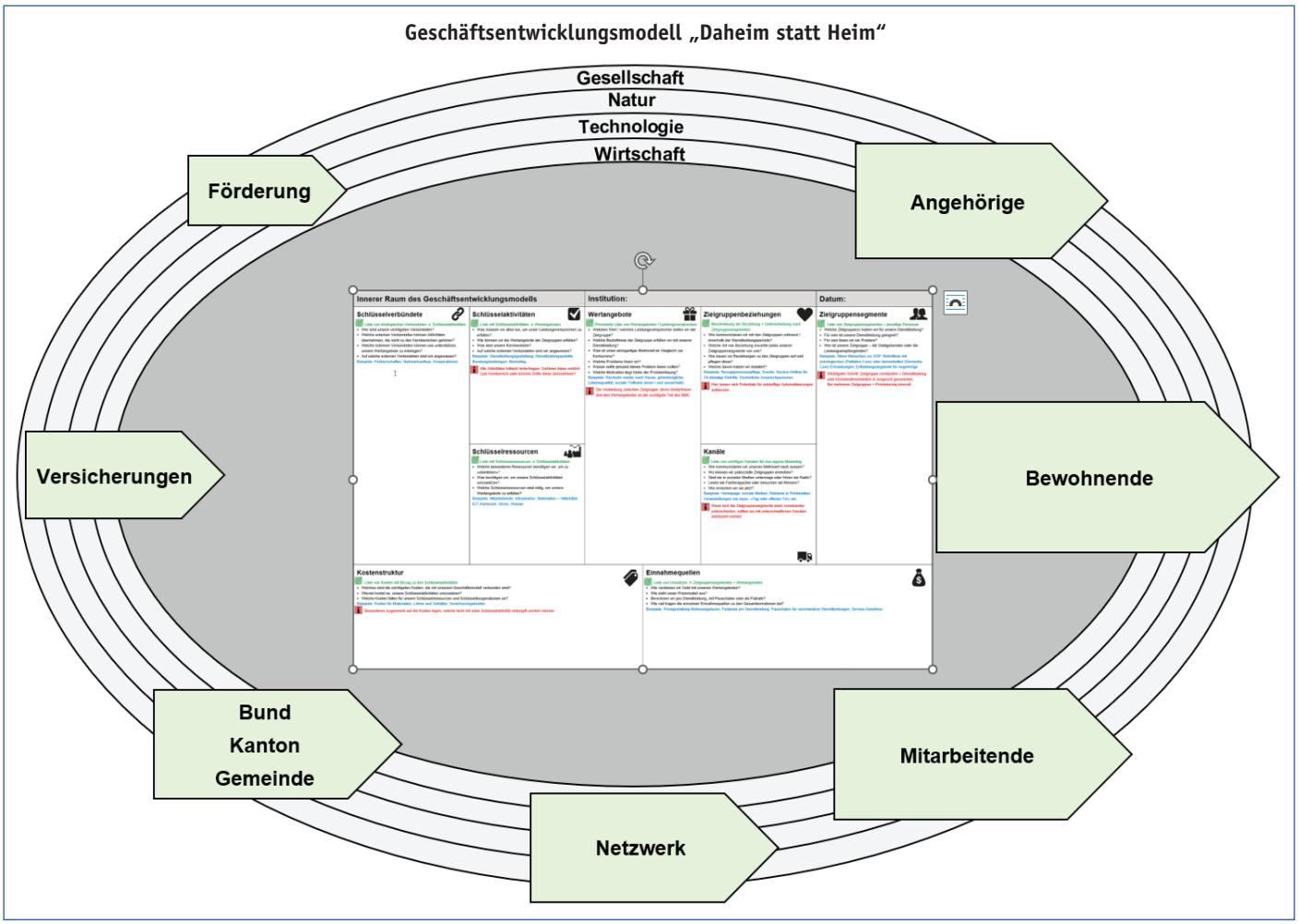


Fig. 1: Business Development Model ‚Home not Home‘. The inner part of the business development model, the Business Model Canvas, is shown in Fig. 2.

and specific to each institution. It shows how an institution differs from another institution in the outer space. For example, the overriding stakeholder group of residents is specified for the individual institution, in the sense of which clientele uses which service. Accordingly, the business model in the inner space is created with specific questions tailored to each individual institution.

Below are some examples for each dimension of the BMC that may be relevant for a nursing home.

Value propositions:
- Enabling people to return home
- highest possible quality of life
- social participation inside and outside the institution

Target groups:
- elderly people for acute and transitional care (AÜP)
- Patients with oncological or dementia-related illnesses
- Relief offers for caring relatives

Channels:
- Events, open day
- homepage
- Social media
- Advertising in print media

Target group relationship:
- personal contact persons
- Care of caregivers
- Service hotline

Key activities:
- Marketing
- Advisory services
- Range of services

Key resources:
- Employees
- infrastructure
- Finances

Key allies:
- Networks
- Cooperations

Revenue streams:
- Service fees
- Pricing of service fees
- Fixed price per service

Cost structure:
- Personnel

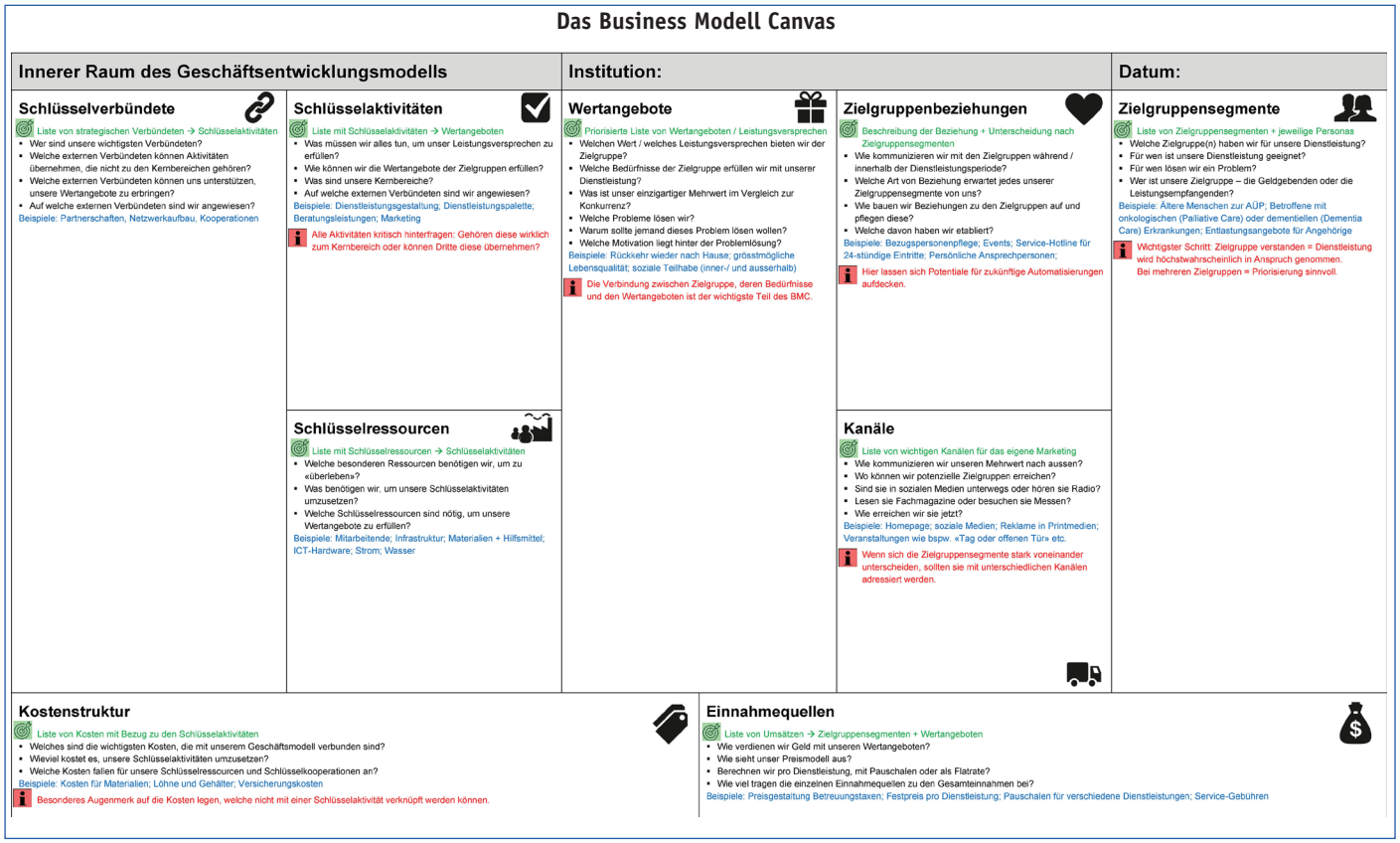


Fig. 2: Business development model ‚At home instead of at home'. The inner area of the business development model, the business model canvas, is shown in Fig. 2.

- Materials
- Insurances

Summary and outlook

The project ‚Daheim statt Heim' addresses an important gap in the Swiss health care system. The project is highly relevant, especially with regard to the governmental measures to reduce costs in the health care system as well as the developments towards integrated care models. Further, scientifically accompanied implementations in inpatient long-term care institutions and a research-based evaluation are indicated, especially because of the dynamics in the health care system.

In a next step, this business development model is to be implemented and further developed with scientific support in inpatient long-term care institutions with different framework conditions (i.e. size of the institution, ownership, rural or urban location, care structure and establishment of the ‚short-term care' offer). <<

Literature

Auer, A. (2016). Staatsrecht der schweizerischen Kantone. Stämpfli Verlag.

Bundesamt für Gesundheit (2015). Koordinierte Versorgung für (hoch-)betagte, multimorbide Menschen an den Schnittstellen im Kontext „Spital": Situationsanalyse und Handlungsbedarf.

Bundesamt für Gesundheit (2016). Faktenblatt Koordinierte Versorgung.

CURAVIVA Schweiz (Hrsg.). (2020). Faktenblatt: Vision Wohnen im Alter von CURAVIVA Schweiz.

IG Pflegefinanzierung (Hrsg.). (2018). Argumentarium zu den Forderungen der IG Pflegefinanzierung.

Kollbrunner, L., Rost, M., Koné, I., Zimmermann, B., Padrutt, Y., Wangmo, T. & Elger, B. (2020). Acute and transitional care or rehabilitation? Retrospective analysis of discharge planning from a municipal hospital in Switzerland. BMC health services research, 20(1), 712. https://doi.org/10.1186/s12913-020-05547-1

Lambers, H. (2015). Management in der Sozialen Arbeit und in der Sozialwirtschaft: Ein systemtheoretisch reflektiertes Managementmodell. Grundlagentexte Soziale Berufe. Beltz. http://nbn-resolving.org/urn:nbn:de:bsz:31-epflicht-1136574

Osterwalder, A. & Pigneur, Y. (2013). Business model generation: A handbook for visionaries, game changers, and challengers. Wiley & Sons.

Padrutt, Y. (2019). Akut- und Übergangspflege: Rechtliche Ausgestaltung, Schwachstellen und Handlungsbedarf (1. Aufl.). Zürcher Studien zum öffentlichen Recht: Bd. 268. Schulthess.

Rüegg-Stürm, J. (2003). Das neue St. Galler Management-Modell: Grundkategorien einer integrierten Managementlehre (2. Aufl.). SGMM. Paul Haupt.

Volkswirtschaftsdepartement SO (Hrsg.). (2015). Merkblatt zur Ausgliederung oder Auslagerung von (öffentlichen) Gemeindeaufgaben.

Zou, K., Li, H.-Y., Zhou, D. & Liao, Z.-J. (2020). The effects of diagnosis-related groups payment on hospital healthcare in China: a systematic review. BMC Health Services Research, 20(1), 112. https://doi.org/10.1186/s12913-020-4957-5

Author's statement

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