BMC symposium at the DKVF: ‚Evaluating health regions'

Hager: ‚The great void in this country'

‚Better Evidence, better Decisions, better Health'. This motto, which made the rounds on the first day of the 22nd German Congress for Health Services Research, was used by Prof Dr Lutz Hager, Chairman of the Board of the Bundesverband Managed Care e. V., at the beginning of his introduction to the BMC symposium ‚Evaluating health regions: Which quality indicators do we need to look at?' According to Hager, this trio is ‚exactly what brings us together at the link between theory and practice', as healthcare research also provides the basis for healthcare provision and its further development. This is also the ‚big topic at the BMC'. Hager: ‚We are talking about a transformation, a comprehensive change in healthcare.' The large-scale transformation project in particular already shows that ‚health services research and health services science are not only involved, but also required'.

>> The stakeholders gathered at the BMC were naturally delighted to read the coalition agreement, as it also announced structural reforms in healthcare for the first time in many years .

Now, halfway through the legislative period, it is at least possible to recognise the outlines of what the Ministry of Health and the legislator have in mind. Above all, he mentioned the hospital reform and combined this with a warning: ‚Instead of creating a new, cross-sectoral sector, we should be careful that level 1i hospitals are developed as regional healthcare centres.' This could support the emergence on the primary care side, where a structural opening must also be created, for example with GP care centres that function in addition to health kiosks; a care element that is ‚strongly favoured, but also controversially discussed'.

According to Hager, however, the most important element of all is the health regions in Section 140 SGB V. Hager: ‚They make it possible to conclude regional contracts and thus initiate a move towards population-based care that is orientated towards regional services and regional needs.' The BMG's current draft bill stipulates that local authorities, health insurance funds and service providers should conclude a tripartite contract to enable care cooperation in a region. However, according to Hager, the current wording does not go far enough. Even if, and this is extremely positive, it already reveals a new field of action for organising and remunerating care at regional level. ‚In the end, it's always follow the money,' said Hager.

Simply organising care regionally will not change anything, but if remuneration flows are also organised regionally, that is something else. Here, however, it is important to use evidence findings from healthcare research so that quality and outcome orientation are at the centre of the transformation. The topic of quality in particular deserves a new and expanded discussion. The concept of quality has a descriptive component on the one hand, but also a normative component on the other, which develops in the process of analysing needs. For this reason, the matching of existing care structures in a region and the actual needs of the population living there, with all their health risks and potentials, is decisive for the success of regional concepts. According to Hager, transformation and modernisation are the key words here, as regionalisation is so valuable because it is the only way to ‚find new ways of working together locally in order to finally be able to organise care in an integrated and networked way'. It is ‚the great void and the great unfulfilled promise of healthcare in this country' that care ‚does not stop at the boundaries of institutions'. Hager: ‚This is once again the bridge between theory and practice, because only healthcare research can support such projects.' On the one hand, it accompanies such projects in evaluation, but also provides the foundations - for example, by defining indicators that can be used to measure and develop the quality of regional care: the topic of the symposium at the DKVF. <<

Citations

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101 indicators for 19 disease categories

In his presentation, Ingo Meyer MA, head of the PMV research group since 2019, an interdisciplinary, scientifically working team at the medical faculty of the University of Cologne, created a link between the evaluation of the ‚Healthy Kinzig Valley', carried out by the PMV among others, and the Cologne research platform CoRe-Net database (CoRe-Dat). Meyer stated the reason for this right at the beginning of his presentation: ‚As an evaluator, I have to answer three questions: What do we actually need to know in order to evaluate regional responsibility? How can we find out what we want to know? And how can we make this type of evaluation permanent?' And if you want to evaluate something, you need indicators, designs and data sources - which is precisely the topic of the Cologne database, the regional data from the social statistics, the quality reports from the hospitals based in Cologne, survey data and screening results from study participants:The database combines data from the CoRe-Net research projects LYOL-C, MenDis-CHD and OrgValue as well as pseudonymised SHI routine data from four cooperating health insurance funds (AOK Rheinland/ Hamburg, BARMER, DAK-Gesundheit, Pronova BKK). According to Meyer, evaluation is often seen as an on-off task, but the ‚stabilisation aspect is particularly important to him', as a continuous process usually needs to be evaluated. Meyer: ‚We are still poorly positioned in research because summative evaluations are still seen as the gold standard.'

Meyer also discussed the evaluation of ‚Healthy Kinzigtal' (OptiMedis) after five and ten years, whereby he had been Head of Health and Care Management at the integrated care organisation ‚Gesundes Kinzigtal' before his appointment in Cologne. Here, only quality indicators based on routine data from AOK Baden-Württemberg were used: no less than 101 indicators covering 19 disease categories. Of these, 11 could not be operationalised with routine data because, for example, reimbursement rules had changed in the meantime or EBM codes had only been introduced after the observation period. Meyer: ‚There are a whole series of objectives that could have been looked at, but there is no chance of mapping them with routine data.'