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Abstract

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ZENTRALINSTITUT FÜR DIE KASSENÄRZTLICHE VERSORGUNG IN DEUTSCHLAND

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Nature of the paper (check boxes)

☐ report on implementation project / experience / policy perspectives

☒ scientific research a) describing work in progress ☐ b) new methods ☐ c) presenting results ☐

Title

Hospital-centered networks - adaption of a method to the German health system

Background

The PCP holds an important function in health care delivery and often marks the point of entry into the health system for a patient. However, PCPs do not have a gatekeeping role in Germany; patients have free choice of providers for primary care and specialist care. Because of this, a specific guide through the system is not prevalent, neither in ambulatory nor in inpatient care. Especially transitions between sectors are not always transparent to patients and providers.

Objectives

This study aims to show the network of providers involved in the care for patients with heart failure. For this, empirical networks centered around hospitals are built based on previous results from the USA and Canada (Bynum 2007, Stukel 2013). For those networks, we want to show who is involved in the care, if the networks adequately show patient-provider patterns and analyze factors influencing health service utilization within the network.

Methods

This analysis is based on claims data of a German sickness fund. We identified all patients with heart failure in 2010. For each patient, we identified an Usual Provider (from either primary care, internal medicine, or cardiology). Those providers were then linked to the hospital were the majority of their patients received care.
Main outcome is the network loyalty (% of physician contacts within the network of all contacts by a patient). Multivariate regression identifies factors influencing the degree of loyalty.

Results

The cohort consists of 1.4 mil patients with heart failure. They had on average 1.6 contacts to a PCP, 4.5 contacts to specialists, and 0.9 hospital stays. Patients were attributed to 37,549 Usual Providers who were then assigned to 1,387 hospitals. Those networks included on average 241 patients and 27 providers. Mean network loyalty is 71% (SD:14.4) but varies between networks. Results from the regression analysis show that the network loyalty is higher in networks with more patients, viewer providers and in rural areas.

Conclusion/Discussion/Policy Perspective

The built networks can display the real health service utilization patterns of patients with heart failure. This entity can be used as a base for communication between providers, maybe eventually leading to more accountability for care and better care coordination within the German health system. It also forms another entity besides small area analysis to address quality of care.

Literature

Bynum JP,et al. Assigning ambulatory patients and their physicians to hospitals: a method for obtaining population-based provider performance measurements. Health Serv Res. 2007 Feb;42(1 Pt 1):45–62.

Stukel T et al. Multispecialty physician networks in Ontario. Open Med. 2013 Jan;7(2):e40–55.