

Der Blick über den Tellerrand: Wie wird Ergebnisorientierung in anderen Gesundheitssystemen umgesetzt?

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Zwei Fragen:

- Wo steht das deutsche Gesundheitssystem im internationalen Vergleich?
- Welche interessanten Ansätze zur Ergebnisorientierung existieren im Ausland?

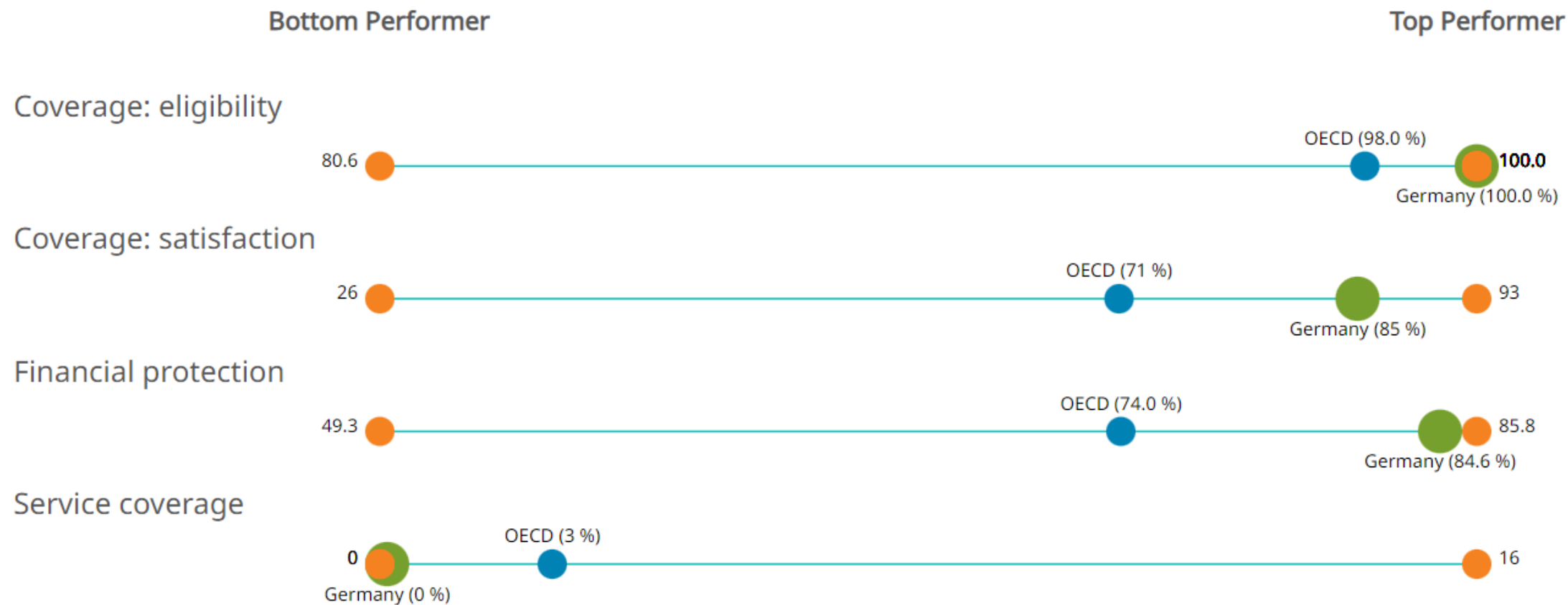


Wo steht das deutsche
Gesundheitssystem im
internationalen Vergleich?



OECD Health at a Glance, 2021 – Access to care

Access to care

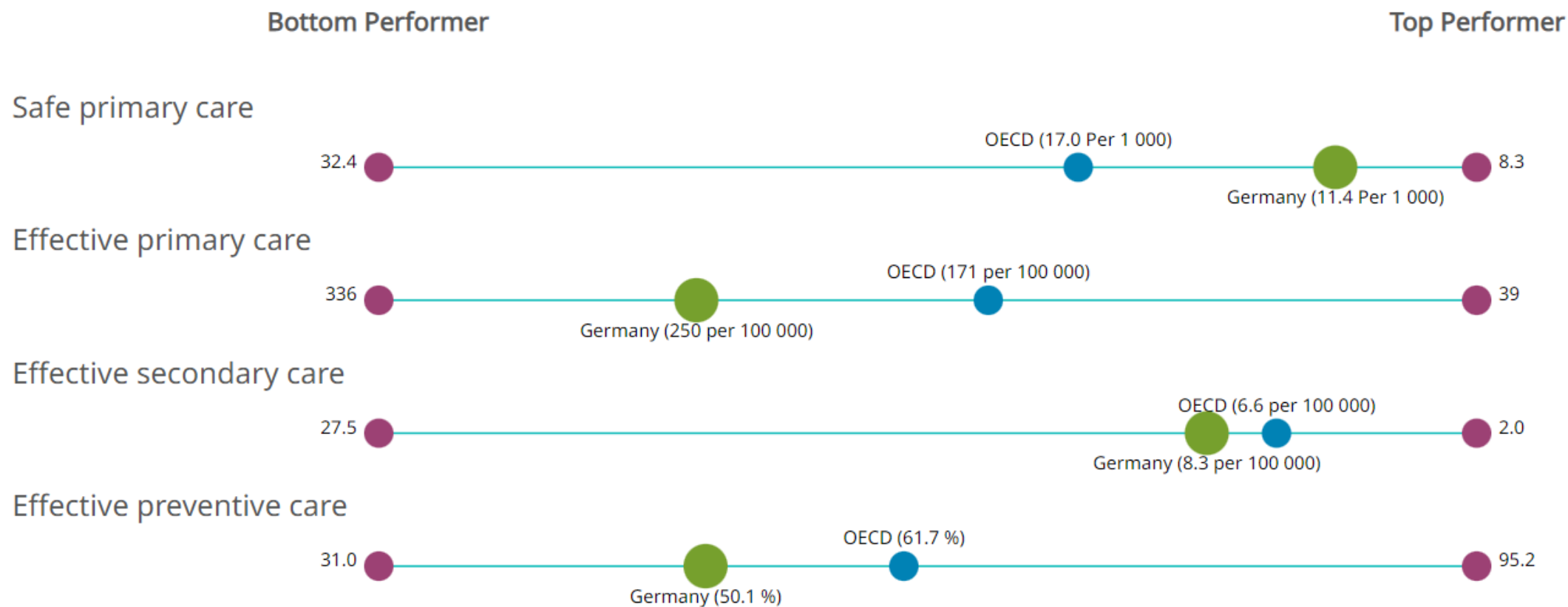


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OECD Health at a Glance, 2021 – Quality of care

Quality of care

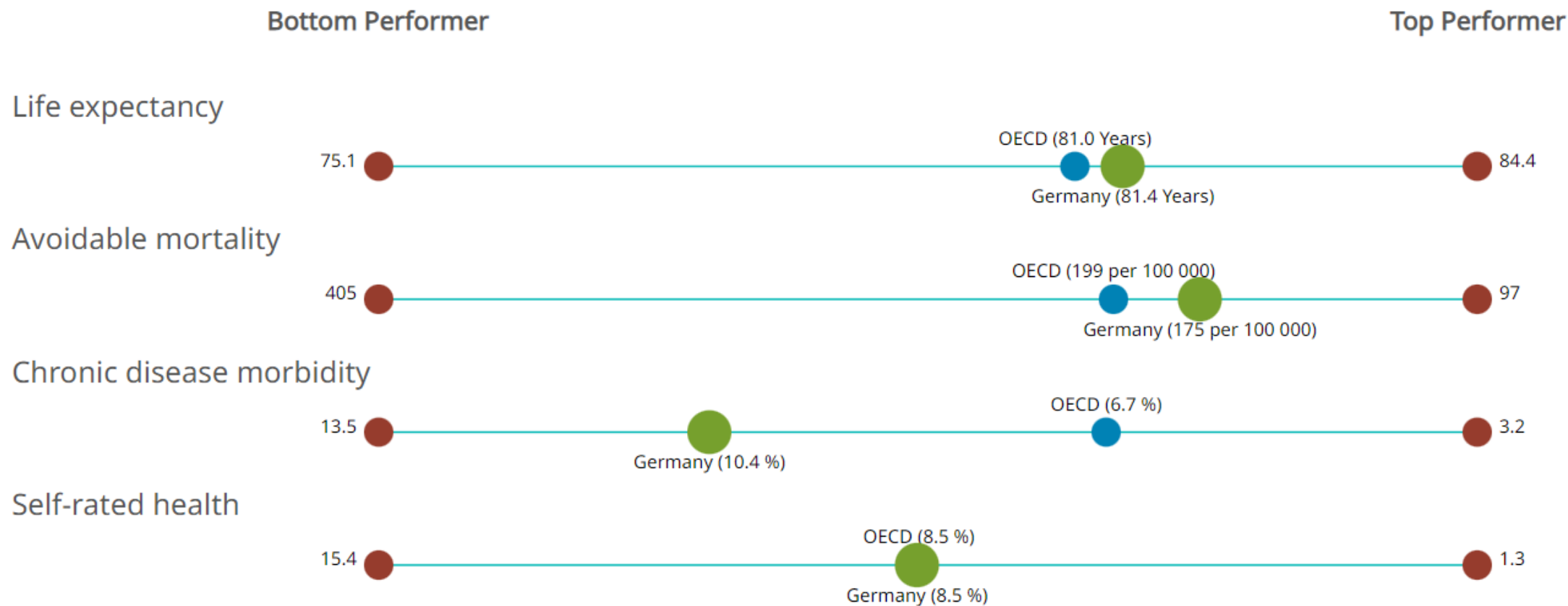


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OECD Health at a Glance, 2021 – Health status

Health status

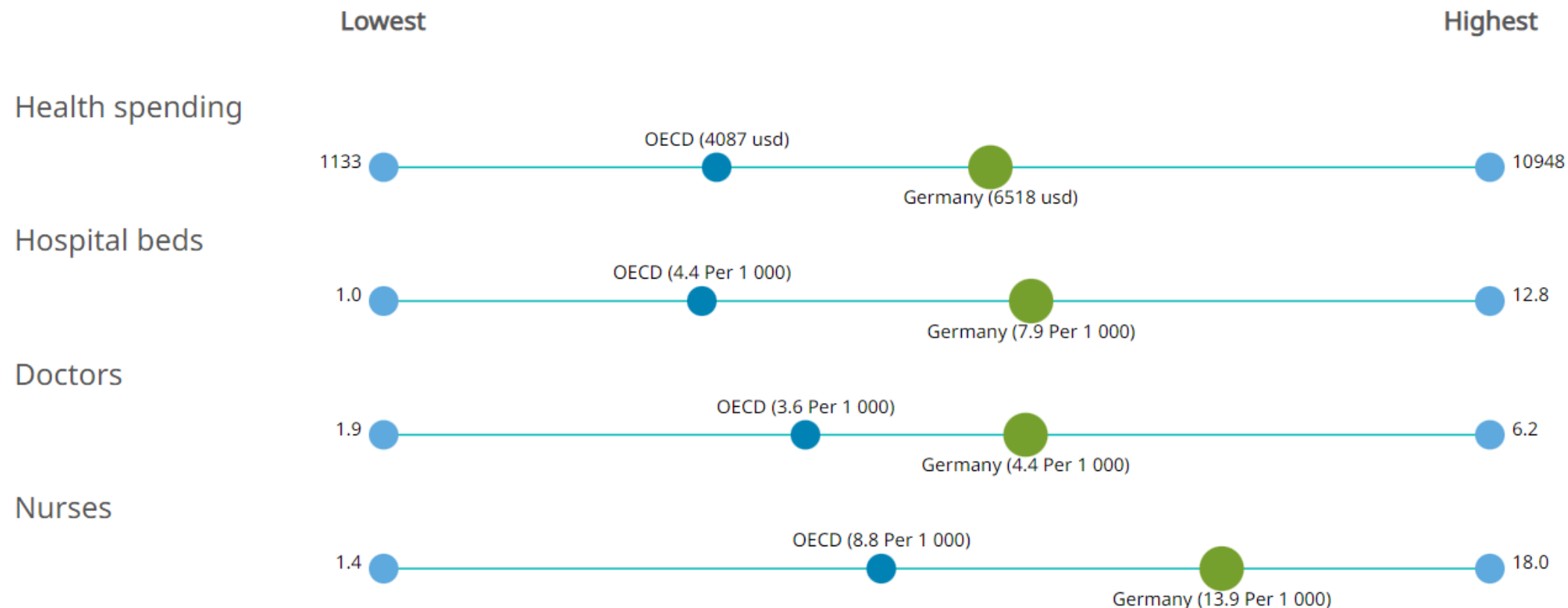


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OECD Health at a Glance, 2021 – Health care resources

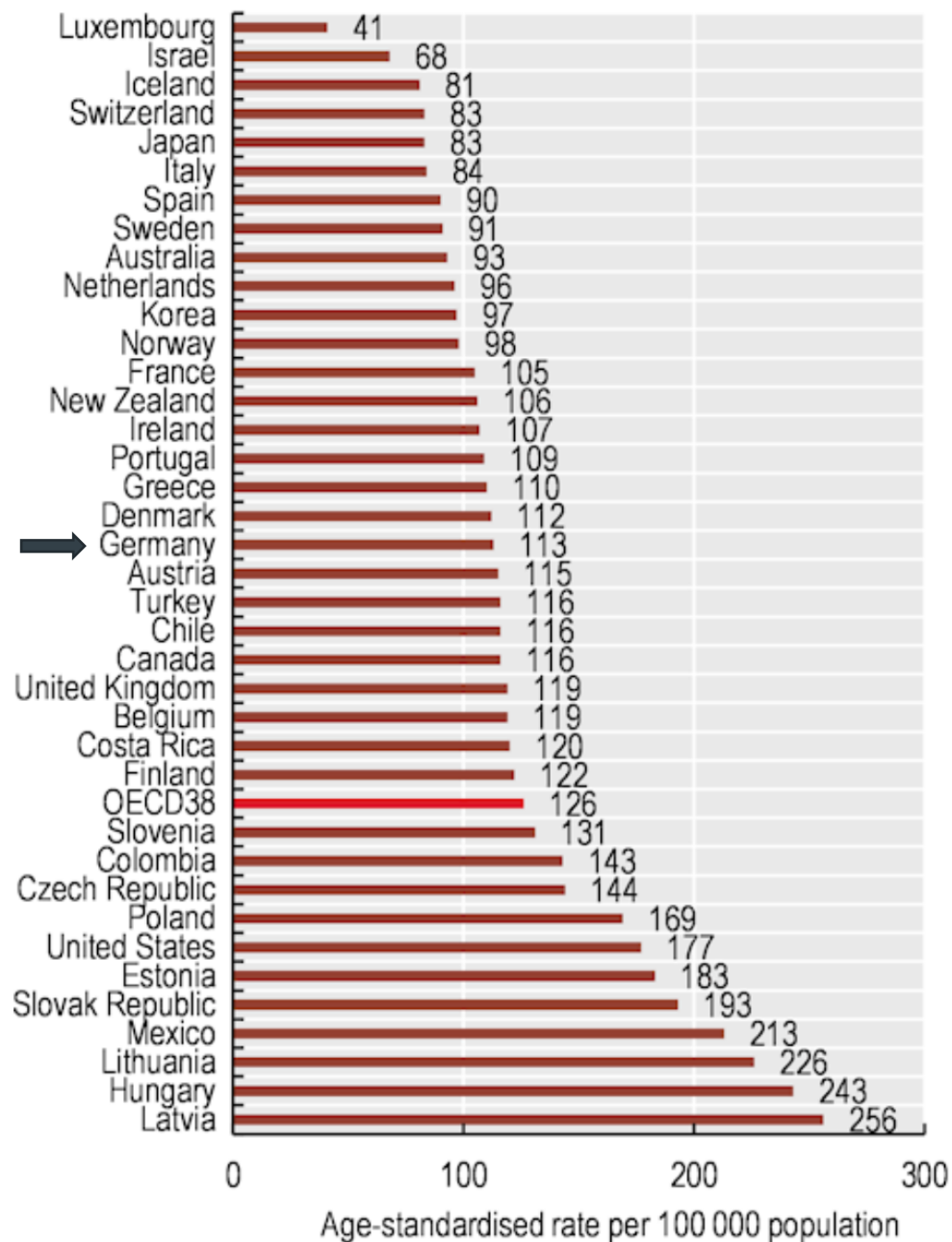
Health care resources



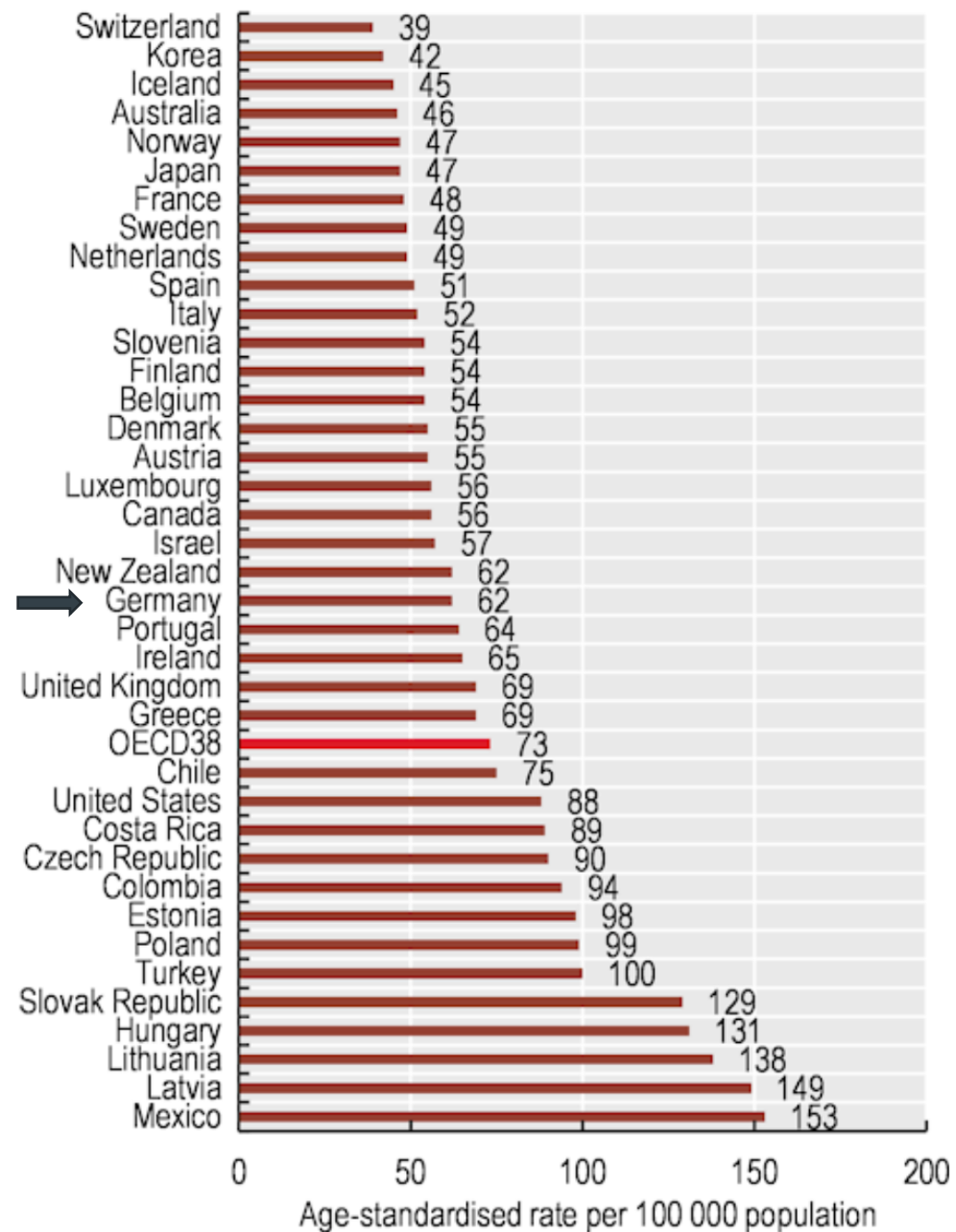
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Mortality from preventable causes



Mortality from treatable causes



Source: OECD Health Statistics 2021.

Welche interessanten Ansätze
zur Stärkung einer
Ergebnisorientierung gibt es
im Ausland?



NHS Outcomes Framework

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm.

1	Preventing people from dying prematurely
Overarching indicators 1a Potential years of life lost (PYLL) from causes considered amenable to healthcare i Adults i Children and young people 1b Life expectancy at 75 i Males i Females 1c Neonatal mortality and stillbirths	
Improvement areas Reducing premature mortality from the major causes of death 1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*) 1.2 Under 75 mortality rate from respiratory disease (PHOF 4.4*) 1.3 Under 75 mortality rate from liver disease (PHOF 4.6*) 1.4 Under 75 mortality rate from cancer (PHOF 4.9*) i One- and ii Five-year survival from all cancers i One- and ii Five-year survival from breast, lung and colorectal cancer i One- and ii Five-year survival from cancers diagnosed at stage 1&2 (PHOF 2.10*) Reducing premature mortality in people with mental illness 1.5 Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.10*) i Excess under 75 mortality rate in adults with common mental illness ii Suicide and mortality from injury of undetermined intent among people in recent contact from NHS services (PHOF 4.10*) Reducing mortality in children 1.6 Infant mortality (PHOF 2.11*) ii Five year survival from all cancers in children Reducing premature death in people with a learning disability 1.7 Excess under 60 mortality rate in adults with a learning disability	
2	Enhancing quality of life for people with long-term conditions
Overarching indicators 2 Health-related quality of life for people with long-term conditions (ASCOF 14*)	
Improvement areas Ensuring people feel supported to manage their condition 2.1 Proportion of people feeling supported to manage their condition Improving functional ability in people with long-term conditions 2.2 Employment of people with long-term conditions (ASCOF 16** & PHOF 1.8*) Reducing time spent in hospital by people with long-term conditions 2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive condition ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19 Enhancing quality of life for carers 2.4 Health-related quality of life for carers (ASCOF 10**)	
Enhancing quality of life for people with mental illness 2.5 i Employment of people with mental illness (ASCOF 11** & PHOF 1.8*) ii Health-related quality of life for people with mental illness (ASCOF 1A** PHOF 1.6**)	
Enhancing quality of life for people with dementia 2.6 i Estimated diagnosis rate for people with dementia (PHOF 4.16*) ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2B**)	
Improving quality of life for people with multiple long-term conditions 2.7 Health-related quality of life for people with three or more long-term conditions (ASCOF 14**)	

3	Helping people to recover from episodes of ill health or following injury
Overarching indicators 3a Emergency admissions for acute conditions that should not usually require hospital admission 3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)	
Improvement Areas Improving outcomes from planned treatments 3.1 Total health gain as assessed by patients for elective procedures <i>Physical health-related procedures</i> <i>Psychological health-related procedures</i>	

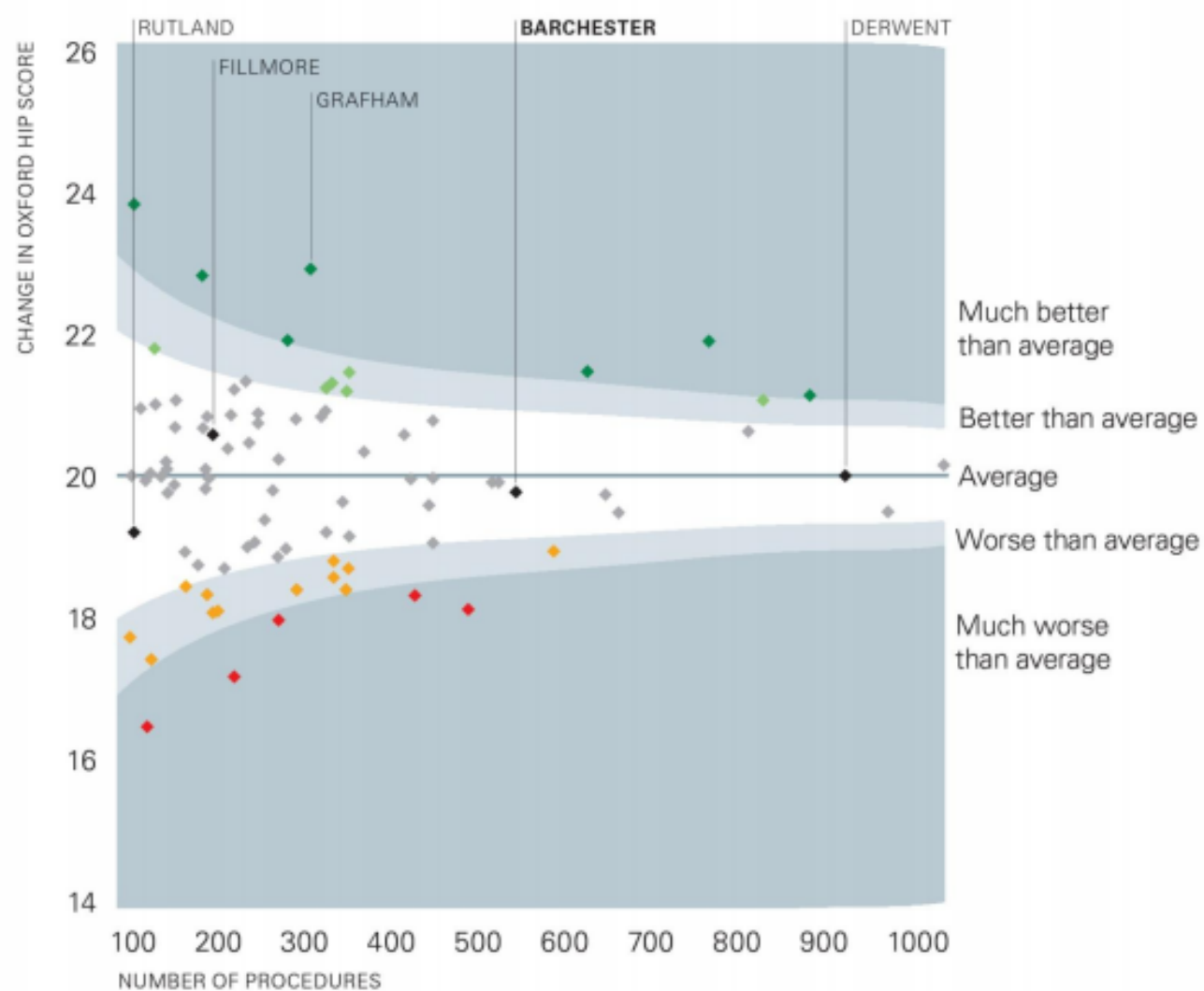
4	Ensuring that people have a positive experience of care
Overarching indicators 4a Patient experience of primary care i GP services ii GP Out-of-hours services iii NHS dental services 4b Patient experience of hospital care i Friends and family test ii Patient experience characterised as poor or worse i Primary care ii Hospital care	
Improvement areas	

3	Helping people to recover from episodes of ill health or following injury
Overarching indicators 3a Emergency admissions for acute conditions that should not usually require hospital admission 3b Emergency readmissions within 30 days of discharge from hospital* (PHOF 4.11)	
Improvement areas Improving outcomes from planned treatments 3.1 Total health gain as assessed by patients for elective procedures i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins v Psychological therapies	
Preventing lower respiratory tract infections (LRTI) in children from becoming serious 3.2 Emergency admissions for children with LRTI	
Improving recovery from injuries and trauma 3.3 Proportion of people who recover from major trauma	
Improving recovery from stroke 3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	
Improving recovery from fragility fractures 3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days	
Helping older people to recover their independence after illness or injury 3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation service*** (ASCOF 2B) ii Proportion offered rehabilitation following discharge from acute or community hospital	

3.1 Improving outcomes from planned treatment:

→ Total health gain as assessed by patients for elective procedures.

Ergebnismessung im NHS anhand von PROMs (Hüftersatz-OP, Oxford Hip Score, durchschnittliche Verbesserung)



Black N 2013/2014

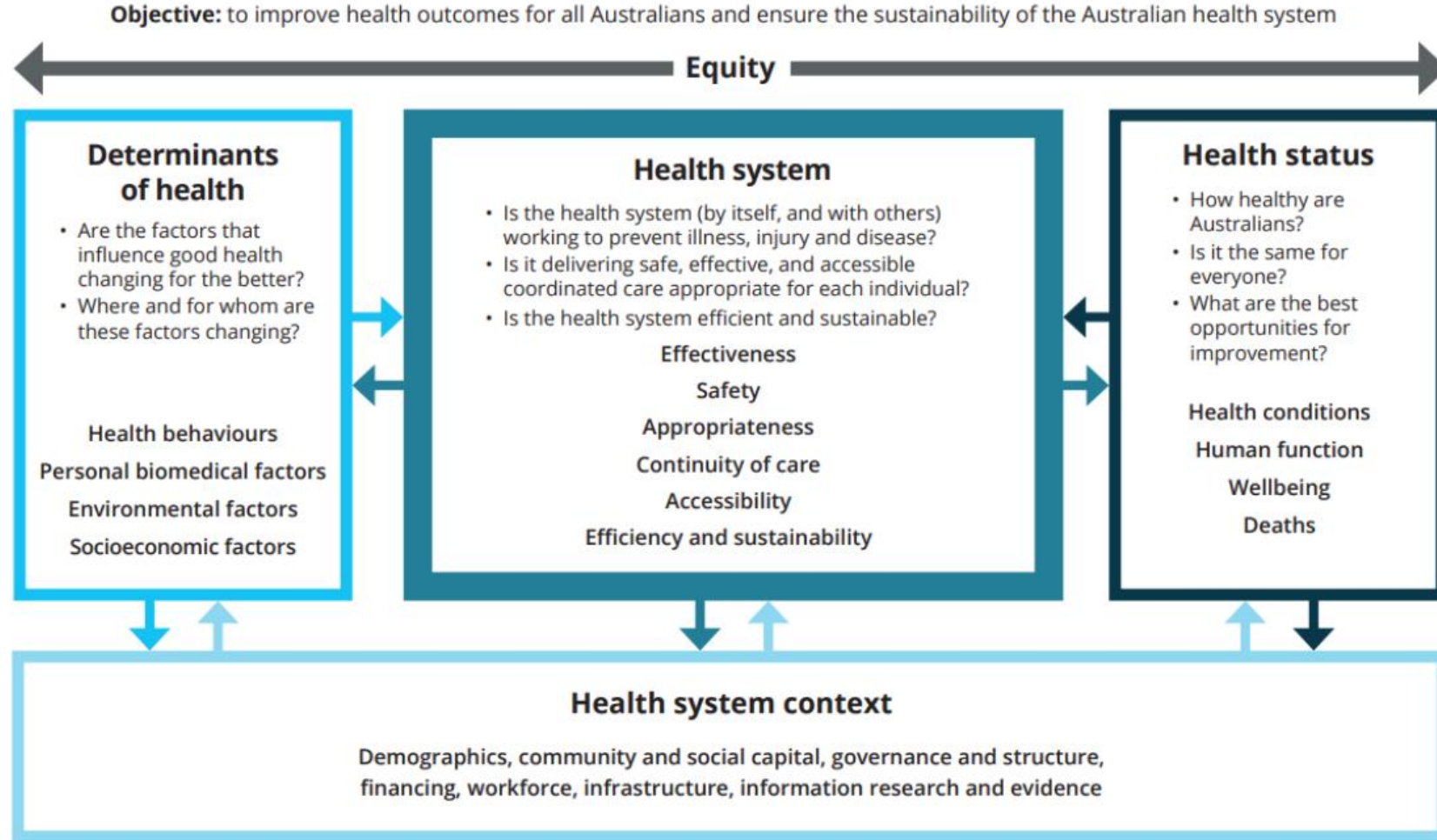
Notes:

Berstok et al. 30-day mortality=0.30%.
BONE JOINT RESEARCH_2014;3:175–82

Groene O. Surgeon outcomes for O-G
cancer: adjusted mortality. [Trust results -
National Oesophago-Gastric Cancer Audit
\(nogca.org.uk\)](#)

False complacency: Walker, Neuburger,
Groene. THE LANCET 2013
6;382(9905):1674-7

Australian Health Performance Framework



[Australian Government, Australian Institute of Health and welfare.
https://www.aihw.gov.au/getmedia/fc3986e1-782d-4759-ad2d-24e1b649e4c4/Map-and-descriptions-of-the-AHPF-framework.pdf.aspx](https://www.aihw.gov.au/getmedia/fc3986e1-782d-4759-ad2d-24e1b649e4c4/Map-and-descriptions-of-the-AHPF-framework.pdf.aspx)

Pilotprojekte zu populationsbasierten, alternativen Vergütungsmodellen in den Niederlanden

Pilotprojekte zu populationsbasierten, alternativen Vergütungsmodellen in den Niederlanden

- *Arts en Zorg Pilot:*
 - Hausarztpraxen übernehmen die Verantwortung für die *Gesamtausgaben* ihrer Patienten (Budget historisch extrapoliert, mit Korrektur für Ausgabenentwicklung und Qualitätsvorgaben)
 - *Einsparcontracting* mit einseitigem Risiko, aber unter Berücksichtigung von Qualitätsindikatoren
 - *Kostenreduktion* (~2%) bereits nach 1-2 Jahren, zurückzuführen hauptsächlich auf verändertes Verschreibeverhalten und Vermeidung unnötiger Überweisungen.

Pilotprojekte zu populationsbasierten, alternativen Vergütungsmodellen in den Niederlanden

- *Bernhoven & Beatrix Pilot:*
 - Krankenhäuser übernehmen ein *globales Budget* mit Einsparcontracting (one-sided, 5 Jahreszeitraum)
 - *Ziel:* Reduktion des Volumens ohne Umsatzverlust, bei gleichzeitiger Verantwortungsübernahme (accountability) für das Budget und die Qualität (einschl. Wartelisten)
 - *Signifikante Volumenreduktion über 5 Jahre bei gleichbleibender Qualität* durch Vermeidung nicht angemessener/low value care und besserer Koordination und Kollaboration mit Hausarztpraxen.

Schlußfolgerung

- Mehr Geld in das System zu pumpen kann in Deutschland nicht die erste Lösung sein!
- Zusätzlich zu den Fragen „Wie viele Krankenhäuser ...“ und „wie viele Ärzte und Pfleger ...“ brauchen wir eine Debatte über die Ziele des Gesundheitssystems (analog Outcomes Frameworks)
- Indikatorensets sollen Indikatoren aus klinischer Perspektive und Patientensicht enthalten (COS, ICHOM)
- Impulse zur Weiterentwicklung können über alternative Vergütungsmodelle kommen – hierzu viele interessante Beispiele aus dem Ausland
- Auch in Deutschland existieren schon Ansätze der Ergebnisorientierung (Qualitätsverträge, Einsparcontracting, PROMs) - wie kann eine Skalierung bestehender Ansätze unterstützt werden?