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Conference Abstract

Economic performance evaluation of integrated care models: comparison of methods and proposal of a pragmatic best practice model for countries with morbidity-based risk adjustment schemes

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Abstract

Purpose: Transparency of economic performance is a basic prerequisite for a further dissemination of integrated care systems (ICS). However, in practice a valid and precise evaluation is seldom performed and if performance is measured diverse evaluation methods are used. Therefore it is difficult to compare the economic outcomes of different ICS. The aim of this article is to propose a generic model for measuring economic performance of ICS.

Methods: Selected evaluation methods – uncontrolled before-after-studies, control-group based approaches, regression models (including risk structure equalisation schemes (RE)) – are discussed using five quality criteria: validity, reliability, sensitivity, feasibility and acceptance. Based on that a “best-practice-model” is proposed.

Results: It is recommended to base the “best-practice-model” on existing RE, with the predicted costs (via RE) presented in comparison to the real costs of ICS (The German MorbiRSA is used for an in depth analysis as representative of the multitude of existing country-specific RE). This approach is especially proposed with regard to the resource-efficient and reliable implementation possibility as well as the high methodical transparency (=requirement for acceptance). Although the validity of the MorbiRSA is regarded as sound, there are some relevant critical comments (e.g.

risk selection, regional variations, high cost case bias). These issues are addressed, adaptations proposed and incorporated in a “best-practice-model”: a population oriented morbidity adjusted margin improvement approach.

Conclusions: By the example of the German MorbiRSA it can be shown, that a population oriented morbidity adjusted margin improvement model is a pragmatic approach for a standardization of economic performance evaluation of ICS. It seems also to be transferable to other countries with morbidity-based risk adjustment schemes, like the Netherlands, Belgium, Switzerland, Israel and most tax-funded systems like NHS in the UK or Medicare in the US. Complementary to an economic performance evaluation – including the described “best-practice-model” – it is advised to establish a balanced performance measurement system to monitor and prevent ICS to focus on short-term cost cutting at the expense of quality, patient experience and/or access.

Keywords

economic performance evaluation, integrated care, performance measurement, health service research, morbidity-based risk structure compensation scheme, comparison of methods

Powerpoint presentation:

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