Factors facilitating the establishment of integrated and patient-centered community health centers in rural Germany

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Heidrun Sturm¹, Dirk Moßhammer¹, Gottfried Roller², Stefanie Joos¹

¹: Institute of General Practice and Interprofessional Care, University Hospital and Faculty of Medicine Tübingen, Germany; ²: Regional Public Health Office, Reutlingen, Germany

Introduction: A common problem in Germany is the recruitment of young general practitioners in rural areas. In principle, the physician self-government is responsible for securing outpatient care. Confronted with demographic change and preferences of a younger medical work-force, in recent years also communities and local governments get involved in the planning process. This is also reflected in recent healthcare reforms, where local planning commissions, which formerly comprised only payer and provider representatives, now also include community stakeholders. Regional Health Conferences are another political tool to adapt care needs to local structures. However, the role of local “players” is very variable and its effects are unclear.

The community of Hohenstein is part of a rural governmental district in Southern Germany. Regional and local care providers are already scarce, the problem will increase in foreseeable time as 25 % of general practitioners (GPs) are 60 years and older. Therefore the county government took action.

Project description: The county government in cooperation with the community health conference started the initiative “healthy community” with the goal to develop sustainable health-promoting structures in the region. Interested communities can become certified, if an analysis of health-related infrastructure and a SWOT-analysis is performed and a mission statement for the community is formulated. Hohenstein was the first community to be certified in May 2015. Along with this, a working group consisting of citizens and regional multipliers was established.

Secondly, the county government along with the health conference and the mayor involved regional physicians and stakeholders from industry and business as well as the Medical Faculty of the University of Tübingen (the Institute of General Practice and Interprofessional Care). This cooperation initiated the development of a regional health centre Hohenstein (GZH) and therefore established a steering committee.

Impact, Highlights: In 2015 from this derived the initiative “friends of GZH”, including local business, university and politics, who jointly provide funds for planning and setting up the
infrastructure during the first two years of development. In addition, the community provides for the infrastructure, namely a new building which offers room for a primary care practice team, meeting rooms and additional healthcare providers.

As a result, one regional GP has moved his practice into this building in 2015, forming a first nucleus.

In order to secure primary care workforce and integrative care structures, a formal cooperation with the Institute of General Practice and Interprofessional Care was established. The healthcare centre (GZH) is the first university-based primary care practice in Baden-Württemberg. This ensures a direct contact of students and residents in training with workplaces in rural areas. At the same time it facilitates development and evaluation of care concepts by securing direct access to providers and data. The goal is to establish the practice as a “laboratory for the provision of primary care in rural areas” with respect to organizational and medical care-concepts.

The commitment of the “healthy community” promotes a network of local structures active in healthcare (such as sports clubs, volunteers and tourist related activities). Existing prevention programs will be transparent for the GZH and can be used by its health coaches in the future. Also, the planning of integrated care programs will profit of the working group.

Citizens, who are also sensitized by “health community”, will be involved in regular round-tables in order to assess care needs and preferences. In the framework of “Healthy Community Days” different health care providers and citizens can deliver mutual information.

Stakeholder interests and political support is secured by the steering committee and the “friends of GZH”, which for instance help to push technical infrastructure like fast internet.

The University will ensure continuous evaluation of patient and provider preferences and their incorporation in concept development. Continuous contacts with international and national research and health-policy will ensure up-to-date planning of care arrangements.

**Conclusion**: The approach to initiate local care structure with regional stakeholders of politics and business, with care providers and academia covers multiple structural problems at the same time.

Especially the common interest of local employers, the community and politics in providing a sustainable regional infrastructure drives their commitment to the project. This secures support of initial funding and infrastructure. Planning and evaluation of innovative concepts is secured by the involvement of academia, which in turn cooperates with a network of experienced consultants. This enables the establishment of integrated and innovative care models rather than establishing a conglomerate of single practices without common care concepts. Models are adapted to local needs by continuous involvement of local citizens, patients and providers.

**Keywords**: general practice; integrated care; community-based; patient centredness; rural