

# **Implementation of a model project in urban areas**

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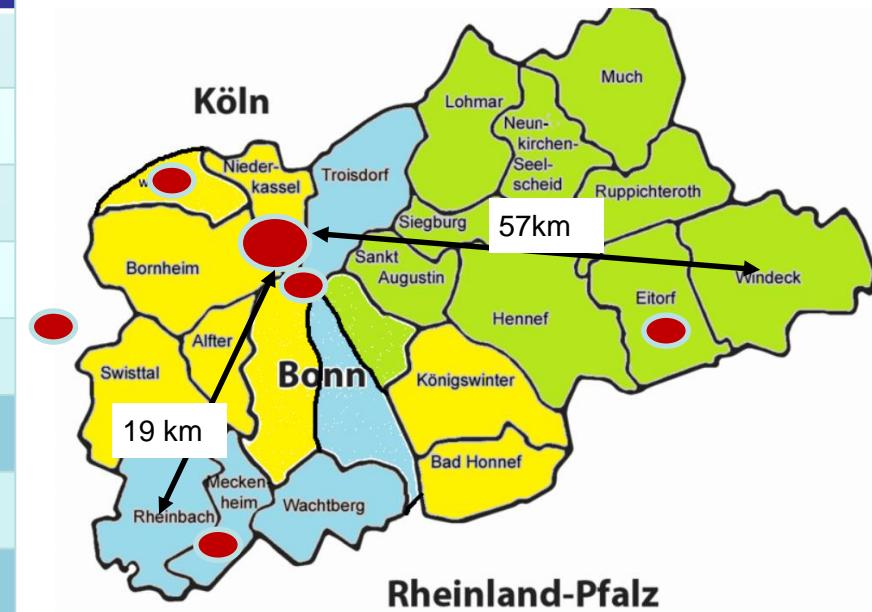
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# The LVR-Klinik Bonn

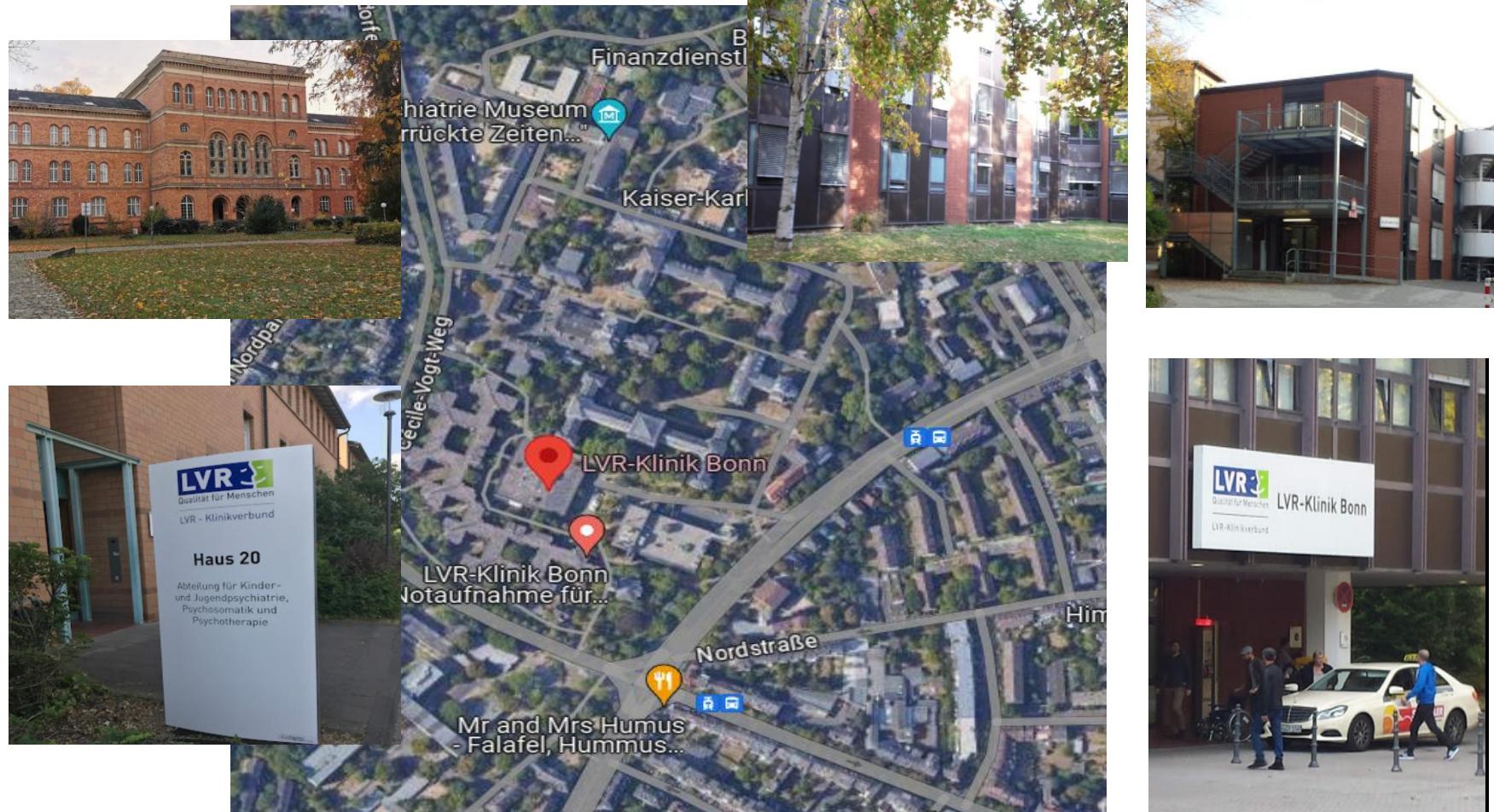
# The LVR-Klinik Bonn: Size and Structure

Hospital Department	Inpatient	Day hospital
General psychiatrie 1	92	44
General psychiatrie	88	36
General psychiatrie 3	106	14
Addictions	112	15
Geriatric psychiatrie	100	18
PP gesamt	498	127
KJPP	52	30
Modellbereich gesamt	550	157
Neurologie + Stroke		
Kinderneurologisches Zentrum		
Forensik (light)	40	



PVG  
 744.000 > 18 Jahre  
 194.000 < 18 Jahre

# The LVR-Klinik Bonn



## Die LVR-Klinik Bonn: Größe und Struktur

Kennzahlen	
Employees	Ca. 2.000
Poeple treated 2023	14.667
Treatment Days Inpatient	199.078
Treatment Days Day hospital	58.280
Sales volume 2022	129 Mio €

## Initial conditions for model implementation in 2017

- Size of the clinic
- Large coverage area
- High utilization – high pressure for patient admission
- Stations are no longer entirely up to date
- Desire for relief of the stations
- Good facilities with qualified staff

# The Modellprojekt

## Legal Basis

### § 64b SGB V Model project for the care of mentally ill people

- (1) The subject of model projects (...) also be the **further development of care for mentally ill people**, which is aimed at improving patient care or cross-sector service provision, including **complex psychiatric treatment in the home environment**. At least one model project (...) should be carried out in each federal, with particular attention to child and adolescent psychiatry.
- (2) ....usually limited to a maximum of 8 years or 15 years

## Goals of the legal basis (§ 64b SGB V)

- Gaining knowledge for the further development of hospital financing
- Reduction in the need for inpatient treatment through improved outpatient/partial care assistance
- Improvement of outpatient care structures (especially for people with serious illnesses)
- Improving transitions between inpatient and outpatient care (cross-sector care)

## Struktur des Bonner Modells

Referenzjahr 2015

$\Sigma$  Stat. Entgelte



Gesamtbudget für 8 Jahre + Verlängerungsoption

$\Sigma$  Tst. Entgelte



$\Sigma$  Amb. Entgelte



Stat. Behandlungen  
Tageskliniken



PEPP-  
Entgelte

Ausgleiche

SUL

- Stationsintegriert
- Hometreatment
- PIA
- Amb. Zentren



Entgelt-  
katalog  
SUL

Behandelte  
Personen

Zahl der behandelten Personen

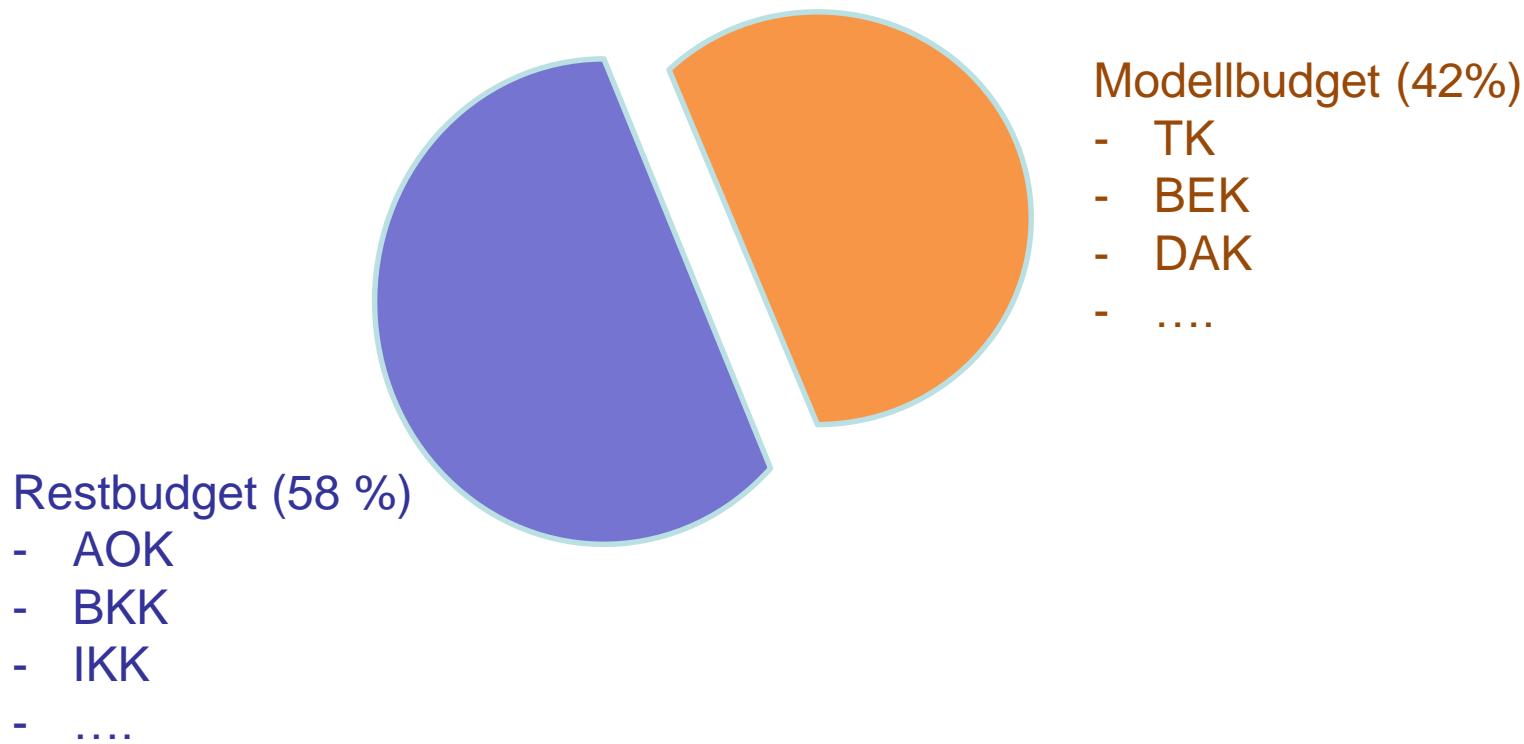


Ausgleichsregelung bei Veränderung der behandelten  
Personen / Sondertatbestände - Veränderungsrate

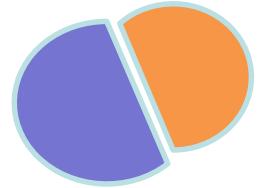
## Comparison of standard care vs. model projects

	Regelversorgung	Modellvorhaben
Funding basis	<ul style="list-style-type: none"> <li>▪ Weighted degressive daily wages</li> <li>▪ Ambulance flat rates (quarterly vouchers)</li> </ul>	Number of people treated (regardless of the type of treatment)
Economic requirement for the hospitals	<ul style="list-style-type: none"> <li>• High utilization of the inpatient capacity</li> <li>• High drop weights</li> <li>• High outpatient caseload</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in the need for inpatient treatment</li> <li>• Substitution through economical and effective care</li> </ul>
Patient perception	fractionalized	(Semi-)Integrated
Control measures by health insurance companies	<ul style="list-style-type: none"> <li>• Coding</li> <li>• Length of stay</li> <li>• Need for hospital treatment</li> <li>• Hospital comparison</li> </ul>	<ul style="list-style-type: none"> <li>• Need for hospital treatment</li> </ul>

## Initial conditions for model implementation: Split into two sub-budgets



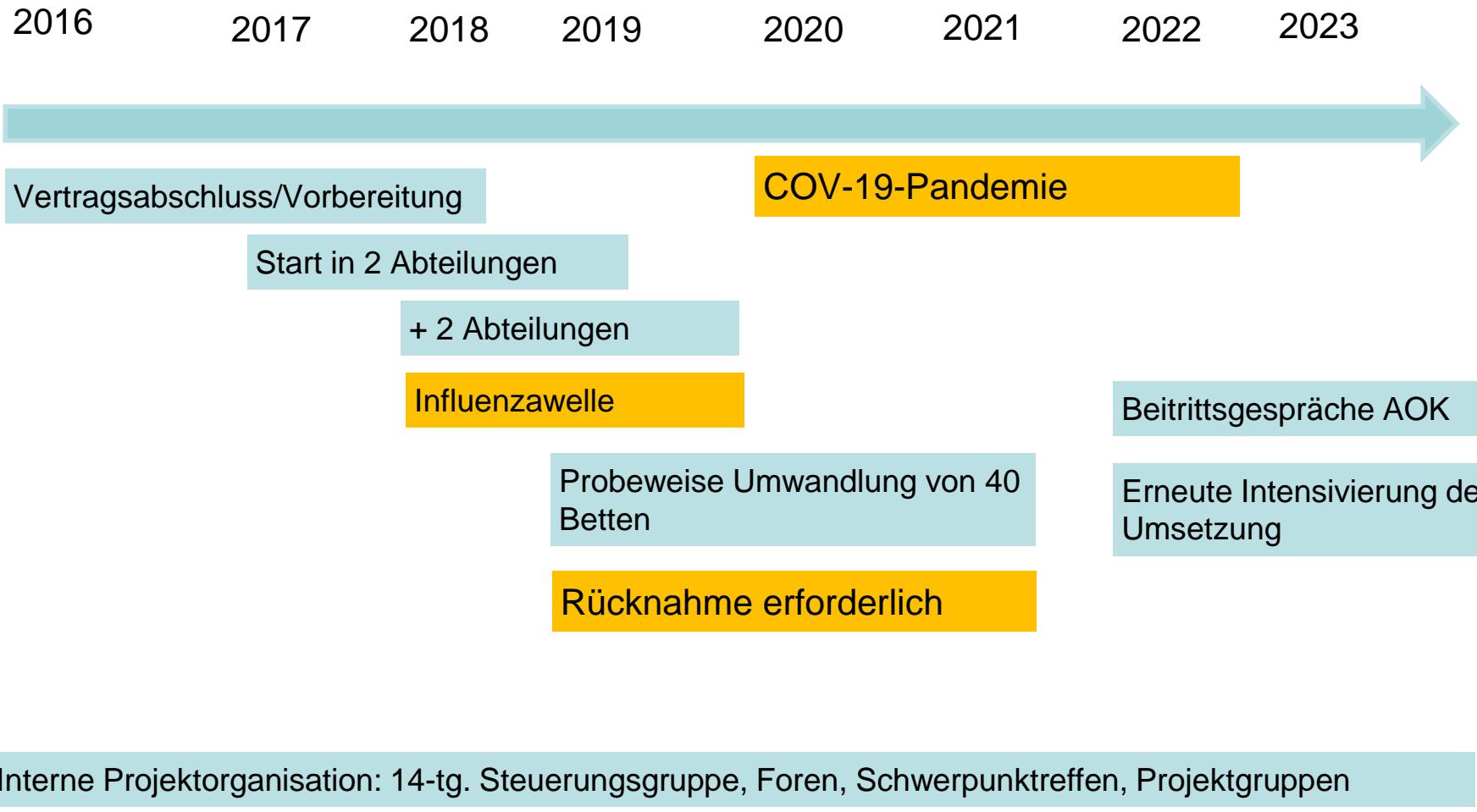
## Folgen



### Nebeneinander von zwei Finanzierungssystemen

- 
- increased administrative effort (documentation, controlling, billing, control)
  - counteracts the financing concept of the model project (protection against financial risks when changing care processes)
  - massively hinders the necessary transfer of resources from inpatient to outpatient
  - Treatment options vary depending on the health insurance affiliation, resulting in differentiated requirements for treatment control
  - Dissatisfaction among patients who cannot benefit from the possibilities of the model project

## Modellverlauf in der LVR-K Bonn



# Process, Results

## Design of the accompanying study: group comparison



Modellpatienten  
Interventionsgruppe MO



Regelversorgung  
Kontrollgruppe RV



### Hypothesis

The expanded treatment options lead to a reduced use of inpatient services for the model patients compared to the control group.

# Development 2017 - 2023

Kennziffern	2017	2023	Diff.%	Diff. % Kontroll- gruppe
Ø belegte Betten *)	234,9	198	-15,7	-5,2
Ø belegte TK-Plätze *)	55,2	66,8	21,0	22,5
Σ behandelte Personen	5763	6473	12,3	22,9
Anteil ausschließlich ambulant Behandelter	56,5%	57,7%	2,2	-0,9
Ø stat./tst. Behandlungstage je Person gesamt	19,8	17,3	-12,6	-15,5
Anteil mehrfach stat./tst. Behandelter **)	30,10%	28,60%	-5,0	5,7
Ø Zahl der stat. Behandlungen **)	1,6	1,5	-6,3	-12,5

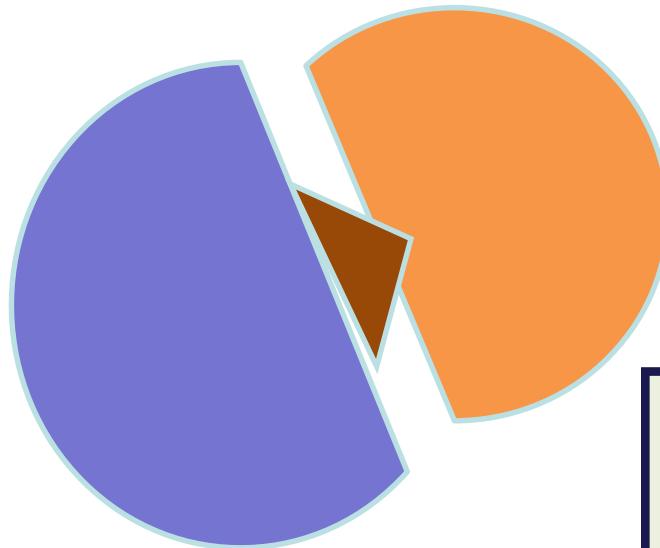
## Evaluation of the course

- Massive disruption due to major health insurance companies not joining;
- Difficult transfer of resources from inpatient to outpatient
- (still) limited quantitative significance of complex outpatient services
- Disruption due to corona pandemic
- Significant effort required to convert the clinic to the requirements of the model project (made even more difficult by not joining)
- Data show a reduction in inpatient service utilization in both the model and control groups. Effects tend to be somewhat stronger in the model group.
- Very different levels of development in the individual hospital departments (tiered implementation concept): in some departments already significantly stronger effects
- Impulse for constructive and intensive processes of dealing with established treatment routines
- The potential of the model project is rated positively by employees, but has not yet been fully exploited

# Outlook

## Perspektiven

- 2024: All health insurance companies join
- Starting signal for pushing model implementation



**Beitritt der AOK,  
BKK u.a. ab 1.1.2024**

## Maßnahmen 2024

- Closure of initially 2 ward units > Transfer of personnel and space resources to the outpatient sector - further closures planned for 2025
- Intensifying and perpetuating training and information
- Measures to align the structural requirements and procedures in the individual clinic departments
- Flexibility of occupancy between the clinic departments
- Negotiations with the health insurance companies to prepare the extension of the program term by another 8 years
- Intensifying collaboration with community psychiatric care providers



**Vielen Dank für Ihre Aufmerksamkeit**

**Merci beaucoup pour votre attention**

**Thank you for your attention**

**Bedankt voor je aandacht**