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Conference abstract

„Starkes Herz“/Strong heart: integrated health care for patients with history of heart failure in the Kinzigtal region, a rural area in South of Germany

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Abstract

Introduction: Cardiovascular diseases are the most cost intensive health conditions in German health care. Heart failure in combination with old age is the most frequent reason for in-patient clinical admission [1].

The demographic development—in combination with the decline of patient's access to medical care in rural areas—increases overall health care expenses. Therefore, innovative concepts are needed in order to maintain sufficient medical care.

The 'Gesundes Kinzigtal GmbH' is a health management organisation for integrated health care that delivers a systematic support program for its members. The goal is an enhancement of participants' quality of life, a reduction of clinical admission and a reduction in overall health care cost.

Theoretical background: International studies prove that hospitalisation of patients with heart failure can be successfully avoided when utilizing disease management programs. Continuous observation of patients' relevant medical parameters identifies cases with urgent need for therapy. Literature describes two promising approaches of observation:

- Telemonitoring [2] and
- A structured case-management by the staff of the medical surgery.

In the Kinzigtal region both approaches are subject to an analysis in order to determine benefit-costs-relation. We expect a decrease in rate of mortality as well as rate of morbidity. Furthermore, a positive effect on the patient's self-management concerning the maintenance of their health condition can be anticipated.

Description of care: The participants of the telemonitoring group are observed by a telemetric scale and by regular blood pressure measurement. A contact person provides continuous observation (via phone). Training material and feedback reports are also provided. In critical situations a visit at the doctor's surgery is recommended.

The participants of the surgery-programme are regularly contacted by a case-manager. Health insurance companies collect patients' relevant personal data such as hospitalization rate, medical prescriptions and mortality which are analysed by a service provider (OptimedisAG).

Results and conclusion: Since 2007, 68 patients participated in the program. First analyses show a decrease of total costs, in particular lower morbidity costs and a positive profit contribution (as of 28th March 2011).

Keywords

heart failure, Integrated Care System, telemedicine, case management

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