

The patient's (and the population's) journey (from volume-oriented) towards outcome-based health care

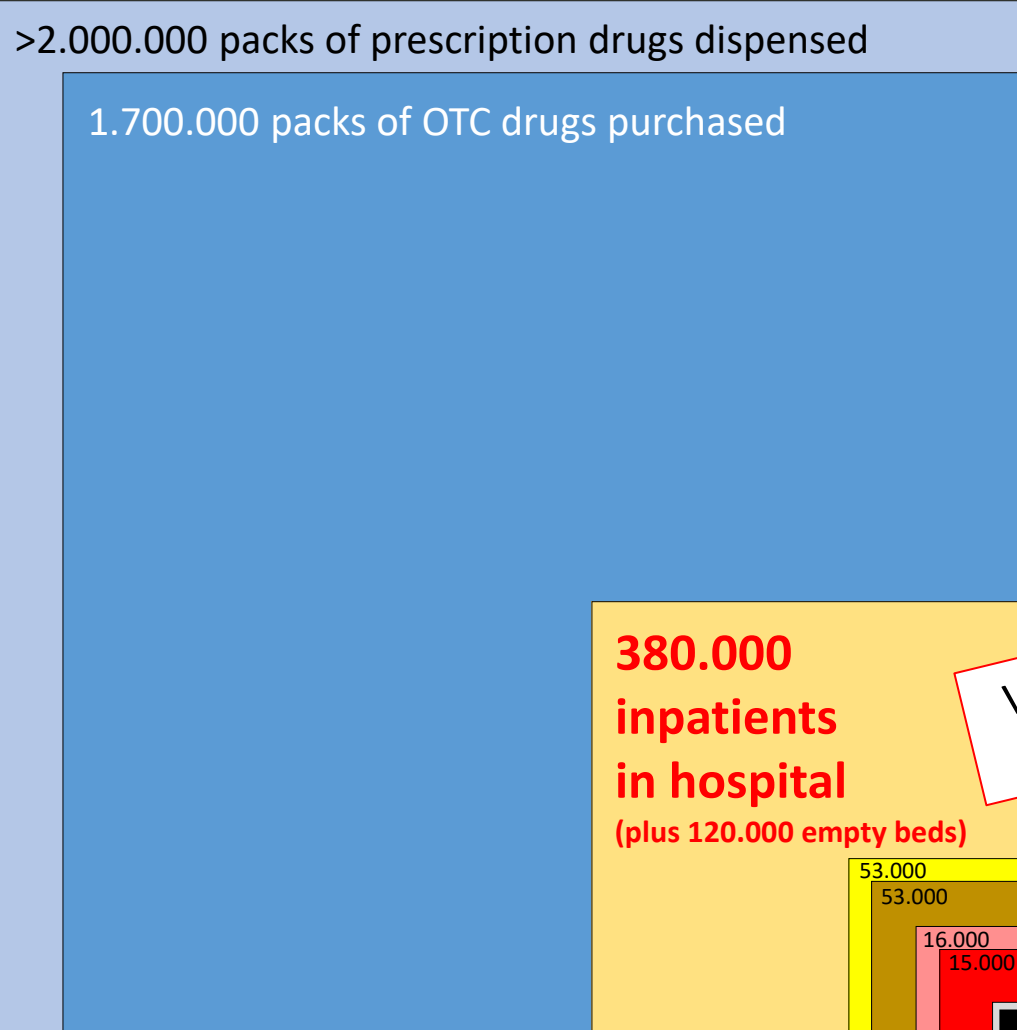
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European Observatory on Health Systems and Policies

>3.000.000 patient-physicians contacts in ambulatory care

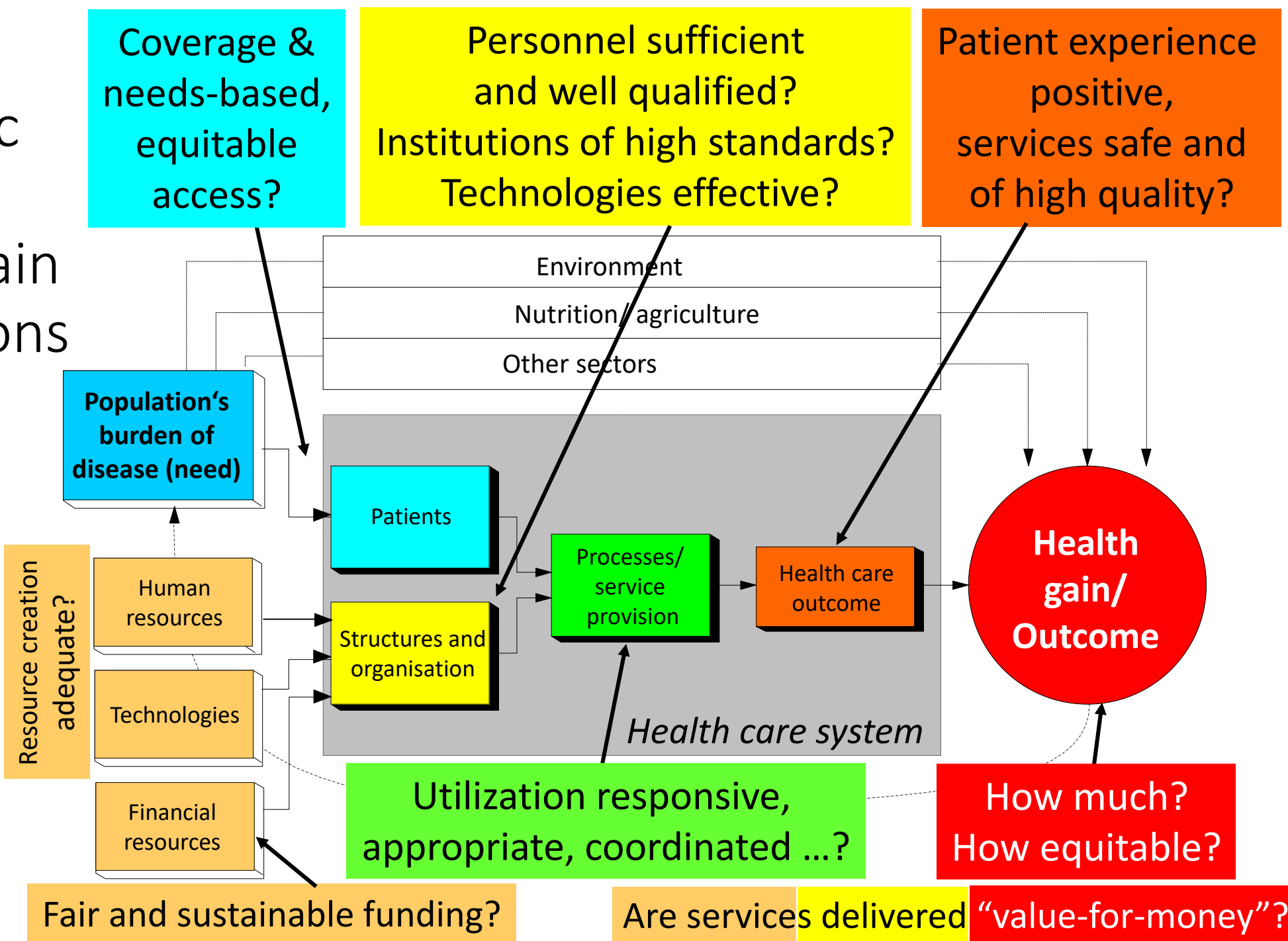


The German health system = volume-driven: activity numbers on an average day (pre-Corona)

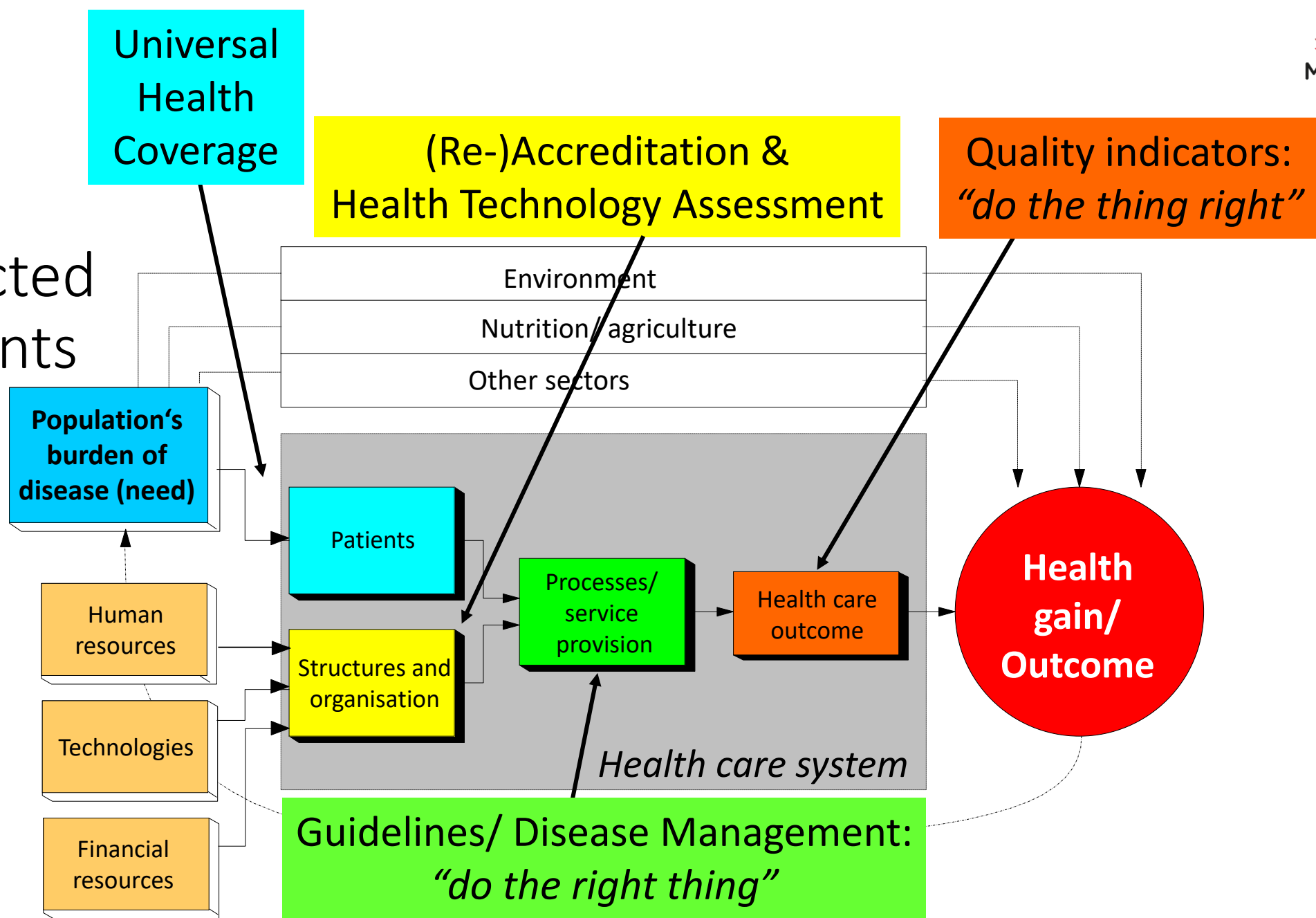
Would be 160.000 with Denmark's hospital structure and utilization!

- 53.000 emergency department visits (of which 45% are admitted)
- 53.000 hospital admissions
- 16.000 CT-scans in ambulatory care
- 15.000 CT-scans in inpatient care
- 700 patients admitted with stroke
- 500 patients admitted with acute myocardial infarction

An analytic model and main questions



An analytic model and selected instruments



Two extensions:

(1) From narrowly defined “quality” to “outcome”/ “value” requires an extended view in two dimensions

Patient-reported

Experience measures
(PREMs)

Outcome measures
(PROMs): quality of life,
function ... compared to
pre-hospitalisation

*Administrative and
clinician-reported*

Process and outcome
measures incl. inpatient
mortality ...

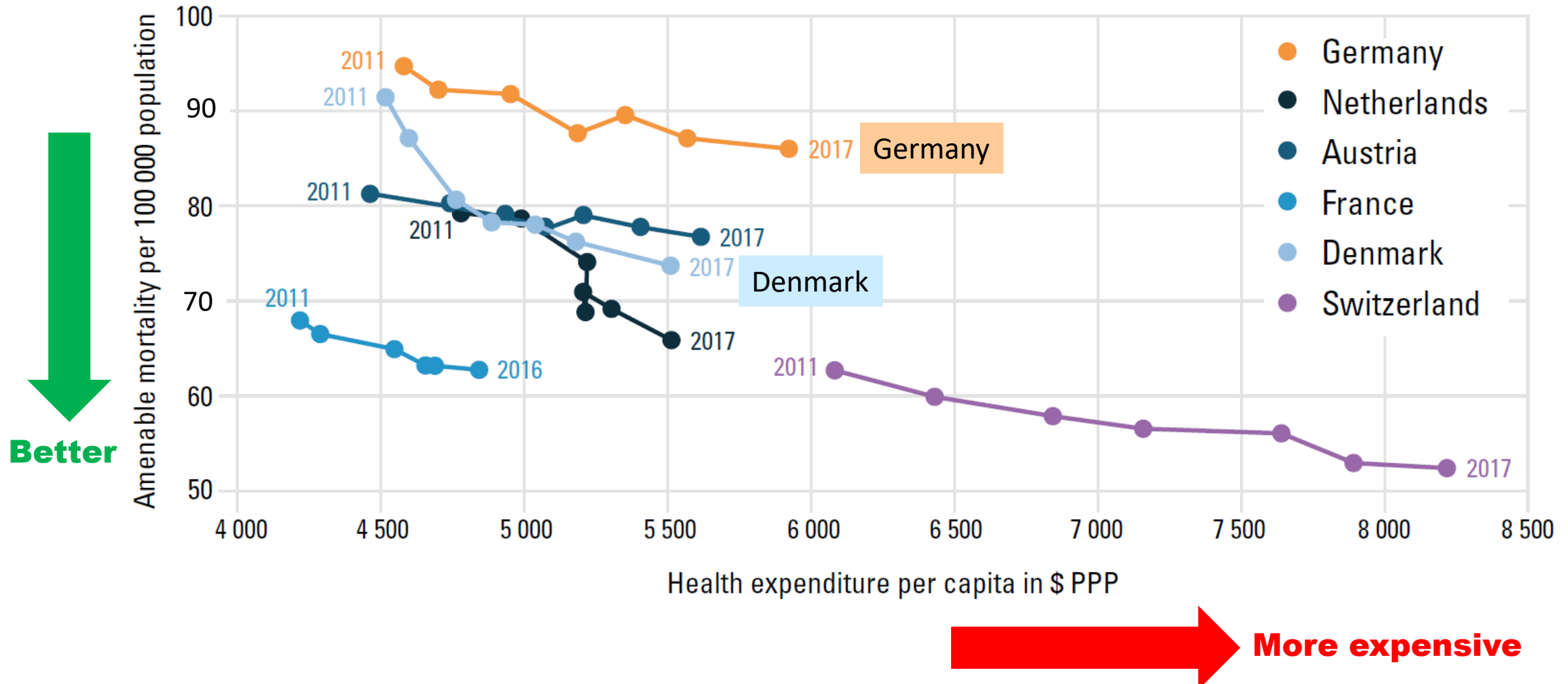
Readmission rate;
3-/ 6-/ 12-month mortality
...

During hospitalisation

Following hospitalisation



(2) Determining “value-for-money” at the system level: We use “amenable mortality” as the outcome and compare it with expenditure: six European countries, 2011 to 2017



Das deutsche Gesundheitssystem wird teurer, aber nur wenig besser – und fällt ggü. Nachbarländern immer weiter zurück: das gilt insbesondere im Vergleich zu Dänemark!

