

Healthy Kinzigtal and more Alternative Value Based Care Models in Germany - Lessons

Learned in Regional Integrated Health Care /
PHM Networks

Justin Rautenberg | OptiMedis | 2025 Sep 12th | PCSI conference „Patient grouping as a driver of value in health: the patient at the heart of our decisions“, Quebec



Justin Rautenberg

Born in Toronto, Canada – Generation Baby Boomer

Live in Hamburg, Germany

Married, 3 children

25 years of Healthcare experience

Former Partner at Accenture (over 21 years)

Worked as interim CIO at a German Hospital group

Since 2018 at OptiMedis focusing on Population Health and VBHC

CEO of 2 regional Integrated Networks (subsidiaries of OptiMedis)



OptiMedis - Healthcare Management, Research & Analytics



Regional solutions

- ⇒ Building innovative health networks
- ⇒ Regional analyses
- ⇒ Health & care management
- ⇒ Project initiation & funding acquisition
- ⇒ Health services research & evaluation
- ⇒ Communication, networking & acquisition
- ⇒ Digitalization / innovation promotion



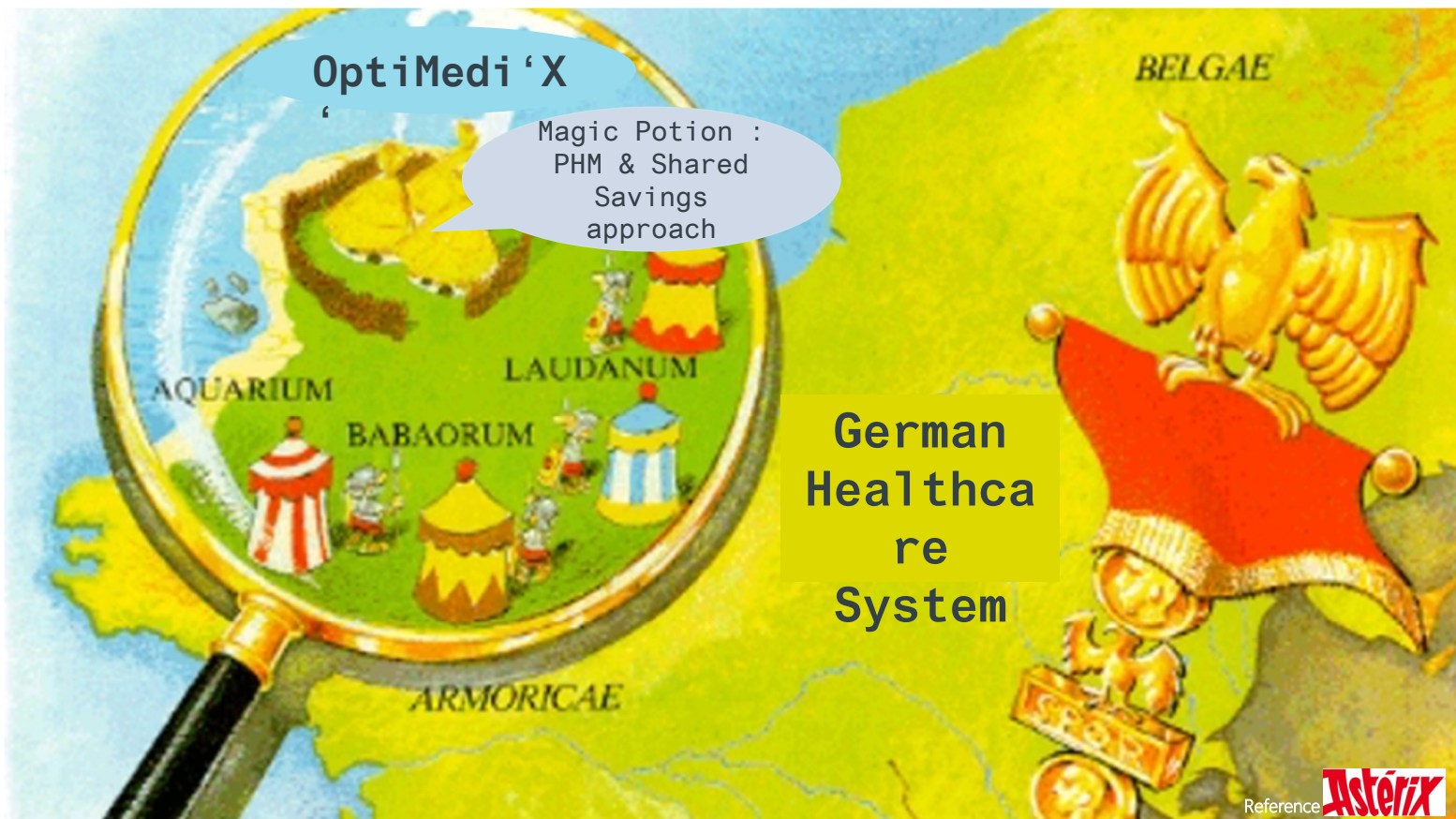
Research & Innovation

- ⇒ Initiation & management of research projects
- ⇒ Development and evaluation of care programs
- ⇒ Applied health services research & health economic studies
- ⇒ Evaluation & piloting of innovations
- ⇒ Support of digital transformation processes
- ⇒ Development, piloting & implementation of questionnaires (PREMs and PROMs)

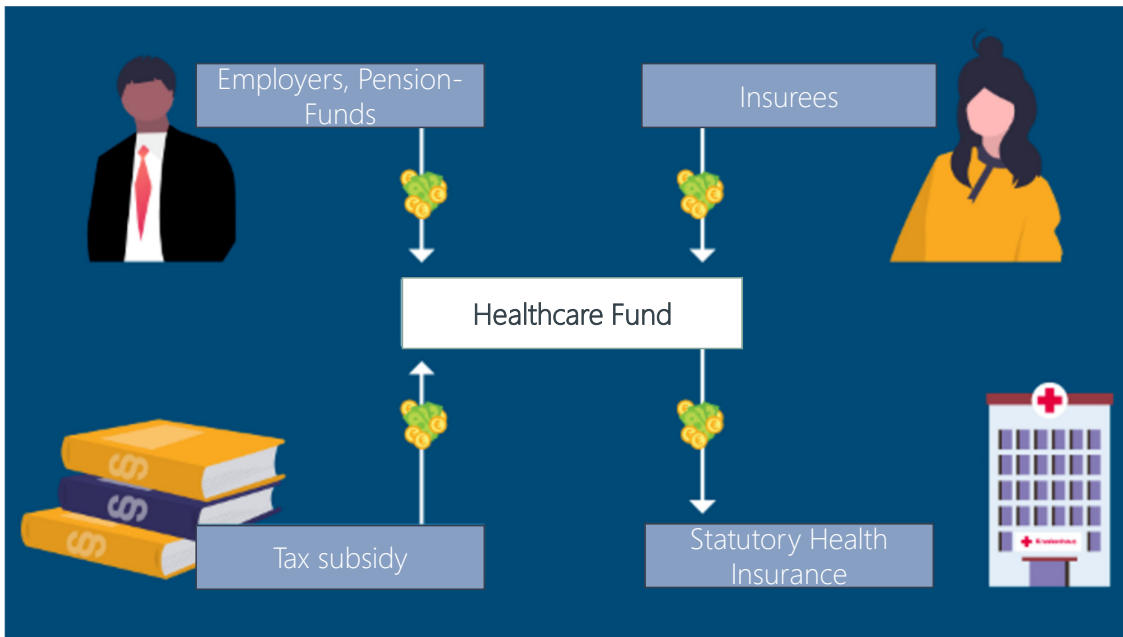


Data Analytics

- ⇒ Determination of care needs & structures
- ⇒ Analysis of ambulatory-sensitive hospital cases
- ⇒ Analysis of nursing home-sensitive hospital cases
- ⇒ Analysis of data according to §21 KHEntG
- ⇒ Routine data analysis
- ⇒ Questionnaire development (technical implementation)



High level overview of funding of German health care system



Funding of Statutory Health Insurance (90% of the German population):

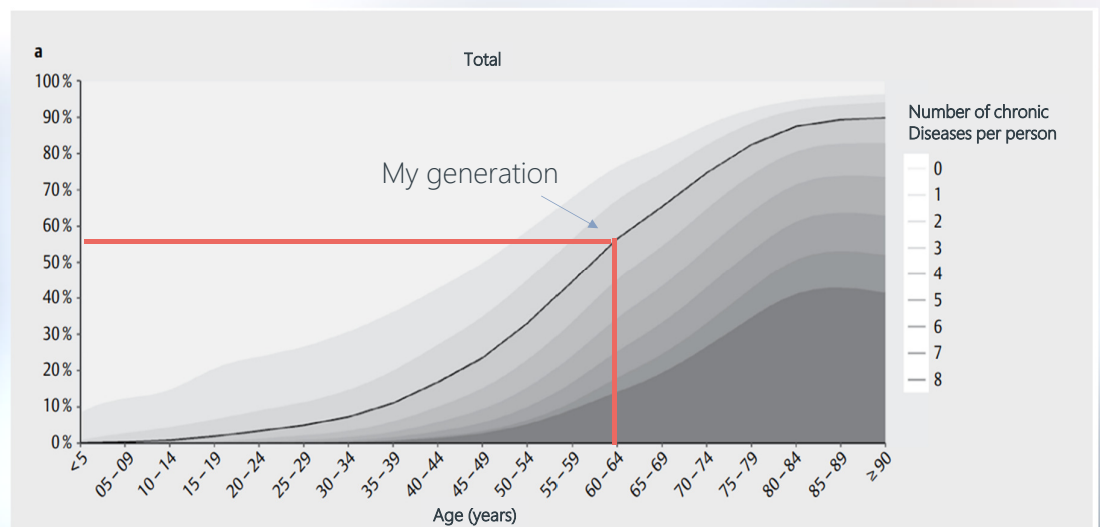
Assignments based on risk profile of insurees: age, gender, morbidity, additional regional components added, high risk pool for very expensive cases

Adapted from: [Gesundheitsfonds | BMG](#)

Increasing Growth of Chronic Diseases and Multimorbidity over Years

Data from 67 million insured persons from Germany (2014)
The black line indicates the prevalence of multimorbidity (≥ 3 chronic diseases) over the course by age group.

Schmitz Marie-Therese et al. Multimorbidität in Deutschland und ihre Bedeutung für die Versorgung der Zukunft – eine Sekundärdatenanalyse basierend auf 67 Mio. Versichertendaten... Gesundheitswesen, 2023 DOI 10.1055/a-2011-5423

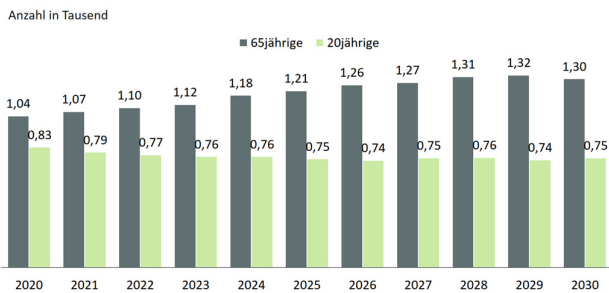


► **Abb. 1** Relativer Anteil an chronischen Krankheiten (keine, 1, 2, 3, 4, 5, 6, 7 oder ≥ 8) pro Altersgruppe für (a) das gesamte Kollektiv sowie getrennt für (b) Männer und (c) Frauen. Die schwarze Linie gibt jeweils die Prävalenz der Multimorbidität (≥ 3 chronische Krankheiten) im Verlauf nach den Altersgruppen an.

Shortage of Healthcare Staff - Demand of Health Workers & People in need of care is rising

Population development using the example of 20-year-olds and 65-year-olds

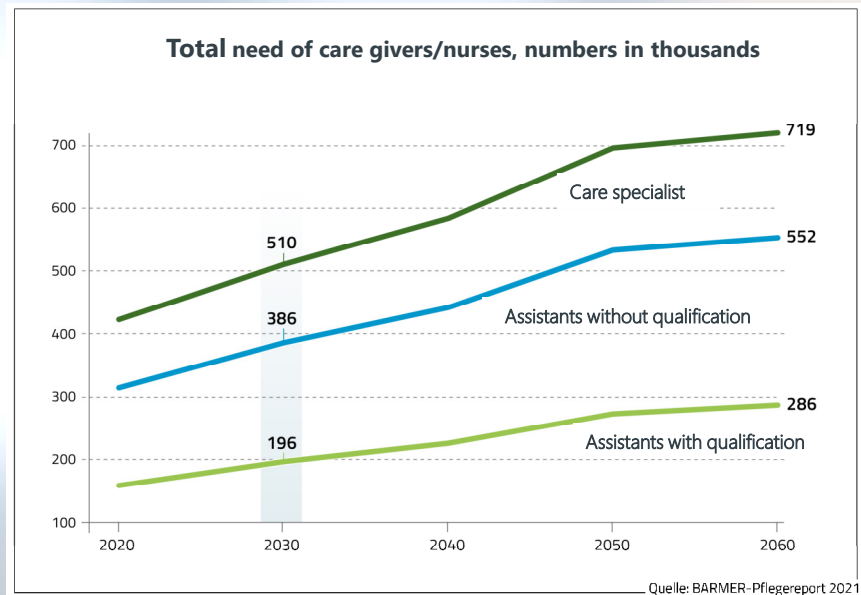
In Kürze droht außerdem starker Engpass der Personalressourcen
Bevölkerungsentwicklung am Beispiel der 20jährigen und 65jährigen



Source: Augurzky (2021) Herausforderungen und Handlungsoptionen in der Krankenhausversorgung



Hundreds of thousands of nurses needed



Costs are rising – but the population in Germany sees its health care as increasingly endangered



- Healthcare costs are constantly rising: for the year 2025, a deficit of 46 billion € in statutory health insurance is predicted (total expenditure expected to be at 341 billion €), which will lead to additional required contributions from the population.
- Life expectancy: In a ranking of 16 countries in Western Europe, Germany ranks 15th for men and 14th for women (Federal Institute for Population Research - BiB)
- Obesity + lack of exercise + overconsumption of medication has led to a burden of disease that will further increase our disproportionate health expenditure (highest in EU) in the future
- At the same time, we are already experiencing a massive shortage of skilled workers in nursing, practices and hospitals ... if the burden of disease continues to rise, this will create a socially explosive situation suitable for populists of all stripes

The problem: the business model in the healthcare sector



- Every single company "earns" from responding to diseases and problems that have arisen
- The more disease ... the more treatment options = earning potential
- The right prevention + the avoidance of further development of diseases is not rewarded

We need a new business model that rewards the improvement of health: Population Health Management

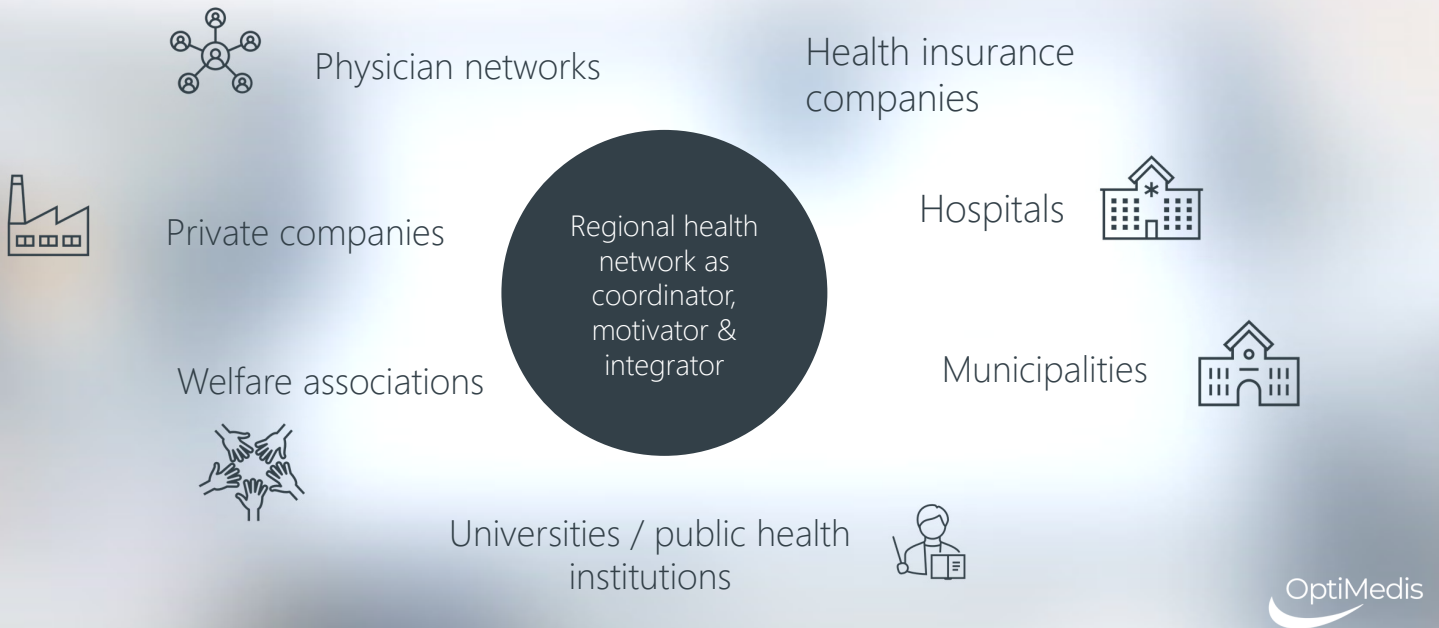


- The challenge: We have a large number of local, micro freelancers and medium-sized and larger municipal, church and private care companies
- The improvement of health requires numerous different professions, but also schools, nursing homes, volunteering, sports associations, companies, municipalities,...
- This is only possible with coordination + initiative + investment today, in order to decrease spending on health in the future
- What do we need and who can provide this merger and investment ??

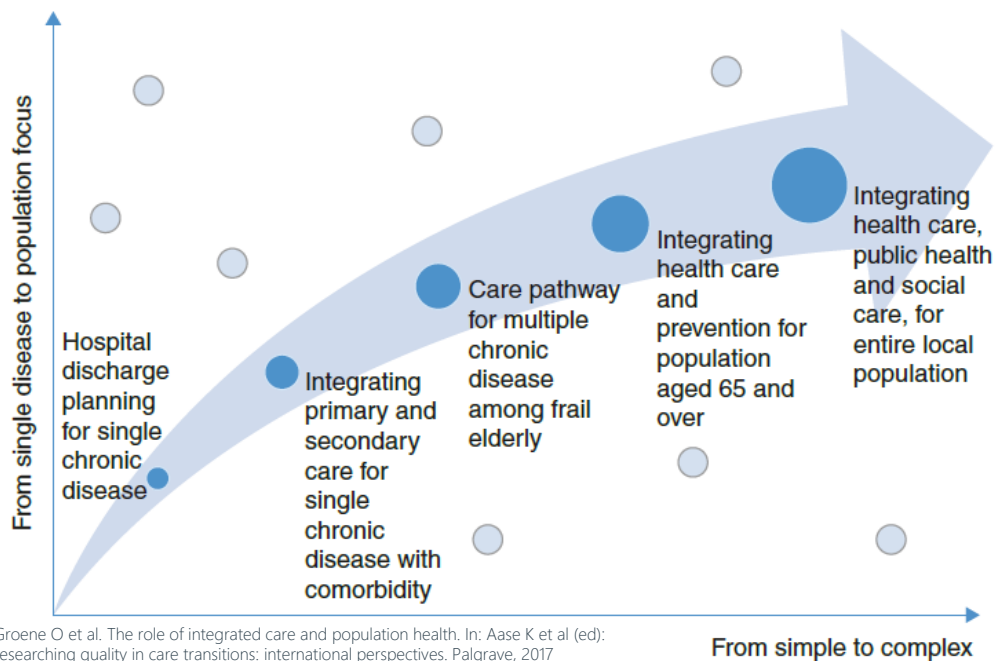
What do we need for a regional system focused on prevention, health promotion, & care optimization?



Possible Partners for Population Health Management



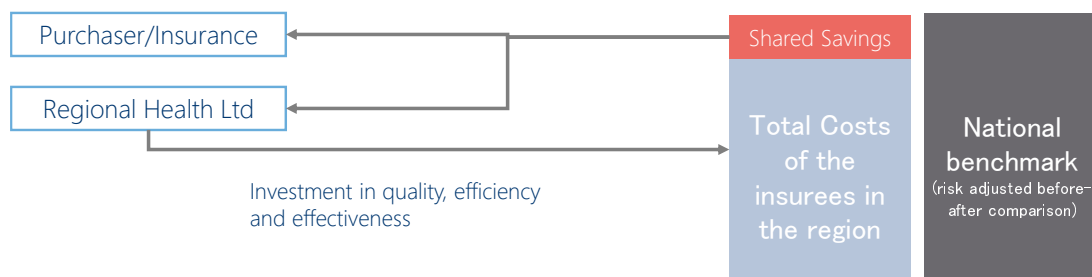
The Structure of Integrated Care Systems from Single Disease to Population Focus



Best solution: Regional Health Care Network with a value-based business model: Shared Savings Contract

In "Shared Savings Contracts" we generate an economical benefit for purchasers (insurance or NHS) for a geographically defined population through wise investments, prevention and optimized social and health care.

This economic benefit is shared between the purchaser and the integrator. Incentive-wise it is our motor for prevention, health promotion and integration of care + refines our investment → long term contract needed



Promises and Challenges of a Shared Savings Business Model



- > The entrepreneurial spirit of the integrator gets focused in achieving health (value instead of volume)
- > Integrator connected with the interest of the partnering sickness fund

Society level

- > Shared Savings could lead to reducing necessary health care – therefore freedom of choice of providers should accompany such a system
- > Transparency on quality should be obligatory

- > Investment of the integrator gets rewarded (if focused on the right intervention)
- > Ineffective interventions get taken out of health care (estimations say up to 20% of total health care costs)

Entrepreneurial level

- > High amount of upfront investment
- > Data transparency must be given by the sickness funds
- > Methodology of benchmarking
- > Volatility and mobility of population
- > Adjustment for outstanding high costs

More Challenges from the business perspective



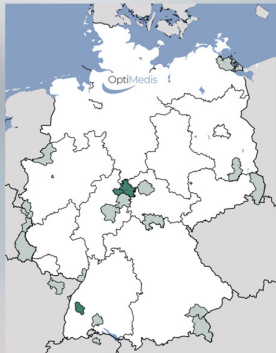
How do we get the „buy-in“ and the acceptance of the different health care providers in private practice ? And how the „buy-in“ of the institutions (hospitals, municipalities...)

How do we get enough reputation so that the population is trusting us (and does not fear that we will stop them to get necessary health services because of our profit interest)?
“buy-in“ of the population

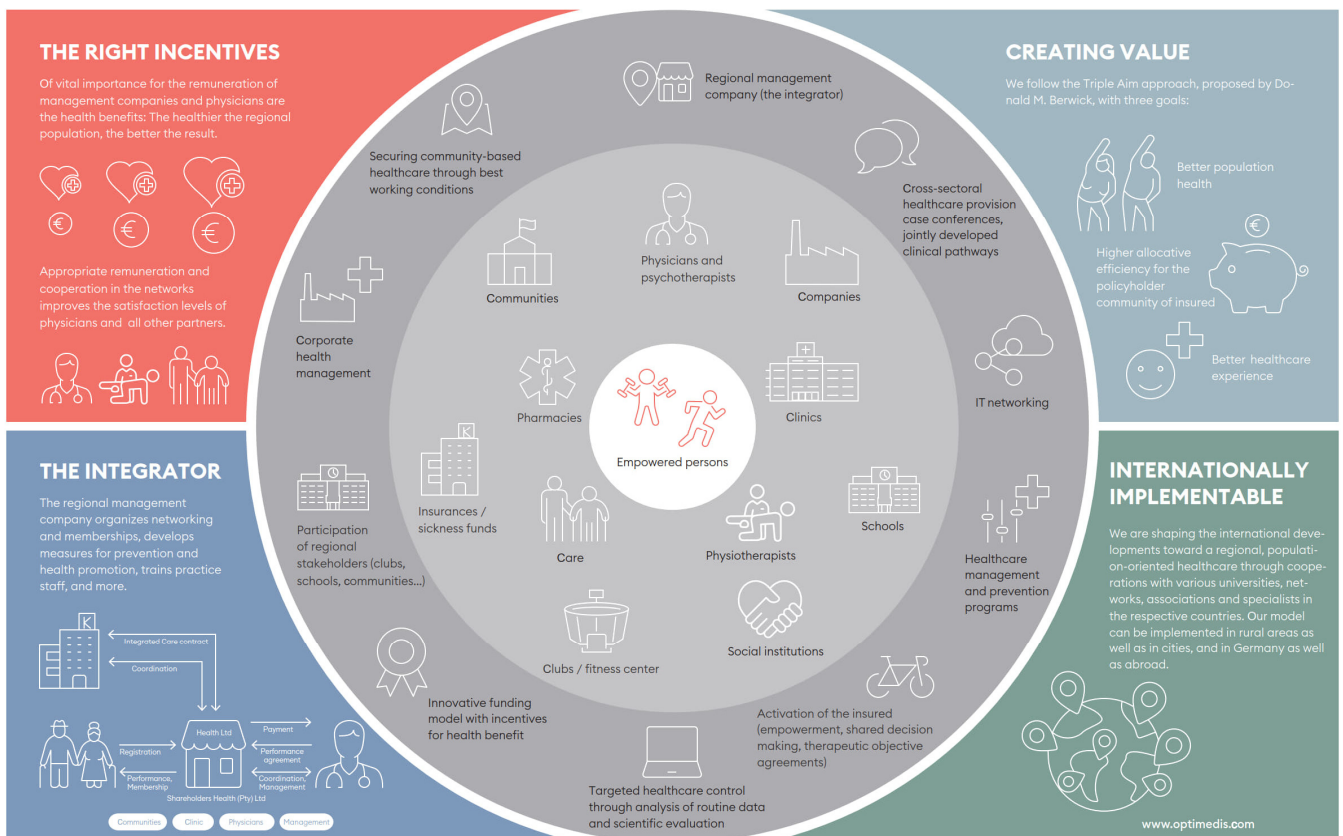
What are the primary areas of intervention?
Diseases? Situations like addiction, handicapped people? Prevention? Nutrition? Exercising?

Are we really sure enough, that we will earn enough savings proportion to be able to pay back our loans? And will the health insurances stay with us over time (without reducing our proportion)

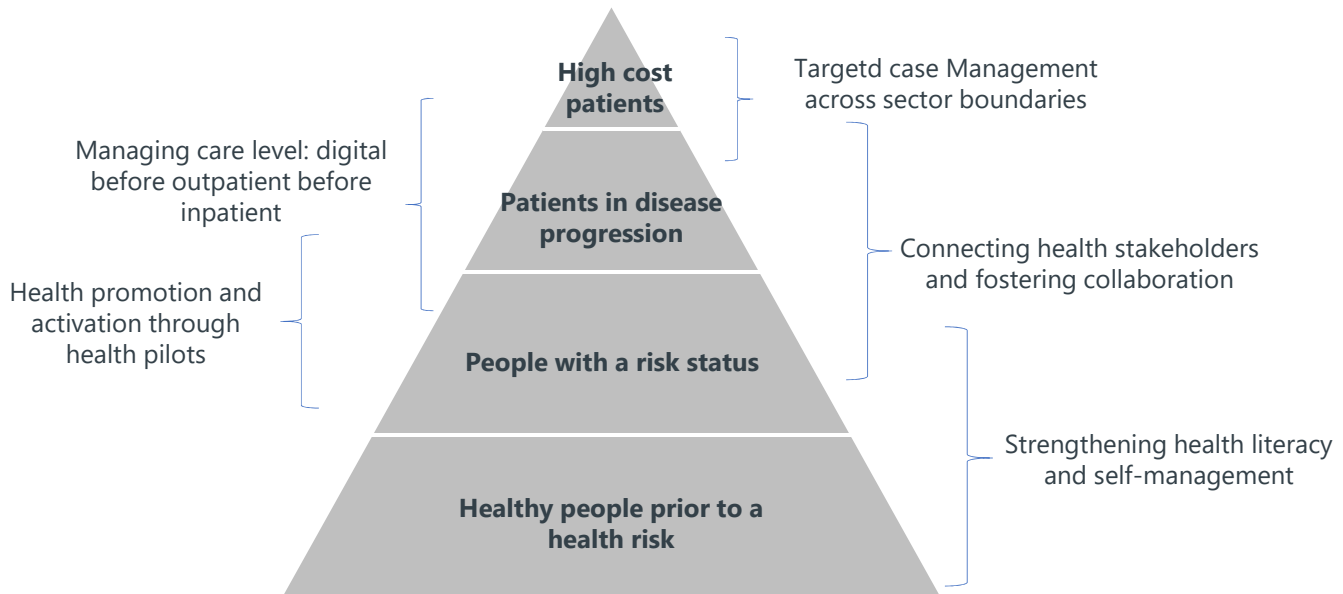
20 Years of development and of concrete implementation experience in building regional and linking health partnerships at national level



The OptiMedis-Model



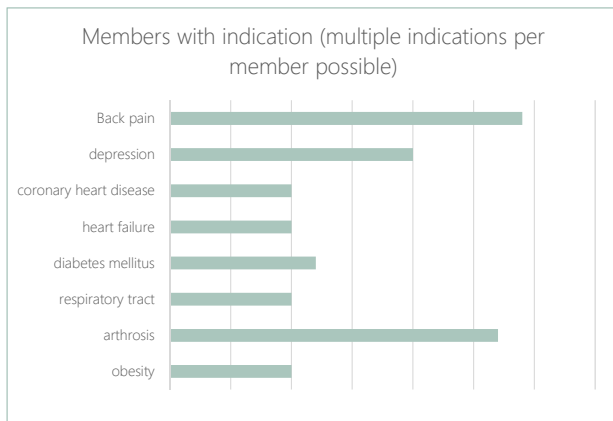
The optimization and care approaches implemented in the health partnerships are stratified according to target groups.



-> Provide the right interventions to the right persons at the right time

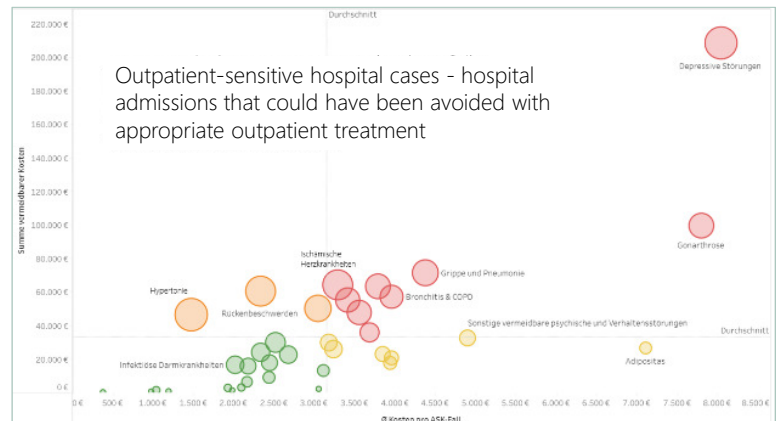
We use data-driven care management approach for targeted optimization, digital and self-management offerings

What indications do our members have?



Which hospital cases could be avoided?

Total potential for the participating health insurance companies



As a basis for our analyses, we receive the anonymized patient data of the participating sickness funds

Co-morbidities

Top N anzeigen
20

Sortieren nach
Patienten mit Komorbid...

	Patients with comorbidities	% of prevalence	Age standardized % of prevalence	Over/under prevalence against benchmark	Per capita margin
J06 # Akute Infektionen an mehreren oder nicht näher bezeichneten Lokalisationen	3.443	35,2%	31,7%	3,5%	417 €
I10 # Essentielle (primäre) Hypertonie	2.977	30,4%	28,8%	1,6%	-607 €
M54 # Rückenschmerzen	2.449	25,0%	23,5%	1,6%	-500 €
H52 # Akkommodationsstörungen und Refraktionsfehler	1.857	19,0%	17,5%	1,5%	-565 €
E78 # Störungen des Lipoproteinstoffwechsels und sonstiger Lipidstoffwechselerkrankungen	1.466	15,0%	14,0%	1,0%	-492 €
A09 # Sonstige und nicht näher bezeichnete Gastroenteritis	1.239	12,7%	11,2%	1,4%	-9 €
N89 # Sonstige nichtentzündliche Krankheiten der Verdauungsorgane	1.237	12,6%	11,4%	1,3%	-179 €
F32 # Depressive Episode	1.086	11,1%	10,5%	0,6%	-2.039 €
R10 # Bauch- und Beckenschmerzen	1.076	11,0%	9,7%	1,3%	-1.173 €
J30 # Vasomotorische und allergische Rhinopathie	1.050	10,7%	9,7%	1,1%	-126 €
E66 # Adipositas	923	9,4%	8,8%	0,7%	-1.703 €
D22 # Melanozytennävus	906	9,3%	8,4%	0,9%	348 €
F45 # Somatoforme Störungen	901	9,2%	8,6%	0,6%	-1.517 €
M53 # Sonstige Krankheiten der Wirbelsäule und des Rückens	897	9,2%	8,5%	0,7%	-1.010 €
M25 # Sonstige Gelenkkrankheiten, anderenorts nicht klassifiziert	895	9,1%	8,4%	0,7%	-880 €
R52 # Schmerz, anderenorts nicht klassifiziert	875	8,9%	8,6%	0,4%	-1.202 €
U11 # Notwendigkeit der Impfung gegen COVID-19	856	8,8%	8,2%	0,6%	439 €
E11 # Diabetes mellitus, Typ 2	854	8,7%	8,3%	0,4%	-1.756 €
J45 # Asthma bronchiale	848	8,7%	7,9%	0,8%	-6 €
M51 # Sonstige Bandscheibenschäden	844	8,6%	8,3%	0,4%	-856 €

- Back-Pain programm „ZusammenRücken“
- „Compass“ programm of participating Health insurance
- New obesity programm started in 2025
- Prediabetes programm

One of our first programmes was our intervention „Durchatmen, trotz COPD“ (breath freely, despite COPD)

Supplementary lung functioning monitoring in addition to the standard disease management programme

- + Screening by the pulmonologist of the clinic and a resident specialist
- + Digital support tool (spirometer)
- + Case management with specialized nurses
- + Smoking cessation program
- + Self-management group
- + media education

Neues Gesundheitsprogramm
Durchatmen trotz COPD

GESUNDER WERRA-MEISSNER-KREIS

Sie haben COPD?
Sie sind bei der BKK Werra-Meißner versichert?
Nutzen Sie **kostenlos** das neue Gesundheitsprogramm "Durchatmen trotz COPD" von GWMK.

Ihr Ziel: Sie werden mit digitaler Unterstützung zum Spezialisten Ihrer Lungengesundheit.

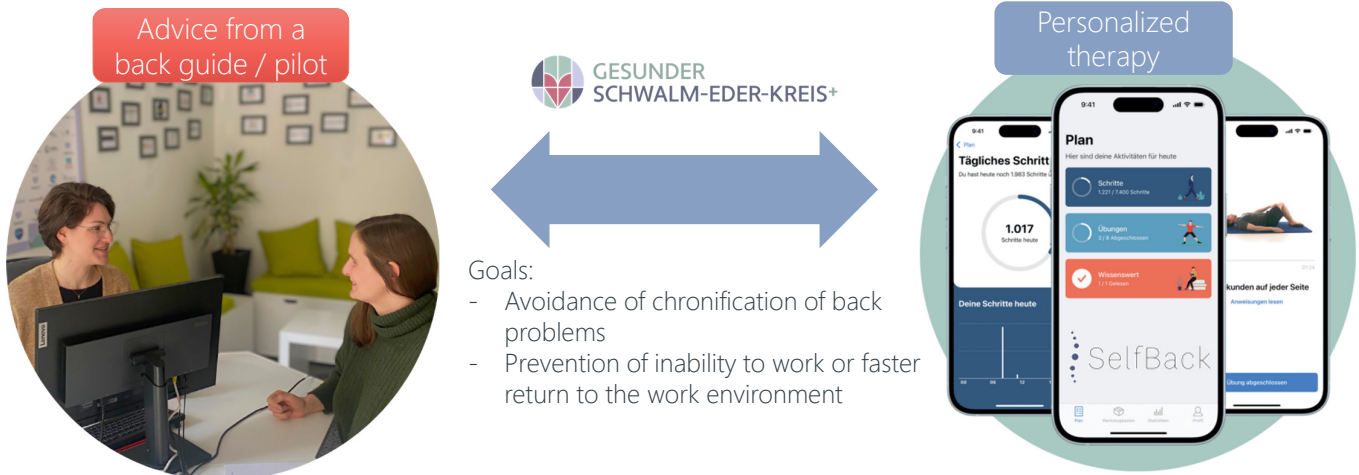
So geht's: Sie erhalten ein handliches Lungenfunktionsmessgerät. Eine Lungenlotsin erklärt Ihnen, was Ihre Werte bedeuten. Durch das tägliche Messen Ihrer Lungenfunktion, können Sie Ihre Therapie selbstbewusst mit Ihrem Hausarzt steuern.

Bonus: Ein Lungenfacharzt des Klinikums Werra-Meißner hat Ihre Werte zusätzlich im Blick.

Ein **weiterer Bonus:** Die Lungenlotsen von GWMK beraten Sie gern regelmäßig rund um das Thema Lungengesundheit.

Alle Details finden Sie hier:
www.gesunder-wmk.de/lungengesundheit
Kontakt: Tel: 05651 / 952 192-7
E-Mail: lungenlotse@gesunder-wmk.de

The hybrid* back pain care program “ZusammenRücken” combines state-of-the-art technology with individual coordination and care by specialized professionals



The hybrid approach and the support of a back guide are intended to increase the success of the intervention and significantly reduce the drop-out rate. The AI-supported personalization of the measures, through which the proposed measures are aligned with one's own environment and personal preferences, is intended to increase the adherence of the intervention.

*also known as blended care: integrating online interventions with regular physical touchpoints

Selected voices from our patients

"I look forward to my consultation appointment every time and feel in good hands with the GSEK+. It's nice to be accompanied over a certain period of time and to get new impulses again and again."

"For me, a change in diet was always a red rag. Through the personal advice and the individual tips, I have managed to find my own way."

"I am very happy that someone has taken the trouble to gather all the information and helps to provide orientation."

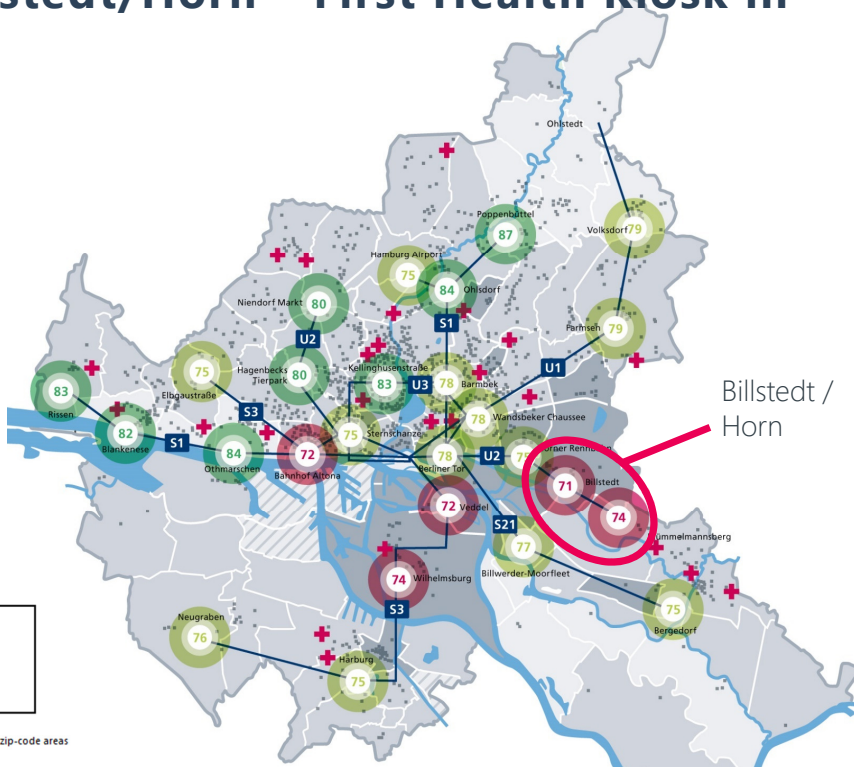
"I am very satisfied with the SelfBack app because I am regularly reminded and motivated to do the training. In addition, the exercises are tailored to me, which has helped me to be more active in my everyday life with chronic pain."



Bildquelle: Chat GBT vom 30.06.25

INVEST Project in Billstedt/Horn – First Health Kiosk in Germany

- Social disparities in regional healthcare
- Age at death is up to 13 years lower in Billstedt/Horn as compared to wealthier areas in north or west
- Onset of chronic diseases 10 years earlier
- Developmental disorders with children
- Low health literacy
- Inverse care law in real life!



*based on secondary data of the AOK Rhineland/Hamburg for the years of 2010-2014 on the basis of zip-code areas
 **Social monitoring Integrated urban development report 2015 (low > 5,88 > medium > -5,88 > high
<http://suche.transparenz.hamburg.de/dataset/sozialmonitoring-integrierte-stadtelementwicklung-bericht-2015-anhang>

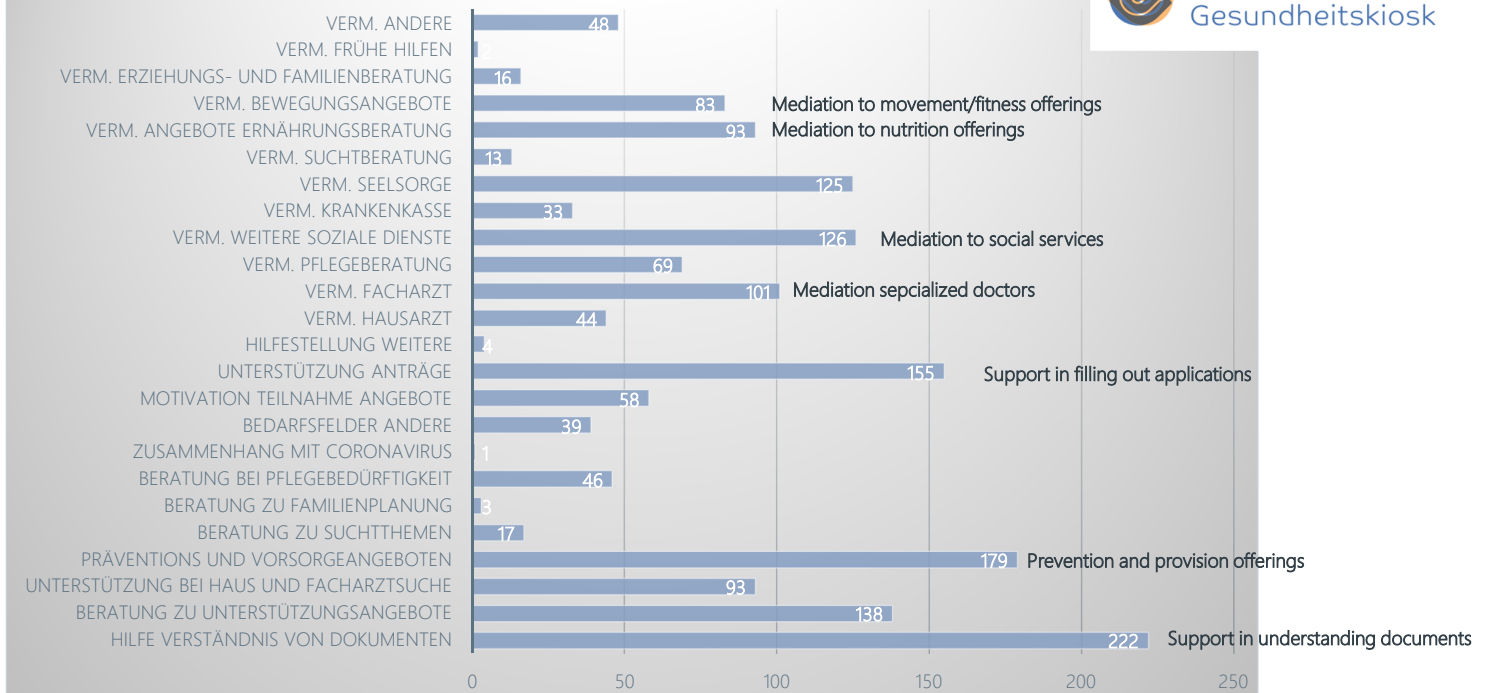


Our newly founded Health kiosk is located in a deprived area of Bochum and offers support in several languages for people in need



Supported Languages: Albanian, Arabic, German, English, French, Russian, Turkish

Topics of counselling and mediation



Gesundheitskiosk Bochum Wattenscheid – WATgesund gGmbH

Caring and networking in the region

The community care teams advises, accompanies and supports vulnerable people so that they can remain mobile for as long as possible and live well cared for at home.

Healthpartnerships	Type of caregiver function	Number of FTEs
Gesunder Werra-Meißner-Kreis	Community care	4 Persons (3VK)
Gesunder Schwalm-Eder-Kreis+	Community care	6 Persons (4VK)
Gesundes Landleben	AGATHE specialists	4 VK
Gesundheit für die Werra-Kali-Region	Volunteer health workers	Currently 10 people

Gefördert durch:



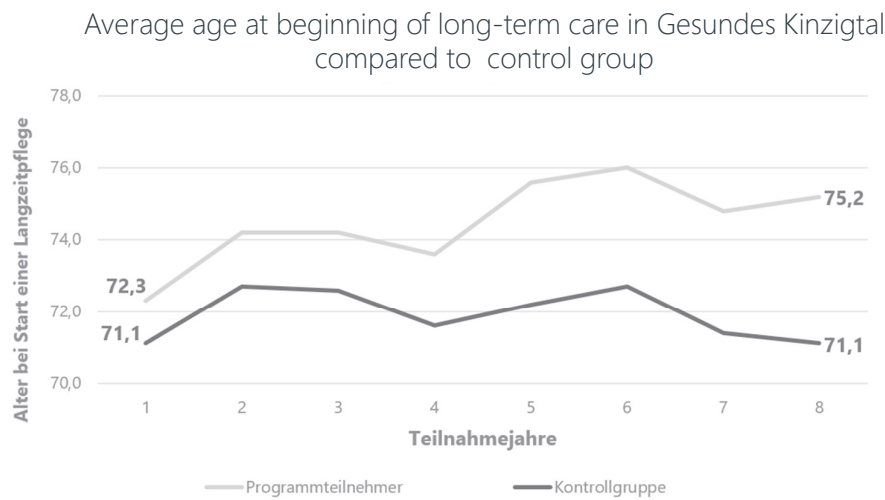
Hessisches Ministerium für Soziales und Integration



Freistaat Thüringen
Ministerium für Arbeit, Soziales, Gesundheit, Frauen und Familie



3 Years Gained in Healthy Kinzigtal until the time of the need for longterm nursing care (intervention vs control)



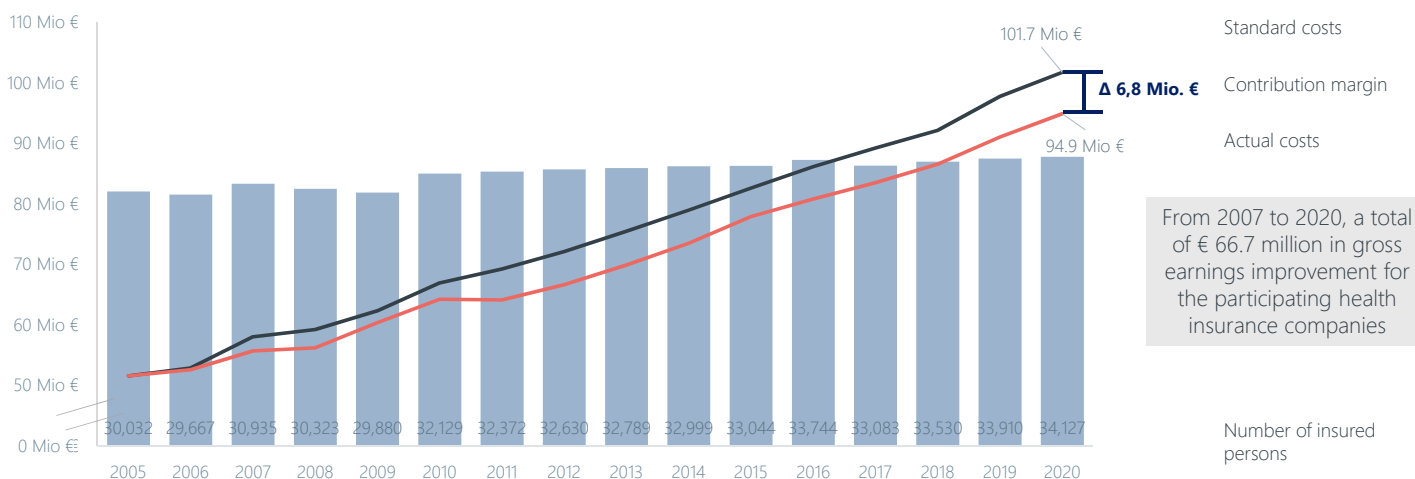
Quelle: Eigene Darstellung, Auswertung OptiMedis AG



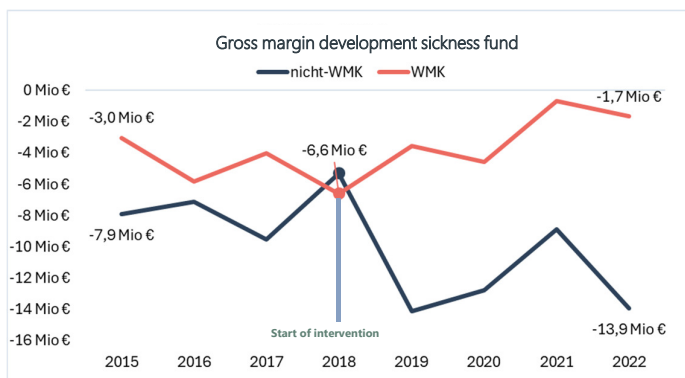
Gross Earnings Improvement for the Participating Sickness Funds at Gesundes Kinzigtal: € 6.8 million in 2020



Development of standard costs, actual costs, contribution margin and number of insured persons of the AOK and SVLFG in Gesundes Kinzigtal



However shared savings contracts need a minimum size of included population to compensate for unforeseen annual financial fluctuations



Population size of participating sickness fund				
Jahr	SEK	SEK+	WMK	Gesamt
2021	7.031	2.756	840	10.627
2022	6.961	2.800	852	10.614
2023	6.891	2.839	855	10.585

Shared-Savings				
Jahr	SEK	SEK+	WMK	Gesamt
2021	274.185 €	62.938 €	357.106 €	697.009 €*
2022	-1.204.792 €	477.684 €	173.921 €	-550.219 €
2023	519.076 €	70.338 €	-263.435 €	324.734 €

➔ Changed shared savings contract into a KPI (value) based contract measuring growth of member base, new programs developed, No of active medical network partners, % of activated members,...



International Example: Developing joint Population Health Management approaches in France

- Collaboration with French Hospital Federation (FHF) within the « responsabilité populationnelle » programme (Antoine Malone),
- explore French – German collaboration of hospital associations
- Integration of clinical and preventive care patient pathways
- Explore data use for management and impact measurement for health territories



- Territoire de Santé de Demain – developing an integrated care approach in Strasbourg Territory
- Develop digital patient pathways for chronic care with French multi- professional health networks
- Use of routine health care data for territorial morbidity and mortality analysis and measuring impact



May 2023: Proof of our Work through OECD

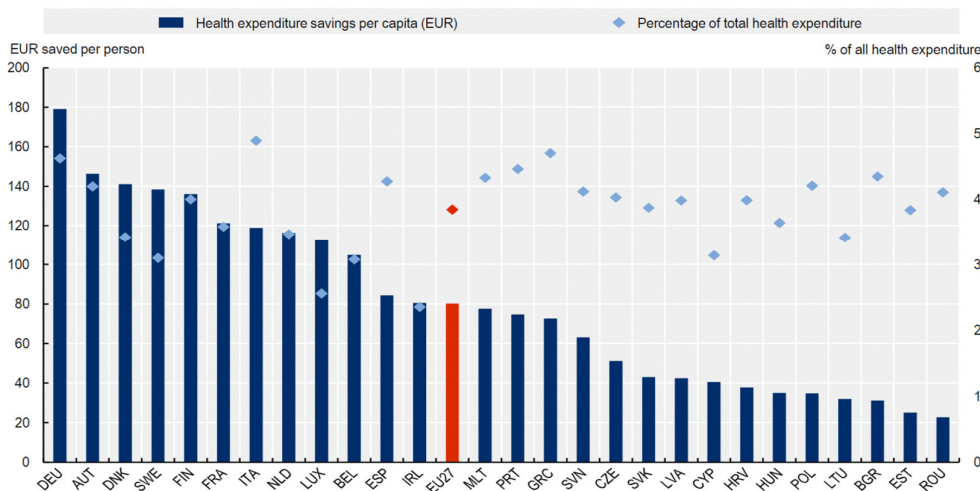


The OECD-Case report: [OECD-Article Case-Study OptiMedis](#)

The Average Saving per Person in Germany: 179€ (=4,6%) in 2022 – 2050



Figure 3.5. Health expenditure (HE) savings as a percentage of total HE and per capita (EUR), average 2022-50 – OptiMedis, EU27 countries



Note: Per capita costs reflect the population aged 20 years and over.
Source: OECD analysis based on neural networks and OECD's SPHeP-NCD microsimulation model.

For 2023 this would amount to 14 billion € of the approx. 300 billion € in health expenditures of the health insurance system

Other advantages:

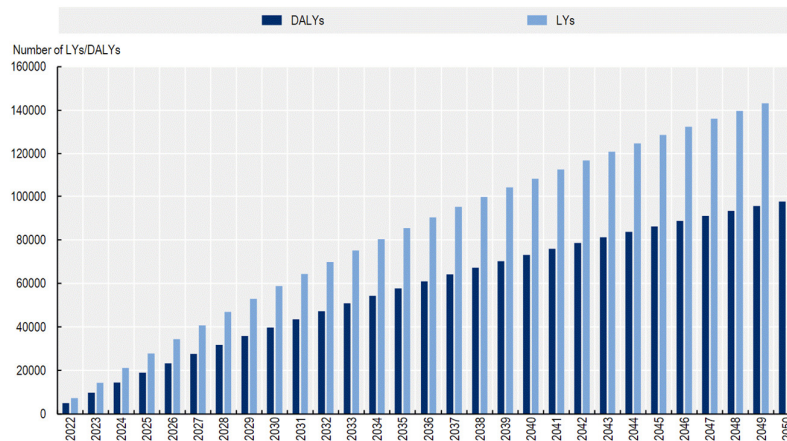
- Reduction of the overall social security contribution rate to below 40%
- Reduction of the shortage of skilled workers
- Reduction of the costs of „help for care“ for the municipality

Modeling of Life Years (146 TY) and Disability-Adjusted Life Years (97 TY) in Germany by Implementing the OptiMedis-Model



Implementing the OptiMedis integrated care model across Germany is estimated to lead to an additional 146 441 life years (LYs) and 97 558 disability-adjusted life years (DALYs) by 2050.

Figure 3.2. Cumulative number of LYs and DALYs gained, 2022-50 – OptiMedis, Germany



Source: OECD analysis based on neural networks and OECD's SPHeP-NCD microsimulation model.

Lessons Learned (1/2)



1. Building a "pilot" that is out of the standard health care with all the different actors, their remuneration and the lack of reward for quality is complex and needs a huge amount of effort.
2. The motivation of the service providers to enroll insured persons in the programs and the motivation of the insured to participate in the programs stagnates over time – causing a high effort of maintenance.
3. Appeal to politicians: "Integrated" = cross-sectoral care must become the "default" solution and standard care must become "special care".

Lessons Learned (2/2)



4. We need "quality champions" from all professional groups in the regions who sincerely work with desire, energy and scientific and practical interest in continuous improvement. But we need as well the "normal" crowd. Integrated care needs to get the new "normal".
5. The selected regions need to be sized carefully and should be cut according to similar regional conditions
6. The regions need evaluation data in a timely manner in order to be able to react to the data, preferably in "real time".
7. Beyond doctors and other health professions, we must also address patients and other professional groups directly, and the resulting effects must then also be taken into account in the evaluations!

Current legal developments in the German Health care system are promising, however some good chances missed...



Hospital Reform (KHVVG) – since 01.01.2025 – decided but still implementation details open

- Strategic management via medical service groups and quality criteria - > **many hospitals under pressure**
- Financing: 60% as a retention fee instead of pure DRGs
- Transformation Fund (2026–2035): €50 billion for transformation and specialisation

Transparency & Planning

- Federal Hospital Atlas with Quality Data → **High Public Visibility**
- Federal State planning is crucial for Hospital locations and service mandates

Outpatient treatment

- Hybrid DRGs expanded; Remuneration improved
- Increasing pressure to shift inpatient services to the outpatient sector

Regional care (GVSG) – since 01.03.2025

- **Planned structural reforms (kiosks, primary centres, health regions) largely cancelled → responsibility more with the states and municipalities, opportunity for a major structural change in health care in the direction of prevention not used !**
- Only debudgeting of general practitioner care remained - > **short term solution, but increase in spendings**

The main challenge remains: Transforming Regions with a variety of Hospitals into a Regional Intersectoral digitally connected Health Care System



Thank you for your time!



JUSTIN RAUTENBERG

Senior Manager Integrated Care, OptiMedis AG
CEO of Gesunder Schwalm-Eder-Kreis+ GmbH
CEO of WAT gesund gGmbH

E-mail: j.rautenberg@optimedis.de

Mobile: +49 163 2789926





www.optimedis.com