

[O17] EFFECTIVENESS OF TREATMENT IN NETWORKS PRACTICING SHARED CARE FOR PEOPLE WITH DFS

Dirk Hochlenert¹, Kerres Thomas²

¹*Diabetologist Practice, Koeln, Germany*

²*D A K – Gesundheit, Vertragsmanagement - Neue Versorgungsformen, Düsseldorf, Germany*

Aim: The German, nationwide insurance company DAK concluded in 2008, in the region of Northern Rhineland, contracts with 70 diabetologist centers certified according to the German Diabetic Foot Working Group. Northern Rhineland is a region with approximately 9.550.000 inhabitants. The centers together with surgeons, specialized nurses, podiatrists and shoemakers form 5 regional networks of shared care with enhanced quality insuring measures. Each network covers a region of 1-3 million inhabitants. In 2015 DAK analyzed reimbursement data to answer the question, whether specialized care in a network is associated with less amputations than treatment outside a network. The secondary aim was to assess the costs inside and outside the network.

Method: In a retrospective analysis, data of 1052 people with active DFS (wounds or active Charcot foot) starting treatment from 01.01.2009 to 30.06.2014 was analyzed. The control group was found among other people insured by DAK using matched pairs found by propensity score matching. This accounted for an equal distribution of factors such as sex, age and overall burden of diseases.

Results/Discussion: In the network treatment 14 major and 182 minor amputations had been reimbursed. Outside the networks the figures were 40 (p: 0,0004) and 203 (p: 0,28). The major contributors to costs were hospital stays (1351/1655 in/out in Euro in the quarter of the begin of therapy), drugs (423/430) and medical costs in outpatient facilities (583/389). Costs could be analyzed for a period of up to 5.5 years and were slightly higher in the first 2 quarters and slightly lower for 4 quarters thereafter without significant difference between both groups.

Conclusion: Treatment in specialized and certified centers organized in networks applying shared care reduces major amputations significantly by two third and minor amputations not significantly while costs do not differ.