

Target population: the community of Büsum, including a large proportion of tourists, the staff and volunteers of the health centre

Care setting: Primary and community services based from the health centre

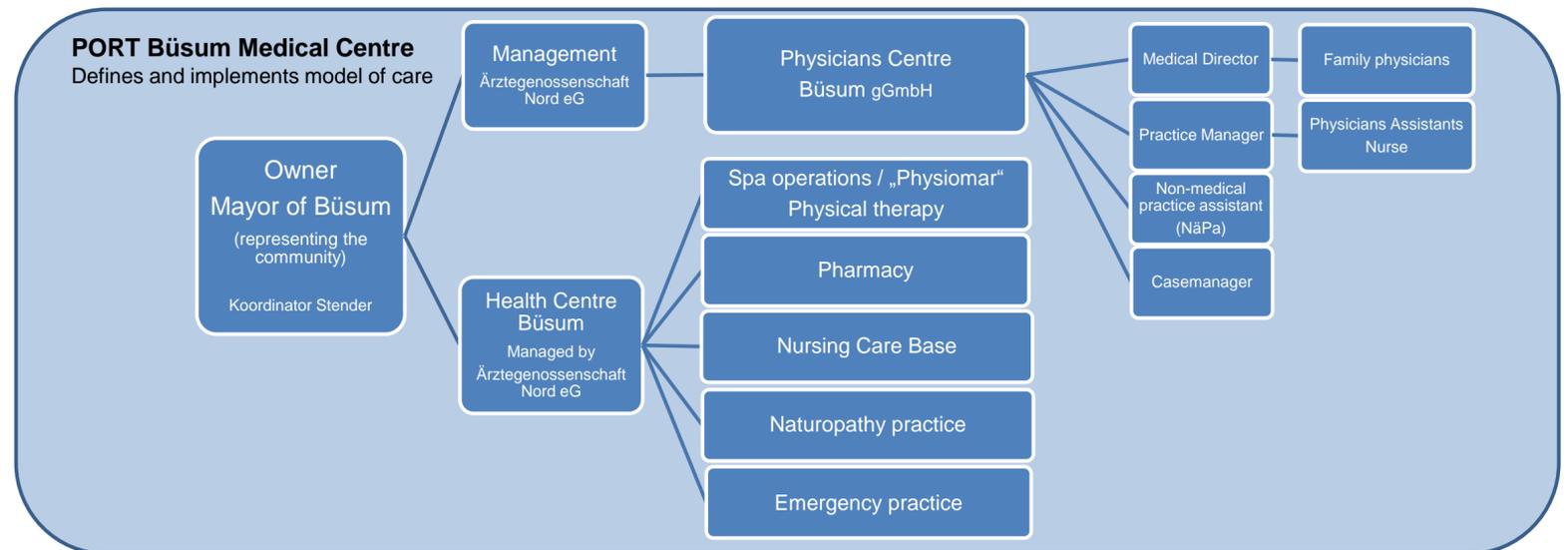
Mission: provide multi-professional, continuous care to the whole community, in one place, with a population based, sustainable care approach

Funding: Robert Bosch Stiftung

Partners: PORT Medical Centre, the Community (represented through the Mayor of Büsum), the Doctor's Cooperative (Management Company), Institute for Family Medicine at the University of Lübeck

Background: Germany doesn't have a primary care centred health care system – the patient is free to go to any practice they want and they can even go directly to the specialist.

Governance & management

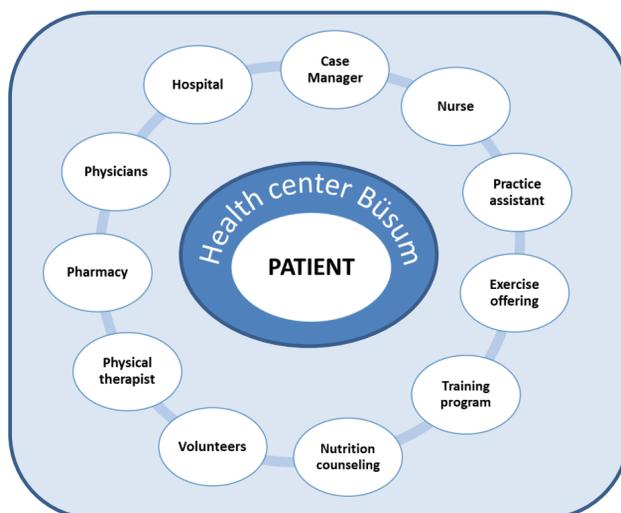


Context

The community of Büsum is located in the rural district of Dithmarschen in the north-west part of Schleswig-Holstein, the very north federal state of Germany. While Büsum and its neighbouring towns has only ca. 8,000 inhabitants, due to many tourists visiting the area, around 14,000 treatment cases are counted each year at the health centre. 60% of Büsum's population is 60 years or older.

In Germany physicians tend to be self-employed. Unfortunately, as is the case with many rural areas around Europe, Büsum was facing a shortage of physicians to staff its health centre, so the community took a different approach. The community decided to employ physicians and succeeded in making it more attractive for physicians to work in Büsum. Büsum became the first community-owned practice in Germany.

Approximately two and a half years ago, the community-owned health centre received funding from Robert Bosch Stiftung to become a PORT centre (Patient-Oriented Centers for Primary and Long-Term Care program) and move towards a more team-led model of care. Currently, approximately 260 patients receive special, continuous, geriatric care at the PORT health center and about 7,800 chronic illness related cases are treated to each year.



What this initiative is about

In order to provide comprehensive care closer to home as well as support a more proactive and team-led approach to care, the following interventions are being implemented:

- Home visits for chronic care patients** – beginning in April 2018, specially trained medical assistants (e. g. nurse) of the PORT medical centre Büsum started carrying out home visits (initially to patients with coronary heart disease). During these visits, they use special devices to collect biometrics and a range of medical data that are then digitally transferred to the practice for the physician to review. This enables faster diagnosis, as in Germany nurses are not allowed to diagnose patients.
- Video conferences with specialists** - at the beginning of 2018, GPs began video conferencing specialists (starting with ophthalmology) to receive live input, improving access to care. The plan is to expand this to rheumatology and dermatology in September 2018.
- Development of multi-professional care pathways for case management** – this is to allow the patient to have just one point of contact coordinating all relevant activities for the medical care. Special pathways for geriatrics are being developed that encompass assessment, multi-professional case conferences, and regularly rounds by medical assistants. An inter-professional quality management system is also being implemented to support structured, needs-oriented patient care.
- Education** - organised free and open lectures on medical topics (e.g. nutritional medicine, relaxation methods) to empower patients, citizens and tourists on the area on various medical topics.

The plan is to also use the telemedical elements of this new model of care in regular primary care within the practice team, between practice team and nursing home staff and specialists. Volunteers are being recruited to support the development of the new model of care at the PORT centre.

Impact / evaluation

The PORT-Project is being evaluated by the Robert Bosch Stiftung, Berlin. The first evaluation is to take place in January of 2019.

The expected impact is that:

- The area of the community Büsum is strengthened as a health location
- Büsum is becoming an attractive employer of the future
- Civic engagement and social cohesion in Büsum are strengthened
- Better networking of regional health care provider offered in the area

Insights / lessons learnt

- Results from questionnaires on chronic care in patients with multi morbidities (PACIC, EUROPEP, MHCCS II) have been performed.
- From an implementation point of view, the barriers and enablers to convert the medical practice into a 'medical home', such as team building and behavior change are detected.
- Non-physicians carrying out home visits is a relatively new thing in Germany, first project AGnES started in 2005.
- It is crucial to take the staff/workforce views into account and making sure they are not left behind.
- Telemedicine is commonly used elsewhere in the world, but in Germany it is relatively new and it has been challenging due to several legal requirements.