



International
Global Forum for Health Care Innovators

The Business of Population Health Management

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Foreword

To date, our population health management case study series has profiled two very different institutions—Ribera Salud Group, and the Montefiore Health System. The former is a private organisation in Spain invited by local government to manage health care for their population; the latter is a large hospital in the Bronx, New York that worked towards population health management partly as a survival strategy to reduce acute demand from its challenging population.

This case study takes us to the dense evergreens of the Black Forest in Germany. We describe a partnership between a management company and primary care network to improve care and reduce costs for the community in the Kinzig Valley. Gesundes Kinzigtal (Healthy Kinzig Valley) is one of the longest running and most demonstrably successful integrated care organisations operating today. Not only have the insurance organisations responsible for this population saved significant amounts of money, but also, even more importantly, citizens enrolled in the programme survive and thrive longer than their peers outside the programme.

Through this case, a number of interesting and potentially uncomfortable questions arise for providers and policymakers around the globe. How can we appropriately align incentives around health maintenance and away from health care delivery? What role could the private sector and independent doctors play in driving more efficient integrated care? Can we create contracts with payers with long-enough timeframes to see positive returns from population health management? How do we design programmes to provide robust evidence of efficacy and cost reduction? How can this evidence demonstrate a sustainable health promotion model with clear outcomes?

Despite these questions, we live in an era in which every nation must learn to better care for its increasingly poly-chronic populations while simultaneously maintaining or reducing costs. Cases such as Gesundes Kinzigtal, Ribera Salud, and Montefiore suggest that this can be done, given sufficient time, hard work, and proper incentives. More importantly, for members of the Global Forum, this is possible for visionary providers and through innovative partnerships.

Advisory Board International

Washington, DC 2016

Gesundes Kinzigtal GmbH

Executive Summary

This brief describes a German population health management organisation that has integrated care, improved clinical outcomes, and demonstrably reduced population health costs over nine years.

In 2006 in the Kinzig Valley, a doctor group wanted to provide more integrated care for the local population. They partnered with a management company to take advantage of new government incentives. This team entered into a joint risk-sharing agreement with two health insurance funds to manage the funds' insured populations. They made careful investments in health IT, gained buy-in from providers, paid for preventive care, and optimised services for distinct segments of the population. They also made the programme attractive enough for patients to join voluntarily. In short, they aligned incentives in order to make population health management appealing to all involved.

In 2014 alone they realised €5.5M in savings for the insured population compared to risk-adjusted normal costs of care in Germany. They reduced hospital days and reduced medication costs, increased life expectancy among enrollees by 1.2 years, improved patient access, and attained customer satisfaction rates of 94%.

Background

German Health System in Brief: Fragmentation Leading to Cost, Quality Inefficiencies

Germany's health system provides near universal coverage through competing not-for-profit insurance groups (Krankenkassen or "sickness funds"). These groups receive funding—adjusted for the demographics and morbidity of their population—from a centralised body.

Though funding is centralised, policy implementation tends to occur at the local level. As a result, the system acts in a highly decentralised way. Germany has a larger number of primary care doctors and hospital beds per capita than similar countries. Providers are typically independent and compete for patients who access care frequently and are free to choose where they receive that care. Sickness funds have little control over what they must pay for and cannot provide care or management themselves. At times, this means insurers lose money on high-risk patients despite receiving extra funding for them. Although various attempts at cost control have been made over the years, Germany's health system is still relatively expensive.

A decentralised system of competing providers such as this typically has the benefit of increased access, local responsiveness, and patient choice. However, incentives to provide coordinated care and population health management are often lacking. This was certainly the case in Germany at the turn of the 21st century.

Germany Fast Facts

80.6M

Population

11.3%

Proportion of
GDP spent on
health care

3.9

Hospital beds per
1,000 people (vs.
2.9 in the UK)

-0.2%

Population
growth rate

84%

Primary care
doctors using
an EMR

8.2

Doctors per 1,000
people (vs. 2.8 in
the UK)

Health Care at a Glance

- **Governance** – German health care is based on a Bismarck statutory health insurance system. The federal and local governments make cost and care decisions, while allocating budgets to insurers based on risk-adjusted patient volume.
- **Coverage** – Insurance coverage is universal. Citizens are covered by not-for-profit "sickness funds" (86% of the population). If they earn above a certain amount, they can elect to purchase substitutive private health insurance that may include improved amenities.
- **Financing and Payment** – Provider payment is set annually by the government; providers may offer non-covered services for which patients will pay. Primary care is paid on a fee-for-service basis, while inpatient care is paid per admission through diagnosis-related groups.
- **Care Delivery and Facilities** – Regardless of ownership, hospitals are staffed by salaried doctors, while primary care doctors and ambulatory specialists are private providers.

Legislation Creates Opportunity for Care Innovation

In the 1990s, in the Kinzig Valley (see map), a group of primary care doctors (MQNK¹) began working together to overcome the fragmented health system in their region and provide better care for their increasingly poly-chronic, ageing population. They believed that if the correct incentives existed, they could provide more appropriate services. However, they recognised that even if those incentives existed, they lacked both the expertise to negotiate and manage contracts with insurance companies and the data management systems and skills to manage population health effectively.

Their opportunity came in 2004 with the passing of the Statutory Health Insurance Modernisation Act, part of the national government's effort to reduce system fragmentation. One component of the reform allowed health insurance companies to spend up to one percent of doctor and hospital expenditures on integrated care programmes. OptiMedis AG, a Hamburg-based management company worked with MQNK to propose the formation of a new regional care company (Gesundes Kinzigtal GmbH).

Through this company they would enter into a shared savings agreement with two of the region's insurers (AOK² and LKK³) to manage the health services and expenses of their entire insured populations. A key provision of this agreement was the following: if the sickness fund paid less than their population budget in any given year, they would share the savings with Gesundes Kinzigtal.



To avoid a windfall profit, only the savings in excess of previous profits would count. After a long negotiation process, the insurers agreed to a nine-year contract, which was later extended an extra year.

Thus, Gesundes Kinzigtal (GK), or “Healthy Kinzigtal”, was born. The MQNK doctors would provide the care, and OptiMedis would manage the business.

1) Medizinische Qualitätsnetz - Ärzteinitiative Kinzigtal

2) Allgemeine Ortskrankenkasse

3) Landwirtschaftliche Krankenkasse

Business Structure in Brief

Primary Care. The MQNK doctors establish the care management protocols and provide the majority of care. The doctors develop joint goals with patients and regularly revisit and adjust the care plan. They provide the clinical backbone of the partnership with a reputable, long-standing presence in the market. Most of the partnering GPs have a stake in the business as members of MQNK, but GK also provides additional incentives to promote engagement (see below for more detail).

Business Management. OptiMedis provides the business expertise. The company manages the insurance company contracts. It also monitors and manages utilisation data and oversees and delivers payments to any additional care providers. It monitors the organisation’s performance evaluations and conducts much of the analysis, training, and management of interventions and programmes.

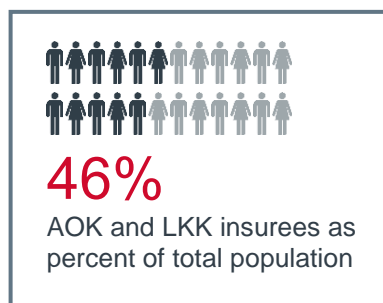
Stakeholders and Responsibilities in the Gesundes Kinzigtal Model

Stakeholder	Role and Responsibility	Incentive to Participate
OptiMedis AG	<ul style="list-style-type: none"> Management company with background in health sociology & economics; owns 33% of organisation Provides contractual & management expertise as well as data analytics support 	<ul style="list-style-type: none"> Receives portion of shared savings from insurers Access to comprehensive patient information through central electronic platform
MQNK	<ul style="list-style-type: none"> Multispecialty doctor network based in the Kinzigtal region; owns 66% of organisation Provides clinical & regional expertise & creates patient care plans 	<ul style="list-style-type: none"> Extra reimbursement—amounting to 5%-10% additional revenue—for extra time spent with patients & OptiMedis team Regular networking meetings & quality circles with other doctors Extra training in shared decision-making & patient empowerment
AOK & LKK	<ul style="list-style-type: none"> Two sickness funds contracted to fund the integrated care organisation & care provision for their respective populations 	<ul style="list-style-type: none"> Shared savings contract rewards reduced utilisation, incentivising more cost-appropriate resource use & saving the insurer money Comprehensive care management services provided for patients at no additional cost to payer
Contracted Care Continuum Partners	<ul style="list-style-type: none"> Social & community providers paid by GK to augment care management when necessary Partners include: 33 general practitioners, 16 pharmacies, 2 social service agencies, 8 hospitals, 16 nursing care providers, 27 specialists, & 10 physiotherapists 	<ul style="list-style-type: none"> Provided support services such as contract administration, maintenance of the shared database, training support, & communication campaigns Guarantee of monitoring & evaluation of services, & relationship with LKK & AOK
Community Partners	<ul style="list-style-type: none"> Ancillary service providers who offer enrollees wellness & other healthy life incentives Partners include: 6 fitness centres & 38 volunteer & other associations 	<ul style="list-style-type: none"> Access to large pool of customers who are incentivised to utilise their services
Patients	<ul style="list-style-type: none"> Voluntarily enroll in the programme Develop a joint care plan with doctor Vote for patient representative 	<ul style="list-style-type: none"> Improved care coordination across all care sectors Choice of a “doctor of trust” who conducts additional care management Care providers who have been trained in shared decision-making Additional health check-ups and preventive care Access to consultation with doctors outside regular hours Discounted fitness class & sports club membership fees Most extra services are either free or low cost

Care Delivery

Voluntary Enrolment in Care Management Programme

GK contracts with the insurers AOK and LKK to manage their entire insured population of 33,000 citizens (just under half of the local population). The typical AOK and LKK participant has a lower education and economic status and higher morbidity rate than participants in other funds. Nothing changes for the sickness funds—they continue to pay providers as in the past. However, GK's success depends on appropriately managing the care of multi-morbid, chronic disease patients through the participating doctor network, and in helping to keep low-risk individuals healthy.



Because the government requires citizens to opt into such programmes, GK has to make their offerings as attractive as possible to encourage individuals to volunteer for the integrated care management programme as well as participate in public health initiatives. As such, GK offers patients who opt into this plan incentives such as wellness vouchers for participating in care management classes, extended care hours with primary care, and expedited appointments with certain providers.

In 2008 approximately 4,400 individuals were enrolled in GK's programme; at the time of writing that number has grown to more than 10,000. Those who do not enroll receive the same treatment they normally receive, although some are treated by doctors involved and trained in the GK model because all patients have free choice of doctors. At the outset, 40% of all doctors in the area were part of the programme; today 60% are involved. *See Appendix 1 for key milestones from launch to the present.*

Model

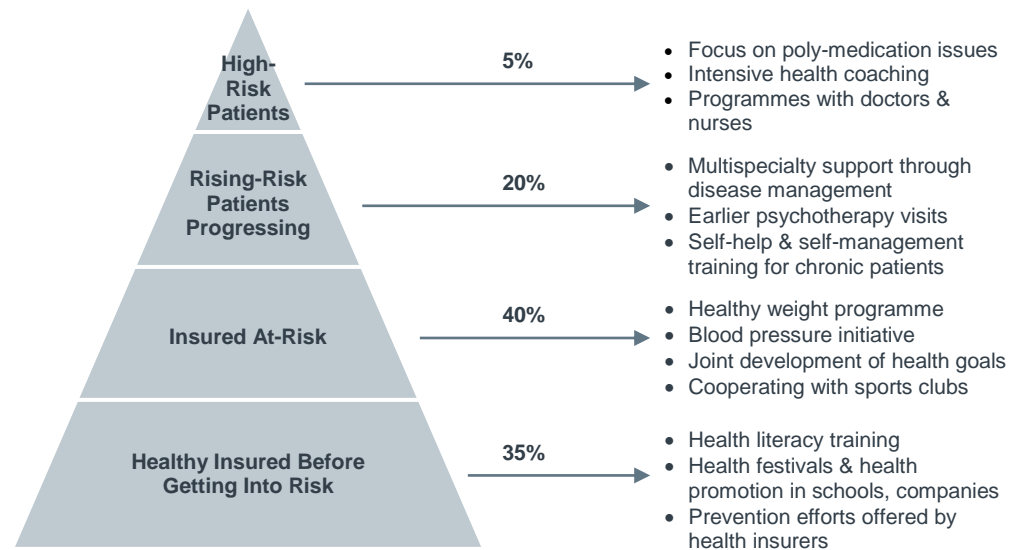
The care model consists of three interwoven elements: risk stratification and data analysis; enhanced primary care management; and public health initiatives.

1. Risk Stratification and Data Analysis

One of the first and biggest investments OptiMedis made—and has continued to make over time—was in a multi-million euro information technology infrastructure. The infrastructure helps OptiMedis with two primary goals: to gather insurer, hospital, and provider data in order to run analyses, and to build connections between providers to track patients across the system. Their data warehouse includes insurer data on claims, diagnoses, services, prescriptions, and hospital admissions, as well as data from service partners. This helps them to identify high-risk patients, predictively monitor and plan intervention programmes, and track quality and outcomes. Additionally, the central electronic platform enables all partnering doctors to access information stored by all other partnering providers.

Using this data, GK segments the population into healthy insured, low-risk, rising-risk, and high-risk groups and develops separate strategies for each group. They utilise robust data analyses to understand what interventions are needed for each population, and they create programmes and tactics to improve management and reduce costs.

Population Segments and Sample Interventions



Full analysis of their data enables them to identify interventions that would prevent health deteriorations in their high- and rising-risk patients that would lead to extra care such as a preventable hospital admission. In many cases, OptiMedis chooses to offer extra payments and incentives above what the insurance company offers in order to prevent symptom exacerbation or rapid progression of disease. Such investments include extra provider payments for certain additional assessments and longer appointments, provision of care that is either not covered by the health funds or involves a long wait time, training of ancillary staff, hiring health coaches, introducing public health initiatives, and paying for more effective pharmaceuticals and treatments. They are able to make these investments in a targeted and cost-effective manner in large part due to their data infrastructure.

Example Early Intervention Services

- Smoking cessation programme
- Acute psychotherapeutic service
- Acute social and psychosocial coaching
- Exercising/training for elderly with osteoporosis

2. Enhanced Primary Care Management

Individuals enrolled in the integrated care programme receive extra care management and expanded access to services outside typical business hours.

One of their earliest interventions was 'Strong Heart', a programme for high-risk patients suffering from heart failure. The programme utilises medical assistants trained as case managers who work closely with those enrolled. The patients are responsible for monitoring their weight and blood pressure daily, and their case manager is responsible for regular interactions via phone calls or home visits. The case manager shares his or her findings with the doctor, who then determines the best intervention. 'Strong Heart' is supported by information, data, reports, and evaluation by GK. See *Appendix 2 for summaries of additional care management programmes.*

This enhanced care management is partly enabled by supplemental reimbursement to the doctors for providing extra services and spending more time with patients.

Examples of Activities Reimbursable with Gesundes Kinzigtal

- Performing comprehensive health check-ups
- Calculating patients' prognoses
- Developing individualised treatment plans
- Developing and implementing preventive programmes
- Providing case management to patients with chronic diseases
- Participating in project group meetings

Doctors are also reimbursed for the costs associated with extra paperwork, IT for data exchange, and upkeep of electronic medical records. Furthermore, while the savings to date have been reinvested to grow the programme, the ultimate goal is to share gains with providers for quality management and the provision of extra services.

Despite the various financial incentives, many doctors say the primary reason they participate is because they see how this care model benefits their patients.

GK not only has high doctor retention, but they also actively recruit younger doctors. Given that one third of Kinzigtal general practitioners (GPs) are over the age of 60, they see the importance of investing in the future of their workforce. They feel that younger doctors are also more likely to embrace many of the central aspects of this care model, including an emphasis on IT and shared decision-making between doctor and patient. To date they have had five young doctors take over GP practices in Kinzigtal.

3. Prevention and Public Health

With an emphasis on prevention, GK invests substantial time, effort, and funds to intervene earlier in the disease progression, thereby reducing future costs. They understand it is less costly—and better for the patient—to invest more heavily early on to enable a patient to remain stable and healthy for longer. As such, prevention is at the very core of all of GK's work and initiatives.

GK has several additional and complementary prevention efforts. Launched in 2014, their Health Academy has over 20 courses, training sessions, and workshops to teach health professionals and the broader community core principles of prevention and public health. For instance, they offer training on case management for nurses and provide conferences on integrated care for doctors.

Prevention efforts also extend into the community with health education in schools. They hold cooking classes, exercise groups, physical education and nutrition classes, and workshops on a variety of health topics.

Furthermore, they have expanded their public health offerings through a fitness and training centre that offers strength and endurance training and equipment. This facility has reduced fees for GK participants, and is closely linked with integrated care programmes.

Results

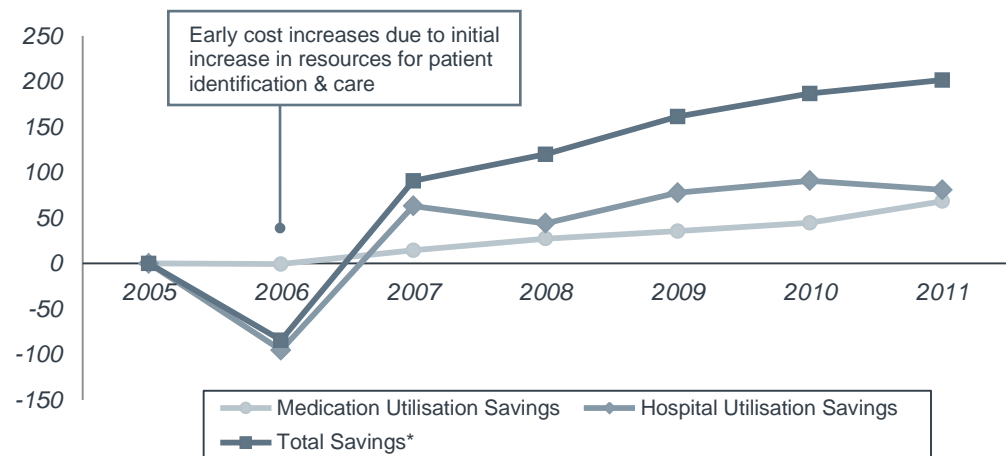
Model Demonstrating Concrete Outcomes

Gesundes Kinzigtal is one of a small number of organisations globally that have realised quantifiable and substantial cost savings through population health management across providers. For the last three years they have improved margins by about €170 per insuree per year (i.e., across both those enrolled and not enrolled in GK), which amounts to about €5.5 million in savings in 2014 alone.

Importantly, however, costs actually increased in the short term. This can be attributed in part to an initial uptick in care. For the first time, many chronically-ill citizens started receiving comprehensive treatment and care management that continued until they stabilised. In addition, GK made significant initial investments in their data infrastructure and training.

Fortunately, the programme was given sufficient time to develop, refine, and demonstrate impact. GK would not have been successful without the long-term contract that enabled it to demonstrate results after the initial expenditure. In short, GK was given enough time to succeed. This is a significant weakness in experiments elsewhere.

Early Savings per Insured Individual Compared to Control Group (in €)



*Also includes savings from outpatient treatment and medical aids
Data from PMV evaluation for AOK and LKK, University of Cologne

GK emphasised rigorous evaluation of the programme from the start. Programme launch was partly dependent on the insurers agreeing to share their data both with GK and with an external academic body for scientific evaluation. As part of this evaluation, AOK and LKK provide information about clinical outcomes and health care spending from a comparative sample in another region to serve as a control group for evaluation.

“

You need to have an open-source mindset. We are working closely with many German universities, and it's great because they also have an open-source mindset. We publish extensively about our work, and in return we get input from our colleagues around the world who can help us improve our results. It's a joint development culture.

Helmut Hildebrandt
CEO

”

The evaluation data tell a clear story—the population shows improved health outcomes. People enrolled in the system live longer, comply with medication instructions nearly 100% of the time, and are satisfied with their care.

Programme Evaluation Highlights

Reduced Cost

€170 annual savings per AOK-insured person

€5.5M savings for insured population in 2014



Improved Quality

1.2 years in life expectancy gained

Nearly **100%** medication adherence



Stakeholder Satisfaction

94% customer satisfaction

100% sickness fund satisfaction, contracts renewed indefinitely



Expanding the Model to Achieve the Triple Aim

The Kinzig Valley is a small, close-knit community within a relatively simple payment environment. As such, some might question whether this type of initiative could succeed in different or more complex markets.



An Argument for the Replicability of *Gesundes Kinzigtal*

“It’s not rocket science what we’re doing. It’s just hard and continued work, focusing on quality, and on thinking. Everybody knows how it should be done. We try to integrate health care and social care; we try to integrate clinical expertise of the providers and scientific competence. We try to integrate targeted interventions and use mobile innovations for our patients where they are helpful, but not necessarily overly costly. Community organising and health promotion is important as well. And we reintegrate these streams that have been separated in the last century—health care provision and public health.”

Helmut Hildebrandt
CEO

OptiMedis is collaborating with others to start similar programmes in six additional regions in Germany, as well as in several regions in the Netherlands and Switzerland. Groups in the UK, Belgium, Austria, and Australia have also expressed interest. As they expand to new areas, a key challenge will be to navigate the complexities of contracting with multiple payers. One approach they are taking to address this challenge—especially in urban areas—is to divide regions into smaller populations and manage care within those smaller units. While the results are yet to be seen, interest from such diverse geographies and health system structures suggests promise.

However, many who have worked to implement population health strategies have not succeeded in proving benefit. While there is no “one size fits all” model for integrated care, some core elements that have proved critical to GK’s success include:

- Comprehensive implementation of information technology
- Initial investment over a longer period (more than 3 years)
- Rigorous evaluation from programme launch
- Collaborative mindset and practices
- Segmentation of population into risk-stratified groups
- Tailoring interventions for relevant populations
- Integration of clinical and management aspects of the business
- Integration of health and social care
- Prevention and public health tenets underlying all initiatives

As hospitals, communities, and nations work to improve care for their populations while simultaneously maintaining or reducing costs, it is important to look to and learn from pioneer organisations such as *Gesundes Kinzigtal* who show *it can be done*. But it is also important to remember that organisations like *Gesundes Kinzigtal*, *Ribera Salud*, and *Montefiore* did not wait until everything was perfectly aligned in their favour—they acted well in advance of the tide turning. Innovative ideas can take shape with an entrepreneurial spirit, hard work, and a clear focus on tangible objectives.

Appendices

Appendix 1: Gesundes Kinzigtal Milestones 1993 – 2015

Year	Milestone
1993	MQNK founded; primary care doctors began trialing care management practices
2003	OptiMedis AG founded to manage integrated care contracts
2004	German reform enacted, prompting new integrated care contracts and funding
2005	GK created by MQNK and OptiMedis; integrated care contracts formalised across partners
2006	First set of care management initiatives launched, including diabetes, breast cancer, and chronic heart failure projects for high-risk patients
2008	Social services programme launched
2009	Online patient education classes and nursing home care launched
2010	Initial launch of EMR
2012	EMR expanded to connect all providers
2013	Launch of health education advancement academy for providers, allowing them to learn about specific topics (e.g. sleep disturbances, geriatric assessment)
2014	Healthy Life programme, including anti-smoking campaigns, launched in local companies invested in improving health of employees and their families
2015	Moved into new building with health and training centre; renewal of contracts with insurers for indefinite period

Appendix 2: Sample of Successful Care Management Programmes

Population	Description
Heart Failure	<ul style="list-style-type: none"> The 'Strong Heart' programme is for patients with chronic heart failure. There are two severity-dependent versions that differ by patient risk level. Care is delivered via phone calls with controlled telemonitoring or via a doctor's assistant or practice nurse through home and phone visits.
Overweight	<ul style="list-style-type: none"> 'Healthy Body Weight' is a programme for obese patients or those with high blood sugar levels. It offers a combination of non-medical elements (e.g., nutrition classes, exercise) and self-administered or doctor-led medical check-ups.
Osteoporosis	<ul style="list-style-type: none"> 'Strong Muscles – Hard Bones' is a programme for patients who are at risk of osteoporosis. At-risk patients receive nutrition and preventative activity counseling, as well as risk-adjusted medication management; patients also participate in an exercise programme developed by physiotherapists.
Mental Health	<ul style="list-style-type: none"> GK has a mental health programme that provides timely interventions by psychotherapists or psychiatrists. It offers immediate psychotherapeutic care (up to 7 sessions) to distressed patients who show symptoms of depression, anxiety disorders, or other mental health problems.
Elderly Care	<ul style="list-style-type: none"> 'DoctorPlusCare' provides emergent elder care to patients during evenings and weekends. The programme sponsors the availability of GPs beyond regular office hours.
Social Complexity	<ul style="list-style-type: none"> 'Social Case Management' is a programme that was developed for patients with complex social or substance abuse problems and provides them with social worker support. These case workers are hired by the insurance company and partner with the patient's GP.

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