

Implementing High Value Care in Europe

Condition specific provider Martini-Klinik

Context

Founded in 2005 and with profits of €3.4 million in 2018, Martini-Klinik (MK) is a private centre exclusively focusing on prostate cancer care, with a structure entirely organised around patient outcomes. MK is a private clinic situated on the Hamburg University Hospital campus and works in close collaboration with onsite academic departments and services^{1, 2}. MK's 5,000 outpatients annually, 250 staff members and 2,600 radical prostatectomies performed in 2019 (11% of prostatectomies in Germany) makes it the leading prostate cancer treatment centre worldwide, in both volume and outcomes.



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Achievements

Compared with the German average, severe incontinence rates are 11 times lower, whereas full continence is 45% higher, at MK³. One year following surgery, severe erectile dysfunction is 55% lower at MK, as compared to the German average, and further, MK complication rates are 15 times lower for ureteral injury and 62 times lower for sepsis. These achievements result from the unique *integrated practice unit* (IPU) organisational structure^{4, 5}, and a strategy centred on outcome measurement, team cohesion and continuous improvement – also known as the "Martini Principle."⁶

Implementation

A particularly unique feature of MK's implementation is a constant focus on the cornerstone building block – mobilising internal forces. Notable elements of the HVC Implementation Matrix are presented here.





Internal forces

All faculty members train in a specialty, and each one of them is considered to be a critical piece of this finely tuned operation – no one is considered more or less valuable than the others. Junior faculty members trained at MK can achieve full-faculty status after only two to three years with full voting rights.

Scorecard

MK's scorecard includes risk-adjusted PROM and CROM data. PROMs include calibrated surveys that measure functional results and general health. Following surgery, analysts collect surveys at regular intervals over the patient's lifespan, and then combine PROMs with CROMs to complete the scorecard. In 2019, MK documented approximately 30,000 cases in its data system. PROM data are combined with the biobank, which contains more than 20,000 blood, tissue and urine specimens.



Data platform

In 2005, MK developed its data platform with FileMaker Pro, applying a series of technical updates over the years². The team supporting data collection consists of two database technicians, three documentation assistants and two research fellows. It sends annual PROM surveys by letter or via webbased questionnaires following treatment, and from 2020 onwards, patients will be able to enter their data online via a vendor PROM system, which offers interoperability with EMRs.

Benchmarks

Every six months, faculty members receive their individual outcomes, as well as those of their colleagues. Reports include basic information such as case volume per surgeon, patients' average age and tumour stage. Also included are surgical data such as average blood loss, positive surgical margins, lymph node removal, and nerve-sparing. Analysts make comparisons such as outcomes from open versus robot-assisted surgery. MK publishes its annual report online with outcomes such as average disease-specific survival, continence rate, potency, and biochemical recurrence per age group and cancer stage (Figure 1).

Incentives

MK applies a unique compensation system that incentivises both outcomes and team cohesion. Salaries are equal for all faculty members, and include a bonus based on quality targets and total scientific output. The bonus is pooled and distributed equally among clinicians, which strengthens group dynamics⁶.

Figure 1



Early continence rates after prostate cancer at Martini Klinik



Contraction Learning community

Embedded in the MK team culture is the imperative to continually improve – a belief that you never reach the top of your game. This belief had an equalising effect among the senior and junior faculty members, which solidified team dynamics. Dr. Hartwig Huland himself, founder of the MK and a senior faculty member, acknowledges that he learned from a junior colleague how to improve patient outcomes through innovative surgical techniques. MK clinicians follow a dedicated schedule of meetings bringing senior and junior faculty together to discuss new and complex cases as well as research findings. Bi-annual meetings include a Martini conference and quality reviews in which outcome data are discussed, and MK clinicians engage in a readingrotation, enabling them to cover 27 leading medical journals over nine weeks^{1.}

External

External collaborations

MK has negotiated multiple bundled payment contracts starting with the five largest German insurers. Contracts require MK to treat any complication within three months after surgery at no additional charge. The health plans and MK agreed to quality targets of >95% for urinary continence and >97% for erectile function. Postoperative complications like infections or thrombolysis were capped at no more than 1% of cases¹, and failure to meet these outcome targets could lead to contract cancellation. In 2012, MK added to the bundle an agreement with a nearby hotel to offer out-of-town patients the option to stay at a reduced rate while waiting for the removal of their catheter following surgery². The collaboration helped to reduce the average length of stay and increase case volume with the same number of beds. In 2013, MK signed a contract with a leading private Swiss health insurer to treat its prostate cancer patients at MK facilities in Hamburg, over 700 kilometres from the Swiss border with Germany¹, and MK created a care bundle for international prostate cancer patients, including surgery, inpatient stays and travel expenses. As a result of these developments, the number of MK patients coming from abroad had guadrupled in the five years prior to 2019.

Highlights

Through its exclusive prostate cancer focus, MK has succeeded in creating a unique outcome-driven culture that mobilises team cohesion. MK's demonstrated outperformance has led to strategic partnerships with private insurers, bundle payment contracts and a growing attractiveness to international patients.

References:

- 1. Porter M., Deerber-Wittram J., and Marks C., Martini Klinik: Prostate Cancer Care. Case study. Harvard Business School 2014.
- Interview with Detlef Loppow, CEO of Martini- Klinik, on March 14, 2019.
- 3. Barmer Krankenhaus Bericht 2012.
- 4. Porter, M., Teisberg E., Redefining Health Care: Creating Value-Based Competition on Results. Harvard Business School Press. 2006.
- 5. Porter, M., T. Lee T., The Strategy that Will Fix Health Care. Harvard Business Review, October 2013.
- 6. Huland H., Graefen M., Deerber-Wittram J., Das Martini-Prinzip: Spitzenmedizin durch Spezialisierung, Ergebnistransparenz und Patientenorientierung. MWV Medizinisch Wiss. 2018.

