



# Long-term and sustainable reduction of work incapacity as a parameter for risk-sharing in integrated care of headache disorders

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**Aims:** Based on long-term analyses of therapeutic efficiency of coordinated care in the treatment of headache disorders, we realized a risk-sharing model for integrated headache care the first time. The aim was to find out whether coordinated care of headache disorders results in long-term employability of patients who were previously unable to work.

**Methods:** Risk-sharing is carried out using a merit-rating system, with which health insurance providers directly and objectively measure capacity to work of the patients. Due to German legal requirements, doctors must report days of absence from work to the insurance providers, which monitor and log days of absence from work, because they need to compensate the employer for these. The insurance providers therefore carry the risk of direct and indirect treatment results on their own. The added costs of a high-intensity treatment concept are only off-set if the treatment outcomes result in a significant reduction of indirect costs (e.g. reduction of work incapacity). Accordingly, insurance providers reward the healthcare provider with a bonus payment if long-lasting capacity for work can be demonstrated. In the case of lack of efficacy, a malus payment must be returned to the insurance company.

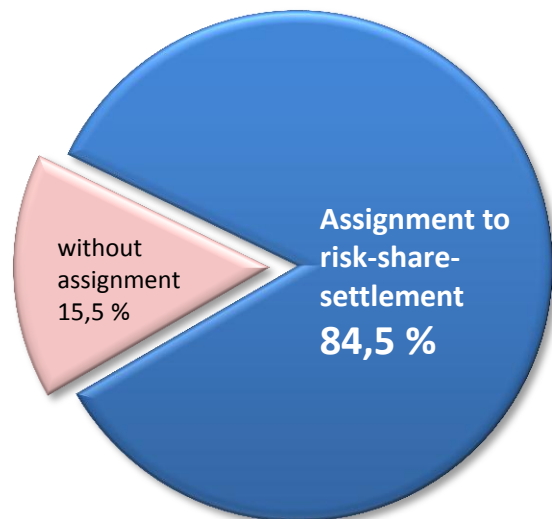
**Results:** The long-term evaluation shows that risk-sharing is a win-win-situation for all participants: in 84.7% of cases, a bonus was paid, a malus only in 15.3%.

**Conclusion:** Coordinated and integrated care for the treatment of headache disorders and risk-sharing models represent a win-win situation for all participants.

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Proportion of patients assigned to risk-share-settlement



Bonus-malus proportion

