

Long-term care system and healthy ageing in the community in Germany

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Towards integrated services and support for ageing in community

Status quo – the general legal basis of care in Germany

- ✓ In Germany the youngest social insurance is the social long-term care insurance, gradually introduced starting in 1995.

As the youngest branch of the social insurance system, the nursing insurance did not come into force until January 1, 1995. Conversely, the statutory health, accident, and pension insurances were introduced in 1883, 1884, and 1889, followed by unemployment insurance in 1927.

- ✓ Before 1995 the financing of care of dementia patients, the chronically ill, multimorbid and elderly patients and patients in need of long-term care based more frequently on social assistance
- ✓ It was an attempt to reduce the financial burden on the German social system.

Status quo – the general legal basis of care in Germany

- ✓ As a result of the implementation in 1995, we now recognize that all in all the goal of significantly reducing the disproportionate burden to the welfare systems has not been attained.
- ✓ Against the background of demographic developments the situation would become worse.
- ✓ Currently there's a restructuring process initiated by the Ministry of Health

Status quo – the care of elderly people in Germany

- ✓ Persons with the need of care get divided, and the amount of the level will depend on the determined degree of needs of care.
- ✓ The legal basis is the Social Nursing Insurance Code N° 11 (SGB XI)
- ✓ There are three levels of care in Germany

Status quo – the care of elderly people in Germany

- Three nursing levels, needs of care oriented by minutes:

	Level I	Level II	Level III
Daily need of care	90 Min	180 Min	300 Min
Included basic care (minimum)	45 Min	120 Min	240 Min

Status quo – the care of elderly people in Germany

✓ *Basic care includes:*

- **Body care** = body washing, hair washing, combing the hair, dental care...
 - **Nutrition** = diet, the food and drink needs
 - **Mobility** = to leave the bed, to walk, using stairs, to stand,
- ✓ *On top:* Housekeeping, orientation & disorientation, disease management, ...

Status quo – the care of elderly people in Germany

✓ **Financial situation:**

The value is oriented on the levels of care, level 1 - 3.

In line with, there are three parts to finance care:

1. Fixed value to stay in a home for elderly people with the need of care

The costs of a home for elderly people are averaged by 3.200 Euro p.m.!

The difference is to pay by the people themselves or there family. If there's nobody, the social services of the community apply them.

So the costs are going to the account of the communities. That's one of the growing problems.

Status quo – the care of elderly people in Germany

✓ **Financial situation:**

2. Fixed value for the care in the family. If a family person has the need of care and you'll support the care in the family, you could use care money.
3. Fixed value for professional care at home with care providers. They, not the family, can bill the costs with the care insurance.

The thinking behind the finance structure is to save the quality by the care of professionals, and reduce the abuse of money for care by the informal caregivers.

Status quo – the care of elderly people in Germany

✓ Financial support:

	Home care non-cash benefits	Home care cash benefits	Partly inpatient nursing	Inpatient nursing
Nursing level I	€ 450	€ 235	€ 450	€ 1.023
Nursing level II	€ 1.100	€ 440	€ 1.100	€ 1.279
Nursing level III	€ 1.550	€ 700	€ 1.550	€ 1.550
Legal Basics	SGB XI § 36	SGB XI § 37	SGB XI § 41	SGB XI § 43

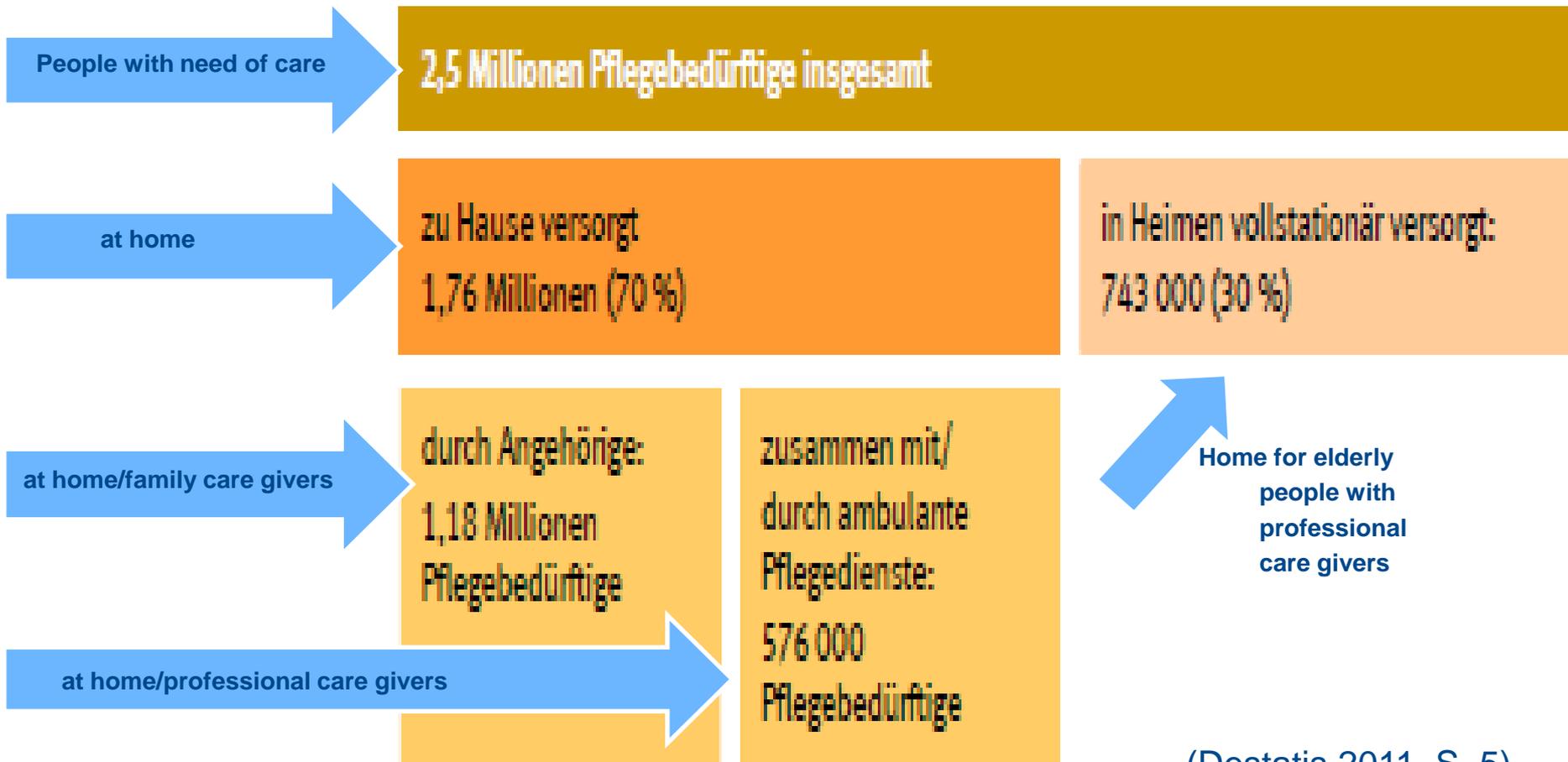
Status quo – the care of elderly people in Germany

- ✓ Two main ways to provide and use care:

70% stay at home and 30 % move over in a home for elderly people with professional caregivers.

- ✓ the persons at home were supported by the immediate family
- ✓ in the future the network of the immediate family care givers will get smaller. So we have to build new ways of care.

Status quo – the care of elderly people in Germany



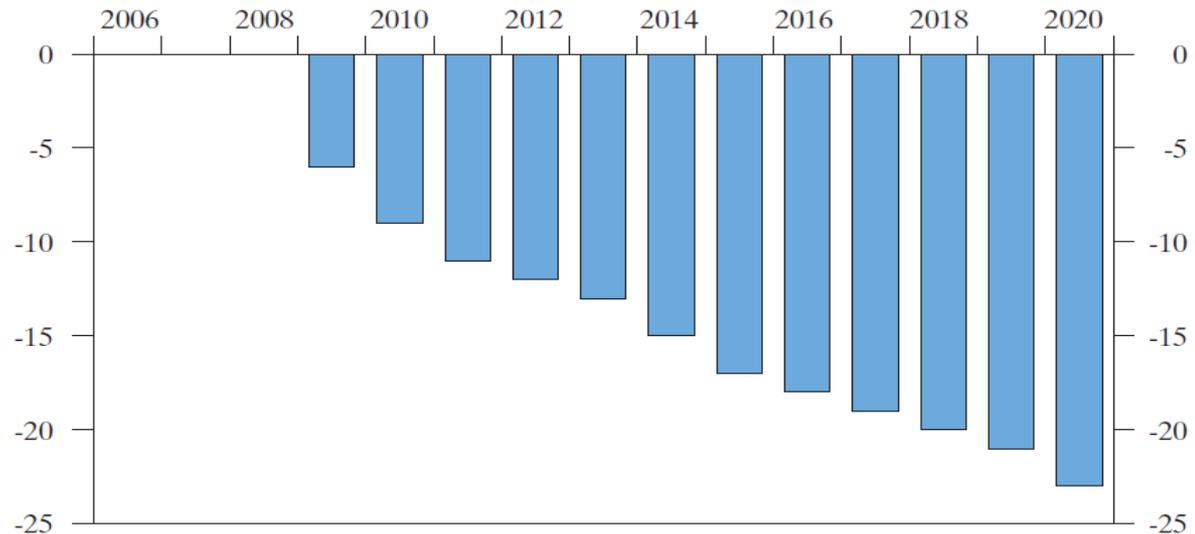
(Destatis 2011, S. 5)

Status quo – the care of elderly people in Germany

✓ Three big problems in our system:

1. There are not enough professional care givers to handle the demographic situation. The professional care givers leave often their job after one year and work in another field of health not directly with the patients.

Reduction of nursing rates (measure 3)¹
2006 to 2020; %



Augurzky et al, 2006, S. 43

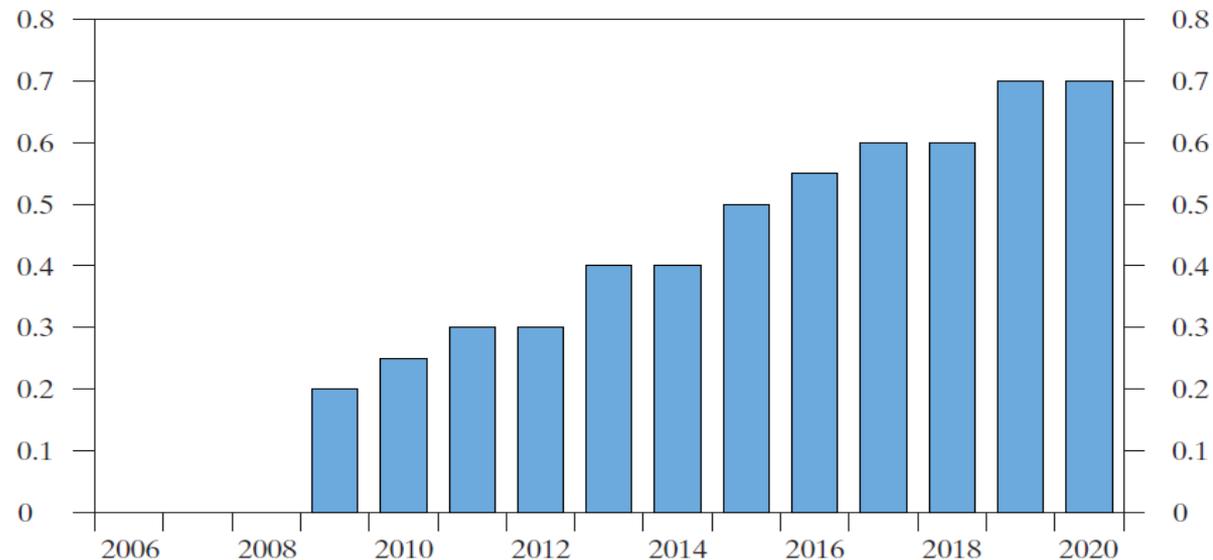
Status quo – the care of elderly people in Germany

✓ Three big problems in our system:

2. The financial situation of the social care insurance may not be sufficient to cover the needs in the future. We will have far more beneficiaries of the system and far fewer people contributing to the social security coffers.

Raising contributions to the SNI (measure 2)

2006 to 2020; comparison to current level in %-points



Augurzky et al, 2006, S. 42

Status quo – the care of elderly people in Germany

✓ Three big problems in our system:

3. The assessment of needs hasn't included dementia. The symptoms are not included in the assessment of the minutes.

Currently the general nursing care includes only

- Body care
- Nutrition
- Mobility

The time somebody needs to handle a patient with dementia isn't measured in the assessment.

New thinking – what to do?

Aims for the future for revision of the social nursing insurance:

- ✓ Care must be offered by a mix of care provision, professional care givers and informal care givers
- ✓ By using a mix of care provision, the costs should be reduced
- ✓ In the assessment the persons with dementia must be included that they are able to use care services

Currently the Ministry of health is still in process to relaunch the social nursing insurance.

New thinking – what to do?

Aims of the community:

- ✓ The elderly can continue to live independently at home – even with restrictions.
- ✓ Furthermore, systems should be used in the field of ambient assisted living, where, for example, wireless sensor networks simplify household functionalities.
- ✓ We have to improve the quality of life in our local communities through involvement in community and citizenships initiatives.
- ✓ To offer a mix of care provision to support the individual need of elderly.
- ✓ To offer an alternative accommodation without barriers.

Our solution – how we try to hit the target

Spacious home without barriers as a round-the-clock-care community for people with dementia. Build in the community and supported by professional ambulant care givers and provided by daytime companions

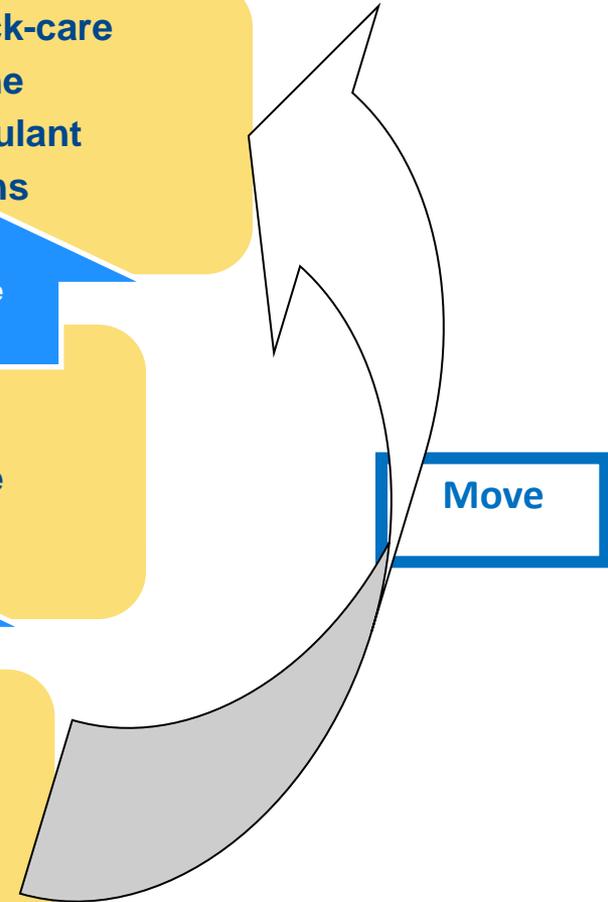
Move

Spacious home without barriers in the community, where one person or a pair could live, also supported by Ambient Assisted Living technology and a mix of care provision. Aim: long autonomy and independence!

Move

Continuance in place = to stay at home. Supported by Ambient Assisted Living technology, a mix of care provision and finally construction measures. Aim: long autonomy and independence!

Move

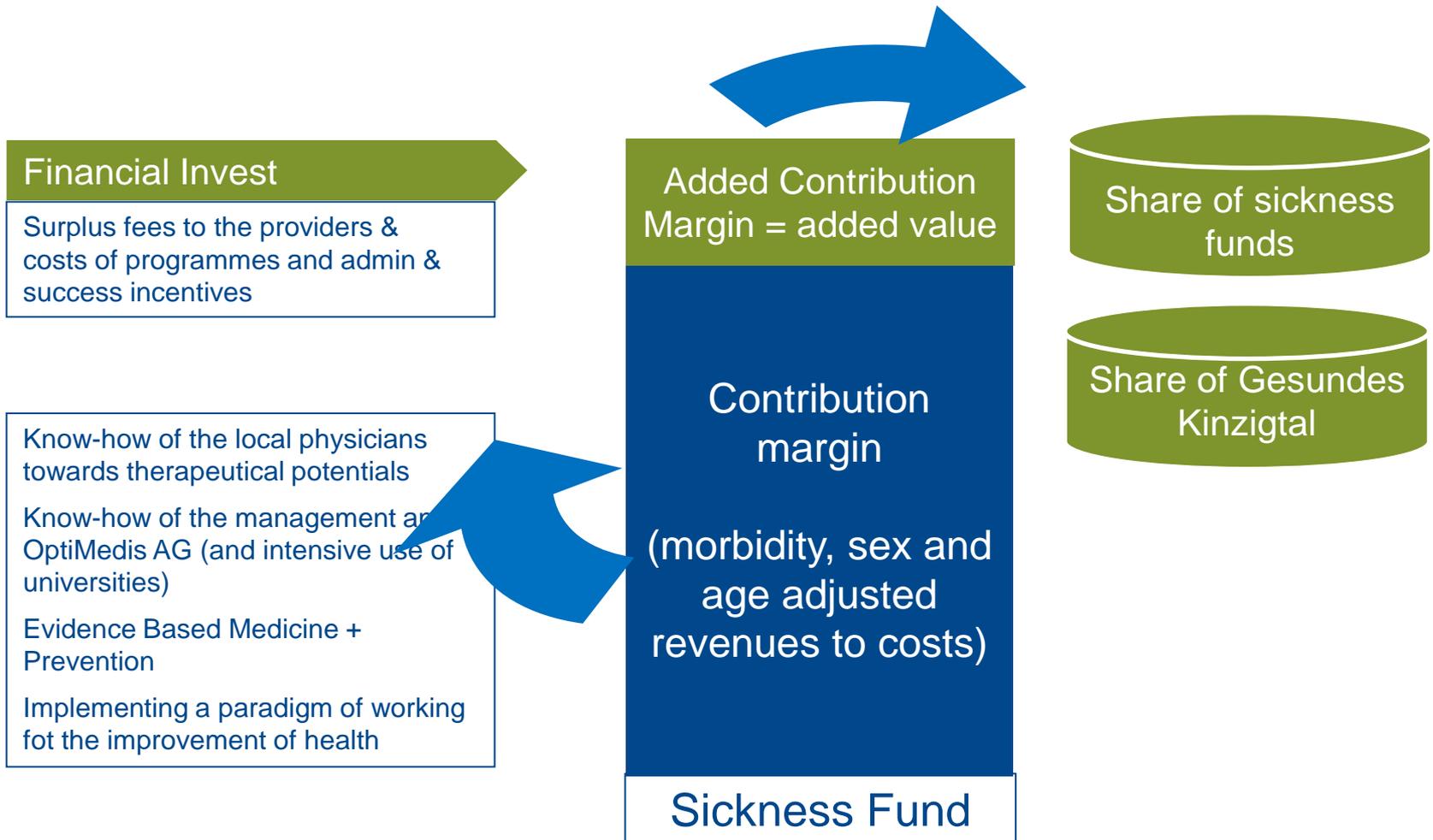


Some facts to the Integrated Care Gesundes Kinzigtal

- ✓ Kinzigtal is a valley formed by the river Kinzig flowing to the rhine (Baden-Württemberg)
- ✓ Inhabitants: 71,000
- ✓ Shared Savings Contract for all inhabitants insured by AOK and LKK: 31,000
- ✓ Two Partners – local physician network and a management organisation work together for better care and more health
- ✓ Management Company with a variety of different professions organizes care across all sectors (14 FTE)

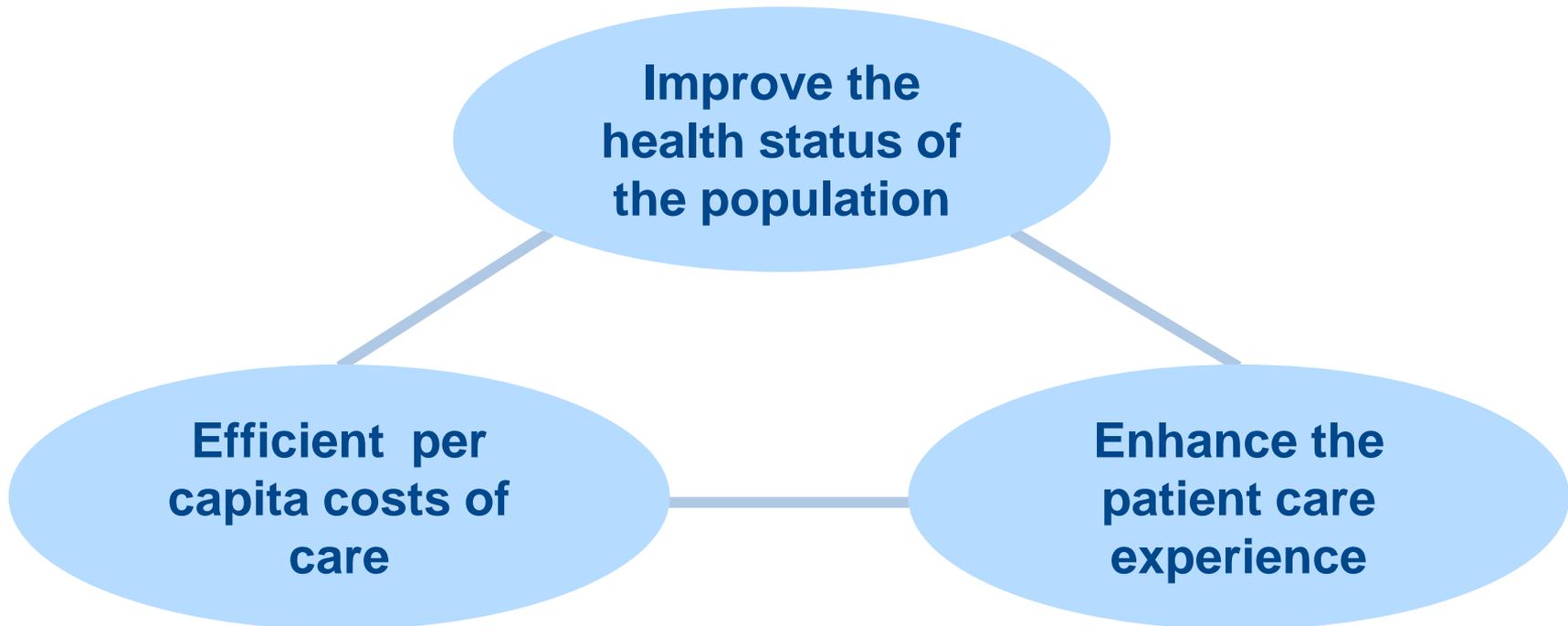


Gesundes Kinzigtal invests into the health gain of the population



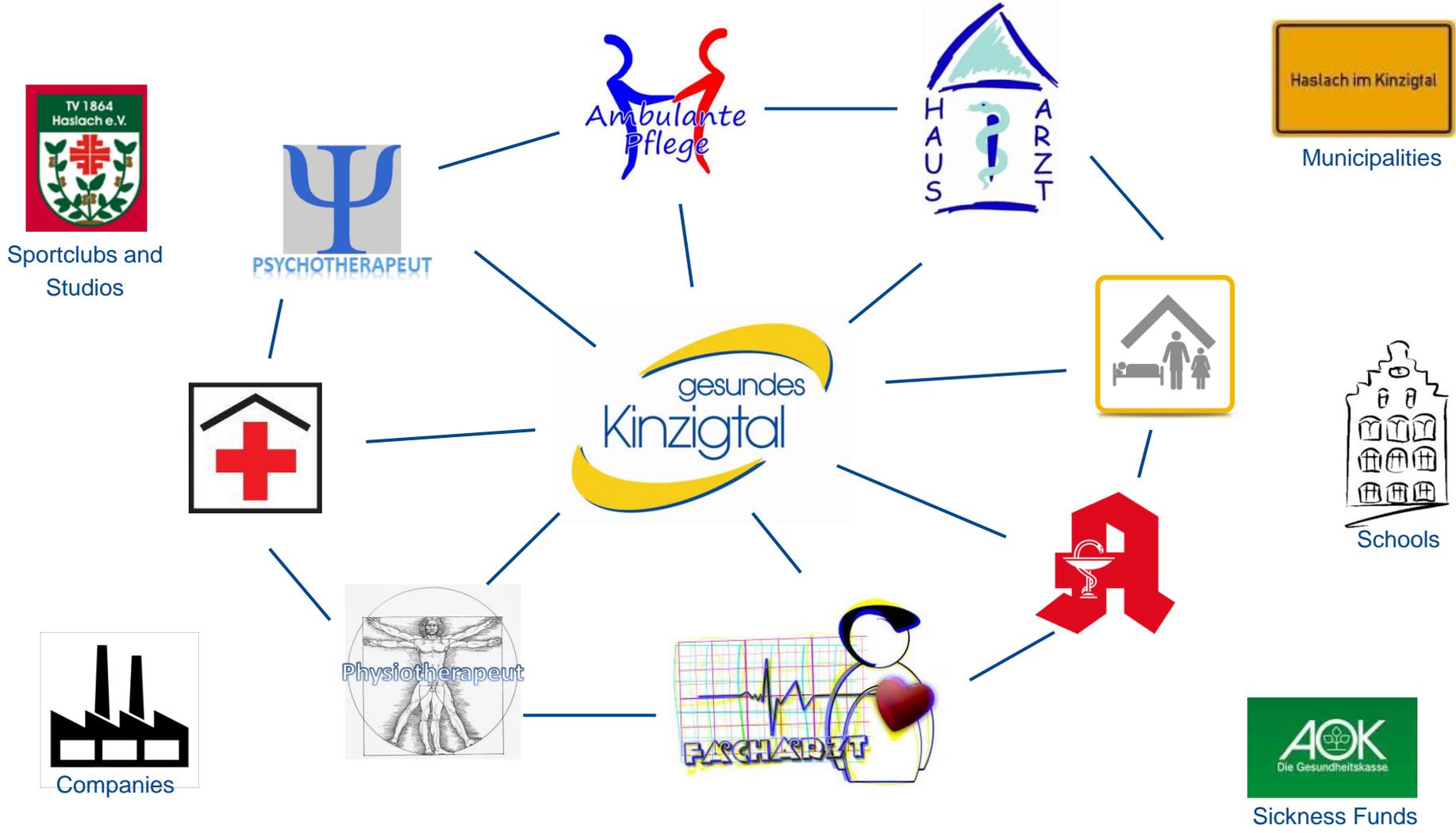
The quality challenge: can we improve health, quality AND reduce costs at the same time?

- ✓ The Triple Aim* of good and responsible health care



* Berwick DM, Nolan TW, Whittington J. (2008), The triple aim: care, health, and cost. Health Affairs 2008 May/June;27(3): 759-69.

For the best quality of care a network across the boundaries of professions and institutions was set up in the last seven years



We are interested in cooperation and discussion

- ✓ **Let me know** your ideas and especially your experiences with care projects in other regions
- ✓ **Let me learn** from your good and bad experiences
- ✓ **Let us discuss** possibilities for cooperation



Thank you for your attention

✔ Contact

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