The German system of rehabilitation of addiction

Meeting of Addiction Researchers from Germany and from the Netherlands 8th and 9th of October 2008 in Münster

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Overview

- Actual rehabilitation
- Quality assurance programme
- Catamnestic results
- Guidelines for alcohol rehabilitation
- Research by the pension insurance
- Postulations for research
- Future trends and aims for Germany
Social security in Germany

- Agencies of health insurance
- Pension insurance
- Statutory accident insurance
- Nursing care insurance

responsible: the bearer of the risk
Pension insurance: rehabilitation before early retirement
Rehabilitation of addiction by the pension insurance

- Health insurance: detoxification and its complications
- Pension insurance: psychotherapeutical treatment and social reintegration
Rehabilitation by the pension insurance

- 52 millions people insured,
- 19 millions pensions
  - 57% old age
  - 24% widows, widowers
  - 13% reduced capacity of work
  - 6% orphans

- every year 900,000 medical rehabilitations

(31.12.2006)
Rehabilitation of addiction by the pension insurance

- 56,393 rehabilitations in 2007
- 22% outpatient setting
- 77% men, 23% women
- 70% alcohol, 29% drugs, 1% medicaments

Attainability:
- alcohol: 2%
- illegal drugs: 4-5%
Duration of treatment

- **inpatient treatment:**
  - alcohol and drugs: 8-16 weeks
  - illegal drugs: 8-26 weeks

- **outpatient treatment:**
  - day hospital: alc. 8-16, ill. drugs 8-26 weeks
  - low frequency: 9-12 months, maximum 18 months, with 120 therapeutical sessions
Location of treatment

- inpatient and outpatient centres
- scientific treatment concept
- staffing
- layout of rooms
- professional qualification
Therapeutical methods

- behavioural psychotherapy
- psychodynamic psychotherapy
- motivational interviewing
- community reinforcement approach
- psychodrama
- Gestalt-therapy
- Roger’s person-centered therapy
Important aspects of therapy

- interdisciplinary approach
- involvement of the patient
  - rehabilitation targets
  - individual rehabilitation plan
Quality assurance programme

- running since 1994
- established in 1,000 hospitals
- quality of
  - structure
  - process
  - outcome
Quality of structure

hospital documentation of

- structures (buildings, staff, diagnostics, therapy)
- concepts (internal quality assurance, communication, documentation, training, supervision, conceptual orientation)
Quality of process

Peer-review:

- checklist of relevant criteria
- manual for the checklist
- catalogue with therapy aims
Other instruments

- patient questionnaire for process and result of the rehabilitation
- regular visitations
- internal quality management
Peer review of discharge letters

- 20 discharge letters per clinic
- medical history, diagnostics, therapeutic goals, planning of therapy, course of treatment, epicrisis, sociomedical assessment and continuing therapeutic treatment/aftercare
- no fault; minor, obvious or grave faults
Results of the peer-review

- **grave faults**
  - med. history: 4%
  - diagnostics: 4%
  - process and epicrisis: 3%
  - sociomedical assessment: 4%
  - entire rehabilitation process: 3%

- **obvious faults**
  - med. history: 16%
  - diagnostics: 18%
  - process and epicrisis: 12%
  - sociomedical assessment: 14%
  - aftercare: 10%
  - entire rehabilitation process: 5%

3727 discharge letters, 2004/2005
Evaluation of discharge letters 2004/2005, n=3727

Significant positive change:

- sociomedical assessment
- entire rehabilitation process
Results of the peer-review

- report with detailed results for every hospital
- own results compared to similar hospitals
- possibility of using the results for the internal quality management
Sociomedical process

- employment history
- payment of contributions
Sociomedical process
2 years after rehabilitation 2004

n = 39,130, age = 41 years
Sociomedical process
2 years after rehabilitation 2004

- 90% remain in working life
  (59% contributions over 2 years and
  31% contributions at times)

- contributions:
  - work: 8 months
  - unemployment: 11.3 months
Conclusion

- successful inpatient and outpatient rehabilitation of addicted persons
- 50% abstinent after one year
- sociomedical success of vocational integration
Guidelines programme of German pension insurance

Important diseases:

- coronary heart disease
- back pain
- breast cancer
- diabetes
- stroke
- depression
- alcohol addiction
Guidelines programme of German pension insurance

Project stages:

- literature research
- aggregation into ETM (evidence based modules) with checklist of therapeutical interventions (KTL)
Guidelines programme of alcohol rehabilitation

Further procedure:

- implementation meeting
- pilot version
- user survey
- adaptation of the guidelines
- feedback to the centres
- adoption into routine QA
### Guidelines programme of alcohol rehabilitation

#### ETM 3: interventions for relatives  
(evidence based therapeutical module)

<table>
<thead>
<tr>
<th>therapeutic contents and aims</th>
<th>social support for an abstinent and social integrated way of life, review of social risk factors, encouragement of social communication. Relatives means important family members or next of kin of the patient.</th>
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| formal definition             | duration per rehabilitation: min. 4 hours  
                                    frequency per rehabilitation: min. once |
| therapeutic services          | C030 conversation with patient and relatives  
                                    D060 conversation with relatives  
                                    D071 training of relatives  
                                    D072 group for relatives  
                                    G130 conversation with couple, family or relatives  
                                    G140 couple or family therapy  
                                    G171 relatives workshop for children and adolescents  
                                    G172 relatives workshop for adults |
| min. requirement of patients with according treatment | min. 25 % |
Guidelines programme of alcohol rehabilitation, degree of performance 2006

n=4.251, duration 78-365 days
Research by the pension insurance

- efficiency of rehabilitation
- rehabilitation treatment groups
- new therapeutic methods
- complex questions of care
Postulations for research

- development of addiction, demographic changes
- addiction of legal drugs
- gender and age-related differences
- access, diagnostics and aftercare
- rehabilitation already for abuse
- evaluation of different therapeutic methods
- migrants
Aims for Germany

- outpatient rehabilitation (documentation)
- early intervention
- preparation, case-management, aftercare
- vocational aspects of therapy
- evidence-based guidelines
- stronger link between research and practice
- special groups (age, legal drugs)
- pathological computer/internet use