

# Structures and organization of services for medical rehabilitation in Germany\*

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## **Principles and settings of rehabilitation in Germany**

Based on the ICF (World Health Organization 2001) the individual need for multiprofessional and interdisciplinary care has to be proven in the process of application for medical rehabilitation. As a precondition for a successful application the usual outpatient care has to be documented as insufficient to reach specified aims of rehabilitation. As in other countries medical, vocational, and social rehabilitation can be differentiated in Germany. Medical rehabilitation services are being provided in the acute health care sector and the rehabilitation sector financed by different insurances based on legal mandates. To understand the German rehabilitation system the knowledge of the historically strong inpatient structures for medical rehabilitation in rural areas is essential. This predominantly inpatient medical rehabilitation goes back to the social legislation initiated by Bismarck in the late 19-th century. However recent trends and progress in medical rehabilitation in Germany include increasing post-acute and outpatient rehabilitation.

Rehabilitation services in Germany can be discussed in relation to the framework of the WHO services matrix (Gutenbrunner et al. 2010). An example of acute services is the so called “early rehabilitation” in acute settings of inpatient care (hospitals). More frequent are post-acute services after discharge from hospitals in specialized inpatient and fulltime outpatient (day clinics) rehabilitation settings. Long term rehabilitation services in a wider sense are community based and they may include outpatient physical medicine and rehabilitation (PMR) services over a longer period of time and intermittent inpatient and fulltime outpatient rehabilitation.

### **Early rehabilitation and complex treatment in acute inpatient settings**

Early rehabilitation also labelled as complex (PMR-) treatment in acute hospitals can be accessed as an emergency or a referral of physicians who usually treat a patient in community based health care. The precondition is insufficient outpatient health care which leads to hospital admission for acute reasons such as acute disease or accident, deterioration or complications of chronic diseases in order to achieve therapeutic aims according to §39 of the 5th Book of the German Social Code. The payer in these cases is the statutory health insurance.

Early rehabilitation/complex treatment in hospitals is been provided according to high demands for structures and processes such as a coordinating specialized physician, standardized assessments, regular patient-centered team meetings and a minimum number of

other professions involved, treatment time per day and treatment days. These high demands for structures and processes rather limit the expansion of early rehabilitation / complex treatment within the acute inpatient settings. Significant examples are geriatric rehabilitation and early neurological rehabilitation.

### **Post-acute rehabilitation after discharge from hospital**

Post-acute rehabilitation is a major and expanding type of rehabilitation in Germany. The patients have to apply during the stay at the hospital usually supported by social workers and by the physicians' medical reports. Only a limited list of accepted diagnoses can lead to post-acute rehabilitation. The payers (most frequently health or pension insurance) decide about the time of admission, the specialty and the location of the rehabilitation center. Only specialized and certified rehabilitation centers that are separated from hospitals may provide these services. According to their contracts with the different payers these centers offer inpatient or fulltime outpatient rehabilitation. The patients may be transferred directly from the hospital or they can be admitted within 14 days after discharge. The proportion of direct transfers among all post-acute rehabilitations is increasing due to reduced health conditions of the patients related to shorter length of stay in the hospitals (van Eiff et al. 2011). Rehabilitation is being provided according to the payers' specific aims. The typical duration of a post-acute rehabilitation is about 20 days.

### **Rehabilitation – accessed from community-based health care**

The patients are the applicants for rehabilitation services. Their general practitioners or specialists fill in additional medical reports including health related limitations of activity and participation, contextual factors, and statements of insufficient treatment results related to payer-specific aims of rehabilitation. Furthermore the physicians have to comment on the ability to participate actively in the rehabilitation program and on the positive prognosis to achieve specified aims of rehabilitation.

Some patients are strongly encouraged by physicians from the statutory health or pension insurance to apply for medical rehabilitation services because of long periods of sick leave.

The payers decide about the time of admission, speciality and location of the rehabilitation center. Only specialized and certified centers may provide inpatient and fulltime outpatient rehabilitation services according to contracts with payers following payer-specific aims. The typical duration is 3 weeks with free intervals of 4 years between repeated medical rehabilitations.

Most rehabilitation centers admit patients with access from both community based health care and hospitals (post-acute rehabilitation). With regard to different ICF-components hospitals focus mainly on body functions and –structures whereas rehabilitation centers see more to improvement of activities and participation under consideration of personal and environmental factors.

### **Rehabilitation services as part of the social security in Germany**

Based on the § 6 of the 9th Book of German Social Code (SGB IX) the following nine carriers of social security provide rehabilitation services:

- Statutory health insurance scheme
- Statutory pension insurance scheme
- Statutory occupational accident insurance
- Statutory unemployment insurance
- War veterans/social compensations
- Youth welfare services
- Social welfare.

The statutory occupational accident insurance is the only provider of cross-sectoral care in acute in- and outpatient settings as well as rehabilitation centers. Rehabilitation managers of this insurance coordinate individual long-term plans for acute-care and all aspects of rehabilitation with interdisciplinary teams. The statutory health insurance provides medical rehabilitation but not vocational rehabilitation. On the other hand the statutory unemployment insurance provide only vocational but not medical rehabilitation. The statutory pension insurance scheme provides both - medical and vocational rehabilitation. The order of responsibility of different payers for medical rehabilitation according to the German Social Code is relevant for the patients' access to rehabilitation in Germany.

### **Structural indices and changes over time**

In the year 2013 about 2 million patients were treated in all German centers for medical rehabilitation with a mean duration of 25.3 days (Statistisches Bundesamt 2015). Structural changes of all German centers for medical rehabilitation occurred within the past two decades. Compared to the year 1991 the number of patients increased in 2013 by about 30%,

the number of beds by about 15% and of the number of treatment days by 8%. By contrast the bed occupancy rate decreased by 10% and the mean duration per patient by 20%.

Musculoskeletal diseases comprise the leading diagnostic group for rehabilitation across all payers: knee osteoarthritis, hip osteoarthritis and back pain (Statistisches Bundesamt 2015). If all psychiatric disorders are taken together they ranged on the fourth position (men and women together). In females depression / neurotic disorders are the leading diagnostic group (70 000 patients) followed by knee osteoarthritis including joint replacement therapy (65 000 cases in the year 2013). By contrast chronic ischemic heart disease is the leading rehabilitation diagnosis in 47 000 Men. Psychiatric disorders lead to rehabilitation already in younger age groups. This may explain the clear female preponderance between the age of 25 and 55 years. Males are only predominating between 55 and 65 years - the most frequent age groups for medical rehabilitation in Germany.

The statutory health insurance is on second position concerning the expenditure for medical rehabilitation in the year 2013 in Germany: 2.18 Billion Euros - 77% for post-acute rehabilitation and 23% for intermitted rehabilitation accessed from community based health care (Bundesarbeitsgemeinschaft für Rehabilitation 2015).

### **Statutory pension insurance scheme**

In the year 2013 most medical rehabilitations in Germany were paid by the statutory pension insurance scheme (3.8 Billion Euros) (Bundesarbeitsgemeinschaft für Rehabilitation 2015). The number of medical rehabilitations financed by the pension insurance scheme increased from 805 970 Euro in the year 2000 to 957 568 Euros in the year 2013 (Deutsche Rentenversicherung Bund 2014). At the same time the proportion of post-acute rehabilitation increased from 22% to 34% of all medical rehabilitations. Musculoskeletal diseases as the leading diagnostic group for medical rehabilitation provided by the pension insurance decreased from 43% to 36%, whereas psychiatric diseases increased from 11 to 16%.

Among the inpatient medical rehabilitations provided by the statutory pension insurance scheme in 2013 the main sex differences concerned psychiatric disorders (females 22%, males 13%), malignant diseases (females 20%, males 15%), heart and circulation disease (women 4%, man 11%), and addiction (women 2%, men 8%). Fullday outpatient medical rehabilitation provided for adults by the statutory pension insurance scheme increased from 3% of all medical rehabilitations to 13% in the year 2013.

## **Perspectives**

In the future continued changes of rehabilitation services are to be expected. The utilisation of rehabilitation services, the interaction with other health services, and their coordination within the sectoral German health care system are particularly interesting. These processes should be initiated and followed by research activities in order to provide data for evidence based decision.

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