The Pension Insurance's Quality Assurance Programme in Medical Rehabilitation*

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This article gives a brief overview of the quality assurance program of the German Pensions Insurance (Reha-Qualitätssicherung 2015). It describes this program with an emphasis on two of its instruments, demonstrating the good results and the sustainability of the rehabilitation carried out by the German Pension Insurance. Furthermore it focuses on rehabilitation treatment standards and the socio-medical follow up.

Main Insurance carriers of Medical rehabilitation in Germany

Generally speaking there are two main insurance carriers in Germany involved in medical rehabilitation. The first one is the German Pension Insurance. It has the legal mandate to maintain earning capacity of the insured population which is basically the workforce. However, it always has to take conditions pursuant to the insurance right into consideration to determine if a specific person really is insured with the German Pension Insurance.
The second large insurance carrier is the German Health Insurance who insures basically everybody else.

In 2014 the German Pension insurance financed more than 1,1 million medical and 280,000 vocational rehabilitations at a cost of almost 6 billion Euros. The patients in these rehabilitations usually suffer from chronic diseases and related disabilities such as cardiovascular and musculoskeletal diseases, tumours or mental disorders. For historical reasons German rehabilitation is mostly carried out in an in-patient setting. With this kind of rehabilitation the German Pension Insurance aims to ensure continued employment of the population and to avoid disability pensions.

Quality assurance program and tools

It is the goal of the German Pension Insurance‘s quality assurance program to improve the overall quality of medical rehabilitation looking at structure, process, outcome and, of course, patient orientation. In this respect the transparency of rehabilitative services is of great importance. Finally, the German Pensions Insurance aims to implement a robust quality management in German rehabilitation centres and offer support to achieve this.
For these purposes the German Pension Insurance has a wide range of quality assurance instruments. In order to assess structural quality it uses regular questionnaire surveys that are sent out to all rehabilitation centres in Germany. For process quality the German Pension Insurance has implemented a peer review process of representative samples of discharge letters of all centres that are in its quality assurance programme. In order to ascertain that patients receive a comprehensive rehabilitation treatment standards were developed.

With regard to outcome quality - and patient orientation respectively - the German Pension Insurance carries out a continuous patient survey. To assure a sustainable success of rehabilitation the gainful employment two years following medical rehabilitation will be measured as an approximation to outcome quality. These are excellent examples to demonstrate the success and sustainability of German medical rehabilitation.

Examples for rehabilitatives success and sustainability of rehabilitation

The first example refers to process quality. The rehabilitation treatment standards - RTS - of the German Pension Insurance (Reha-Therapiestandard 2015) describe the process of a "good" rehabilitation using differentiated, indication-specific criteria for process quality. They formulate a standard of care that is considered necessary for a comprehensive rehabilitation in selected indications, thus allowing evaluation and improvement of content und processes of rehabilitative treatment. Using the RTS the German Pension Insurance also aims to decrease the variability in treatment between rehabilitation centres.

In the RTS a modular approach is used postulating a number of different evidence based therapeutic modules that are deemed necessary for the indication in question. In each evidence based treatment module the content or aim of the module is defined, the necessary frequency and duration of treatment sessions as well as the minimum percentage of patients requiring such treatment. The degree of adherence to the standards for each module can be measured using routine data. This adherence is considered a surrogate parameter for rehabilitative success.

As an example the following table (Reha-Therapiestandards Koronare Herzkrankheit 2010) gives an overview of the range of treatments considered necessary for a comprehensive rehabilitation of patients with coronary heart disease:

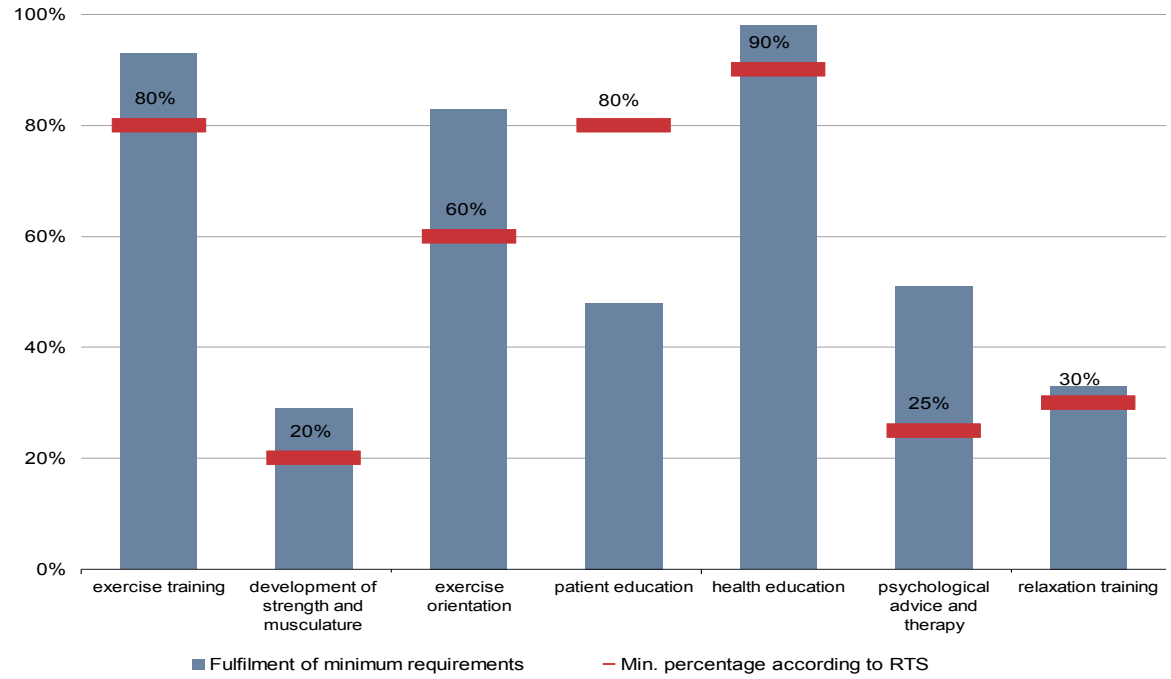
Exercise training	min. 80 %
Development of strength and musculature	min. 20 %
Promotion of exercise orientation	min. 60 %
Patient education CHD	min. 80 %
Special patient education	min. 40 %
Health education	min. 90 %
Nutrition education – theoretical/applied	min. 70/25 %
Psychological advice and therapy	min. 25 %
Relaxation training	min. 30 %
Smoking cessation	min. 5 %
Social work (3 modules)	min. 20/40/80 %

Source: RTS CHD, German Pension Insurance, 2010

Table 1 - Treatment modules for coronary heart disease

Basically, each RTS consists of various therapeutic modules. The modules are called "ETM" for "evidence based therapeutic module". In the right column (table 1) the minimum

percentage of patients requiring such treatments is shown. The values vary between the modules, though. This takes into account that not every patient will require treatments from every module and this differentiation allows to tailor the rehabilitative process to individual patient's needs.
The following chart shows the results of various cardiologic rehabilitation centres:

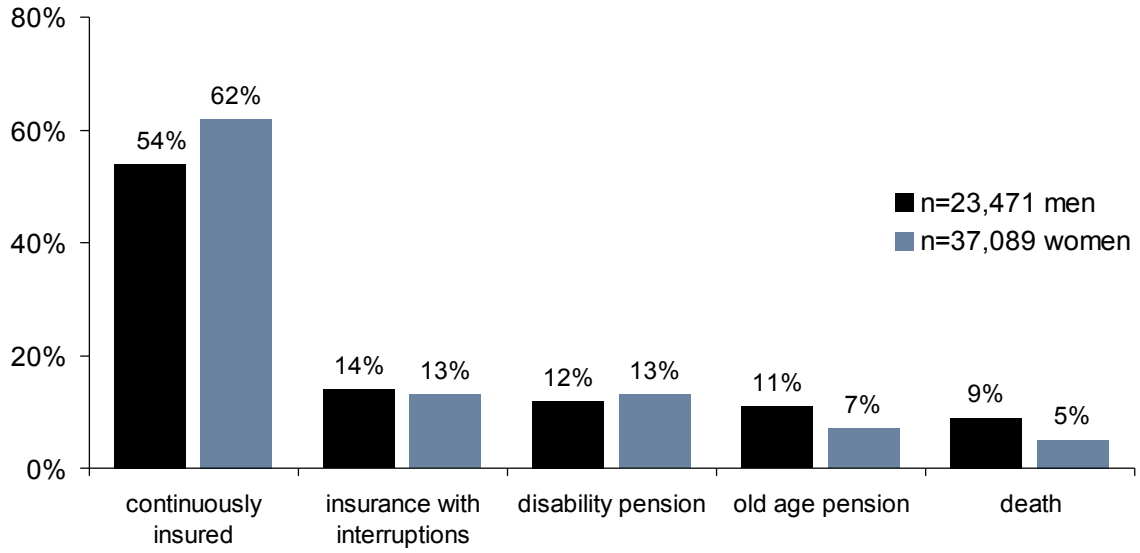


Source: RTS CHD, RYD, German Pension Insurance, 2014

Fig. 1 - Adherence to evidence based treatment modules coronary heart disease

For selected modules the adherence to the treatment standards in relation to the minimum percentage of patients requiring such treatment is depicted. The results vary between the evidence based treatment modules. Longitudinal studies show, however, a noticeable adherence. This is to be considered a rather good result.

The second example is the socio-medical follow-up and refers to outcome quality. It is based on process generated data - the so-called RSD - of the German Pension Insurance, which are generated annually as a longitudinal survey over a period of eight years, here the period from 2003 to 2010. The data contain information about medical and vocational rehabilitation, pensions, times of employment, unemployment and incapacity to work as well as sociodemographic data.



Source: RSD (Rehabilitation 2010), n=60.560, German Pension Insurance, 2014

Fig. 2 - Socio-medical follow-up oncology

In the two years following oncological rehabilitation in 2010 54% of compulsorily insured men and 62 % of women were able to be continuously insured with the German Pensions Insurance - which means they were gainfully employed. 12% of men and 13% of women received disability pensions and were no longer available to the labour market. Overall the German Pension Insurance considers it a great success that the majority of patients was able to work continuously two years following rehabilitation, keeping in mind that these were patients with malignant tumours. In other indications the results are even better.

Conclusion and outlook

In conclusion, the German Pension Insurance has a comprehensive routine quality assurance program using valid and instructive tools to measure quality in all its different aspects. With these tools the successes and sustainability of German rehabilitation can be demonstrated, as pointed out in the two examples above - coronary heart diseases for success and oncology for sustainability.
Nevertheless it is a challenge that all rehabilitation centres implement and conform to the same standards. Thus despite overall very positive results there are still notable differences between rehabilitation centres which remain to be addressed. With a continuous update and upgrade of tools and proceedings of quality assurance the German Pension Insurance is well prepared to continue to deliver successful high quality rehabilitation to all insured persons.

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