Cancer rehabilitation in Germany

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Background

• Social security system is organized as a statutory insurance system

• Long tradition: health insurance launched in 1881, first Pension Act in 1889

• Statutory branches of the social security system are organised independently of each other

• Statutory pension insurance agencies
  => most important financiers of rehabilitation measures
  => prevention of early retirement
Rehabilitation sector in Germany

- Total cost of all medical rehabilitation measures per year (pension insurance, 2008): 3.800.000.000,- €
- Average costs per rehabilitation measure
  - somatic diseases: 2.478,- €
  - psychosomatic disorders and addiction: 6.227,- €
- Postponement of early retirement for 3-4 months compensates for the average costs of a four week inpatient rehabilitation measure (83% employable within 2 years after rehabilitation)
- Social laws: patients have a legal right to rehabilitation if they meet explicit criteria for the need and prognosis of rehabilitation

Rehabilitation measures 2008 – N=900,504

- Orthopedics: 37%
- Cancer: 18%
- Psychiatry/Psychosomatics: 13%
- Others: 13%
- Metabolic diseases: 4%
- Addiction: 6%
- Cardiology: 9%

German Pension Insurance 2010. Rehabilitation report.
Cancer rehabilitation in Germany

- About 160,000 cancer rehabilitation measures per year
- Traditionally mainly carried out in the inpatient setting, outpatient rehabilitation programs are rare
- Conducted in specialised rehabilitation clinics
- Interdisciplinary rehabilitation team, multidimensional therapeutic approach
- Duration of rehabilitation measures: normally 3 weeks, up to 6 treatment sessions per day
Rehabilitative treatments

Depending on individual functional impairments (initial assessment):

- Medical treatment
- Physiotherapy
- Physical therapy
- Sports and exercise therapy
- Occupational therapy
- Health promotion and patient education
- Psychological diagnostics and counseling
- Relaxation techniques
- Nutritional counseling
- Social, social law and occupational counseling
- Job-related measures
### Treatments received (N=24,685 breast cancer patients)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Information</td>
<td>97.8%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>91.6%</td>
</tr>
<tr>
<td>Sports / exercise training</td>
<td>85.2%</td>
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<tr>
<td>Relaxation training</td>
<td>66.9%</td>
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<tr>
<td>Psychological interventions</td>
<td>62.1%</td>
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<tr>
<td>Massage</td>
<td>52.3%</td>
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<tr>
<td>Lymph edema treatment</td>
<td>50%</td>
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<tr>
<td>Patient education</td>
<td>31.4%</td>
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<tr>
<td>Social counseling</td>
<td>25.6%</td>
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<tr>
<td>Nutritional counseling</td>
<td>17%</td>
</tr>
<tr>
<td>Creative therapy</td>
<td>13.1%</td>
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<tr>
<td>Occupational therapy</td>
<td>11.1%</td>
</tr>
<tr>
<td>Organisiation of after-care</td>
<td>7.8%</td>
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<tr>
<td>Occupational re-integration</td>
<td>7.4%</td>
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Treatment units per week (N=24,585 breast cancer patients)

Research – Evaluation studies

- Evaluation studies since 1990ies
  => cancer rehabilitation generally effective

- Study designs: mainly naturalistic pre-post-designs, some with follow-up

- Methodological considerations:
  - lack of control groups
  - no randomized studies

- Studies with comparison groups of rehabilitation non-participants:
  => non-participants indicate lower functional and psychosocial symptom levels at baseline
  => self-selection
Current developments

⇒ Structural changes in the last 20 years (cost reduction laws, mandatory quality assurance programs)

⇒ Professionalization: from health and spa facilities to specialized professional rehabilitation clinics

⇒ Change in patient clientele (shorter hospital stays, increase in post-hospital rehabilitation measures)

⇒ Current research activities:
  - Process-Outcome-Analyses
  - Settings: Inpatient vs. Outpatient programs
  - Occupational rehabilitation concepts and return to work
Thank you for your attention!