Expert forum "Impulses for prevention and quality in care in an ageing society"

Consistent focus on prevention "without alternative"

How can prevention and quality in care be strengthened in order to effectively meet the challenges of an ageing society? What obstacles exist in the implementation of prevention approaches and where are there already successful solutions? These and other questions were the focus of the expert forum "Impulses for prevention and quality in care in an ageing society", organised at the ddb Forum in Berlin by the Initiative generationengerechte Pflege, which is supported by eight partner organisations, and the IGES Institute, which called for better framework conditions for outpatient care with a discussion paper.



Prevention in care

Impulses for a preventive reorientation of SGB XI

IGES Institute. An IGES Group company.

>> Healthcare and nursing care in Germany must be more strongly focussed on prevention in the future: This is advocated by a current discussion paper "Impulses for a preventive reorientation of SGB XI" (1) by the Berlin-based IGES Institute, which was presented at a joint event with the Initiative generationengerechte Pflege (2) in Berlin. In view of the ageing baby boomer generation and the foreseeable increase in the need for care, there is "no alternative" to a consistent focus on prevention.

In her presentation, Dr Grit Braeseke, Head of the Nursing Division at the IGES Institute, made it clear that the focus is on the prevention deficit in nursing care and the responsibility of politicians and self-government. This is

because only 0.05 per cent (2023) of the current healthcare expenditure of social long-term care insurance (SPV) has so far been spent on prevention. In the case of statutory health insurance (SHI), the proportion has even fallen from 1.7 per cent (2015) to 1.6 per cent (2023), according to the impulse paper prepared by IGES on behalf of the German Association of Private Health Insurers (PKV Association). According to Braeseke, this is aggravated by the fact that money has only been spent on prevention in the care sector since 2016, and then precisely "at the point where it is actually already very late in the course of the need for care, namely in inpatient care facilities". The consequences of the lack of focus on prevention are already clearly visible: according to IGES data from the EU statistics office Eurostat, the number of healthy life years for people aged 65 and over in Germany fell significantly between 2015 and 2022 - from 12.3 to 8.6 years for women and from 11.4 to 8.2 years for men.

However, politicians have now taken up this issue. As Maria Becker, Head of the Sub-Department for Strengthening Care at the Federal Ministry of Health, explained at the expert forum, the first contribution to this was the Nursing Assistant Act, which is now in its second round in the Federal Council. Another contribution, according to Becker, is the Act on the Extension of Powers and Reduction of Bureaucracy, which is also currently being discussed in the Bundestag. As a third point, she mentioned the work on a draft law for a Master's degree programme in Advanced Practice Nurse, which could also bring this profession to bear in practical care, which is important in the areas of prevention and health promotion as well as case management. Becker: "However, these legislative measures will not be enough. It will also be a matter of avoiding the need for care as early as possible or delaying and reducing the need for care." This can only be achieved with a healthy lifestyle and prevention.

According to the IGES paper, there is "no alternative" to a consistent focus on prevention in healthcare and care. Reversing the trend of decreasing healthy life years in old age would not only relieve the burden on social security systems and the labour market, but would also lead to an increase in quality of life and well-being in the last years of life. Such a trend reversal can only be achieved in the long term - in particular through lifestyle changes at a young and middle age. This requires care structures that "raise the population's awareness of health promotion and prevention, provide better information about the long-term consequences of health-damaging behaviour and support vulnerable target groups in particular in the implementation of appropriate measures in order to achieve sustainable effects".

According to the IGES expert, tapping into the prevention potential of people with a foreseeable or already existing need for care also requires intervention as early as possible - people who do not receive a care level or care level 1 in the assessment to determine their need for care should in future be regularly referred to appropriate prevention options and services and supported in making use of them. However, it should also be examined to what extent the relief amount pursuant to Section 45b SGB XI could be used for this purpose.

In Braeseke's opinion, in order to be able to fulfil the requirement to regain or maintain the "physical, mental and emotional strength of those in need of care" (Section 2 (1) SGB XI) by means of the services provided by the SNI, the assistance should be much more preventative in future. This applies, for example, to both the mandatory counselling visits for people in need of care with care allowance (in accordance with Section 37 (3) SGB XI) and care counselling (in accordance with Section 7a SGB XI). Furthermore, physical and mental resources as well as functional impairments should be recorded in a standardised manner at the beginning of the benefit receipt process, i.e. after a care degree has been awarded and not, as is currently the case, during the assessment. On this basis, an action plan for health promotion and care could then be developed together with the person concerned and their relatives, tailored to the wishes and goals of the person in need of care. Its implementation should then be controlled, coordinated and evaluated by professional case managers - in line with a new complex service "health promotion and prevention in the case of care needs" based on the American model with standardised needs assessment and case management.

Last but not least, the need to address the topic of prevention more strongly in the context of care counselling is emphasised. Study results from the IGES Institute show that currently only 12.7% of consultations in accordance with Section 7a SGB XI also address health promotion options for people in need of care.<<

by: MVF Editor-in-Chief Peter Stegmaier

Literature/links 1: https://t1p.de/oldbb 2: https://www.generationengerechte-pflege.de/

Video recording of the expert forum: https://lnkd.in/e-H327Xy

Citation reference

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