

CEOQA

LTC network

Quality and cost-effectiveness in long-term care and dependency prevention



POLICY SUMMARY: GERMANY

Preventive Health Care Act (‘Präventionsgesetz’)

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Policy theme	Reducing dependency cost-effectively
Design and implementation level	Design at National level, implementation at Federal level
Policy objective	To increase health promotion and prevention for all age groups and in all life settings.
Start date – End date	2015 – ongoing

Aims

To increase health promotion and prevention for all ages and life settings, including residents of long-term care facilities; promotion and enforcement of vaccine-related prevention through a range of legal measures; continued development of existing health checks and screening tests for the early detection of diseases,

particularly with increased attention to individual stressors and risk factors leading to disease; encouragement for doctors to provide prevention recommendations, thereby contributing to the maintenance and improvement of their patients' health; increased financial support for self-help organizations.

Implementation

Implementation of the act relies on the targeted cooperation of all actors involved in prevention and health promotion including the social health insurance, the social pension insurance; the social accident insurance, the social LTC insurance and the private health insurance. Within the

framework of the National Prevention Conference, the social insurance institutions, in collaboration with the federal government, the states (Länder), the local authorities, the Federal Employment Agency and the social partners, will identify joint goals and agree on a joint approach.

Target group

All life stages are targeted including a special focus on the aged and persons living with disability.

Eligibility criteria

None

Resources

Funding: for the PHCA is chiefly provided by the Health and LTC Insurance Funds (over €500 million for health promotion and prevention over several years). The main focus will be on health promotion in life settings such as child day-care facilities, schools, local authorities, workplaces and long-term care facilities, with a total investment of at least €300 per year.

Staffing: Although exact staff numbers cannot be identified, given the broad scope of actors and institutions at the federal, state, and local levels involved in the PHCA, an overview of membership in the National Prevention Conference (total of 26 seats) is available and consists of: one member from the German Ministry of Health. Members with voting rights: the Peak Association of

the Health Insurances (two seats); the Peak Association of the LTC Insurances (two seats); the Social Accident Insurance (one seat); the Social Insurance for Agriculture, Forestry and Landscaping (one seat); the Social Pension Insurance Association (two seats); the Private Insurances Association (one seat). Members without voting rights but with an advisory role: Federal Ministries (four seats); states or Länder Ministries (four seats); German City Councils' Association (one seat); German City and Municipalities' Association (one seat); National Organization for the German Employer Association (one seat); German Unions' Association (one seat); Patient Representative Organizations (according to § 140f SGB V) (two seats); and Federal Association of Prevention and Health Promotion (one seat).

Performance assessment and monitoring

The following assessments/monitoring are provided for within the PHCA:

- Social and Private Health Insurances must introduce quality control processes, including a yearly progress report on prevention activities and programs;
- continued development of strategies for dealing with implementation problems and criteria for prevention programs;
- the Peak Association of the Health Insurances are to define specific prevention goals and criteria for the certification of all prevention programs and activities offered by the social health

insurances;

- all activities concerning behavioural prevention must undergo certification by the Peak Association of the Social Health Insurances and also be published on the internet;
- concerning the activities of the National Prevention Conference, the ongoing development of national prevention strategies; the compilation of a report every four years on the progress of health promotion and prevention activities; and the definition of recommendations for best practices and nationwide guidelines.

Evidence of success

(outcomes, quality, satisfaction, awareness)

An initial evaluation of the PCA by the German Network for Evidence-based Medicine (DNEbM) and the German Society for Health Economics (Dggö) pointed to an insufficient reliance on evidence-based health promotion and prevention measures. (See: www.ebm-netzwerk.de/aktuelles/

stellungnahme-praeventionsgesetz. See also: http://file.dggoe.de/presse/2015-08-17-DGGOE-Stellungnahme_Praevention.pdf)

Evidence of success for individual projects sponsored as part of the PHCA is not yet available.

Transferability/
uniqueness

n/a

Is this an
emergent
practice?

(degree of innovation)

n/a

Sustainability

n/a

Critical
Assessment

n/a

Academic
literature on this
action

See, for example:

Kilian, H. et al. (2016). Gesundheitsförderung in den Lebenswelten gemeinsam stärken. In: Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz. (59), 266–273

Meierjürgen, R. (2015). Präventionsgesetz – Ein wichtiger Schritt in die richtige Richtung. In: Gesundheits- und Sozialpolitik (6), 25–31

Steinacker, J-M. (2015). Prävention und Autonomie – Gedanken zum neuen Präventionsgesetz. Dtsch Z Sportmed. (66), 315–316.

Documents

In German:

www.bundesgesundheitsministerium.de/themen/praevention/praeventionsgesetz.html

www.ebm-netzwerk.de/aktuelles/stellungnahme-praeventionsgesetz;

http://file.dggoe.de/presse/2015-08-17-DGGOE-Stellungnahme_Praevention.pdf;

www.dbfk.de/media/docs/download/Allgemein/Das-Praeventionsgesetz-Chancen-und-Herausforderungen_2016.pdf.

In English:

www.bundesgesundheitsministerium.de/en/en/prevention/overview-prevention.html.

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