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Organization of geriatric care in Germany from the doctor's point of view

Organizacja opieki geriatrycznej w Niemczech z punktu widzenia lekarza

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Abstract

The aging process of developed societies, associated with a steady increase in the number and percentage of elderly people in the population, creates numerous problems not only medical, but also economic, social and cultural in nature. These problems require comprehensive approach and a proper place in the socio-economic, health and social policy created by the state. The study presents institutional and other forms of care for elderly people in Germany. The described solutions show that the scope of assistance provided to older people is wide and pertains to all areas of life. Familiarizing with solutions functioning in these countries may contribute to the improvement of the Polish care system for the elderly people. (Gerontol Pol 2019; 27; 72-76)

Key words: *geriatric care management, Germany*

Streszczenie

Proces starzenia się społeczeństw rozwiniętych, związany ze stałym wzrostem liczby i procentem osób w wieku starszym w populacji, tworzy wiele problemów natury nie tylko medycznej, ale i ekonomicznej, społecznej oraz kulturowej. Te problemy wymagają kompleksowego zainteresowania i właściwego miejsca w tworzonej przez państwo polityce społeczno-ekonomicznej, zdrowotnej oraz socjalnej. W opracowaniu przedstawiono instytucjonalne i inne formy opieki nad ludźmi w wieku podeszłym w Niemczech. Opisane rozwiązania pokazują, że zakres pomocy udzielanej osobom starszym jest szeroki i traktuje wszystkie dziedziny życia. Zapoznanie się z rozwiązaniami funkcjonującymi w tych krajach może przyczynić się do usprawnienia polskiego systemu opieki nad osobami w podeszłym wieku. (Gerontol Pol 2019; 27; 72-76)

Słowa kluczowe: *opieka geriatryczna, Niemcy*

Introduction

Demographic changes based on the increase in the number of elderly people belong to the hottest topics discussed in highly developed countries. There is a dynamic change around the world based on the increase in the number of elderly people, which is an undisputed phenomenon. In 1950, there were 200 million people aged 60 and over, and in 1975 the number was already 350 million. Currently, this population comprises 590 million and it is expected that in 2025 it will increase to 1.1 billion, 700 million of whom will live in highly developed countries. Demographers predict that in the period of 50 years, i.e. between 1975 and 2025, the population of elderly people will increase by 214%, while at the same time the total population number will grow by 102%. The vast majority of European countries have exceeded the 12-percent share of people aged 65 and over in the population of a given society (Figure 1) [1].

The process of life extension and, at the same time, aging of populations results from the improvement in living conditions, the general growth of medical and technical progress as well as the development of health and social care.

Progressive demographic changes in the society which consist in significant and rapid increase in the percen-

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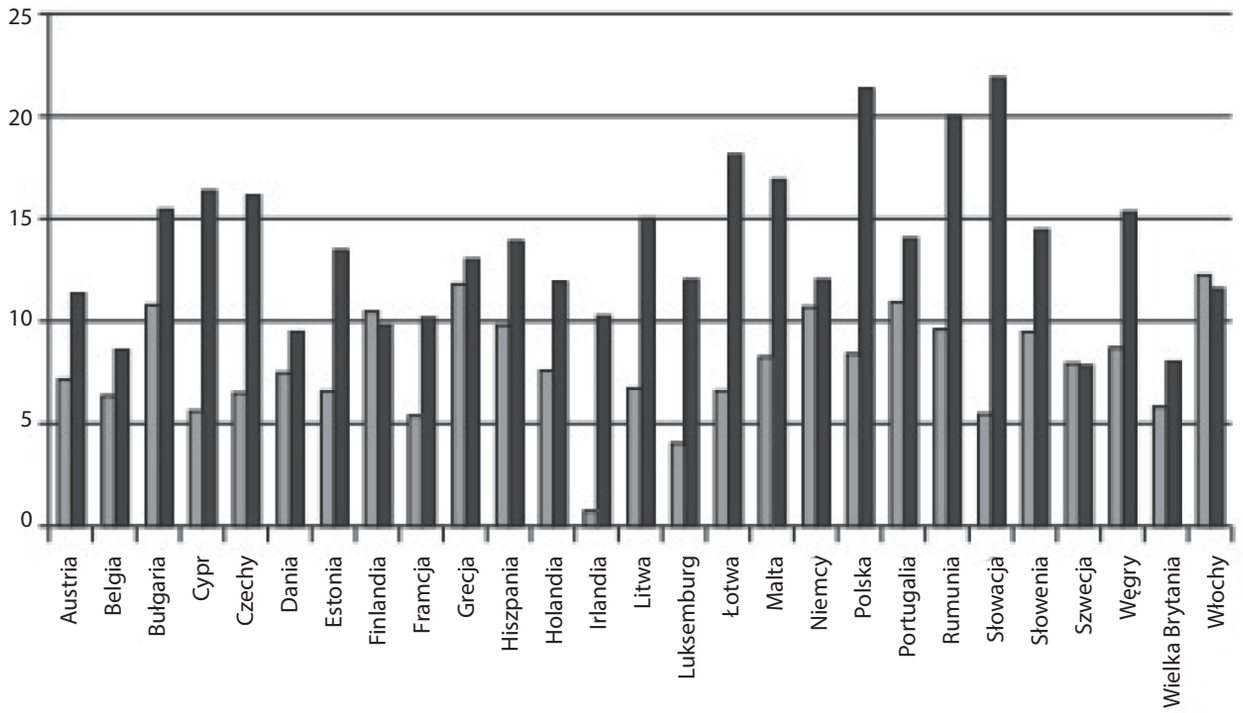

Figure 1. Change in the percentage of people over 65 years of age in the total population of EU Member States in the years 1950-2010 and 2010-2060 (prognosis)

Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2010 Revision, esa. un.org/wpp/OtherInformation/faq.htm; years 2020–2060 based on – European Commission, The 2012 Ageing Report. Economic and budgetary projections for the EU-27 Member States (2010–2060), „European Economy" 2012, No. 2, table A12.

tage of elderly people, with the simultaneous change of the family model consisting in limiting the number of offspring, weakening the ties between generations, the disappearance of multigenerational families, reduce the family's ability to perform traditional care functions towards the elderly generation.

The result of that is the development of care institutions for the elderly, both outpatient and inpatient ones. In highly developed countries, where demographic changes have been increasing for a long time and where older people often live alone, care systems for the elderly are the most developed. When improving our solutions in this field, the experience of these countries should be used.

Geriatric care in Germany

According to currently available statistics, geriatric population, i.e. people over 65 years of age, constitute 20% of the German population. According to demographers, we have to expect a constant growth in the coming years. Predictably, in 2060 elderly people are to constitute 35% of the society [2].

Assistance for the elderly is a permanent element of the German social policy. It is defined as the total of benefits aimed at satisfying age-specific needs. The obligation to provide assistance to the elderly rests first of all on the family of the person in need, and only then on the local authorities responsible for organizing it.

The introduction of statutory regulations contributed to the improvement of care for the elderly [3]. Benefits that are paid on the basis of legal acts are particularly beneficial for people who are unable to finance the cost of care in case of long-term illness or old age, whether at home or in closed treatment facilities. They cover people who are subject to compulsory health insurance. The assistance covers four basic areas of life: body care, movement, nutrition and help in economic activities and supplies (shopping, cooking, and washing up, cleaning, laundry).

The Act on care insurance distinguishes five levels of disability, determining the amounts of care allowance and the scope of care provided to the insured (Table I).

Table I. Degrees of disability

Degree	
I	Minimal limitation of self-reliance
II	Medium limitation of self-reliance
III	Severe limitation of self-reliance
IV	Very severe limitation of self-reliance
V	Very severe limitation of self-reliance which requires advanced nursing care

The insured have a choice between direct provision of the service or receiving adequate monetary compensation. This solution allows the insured person's family to reduce their hours of work and to conduct care in exchange for financial support due to care insurance.

Attendance allowance may also finance the purchase of auxiliaries or provide an opportunity of obtaining financial resources to adapt the place of residence to the needs of an elderly person (Table II).

As part of long-care insurance, courses in the field of attendance to the elderly are organized. Participation in these courses is free for families and volunteers who help older people.

Care allowance is also used to finance assistance for the elderly, who due to their illnesses or disability require care in outpatient or stationary settings.

In terms of inpatient care organized in Germany, three main types of facilities for the elderly can be distinguished:

- residential houses for the elderly (*Betreutes Wohnen*)
- homes for people who are unable to run their own household (*Altenheime, Altenpfegeheime*)
- multifunctional facilities (*mehrgliedrige Alteneinrichtungen).*

Residential houses for the elderly are usually independent, 1- or 2-room apartments. Within these houses, there is an on-call room for a nurse. If necessary, she provides professional medical help or calls for a doctor. Residents of such a home benefit from systematic outpatient medical care. If necessary, they ask employees to do shopping for them or ask for help in everyday activities. When such a house is run by a person or a private institution, living in it is connected with the necessity to incur high fees. It is different when the facility is communal. Then the apartments are treated as communal, and therefore with significantly reduced fees. In case of leaving them by the current residents, they are transferred on similar conditions as other municipal apartments, but only to those who meet the criteria.

In turn, in homes for people who are not able to run a household on their own, there are people in relatively good health who cannot or do not want to run their own household. Inhabitants of these houses are therefore guaranteed, in addition to independent flats, also food and catering and the possibility of using medical care as well as educational and cultural offer.

Houses for people who require constant care, as the name suggests, are intended for elderly people who require permanent help in the basic activities of everyday life as well as the use of attendance allowance. These homes meet the needs in terms of personal hygiene, nutrition, and mobility. Depending on the health condition, their residents can use various forms of spending free time, but the care services provided there are the most important.

So-called multifunctional facilities constitute the most numerous group, fulfilling at least two functions from those discussed above. Thanks to this solution, the continuity of living is guaranteed regardless of the state of health. This is particularly important in the case of elderly people, who usually poorly tolerate their adaptation to new conditions.

The outpatient care benefits consist of the following forms:

- semi-open assistance, including the organization of free time and daytime care carried out in adapted facilities for a limited period
- open assistance, referred to as outpatient environmental assistance.

Semi-open benefits are organized by both the commune and religious or charity organizations. They mainly deal with the management of so-called day care centres.

In day care centres, the pensionaries are provided with permanent medical care and participation in the program, which aims to maintain or improve their mental and physical fitness.

In turn, senior clubs offer varied forms of spending time, e.g. meetings with interesting people, the ability to use the library, participation in the culture and tourism program. In addition, special events are organized by local authorities for the benefit of seniors, for example trips or cyclical theme meetings. The participants of these events cover only a negligible part of the actual costs,

Table II. The amount of financial support depending on the degree

Degree	Attendance allowance €	Attendance allowance in kind €	Outpatient care €	Inpatient care €
I	125	0	0	125
II	316	689	689	770
III	545	1289	1298	1262
IV	728	1612	1612	1775
V	901	1995	1995	2005

and the burden of financing this kind of services is borne by the local authorities.

Open assistance for seniors also includes out-patient (ambulatory) services or the assistance provided at home. These benefits include:

– care for the sick or help for the family in this care
– help in running the household
– assistance in social communication, which includes information and counselling on general and specific issues for the elderly, e.g. in the field of health care, nutrition
– help in maintaining mobility-independence, and thus the organization of transport
– cultural and educational help
– general social and health care.

Hospital care

The increase in the number of elderly people is also a challenge for hospital care. Already in 2010, 50% of hospitalizations, i.e. 17.9 million were people over the age of 65. This state of affairs has contributed to the development of infrastructure, as well as procedures and standards of conduct. In the time range from 2005 to 2012, the number of beds in geriatric wards increased by 27% [4]. Such a large increase naturally contributed to the development, although the needs are still unmet.

The next item comprises the procedures that have been developed for the treatment of elderly patients. On the basis of current knowledge, it is obvious that elderly patients who require hospitalization due to acute illness require a longer period of treatment, and thus longer convalescence. The treatment and rehabilitation is a complex process. That is why it requires the work of many specialists. For this purpose, geriatric teams were created in geriatric wards. Such teams include geriatricians, qualified nursing staff, physiotherapists, speech therapists, psychologists and social workers. The aim of the team's work is to maintain the independence of the patient which was disturbed as a result of an acute illness. In order to objectify the degree of disturbances in the abovementioned areas, the following diagnostic tools are used:

1) Mobility: Timed-"Up&Go"-Test, Tinetti Test
2) Self-reliance: Barthel-Index, Fruhreha Bartehl-Index, FIMTM
3) Dementia assessment: MMSE, DemTect, Clock Competition
4) Social situation: Sos Test nach Nikolaus.

Due to the complexity of the problem, it was decided that a geriatric patient cannot be accounted for and treated in the same way as a non-geriatric patient, and the place of treatment must be a specialized geriatric ward. Comprehensive hospitalization, as it is called by a German payer, is associated with a longer stay and a higher cost of treatment in an inpatient care facility. Table III presents examples of hospitalization costs depending on days in the geriatric ward. One of the payers, BARMER - Health Fund, made a statistical analysis among its insured who benefited from comprehensive geriatric care during hospitalization in 2013 [5]. Based on the data obtained in which the preceding years i.e. 2012 and 2014 were compared it was found that comprehensive geriatric care is associated with a decrease in the cost of hospitalization as well as the frequency of subsequent hospitalizations in the next year. On the other hand, it results in maintaining the independence of elderly people, and hence in reduced costs of care services.

Table III. Average costs of comprehensive geriatric hospitalization

Benefit	Average price in 2015 €
Complex geriatric hospitalization for 7 days	4594
Complex geriatric hospitalization for 14 days	7766
Complex geriatric hospitalization for 21 days	8727

What is the role of geriatricians in patients' care?

In German hospitals, geriatricians have, after cardiology, the second largest number of internal specialist beds to their disposal. They are integrated in the structures of relevant clinics and available also in emergency rooms. Early and constant integration of geriatric competence in treatment processes increases the quality of care for geriatric patients. The aim of geriatric treatment of all patients is to coordinate complex care and keep the highest possible quality of geriatric patients' life. In case of outpatient care, patients are treated mainly by their GP or specialised doctors. Ambulatory patients are channelled to geriatric hospital wards when it is necessary to conduct complex diagnosis and therapy in order to keep previous self-reliance in everyday life. In most European countries geriatric medicine is either an independent field or focuses on internal medicine. In Germany it is regarded a subspecialty in internal diseases. Currently, specialist geriatric care is provided only in hospital conditions. In case of hospital wards with high share of elderly patients, such as neurology, psychiatry or general medicine specialist trainings in the field of geriatrics are conducted, just as it used to be earlier. Basic geriatric co-

urses should be offered to all doctors, especially those providing outpatient care.

Conclusion

The study presents institutional and other forms of care for elderly people in Germany. The described solutions show that the scope of assistance provided to older people is wide and covers all areas of life. Getting to know the solutions functioning in Germany may contribute to the improvement of the Polish care system for the elderly.

Conflict of interest
None

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