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Gesundheitsmonitor 2012

Bürgerorientierung im Gesundheitswesen

Kooperationsprojekt der Bertelsmann Stiftung
und der BARMER GEK

Abstracts

How Do Voters Want to Be Treated? Health Care Policymaking in the Eyes of the Public

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Keywords: Health Care Policy, Parties, Policymaking, Influence

Conclusion

In addition to providing feasible solutions, successful health care policy must be a product of policymaking processes held to be legitimate by the public. Public trust in policymakers is generally limited. Strategies that shift decision-making from self-governing administration in health care to market arenas are also met with distrust. Instead, there is widespread consensus – reaching across all party lines – of the need to enhance the role of “independent” experts in policymaking. These findings underscore the growing need to implement modern forms of stakeholder participation and improve cooperation between legislative actors and experts along the lines of the German Bundestag’s Enquête Commission, established in the 1980s.

Background and inquiry

Conflicts in health care policy arise not only over the goals targeted, but also over who should be making relevant decisions and how they should go about it. Political parties in Germany pursue different conceptual approaches to these issues. Yet little is known about what the German public wants in terms of policy processes regarding health care. Which actors enjoy public trust? To what extent do voters’ wishes dovetail with the strategies proposed by a given party?

This study applies the logic of belief systems to issues regarding health care policy in Germany. In so doing, the study postulates that

voters' political orientation will correlate with specific policy "wants." Voters are expected to support not only their party's policy goals, but also its implementation strategy.

Methods

In the 20th phase of the comprehensive Health Monitor survey, a representative group of 1,772 statutorily and privately insured individuals between the ages of 18 and 79 was surveyed in spring 2012. The respondents were posed questions regarding various forms of health policy regulation and the roles they want various actors to play. In order to establish possible correlations between political attitudes and desired policies, their answers were cross-referenced with party-specific preferences, identified by posing the so-called Sunday question ("Who would you vote for if elections were held next Sunday?") at the end of the survey.

Findings

The survey identified a broad consensus in public attitudes toward health policy actors and regulation. Partisan-based belief systems that have for years contributed to the development of rigid controversial fronts in health care policy debates are rare among the public. Instead, the findings identify a growing polarization of opinion between political elites and the electorate, though this varies depending on an individual's party preference.

Whereas policymakers' faith in the objectivity and decision-making capacity of self-governing administration in health care and experts varies from party to party, and is sometimes rather limited, the public expresses a particular faith in patient organizations and corporatist actors, as well as independent experts. Calls for greater competition in health care and the activities of elected health care policy actors are by contrast met with broad skepticism.

Conclusions

Shifting competencies away from established corporatist bargaining committees can be justified only if independent experts are afforded a more meaningful role in the process. The Enquête Commission represents here an established instrument for partisan actors to successfully engage external scientific and scholarly expertise in the legislative process, as demonstrated by the Commission's work on health

care policy issues at the end of the 1980s in Germany. Policymakers need to do more to strengthen opportunities for participation. Possible instruments here include citizens' and future forums that are linked with parliament.

The Physician-Patient Relationship in Outpatient Care: Scheme-based Discrepancies in Care

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Keywords: Statutory Health Insurance (SHI)/Private Health Insurance (PHI), Discrepancies in Care, Physician-Patient Relationship, Waiting Periods, Satisfaction

Background and inquiry

Germany's health care system, which features a two-pillar insurance market, is unique in the world. Although research points repeatedly to discrepancies in care depending on the kind of insurance held (statutory vs. private), this problem has been overshadowed by current debates over how best to finance both systems. This study presents the findings of a representative survey of insured citizens polled on questions relating to their subjective health, waiting periods, how physicians respond to them, satisfaction with physicians, and their concerns regarding future developments in Germany's health care system. The study is guided by the question of patients' experiences in the aforementioned areas and establishing whether differences between the statutory and privately insured can be identified.

A fundamental hypothesis of the analysis is that the statutorily insured will be disadvantaged in terms of care provided.

Methods

The analysis draws on three survey phases conducted between the spring of 2011 and 2012. For most questions, responses from 4,478 statutorily insured and 828 privately insured could be evaluated using descriptive statistics and nominal regressions to calculate an odds ratio.

Findings

Self-assessments of “less healthy” or “unhealthy” are significantly more frequent among statutorily insured respondents than among privately insured respondents.

The statutorily insured and privately insured alike record a notable increase in waiting periods over years past. However, privately insured respondents experience considerably shorter waiting times at their physician’s office than do statutorily insured respondents.

Reports of limited attention from a physician are much more common among the statutorily insured than among the privately insured. In other words, individuals with statutory health insurance are more likely to be treated by a physician demonstrating less willingness to respond to questions or explain illnesses and therapies.

When it comes to evaluating one’s primary physician, both groups register a high degree of satisfaction.

The statutorily insured express considerable more concern about the future of medical care than do the privately insured, and the differences here are much larger than those recorded for the other areas addressed. This includes, for example, future claims payments and waiting periods for specific therapies or operations.

Conclusions

The survey findings show once again that there are marked discrepancies in care provided between the statutorily insured and the privately insured.

Reforms targeting financial constraints in both insurance systems must consider the health care situation of all insurance holders and address the actual care required by citizens more effectively.

The Public Image of the Physician: In the Shadow of “Individual Health Services” and “Two-Tier Health Care”

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Keywords: Image of the Physician, Professional Prestige, Trust, Two-Tier Health Care, Individual Health Services (“IGeL”)

Summary

The study examines registered physicians’ overall prestige among the German public. Various patient experiences are examined, which

were also regularly reported in the German media and which could be apt to influence the respect people have for doctors. Opinions of physician strikes, “two-tier health care” and “individual health services” (IGeL) are analyzed, as well as interpretations of their causes and backgrounds. Finally, the image of physicians is compared with that of other medical and non-medical professions.

Background and inquiry

The growing number of recent media reports in Germany on the diminishing trust people have in the medical profession forms the background of this study. This turn in German public opinion has been caused by cases of accounting fraud, by the discriminate treatment of statutorily and privately insured patients as well as by the increased “selling” of individual health services at doctors’ offices. This poses the central question of whether medical care is increasingly perceived by the public as being determined by profit rather than by concern for the patient’s well-being. Also investigated is whether the image of the doctor is diminishing equally among all segments of the population – whether a person is sick or healthy, rich or poor – or whether a stereotype exists that is largely independent of personal experiences in the health care system.

Methods

In the 20th phase of the comprehensive Health Monitor survey, a representative group of 1,772 statutorily and privately insured individuals between the ages of 18 and 79 was surveyed in spring 2012. In the analysis of the empirical findings, bivariate as well as multivariate methods were employed (logistic regressions), the latter in order to verify factors concerning the image of physicians.

Findings

Patients detect unequal treatment of statutorily and privately insured patients not only in waiting times, but also in the quality of medical treatment. As a result, well over half of statutorily insured patients and over a third of privately insured patients feel that physicians’ profit motives weigh more heavily than the well-being of patients. Almost half of the privately insured patients reported cases of unnecessary diagnosis or therapy, solely due to their insurance status. Media attention is little on the topic of oversupply in individuals with private

health insurance. However, the doctor strike of six years ago is not viewed all that critically, but rather as a legitimate means of securing livelihood. The assessment of “individual health services” was more negative: almost half of the statutorily and privately insured patients stressed that for the physicians, it is about money, not about health, and that this is burdening the relationship of trust between doctor and patient. Consequently, trust in nurses and midwives is greater than that in doctors. The analysis of factors influencing the image of physicians ultimately shows that this is in no way a stereotype or unalterable pattern of attitude, but that both positive and negative health care experiences have lasting influence on the image patients have of doctors as a professional group.

Conclusions

Although the Kassenärztliche Bundesvereinigung (KBV) has warned registered doctors that patients’ trust may not withstand the offering of so-called individual health services, this appeal falls far too short, as significant measures to contain private payments for medically unnecessary health care services are nowhere in sight. The accusation of two-tier health care, a second aspect contributing to the negative image of the physician, is being simultaneously contested by doctors’ associations with considerably weak counterarguments. Claims that “the two-tier health care system so bemoaned in Germany is a myth” are undermined by a study documenting that the system is indeed trending to the contrary. Physicians’ image, and with it patients’ trust (as a central element of every successful treatment), may become further diminished as a result. This is all the more regrettable as empirical analysis has shown that this image can be very strongly influenced by a physician’s behavior and a patient’s experience during medical consultations.

Insurer Patriotism? An Empirical Analysis of Switching between Statutory Health Insurance Companies

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Keywords: Statutory Health Insurance, Switching Insurers, Switching Behavior, Satisfaction, Extent of Knowledge

Background and inquiry

The focus of this study is the pattern of behavior of those switching from one statutory health insurance company to another. Insured individuals were surveyed on the extent of their knowledge (commitment periods, irregular termination), their satisfaction with the health insurance plan (overall satisfaction, services offered etc.) and their reaction (intent to change insurers). On the basis of various hypotheses, potential effects of insurees' extent of knowledge or satisfaction on their willingness to change – or not change – insurers were examined: is the insuree's extent of knowledge and/or satisfaction in correlation to his or her willingness or intent to change insurers? Are the insurees “insurer patriots” or merely poorly informed and wary of the effort involved in changing insurers?

Methods

As part of the 20th phase of a comprehensive Health Monitor survey, 1,772 publicly and privately insured people between the ages of 18 and 79 were surveyed in spring 2012. The analysis was limited to those who were publicly insured ($n = 1,247$), as only they could actively switch insurers. Methods: descriptive statistics, bivariate and multivariate analyses (correlations and regression analyses).

Findings

The analyses were able to identify reasons – in some cases significant ones – for being willing to switch insurers. Among these were overall satisfaction with the insurer, satisfaction with the local office (neither the scope of services nor fees were of much significance), age group (middle-aged individuals showed a higher willingness to switch than did older individuals), the assessment that changing insurers is a great bureaucratic nuisance, and finally, agreement with the statement: “long-term insurees receive more services.”

Conclusions

The willingness of an individual who is insured in the statutory health care system to switch insurers cannot be reduced into simple theoretical formulas: there is a complex web of interdependent factors to consider and to evaluate. However, analysis indicates statistically significant correlations between an insuree's extent of knowledge, level of satisfaction and willingness to switch insurers. CAVE: the survey

was conducted at a time in which there were hardly any (and no announced) additional fees.

Burnout, Mobbing and Presenteeism – Correlations and Prevention Measures

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Keywords: Burnout, Mobbing, Presenteeism, Working Conditions, Work-Life-Balance

Background and inquiry

In contrast to previous research on burnout and mobbing, which predominantly relate to personal factors, this contribution focuses on factors that can be influenced by employers in terms of work design. Poor leadership, bad climate at work, conflicts between work and family life as well as high emotional demands in the workplace will be examined as predictors of potential burnout or of presenteeism. Furthermore, it is presumed that mobbing is an aggravating factor in these correlations. In addition, it will be examined whether mobbing directly affects presenteeism.

Methods

Among 1,772 people between the ages of 18 and 79 in the 20th wave of the comprehensive Health Monitor survey conducted in spring 2012, 639 fully employed individuals were selected along with 220 who worked at least 15 hours a week. Trainees and those who worked fewer than 15 hours were not considered. In line with the Copenhagen Burnout Inventory and the Copenhagen Psychosocial Questionnaire, the survey focused on modifiable working conditions. Correlations between working conditions, mobbing, burnout and presenteeism were examined.

Findings

Six percent of those surveyed reported frequent cases of mobbing while 17 percent were at risk of burnout. Thirty-eight percent of those questioned went to work sick on two or more occasions (presenteeism). Taxing emotional demands in the workplace, a poor working environment and poor leadership correlate with experiences of mobbing at work. Burnout is mainly connected to the conflicting demands of work and family, but also to precarious job security and intense

emotion at work. Those who seldom experience harassment – as opposed to those who never or those who frequently do – are also inclined to presenteeism. Good leadership, a good working environment, a good work-life-balance, the removal of unstable working conditions as well as a better management of emotional demands correlate to reports of less mobbing, burnout and presenteeism and indicate various strategies for addressing psychological problems in the workplace.

Conclusions

Presenteeism is a phenomenon that cannot be directly explained by “unhealthy” working conditions. Rather, the results of the Health Monitor indicate that poor working conditions go hand in hand with employees’ experiences of mobbing and burnout, and these in turn are associated with increased presenteeism. The prevention of mobbing and burnout corresponds to a rewarding improvement of the physical, psychological and social well-being of employees and to a reduction of presenteeism.

Naturopathic, Complementary and Alternative Therapies

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Keywords: Naturopathy, Complementary Therapy, Alternative Therapy, Alternative Medicine, CAM, Orthodox Medicine

Background and inquiry

Though scientifically disputed, naturopathic, complementary and alternative therapies enjoy considerable popularity among broad sectors of the German public. The objective of the analysis was to gather responses to questions regarding six widely used treatments (i.e., naturopathic/herbal medicines, naturopathic procedures, homeopathic medicine, relaxation techniques, acupuncture, chiropractic/osteopathic treatments): How often has one used or received these treatments/medicines? Who suggested such treatment/medicines? For which illnesses were they applied? Who bore the costs? How effective was the treatment/medicine? Can we establish differences between those who use such treatments (users) and those who do not (non-users)? Have frequency of use and attitudes toward alternative methods changed compared to earlier surveys conducted on the subject?

Methods

In the 20th phase of the Health Monitor survey, a representative group of 1,772 statutorily and privately insured individuals between the ages of 18 and 79 was surveyed in spring 2012. The respondents were posed questions regarding the above-noted issues and their respondents evaluated using descriptive statistics and uni- and multivariate analyses.

Findings

Sixty-three percent of those polled reported having used or received at least one of the identified treatments. Of this group, 40 percent stated they had done so within the last 12 months; 23 percent reported having done so more than 12 months ago. Responses to questions regarding who initiated such treatments, the illnesses to which they apply and who bore the costs vary considerably from treatment modality to treatment modality. The majority of those reporting having used or received some form of CAM treatment state that the treatment helped or helped considerably. Compared with surveys conducted before 2005, the use of natural or herbal remedies have declined considerably, presumably due to changes made since then in German health insurance policies' reimbursement requirements. There are no significant changes with respect to the other treatments. There is no marked difference between those respondents who have, to date, used only one or two of the identified treatments and those having used none. However, respondents reporting having used or received three or more such treatments differ considerably in their responses from the non-users.

Conclusions

The results show that the use of naturopathic, complementary and alternative therapies is stable among the German public and that such treatments are generally assessed as effective, in subjective experience. Nonetheless, a comparison with previous surveys shows that the use of such treatments is not increasing and that the use natural or herbal medicines has, in fact, declined considerably.

What Do Potential Patients Expect from Hospitals?

Thomas Mansky

Keywords: Hospital Quality, Quality Indicators, Previous Experience, Pay for Performance, Internet

Background and inquiry

What kind of relevant information does an advice-seeking individual expect when he or she falls ill and is faced with choosing the right hospital? Addressing this question, this contribution explores the extent to which patients' previous experience with illness and the severity of their disease affects their decision in choosing a hospital or clinic. It is expected that the concept of quality and degree of quality expected among those with minor illnesses will differ from the views of those with severe illnesses.

Methods

In the 20th phase of the Health Monitor survey a representative group of 1,740 statutorily and privately insured individuals between the age of 18 and 79 was surveyed in spring 2012. The respondents were posed questions regarding the criteria influencing their selection of a hospital. Drawing on the three groups of respondents ((1) respondents with no previous experience in hospital treatment (n=307); (2) respondents having received treatment for a minor illness in a hospital (n=918); (3) respondents having received treatment for a chronic or severe illness (n=515)) findings for selected and relevant criteria in selecting a hospital are represented.

Findings

Questions regarding previous hospitalization and severity of illness are central to examining how previous experience influences the priorities of potential patients. Seventy-three percent of respondents report having received in-hospital treatment for minor illnesses. Fifteen percent report having received hospital care for a chronic illness, and 26 percent for a serious illness. Further analyses and group comparisons show medical quality is the dominant criterion in choosing a hospital. Even in cases of a minor illness, medical quality is the main criterion. In cases of serious illness, it is considered more essential. Food quality in a hospital is afforded the lowest priority among all

criteria. Clinic accessibility is also considered less important, especially in cases where serious treatment is required.

Respondents rate the availability of information regarding medical quality as insufficient and express only limited trust in their own capacity to assess such information. Respondents place considerable trust in the opinion of their general practitioner or the physician treating them regarding hospital or clinic choice. At the same time, they would also like their general practitioner to provide them more information regarding specific features that speak to a clinic or hospital's quality.

On issues of pay-for-performance, approximately one-half of all respondents are undecided. A clear majority of the other half, however, support a pay-for-performance concept. Those in support of the concept also support paying higher fees for this performance. A clear majority of all respondents do not believe hospitals should cover all fees in cases where complications arise that could have been prevented.

Conclusions

Overall, a prioritization of quality medical treatment can be identified. It is important that service providers be aware that medical quality is rated highest in importance and above issues related to comfort. This finding is relevant for policymakers, too, as quality ranks by far higher than other factors such as accessibility. The finding that potential patients place only limited trust in their own capacity to assess information regarding medical quality underscores the importance of a physician's advisement in choosing a hospital.

Specialist Medical Care in Rural Areas – Shortage or Lack of Convenience?

Christan Bock, Nicole Osterkamp, Claudia Schulte

Keywords: Physician Shortage, Urban/Rural, Medical Service Provision, Medical Specialists

Background and inquiry

The goal of this contribution is to examine, based on patients afflicted by one of two chronic illnesses, whether German statutory health insurance provider BARMER GEK billing records reveal an identifiable

shortage of medical specialists and whether it is felt by those whom it may affect. In view of the current discussion in Germany concerning doctor shortages in rural areas, all analyses have been carried out separately according to population density of insured residents in core cities, densely populated suburbs, rural suburbs and countryside areas. The demand for medical specialists in relation to population density is ascertained using billing records and supplemented by a survey of those relevantly affected.

Methods

The data for this contribution is drawn from BARMER GEK billing records as well as the input of 2,178 individuals, insured by BARMER GEK, who are suffering from either multiple sclerosis or lung disease and have participated in a special survey conducted by the Health Monitor. Methods of analysis: descriptive statistics, multivariate analyses.

Findings

For insured individuals suffering from multiple sclerosis or lung disease, administrative records do not show region-dependent variation in the provision of medical care. However, for the illnesses under consideration, records do reveal a great discrepancy between where the patients reside and the location of their specialist medical practice. Although there is a significantly different level of satisfaction with the health care situation between residents of core cities and those from the other regions, the particular structure of the region has no apparent effect on their actual contact with physicians.

Conclusions

A deployment of every type of medical specialist to all locations across Germany will surely not be possible in the future. Instead, it must be guaranteed that, when necessary, patients receive practical assistance in realizing their essential visits to medical specialists, especially when such help is not available from friends and family members. One solution could be the establishment of institutionalized and reliable transportation services.

Factors Influencing Birth Procedures: Caesarian Sections versus Spontaneous Births

Petra Kolip

Keywords: Obstetrics, Caesarian Section (C-Section), Risks of Childbirth, Delivery Care

Background and aim

The rate of caesarean sections (C-sections) in Germany has risen substantially in recent years and currently represents 32 percent of all childbirths in the country. The reasons for this are the subject of much heated debate, as are debates over whether it makes sense from a health policy perspective to target a reduction of this rate. The paper examines factors increasing the likelihood of C-sections. The views of young mothers regarding health care provision associated with C-section procedures are also presented. The focus here is on views regarding both prenatal and delivery care provided by gynecologists and midwives, the information provided regarding procedures and consequences, and personal attitudes toward pregnancy and childbirth (e.g., risk orientation and freedom of choice).

Methods

The sample included 4,161 Barmer GEK-insured women polled at the end of 2011 who had given birth during that year (response rate of 39%; 1,504 usable questionnaires; 33% C-sections). A standardized questionnaire was sent to the sample per post with a postage-paid envelope for return delivery.

Findings

The results confirm international findings showing an increased likelihood of C-sections being performed on women who have already delivered by caesarean section, in cases of pregnancies involving fertility treatment, and in cases of high-risk pregnancy. Obstetric intervention (e.g., medically induced labor, oxytocin, continuous monitoring of a baby's heart rate via a CTG device) also increase the likelihood of a C-section.

While the women surveyed express overall satisfaction with the care provided, a few shortcomings are noted: Approximately one-fourth of the women who delivered by C-section were not able to dis-

cuss things with a doctor or midwife following the birth procedure. The survey also shows several differences in views between women who delivered by C-section and those by spontaneous vaginal birth. For example, the latter are more likely to believe that doctors are too hasty in suggesting that a C-section be performed.

Conclusions

The findings show a clear need for improvement in natal care services. More than before, medical interventions in childbirth ought to be evidence based, given the absence of S3 guidelines in risk constellations. Suggestions made by the UK National Institute for Health and Clinical Excellence can set the trend here in providing women better, evidence-based information on the risks and benefits of vaginal births. Women who have delivered by C-section should also be provided the opportunity to discuss their experience with clinic employees. The survey findings show that preventive medicine approaches play a major role in childbirth delivery care. In addition, the findings suggest changes should be introduced in obstetrician education and training to include, for example, on-site visits to midwife facilities. In addition, the activities of midwives should be strengthened.

Theory and Practice Concerning the Use of Antibiotics with Children

Gerd Glaeske, Stanislava Dicheva, Kathrin Tholen

Keywords: Antibiotics, Bacteria, Infectious Diseases, Resistance

Background and inquiry

For years, antibiotics have been among the most prescribed medications for outpatients. They are effective against bacteria and thus play an important role in fighting infectious diseases. However, their intensive and often indiscriminate use is leading to the development of resistances. This presents hazards for the health of the population at large. Children in particular suffer frequently from acute illnesses and, as a consequence, from infectious diseases and are thus central to the topic. This chapter explores the knowledge parents have about antibiotics, their attitudes towards antibiotics concerning themselves and their children, as well as their preferences regarding antibiotics.

Methods

In spring 2012 a special survey of parents was conducted on the “Usage of Antibiotics with Children.” The analyses drew on data collected from 1,391 questionnaires (34% response). Descriptive evaluations accompanied the calculation of a logistic regression.

Findings

A total of 36 percent of the children were treated with antibiotics in the past year – with the highest prevalence among three- to five-year-olds. Parents seem to know a lot about the effectiveness of antibiotics on bacteria and about the resistance factor. However, knowledge concerning therapeutic approaches to certain illnesses was lacking. Although almost all people surveyed would prefer to use antibiotics only in an emergency, more than a third would take them for a cold under certain circumstances. Prescriptions were in some cases expected with illnesses for which antibiotics are not prescribed, or only prescribed after a “wait and see observation” period had passed – especially middle-ear infections. Parents are evidently not able to carry over their knowledge about the effectiveness of antibiotics to their use for individual illnesses. Their knowledge presumably does not apply to pathogenesis. The majority of parents would like more counseling and information. The logistic regression shows correlations between antibiotic therapy and various factors, such as the child’s age, satisfaction with the doctor’s advice as well as a child’s underlying chronic illness.

Conclusions

Although parents are well informed regarding the effectiveness of antibiotics, their knowledge of appropriate therapy for special illnesses is lacking. To limit the progression of existing resistances, overuse and misuse must be avoided. Antibiotics should no longer be used in cases of viral colds and the flu. Parents should be counseled and informed by doctors, as consultation is often wished for. Small-scale information campaigns and the translation of guidelines into non-technical language are additional steps to consider. Moreover, doctors should scrutinize parents’ expectations much more purposefully.

Interventional Therapies for Back Pain

Ursula Marschall, Ralf Zöll, Thomas Brechtel

Keywords: Non-Specific/Specific Back Pain, Acute/Chronic Back Pain, Injection Therapy, Interventional Therapy, Multimodal Pain Therapy, Therapy Success

Background and inquiry

Back pain is widespread and numbers among the most common ailments in Germany. Nearly every person in the country will suffer back pain at least once in their lifetime. This analysis, based on a special survey of individuals insured by BARMER GEK conducted within the framework of the Health Monitor, distinguishes chronic from acute pain as well as specific from non-specific pain. The contribution addresses spinal pain therapy involving the injection of drugs and outlines the controversy among experts regarding this treatment. The contribution also explores aspects of chronic pain, interventional therapy treatment, the reasoning behind patients' decision to receive injection therapy, the information provided to patients, as well as the success and failures of such treatment, as addressed in questions posed within the context of the survey.

Methods

The analysis draws upon data derived from a written survey conducted within the framework of the Health Monitor in spring 2012. The survey was conducted as a random sampling of 1,194 individuals with BARMER GEK insurance (selection criteria: 20–60 years old, outpatient medical diagnosis billed as ICD M51.* or M54.* within two quarters of a year).

Findings

The analysis shows that persistent back pain bears heavily on the overall health and well-being of a sufferer. Only one in two respondents consider his/her pain to represent a chronic ailment. The desire to rid oneself of pain (68%) plays a dominant role in the decision to undergo injection therapy. Fifty percent of injection treatments are based on imaging diagnostics. The analysis also suggests that a patient's formal education level plays a significant role in the success or failure of the therapy.

Conclusions

An analysis of the data shows that one-third of all respondents with severe pain who have already undergone several kinds of treatment see no improvement following injection therapy. Efforts should be made to encourage self-empowerment and healthy behavior among patients so that they learn to manage pain in everyday life and eschew unrealistic expectations from various therapies on offer. Behavior of this kind involves avoiding overuse of drugs and medicines as well as unnecessary operations.

Home-care Arrangements for People with Severe Care Needs: Preferences, Expectations and Decisional Context

Lena Dorin, Andreas Büscher

Keywords: Care Needs, Home-Care, Nursing Care, Desired Services, Support Services

Background and inquiry

Two-thirds of those requiring care in Germany live at home. The greater the need for care and the more complex care needs exist, the more difficult it becomes to provide home-care matching the individual needs. For those with severe care needs, the preference to remain in one's home becomes an increasingly less feasible option as their care needs increase.

People whose care level has been reclassified from Level I to Level II in the last six months are the focus of this paper. Also examined are their preferences and expectations regarding future care, the role of private and professional service providers, and patients' knowledge of the range of available support services that could help maintain home-care arrangements.

Methods

A special Health Monitor survey conducted in spring 2012 explored the situation of 1,152 care-recipients with severe care needs. Methods of analysis: descriptive and multivariate (logistic regression: factors influencing desires and expectations as well as use of support services).

Findings

Spouses or partners play the largest role in home-care arrangements. Children are more often engaged in arrangements involving female patients. Nursing care services are the most frequently used type of support service, in particular among women. Short-term care as well as training and guidance services bear the greatest application potential. The use of more than two services is significantly higher among long-term care patients of advanced age (80+) who have informed themselves and/or depend exclusively on nursing care services without familial support. Three out of four respondents express the preference to remain at home, nine percent prefer assisted living, and seven percent a nursing home. In most cases, the respondents' preferences match the future care they expect to receive. The willingness to make use of professional support in the future depends significantly on a patient's gender, age and health status. The availability of family members and the extent to which family members can bear the strain of providing support also contributes to considerations about the use of professional services in the future.

Conclusions

Whereas the role of spouses or partners will, in future, decline in home care arrangements, women, children and other family members will take on a greater role.

The limited interest in and use made of specific support services raises questions regarding their appropriateness and cost (do they match needs and do they imply high financial burdens?). A further issue to explore is whether and to what extent these services contribute to stabilizing home care arrangements.

Given the considerable popularity of assisted living, this option should be further developed and expanded. Housing of this kind helps prevent isolation among people with severe care needs who lack family or other personal caregivers.