

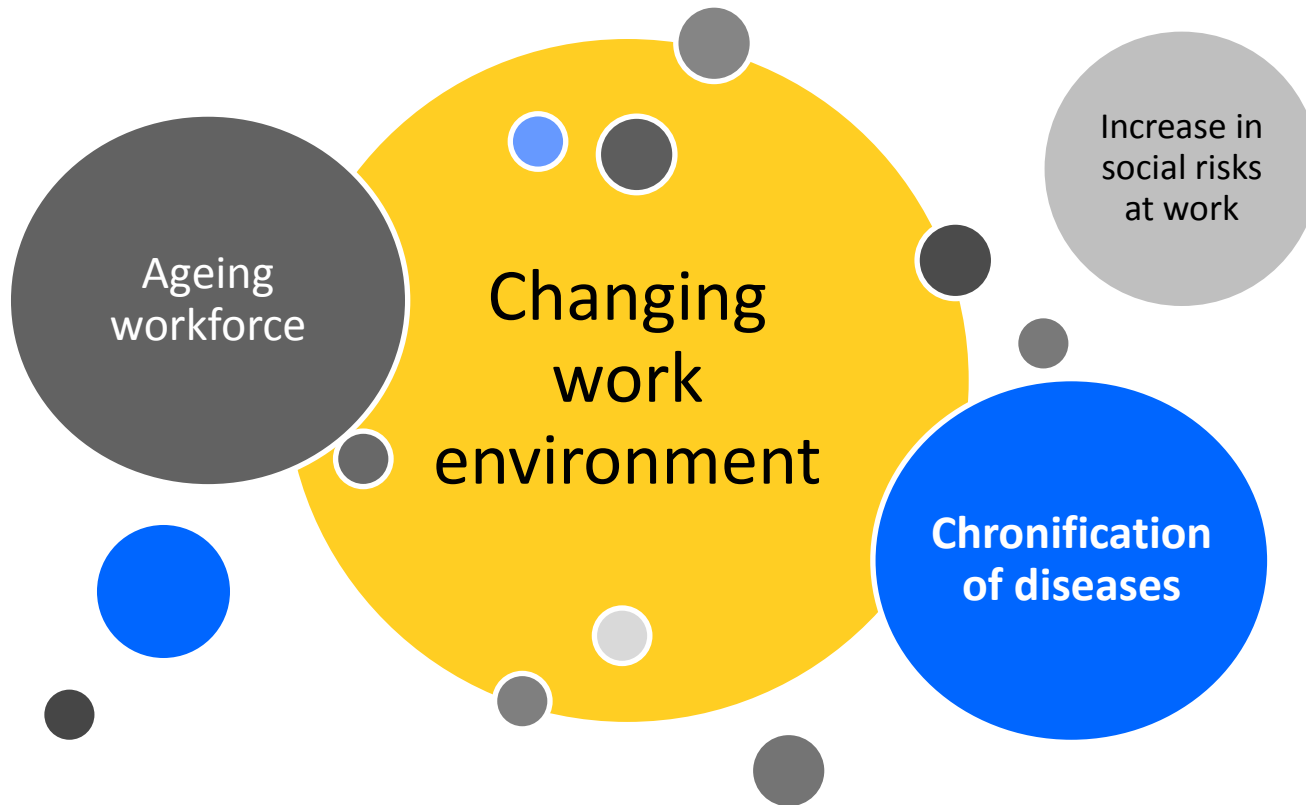
Importance of Early Intervention from a Statutory Health Insurance Perspective in Germany

Fit for Work Conference 2015

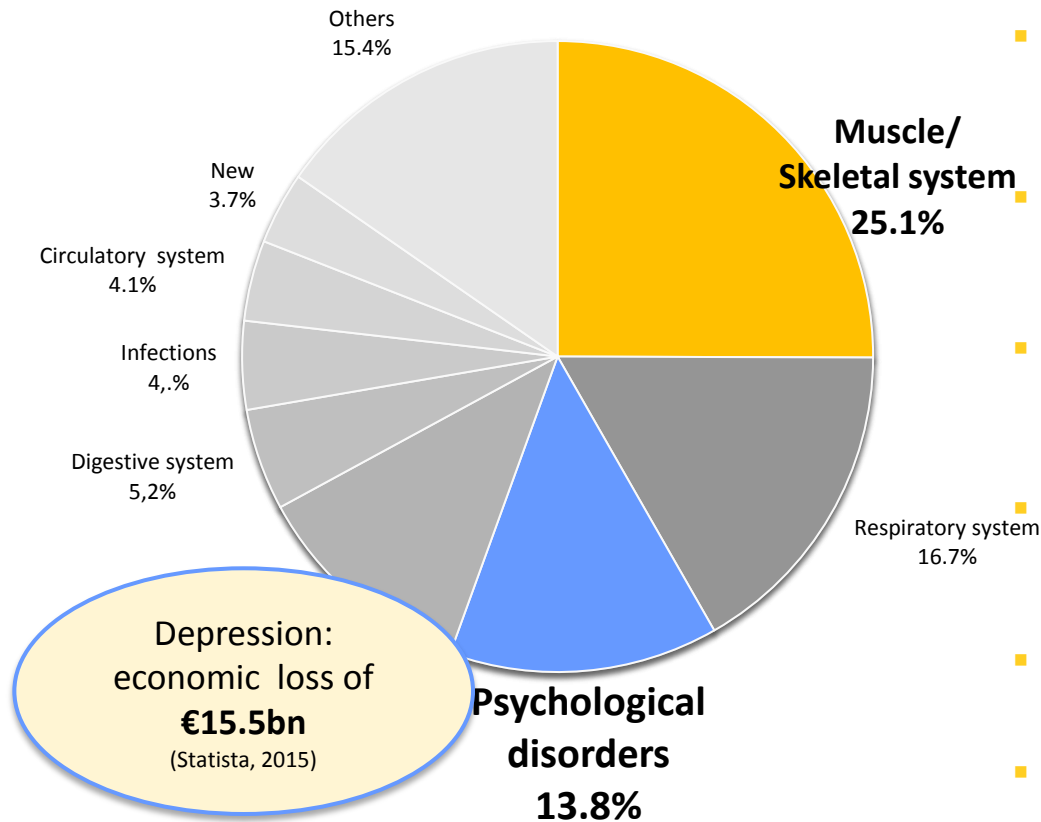
April 28th – 29th, Riga, Latvia

Franz Knieps, BKK Dachverband e.V.
Chief Executive Officer of Federal Association (Germany)

Background



Facts & figures from Germany



Incapacity-to-work days per 100 employed statutory members or share in percent,
Source: BKK Gesundheitsbericht 2014

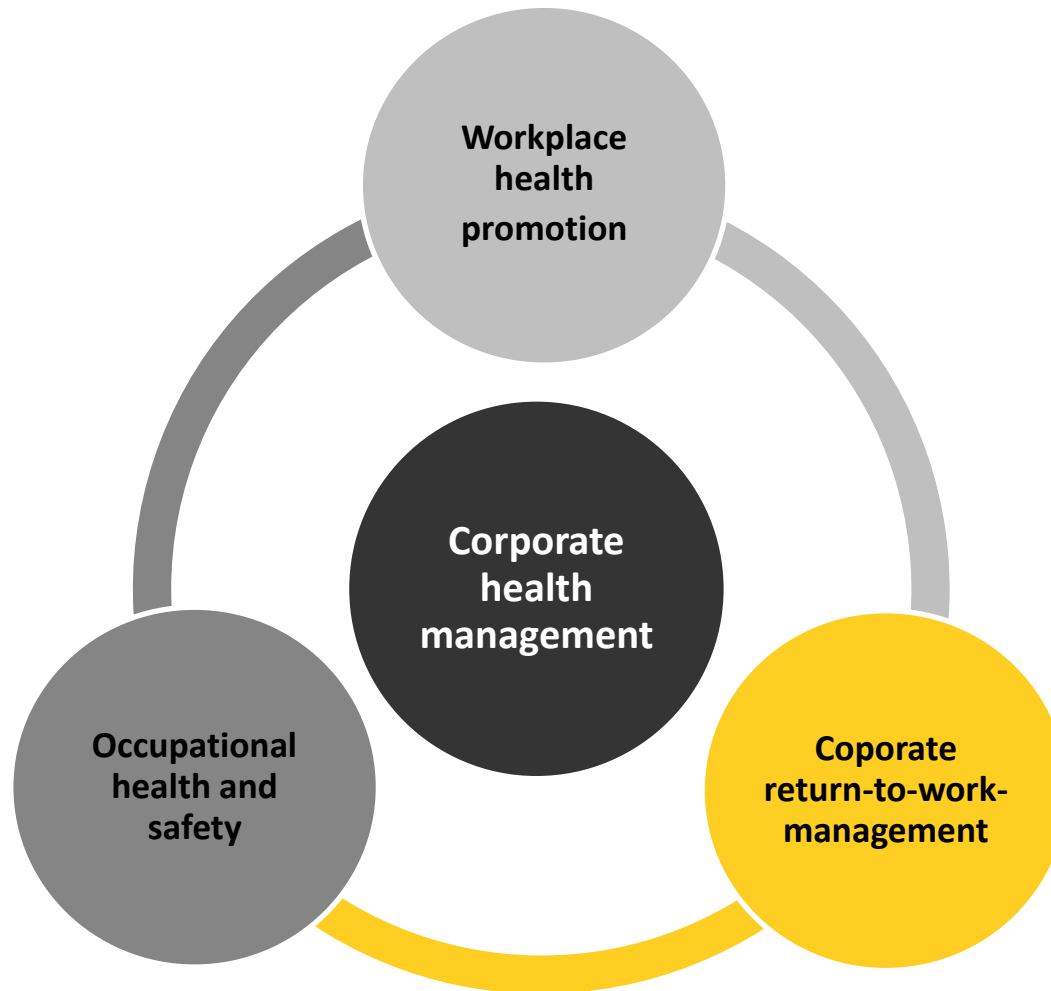
- **43% of women** and **38% of men** stated that they were affected by **at least one chronic disease** (GEDA, 2012)
- The share of people who are **60 years of age and older** will increase from **26.6 to 39.2%** (bpb, 2012)
- In Germany, chronic diseases account for **3/4 of all deaths** and around **1/4 of the costs of illness** (GEDA, 2012)
- In Germany, the costs of illness for chronic diseases totals approx. **€240bn** (2006, RKI + Stat. BA)
- Approx. **57%** is borne by the **statutory health insurance companies**. (2006, RKI + Stat. BA)
- Loss of labour productivity: **€66bn in lost gross value** (3% of gross national income) (Sicherheit und Gesundheit bei der Arbeit 2005, BMAS + BAuA)

Section 84 (2) of the German Social Code Book IX:

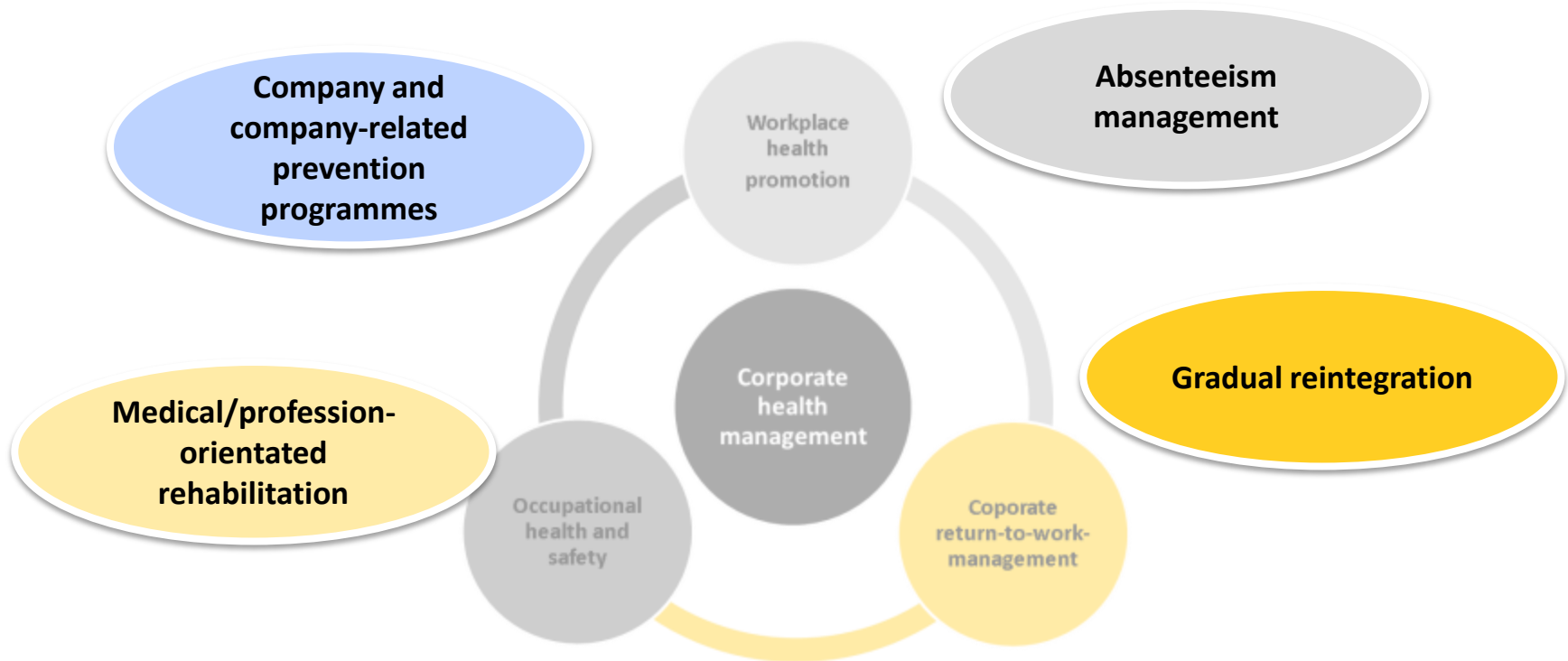
Companies are **obliged** to take "all actions, measures and services that are suitable in each specific case to **restore and permanently ensure work and employment ability**"

The primary goal is to **avoid incapacity to work and any possible chronification**. This can be achieved with comprehensive **corporate health management**.

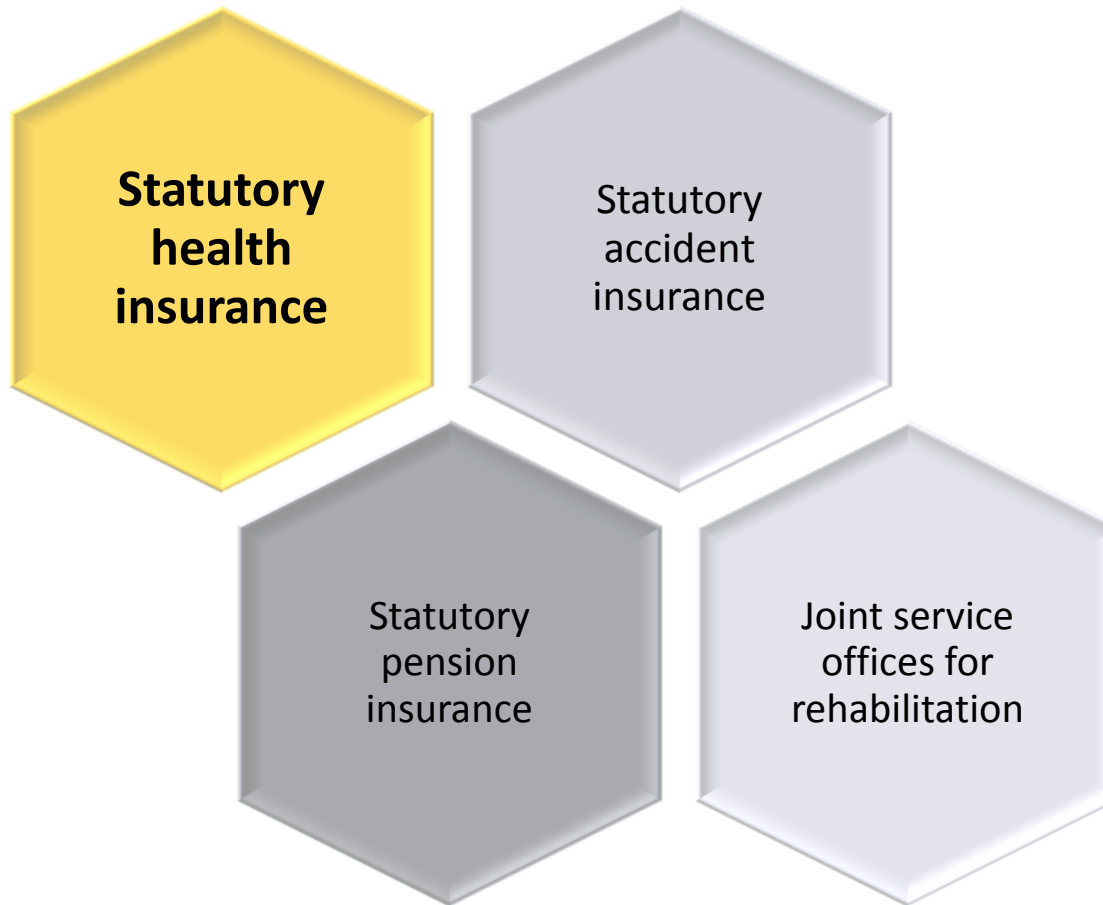
Co-operation with external support facilities is also essential.



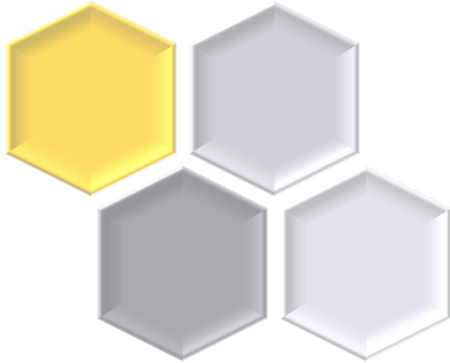
Corporate health policy - measures to maintain and restore capacity to work



External support offices



External support offices



Draft prevention law:

(likely to be adopted in June 2015)

- To promote **co-operation** and **co-ordination** between social insurance institutions and stakeholders in prevention
- **Strengthening care** under **statutory health insurance** paves the way for strengthening co-operation between social insurance institutions **in order to maintain and restore work capacity for people with chronic diseases**



External support offices



- Services to promote health at work (advice, moderation, success tracking, etc.)
- Medical rehabilitation services and supplementary rehabilitation services
- Personnel and financial support during **return-to-work programmes** and gradual reintegration

Section 20a, 74, 40, 43 of the German Social Code Book V

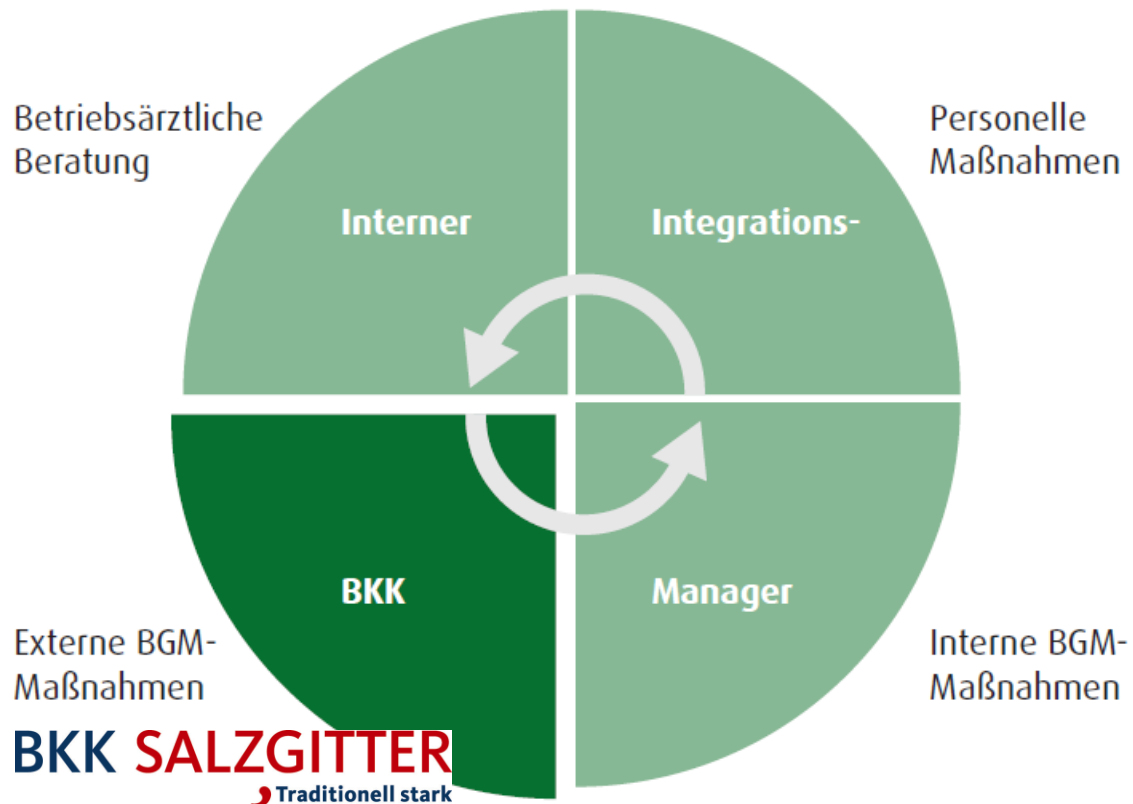
Incentives for health insurance institutions to support corporate return-to-work management

- Preventive measures as well as corporate return-to-work management and reintegration measures can
 - **reduce or avoid absenteeism and incapacity to work**
 - **maintain work capacity**

→ Reduction in the costs of illness

Best-practice example from the BKK system

Control of the return-to-work management process at Salzgitter AG



BeReKo (abbreviation for company rehabilitation concept)

Modular offer

- Muscle-skeletal diseases
- Psychological disorders
- Chronic pain

EFL – 3-monatige „a MTT“ – EFL

Kostenträger: BKK + Versicherter

ARC BS, DanTrim

stationäre arbeitsplatzbezogene

Kostenträger: DRV

Paracelsus Klinik, Klinik Bad Pyrm

Angebote bei Muskel-/Skeletterkrankungen
Beratung: Betriebsärzte und BKK, Fallführung: BKK MedPlus Center

BKK SALZGITTER
Traditionell stark

Modul B
ausgeprägtes Krankheitsbild,
Fehlzeiten ↑

Mittelschwere Erkrankung

Modul C
schwere Beeinträchtigung, Fehlzeiten ↑↑
Einsatzfähigkeit bedroht

Schwere Erkrankung

BKK services, e.g.

- BKK in charge of controlling the measure
- Co-operation, for instance, with company physicians, universities, pension insurance associations, psychotherapy outpatient centre at TU Braunschweig
- BKK's medical competence centre performs the following: Case management, inclusion, interface care

Source: iga.Report 24

Why is it a good-practice example?



Example:

- All employees are included
- Close co-operation with those in charge (interface management)
- Can be used for other diseases
- Early intervention
- No waiting time
- Clear task assignment
- Strict case management
- Evaluation of all cases

Conclusion:

- Care for many employees
- Growing interest on the part of the workforce
- High degree of acceptance

Thank you for
your attention!