New Challenges for Occupational Medicine in Germany

Thomas Kraus
Aachen, Germany
Institute for Occupational and Social Medicine
University Hospital
RWTH Aachen University
Outline

• Introduction of DGAUM
• The German system of Occupational health and safety
• OM in Germany
• Challenges and perspectives: e.g. new law on prevention education and training of OPs
Organisation

Scientific society:
Deutsche Gesellschaft für Arbeitsmedizin und Umweltmedizin e.V.
www.dgaum.de
Aims of the DGAUM

- education and training in OM and EM
- creating a scientific basis for prevention by analysing the causes of work related diseases and
- giving evidence based recommendations for preventive measures for
  - work related hazards
  - work related diseases
  - and occupational diseases and work accidents
(Main)Tasks of the occupational physician in Germany

- Risk assessment
- Consultant of employer and employee
- Surveillance examinations
OM in Germany

81 million inhabitants

43 million workforce

Problems:
- Added value of OM is not recognized by many employers
- neither state nor insurances fulfil their control function sufficiently
Coverage by occupational health and safety experts

60% of employees don’t know their OP (role of OP or do they have no OP?)
Responsibilities on occupational health and safety

- State
- Statutory accident insurance
- Occ. Health and safety
- Employer
State

... adopts acts and regulations and rules on occupational safety and health:
  – Arbeitsschutzgesetz
  – Arbeitssicherheitsgesetz
  – Verordnung zur arbeitsmedizinischen Vorsorge
  – u.a.

... controls acts and adherence of acts, and safety rules ...
The new law on prevention

1. facts: legal and social framework
2. perspectives: chances and possibilities for OM
3. risks: risks for OM.
4. How to implement?
Legal and social framework

- Enacting of the final version 25th July 2015
- Implementation 1st January 2016
History:
Lobby work with politicians and stakeholders

Position paper DGAUM 17.11.2014
Important role of OPs as managers in primary, secondary and tertiary prevention
participation of DGAUM at the official hearings of the draft version
26.11.2014
Improving visibility of possibilities of Ops in prevention in the workplace setting

Political lobbying: 36 meetings with stakeholders in state and countries
Perspectives for OM

- Strengthening of prevention and health promotion in living environments (kindergarten, schools, enterprises, nursing care homes....)
- Strengthening of **occupational health promotion** and linking-up with occupational safety
- Integration of all partners of the social security system
- Improving the cooperation and coordination among social security partners, countries, local authorities......
- Strengthening of surveillance examinations in children and adults
- Improving vaccination rates in Germany
New aspects §§ 20 ff.
More money in the system?

Expenses of the health insurances for prevention:

- 2015: 3,17 € (per insured person per year)
- 2016: 7,-- € (per insured person per year)

- Fixing minimum expenses for health promotion and prevention
  - in living environments
    minimum 2.-- € per person/year
  - for occupational health promotion
    minimum 2.-- € per person/year
  - for inpatient nursing care
    minimum 0,30 € per person/year
  - other preventive efforts (vaccination, checkup, ...)

Deutsche Gesellschaft für Arbeitsmedizin und Umweltmedizin e.V.
SGB V, § 20 g pilot projects (etc):

- In pilot projects **quality** and **efficiency** of health promotion and prevention in living environments and occupational health promotion shall be improved.
- The pilot projects could serve as **evidence based selection** of suitable measures of cooperation.
- The pilot projects run 5 years and should be evaluated scientifically.
Cooperation DGAUM u. BARMER negotiations since 10/2015

- Development of evidence-based products for occupational health promotion/prevention
- Pilot project: § 20 g SGB V
- Piloting „prevention paths“
- Focus on small and medium sized enterprises
Cooperation DGAUM – Barmer (health insurance)

Projektorga. DGAUM / BARMER

Koordination / Steuerung
Katharina Schade, Abt. 0640

Working group 1: Pilot project
- Realisierung und Entwicklung von Modellprojekten nach § 20g SGB V
- z.B. Entwicklung Präventionspfaden

Working group 2: Vaccination and quality assurance
- Entwicklung und Evaluation konkreter, zielgruppenorientierter Leistungsangebote mit Ziel des Erhalt und der Verbesserung der Beschäftigtengesundheit und Fokus auf Prävention arbeitsbedingter Gesundheitsgefahren sowie Stärkung der individuellen, gesundheitlichen Handlungskompetenz
- Öffentlichkeitsarbeit
- Regionale Aktionen
- Gemeinsame Ansprachen an Firmen

Working group 3: general primary prevention
- Entwicklung, Etablierung und Evaluation von Maßnahmen zur Qualitätssicherung der betriebsärztlichen Arbeit
- Entwicklung, Monitoring und Evaluation eines praxisnahen Modells, für die Abrechnung für Präventionsleistungen
  - z.B. für Impfleistungen

Working group 4: communication/marketing
- Realisierung und Entwicklung von Modellprojekten nach § 20g SGB V
- z.B. Entwicklung Präventionspfaden
Implementing contents into practice

**Aim:**
Healthy work in Thuringia

**Focus:**
SMEs in Thuringia

**Pilot project**
§ 20g SGB V

**runtime:**
5 years

**basis (u.a.):**
§ 132 f:
„Versorgung durch Betriebsärzte“
Fields of action

- Analysis of the current status together with employers, employees, insurances, Ops, GPs, occ. Safety experts etc.
- Distribution of health promotion measures especially among small and medium sized enterprises
- Establishing structures of quality assurance for OPs and improvement of the interface prevention-curation
- Transfer experience to the „field“
Perspectives for OM

• Prevention law: SGB V, § 132 e

• „....health insurances make contracts with physicians, including OPs, for implementing vaccinations at the workplace setting......“
<table>
<thead>
<tr>
<th>Chances of the new law for OM (e.g.)</th>
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<tr>
<td>▪ Use of the biggest setting for prevention and health promotion</td>
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<td>▪ Development of a prevention culture at the workplace setting</td>
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<td>▪ Use of existing structures for prevention (OM as a guide and neutral consultant)</td>
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<tr>
<td>▪ Implementation of easy access to occupational health promotion (especially for SMEs)</td>
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<td>▪ Developing the interface between curative and preventive medicine</td>
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<td>▪ Use of OM competencies for general check-ups and vaccination programs</td>
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<tr>
<td>▪ Improving the synergism between individual and workplace related preventive measures</td>
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<td>▪ No financial interests regarding treatment of findings from examinations (no overdiagnosis)</td>
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</tbody>
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Risks of the law for occupational medicine

• Neglecting traditional tasks of OPs
• New market with emerging financial interests (quality assurance!)
• From occupational medicine to a general practitioner at the workplace?
• Mixing up traditional duties of OPs and tasks acc. prevention law might lead to uncertainty among workers and employers
• Unequalities among different insurances (obligatory vs. private)
• Competition with general practitioners and other physicians
• Do we have enough OPs for additional tasks?
• Is the qualification of OPs sufficient?
How to prepare OPs for the challenges of the future?
Physicians with a qualification in OM
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Education and training

Curriculum for medical students (with examination)

Specialist for occupational medicine (5ys of training)

Physicians with special knowledge in OM (3ys of training)

Continuous medical education
Zentralblatt für Arbeitsmedizin, Arbeitsschutz und Ergonomie

Zusammenhang zwischen Adipositas und der Aktivität des autonomen Nervensystems bei Männern

Diabetische Retinopathie

Analyse der Forschungsarchitektur im Bereich der psychiatrischen Rehabilitation

Morbus Parkinson. Auswirkungen kräftigender Übungen

Röteln

Mit Beiträgen aus Umweltmedizin und Sozialmedizin
Anmeldung zur OnlineFortbildung


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E-Mail-Adresse  Zugangsdaten senden
New column in the health care system – transferable and recommendable idea?

Health care system

treatment  rehabilitation  nursing care  prevention
Prevention: yes, but…
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Karl Valentin: From now on, I don`t leave the house any more
Prevention: yes, but...

Karl Valentin: From now on, I don`t leave the house any more

Liesel Karlstadt: But why?
Karl Valentin: *From now on, I don`t leave the house any more*
Liesel Karlstadt: *But why?*
Karl Valentin: *Because of the meteorites!*
Prevention: yes, but...

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Evidence based prevention first!

Thank you!
tkraus@ukaachen.de