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**Chronic Disease Management Programmes in
Germany – Achievements and Shortcomings**

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Background

- Inadequate co-ordination of care
- Lack of preventive care
- Lack of self-management
- Weak primary care system
 - GP are dominated by specialists
 - Little adherence to guidelines
 - Little guidance for patients
- Little incentives for health insurers to invest in CDM



Implementation

- Top-down approach
 - Implementation on a national level
 - National regulation (indications, components of CDM)
 - National funding
- Financial incentives
 - For health insurers (via risk adjustment systems)
 - For physicians (via additional remuneration)
 - For patient (via reduced co-payments)
- Fast roll-out on a national level after initial resistance by physicians



Components

- Clinical information systems for physicians (guidelines)
- Self-management support for patients
- Little changes in other areas
 - Healthcare organization
 - Delivery system design
 - Decision support
 - Community resources and policies



Achievements

- Increased clinical effectiveness
 - Less complications
 - Less hospital admissions
 - Better adherence to guidelines
 - Increased patient satisfaction
- Increased acceptance of evidence-based medicine
 - Initial resistance against “cookbook medicine”
- Increased awareness of self-management



Shortcomings

- No risk stratification (“one size fits all”)
- Single disease approach: multi-morbidity not taken into account
- Primary prevention not included
- Exclusively physician-centered
 - No interdisciplinary teams
 - No integration with hospitals (exception: breast cancer)
- No information on cost-effectiveness