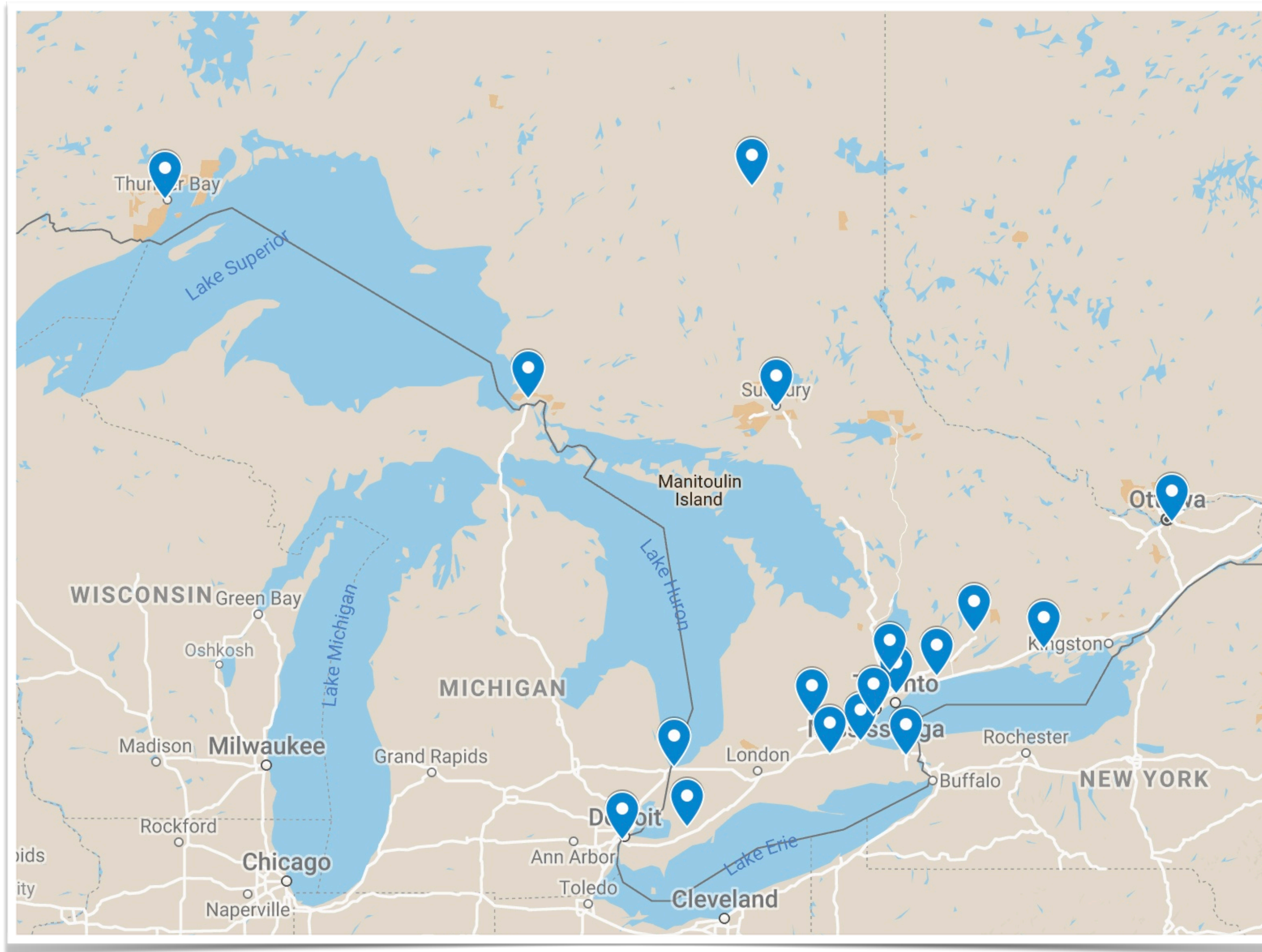


Care Models in Germany and Sweden

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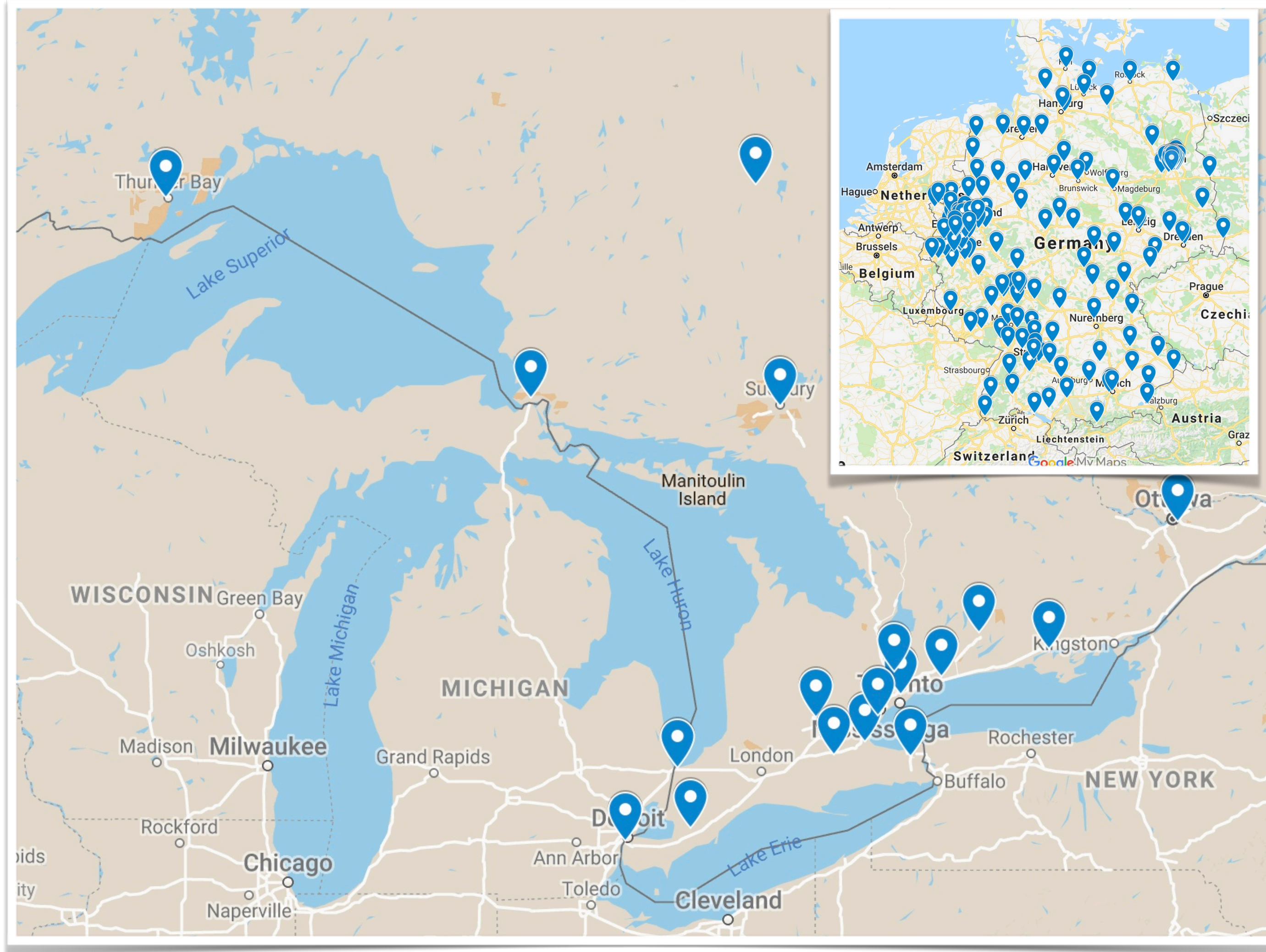
Ontario



Ontario:

- Number of CTCs: 20
- Area: 1.000.000 km²
- Population: 14 Millionen
- 1 : 700.000

Ontario x Germany



Ontario:

- Number of CTCs: 20
- Area: 1.000.000 km²
- Population: 14 Million
- 1 : 700.000

Germany:

- Number of SPCs: 158 (?)
- Area: 360.000 km²
- Population 83 Million
- 1 : 525.000

Germany

Social Paediatric Centres:

- About 1 centre per 1/2 Million inhabitants – negotiated with insurance companies, medical associations
- Interdisciplinary teams with medical leadership
- Financed by health insurance and social services (depending on state regulations) – a fixed \$ is paid per patient every 3 months, services are capped by number of patients/visits per trimester that can be seen/will be paid for
- Centres can be diagnostic only or diagnostic/therapeutic – depends a lot on the region and population density as well as therapist density of the area
- Referral by community physician/paediatrician only
- Standards for structural and process quality exist for almost 20 years and are continuously updated

<https://www.dgspj.de>

Germany

Strengths:

- Clear quality standards for space, personnel and processes
- Team work is considered an essential part of the service
- Several inpatient units for more complex cases that offer parent/child therapies
- Creation of Adult Developmental Centres over the last years

Challenges:

- Funding is often below the actual needs
- Wait times usually around 3 – 6 months, in some centres up to 1 year
- Financial sustainability depends a lot of the right “case-mix” of patients that need a lot of support and frequent visits and others that are easier to manage and therefore “cheaper”
- The focus on “healthcare” makes funding for social services often challenging
- High access barrier due to medical referral process – no self-referral, no referral by non-physicians

<https://www.dgspj.de>

Sweden

Habilitation Centres (Habilitering):

- Are a public community service
- Provide interdisciplinary team approach but no physician involvement
- Access via physician or psychologist referral
- Once the referral is received the centre offers an intake meeting at the latest after 30 days
- Once the support plan has been agreed upon, the service starts the latest after 3 months
- If physician involvement is required, health centres are able to take part at primary, secondary and tertiary level depending on complexity

<https://www.habilitering.se>

Sweden

Strengths:

- Nationwide availability
- Integrated with Community Services
- Very family/child/youth centred
- Short wait times
- Tiered structure with involvement of medical services for more complex cases

Challenges:

- Lack of funding for direct services
- Lack of physician input as part of a team
- “Nicer on paper than in practice”

<https://www.habilitering.se>

Sweden

Parent Advocate Feedback:

- *“I have to say, that my personal experience with Habilitering is disappointing. It seems to me that on paper, the organization has good intentions, but they are so underfunded and trapped in a system-centred way of working that as a parent, I lost trust and faith in them as a source for solutions. I have never been able to get them to express clearly what they can offer, and when I ask for specific services, the answer is nearly always that they are understaffed. They are EXCELLENT at doing intake meetings, but it rarely translates to actual services and solutions.”*

<https://www.habilitering.se>