



issa

INTERNATIONAL SOCIAL SECURITY ASSOCIATION
ASSOCIATION INTERNATIONALE DE LA SÉCURITÉ SOCIALE
ASOCIACIÓN INTERNACIONAL DE LA SEGURIDAD SOCIAL
INTERNATIONALE VEREINIGUNG FÜR SOZIALE SICHERHEIT

Good Practices in Social Security

Good practice in operation since: 2014

Medically and Professionally-Oriented Rehabilitation (MPOR)

A concept for the structured implementation of
work-related strategies in medical rehabilitation

Certificate of Merit with Special Mention, ISSA Good Practice Award – Europe competition 2019

German Federal Pension Insurance
Germany

Summary

The German Federal Pension Insurance (Deutsche Rentenversicherung – DRV) provides medical rehabilitation services in order to guarantee the long-term ability to work of the people it insures. A concept entitled “Medically and Professionally-Oriented Rehabilitation” (MPOR) was developed in order to provide specific support in the handling of work-related problems. This concept emphasizes the employment aspects of rehabilitation.

The benefits of MPOR have been attested in a number of studies and documented in routine care for musculoskeletal disorders as far back as 2014. Its success is impressive: MPOR has been able to increase the likelihood of a successful return to work by 20 percentage points. In concrete terms, this means that the provision of five MPOR services brings one more person back into stable employment at the end of the rehabilitation process. This, in turn, reduces the number of people in Germany claiming disability pension benefits. MPOR therefore results in a more efficient use of expenditure for rehabilitation by the DRV.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

Medical rehabilitation is an everyday service financed by the DRV for both inpatient and outpatient care, and lasts from three to four weeks, or up to six weeks for insured people with psychiatric disorders. It is a proven strategy for counteracting the threat of or reduction in earning capacity of people with chronic illnesses. However, long-term scientific investigations have shown that not every insured person benefits sufficiently from medical rehabilitation. This applies especially to those with pronounced occupational problems such as long periods of absence or a negative subjective prognosis of returning to work, that is, a very high risk of reduced earning capacity. In this subgroup in particular, the result was an increased burden on pensions because of reduced earning capacity, despite earlier use of rehabilitation services financed by the Fund.

In-depth analyses have indicated that medical rehabilitation services should be oriented more strongly and more structurally than in the past to individual working conditions in order to meet this challenge. In both diagnosis and in therapy, the focus should be on existing problems in the workplace in order to provide better care for the target group described.

Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

The main objective of the DRV was therefore to implement across the board a more work-based strategy in medical rehabilitation and thereby reduce the number of people on disability pension benefits in the medium term.

This was the reason in the early 2000s for the development of the concept of medically and professionally-oriented rehabilitation, or MPOR for short. MPOR is a specific strategy in medical rehabilitation that aims to align all treatment by physicians and therapists to the individual working conditions of the person and their work-related problems.

For the target group of people with special profession-related problems, MPOR increases the chance of successfully returning to work by 20 percentage points when compared with traditional medical rehabilitation. This could be shown in a number of randomized controlled trials between 2002 and 2009, especially in the case of musculoskeletal illnesses. MPOR showed no additional effects in people with a less pronounced risk of reduced earning capacity.

The DRV concluded from this that the expansion of medical rehabilitation by MPOR could improve overall health care for this specific risk group. As a result, a specialist panel agreed to the nationwide implementation of MPOR from 2009.

The first step was the development of a requirement profile for the implementation of MPOR, in which the success factors of good MPOR are described. Four key elements for good MPOR were set out:

- Requirements-focused diagnosis:

An individual profile is created from the patient's performance and working conditions, based on multi-professional patient admissions and the implementation of validated test methods. This profile is used to develop the central work-related targets in rehabilitation. These form the basis for the subsequent treatment.

- Workplace training:

This includes training in work-related activities that have proved problematic in the profile comparison for the successful accomplishment of work. The training tries to simulate the corresponding activities as realistically as possible. The therapeutic basis is the technique of progressive load increase.

- Work-related groups:

The proposal also includes training in the handling of psychosocial problems at work (e.g. stress, conflicts, workload) with the aim of teaching and applying suitable coping strategies.

- Psychosocial counseling:

In-depth counselling is offered, in which further barriers in the personal and social environment are identified. A plan is devised to dismantle these barriers. It contains the central steps on the road to professional reintegration after rehabilitation. If necessary, external actors such as the employer or other social service provider are called on to become involved.

Research has shown that MPOR is only effective for a subgroup of patients. This made it necessary in a second step to develop and validate instruments for the efficient identification of the target group. In order to identify insured people in need of MPOR before rehabilitation starts, a screening instrument, SIMBO, was integrated into the application documents for rehabilitation financed by the DRV. In this way, an MPOR need can be identified during the application process.

MPOR was rolled out in orthopaedic rehabilitation in 2014. Some 80 rehabilitation centers throughout Germany received the approval to carry out MPOR (a total of around 1,800 places).

Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

Evaluation of the roll-out took place between 2015 and 2017. The aim was to assess the extent to which the nationwide implementation of MPOR actually led to improved care and therefore to a reduction in disability pension claims.

The following secondary objectives were also assessed:

- Were the defined core elements of MPOR and the expected treatment outcomes achieved?
- Could the correct target group be reached across the country?
- What are the success factors for a good, work-related strategy in medical rehabilitation?

Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs. actual performance, before-and-after indicators, and/or other types of statistics or measurements.

In the above evaluation of MPOR in the workplace, the main objective was assessed on the basis of the percentage of insured people in stable employment after MPOR, compared with traditional medical rehabilitation. A control group design was implemented for this: *Propensity Score Matching*.

It transpired that MPOR in the workplace was able to increase the reintegration chances of the insured people with an increased risk of reduced earning capacity by six percentage points. This result was less than in the studies mentioned above (20 percentage points).

Analysis of the secondary objectives indicated that this is directly related to reaching the right target group and the treatment outcomes in MPOR.

If MPOR only treats people with special work-related problems and if they undergo at least 11 hours of successful work-related treatment, the reintegration rate increases to even more than 20 per cent!

Lessons learned

Based on the organization's experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.

Overall, it was shown that it was correct to take the described development route of more than 15 years. The emphasis should above all be placed on the structured approach to developing the concept, the scientific scrutiny, the creation of instruments, and the monitoring of the roll-out in

practice. Basically, MPOR improves the effectiveness of rehabilitation overall if carried out correctly.

In our broad experience, the central success factors to good MPOR are:

- a structured identification and control of the target group;
- a rehabilitation strategy that is geared consistently to individual work conditions;
- the centralized definition of work-related targets;
- the thinking and actions of all rehabilitation therapists and physicians directed toward occupational participation;
- very good interdisciplinary collaboration in the rehabilitation team.

Future challenges exist in the identification and control of the right target group and in the quality-assured implementation of MPOR in rehabilitation centers.

It is intended in the medium-term to transfer the good practice of MPOR in orthopedics to other illness groups. It was implemented in 2017 in psychosomatic rehabilitation.

For about two years now, there has been close collaboration with the Austrian Pension Insurance Fund to transfer the MPOR model to their medical rehabilitation scheme. The adapted concept in Austria was implemented under the name REHAjet in 2017 as a pilot scheme in three rehabilitation clinics.