Promoting development of children with chronic complex conditions – challenges and solutions

Social Pediatric Centers (SPZ) in Germany

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Social Pediatric Center Bremen
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Disclosure – Conflict of interest

- Head of the Working Group for Quality in Social Pediatric Care of DGSPJ
- Member of the Scientific Advisory Board of „Central Krankenversicherung“ (Generali Group)
- Financial support for a study on autoantibodies in children with epilepsies by Novartis
- Further scientific support:
Promoting development of children with chronic complex conditions – challenges and solutions

- Challenges in chronic complex conditions
  - Cerebral palsy
  - „New Morbidities“

- Social Pediatric Centers in Germany
  - From basic to specialized care
  - MBS and EKPSAT
Challenges in chronic complex conditions
Challenges in chronic complex conditions „New morbidities“ – Luxury problems?
Wer braucht was?

Neue Ansätze der multidisziplinären Diagnostik und Therapie adipöser Kinder und Jugendlicher in einer multiethnischen Großstadt

Abb. 3 ▲ Adipöse Kinder (RC) bei der Schuleingangsuntersuchung in Berlin 2001. Differenziert nach Staatsangehörigkeit und sozialer Schicht
## Categories for therapy planning for children and adolescents with obesity (n=266)

<table>
<thead>
<tr>
<th></th>
<th>A (2.6%)</th>
<th>B (33.5%)</th>
<th>C (43.6%)</th>
<th>D (20.3%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target planning</td>
<td>Realistic</td>
<td>Unrealistic</td>
<td>Unrealistic</td>
<td>Unrealistic</td>
</tr>
<tr>
<td>Suffering</td>
<td>Present, adequate</td>
<td>High</td>
<td>Low</td>
<td>High or low</td>
</tr>
<tr>
<td>Motivation</td>
<td>High</td>
<td>Present</td>
<td>Low</td>
<td>Low, resignation</td>
</tr>
<tr>
<td>Familial situation</td>
<td>Stable</td>
<td>Unsteady</td>
<td>Unsteady, difficult</td>
<td>Very difficult</td>
</tr>
<tr>
<td>Psychosozial problems</td>
<td>None</td>
<td>Present</td>
<td>Often</td>
<td>Psychic problems (child)</td>
</tr>
<tr>
<td>Comorbidities</td>
<td>None</td>
<td>Rare</td>
<td>Often</td>
<td>Present</td>
</tr>
<tr>
<td>Therapy</td>
<td>Obesity programs (pediatrician, group)</td>
<td>Pediatrician, ambulatory intensive program, educational counseling</td>
<td>Pediatrician (monitoring), therapy of comorbidity</td>
<td>ambulatory intensive program, psychiatrist, long term measure</td>
</tr>
</tbody>
</table>
Ambulatory healthcare for children and adolescents in Germany

- Statutory health insurance
- Private health insurance
- Social welfare

Direct and unrestricted access

By referral

Specialized Healthcare
- (University) hospitals
- Specialized pediatricians
- Social Pediatric Centers (SPZ)

Primary Healthcare
- Pediatricians in private practice
- General practitioner
- Public health service
Sozialpädiatrische Zentren (SPZ)
Social Pediatric Centers (SPC)

- Constitution of the first SPC in Munich in 1968 (Theodor Hellbrügge)
- Interdisciplinary approach and multidisciplinary team
- High proportion of psychological and psychosocial interventions
- Family integrated/centered approach
- Small emphasis on somatic aspects
- Continuous long term treatment till adulthood
- Networking (educational service, public health service....)
Sozialpädiatrische Zentren
Social Pediatric Centers

- Approximately 150 SPC in Germany
- 350,000 patients in 2014
- 1,100 pediatricians (300 neuropediatricians)
- Psychologists, speech therapists, occupational therapists, physiotherapists, social workers, music therapists, remedial teachers....

- Financed by lump sum per patient and quarterly period
Social Pediatric Centers – Age distribution of patients
Quality standards

- Defining structural quality of a SPC
- Further “quality papers” on different aspects of daily work
Quality standard - MBS

- MBS = Mehrdimensionale Bereichsdiagnostik in der Sozialpädiatrie
- Multidimensional Domain-diagnostics in Social Pediatrics
- Multidimensional Balanced System
Quality standard – MBS
EKPSAT scheme

- Integrating ICF(-CY)
- Resource-orientated
EKPSAT scheme

- E  Entwicklung
- K  körperlich-neurologische Befunde
- P  psychischer Befund
- S  sozialer Hintergrund
- A  etiologie
- T  teilhabe

DESPEP scheme

- Development
- Somatic/neurological findings
- Psychological findings
- Social background
- Etiology
- Participation
### EKPSAT scheme – changes of focus over time

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<th>6 years</th>
<th>13 years</th>
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<td><strong>Main problem / diagnosis</strong></td>
<td>Generalized epilepsy</td>
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<td><strong>Development</strong></td>
<td>Developmental disorder with main focus on motor and speech development</td>
<td></td>
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<td><strong>Somatic/neurological findings</strong></td>
<td>Generalized epilepsy with GTCS Ataxia</td>
<td></td>
<td></td>
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<td><strong>Psychological findings</strong></td>
<td>Short concentration span</td>
<td></td>
<td></td>
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<td>Affectionate parental care</td>
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<td></td>
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<tr>
<td><strong>Etiology</strong></td>
<td>Dravet-Syndrom due to SCN1A-mutation</td>
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<td>Affectionate parental care</td>
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Summary

Concerning children and adolescents with complex medical conditions and developmental disorders and their families

- Social pediatric centers are an important factor with respect to an holistic approach
- MBS and EKPSAT scheme might help (especially newcomers in the field of social pediatrics might profit)