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WHO GETS HOW MUCH CARE IN PSYCHIATRIC OUTPATIENT CLINICS AND WHY?

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Aims: German psychiatric outpatient clinics have been established to treat the sickest among outpatients. They receive a lump sum per patient and quarter. This reimbursement is currently under scrutiny, because it can act as a disincentive for the care-givers and to the disadvantage of the patients. It was the aim of this study to elucidate the connections between individual aspects and concerns of the patients and the amount of care administered.

Method: Clients of one of the largest health insurers, who visited a preselected outpatient clinic were followed for six months (n=339). All treatment activities were logged individually. Relevant sociodemographic data, the diagnoses, the individual needs and idiosyncracies, the course of the symptoms and case history were noted. Associations between the factors and utilization were tested by ANOVA and multiple linear regression models.

Results: The regression model with the best fit ($r^2=0,48$, $p < 0,001$) included five variables. Lower utilization is associated with living in nursing home ($\beta=-0,378$; $p < 0,001$), higher age ($\beta=-0,273$; $p < 0,001$), legal incapacity ($\beta=-0,306$, $p=0,002$) and lower social functioning ($\beta=-0,187$; $p=0,033$); higher utilization with inpatient days prior to outpatient treatment ($\beta=0,168$; $p=0,015$). Treatment aims, isolated functional deficits, diagnoses and graveness of symptoms did not have a significant influence.

Conclusions: Outpatient clinics should address the needs of younger patients with the aspiration of an independent life despite of a grave psychiatric disorder. Treatments administered to nursing-home inhabitants are much less complex, although these patients are even sicker. A corresponding reallocation of financial resources is suggested.