

# Integrative Care of Eating Disorders

**A Collaborative Model from the Network for Eating Disorders in Ostalb County and the Health Insurance Company AOK of Baden Württemberg/Germany**

International Conference on Transcultural Psychiatry

***Cultural Diversity, Social Change and Mental Health in China***

Shanghai, PR of China, April 18-20, 2010

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Network Eating Disorder Ostalb County NEO



Look Good?!

## Initial Situation

- Prevalence of Anorexia ca. 1%, Bulimia ca. 2%
- ca. 12 000 affected AOK - females between 15-30 yrs in BW
- ca. 360 affected females in Ostalb County (300 000 inhabit.)
- Health insurance covers ca. 15 000 Euro/pat./year  
(138 000 CNY/per pat/ year)
- Structure of care is lacking; Clinical inpatient treatment is often far from home and does not provide local aftercare
- High costs, insufficient quality of outpatient care and low satisfaction among patients and providers
- **Overall Treatment Plans** are needed but not realized



## Patients with Eating Disorders and Their Providers Face Unique Challenges

- Difficult access to treatment
- Insufficient or varying motivation for treatment and understanding of the disease
- `Overflowing` consultation centers, not enough outpatient therapy slots and deficient referrals
- Treatment providers work alone and aren't aware of each other



## In Demand: Adequate Treatment Solutions

- Multi-dimensional disease requires multi-modal treatment:  
***Complex Solutions for Complex Problems***
- Successful and practical treatment of eating disorders is only possible within a collaborative interdisciplinary setting
- This requires the **coordination and integration** of outpatient, day clinic and inpatient treatment in ***Overall Treatment Plans***
- Necessity of cooperation among treatment providers  
(System competence among team players)



# What Should the Network Offer?

- Accessible consultation and motivational work
- Entry assessment by a medical specialist  
(Psychiatrist or Psychosomatic Specialist)
- Involvement of the General Practitioner (GP)
- Flexible outpatient settings with individual-, group- or family-therapy, offered by psychologists or med. psychotherapists
- Supplementary forms of therapy (Body-Oriented-, Art-, or Music Therapy)
- Nutrition Consultation and Social Counseling
- Help via outpatient Aftercare and Self-Help groups
- As needed transitional care through Inpatient/ Day Clinic  
Psychotherapy



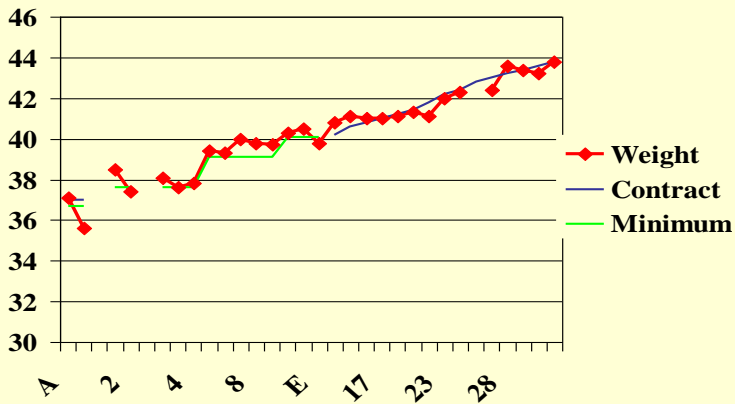
## **Network Participants** (23 Therapists)

- 2 Th. MSW of Eating Disorder Counseling Services (Caritas)
- 7 Th. General Practitioners, Internists, Neurologists, Psychiatrists, Psychosomatic Specialists, Child Adolescent Psychiatrists in private practice
- 5 Th. Psychol. Psychotherapists in private practice
- 5 Th. Psychosomatic Clinic and Day Clinic
- 1 Th. Psychiatric Clinic for Children and Adolescents
- 1 Th. Psychiatric Day Clinic for Adults
- 1 Th. Nutrition and Counseling Services of AOK (Health Insurance Comp.)
- 1 Th. MSW of AOK



## Advantages of the Network

- Back-up support through Case Meetings increases the willingness of outpatient therapists to take in a patient with eating disorders
- Involving GPs/Psychotherapists and others, makes the treatment of complex cases more possible
- Coordinated outpatient aftercare treatment can shorten the length of stay in a day clinic or inpatient setting



# Overall Treatment Plan

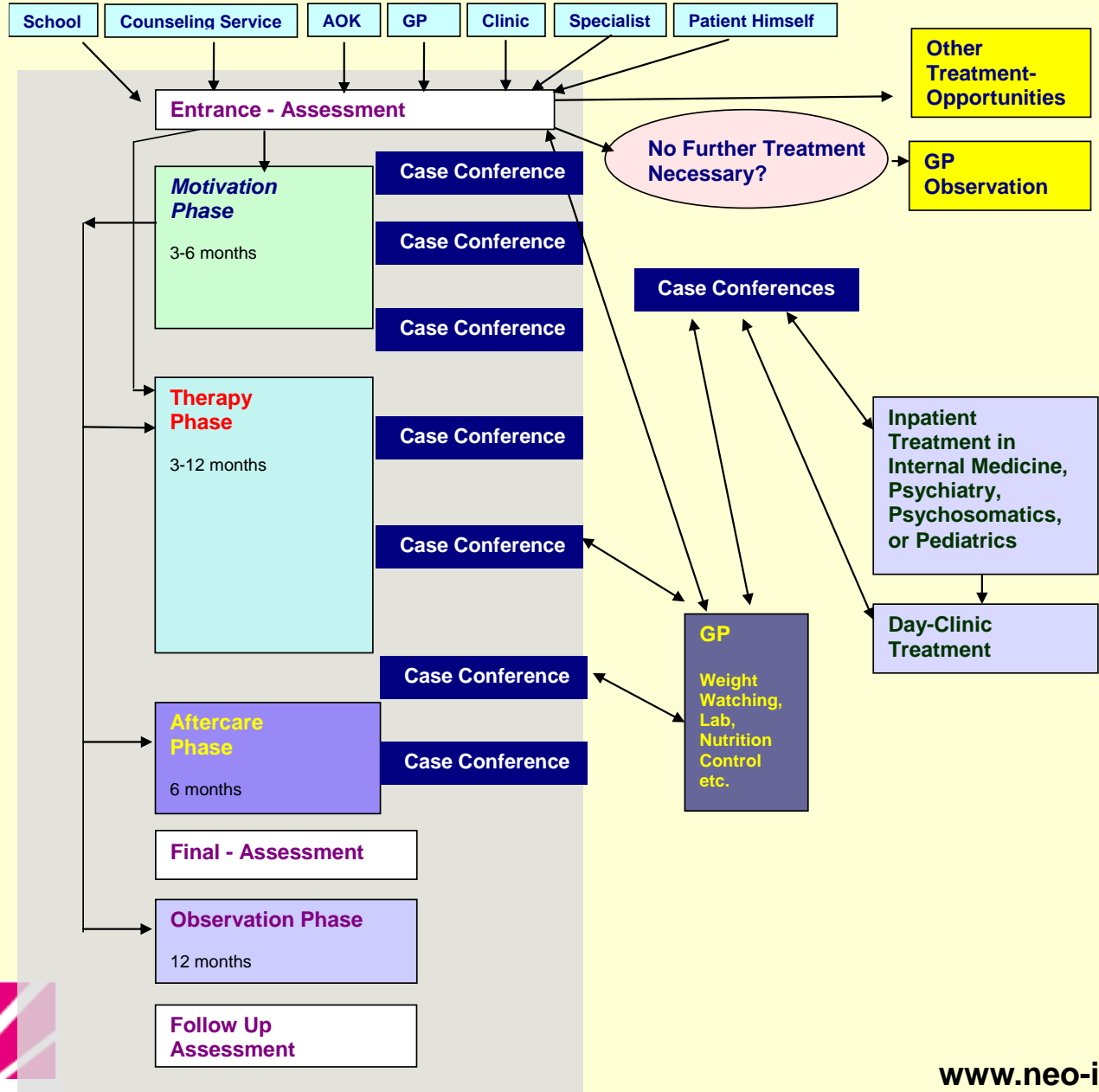
- IC Treatment Contract in the beginning
- Attainable phases with stepwise intensity of treatment
- Process-oriented treatment plans and predefined points of agreement in order to advance
- Manualized treatment steps
- Coordination of treatment through regular **Case Conferences**



# Treatment Plan

# Integrative Care of Eating Disorders

Entry to the Network via





# Why Hold Case Conferences?

- Essence and steering tool of the network's overall context
- Networking needs regular communication of all providers involved
- Decision of the steps and modalities of the Overall Treatment Plan
- Tasks get coordinated and continually updated
- Conditions for realizing multi-modal treatment in an outpatient setting are created
- Case Conferences gather and coordinate decisions of indication:
  1. How an inpatient can connect to outpatient care
  2. Which pre- or post- inpatient treatment offers should be organized
  3. When and under which terms a patient will move from outpatient to inpatient care



# What are the Challenges of the Case Conferences?

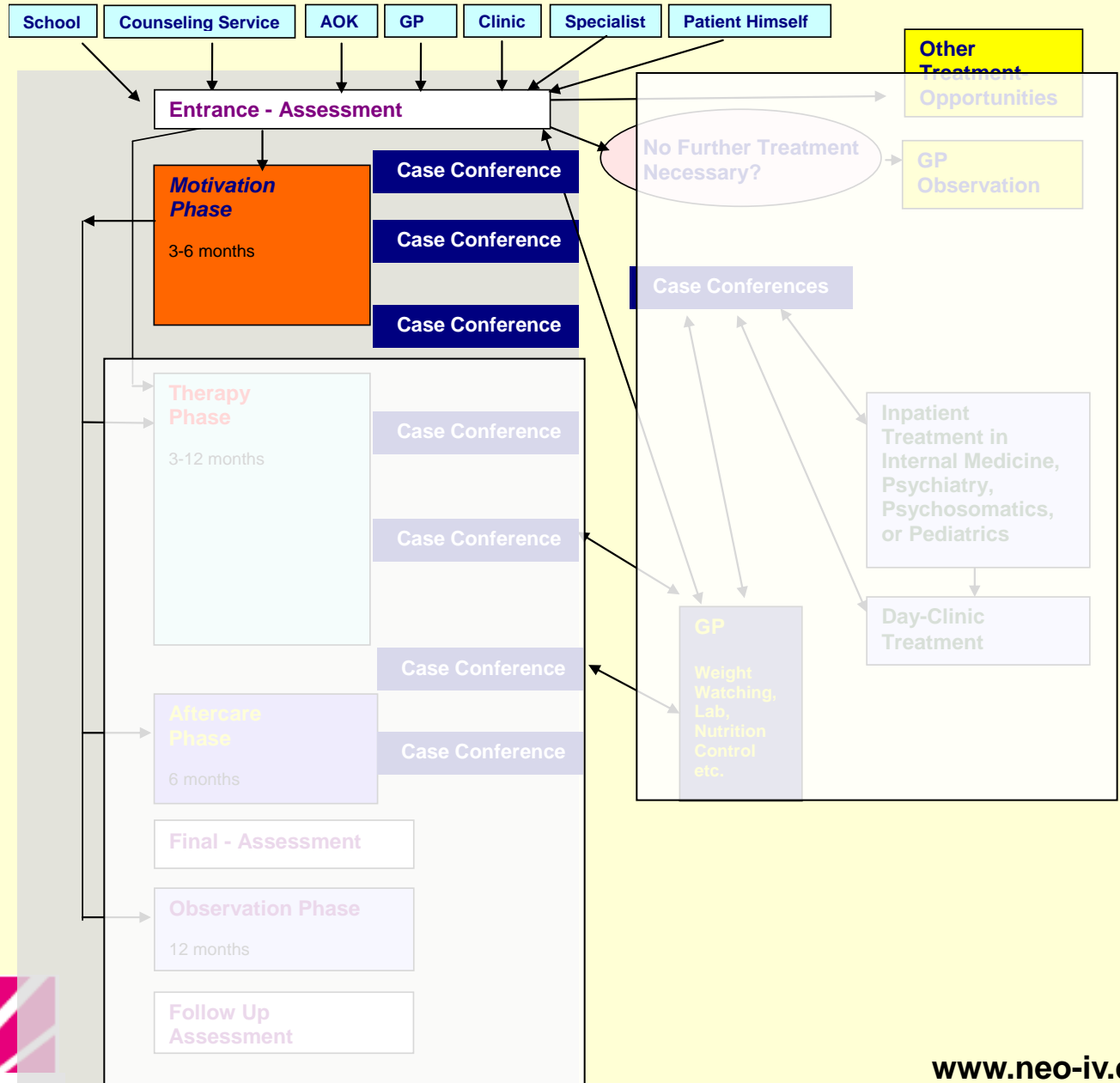
- Case Conference is a non-hierarchical self-organizing system (no Manager or Chairperson)
- Differences among `therapeutic schools`
- Collaboration between Inpatient and Outpatient providers
- Different perspectives about the meaning of the symptoms, the therapeutic focus, speed of change, resistance etc.
- ***Motto: We Built On The Ship, We Sail !***



# Treatment Plan

# Integrative Care of Eating Disorders

Entry to the Network via



# Weekly Plan During Motivational Phase

6 x per Quartal  
 5 x per Quartal  
 2 x per Quartal  
 1 x per Quartal

Group-Therapy  
 Individual Therapy  
 Nutrition Counseling  
 Couple- or Family-Therapy

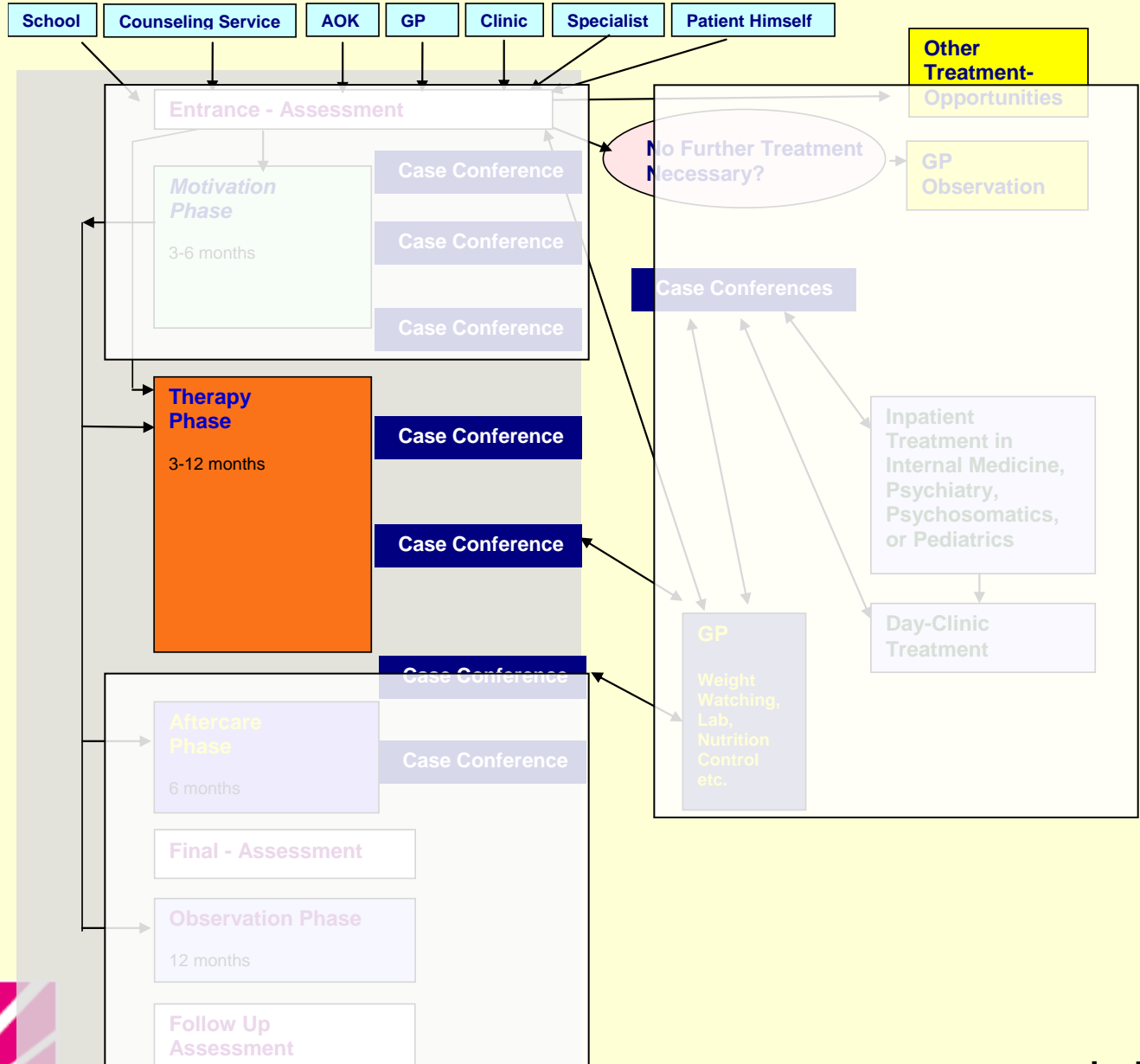
Week	1	2	3	4	5	6	7	8	9	10	11	12
Group Therapy		X		X		X		X		X		X
Individual Therapy	X		X		X				X		X	
Nutritionist					X					X		
Couple- and Family- Therapy							X					



# Treatment Plan

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Entry to the Network via



# Weekly Plan During Therapy Phase Cat. I

(high intensity care phase with 2 or 3 therap. appointments per week)

12 x per Quartal  
 3 x per Quartal  
 4 x per Quartal  
 5 x per Quartal  
 2 x per Quartal  
 2 x per Quartal

Grouptherapy  
 Communication and Stress Training Group  
 Individual Therapy Session  
 Supporting Therapies (Art-, Music-, Body -Oriented )  
 Nutrition Counseling  
 Family or Couple-Therapy

Week	1	2	3	4	5	6	7	8	9	10	11	12
Group Therapy	X	X	X	X	X	X	X	X	X	X	X	X
Comm. & Stress-Group	X					X				X		
Individual Therapy		X			X			X			X	
Nutrition Counseling			X							X		
Family Therapy		X					X					
Art-, Music- Body-Therapies	X			X		X			X		X	

# Weekly Plan During Therapy Phase Cat. III

(low intensity care phase with 1-2 therap. appointments per week)

12 x per Quartal

0

2 x per Quartal

2 x per Quartal

0

0

Grouptherapy

Communication and Stress Training Group

Individual Therapy Session

Supporting Therapies (Art-, Music-, Body -Oriented )

Nutrition Counseling

Family or Couple-Therapy

Week	1	2	3	4	5	6	7	8	9	10	11	12
Group Therapy	X	X	X	X	X	X	X	X	X	X	X	X
Individual Therapy	X									X		
Nutrition Counseling												
Supporting Therapies				X					X			

# Annual Cost (AN)

AOK Average Treatment Cost ca. 15 000.00 € /Year  
138 000.00 CNY /Year

10-Week Inpatient Treatment ca. 14 000.00 € /Year  
129 000.00 CNY /Year  
(Cost per patient per day 200 euro)

1 Year Individual Outpatient Psychotherapy ca. 3 800.00 € /Year  
35 200.00 CNY /Year  
(1 session at 85€ during 45 weeks)

1 Year Outpatient Treatment in IC-Network ca. 7 900.00 € /Year  
72 700.00 CNY /Year  
(incl. CM-Cost and Consultation Fee)

Motivation Phase I	3 months	1630.00 €	14 833.00 CNY
Therapy-Phase Cat. I	3 months	2840.00 €	26 128.00 CNY
Therapy-Phase Cat. I	3 months	2840.00 €	26 128.00 CNY
Therapy-Phase Cat. III	3 months	1300.00 €	11 960.00 CNY
Aftercare	6 months	1530.00 €	14 070.00 CNY
Case Management Cost and Case Conference Fee	18 months	1720.00 €	15 790.00 CNY

**Total Cost** **1,5 Y. 11 860.00 € 109 112.00 CNY**  
**Annual Cost** **1,0 Y. 7 900.00 € 72 740.00 CNY**

# Control Sample

(Oct. 2007 – Dec. 2009)

Total Participants	N=44	10 AN,	29 BN,	5 BED
Completed Therapy	N=12	18-38 J.		
Drop-Outs	N=16			
	N=6	moved		
	N=5	lacking motivation		
	N=3	addiction to drugs		
	N=2	changed Insurance company		
Currently in Therapy	N=16			
Preliminary Results	GSI of SCL 90 R			
	p < 0,01			
	EDI-2 Subscale `Drive for Thinness´			
	p > 0,05			





# Thank You for Your Attention!

Further information can be found at

[www.neo-iv.de](http://www.neo-iv.de)