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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

<b>Document :</b>	<b>AEMH 08/007</b>
<b>Title:</b>	<b>President's Report</b>
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<b>Purpose :</b>	<b>Information</b>
<b>Distribution :</b>	<b>AEMH Member Delegations</b>
<b>Date :</b>	<b>28 January 2008</b>

## **AEMH-President's Report 2007**

### **Internal Affairs**

#### **Finance**

Negative financial results have unfortunately become an ongoing topic on the agenda. I am grateful to the AEMH delegations for the different proposals to fill in the deficits of the last years. These generous attempts to get the AEMH on sound ground again showed that our organization has a "raison d'être". In any case, the organisation should never go down for financial reasons.

Furthermore, to solve the problem, the general assembly entrusted me with the mandate to negotiate with potential sponsors. These negotiations are now well ahead and most of the delegates contacted have responded positively to the request of a potential collaboration with PriceWaterhouseCoopers and their healthcare division.

Description of this research study:

Healthcare reimbursement is approached differently around the world as systems respond to an increasingly complex environment of demographic change, technological and medical developments, new patient care models, and increasing costs. Sickness funds, insurance based systems, and national healthcare systems use different finance mechanisms for reimbursing healthcare providers' services which often results in vast differences in cost, quality, and efficiency.

PricewaterhouseCoopers' Healthcare Research Institute assembled a team of its international healthcare specialists to research these new forces and reimbursement system trends. The report is based on interviews with healthcare thought leaders in industry, academia, and government, a thorough literature review, and comprehensive data analysis. The research provides a comprehensive view of the convergence of health challenges and an analysis of the reimbursement systems that are emerging to provide the right mix of incentives around quality and demand to create the best value.

The topic is also of great interest to the AEMH, as the purpose of collaboration projects is not just to be a one-shot opportunity and provide a service to external sources, but also to bring an impulse to the AEMH works.

I also take this opportunity to thank the out-going treasurer Rolf Kirschner for his total commitment to the AEMH. In these last difficult financial years he has often with original, sometimes radical positions, confronted the AEMH delegates with uncomfortable situations and has fought them out. Although his mandate being officially terminated, he takes the total responsibility of the past year, in the concern to hand over a transparent situation to the in-coming treasurer, Dr Hrvoje Sobat, to whom I assure hereby all my support.

### **Working Groups**

This year showed again that the electronic way to go ahead, did not bring much result, and I include the group I am responsible for. Therefore, the co-ordinators need even more to be well prepared for the plenary to make a successful meeting with a valuable outcome.

### **Future of the AEMH**

At the last board I have launched a reflection on what the AEMH stands for. SG Brigitte Jencik has taken up this appeal and drafted a document which I approve for being food for thought, meant to be a start for a definition of what the AEMH stands for and should stand for in a time of changes of values and generation. The members of the AEMH board will start to work on this draft “Core Values and target of the AEMH in 2008” in their February meeting in order to submit a proposal to the plenary in May.

### **External Affairs**

#### **CPME and AOs**

The collaboration with the CPME and the other European Medical Organisations takes place essentially within the Presidents’ Committee. The main objective is to speak with one voice, especially in topics of European affairs in order to demonstrate coherence of the profession.

I hope that now that the procedure of the submission of documents has been approved, this important instance can grow into a real decision making body, which frames common strategies and involves all organizations in the implementation.

Although the AEMH has always recognized the CPME as its umbrella organization, it is also time that the CPME recognizes and calls on the AEMH when hospital concerns are implied.

The CPME has systematically refused to recommend documents from the other European Medical Organisation to their board for endorsement, but only forwards them, if at all, for information. This has sometimes surprised even their own National Member delegations.

I very much trust the new President from UK, Dr Michael Wilks, to objectively take the concerns of the CPME Associated Organisations into consideration and to listen to their voice.

The AEMH must take part actively in the works of the sub-committees of the CPME and I appeal again especially to the AEMH-delegates, who attend also the CPME meetings on behalf of their National organization, to commit and represent the hospital physicians perspectives in the different topics.

The CPME and AOs have decided to hold a common meeting in 2009. The AEMH Board has unanimously agreed to take part in this meeting only via its members of the Board and to hold the 2009 conference and plenary meeting in Bulgaria. Nevertheless, Brigitte Jencik will take part in the working group in charge with the organization of this meeting.

## **FEMS**

My excellent relation to FEMS' President, Claude Wetzel, enhances the good collaboration with our sister organization. But although they are very close, I could witness at their last General Assembly in October in Rome that topics and situations are approached from a different angle and our exchange of views are therefore very fruitful.

Moreover, the common secretariat tightens the links between our organizations and the experience of the last two years has shown the efficiency of pooling activities and consolidating financial and professional interests. This is the demonstration of what a Domus Medica should be like.