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EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 11-050
Title:	National Report Germany
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Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	26 April 2011

64th AEMH Plenary Meeting in Montreux on 27th and 28th May

Report of the German Delegation

The situation of German hospitals and the healthcare they provide has been and always will be determined by new acts of law. This is also true for the period since the last AEMH meeting in 2010.

The following acts and bills should be mentioned, in particular:

- the Financing Act for Statutory Health Insurance which came into force on 1 Jan. 2011,
- the so-called Hospital Hygiene Act which is due to come into force on 1 July 2011,
- the so-called Healthcare Structure Act which is due to come into force on 1 January 2012.

These acts and bills are having a massive impact on the financial power and structure of hospital care and thus also on the quality of patient care. Below, we have summarised the most important aspects of the above-mentioned acts and bills.

1. The Financing Act for Statutory Health Insurance

Set against the background of the global economic and financial crisis in 2008 and 2009, there has been a substantial decline in the income of Germany's statutory health insurance companies. An €11 billion deficit has been forecast for 2011.

The German government realised that action was urgently required. In its Financing Act for Statutory Health Insurance it therefore specified strict spending limits for service providers (i.e. including hospitals), on the one hand, and **premium increases** for insured persons, on the other. They also created an option for statutory health insurance companies to levy **supplementary premiums** as and when required.

The spending limits for inpatient treatment as specified in the act should lead to €3.5 billion in savings in 2011 and €4 billion in 2012. Surprisingly, the German government is convinced that this will not lead to reductions in service or to any loss of quality.

Like other organisations in the health sector, the German Association of Senior Hospital Consultants (VLK) vehemently opposed this view, showing that – without reductions of service and loss of quality – spending cuts of such proportions are like attempts to square the circle and are therefore definitely impossible.

Yet despite all protests and demonstrations, the act became effective with virtually no changes.

2. The so-called Hospital Hygiene Act

The German government realised that approx 400,000 to 600,000 patients fall ill with hospital infections in Germany each year, with an estimated death rate of 7,500 to 15,000 patients.

Set against this background, the government is planning to pass a law that seeks to reduce the number of nosocomial infections, especially those of resistant pathogens, among other things through **better compliance with hygiene regulations** and **appropriate prescriptions of antibiotics**.

This is to be achieved through the so-called Hospital Hygiene Act. The relevant draft specifies, among other things, the following regulations:

- Setting up a (semi-public) Commission for Hospital Hygiene and the Prevention of Infections. The purpose of the commission will be to make recommendations for the prevention of nosocomial infections as well as operational/organisational and architectural/functional hygiene measures for hospitals.
- Setting up another (semi-public) Commission for Anti-Infectives, Resistance and Therapy. This commission is to make recommendations and set up general principles for diagnostics and antimicrobial therapy, especially for infections and resistant pathogens.

- Hospitals are to be placed under an obligation to take whatever measures are required under state-of-the-art medical science in order to prevent nosocomial infections and to avoid the spreading of pathogens, especially any resistant varieties. Compliance with state-of-the-art medical science will be assumed if the aforementioned recommendations of the two commissions have been observed.
- Each of the German federal states will need to issue regulations for hospitals, specifying the required measures for the prevention, detection, recording and combating of nosocomial infections and resistant pathogens.
- The Federal Joint Committee will specify indicators for the rating of hygiene quality. Hospitals must publish these indicators in annual quality reports.

In its comments on the draft act, the VLK welcomes the general thrust concerning improvements in hospital hygiene. After all, if hygiene regulations are effectively specified and observed and if antibiotics are professionally prescribed, it is indeed possible to reduce the number of infections at hospitals, although it is not possible to eliminate the same altogether.

At the same time, however, the VLK also emphasised that the planned act alone could not create infection-free hospitals. The VLK showed that such regulations can only have an impact if stakeholders and affected persons are willing and able to ensure the successful implementation of the intended measures. However, this would require investments, for instance to implement any architectural modifications that might be recommended by the commissions, and it would also necessitate further funds to employ the necessary hygiene experts and hospital hygienists. Moreover, the VLK pointed out that lack of funds is currently making it impossible to employ a sufficient number of suitably trained professionals (hygiene experts and hospital hygienists) as specified by the draft act.

3. The so-called Healthcare Structure Act

Before the end of this year the German government is planning to pass a law that will focus on healthcare structures. It should be noted first of all that since 1972 as many as 161 acts and regulations have come into force with an impact on the health sector and especially on hospital care. These 161 acts and regulations have primarily sought to address the issue of cost limits and the fundability of the health system. However, legislation about healthcare structures has so far tended to be the exception in Germany. This planned bill is therefore rather a novelty, showing that the German government has understood that there is room for efficiency improvements through the restructuring of healthcare.

The bill has the following key points:

- Requirement planning for the accreditation of doctors in outpatient treatment is to become more flexible. It would mean that planning areas will no longer be based on the territories of local authorities but will focus on the need for nationwide coverage.
- Promotion of accreditation of doctors in hitherto undersupplied areas.
- Strengthening of the principle of compatibility between doctors' families and jobs, a modified selection procedures for admission to university medical courses, an increase in student places in medicine and the involvement of non-university hospitals in medical training as measures against the apparent shortage of doctors.
- Authorisation of hospitals to provide outpatient treatment in regions where more medical care is found to be required at the local level.
- Development of mobile healthcare models.
- Greater delegation of medical services.
- Development of telemedicine.
- Establishment of specialist outpatient healthcare as a separate subsector within the healthcare system, requiring the same qualifications as for accredited panel doctors and hospitals.

- Improvement of healthcare provision for patients (including relief for doctors through a reduction in red tape, shortening of waiting times for patients in need of specialists, optimisation of hospital discharge management).

The discussion of this planned bill is still only at the initial stage, although it is rapidly increasing in intensity, and the first draft act is expected to be submitted even before the summer recess. The act itself will probably come into force on 1 January 2012.

Final comments

This summary shows that the healthcare sector in Germany – and particularly also hospital care – will never be left in peace. There are continuous attempts through bills of parliament either to put the brakes on any necessary increases in spending or to achieve lasting improvements through the creation of supposedly better healthcare structures. This necessarily leads to a downturn in the quality of care, as it is impossible to warrant permanently high-quality patient care, appropriate use of advances in medical technology and continuous development of care facilities while at the same time cutting staff and reducing budgets.

This would only be possible with genuinely fundamental structural changes to the German healthcare system for which the VLK has set up a suitable proposal: The most important points of this proposal are:

- Complete removal of the existing sectoral boundaries in specialist healthcare between outpatient and inpatient sectors.
- Option of specialist outpatient treatment by hospital consultants and, conversely, option of involvement of surgery-based specialists in hospitals.
- Funding of such specialist services from a joint fund rather than split up into different sectors – true to the motto: “Same payment for identical healthcare services regardless of whether they are provided at a hospital or in a doctor’s surgery.”
- Consistent quality standards for any specialist treatment that is provided.