



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 15-008
Title:	National Report Germany
Author :	VLK
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	26-03-2015

Report by the German delegation for the AEMH Plenary Meeting on 8/9 May 2015 in Vienna

Germany is apparently the member state of the AEMH with the most laws in the field of healthcare; since 1972, 218 laws and regulations of importance for the hospital sector have come into effect. This equates to 5 per year.

The period since last year's AEMH Plenary Meeting is no exception.

1.

The most important legislative proposal resulting from this period is the so-called "**Care Improvement Act**". It is currently passing through the final parliamentary consultation procedure.

In the words of the Federal Government, the declared aim of this law is "to ensure continued requirements-oriented, nationwide and easily accessible medical care for patients on a high level".

Among other things, this is to be achieved through

- flexibilisation and improvement of the framework conditions for outpatient care (e.g. through involvement of university outpatient departments in outpatient care),
- providing patients with quick and sector-spanning access to medical care (e.g. appointments with specialist doctors in hospitals),
- extending the care entitlements of patients (e.g. through the obtaining of a second opinion).

The VLK (German Association of Senior Hospital Physicians) is involved in the parliamentary consultation process and is attempting, through targeted comments and a never-ending number of discussions with members of parliament, to modify those rulings, contained in the proposed legislation, for hospitals, doctors and patients that it considers detrimental.

2.

Parallel to this "Care Improvement Act", the Federal Government is currently preparing an **extensive hospital reform**. It will come into effect in the course of 2016. An initial draft bill should be presented at the beginning of May of this year.

From the perspective of the Federal Government, quality should play a decisive role here: patients should be able to rely on being treated in line with state-of-the-art medical knowledge, with high quality and in any hospital.

Quality should be introduced by law, for example as a criterion for hospital planning.

Care of an exceptionally good quality should in future be rewarded through a premium. Conversely, hospitals who offer particularly poor quality should be obliged to accept reductions in their remuneration.

A newly formed institute should be appointed to develop meaningful indicators for measurement and presentation of the care quality. These criteria should be a basis for hospital planning and also for the premiums/reductions for the performance of the hospitals.

Finally, the medical service of the health insurance funds should be able to carry out checks in hospitals on the extent to which officially prescribed quality standards are complied with.

In principle, the VLK welcomes the planned "quality offensive" - subject to the reserve of more detailed knowledge of the expected rulings. However, in its first comment on the key points of the reform announced, it has stated that hospitals already provide the best possible quality given the prevailing framework conditions, and has drawn attention to the fact that quality is always capable of optimisation if the necessary financial and personnel resources are made available.

Parallel to this, the VLK, together with other medical associations, is attempting to develop practical, professional and mutually agreed quality indicators, and to place these at the disposal of politicians. This should prevent a situation in which incorrectly accentuated quality indicators do not actually improve the quality of care, but rather exclude hospitals from the chain of care providers.