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ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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The priorities of this report are the effects of Corona or COVID-19, which have been affecting our lives since March 2020 in many respects, especially regarding the German Hospitals which are in the focus of public attention since then.

We have recently started a survey among VLK members to detect the situation in the German Hospitals in the view of the senior hospital physicians. This survey has now been finished: the situation in the hospitals has calmed down which was quite dense in spring.

There are now enough supplies like PPE, there are enough beds in Intensive Care Units, the structures for treating Covid19-patients are well established and functioning.

88 percent of all doctors in the survey consider the hygiene guidelines for hospitals to be sufficient.

We are concerned about the answer that 60% of doctors feel an increasing economic pressure on medical decisions.

The overall situation in Germany is turning worse as the numbers of new infections is now more than 2500 per day and still increasing. The population is about 84 million. This is the second wave.

There are now more than 304,000 people infected and about 9500 patients died since the outbreak of the pandemic. About half of the deaths occurred in nursing homes for the elderly. The ratio of deaths to infections is 3.125 percent.

Looking to the future, many experts are concerned with the question of the post-pandemic hospital structure, even if the end of the pandemic is not yet foreseeable.

In the early stages, there was an enormous decline in occupancy at the hospitals, which led to massive revenue losses. This was demanded by politics to have enough capacities for Covid19 but was also due to the behavior of patients who avoided hospitals in fear of infection.

The government provides a so-called protective umbrella for hospitals by equalizing the losses of revenues due to the pandemic but not all hospitals are entitled to it and it expired at the end of September. The future of these subsidies is not yet predictable, and this umbrella does not cover all losses incurred by big hospitals.

The initial enthusiasm of the public about the large number of intensive care beds available in Germany in numerous hospital sites has quickly disappeared and is being replaced by a discussion of health insurance companies and politicians about unnecessary payment for free beds.

But the drastically declining revenues of health insurance companies and at the same time the losses of taxes with corresponding deficits in the budgets of municipalities, the federal states and the federal government are furthering the discussion on savings in the hospital sector again and will continue even when the economic situation should be back to pre-pandemic times. Thus it is not surprising that the proposals for a reduction of hospital locations, centralization and merger of hospitals are coming back strongly. In the past, we have already made it clear that this is an extremely important issue for us as VLK and will continue to be so in the future. We are networking continuously with politicians and media.

The German Hospital Association is launching a campaign for a fair deal for hospitals which we support. There is a mutual understanding that the legal framework of the medical care system in Germany requires further development. Parliament elections will be in autumn 2021, and the subsequent negotiations for a new government and the federal parliament will address these issues. These are the most important points of the VLK for discussions on a common future structure of our hospitals:

- End of the political defamation of the performance of hospitals and their staffs
- End of the cold structural adjustment which leads to closing hospitals
- The quality provided on site counts. Not all small hospitals are bad and not all big hospitals good. Quality assurance yes, but no bureaucratic monsters.
- Minimum quantities with a sense of proportion and not as a lever for structural adjustment.
- Hospital planning by the Länder (federal states), differentiated by regions and conurbations maintaining nationwide hospital coverage and availability.
- Cross-sector solutions in the regions and in emergency care.
- More outpatient operations at the hospitals with adequate financing.
- Reform of DRG flat rates with considerably more contingency cost components.
- More network structures, consistent digitization.
- Reduced bureaucracy by ending over-regulation by health insurance funds
- Hospital staffing according to needs
- Sustainable investments

This is our agenda for the next years.