Citation
Stegmaier, P.: „Planning sovereignty must remain with Countrys“,
in „Monitor Versorgungsforschung“ (03/23), P. 14.
http://doi.org/10.24945/MVF.03.23.1866-0533.2504

Key Issues Paper of the German Catholic Hospital Association (kkvd)

Planning sovereignty must remain with Countrys

The Catholic Hospital Association of Germany (Katholischer Krankenhausverband Deutschlands e. V.) takes a somewhat different view. It has presented a key points paper for the hospital reform concept currently being worked out by the federal and state governments, which is to be submitted to the parliamentary procedure after the summer break. In this paper, the kkvd reinforces the views of an impact analysis by the German Hospital Federation (DKG), which sees serious consequences for the supply of care.

>> In the key points paper presented, the Association of Catholic Hospitals, which represents 273 hospitals - about half of which, incidentally, are in North Rhine-Westphalia - under Catholic sponsorship, welcomes the fact that the federal government and the Länder are currently working on a joint reform concept. Reform is necessary and must not be allowed to fail, but it must be oriented towards the well-being of patients and regional needs. For this reason, the hospital association considers it important that the planning sovereignty remains with the federal states, as here the regionally different care needs can be better recorded and taken into account. The kkvd is also of the opinion that where uniform federal requirements are necessary, there must be far-reaching exceptions and opening clauses so that local care can be ensured nationwide through regional adjustments. In addition, in the opinion of the association, the upcoming restructuring of outpatient emergency care and the financing concept for outpatient hospital services must be harmonised with the reform. On the other hand, the Association of Catholic Hospitals is against ‚centralisation strategies developed on the drawing board', for example through the introduction of ‚nationwide uniform care levels', which would endanger effective and patient-oriented care structures.

For the further development of the hospital reform, the kkvd proposes the following key points (original sound bite, shortened here):

1 the reform must be based on the best possible care for patients. The central criteria are therefore quality and accessibility. The aim of the reform must be to optimally cover regional care needs and thus create security of care. The basic building block for demand-oriented and quality-enhancing hospital planning should be service groups. Service groups are an instrument of hospital planning, which is a matter for the Länder. The Federal Government can therefore only define service groups together with the Länder. In North Rhine-Westphalia, a concept of 60 somatic service groups was developed well in advance. The hospital reform should be based on this.

2 The extent to which and how many hospitals are allocated care contracts for the respective service group by the Länder is decided on the basis of the concrete regional care needs. The service groups are used to initiate structural adjustments, to promote the development of specialties and to further improve quality due to higher case numbers.

3 The introduction of uniform national care levels is neither necessary nor helpful for hospital planning. They would require a far-reaching restructuring of the existing hospital landscape and break up maximum care structures that have grown up in networks. Their implementation would thus generate high conversion and set-up costs. Moreover, there is no added value for the quality of care in centralising medically non-interdependent specialties at mega-clinics. 4.

4 There is no need for supraregional coordination of hospital care by university hospitals. Many hospitals already work together in closely coordinated structures or regional networks. On the other hand, it makes sense to expand digital networking between hospitals.

5 The restructuring of the hospital landscape will require shifts and mergers, and in some places also closures. Here, politics must be honest and transparent. Where a site closure is the most sensible option, this must not be concealed by a rededication to an outpatient-inpatient level-1i facility. Where there is no longer a need for a hospital, a health centre can, but does not necessarily have to be built. 6.

6 Nursing training must continue to be possible wherever professional nursing takes place. A rigid division into levels would jeopardise this goal if small and medium-sized hospitals had to withdraw as providers of practical nursing training.

7 Hospital services are an important part of services of general interest, just like rescue services or the fire brigade, for example. Therefore, we advocate flat-rate financing of the necessary maintenance costs in hospitals that are in need of such services.

8 Everywhere in Germany, people should be able to rely on a resilient hospital structure whose strength lies in its decentralised nature.

9. uniform federal guidelines for hospital planning should be designed in such a way that the principle of diversity of funding bodies is preserved in their application. It is not without reason that the Hospital Financing Act (KHG) emphasises the diversity of hospital operators and stipulates that, in accordance with Land law, the economic security of non-profit and private hospitals in particular must be guaranteed. 10.

10 Specialist hospitals without an emergency level must be allowed to continue to be taken into account within the framework of hospital planning, in that they can be assigned service groups and thus a specific care mandate.

11 Psychiatric care cannot be part of the planned hospital reform, as its structures are fundamentally different from acute inpatient care.

12 the federal government must launch its announced package of measures to reduce bureaucracy as soon as possible. In addition, the reform of hospital financing must entail a significant simplification of the billing system. <<

by: MVF Editor-in-Chief Peter Stegmaier