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The future of cross-sectoral care: the potential of hospital reform for outpatient surgery and interventions

Two areas must play a leading role in the current discussion on efficient networked care between the inpatient and outpatient sectors. We are looking at the currently lowest level of care of the intended hospital reform - the so-called Level Ii of integrated outpatient-inpatient care - as well as the area of sector-equivalent care and remuneration according to § 115 f SGB V. Both areas have the potential for far-reaching networked care between the inpatient and outpatient sectors. Both areas have the potential to assume a far-reaching position within the framework of medically high-quality and efficient patient care, but are associated with little reward in the current legislative process. The aim of § 115 f SGB V is to create a uniform sectoral remuneration for certain services from the field of outpatient surgery (AOP catalogue according to § 115 b SGB V). However, only a few procedure codes are likely to be taken up by the Federal Ministry of Health (BMG) in the first draft of a legal ordinance. This would mean that only rudimentary use would be made of its own leeway to develop outpatient surgery - in other words, more or less a checkmark would be placed on the coalition agreement.

>> In public interpretations (Ärzteblatt 2023; BMG-Eckpunktepapier 2023) of the newly defined levels discussed in the context of the hospital reform, the planned lowest level of cross-sectoral care is judged to be groundbreaking, as it were, but reduced to primary care and day care and thus declared to be a presumably unprofitable area.

However, the legislative design of both areas has an important position. With a sensible orientation of the level of cross-sectoral care, in particular to a substantial range of services delimited in § 115 f SGB V, the course could be set for making progress in the field of outpatient care in an internationally comparable manner. Particularly in the area of outpatient surgery, it is possible to connect to high-quality and efficient care, as has long been the international standard (Simon et al 2023; Schreyögg 2023).

This article is dedicated to the question of which.

The question is whether the potential of the level of integrated outpatient-inpatient care of the announced hospital reform for the further development of the large area of outpatient surgery can basically be located. The answer to the question results from analyses of the promotion of outpatient surgery in the field of orthopaedics and trauma surgery, which are subsequently weighed against the current status of the hospital reform. The result is used to derive a corresponding recommendation for this area.

The Future of Cross-Sectoral Care: The Potential of the Hospital Reform for Outpatient Surgeries and Interventions

The so-called Level "Ii" of cross-sectoral care in the planned hospital reform and the health policy process regarding sectoral care and remuneration in accordance with § 115 f SGB V should play a key role in the current health policy discussion. Consistent integration of both areas is essential in order to efficiently organize the area of sector-equivalent care at an international level. Hence, it is crucial to define a clear and delimited selection of health service areas for this sector and to use the already existing hospital structures for this purpose in a meaningful way. The present article identifies the potential of Level Ii for the further development of the area of outpatient surgery.

Keywords

Hospital Reform, Cross-Sectoral Care, § 115 f SGB V, Remuneration Reform, Integrated Care, Outpatient Surgery

The hospital reform: intended reforms of inpatient care through changed remuneration structures

The planned hospital reform aims at far-reaching changes in the German hospital landscape and the care of patients. A changed model for hospital financing is to go hand in hand with uniform federal requirements for the implementation of hospital planning at the state level. In future, the financing of operating costs is no longer to be based essentially on DRGs, but is to be transformed into a mixed remuneration, the so-called 2-pillar model „provision and DRG" (Government Commission 2023).

Hospital level

Since the planning of hospital care, shaped by the federalist system, falls within the competence of the Länder, there has also been no nationwide uniform definition of different levels of hospital care since then. The first proposal of the government commission on hospital reform planned to distinguish between three levels of care nationwide, but no agreement could be reached between the federal government and the Länder. A categorisation according to hospital level could notionally take place at the federal level, but the actual planning sovereignty would remain with the Länder (Ärzteblatt 2023a). Only for Level Ii (according to the ideas of the Länder „cross-sectoral providers") could concrete specifications already be agreed.

Level Ii hospitals are to play a special role in the future in the further development of a cross-sectoral and integrated health care system that has long been discussed and is urgently needed in Germany. The decisive factor for hospitals at this level is that they can be adapted to regional conditions in order to ensure care close to home. For example, a design as a regional health centre with acute care beds may also be conceivable.

Due to the planned cross-sectoral character of this level of care, the service framework to be provided will also differ accordingly from the hospitals of the higher levels of care. Hospitals in a cross-sectoral level are to provide the following services in particular on an outpatient basis, in addition to the basic inpatient care obliga-

tions mentioned above:
- outpatient surgery according to § 115 b SGB V
- provision of services in the same sector according to § 115 f SGB V
- outpatient services on the basis of authorisation by SHI-accredited physicians
- services provided by a general practitioner
- Services provided by outpatient departments
- Nursing services, both according to SGB V and SGB XI (especially transitional care).

In addition to the form of service provision, Level Ii hospitals are also to be distinguished from hospitals of higher care levels on the basis of the remuneration system. Thus, for all higher hospital levels, a mixed remuneration system consisting of flat rates and the DRG system is envisaged. For hospitals in Level Ii, a financing mix is to be created from the respectively valid billing systems. Outpatient operations, for example, will continue to be remunerated via the uniform assessment scale (EBM), services according to § 115 f of the German Social Code, Book V via the planned sector-equivalent flat rates or inpatient services via daily rates. In the long term, a uniform, sector-equivalent remuneration for all service areas is called for.

The basic understanding of this level is - fictitious or binding - a basis for the following analysis regarding the economic scope of a sustainably implemented area of cross-sectoral care.

Service areas and service groups

Another central component of the hospital reform is represented by the introduction of defined service groups. Service groups are to replace specialist departments with DRG remuneration systems. They divide the treatment within a group according to corresponding qualifications and competences, but also similar technical equipment. Specific minimum structural requirements are defined: e.g. which related specialties should still be available within a service group, the minimum number of specialist staff, equipment to be provided, minimum volume requirements if applicable. The quality requirements are to be defined uniformly throughout Germany, and only hospitals that meet the structural and qualitative requirements will be entitled to provide services and be billed. According to the BMG's conception, it was planned to assign a certain nationally applicable care level (I-III) to each standardised service group in this way. However, since no agreement has been reached so far in the negotiations in the area of level allocation, a linking of levels and service groups is currently rather unlikely.

In principle, there is consensus between the BMG and the Länder on the introduction of the service groups. The aim is to orient the service group model from NRW. The 64 somatic service groups are initially to be expanded by only five service groups. The responsibility for the definition and further development of the service groups should, according to the latest consultations, be agreed between the BMG and the Länder.

Current status of the legal ordinance according to § 115 f SGB V - sector-equivalent care and remuneration

With the passing of the Hospital Care Remuneration Act (KHPflEG) in December last year, special sectoral remuneration for certain services was provided for the first time. The main objective of the regulation is to create uniform remuneration for selected services from the catalogue for outpatient surgery (§ 115 b SGB V). In particular, services with a high number of cases, a short length of stay for patients and a low degree of clinical complexity are to be taken into account. In fact, this legislative initiative should gradually close the large gap between the internationally established outpatient surgery spectrum and the situation in Germany.

These quite ambitious ideas of the legislator will foreseeably only be concretised in the form of a rudimentary volume of procedures to be performed on an outpatient basis within the framework of the legal ordinance. Originally, it was envisaged that the contracting parties of the self-administration, the National Association of Statutory Health Insurance Physicians (KBV), the National Association of Statutory Health Insurance Physicians (GKV-Spitzenverband) and the German Hospital Federation (DKG), should reach an agreement by 31 March 2023 regarding the special sectoral remuneration for interventions and operations. However, since no agreement was reached between these partners, the BMG's authorisation to issue ordinances pursuant to Section 115 f (4) SGB V is now to regulate the scope and calculation of services.

Various proposals have been submitted to the BMG. In addition to the drafts of the self-administration partners, there is also a scientific analysis specifically for the specialist group of orthopaedics and trauma surgery (Arnegger et al. 2022; Arnegger et al. 2023).

Sector-equivalent care and remuneration for orthopaedics and trauma surgery - § 115 f SGB V: the Wiesbaden model

On the basis of the requirements of § 115 f SGB V, analyses were carried out and a comprehensive special sector-equivalent remuneration model - hereinafter referred to as the Wiesbaden model - was developed (Arnegger et al. 2022).

Treatment foci based on a total of eight less complex DRGs (cf. Tab. 1) were basically considered for outpatientisation. This approach has the potential to remove the spectrum of entire treatment priorities from inpatient billability.

In order to submit a proposal compliant with § 115 f SGB V, the surgical procedure codes (OPS) associated with these treatment foci were determined using the DRG Grouper and the manuals of the Institute for Hospital Remuneration Systems (InEK). The remuneration level of the DRG was determined on the basis of the average length of stay (ØVWD). For the selected OPS, the case numbers and the billing volume could then be recorded as follows. In the outpatient area in accordance with Annex 2 of the uniform evaluation scale (EBM), the case numbers and the billing volume of the Central Institute for Statutory Health Insurance Physicians (Zi) were used. For the area of outpatient surgery (AOP), the data of the AOK Baden-Württemberg (approx. 4.5 million insured) for 2019 were used and extended to the total population.

This made it possible to determine the number of total cases and the remuneration in all three areas - inpatient and contract medical service provision as well as outpatient surgery according to the AOP catalogue in hospitals. For the calculation, the EBM and AOP cases were also set in relation to the total number of billing cases from the inpatient sector (DRG cases) in order to determine a degree of outpatientisation. Thus, on the basis of the specifications of § 115 f SGB V, it was possible to calculate an initial price formation between the current EBM revenue and the previous DRG flat rate,

DRG	BESCHREIBUNG
I16C	Andere Eingriffe an der Schulter
I18A	Wenig komplexe Eingriffe an Kniegelenk, Ellenbogengelenk und Unterarm, Alter < 16 Jahre oder mit mäßig komplexem Eingriff oder mit beidseitigem Eingriff am Kniegelenk
I18B	Wenig komplexe Eingriffe an Kniegelenk, Ellenbogengelenk und Unterarm, Alter > 15 Jahre, ohne mäßig komplexen Eingriff, ohne beidseitigen Eingriff am Kniegelenk
I20F	Eingriffe am Fuß ohne komplexe Eingriffe oder komplizierende Faktoren, Alter > 15 Jahre
I23B	Andere kleine Eingriffe an Knochen und Weichteilen mit bestimmten kleinen Eigriffen an Knochen und Weichteilen, Alter > 17 Jahre oder ohne äußerst schwere oder schwere CC
I23C	Andere kleine Eingriffe an Knochen und Weichteilen ohne bestimmte kleine Eingriffe an Knochen und Weichteilen, (Entfernung Osteosynthesematerial)
I24B	Arthroskopie oder andere Eingriffe an den Extremitäten oder Eingriffe am Weichteilgewebe ohne komplexen Eingriff, Alter > 15 Jahre
I29B	Komplexe Eingriffe am Schultergelenk oder best. Osteosynthesen an der Klavikula ohne kompliz. Diagnose, ohne Eingriff an mehreren Lokalisationen oder sonst. Arthroskopische Rekonstruktion der Rotatorenmanschette mit bestimmten Eingriffen an der Schulter
I29C	Sonstige arthroskopische Rekonstruktion der Rotatorenmanschette ohne bestimmte Eingriffe an der Schulter
I30B	Arthroskopischer Eingriff am Hüftgelenk, Alter > 15 Jahre oder bestimmte komplexe Eingriffe am Kniegelenk, Alter > 17 Jahre oder ohne äußerst schwere oder schwere CC
I30C	Komplexe Eingriffe am Kniegelenk ohne bestimmte komplexe Eingriffe am Kniegelenk, Alter > 17 Jahre oder ohne äußerst schwere oder schwere CC oder bestimmte arthroskopische Eingriffe am Hüftgelenk, Alter > 15 Jahre
G24B	Eingriffe bei Hernien ohne plastische Rekonstruktion der Bauchwand, mit beidseitigem oder komplexem Eingriff oder Alter < 14 Jahre mit äußerst schweren oder schweren CC
G24C	Eingriffe bei Hernien ohne plastische Rekonstruktion der Bauchwand, ohne beidseitigen Eingriff, ohne komplexen Eingriff, Alter > 13 Jahre oder ohne äußerst schwere oder schwere CC

Tab.1: Treatment priorities.

weighted according to the previous degree of inpatient or outpatient service provision (1).

Orthopaedics and trauma surgery (OuU) probably represents the potentially most extensive area within sector-equivalent care and remuneration. This system of sector-equivalent care and remuneration for orthopaedics and trauma surgery can also form the basis for other specialist groups. Of more interest for this paper, however, is the linkage of this analysis with the design of the service spectrum of the so-called cross-sectoral providers (Level Ii).

An intersection analysis makes the concrete potential of the same-sector care and remuneration of § 115 f SGB V and the integrated care level Ii of the planned hospital reform visible.

Potential of the cross-sectoral care - hospital level 1i

In the communication of the expert public, the new hospital sector Ii is perceived as controversial and, above all, unattractive in monetary terms. The right of initiative of an initial definition of service groups by both the Federal Government and the Länder is intended to bring flexibility. Furthermore, a negative list of those inpatient services is to be created that are not to be provided in so-called Level Ii hospitals. This new system will also already be taken into account in the analysis presented below, which shows that Level Ii will have significant implications, especially in the area of outpatient surgery.

In order to reveal this potential, an intersection is formed both from the findings on hospital reform available at the time of the analysis and from the development of the Wiesbaden model for sector-equivalent care and remuneration in accordance with § 115 f SGB V.

As regards the status quo, there is no official list of initiated service groups for the hospital reform on the part of the BMG. Therefore, as provided by the BMG, the systematics of the hospital plan of North Rhine-Westphalia was analysed and used for this study. Table 2 first shows an example of an allocation for the OuU sector. This comprises a total of 12 hypothetical service groups, which in turn are subdivided into 27 subcategories, including, for example, primary endoprosthetics, revision endoprosthetics, but also simple and conservative interventions on joints and the shoulder. For the hospital reform, considerably fewer service groups are currently envisaged in the area of knee and hip arthroplasty as well as conservative spinal interventions. Nevertheless, the following classification can serve to assess the economic scope of Level Ii in connection with a consistent implementation of outpatient surgery (Tab 2.).

In a first step, all DRGs and their billing volumes from the area of diseases and disorders of the musculoskeletal system (MDC 08) were assigned to this grouping. In total, about 2.6 million cases could be identified in this partition of the OuU area in 2019. The billing volume for these cases amounted to around 13.5 billion euros.

In Table 3, it can be shown how the less complex treatment foci previously relevant for outpatientisation according to § 115 f SGB V can be applied to this experimental allocation to possible service groups (Tab. 3).

An evaluation of the fee volume from the area of outpatient surgery according to § 115 b SGB V was also added to the DRG billing. This survey could not be carried out initially for all DRGs from figures of the AOK Baden-Württemberg. However, the available figures for the relevant OPSs provide an overall overview of the fee volume that could be located in a Level Ii in the area of outpatient operations and interventions alone.

Based on the pre-Corona case numbers and the billing volumes from 2019 (source InEK data browser), a potential of 950 million euros can in principle be located in the area of outpatient operations for orthopaedics and trauma surgery alone on the basis of the present analysis (2). The associated services should no longer be provided in hospitals of higher care levels in the future, under the premise of becoming internationally compatible in the context of outpatient surgical procedures.

Conclusion

Create sustainable care structures through a strong connection of hospital level Ii and sector-equivalent care and remuneration.

1: A complete publication of the data can be requested on the website of the Wiesbaden Institute of Healthcare Economics and Patient Safety (WiHelP), which provided scientific support for the evaluation.

LEISTUNGSGRUPPEN	SPEZIFIKATION	FÄLLE (2019)	SUMME HONORARVOLUMEN
Endoprothetik	Endoprothetik primär	361.644	2.635.667.262,56 €
	Revisionsendoprothetik	48.674	667.311.050,75 €
Extremitäten	Ex_einfach	24.882	115.051.035,90 €
	Ex_komplex	17.874	342.052.718,89 €
	Ex_Tumor	30.499	118.022.100,47 €
	Fuß	102.316	387.693.022,88 €
Gelenke	Gelenke_einfach	169.656	586.464.888,90 €
	Gelenke_konservativ	58.501	124.627.834,97 €
	Schulter	138.629	610.033.706,57 €
Hand	Hand_Gesamt	79.902	284.216.171,02 €
Kinder	Kinderorthopädie	3.900	23.353.554,38 €
	Kindertrauma	2.546	6.635.819,88 €
Ohne eind. Zuordnung	o.e.Z.	21.171	167.695.536,25 €
Reha	Reha geriatrisch	122.384	1.067.187.760,08 €
	Sonstig geriatrisch	661	168.083,95 €
Rheuma	Rheuma konservativ	67.536	171.839.338,90 €
Rückenschmerz kons.	Multimodale Schmerztherapie	41.987	196.063.204,92 €
	Schmerztherapie	82.531	89.573.103,63 €
Sonstiges	Sonstige	84.132	385.728.766,65 €
Traumatologie	Fraktur konservativ	404.537	834.042.114,84 €
	Metallentfernung	143.405	448.942.500,33 €
	Osteosynthese einfach	285.838	1.689.243.320,18 €
	Osteosynthese komplex	21.374	229.427.660,05 €
	Polytrauma	14.756	322.168.476,01 €
Wirbelsäule	WS_konservativ_einfach	20.621	98.464.453,68 €
	WS_Operation einfach	168.006	782.864.574,30 €
	WS_Operation komplex	95.226	1.203.800.401,40 €
Gesamtergebnis		2.613.188	13.588.338.462,34 €

Tab. 2: Service groups Wiesbaden model.

DRG	Leistungsgruppe	Unterkategorie	Fälle (2019)	DRG Erlöse (2019)	Honorarvolumen	AOP Fälle (2019)	Honorarsumme inkl. Sach-/ Implantat-kosten (2019)
I16C	Gelenke	Schulter	12.785	2.676,45 €	34.218.413,25 €	2.055	2.609.201,19 €
I18B	Gelenke	Gelenke_einfach	41.411	2.275,87 €	94.246.052,57 €	35.155	28.648.877,34 €
I20F	Extremitäten	Fuß	46.463	3.080,58 €	143.132.988,54 €	21.892	11.224.443,59 €
I23C	Traumatologie	Metallentfernung	13.481	2.201,43 €	29.677.477,83 €	65.285	28.379.842,64 €
I24B	Gelenke	Gelenke_einfach	27.414	2.197,88 €	60.252.682,32 €	70.538	40.654.039,65 €
I29B	Gelenke	Schulter	33.217	3.966,82 €	131.764.537,67 €	685	1.030.586,58 €
I29B	Traumatologie	Osteosynthese einfach	16.608	3.966,82 €	65.882.268,83 €		
I29C	Gelenke	Schulter	23.580	3.520,16 €	83.005.372,80 €	82	164.959,85 €
I30B	Gelenke	Gelenke_einfach	47.403	3.888,83 €	184.342.208,49 €		
I30C	Gelenke	Gelenke_einfach	2.213	3.825,02 €	8.464.769,26 €		
SUMME			**264.575**	**31.599,86 €**	**834.986.771,56 €**		**112.711.950,84 €**

Tab. 3: Experimental allocation to possible service groups.

Even if the planned hospital levels will probably not come into effect from the current point of view, the following diagram (cf. Fig. 1) can nevertheless provide an overall view of how areas of outpatient services can be concretely classified in the new health care context.

Sector Ii of outpatient-inpatient care structures (cross-sectoral providers) has great potential for locating very efficient and high-quality care. Beyond already existing, process-optimised outpatient surgery centres, level Ii may be able to expand and professionalise the offer of outpatient surgery.

In order to stimulate a new structure (Fig. 1) accordingly, investments in the field of outpatient surgery are necessary. At present, there is broad agreement that a level of cross-sectoral care will be integrated into the hospital reform and that a not inconsiderable number of hospitals will belong to this level. In the future, these hospitals will be able to make a significant contribution to the care of patients in the countryside, complementing primary care.

From the present analysis it can be deduced that especially the hospitals in the lowest care level in the speciality of orthopaedics and trauma surgery already have a turnover prelumen that makes internal restructuring projects possible and worthwhile. The prerequisite for this is that the legislator as well as the self-governing partners establish a sector-equivalent remuneration at an adequate level. A considerable supply and turnover potential is also likely, for example, in cardiology or in the field of vascular or plastic surgery.

For the further development of outpatient operations, the existing equipment and personnel resources of the hospitals that are to provide cross-sectoral care can be used to finally catch up with the international development in the outpatientisation of care.

With a view to patient care, it would also be economically fatal to force higher levels of the planned hospital structuring for existing hospitals because of forms of remuneration that appear advantageous or for other, e.g. municipal policy, reasons. There will be hospitals which, with their existing range of services, will probably no longer be earmarked for higher levels of care.

In an ageing society, the hospitals providing integrated outpatient-inpatient care (Level Ii) in particular have high long-term care potential combined with a promising turnover volume and the possibility of using the available resources in a more targeted way. This is an essential advantage for the further development of our health care system as a whole.

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2: Previously additionally located hernia interventions were not initially taken into account, but also comprise a considerable fee volume in the cross-sectoral area.

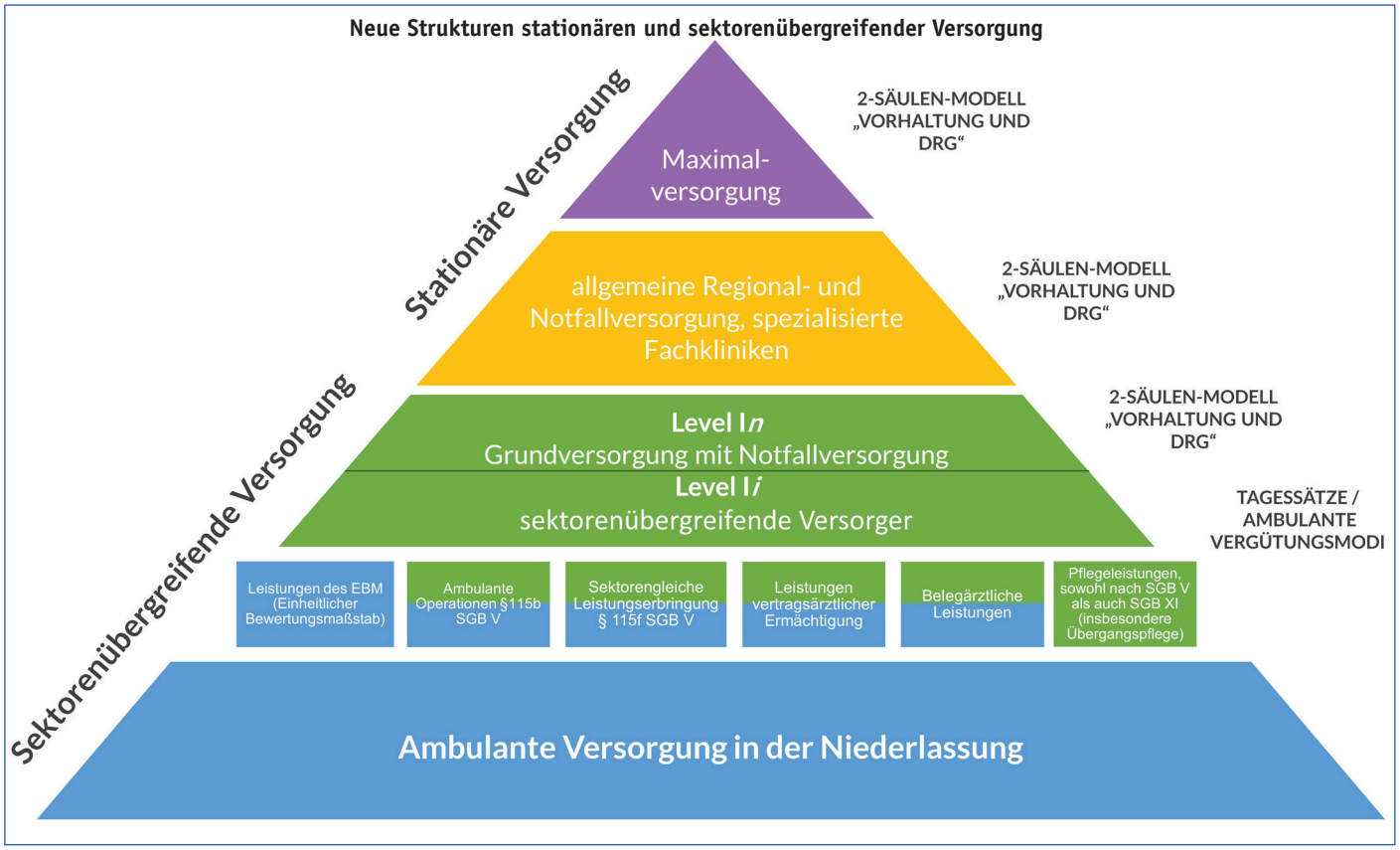


Fig. 1: New structures for inpatient and cross-sector care (own presentation).

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