Zitationshinweis

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DKG impact analysis by hcb and Vebeto

Gaß: ‚Deep intervention in the hospital landscape'

Back in February of this year, the German Hospital Federation (DKG) submitted a comprehensive structural and financing proposal to the current debate on a major hospital reform in Germany. As Federal Health Minister Karl Lauterbach and the government commission he had appointed had presented a comprehensive reform concept for hospitals in Germany, but neither the government commission nor the Federal Health Minister had presented a concrete impact analysis, the DKG commissioned the research institute Institute for Health Care Business (hcb) in cooperation with Vebeto to carry out such an analysis.

>> In this impact analysis, the hcb, in cooperation with Vebeto, analysed the proposals of the Government Commission on the basis of publicly available data .

The data was based on the hospitals' quality reports for the 2020 data year, the emergency levels according to the G-BA guidelines and a manual check to identify specialist clinics. On this basis, the hcb Institute came to the conclusion that of the approximately 1,700 hospital locations today, around 630 would either be assigned to the new level 1i or would not be assigned to a level, including many potential specialist clinics. Around 830 clinics would be level 1n. If this were combined with the 30-minute rule, a further 560 of these clinics would become 1i facilities.

In the two upper levels, this would leave a total of around 230 hospitals.

The extent of the impact if the government commission's criteria were to be strictly applied can be seen in the shift in potential patient flows. Thus

- 52% of all expectant mothers would have to look for a new location for the birth
- 56% of patients in interventional cardiology would have to change hospitals
- in urology it would be 47%
- and 39% in neurology .

‚We will run through further scenarios to see which changes to the criteria have which effects, for example achieving level 2, even without a stroke unit and without obstetrics. It also seems important to me that each service group is available at at least one location within the appropriate region for the service group. We also need simulations in order to anticipate the adjustment reactions of hospitals, which will also enable us to estimate the necessary investment requirements. This also makes it clear that we need a sufficient transition period for the reform,' explains Prof Boris Augurzky, hcb Managing Director and member of the government commission.

‚The impact analysis by hcb and Vebeto has shown that the government commission's proposal in its current version would lead to a very deep intervention in the hospital landscape,' explained DKG Chairman Dr Gerald Gaß. Many clinics would completely lose their current patient care mandate or would have to be extensively reorganised. Gaß continued: ‚Such massive changes would lead to considerable upheaval and are certainly not necessary to make hospital care fit for the future.'

‚With its proposal, the German Hospital Federation respects the constitutional responsibility of the federal states for the important field of hospital planning and the organisation of regional care structures,' added Gaß. ‚With our concept, we are opening up prospects for hospital development tailored to regional care needs in all federal states and all regions of Germany,' said Gaß.. <<

1: https://www.dkgev.de/dkg/presse/pressekonferenz/

Impact of the results using the example of the ‚Stroke Unit' service group

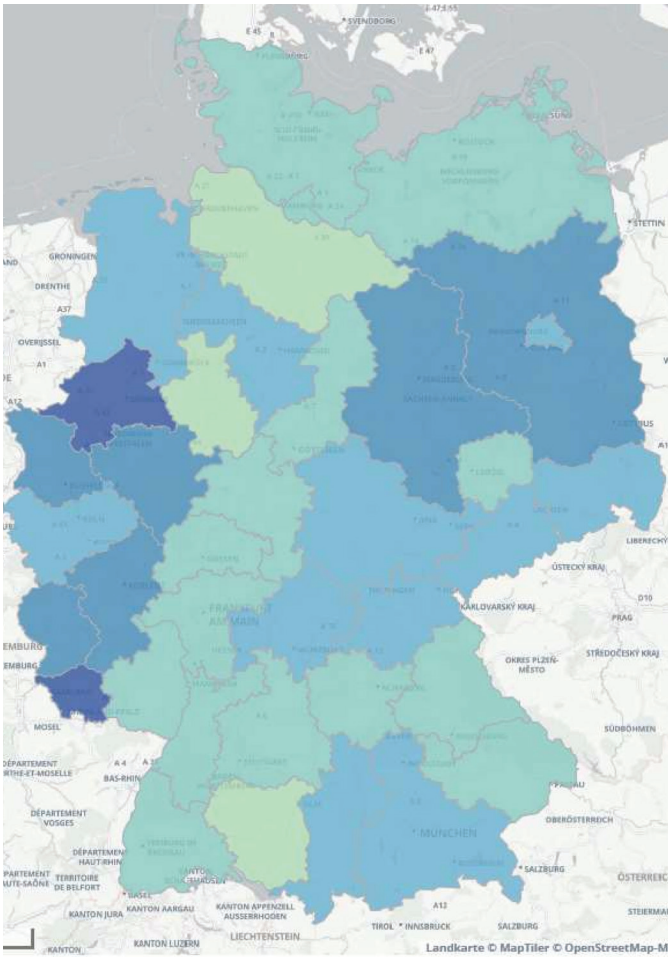


Fig. 1: Regional differences in results using the example of the ‚Stroke Unit' service group (LG 26.2). Emergency services that are not provided at specialised clinics. The map shows the proportion of patients who would have to be treated in other hospitals if the LG could only be treated in level II and level III hospitals. The data is aggregated at the level of the administrative districts Source: Impact analysis of the German Hospital Federation by hcb and Vebeto.