‚Minimum volume transparency card' from the AOK

Hoyer: ‚Many clinics withdraw voluntarily'

‚The concentration of care on hospitals with high case numbers is good news for the chances of survival of very small premature babies. This is because scientific studies clearly show that with a higher number of cases, the complication rates and mortality risk of the children treated are lower,' emphasises Jens Martin Hoyer, Deputy Chairman of the Board of the AOK-Bundesverband. ‚The decision of the Federal Joint Committee to increase the minimum volumes is now having an effect - and that makes absolute sense in terms of patient safety.' However, it is possible that individual maternity wards may still be authorised to provide care by the responsible state authority despite falling below the minimum quantity. ‚These locations are then added to the AOK map, but with a special colour coding and with details of the last case numbers achieved,' says Hoyer.

>> The recently published AOK online map (1) lists a total of 1,075 hospital locations for next year that have received authorisation to carry out minimum volume-relevant procedures with particularly high risks for patients. It will be updated on an ongoing basis if there are any changes. Publication is based on Section 305 (3) SGB V (individual AOKs) or Section 305 (3) in conjunction with Section 214 sentence 2 SGB V (AOK-Bundesverband).

Since 2019, the ‚transparency map' has provided information on the effects of the annual decisions of the state associations of health insurance funds on the particularly difficult and high-risk treatments for which the minimum quantities currently specified by the G-BA apply. The online map shows, among other things, that the most significant concentration in the coming year will be in complex operations on the oesophagus: After the number of hospital sites involved in the provision of care had already fallen by a third in the last round of decisions, it will fall by a further quarter in 2024 - from 147 hospital departments with authorisation for oesophageal surgery to 111 departments next year. In the case of complex pancreatic surgery, 46 sites will have to withdraw from the provision of care - a decrease of 11%.

‚The effectiveness of the minimum volume regulations is also clearly evident here, as the final increase in the minimum volume for pancreas operations to 20 operations per year will not take effect until 2025. However, many clinics are already voluntarily withdrawing from care because it is becoming apparent that they will not be able to fulfil the necessary requirements,' explains Jens Martin Hoyer. In the case of liver transplants, the number of hospital sites authorised to perform operations will fall from 20 to 18 (-10%), and from 92 to 72 (-22%) for stem cell transplants. However, the decrease in this indication is mainly due to the fact that the minimum volume previously applied to allogeneic and autologous stem cell transplants, but will only apply to allogeneic transplants from 2024.

While the number of clinics with authorisation for the implantation of total knee joint endoprostheses actually increased by 6 clinics this year, their number will fall from 938 to 903 in the coming year (-3%). There will be no change in kidney transplants, which may continue to be performed at 36 locations.

Two newly introduced minimum volumes will apply for

Minimum volume regulations lead to a concentration of services

	Standorte			
Jahr	**2022**	**2023**	**2024**	**Veränderung 2023/2024**
Lebertransplantation	21	20	18	-2 (-10%)
Nierentransplantation	37	36	36	-
Komplexe Eingriffe am Organsystem Ösophagus (Speiseröhre)	223	147	111	-36 (-25%)
Komplexe Eingriffe am Organsystem Pankreas (Bauchspeicheldrüse)	424	405	359	-46 (-11%)
Allogene Stammzelltransplantation*	91	92	72	-20 (-22%)
Kniegelenk-Totalendoprothesen	932	938	907	-31 (-3%)
Versorgung von Früh- und Reifgeborenen mit Geburtsgewicht unter 1.250 g	163	157	144	-13 (-8%)
Chirurgische Behandlung von Brustkrebs	-	-	425	-
Thoraxchirurgische Behandlung von Lungenkrebs	-	-	169	-

Tab. 1: Minimum volume regulations lead to a concentration of services. Legend: *From 2024, the minimum quantity only refers to transplants of allogeneic stem cells. The transplantation of autologous stem cells is no longer a minimum quantity service. Source: ‚Minimum volume transparency card' of the AOK.

Data basis

By a deadline in the middle of each year, hospital operators must report their current case numbers for minimum volume-relevant treatments to the health insurance funds in their federal state. The state associations of the health insurance funds then check this information and decide whether to accept the forecast or refute it due to justified doubts. The published case numbers of the ‚transparency map' (2) originate from this process. The specifications for the annual process are in turn set out in the G-BA's minimum volume regulations (3). The IQTIG also created a software specification for the G-BA for the purpose of standardised and software-based recording, collection and transmission of the number of services relevant to minimum volumes in accordance with the minimum volume regulations (Mm-R). The specification for the transmission of a hospital's service volume contains

- the definition of the input data set, which forms the form and structure of the data basis for counting the services in accordance with the annex to the Mm-R
- tSpecifications for counting procedures based on the specifications set out in the Mm-R and the operation and procedure codes (OPS codes) shown in the appendix and the corresponding filter criteria developed by the IQTIG
- tSpecifications for data export and data transmission to the state associations of health insurance funds and the substitute health insurance funds .

Development of hospitals that perform complex operations on the oesophagus (oesophagus) organ system (2021-2023)

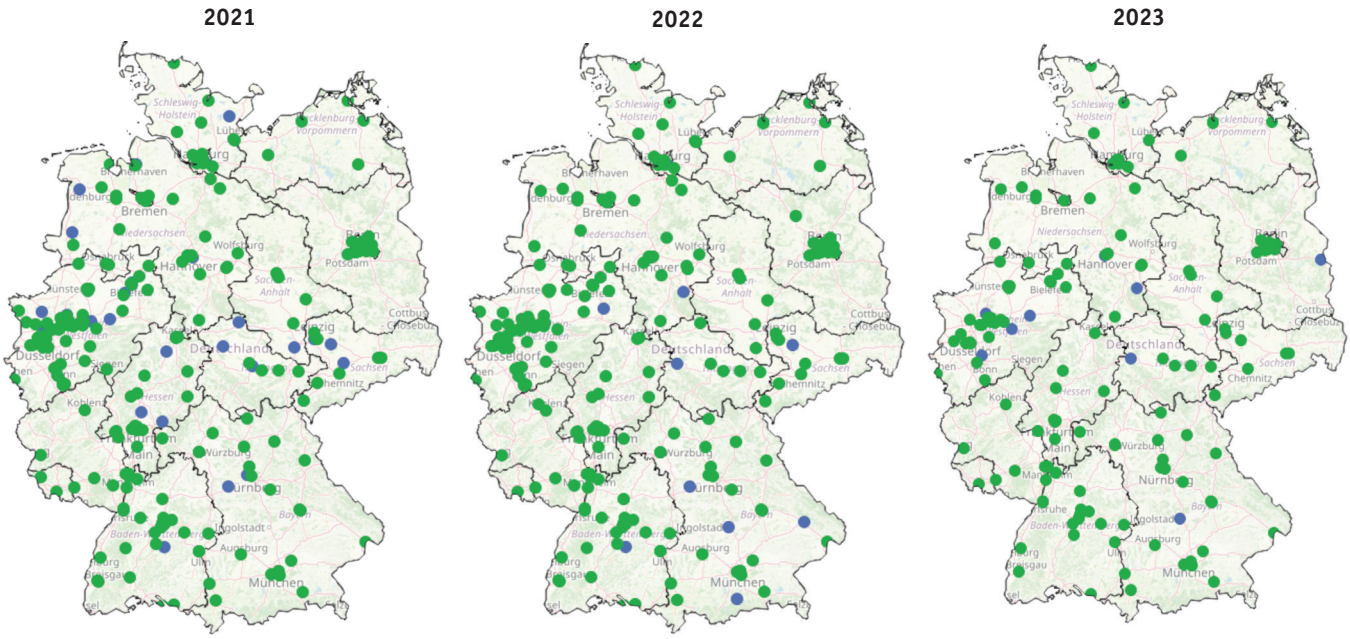


Fig. 1: Development of hospitals that perform complex procedures on the oesophagus (oesophagus) organ system (2021-2023). Source: ‚Minimum volume transparency maps' of the AOK 2021-2023. legend: The admissibility of service provision for 2022 has been positively confirmed for all hospitals notified: - Positive forecast; - First-time or renewed provision of services ; - Authorisation by the state authority (note: does not appear in the cards available here)

the first time next year, the effects of which are also shown in the ‚minimum volume transparency map': For the surgical treatment of breast cancer, a minimum volume of 50 cases per year will apply from 2024, which will then be raised again to 100 cases per year in 2025. For the coming year, a total of 425 hospital locations in Germany have received authorisation to carry out breast cancer operations. ‚It is good that after the increase in 2025, the minimum volume will be at the level required by the German Cancer Society for a clinic to be certified as a breast cancer centre. The number of clinics authorised to perform operations is then expected to fall by around a fifth, based on the currently reported case numbers,' says AOK board member Hoyer. ‚Patients benefit from the concentration of these operations, as the minimum case numbers demonstrably ensure more routine and experience in the surgical teams, fewer complications and a higher chance of survival for the women treated.'

Transparency only through comparison

The intriguing question remains as to where all the hospitals that do not fulfil the minimum volumes now or in the foreseeable future can be found. In response to an enquiry from ‚Monitor Versorgungsforschung', the AOK Bundesverband has stated that the AOK minimum volume transparency map only shows those hospitals that have received a positive prognosis from the state associations of the health insurance funds and thus a surgical licence for the procedures subject to minimum volumes. As services do not have to be reimbursed by the health insurance funds if a clinic performs these operations without having a ‚surgery licence' for the year in question, it is not to be expected that the minimum volume-relevant operations will be performed at other locations. Anyone who wants to know which clinics will have to withdraw from care in 2024 compared to 2023 because they remain below the minimum volumes can compare the maps for 2023 and 2024.

This is what ‚Monitor Versorgungsforschung' did for the example of the development of hospitals that are allowed to perform complex operations on the oesophagus (oesophageal organ system). The maps of the AOK's ‚minimum volume transparency maps' for the years 2021 to 2023 show the effects of the increase in minimum volumes from 10 (until 2022) and 26 from 2023. The Institute for Quality Assurance and Transparency in Healthcare (IQTIG) had previously calculated on behalf of the G-BA that the new distribution of locations would have an impact on patient travel distances. However, according to the scientific analysis available to the G-BA, a longer distance would ‚not pose any risks for care, as these are exclusively planned operations, not emergencies'. <<

by: MVF Editor-in-Chief Peter Stegmaier

1: https://www.aok.de/pp/bv/pm/mindestmengen-transparenzkarte-2024/#c27116
2: https://www.aok.de/pp/fileadmin/bereiche/unternehmenskommunikation/Gesundheitspolitik/Hintergruende/Stationaere_Versorgung/Mindestmengen/mindestmengen-transparenzliste_2024.pdf
3: https://www.g-ba.de/downloads/62-492-3099/Mm-R_2023-02-16_iK-2023-01-01.pdf

Citation

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