MVF Congress ‚The impact of the pandemic on healthcare' (Part 1)

‚Learning from our mistakes and doing better'

Which of the German corona measures were good, which were bad? What can we learn from the years 2020 to 2022 for future pandemics and other potential crisis situations? These were the key questions posed by MVF editor Prof Dr Reinhold Roski at the start of the MVF Congress ‚Pandemic impact on healthcare', the first part of which took place online in December 2023. After the opening statement by Sabine Dittmar MdB, Parliamentary State Secretary at the Federal Ministry of Health, who spoke about the ‚Corona impact on healthcare policy', Prof Dr Bertram Häussler, IGES Director and key idea generator of the congress, presented a somewhat different view of the political reality in his lecture ‚Effects of the corona pandemic - an overview'. A view shared by Prof Dr Matthias Schrappe, University of Cologne, who was not stingy with constructive criticism in his presentation ‚Politics: fear instead of information?'. The aim of the ‚Monitor Versorgungsforschung' congress was precisely not to apportion blame, but to analyse what can not only be learned from the Covid-19 event of the century for the German healthcare system, but what must be learned for future crises of the same or a completely different kind.

>> ‚The fact that the congress is now taking place purely virtually also fits in with the experiences we have all had during the pandemic.' Sabine Dittmar MdB, Parliamentary State Secretary to the Federal Minister of Health, made this statement at the beginning of her speech. She also emphasised the scope of the coronavirus pandemic, which was first described in China almost exactly four years ago, in December 2019, with the initial assessment at the time being that it posed no major threat. Far from it:

According to Dittmar, there are now more than 40 million demonstrably recorded cases in Germany, although the number of unreported cases is likely to be much higher. And around 172,000 people in our country have died from or with coronavirus. Dittmar continued: ‚The pandemic has presented us with major challenges and demanded a lot from all of us - as citizens of all ages, as politicians, scientists and healthcare professionals. It has had a significant impact on the health of many people and in some cases still has.' The pandemic also had major economic and social consequences, some of which we are still struggling with; ‚Corona was undoubtedly a turning point in all our lives.'

However, the Parliamentary State Secretary at the Federal Ministry of Health addressed a completely different kind of reality. In the beginning, not much was known about the infectiousness of the pathogen, the exact transmission routes, incubation periods, the course of the disease and much more. As a result, politicians often had to make short-term decisions in order to protect the health of the population, especially vulnerable groups, and prevent the healthcare system from being overburdened. And this, Dittmar continued, ‚often had to happen before reliable scientific findings were available'. However, in the dynamics of a pandemic, politicians cannot and should not wait that long.

The many different measures - social distancing, compulsory masks and so on - were adapted as soon as the corresponding broad scientific evidence was available. On the one hand, these infection control measures have prevented many deaths, serious illnesses and long-term consequences of SARS-CoV-2 infections in our society. However, we now know that the consequences of some infection control measures have been very serious. Dittmar: ‚Children and young people in particular, who were already growing up in difficult conditions before the Covid-19 pandemic, have had to cope with a lot during the pandemic.' But residents in care facilities and patients in hospitals and their relatives have also suffered particularly from the contact restrictions during the pandemic. With the knowledge we have today, Dittmar recognises that we would certainly do things differently. But that is easy to say retrospectively and in light of the scientific evidence that is now available.

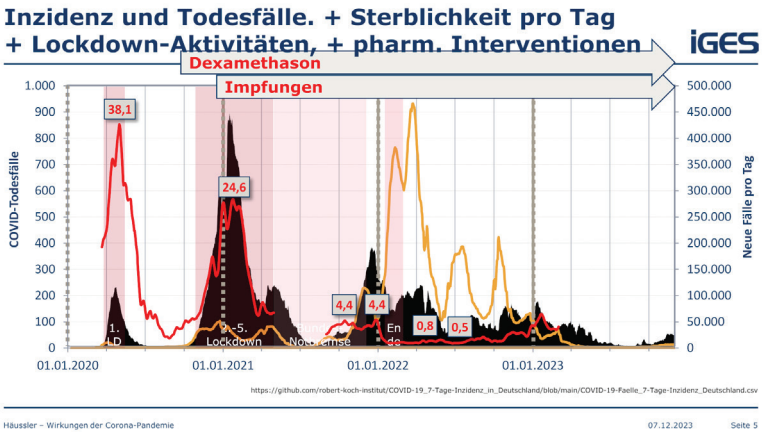
According to Dittmar, the consequences of the pandemic are still being felt by some groups in the population. Especially for people who continue to suffer from the long-term effects of the infection. According to current studies, it must be assumed that there are a large number of people affected by post-Covid, which causes a lot of personal suffering, but also has very significant consequences for our solidarity system and the economy. Dittmar: ‚So far, there are no causally effective therapeutic approaches, only symptomatic treatments. It is therefore the right decision to dedicate a separate funding priority to healthcare research on post- and long-Covid.'



Sabine Dittmar MdB, Parliamentary State Secretary to the Federal Minister of Health.

However, the pandemic has also shown that - ‚even if we are already better prepared for future events than before the Covid-19 pandemic' - further steps to comprehensively prepare for future pandemic situations or comparable situations are still essential. For example, suitable surveillance tools are needed to be able to continuously monitor the infection situation and trends very closely. These systems have therefore been further expanded and stabilised from syndromic surveillance to wastewater surveillance. According to Dittmar, the capacities of hospital beds and beds in intensive care units have also been analysed, which helps to identify the extent to which the healthcare system

is and will be overloaded, but also enables measures to be taken in good time to prevent overloading. ‚Nevertheless, surveillance is certainly an area in which further progress needs to be made in order to be prepared for future health threats,' explained the politician With the expansion of the German Electronic Reporting and Information System for Infection Protection (DEMIS), the existing reporting system is being further developed and improved in accordance with the Infection Protection Act. This is certainly a challenging project, as the technical requirements first have to be created and that takes time. But, according to Dittmar: ‚We are making progress and have the clear goal of enabling all stakeholders - hospitals, outpatient services, laboratories, the public health service, institutions subject to reporting requirements such as daycare centres - to report digitally via DEMIS and thus largely automate the processing of reports.'



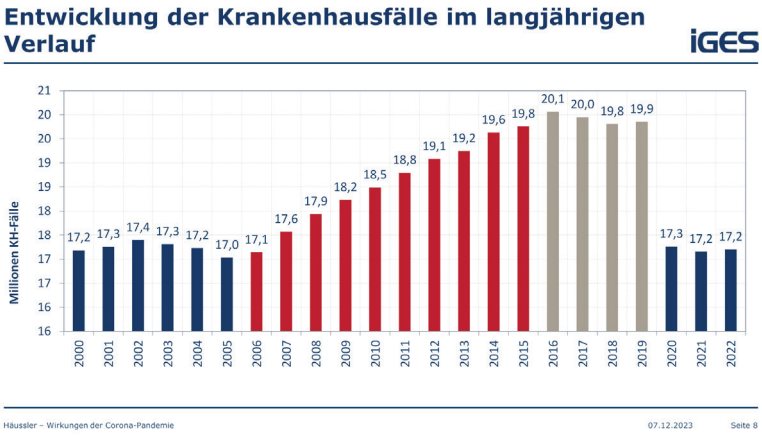




Fig. 1: From the presentation by IGES Director Prof. Dr Bertram Häussler ‚Effects of the coronavirus pandemic - an overview', MVF Congress ‚Pandemic impact on healthcare' on 7.12.23

She concluded her statement by addressing what is probably the most important lesson of the coronavirus pandemic, saying: ‚We need good and coordinated crisis communication.' In her opinion, there is still room for improvement here - so much honesty is needed. ‚The success of measures in a crisis situation depends not least on meaningful communication,' she continued. This requires communication that is tailored to different sections of the population and reaches them effectively, because decisions that are associated with personal restrictions in particular need to be explained in a comprehensive and understandable way. Dittmar: ‚Concerns and fears must be communicated and taken seriously.' In addition, clear and transparent coordination between the federal and state governments must be established, as a patchwork of measures understandably unsettles and confuses citizens. According to her, validated risk communication concepts should therefore be better utilised in future and uncertainties should be communicated openly rather than concealed. In future, the new Federal Institute for Prevention and Education in Medicine (BIPAM), which is currently being set up, will make a significant contribution to modern risk communication and health education. All in all, experience has taught us: ‚The best way to overcome crises is when everyone pulls together and in the same direction. We have already achieved a lot and are on the right track! But it is also important that we learn from our mistakes and do better in the future. That's my wish for the future!'

Häussler: Germany ‚master of austerity'

After the ‚very optimistic' presentation by the State Secretary, according to the Director of the IGES Institute, Prof Dr Bertram Häussler, we should ‚remember what didn't go so well and what went well'. He did this in great detail in his presentation on the ‚Effects of the coronavirus pandemic' by providing an overview of the coronavirus measures and their effects and side effects; measures that ‚didn't all work so perfectly', as Dittmar had made it sound.

First and foremost, Häussler emphasised the incidence. In retrospect, we can be grateful that politicians realised quite quickly that ‚something had to be done and it was done'. Häussler: ‚That was actually a good achievement, especially by our politicians.' The initially small number of infections, which then rapidly increased, quickly developed into many deaths, the pictures of which went around the world, which ‚fuelled the whole thing'. This is why non-medical measures were taken, such as the first five lockdowns, followed by a so-called federal emergency brake, which ended in January 2022. The Federal Chancellery thus acted in an ever tighter cycle with new, changed rules and, above all, durations, whereby the federal emergency brake was enforced when the first available vaccinations had already spread a degree of optimism. According to Häussler, these lockdowns had an important effect that could also be proven: Around ten days after the lockdowns, there was al-

ways a significant slowdown in incidence. This showed that it was actually possible to achieve a great deal in pandemic management with just two measures - lockdowns and the first available pharmacological interventions with dexamethasone in intensive care and the first vaccinations. And with success: the death rate from infections fell sharply - from 38.1 and 24.6 to 4.4 and finally to 08 and 0.5. Häussler: ‚This reduced mortality first by 10 and then by a further 80 per cent. This means that the lethality of the infection was ultimately massively reduced by the two substances, accompanied by advances in intensive therapy.' The extent to which everything has been done correctly here is the subject of the second part of the congress (see p. 18 ff.).

But beyond the health consequences, there have also been economic consequences For example, in the second quarter of 2020, gross domestic product fell by 11% compared to the same quarter of the previous year. However, this high figure, which was significantly higher than that of the Lehman Brothers crisis in 2009, very quickly fell back to 4 to 2% and was no longer detectable after just 6 quarters. Häussler's conclusion: ‚The economic consequences on the monetary economy were relatively well managed and limited.'

The effects of the pandemic on healthcare are a different story. According to Häussler, the number of cases in hospitals stagnated at around 17 million from 2000 to 2005, but then rose steadily from 2006 to 20.1 in 2016 and 19.9 in 2019. This was due to the introduction of the DRG reimbursement system, with which more and more cases were billed each year. However, coronavirus then had a ‚major effect that continues to this day': Hospital cases have levelled off again at the level of 2000. This was also due to the appeal to hospitals to postpone elective operations and treatments. But what effect will this have on long-term care outcomes? This was also the topic of the 2nd part of the congress.

What surprised him was the fact that Germany did not lead the field in terms of ICU utilisation. Ahead of Germany with 18.4 intensive care unit (ICU) cases were the USA with 22.7 and France with 25.3 per 100,000 inhabitants. However, it should be noted that countries such as Sweden and Switzerland, with which Germany can certainly be compared, were treated much less intensi-

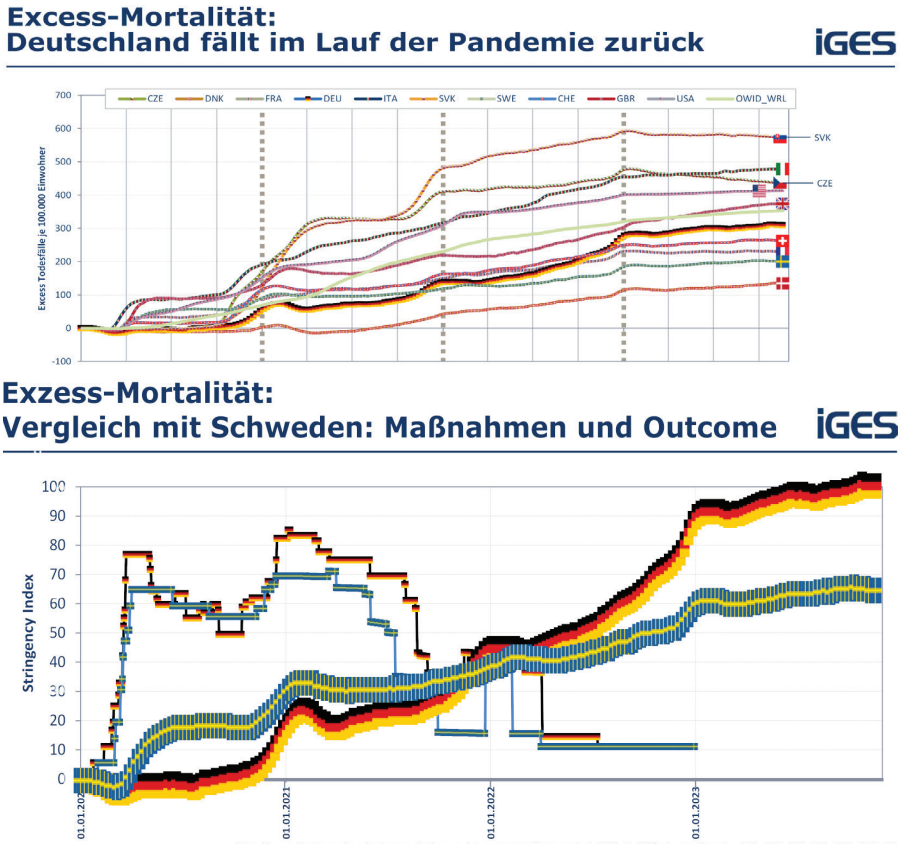


Fig. 2: From the presentation by IGES Director Prof. Dr Bertram Häussler ‚Effects of the coronavirus pandemic - an overview', MVF Congress ‚Pandemic impact on healthcare' on 7.12.23.

vely than in Germany.

Häussler then moved on to the international comparison. Here he introduced the so-called Stringency Index, an instrument for assessing the severity of the lockdowns or restrictive measures taken by the government in response to the Covid-19 pandemic. The index is based on nine equally weighted parameters: school and workplace closures, cancellation of public events, restrictions on public gatherings, public transport closures, stay-at-home orders, public information campaigns, restrictions on national movements and international travel controls. According to Häussler, Germany stood out almost across the board as a master of strictness, while countries such as Sweden and Switzerland favoured liberal policies. In terms of excess mortality, Sweden has been more successful in the long term, which also means that the stringency of the measures has achieved nothing.

Schrappe: ‚Fear as an input factor'

In his presentation ‚Politics: fear instead of information?', Prof Dr Matthias Schrappe discussed the theoretical basis and the way in which corona management is communicated.

Based on the classic input-throughput-output system of healthcare research, Schrappe believes that a more advanced concept should be applied to the pandemic. This is the only way to get closer to the double complexity, because pandemics are not only complex interventions, but the ‚complexity and context of our actions' also act as an input factor. When communicating, politicians have failed to take into account that there are generally and always 10 to 15 per cent sceptics and opponents in the population. It is nonsensical to generally dismiss them as deniers or even bad people, as anyone who is professionally involved knows. Schrappe: ‚If you want to pursue realpolitik and real epidemiological epidemic management, you have to deal with it.'

Politicians have also officially worked with fear. On the one hand, fear is a sensible survival factor, but the question arises: hasn't the whole thing been exaggerated a little? He poses this question with a critical sideways glance at the media, because wit-

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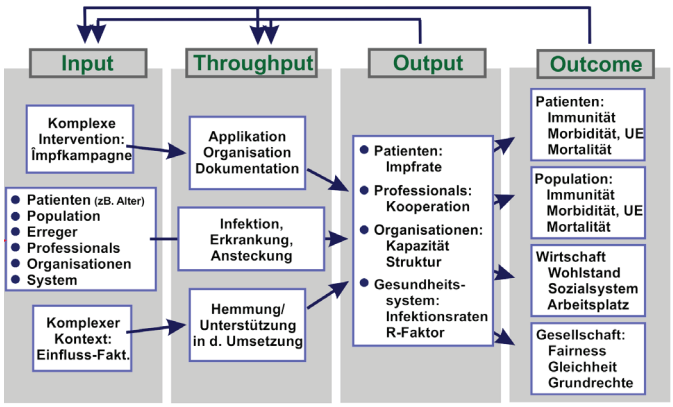
hout them as the transport media - keyword Bergamo - there would not have been some excesses.

The question of whether it makes sense to work with fear as an input factor in order to be able to control a population in an acute phase of a crisis situation. Schrappe: ‚Anyone who is familiar with this knows that this is impossible - but this was not the focus of his presentation.' His next question was rather: ‚What does fear actually do to interventions?' Whether this concerns the vaccination campaign, general communication or the desired conformity and behaviour of the population. And his next question, which has not yet been answered: ‚According to the health services research model, what are the co- and contextual factors that make fear effective or ineffective?'

Schrappe goes on to say that anxiety per se has been relabelled in recent years. On the one hand, from a fear that we should not admit to ourselves or others, to a fear that can be used to brutalise societies. On the other hand, from a fear as an exclamation for a respectable weakness to a sign of heightened sensitivity and a sign of a heightened understanding of a risk of danger and a sense of responsibility, as the journalist Thea Dorn wrote in ‚Die Zeit' in August 2022. Schrappe: ‚In the pandemic, fear meant that you were one of the good guys, but on the other hand, those who weren't afraid risked being socially excluded.'

To make matters worse, according to Schrappe, we are living in a time in which there are major changes in society's political understanding - keyword identity politics - which has become a way of thinking in which group-based identities are represented above all. If you take an analytical approach to identity politics, you come up with four factors that make people susceptible to fear:

Loneliness, diminishing social capital, social systems and irresolvable contradictions. However, identity politics also requires enormous conformism, and internal cohesion mustbe held together on the one hand by morality andon the other by an ‚absolutising understanding of science'. During the corona pandemic, for example, only one scientific opinion was accepted, while others were simply ignored.



As a result, science has been used as an instrument of political power - this is referred to as the ‚empowerment of science'. Schrappe: ‚This must be an absolute alarm signal for all scientists.' Especially when identity politics in particular is usually based on clear scientific results that can no longer be discussed or questioned. Where, according to Schrappe, it should be clear that no science is possible without questioning. <<

by:
MVF editor-in-chief Peter Stegmaier



Fig. 3: From the lecture by Prof. Dr Matthias Schrappe, University of Cologne ‚Politics: Fear instead of information?', MVF Congress ‚Pandemic impact on healthcare' on 7.12.23.

MVF-Kongress Teil 1 am 7.12.2023			
von	bis	Thema	
		7.12.23: Wirkungen und Folgen der Pandemie	
09:30	09:50	Begrüßung/Warm-up	Prof. Dr. Reinhold Roski, MVF / Prof. Dr. Bertram Häussler, IGES
09:50	10:30	Corona-Pandemie – Auswirkungen auf die Gesundheitspolitik	Sabine Dittmar MdB, Parlamentarische Staatssekretärin beim Bundesminister für Gesundheit
10:30	11:00	Wirkungen der Corona-Pandemie – eine Übersicht	Prof. Dr. Bertram Häussler, IGES
11:00	11:30	Politik: Angst statt Information?	Prof. Dr. Matthias Schrappe, Universität zu Köln
11:30	12:15	Podiumsdiskussion: Folgen für die Politik	Moderator: Prof. Dr. Reinhold Roski, MVF