Innovation fund project 'ProReVers' and 'Brandenburg supply needs analysis'

Zaske: 'Opening clause for standardised regional planning'“

What connects Templin, Prignitz and Ostprignitz-Ruppin? They share an infrastructure with plenty of room for improvement, a landscape that stretches far and wide and is also home to a manageable number of people, many of whom have reached an advanced age. Prignitz stands out in particular: with only 36 inhabitants per square kilometre (as of 2021), the district has the lowest population density of all German districts. Ostprignitz-Ruppin and Templin follow with 40 and 41 inhabitants per square kilometre respectively. Prignitz and Ostprignitz-Ruppin are also among the structurally weakest areas in Brandenburg and among those with high future risks. Recently, the three districts and their municipalities have been linked by something else: the innovation fund project 'ProReVers' (1), which builds on the experiences of the very first innovation fund project IgiB-StimMT (2), but also goes significantly further.

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This is precisely where the research project 'Prospective regional cross-sectoral care planning', or 'ProReVers' for short, which was launched in October and is supported by the Innovation Fund, comes in. Some well-known players from the Templin project are also on board. These include AOK Nordost, KV Brandenburg and AGENON - Gesellschaft für Forschung und Entwicklung im Gesundheitswesen. AGENON had already carried out a feasibility study for Templin in 2014 and a year later the preliminary study 'Empirical analyses on epidemiology, reasons for treatment and care in the Templin central area', was a member of the project management team and also orchestrated the project and funding management.

KMG Kliniken SE and Brandenburg Medical School are new project partners of 'ProReVers' under the consortium leadership of AGENON. The research project, which is subsidised by the Innovation Fund for 28 months with 1.1 million euros, is supported by the Brandenburg State Hospital Association and the Brandenburg Ministry of Social Affairs, Health, Integration and Consumer Protection (MSGIV).

The term 'ambulantisation' alone is a mammoth task. Michael Zaske, Head of Department 4 (Health) at MSGIV: 'If we assume an outpatient factor of 20 per cent, then these additional outpatient services will have to be provided by someone if hospitals gradually provide fewer inpatient services.' From his point of view, it would be logical if the manpower freed up in the inpatient sector could also provide outpatient services in the region.

However, the necessary conversion of inpatient to outpatient services and the opening of hospitals to outpatient care is only one side of the coin. The other - equally important - is the reduction of avoidable hospital cases and the reallocation of hospital cases to the outpatient care sector. 'Around 20 per cent of hospital cases could have been treated in the doctor's surgery by means of needs-based outpatient care - if the appropriate services had been available,' says Dr Sebastian Liersch, health economist at AOK Nordost, pointing out the reality.

In order to put an end to this structural lack of care, the entire outpatient-inpatient sector must be analysed and then planned together. The prospective regional care planning to be developed and trialled by the innovation fund project attempts to do just that: it creates nothing less than the basis for cross-sectoral planning of inpatient and outpatient care capacities, which has been demanded by many experts for decades and which takes local conditions into account.

This is another mammoth task that politicians - with the exception of Brandenburg - do not dare to tackle. Inpatient and outpatient capacities may still only be planned separately in this country. Although it must be clear to all stakeholders by now that both outpatientisation and the reduction of purely inpatient capacities will only work together with outpatient care services, particularly in structurally weak regions.

Preparation for inpatient-outpatient care planning

Brandenburg is the notable exception. The largest of the newfederal states in terms of areais active with two care research lighthouse projects.

With 'ProReVers ', an analysis of strengths and weaknesses for the Prignitz and Ostprignitz-Ruppin region is to be completed by 31 January 2026. As AGENON Managing Director Steffen Bohm explains, 'an exemplary cross-sector planning matrix' will be developed with the involvement of key local players, taking into account suitable care innovations, which will show the possible cross-sector development path for the organisation of the local care landscape over the next five years. Exemplary because there is no legitimisation for binding specifications. With this 'methodological toolbox', which enables cross-sectoral planning of inpatient and outpatient care that functions stably even under challenging conditions - such as an ageing population and poorly developed infrastructure - 'ProReVers' goes beyond the 'Brandenburg Care Needs Analysis' (VBA).

The ' Brandenburg Healthcare Needs Analysis' (conducted by AGENON and IGES) also lays the foundations for determining current and future demographic-related healthcare needs. This is to be done for five supply regions (VG), starting with VG 4 Lausitz-Spreewald (report already available), followed by VG 1 Prignitz-Oberhavel, VG 2 Uckermark-Barnim, VG 3 Havelland-Fläming and VG 5 Oderland-Spree. Based on this, it should then be possible to derive the supply capacities required, including a comparison with the current situation.

MSGIV department head Zaske, who supports both 'ProReVers' and the care needs analysis (4) funded by Wirtschaftsförderung Land Brandenburg GmbH (WFBB), comments: 'One of the most important framework conditions is that hospitals are also allowed to provide outpatient services. This applies wherever there is no overprovision in the outpatient sector, which is mainly the case in rural areas.'

This is precisely where both projects - 'Pro-ReVers' on the one hand and the VBA Brandenburg on the other - come in by analysing regional conditions and, in the case of the VBA, also bringing the stakeholders together in the course of dialogue conferences in order to jointly develop proposed solutions.

For the head of the health department at MSGIV, both projects are equally important. 'No matter what good ideas you have, they always have to be put into practice on the ground - in Prignitz or Ostprignitz-Ruppin as well as in the other five healthcare regions in our state.'

The prerequisites for future cooperation structures should be in place by the end of 2024 so that they can lead to a formal planning process in the following year and then be legally incorporated into inpatient and outpatient planning in 2026. Zaske: 'That's our plan at the moment.' A plan with which the state wants to comprehensively prepare for the upcoming hospital reform - Zaske also calls it 'healthcare reform' - with the aim of not only wanting to put a fifth hospital plan into force from 2026 (then together with Berlin, by the way), but also to have already planned in advance in a participatory manner.

It helps that Brandenburg has been working very closely together on outpatient demand planning for many years as part of the 'Brandenburger Weg' (5) and with the help of the § 90a state committee. For a long time, attempts have been made time and again to anticipate the necessary legal changes and to reach target-orientated agreements in the course of voluntary consultations. For example, there is talk of authorisations, the possibility of outpatient clinics - which would allow hospitals to provide corresponding outpatient services - and hybrid DRGs.

Zaske is fully aware that the necessary freedom of action is not yet available. Inpatient/outpatient care planning cannot be done properly: Formally, the federal states are only allowed to carry out inpatient planning, while outpatient planning must be carried out separately by the KVs via the outpatient planning committees. Zaske: 'It would be better if Federal Health Minister Lauterbach would allow us to use federal opening clauses to allow us to plan regionally on a regular basis instead of having to plan 100 per cent by sector, as is currently the case.'

Here, Zaske - like the AOKs with their concept 'Health regions - shaping sector-independent care' (see interview with Dr Richard p. 12 ff., 6) - is relying on the ongoing parliamentary process to provide a legal basis for important regional planning options in SGB V, which have been removed from the draft bill of the Healthcare Reinforcement Act. 'But that doesn't go nearly far enough for us,' explains Zaske. In his view, the federal states finally need to get started with regional care planning, which would be 'timely and necessary'.

The very first step would be, for example, for the federal states, in cooperation with the Association of Statutory Health Insurance Physicians and the health insurance funds in the regions, to allocate what can and cannot be provided on an outpatient basis in future - 'this is exactly what we need an opening clause for'. This is alsonecessary in view of the current cabinet decisionon the Hospital Care Improvement Act (KHVVG). This hospital reform has given the federal states a strong impetus that increases the pressure to convert hospital locations into outpatient-inpatient healthcare centres in the area. According to Zaske, this is 'definitely in our interest'; and also something that the federal states in particular have been pushing for many years by demanding that the federal government improve the necessary framework conditions.

Prignitz und Ostprignitz-Ruppin



Prignitz is a historic landscape between Mecklenburg in the north, Ruppiner Land in the east, Havelland in the south, Altmark in the south-west and Wendland in the west. Ostprignitz-Ruppin is located in the north-west of the state of Brandenburg and encompasses large parts of the historical landscapes of the Ruppiner Land in the east and the Prignitz in the west. In the south, the district covers part of the historic Havelland landscape - in particular the Rhinluch fen landscape and the plateau of the Ländchen Bellin. Prignitz, pregynica in old Polish, means something like 'impassable forest area' - perhaps, in view of the challenges of the 'ProReVers' project, this will become a viable path.

Citation reference

Stegmaier, P.: 'Zaske: 'Öffnungsklausel für regelhafte Regionalplanung'', in 'Monitor Versorgungsforschung' (03/24), p. 16-18. http://doi. org/10.24945/MVF.03.24.1866-0533.2616

Bohm: 'sensible care solution on site'

Until then, it's a case of doing your own homework. For 'ProReVers', this includes an 'empirical analysis of the supply and population structure as well as the actual utilisa-

Citation

Stegmaier, P.: „Zaske: 'Opening clause for standardised regional planning'", in „Monitor Versorgungsforschung" (03/24), S. 16–18. http://doi.org/10.24945/MVF.03.24.1866-0533.2616

tion of healthcare services on site', explains Bohm. For example, it will be interesting to see which healthcare services are utilised and how often. In addition to official data from hospitals and doctors' surgeries, assessments by the local population will also be included for the first time.

To ensure that the whole thing is not planned without taking into account the real needs of the population, part of the research project is a large-scale survey of 10,000 of the more than 50,000 people insured with AOK Nordost in the project's districts, which was launched in April of this year. 'That's what's special about the project,' explains AOK Nordost health economist Liersch, 'We don't just want to look at the figures, we want to give the residents of the Prignitz and Ostprignitz-Ruppin region the opportunity to describe their own personal impression of the healthcare situation: What services do you use? How easily accessible are the medical services for you? Are certain doctors missing? How satisfied are you with medical care in general?'

Bohm sees the survey of insured persons as one element alongside others. It should be noted that data collected in this way has a different significance in terms of its reliability and informative value than epidemiological or demographic data, for example. However, it is right and important to give the population a voice, as such sentiments can reflect real-life situations of supply bottlenecks and problems.

According to Bohm, all the data weighted and taken together can help to create a 'sensible local supply solution'. Bohm: 'The idea of 'Pro-ReVers' is to achieve something that does not yet exist.' By this he means a methodology and a basis in the form of a structured regional dossier with a defined set of empirical analyses for regional cross-sectoral care planning. However, he agrees with Zaske that regional cross-sectoral care planning does not yet exist. All those involved in the predecessor project in Templin had more than realised that regional cross-sector planning cannot be prescribed from the green table, but must always be drawn up against the background of the specific local constellations.

In Bohm's words, the first step must be to move away from the sectoral perspective. And also answer open-ended questions such as: Which services can be better provided on an outpatient basis and which on an inpatient basis? How much cardiology is needed in a care region in order to ensure adequate care for the population?

According to Bohm, structural reforms involving outpatient care necessarily require that

1. the country plans fewer inpatient services,
2. the health insurance funds agree fewer inpatient services in budget negotiations,
3. volume reductions based on ambulatory care are not all collected in arbitration proceedings, and
4. funds released for the financing of outpatient care can actually be utilised. <<

by:
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Literature:
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2: https://t1p.de/d4jrz
3: https://t1p.de/5s3fd
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Old, but still valid

>> The discussion about quality transparency has so far centred on structural quality parameters (such as the presence of a left heart catheter or a stroke unit) and the number of cases treated. However, the question of the actual results achieved is also particularly relevant, for example: How many of the patients treated in hospital die there or have to be operated on again? The problem here is that it takes time to measure and analyse such results and make them available on the internet.

In 2024, for example, the latest data available will be from 2022. This raises the question of whether the results based on 'old' data still adequately reflect the current quality of the respective hospital. 'Two-year-old data on the quality of hospital outcomes allows valid statements to be made about current quality and therefore provides a good basis for hospital selection,' comments Prof. Reinhard Busse MPH, MD, Department of Healthcare Management at TU Berlin, on one of the statements in Niels Kollmann's master's thesis in the Industrial Engineering and Management programme at TU Berlin entitled 'Towards more quality orientation in the German healthcare system: Suitability of quality indicators for the design of political measures and promotion of patient empowerment'.

According to the paper published in November 2023, patients (and their referring physicians) can significantly increase the probability of receiving the best possible quality of treatment by selecting a hospital today that is among the best for the upcoming treatment based on retrospective, publicly available quality data measured in the past. <<

1: Kollmann NP, Langenberger B, Busse R, Pross C (2023) Stability of hospital quality indicators over time: A multi-year observational study of German hospital data. PLoS ONE 18(11): https://doi.org/10.1371/journal.pone.0293723