





Zaske: 'Have more trust i the regional processes'

Interview: Michael Zaske, MSGIV (left); Steffen Bohm, AGENON (top right) and DrMartin Albrecht, IGES (bottom right)

The Ministry of Social Affairs, Health, Integration and Consumer Protection of the State of Brandenburg (MSGIV) has commissioned Wirtschaftsförderung Land Brandenburg GmbH (WFBB) to carry out basic needs analyses for the five care regions in the state of Brandenburg. The IGES Institute was commissioned together with AGENON at the end of September 2023 with the project 'Preparation of care needs analyses for the healthcare regions of Brandenburg as well as initiation, organisation and content-related support of regional dialogue forums and project groups at different hospital locations'. The first study reports are now available. The project partners present them.

>> Mr Zaske, let's start our conversation by putting the proverbial cart before the horse. The declared aim of the project 'Preparation of healthcare needs analyses for the healthcare regions of Brandenburg and initiation, organisation and content-related support of regional dialogue forums and project groups' is the 'Comparison of current and demographic-dependent future healthcare needs in the five healthcare regions of the state of Brandenburg that are relevant for hospital planning'. Is there a general learning across all five care regions?

Zaske: The dialogue formats carried out by AGENON and IGES on our behalf in the five care regions of Brandenburg have enabled intensive discussions with many local stakeholders. If we want to draw an initial interim conclusion for this major project, it is the realisation that we are on the right track with the analyses we have already carried out and the dialogue formats used. The latter have shown that, on the one hand, there is a great need for discussion on the part of local and regional stakeholders, but on the other hand, uncertainty has also been reflected back to us. This leads to questions such as: 'How can we get involved?' Or: 'What do the upcoming reforms mean for my region and specifically for my organisation or me personally?'

This means that the dialogue forums in particular ...

Zaske:... help us enormously in reducing uncertainties on the one hand and, on the other, in jointly developing ways in which the healthcare structure in the respective regions can look in future years. However, we cannot yet draw any definitive conclusions at the current stage of the project. Although the dialogue forums have already started in most of the regions, the fifth region is still pending - but they will start soon. The final results of this intensive process of analyses and dialogue formats will then be incorporated into the planning process for Brandenburg's fifth hospital plan in 2025. Incidentally, this will be part of the joint hospital planning of Berlin and Brandenburg.

'The final results of this intensive process of analyses and dialogue formats will then beincorporated intothe planning process for Brandenburg's fifth hospital plan in2025 .'
Michael Zaske, MSGIV

What questions should be clarified by then?

Zaske: Some of the most important questions are: 'How can we cooperate?' 'What can each individual service partner contribute?' 'What do clinics trust themselves to do?' 'What co-operation potential do the players see for themselves?' We need the answers to these and many more questions not only for hospital planning itself, but also for the consultations and discussions with the Federal Ministry of Health in the run-up to the federal hospital reform. The insights we have already gained from the needs analyses of the five care regions, as well as the diverse opinions and suggestions we have gained from the dialogue forums and working groups in the individual regions, will help us here. This helps us to competently and clearly argue how we envisage care planning based on real needs on the one hand and local opportunities and supply structures on the other. The project is extremely complex because we are simultaneously creating the basis for a future cross-sector and regional care approach.

Mr Bohm, the Brandenburg Economic Development Corporation has commissioned the two Berlin-based consulting firms IGES and AGENON to carry out the project. What was and is the division of labour like? How was the parallel work with data-driven supply analyses and dialogue forums set up?

Bohm: The external activities in the project consist of three interlinked components: In each of the five supply regions, the dialogue starts with an initial dialogue forum in which the local stakeholders are informed about the background, objectives, data analytics and the course of the project. This is followed by a working group meeting in each district of a care region, in which the results of the district-specific data analyses on capacities and utilisation in inpatient and outpatient care in the current state and in the demographic projection up to 2030 are presented and discussed. In addition, solutions for typical problems in the provision of care will be presented from project research carried out as part of the project and discussed with regard to their suitability in the region. Depending on the district layout, the working groups can also be formed across several district regions. In addition, individual and group interviews will be conducted with representatives of the various service areas on site to assess and evaluate the care situation and the challenges. The results will be prepared for a second region-specific dialogue. Our final report will then serve the Ministry as one of the bases for the next steps in state hospital planning.

What part does the IGES Institute play in this?

Albrecht: Our joint project is divided into two areas: one analytical and one dialogue-based. The analytical area is in turn divided into data analyses, which are primarily carried out by the IGES Institute, and literature, review and project research, for which AGENON is primarily responsible. However, we do not have a strict separation of tasks, nor would that make sense. Our main aim is to use the expertise available at both consulting companies to obtain as comprehensive a picture as possible of the current healthcare situation from a wide variety of data sources for the often very different areas of care, while at the same time differentiating it as much as possible in terms of location. And - this is the next major task - to estimate and extrapolate developments that will determine future regional supply requirements. This is anything but trivial. Due to the sectoral organisation of our healthcare system, we have to deal with very different data sources. If you want to find out more about cross-

regional patient flows, for example, you have to be able to play a bit of a data puzzle. Fortunately, in some areas we can draw on special analyses that already exist, and we are also supported by many stakeholders - above all by the Ministry, but also by the AOK Nordost, the IKK Brandenburg and Berlin, the Knappschaft and the Brandenburg Association of Statutory Health Insurance Physicians - with data analyses that help us toobtain avery differentiatedoverall picture of the situation. As just mentioned: not just a picture of the situation, but also a development analysis of future care requirements.

What data do you mainly use?

Albrecht: All the data available to us. Another challenge is to anticipate possible developments in the hospital reform planned by the federal government and to analyse its possible effects. In addition to analysing the current care situation and the development of future demand, the project also focuses on innovative approaches to care. All of this serves as a basis for discussion of the regional project approaches in the dialogue part, which we are carrying out together and which consists of a large number of dialogue events, working group meetings and expert interviews with representatives of the various care areas in the districts and cities. On the one hand, this dialogue work serves to jointly interpret the figures and data from our empirical analyses, i.e. to interpret them with regard to future care needs and to draw joint conclusions from them. The same applies to the evaluation of innovative care approaches, some of which have already been used and trialled in other regions outside Brandenburg. We want to find out which of these approaches are considered suitable and helpful by those involved in the provision of care in Brandenburg and which are not.

'Another challenge is to anticipate possible developments in the hospital reform planned by the federal government and to analyseits possible effects .'
Dr. Martin Albrecht, IGES

The dialogue area is therefore a kind of bottom-up approach that involves local stakeholders in the planning process.

Zaske: We can only plan new structures, concepts and strategies together. The hope that care that has been created on the drawing board will somehow be implemented by the local players usually doesn't work out. This is true for us as a state, but it is also particularly true for the federal government, which is currently taking away our breathing space with its very tight requirements in hospital planning.

You have to take a good look at your own behaviour here.

Zaske: We do. However, as part of the Brandenburg Way, we have long learnt to listen very carefully in order to find out what is happening in the individual care regions and, above all, which solutions are found or preferred regionally and locally. It goes without saying that we will incorporate successful solutions that are presented to us by the regions or that are developed together with us into the planning process. In this respect, we can certainly speak of a bottom-up approach, although I would prefer to call it 'participation-orientated planning'. Others have long called this approach the Brandenburg way, in which we have become very experienced in involving the various regional stakeholders in self-administration so that they are subsequently reflected in the solutions.

Is your 'participation-orientated planning' limited to your federal state? The initial care analyses available to date show, for example, that in the district of Dahme-Spreewald, 17.0 per cent of all hospital cases for the local population were accounted for by hospitals in Berlin. And 19.2 per cent of all full inpatient somatic hospital cases for the population of the Elbe-Elster district were treated by or in hospitals in Saxony. Is your conclusion in terms of healthcare policy that care needs analyses must be carried out on a state-wide basis in future? If so, on what legal basis in view of Germany's federal structure?

Zaske: In principle, we work very closely with Berlin in particular, the large municipality in the centre of our federal state. From 2025, we will go one step further and carry out joint hospital planning again. We are already in the process of coordinating the necessary methods, instruments and schedules. However, we are also in dialogue with the other federal states bordering Brandenburg, such as Mecklenburg-Western Pomerania, Saxony, Saxony-Anhalt and Lower Saxony, in order to coordinate cross-state planning decisions.

We should go into more detail here.

Zaske: It would make no sense to close departments on this or the other side of a federal state's border if this would create a supply gap across state borders. Such agreements are already a regular part of the exchange between the federal states. However, it would be even better if the federal government gave us the opportunity to plan service groups in co-operation across state borders. However, this would require new structural criteria and service requirements tobe defined, including for services that can be provided via telemedicine. That would help us a great deal - in the direction of Saxony, Saxony-Anhalt, but also especially in the direction of Berlin.

Does the discussion about the current federal hospital reform harbour moments of hope?

Zaske: At the moment, not even cooperation within a federal state is legally secure, let alone across federal borders. As we will not stop planning our own in 2025, I hope for a fundamental healthcare reform. However, we will first have to live with what the upcoming federal hospital reform will bring us. I assume that its initiation phase will run until at least 2030.

Back to the cognitive level. Mr Albrecht, if you had to name one key finding from Brandenburg's five care needs analyses, I would ask you to do so: Which of the detected adaptation requirements and solution approaches are the most important for you?

Albrecht: I can also only give you an initial interim status, as we have only completed the first step of the analysis in one of the five

supply areas so far.

For the Lusatia-Spreewald supply area.

Albrecht: Exactly. We have only just begun our work in some of the other four supply areas. However, I can name a few points from the discussions we have already held that have emerged as focal points in many local discussions.

What would they be?

Albrecht: A central perspective of the entire project, which is to be understood as a preliminary stage to the forthcoming state hospital planning and in the light of the major hospital reform planned by the federal government, is outpatientisation. All those involved must assume and expect that some of the cases previously treated in hospital will be treated on an outpatient basis in future. A frequently asked question in this context is who will treat these cases in future and under what conditions this will take place. It is important to realise that the state of Brandenburg in particular already has a below-average density of doctors in the outpatient sector. At the same time, Brandenburg's population is getting older, more multimorbid and more immobile. In addition, the geographical distances are above average. It is therefore necessary to analyse very precisely which hospital cases will be affected by increased outpatient care in the future and, above all, how they can actually be treated. It quickly becomes apparent that there is not only a lack of capacity for home care and short-term care after outpatient operations, but that there is already insufficient transport capacity.



Michael Zaske

has been Head of the Health Department at the Ministry of Social Affairs, Health, Integration and Consumer Protection of the State of Brandenburg (MSGIV) since July 2020. Prior to this, he was acting Head of the Health Department at the Ministry of Labour, Social Affairs, Health, Women and Family (MASGFF). Other positions in Brandenburg: 2015-2019 Head of the 'Healthcare, Health Economy, Hospitals and Rehabilitation and Health Resorts' department at MASGFF.

It quickly became apparent that there was a lack of capacity for home care and short-term care after outpatient procedures on the one hand, and insufficient transport capacity on the other. This not only affects patients' access to the treatment centre. Many hospitals in the regions already report that there are great difficulties in returning patients to their home or care environment after treatment, if this is available at all. This is because there is a lack of both patient transport services and taxis. And the emergency services cannot and should not take on this task as well.

What remains then?

Albrecht: These patients have been kept in hospital longer than actually necessary, which will hardly be possible in future. This is why the issue of closing this obvious transport gap will be one of the key challenges for future patient care in Brandenburg. This means that in this project we also have to find out what possible solutions there are for this. Another point is that the hospital sites and their owners in a region cannot simply coordinate their range of services and allocate cases to each other. This doesn't work for cartel law reasons alone, even if the goodwill is often there.

Bohm: One positive aspect to emphasise is that the number and variety of care projects in Germany has increased enormously over the past 10 to 15 years. This is not only, but also to a large extent thanks to the Innovation Fund. The number of accompanying results and evaluation reports, all of which are publicly accessible, is constantly increasing. Incidentally, this also applies to some of the projects that we have supervised, such as the large-scale project in Templin. We now have a greater wealth of knowledge from project approaches that can contribute to sustainable improvements, particularly in rural regions, or that offer solutions for existing structural adjustment requirements without causing friction in the provision of services to the population. The aim is always to develop and establish an alternative structure and not a duplicate structure.

This cannot and should not be emphasised often enough.

Bohm: That's right. The Templin project in Brandenburg has shown how something like this can work and has also received a positive recommendation from the Innovation Committee for transfer to standard care. Another important area for necessary innovations is the desirable flexible and sector-independent use of existing medical and nursing resources and expertise, for example in the course of reducing or converting inpatient capacities. Among other things, low-threshold care approaches are conceivable for people with acute complaints who cannot be adequately cared for in surgeries and medical care centres, but who do not require the resources of a hospital. Last but not least, we need to look at how the next generation of nurses and doctors can be secured to provide care in structurally weaker regions. Approaches and projects that can contribute to the creation of attractive living and working conditions in medicine and nursing in rural areas are always welcome. This includes, in particular, the formation of networks with attractive further training concepts, a topic that we will be working on in greater depth in Lusatia.

With all that has already been said, Mr Zaske's head must be buzzing with so many possibilities, all of which should ideally be tackled at the same time, but with limited budgets and, above all, limited staff. Do you work in your ministry 24 hours a day and even at night

if necessary?

Zaske: Some of my colleagues may sometimes have the impression that this is the case. But it's not quite that bad. But it's certainly an exciting and challenging process for everyone, and one that you don't get to experience that often in your working life. Being able to help shape such massive structural changes is a lot of work, but it's also fun and enjoyable when you see what you can achieve if you want to. We have been talking about structural reforms, the necessary focus on regional care and the necessary cross-sector models for well over 30 years. And now we have the opportunity and the chance to work very practically in this direction. We also have very motivated colleagues in the Ministry in the project group for the implementation of the healthcare reform who enjoy working on this topic and are very committed to working with IGES and AGENON as partners and, above all, supporting them very competently. The inner motivation is more than there. Incidentally, this also applies to many of the players involved: many are keen to make changes. We need to motivate those who are not yet doing so to join us on our joint journey - but always bearing the legal framework in mind. Unfortunately, it has to be said that the framework conditions set by the federal government are currently nowhere near as adequate as we would like them to be. The most positive thing that can be said is that the Federal Minister of Health at least had the courage to tackle such a reform at all.

'In general, the focus is on solutions that show ways to make the necessary adjustments to care structures without causing friction among the population.'
Steffen Bohm, AGENON

Do you still have hope?

Zaske: There is still room for improvement in the upcoming hospital reform. We have expressed this very clearly both verbally and in writing. Incidentally, Brandenburg is one of the federal states that has already made extensive proposals for improvement that have been formalised in law. We have had several conferences and planning discussions with the federal government on this. Incidentally, the federal states now unanimously agree that there must be improvements to the so-called Hospital Care Improvement Act. One of the points, for example, is that co-operation within the regions and also beyond the regions and federal states must be permitted on a regular basis. IGES/ AGENON, in particular, provides us with excellent basic material that helps us to sharpen our regional view of care. Another point is that in the outpatient and inpatient sector, an outpatientisation coefficient per service group or service bundle must always be taken into account. This is one of the fundamental prerequisites for being able to plan across sectors in a region at all. If the federal legislator does not help us with this, we can only build on the existing possibilities to further develop and expand cooperation in the regions. However, we hope that the federal government, through the Hospital Care Improvement Act in conjunction with the emergency reform, will give us the opportunity to make real regional adjustments and achieve truly regular, co-operative service provision.

Does it make sense if two or more hospitals not too far away fulfil the same care mandate?

Zaske: Exactly. It would be more effective if the federal government allowed us to support complementary cooperation. At the moment, we can only do this to a very limited extent.

What else do you need?

Zaske: We need genuine new instruments for outpatient-inpatient service providers. At the moment, we only have a limited number of so-called cross-sector care providers, which some still call Level 1i hospitals. However, it remains to be seen whether there will be any such hospitals at all, as the refinancing structure has not yet been clearly regulated. Although the Federal Minister of Health is talking about covering the costs of suchfacilities, for example, it isnot yet entirely clear to us how this will work. We need instruments for this, also beyond cross-sector providers, for all those clinics that are to provide outpatient services in the region.

And vice versa?

Zaske: Theoretically, additional outpatient services could also be provided by other outpatient players, if they exist. These could be networks of doctors, facilities run by the Associations of Statutory Health Insurance Physicians, municipal MVZs or even completely different service providers. We must be open to exploring new avenues in everything. Above all, we need a viable way for hospitals to be able to provide outpatient services in the region that they previously provided on an inpatient basis. Here, too, the federal government is currently not helping us very much. Thank goodness we have a very open Association of Statutory Health Insurance Physicians in Brandenburg that is prepared to work with us on regional care planning. In other words, to put it very clearly: the state and the KV in Brandenburg can imagine that the state will be included in the state committee for outpatient demand planning. In return, we can imagine consulting the Association of Statutory Health Insurance Physicians on inpatient demand planning for a specific region. This means that we as stakeholders in the state are already much further ahead than our timid partners at federal level. However, we are not giving up and are working hard to ensure that we obtain at least some important instruments, such as the possibility of institutional outpatient clinics for structural reasons. One structural reason, for example, would be that we can use the instrument of an institutional outpatient clinic when clinics outpatientise inpatient services. We must also be able to obtain extra-budgetary special requirements in the regions if the state determines that this is necessary.

Extrabudgetary means that the necessary funds are transferred from the previous inpatient budget rather than being charged to the KV budget.

Zaske: And this is above all budget-adjusted. We urgently need such simple and straightforward options. The federal government must help us here.

Would you like to add to that, Mr Bohm?

Bohm: Unfortunately, there is currently a dense network of differentlegal and sub-legal standards, which also makes the transfer of funds previously reserved for inpatient care to outpatient care infinitely more difficult and also blocks it. The main questions are therefore: How must our current framework be changed so that the necessary room for manoeuvre is created and how must the incentives be set so that they are also used? We need to find the answers to these questions. The uncertainty that can be perceived everywhere at the moment will probably continue for some time, because changes to federal legislation must first be implemented at the various levels. The problem is that in some cases we no longer have the time required to do this. We have to solve problems today or at least create the conditions today to ensure that future supply requirements can be adequately met in terms of quantity and quality. That is the challenge.

This certainly requires a great willingness to change on the part of all those involved.

Bohm: On the one hand, the stakeholders are to a certain extent overwhelmed by the health policy debate at federal level with its currently unforeseeable effects at regional and local level. There is a willingness to change, yes, but it comes up against a high degree of fragmentation and complexity in all the intertwined regulations. This makes the search for solutions extremely difficult and leads to frustration.

Like with ambulantisation, for example, which can be a double-edged sword.

Bohm: Absolutely right. It makes no sense to allow hospitals to carry out outpatient activities on the one hand, but on the other hand to tie this to the fact that there must be an undersupply according to demand planning. If outpatient care is to be provided, it must be possible to create additional outpatient capacities, whether there is an undersupply situation or not. If you put the cart before the horse when it comes to outpatient treatment, you will never get it off the ground. The current rigid regulatory structure definitely needs more flexibility in order to create different solutions, especially in the regions, with the agreement of those involved. Incidentally: Outpatient care also means that the reduction in inpatient capacities must be flanked by planning.

The longer we talk about it, the more complex it becomes. The term 'outpatient care' keeps coming up, which requires that there are enough specialists and institutions that can provide outpatient care. Wouldn't it be better to avoid preventable hospital cases and invest more in prevention?

Zaske: The thought naturally springs to mind. When we talk about a care cycle - whether supra-regional, regional or local - it begins in the area of prevention, for which health literacy needs to be strengthened first and foremost. In the local and regional area, this involves the daycare centre and school sector as well as the public health service and occupational health management. This is where we have the traction we need to reorganise health literacy and prevention in a completely new and different way. Incidentally, we are already seeing the first tender shoots of this through corresponding administrative agreements between local authorities and health insurance funds.

But there are also the prevention laws at federal level ...

Zaske: ... which, in my opinion, at least partly point in the right direction. There has been a slight relapse at federal level with the Healthy Heart Act, which could be labelled 'pills instead of prevention'. Someone has galloped off in the wrong direction and this should be rectified. Basically, what you say is right: what is important is more health literacy and more prevention, which means that we all need to invest more money in health management. Every euro spent in this area today saves 10 to 100 euros that would otherwise have to be used to repair damage that could have been avoided. In this respect, prevention and health literacy paired with quality management in the healthcare system must be at the beginning of our endeavours. This is followed, if we consider the entire cycle, by low-threshold outpatient care services, which must be formed in a region from a mix of day-care and inpatient services through to aftercare and nursing care.

This means that you need to address and balance the following points in the regions: Care, rehabilitation, outpatient and inpatient care, public health services and prevention, not forgetting transport.

Zaske: We have to think about all of this together. It is therefore particularly annoying that the passage on strengthening regions has been dropped from the Healthcare Reinforcement Act for the time being - this is only out of fear of the Minister of Finance, because this approach costs a little money at the beginning, but will save a lot of money afterwards in terms of better quality management and concerted regional care management.

Do you still harbour great hopes that the regional factor you so



Dr. Martin Albrecht

is Managing Director and Head of Health Policy at the IGES Institute, where he is responsible for the areas of financing, competition and efficiency in the healthcare system. He previously worked as a researcher for the German Council of Economic Experts and the Rürup Commission, among others. He is an economist and is primarily concerned with issues relating to the financing and remuneration of healthcare services, competition in the healthcare system, insurance economics, financial forecasts and hospital and demand planning.

urgently need could be included in the Hospital Reform Act again?

Zaske: We are realistic optimists. We are not giving up. Of course, we are contacting the members of the Bundestag who are available to us. It is uncertain whether we will succeed, but we are at least trying. However, there is definitely one of the three coalition parliamentary groups that is opposed to this in any case. It would certainly help if the heads of the state governments and the head of the federal government were to speak out.

Mr Albrecht and Mr Bohm, what positive signals did you take away for your work from the Bundestag hearing on the Hospital Reform Act?

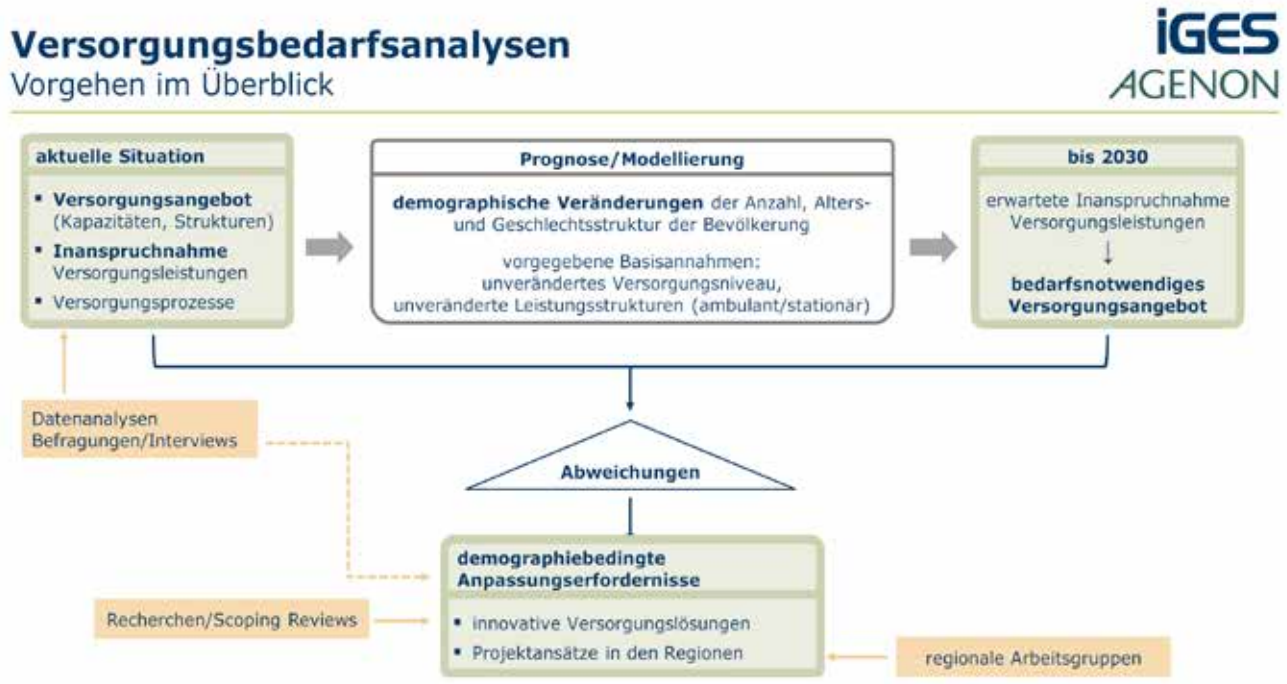
Albrecht: None, actually. However, this is not necessarily due to the debate itself, but to the fact that the law has been under discussion for a very long time and we have been dealing with the various aspects for a very long time. It's easy to get into a situation where you get so bogged down in the details that you can't see the wood for the trees. In this respect, you always have to force yourself to take a bird's eye view and see and analyse the big picture. It is right and important that a reform process is being tackled at all. The basic idea alone is important, that we talk about new types of division of labour, a concentration of expertise in competence centres and service groups. However, it is also clear that hospitals in the area must be maintained to the extent that sufficient accessibility is guaranteed for acute emergency care. This is the only way to gain public acceptance for the upcoming reform. To this end, it must be clearly communicated that hospital capacities will not simply be cancelled without replacement, but that there will continue to be sufficient points of contact for time- and distance-critical cases.

Bohm: The correct approach of the reform is that a greater reference to services replaces the previous planned bed approach. This is a step forward that fundamentally offers further development opportunities. I have been involved in the cross-sectoral organisation of care procedures and processes for over 30 years now. Unfortunately, I can't see anything about this in the current legislative process - I would have expected and hoped for more. This is very unfortunate, because in all the regions in which we are active in Brandenburg, we are encountering a great willingness to change.

Mr Zaske, could you summarise briefly: What points do you expect from the federal government in the next three or four reform laws that will hopefully take regionalisation into account?

Zaske: I would like to see more determination and more courage from all players at all levels to break new ground. Above all, the federal government must give the players at the regional levels more freedom in their organisation. That is urgently needed. If I had to summarise it in a few points, I would say: Have more confidence in the regional processes. Give us room to breathe. Provide a framework, such as the performance groups. And set a reasonable timeframe for planning in the regions in which so-and-so percentage

'What is important is more health literacy and more prevention, which means that we all need to invest more money in health management.'
Michael Zaske, MSGIV





OptiMedis

ANALYSE VON ROUTINEDATEN: NUTZEN SIE UNSER DATA WAREHOUSE

Wie sind Inzidenzen oder Prävalenzen von Krankheiten? Wie sind die Ergebnisse der Gesundheitsversorgung?

Wie ist die medizinische Versorgungsqualität? Werden Leitlinien eingehalten?

Wie hoch sind Kosten, Zuweisungen und Deckungsbeiträge?

ZUGANG ZU GUT AUFBEREITETEN ROUTINEDATEN ÜBER UNSERE ANALYSE-PLATTFORM

Sie wollen für Ihre Forschungs- oder Analyseprojekte (GKV-)Routinedaten verarbeiten? Wir ermöglichen Ihnen den Zugang zu unserem innovativen Data Warehouse, in das Sie Ihre Daten integrieren, sie verarbeiten und analysieren können. Die Daten sind auf der Ebene von Versicherten-Pseudonymen verfügbar.

Ihre Vorteile:

› Besseres Verständnis von (GKV-)Routinedaten
› Optimiertes Datenmanagement für fundierte Analysen durch bestehende Prozesse
› Erfüllung der Datenschutzanforderungen und rechtlichen Bestimmungen
› Steigerung der Effizienz, Produktivität und Validität durch Unterstützung von OptiMedis

www.optimedis.de/versorgungsforschung

of the outpatient processes are to be implemented. And finally: try to think of hospital financing and the financing of outpatient services as a regional budget and implement it as such. This also includes the question of budget harmonisation. The analyses presented to us by IGES and AGENON clearly show that we can implement them one-to-one in our regional planning processes if they are counter-financed. Let me be very clear: none of this will cost any more money than before. However, there will gradually be significant system gains if we can optimise the management of the outpatient and inpatient sectors according to actual needs.

Gentlemen, thank you for the interview. <<

The interview was conducted by MVF editor-in-chief Peter Stegmaier



Steffen Bohm

has been a partner and Managing Director of AGENON Gesellschaft für Forschung und Entwicklung im Gesundheitswesen mbH, based in Berlin, since 2011. After studying economics at the University ofCologne , he workedas a researcher and consultant for the IGES Institutebefore moving to the former AOK Berlin in 2005, where he headed the Integrated Care project area and the contract area for doctors.

Citation

Albrecht, M., Bohm, S., Zaske, M., Stegmaier, P.: 'Have more trust in regional processes', in „Monitor Versorgungsforschung“ (04/24), S. 14–22. http://doi.org/10.24945/MVF.02.24.1866-0533.2630