Authors' Group Health*

Underuse in the German healthcare system - the underestimated problem

Short Paper #1

The German healthcare system is in a deep crisis. Specialist appointments for those with statutory health insurance can only be obtained after months, if at all. Privately insured patients are favoured because their treatment in doctors' surgeries is more than twice as highly remunerated as in statutory health insurance. The transitions between care levels (outpatient practices, hospitals, care facilities) are becoming increasingly difficult and costs are rising rapidly. In terms of quality and patient safety, Germany is at best in the middle of the international field. Digitalisation - touted as a panacea - is increasing bureaucracy rather than helping. In addition, there is a considerable shortage of skilled labour in all professional groups, which has been looming for a long time. Team-based cooperation between the professions is inadequate. There is a shortage of hundreds of thousands of carers, while the cost of a place in a nursing home can only be afforded by the wealthy. Over the last 20 years, there has been much discussion in Germany about the 'combined lack and excess of care'. Now, however, a different topic is on the agenda: underprovision, the inaccessibility of care for large sections of the population. In 2000, the German Council of Economic Experts defined underuse as 'care for individual, professionally and scientifically recognised needs that is denied or not (reasonably) accessible'. Undersupply creates a new situation. Our statement therefore aims to bring this new topic to the centre of public debate. Drawing attention to underuse seems all the more important given the considerable reluctance to address this issue in professional and scientific circles. Whereas a few years ago the focus was still on patient orientation and patient-reported outcomes, today, in the style of paternalistic concepts, there is talk of patient control and optimisation.

>> The paper presented here is divided into 7 sections. The first chapter deals with the clarification of terms, based on the groundbreaking report of the Expert Council on Overuse, Underuse and Misuse 2000/2001, which focussed on the concept of (objective) need, which exists when a professionally or scientifically proven (net) benefit is recognisable.

Chapter 2 briefly criticises this understanding, which has dominated over the last 20 years, against the background of current developments. In particular, some evidence is presented to show that decisions in the healthcare system cannot be based solely on the consideration of benefits, but also on social preferences and political prioritisation. From this perspective, the topic of underuse is therefore not a purely clinical-scientific issue, but also a political one.

Chapter 3 systematises the concept of underuse. Patients often have no access to treatment because they are not informed about it, they cannot reach the relevant practices or the treatment is not offered (access problem). In other cases, patients do have access to treatment, but it is provided incorrectly (a very common combination: underuse and misuse). Finally, there is also the third case, where patients have access in principle and the service is provided adequately, but it is scarce due to dysfunctional structural characteristics of the healthcare system or is provided as a non-indexed service (e.g. services from the IGeL catalogue of treatments not paid for by health insurance companies). There are numerous overlaps between these three cases, but they nevertheless form the system for the following three chapters.

The access problem is discussed in Chapter 4 for five selected subject areas:

- There is a severe staff shortage in GP care, which is a dominant area in terms of the number of patient contacts. There is a lack of doctors on the outskirts of large cities and especially in rural areas, where there is a significant shortage of doctors in some cases. Access problems exist above all for patients with chronic multiple illnesses.

Summary

In Germany, we used to talk only about overuse and misuse, but today the German healthcare system is threatened by a new phenomenon: underuse. Missing specialist appointments, hospital closures, supply bottlenecks for medicines - and the costs are rising rapidly. The aim of the 'Autorengruppe Gesundheit' statement is therefore to place this new issue at the centre of public debate. It seems all the more important to draw attention to undersupply given the considerable reticence that can be observed in professional and scientific circles when it comes to this topic. Whereas a few years ago the focus was still on patient orientation and patient-reported outcomes, today, in the style of paternalistic concepts, there is talk of patient control and optimisation.

The paper is divided into 7 sections: Clarification of terms, concept of underuse based on the Expert Council's concept of need, systematic approach to the forms of underuse with particular emphasis on access, and then specific presentation in five selected subject areas: general practitioner care, specialist care, hospitals, nursing care and pharmaceutical care. The penultimate chapter deals with the systemic causes of underuse. Finally, some possible solutions are discussed, which will be presented in more detail in subsequent papers.

Schlüsselwörter

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