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Doctors' networks - shopkeeper or model for the future?

Against the backdrop of far-reaching challenges in the German healthcare system, such as the increasing shortage of specialists, an ageing society and regional imbalances in care, cross-sector care models are becoming increasingly relevant (Stein, 2025; Garrelts, 2025; Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen, 2024; Serbent, 2023; Gerlinger, 2017). In particular, the increasing shortage of doctors in many regions is emerging as a key problem. This is exacerbated not least by changing working time preferences, such as the growing popularity of part-time models, as well as the decline in traditional individual practices (Amelung, 2011; Gerlinger, 2017; Serbent, 2023). In addition, according to the German Medical Association's physician statistics (2022), every second doctor is aged 50 or older, meaning that a change in the physician landscape and distribution is to be expected in the future. In this context, doctor networks - voluntary associations of doctors working on an outpatient basis and other healthcare providers - are seen as a potential solution. They offer the opportunity to create synergies through interprofessional collaboration and networking that benefit both patients and healthcare providers.

>> The physician network landscape in Germany is highly heterogeneous and shows differences in legal structure, organisational structure, content orientation and the involvement of interdisciplinary professional groups, community health nurses (CHN) or pilots (AdA - Bundesverband der Arzt-, Praxis-und Gesundheitsnetze, 2025). Although this diversity reflects a high degree of adaptability and willingness to innovate, it makes a standardised assessment difficult. The result is a diffuse overall picture: there are numerous networks, but little knowledge about their actual effectiveness and sustainability. Against this backdrop - some 30 years after the first initiatives - the question arises more than ever as to how sustainable this model actually is, what differences exist and under what conditions it can be successful in the long term. Particularly in view of current health policy reform efforts and the demand for more resilient care systems, a more precise methodological categorisation of physician networks is necessary in order to assess their actual potential for overcoming systemic challenges. The aim of this article is therefore to illustrate the status quo in Germany and to draw a more differentiated picture of the physician network landscape.

Physician networks – Slow seller or model for the future?

After more than 30 years of development, physician networks represent a promising approach to strengthening outpatient care in Germany. Given increasing supply bottlenecks, demographic changes, and a growing need for interprofessional collaboration, they are gaining prominence in health policy. However, the network structures vary widely in terms of their organization, maturity, and effectiveness. This article analyzes the current state of physician networks in Germany, identifies key success factors, and explores their future potential. Selected best practice examples illustrate how physician networks not only enhance care but also serve as economically viable business models. Concrete recommendations are derived to strategically develop physician networks and establish them as integral management tools within the healthcare system.

Keywords

physician networks, outpatient care, typology, interprofessional collaboration

Emergence and regional distribution of physician networks

The development of physician networks in Germany began in the 1990s in the course of the healthcare reforms, which focussed increasingly on competition, efficiency and cross-sectoral care (Fig. 1). Against the backdrop of rising costs in the healthcare system and the growing need for coordinated care structures, the idea arose to leverage efficiency potential and improve the quality of patient care through voluntary associations of outpatient service providers. A major impetus came from the introduction of Section 140a ff. of the German Social Code, Book V in 2000, which enshrined integrated care in law and made it possible for doctors, hospitals and other stakeholders to work together across sectors. This created a formal basis for the establishment of physician networks as coordinated, partly economically active care units (Rosenbrock & Gerlinger, 2023). Another important factor for the emergence of physician networks are instruments of collegial cooperation, such as quality circles (Kassenärztliche Bundesvereinigung, 2024). Close networking in such circles can lead to initial collaborations that are later expanded into structured networks. In the following years, physician networks received further political attention. The introduction of selective contracts and additional funding opportunities via Section 87b (4) SGB V created new incentives for the formation of structurally organised networks (Kassenärztliche Bundesvereinigung, 2024). There are currently around 400 physician networks, although the distribution is strongly characterised by regional differences (AdA - Bundesverband der Arzt-, Praxisund Gesundheitsnetze, 2025). While there is a high concentration of such networks in some federal states - particularly North Rhine-Westphalia, Baden-Württemberg and Bavaria - they are much less common in other regions (AdA - Bundesverband der Arzt-, Praxis- und Gesundheitsnetze, 2025). This uneven distribution is due, among other things, to regional healthcare policy strategies, funding programmes and the structure of medical care.

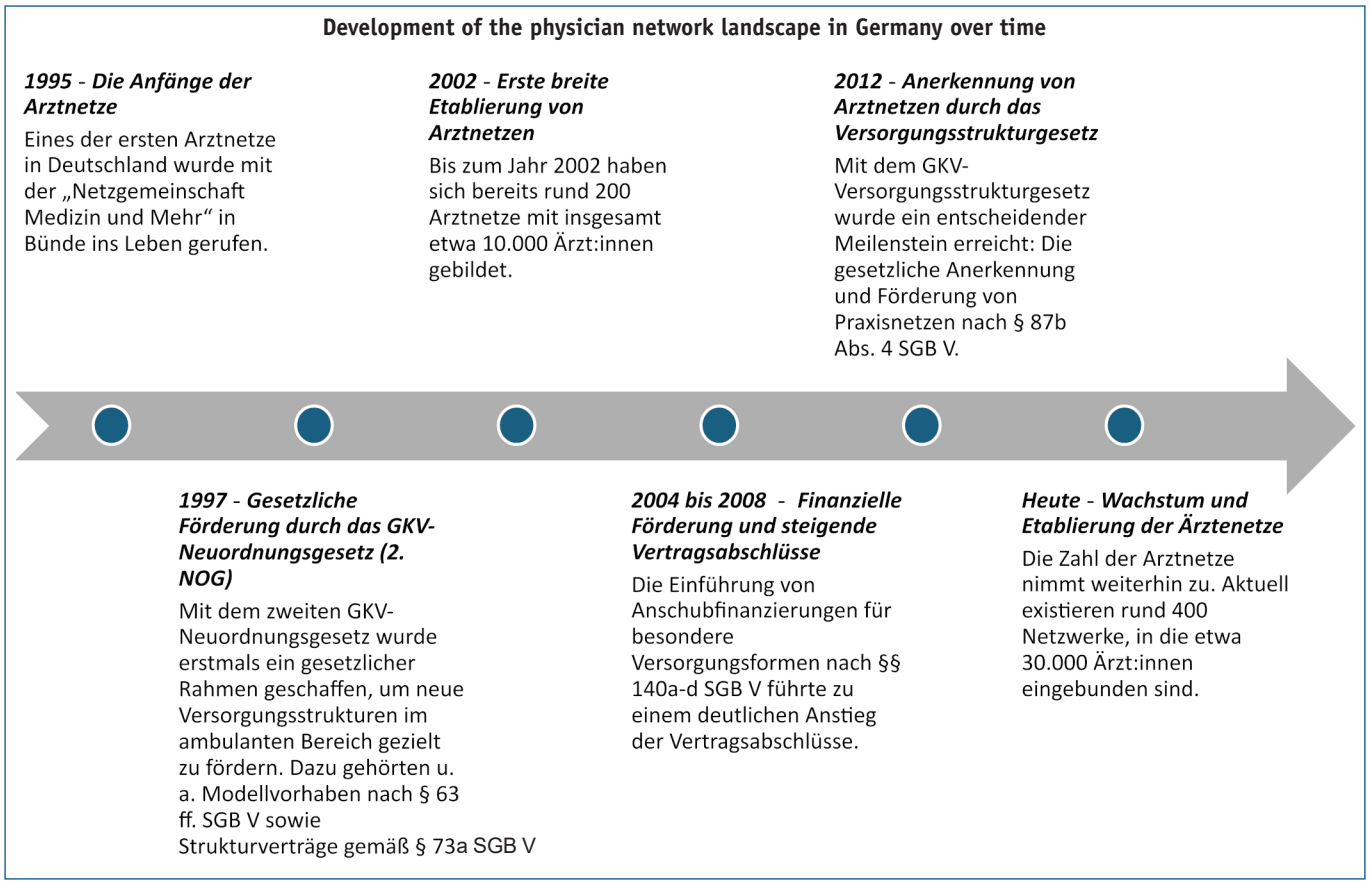


Fig. 1: Development of the physician network landscape in Germany over time, source: AdA - Bundesverband der Arzt-, Praxis- und Gesundheitsnetze (2025). Source: own illustration.

Typology of physician networks

Arztnetze Physician networks differ not only in terms of their regional distribution, but also in terms of their structural and organisational development. They range from informal, flexible forms of cooperation without fixed organisational structures to highly professional, certified networks with comprehensive care and quality management (AdA - Bundesverband der Arzt-, Praxis- und Gesundheitsnetze, 2025; Kurscheid et al., 2020). In addition, the legal form of doctor networks varies considerably. It has an influence on liability, decision-making freedom and start-up costs. Smaller networks often benefit from the partnership under civil law (GbR), while larger networks with a commercial focus benefit from the legal forms of the GmbH or GmbH & Co.

In addition, the chosen legal form also influences the type of possible contractual arrangements, for example in the context of special forms of care or innovative remuneration models such as risk or gain-sharing contracts. Such contracts usually require a legally robust and economically viable structure. The differences in structure and organisation are also reflected in the target group orientation. Physician networks can be either population-orientated or indication-specific (Fig. 2). Population-oriented physician networks focus on the healthcare of a specific region or population group (e.g. Gesundheitsnetz Qualität und Effizienz (QuE)), while indication-oriented physician networks concentrate on the care of specific clinical pictures and the networking of relevant stakeholders (e.g. Rheuma-Netzwerk Rhein-Ruhr). The simplest form of a physician network are initiatives that are characterised by loose and non-binding networking, without a fixed legal form, of stakeholders or specialists. Population-orientated initiatives, for example, promote exchange between regional stakeholders and citizen participation, as is the case with the round table on healthcare in Senftenberg. Indication-orientated initiatives, on the other hand, aim to improve the care of patients with a specific disease and enable a specialist exchange of experience. One example of this is the PLUS health initiative Hepatitis C.

One organised form of physician networks are associations, which often operate as formal organisations with clear structures and defined statutes. Population-orientated association networks focus on further training, quality assurance and participation, as is the case with the Brandenburg an der Havel e. V. doctors' network. Indication- oriented associations, such as PsoNet (the umbrella organisation for all regional psoriasis networks) or the Rheumatology Physicians' Network South-East Bavaria, on the other hand, aim to network indication-relevant stakeholders, coordinate care structures and promote specialist training and public relations work.

An even more professional level of organisation can be seen in doctor networks with a management company. They have their own management structure that takes on organisational and administrative tasks. Population-orientated doctor networks of this type focus on further training, quality assurance, participation and the networking of regional service providers. They also benefit

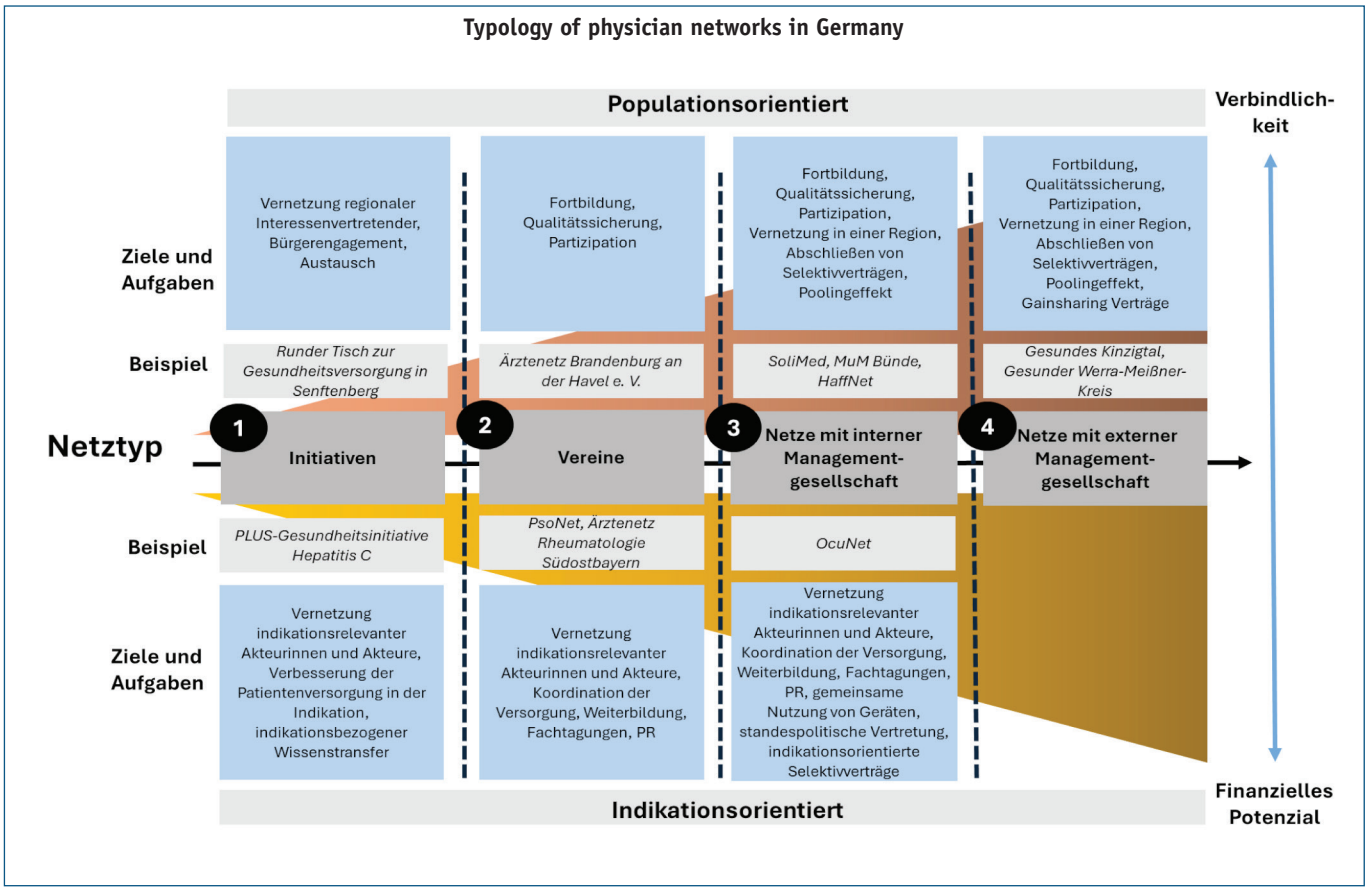


Fig. 2: Typology of physician networks in Germany. Source: own illustration.

from selective contracts and pooling effects, such as SoliMed, MuM - Medizin und Mehr Bünde or HaffNet. This is therefore a combination of professionalisation and local anchoring. Indication-orientated doctor networks with an internal management company, such as OcuNet, pursue similar goals, but with a stronger focus on indication-related care. In addition, they utilise shared resources such as medical equipment, conclude selective contracts across locations and promote interdisciplinary cooperation. The most professionalised form is doctor networks with an external management company, if these do not only concern one network but control several similar networks. These networks of doctors also focus on further training, quality assurance, participation and regional networking, but go one step further by integrating external management structures. They also benefit from pooling effects and gain-sharing contracts, which offer financial incentives for efficient patient care. Well-known examples of population-orientated doctor networks of this type are Gesundes Kinzigtal and Gesunder Werra-Meißner-Kreis. Gesundes Kinzigtal is regarded as a pioneer in integrated care. Studies show positive effects such as improved health behaviour, higher patient satisfaction and lower healthcare expenditure (Hildebrandt et al., 2010; OptiMedis et al., 2022). Healthy Werra-Meißner-Kreis was founded in 2019 based on this model and strengthens care in rural areas, including through health guides and telecoaching programmes (see Gesunder Werra-Meißner-Kreis, n.d.). However, it is still not possible to assess the extent to which such private-sector business models, some of which have existed for many years and tend to be "location-independent", will become relevant to the market in the future.

Maturity levels of doctor networks and their promotion

In order to further promote the development of doctor networks by the state, it is possible to be recognised as eligible for funding in accordance with Section 87b (4) SGB V under certain conditions. One of the prerequisites for this is proof of defined quality standards. Recognition as an eligible network by the respective Association of Statutory Health Insurance Physicians (KV) can include financial support and special remuneration regulations (Kassenärztliche Bundesvereinigung, 2024). This regulation creates incentives for physician networks to further develop their internal structures and drive continuous professionalisation (Table 1).

In addition to state funding, the pharmaceutical industry can also play a supporting role by providing financial resources, training programmes and technological solutions. The regional distribution of physician networks with different levels of maturity varies greatly: while networks with a high level of professionalisation (level 2) are established in some federal states, informal or less structured associations at the basic level still dominate in other regions (Fig. 3).

Maturity levels of physician networks	
Reifegrade	**Beschreibung**
Basisstufe	Unverbindliche, informelle Kooperation ohne feste Strukturen oder Organisation. Der Austausch ist unregelmäßig, Prozesse und Qualitätsstandards fehlen weitgehend.
Stufe 1	Organisierte Netzwerke mit rechtlicher Struktur, klaren Zielen und ersten koordinierten Versorgungsprozessen. Qualitätsmanagement und Kommunikation sind teilweise etabliert.
Stufe 2	Professionelle, zertifizierte Netzwerke mit umfassendem Versorgungsmanagement, strukturierten Prozessen, IT-Integration und Förderfähigkeit gemäß § 87b Abs. 4 SGB V.

Tab. 1: *Maturity levels of physician networks. Source: own illustration.*

Future model of the doctor network

The decline in traditional individual practices, the increasing trend towards co-operative forms of practice and the desire for flexible working models are changing the framework conditions for medical practice. At the same time, the demands on care are increasing due to complex clinical pictures and the growing need for interdisciplinary collaboration (Amelung, 2011). Against this background, physician networks are gaining in importance. They act as an organisational framework for new care concepts and enable the collective use of resources (e.g. IT, billing, quality management). They pursue the goal of sustainably improving patient care through coordinated, structured and interdisciplinary collaboration (Kassenärztliche Bundesvereinigung, 2024). The broader the spectrum of medical specialities involved, the greater the benefits of networked cooperation, as the greatest potential arises at the interfaces between different sectors and specialities. Through coordinated treatment pathways, the cross-sectoral exchange of knowledge and the promotion of therapy adherence, physician networks make an important contribution to optimising care and increasing patient satisfaction (Amelung, 2011; Kassenärztliche Bundesvereinigung, 2024). Best practice examples such as the Health Network Quality and Efficiency (QuE) in Nuremberg (see www.gesundheitsnetznuernberg.de) or the Medical Quality Network Bochum (see www.medqn.de) illustrate how structured processes, clear governance structures and a shared vision for improving care can contribute significantly to success. While QuE focuses on digitalised care processes and structured patient pathways, among other things, the network in Bochum offers central services such as IT infrastructure, billing solutions and comprehensive quality management, thus relieving members in their day-to-day work. The added value is obvious: coordinated treatment concepts result in improved patient care, which is reflected in harmonised treatment plans, reduced duplication of examinations and higher patient satisfaction.

At the same time, service providers benefit from efficiency gains through the joint utilisation of resources, the bundling of administrative tasks and digitally supported processes - for example in the area of telemedicine or through joint billing systems (Geiger & Wolf, 2011; Deimel, 2011). For example, the Interdisciplinary Teleintensive Care Network in Thuringia (InTeliNeT) enables the exchange of patient data and interdisciplinary consultations, which improves care, particularly in intensive care units and in structurally weak regions (see www.uniklinikumjena.de/InTeliNeT.html). In this context, the question arises as to whether physician networks are conceivable as independent business models over and above their structural function in healthcare provision. In fact, professionally organised networks with their own management company have shown that services such as further training, telemedicine, digital platform solutions, the recruitment of CHNs

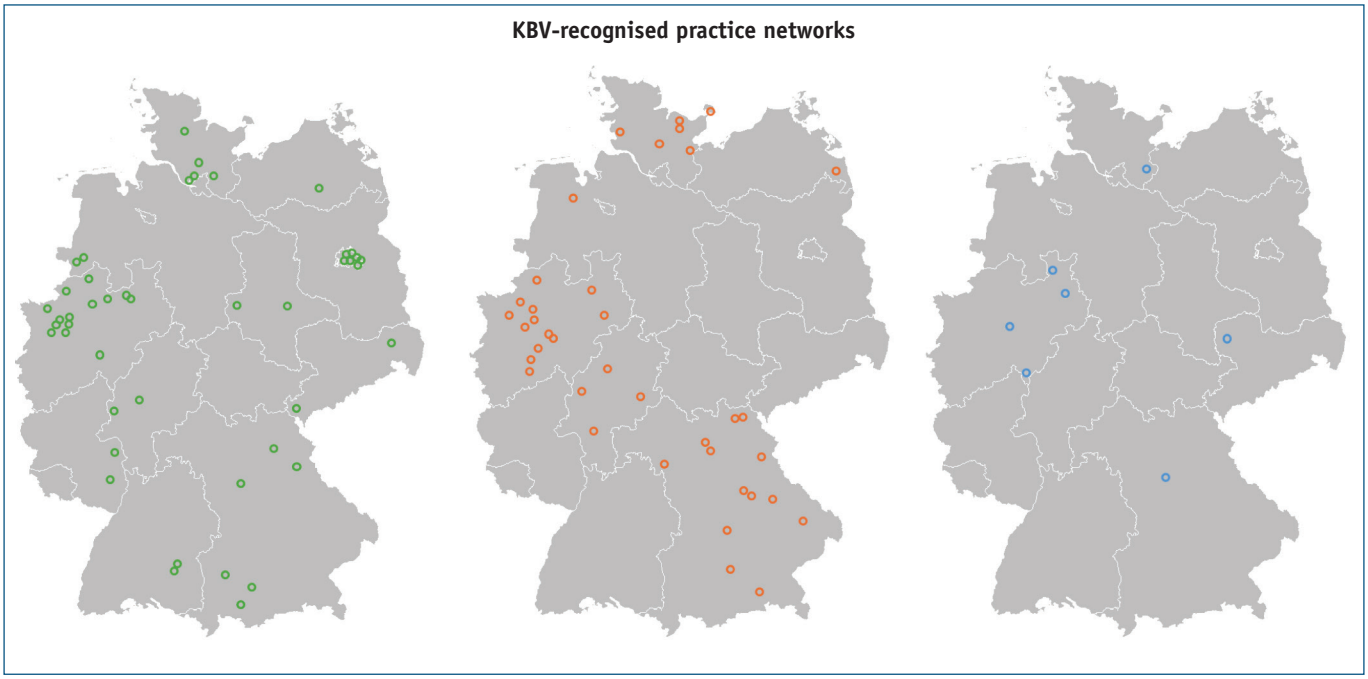


Abb. 3: KBV-recognised practice networks, as of March 2025, source: Kassenärztliche Bundesvereinigung (2024). Legend: Green = basic level. Orange = level 1. blue = level 2. source: own illustration

and locums or joint marketing can create an economically viable construct - especially if these services are scaled or offered in co-operation with health insurance companies. The value proposition lies in the bundling of competences, the provision of care even in structurally weak regions and the strategic positioning in the healthcare market as well as in a shared community. market and a shared sense of community (Kassenärztliche Bundesvereinigung, 2024). They also strengthen the competitiveness of their members by consolidating regional cooperation structures and providing targeted support for the management of patient flows. Whether doctor networks can function as a business model also depends largely on the extent to which they are integrated into standard care and made billable. Examples such as the KVWL nursing home contract show that pragmatic solutions are possible if networks are involved in the provision of care via specific EBM numbers - an approach that opens up prospects for economic sustainability (Kassenärztliche Vereinigung Westfalen-Lippe, 2025).

Recommendation for action and conclusion

Physician networks are caught between growing innovation potential and persistent scepticism. While some emphasise the high benefits of care, others see their functionality as inadequate. After more than three decades of development, it is clear that physician networks have proven to be neither a failed concept nor a successful model established across the board; rather, they form a heterogeneous field with potential for development. While some networks successfully achieve improvements in care through clear objectives, professional management and regional integration, others fail due to a lack of coordination, unclear governance or a lack of commitment. Physician networks are particularly effective in the long term if they:

- rely on stable legal structures and a professional management basis,
- address regional needs and are interdisciplinary,
- coordinate the provision of care on site
- and continuously learn, evaluate and develop..

In an increasingly complex healthcare landscape, physician networks can play an important role, especially if digital tools, standardised processes and a common understanding of healthcare are in place. Particularly in regions that are difficult to care for, physician networks can ensure security of care by collectively shouldering responsibility for care, structuring referral interfaces

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and efficiently utilising and managing resources (Nolte et al., 2016; Genett et al., 2025; Sundmacher et al., 2022). Advanced physician networks are characterised by clear management and communication structures, defined care goals, close interdisciplinary collaboration, a high level of member commitment, quality-assured processes and a high degree of digitalisation and IT integration (Genett et al., 2025; Rosenbrock & Gerlinger, 2023).

In the future, physician networks could not only secure care and drive innovation, but also become the blueprint for coordinated, cross-sector and patient-centred healthcare in Germany. The term "physician network" therefore tends to fall short. Population-orientated care networks are cross-sector structures that go far beyond a purely medical perspective. As a result, they can also play a key role in the development of a modern primary care system. They enable close cooperation between general practitioners and specialists, nursing staff, therapists, social services and the newly emerging inpatient structures (level 1i hospitals). The latter take on tasks that were traditionally reserved for inpatient structures in the sense of extended outpatient care (Federal Ministry of Health, 2024). In such constellations, physician networks can act as an intermediary element by structuring and standardising cross-sector care processes, promoting transparent information flows and effectively designing interfaces. In addition, network structures open up new scope for the delegation and substitution of medical services.

The targeted deployment of qualified non-medical staff, for example in nursing, medical assistance, social work or in case management functions, can relieve the burden on primary care and at the same time make it more needs-orientated. Doctor networks can also minimise gaps in care by establishing joint MVZs and ensuring that vacant doctor's posts are filled (example: Unna health network) (KVWL, 2019). However, in order for doctor networks to fulfil their role as central players in a sustainable primary care system, a political course needs to be set. Their effectiveness and viability as a model for the future depend on structural, organisational and professional framework conditions (Amelung, 2011; Nolte et al., 2016). This requires, among other things, legal recognition as an independent pillar of care, suitable remuneration models for coordinating and delegating services and the availability of interoperable digital platforms for case-related information transfer that enable continuous and data protection-compliant communication between the professional groups involved. This results in a clear mandate for action for healthcare policy: doctor networks should be systematically strengthened in future as an integral part of regional care planning. The aim must be to promote stable, adaptive and sustainable network structures from the existing diversity so that physician networks are not a marginal phenomenon, but a strategically relevant management instrument for the provision of care in the future. <<

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