Impressions from the Capital Congress 2025 in Berlin

Hope for community health nurses and PAs

"We have no more time to lose. It is now all the more important that we tackle the structural funding problems in SHI and nursing immediately. Our goal is to find a balance between income and expenditure," explained Nina Warken, the Federal Minister of Health of the current coalition, during her 7-minute appearance at this year's Berlin Capital Congress. The diagnosis seems clear: the patient - the German healthcare system - has been suffering from chronic anxiety, listlessness and an increasing loss of control for many years. The previous treatment strategy - consisting of many years of prescribed acute care patchwork, minimally invasive reform interventions and quick-acting financial injections - appears to have failed. An overall business process reengineering - a radical overhaul, so to speak - of German healthcare by means of a primary care system could lead to recovery.

>> "There will be an expert commission for the SHI system to draw up proposals for stabilising contribution rates in the short, medium and long term," Warken continued. However, she also pointed out that the current government's coalition agreement stipulates that these proposals will not be available until 2027. Warken's insight: "But that is clearly too late for me. We need results much sooner." That is why she has given a corresponding mandate to the commission and set up the federal-state working group "Future Pact for Care". By the end of the year, joint key points for sustainable financing of long-term care insurance, strengthening outpatient and home care as well as simple and low-bureaucracy access to long-term care insurance benefits for those in need of care and their relatives should be available. At the same time, however, structural reforms are already being developed to improve efficiency on the one hand and contain costs on the other, with the aim of ensuring the quality of treatment and good, needs-based, affordable healthcare and nursing care "for everyone, regardless of postcode, in both urban and rural areas".

Sandra Postel, President of the North Rhine-Westphalian Chamber of Nursing, criticised the fact that Federal Health Minister Warken had used the terms "healthcare and nursing" in her opening speech at the HSK satellite symposium organised by Bosch Health Campus GmbH on the topic of "Rethinking care in the area". She said: "I stood there and thought: We carers are the healthcare after all." We need to finally get away from this perceived separation. Tahnee Leyh, the community health nurse from the Fläming-Spreewald District Association of the German Red Cross (DRK), also described her profession, or rather her vocation, at the Bosch symposium as an "egg-laying wool-milk sow".

With her nursing expertise, she has to cover many different areas, from general counselling, the health- promoting area, patient management and education, including helping patients to find their own way through the healthcare system, and finally the co-care of patients through to the rehabilitative area. This list, which is far from complete, gives an idea of how diverse holistic healthcare is from a nursing perspective. However, this perspective is new, at least in this country, as our healthcare system has always been conceived and planned solely from the perspective of the medical profession - whether working in private practice or in hospitals.

Alscher: new forms of care and really creative ideas

"The Minister said earlier: regardless of the postcode. I would add: regardless of the structure and regardless of whether someone lives in a big city or in the countryside," said Prof Dr Mark Dominik Alscher, Medical Director of the Robert Bosch Hospital since 2016 and CEO of Bosch Healthcare.

Bosch Hospital and CEO of the Bosch Health Campus, introduced a new approach. In his opinion, such a promise of care can only be brought to life if new forms of care and truly creative ideas are given a chance. His warning at the Bosch Health Campus HSK Symposium: "If we remain in the old structure, we must realise that we will go under because the existing healthcare system is simply no longer financially viable." But there is hope, as demonstrated at the Bosch Health Campus. For example, the Robert Bosch Stiftung's former health department, which has provided a great deal of impetus for healthcare for many years, has been deliberately integrated into the campus in order to test new forms of care and develop practical solutions for the coming changes in the healthcare system.

This convinces him personally that "it can succeed" if a "new way of thinking" is introduced. New because, in addition to telemedicine, patient-orientedcentres forprimaryandlong-term care (PORT) are needed in both rural and urban areas. There are already model primary care centres of this kind in Berlin-Neukölln, Brüggen, Büsum, Dachau, Darmstadt-Dieburg, Hamburg-Veddel, Hohenstein, Hülben, Kassel, Märkische Höhe, Stuttgart and Willingen-Diemelsee (1).

Incidentally, these PORT centres are exemplary because they were set up to provide comprehensive basic care for the population in various regions and to enable better care for chronically ill people from a single source - and are funded by the Bosch Health Campus as a subsidiary of the Bosch Foundation, as there has been no funding for such model projects to date. The reason for this is that Alscher is still hoping for corresponding legislation, which was initiated by the former German government but not finalised.

However, patient-oriented centres are so

important because primary medical care will no longer work in view of the challenges ahead. In PORT centres, on the other hand, other healthcare professions are also integrated, with a community health nurse rather than a doctor acting as a coordinator - in acute care, but also in prevention.

Karagiannidis: Co-payment of 200 to 600 euros

At the HSK Satellite Symposium, Prof. Dr Christian Karagiannidis, Head of the ARDS and ECMO Centre of the Lung Clinic at Cologne- Merheim Hospital and holder of the Professorship for Extracorporeal Lung Replacement Procedures at Witten/Herdecke University, explained why primary medical care will no longer function adequately enough. Karagiannidis, who has co-authored the book "Health of the Future" with Alscher and Prof. Dr Boris Augurzky, assumes that the topics of the primary doctor system and emergency care, as well as the recently presented draft of the Nursing Competence Act, will be the subject of much discussion over the next 12 to 24 months. He cited a few facts to explain why this will be the case. Firstly, around a third of all rural districts in Germany will soon be at risk in terms of GP care. Secondly, the impending shortage of GPs would result in an "unbelievable number" of doctor-patient contacts, which in his eyes could not be justified. He spoke of one billion doctor-patient contacts per year, or the equivalent of 12 per capita.

This is a figure that urgently needs to be reduced. He cited many minor cases and the population's declining health literacy as reasons for this. Although he thinks that the primary doctor system set out in the coalition agreement is a very good idea, he said that over the next few months we need to talk about how we can "somehow manage these one billion doctor contacts". After all, a primary doctor system would mean an increase of around 100 to 150 million additional contacts for GPs. Nevertheless, he believes that a primary doctor system is a good solution, as Germany is one of the very few countries in the world that does not currently have one. The team led by Professor Dr Leonie Sundmacher has written a "very nice paper" on this, which he also presented at the HSK Symposium, editor's note: incidentally published online first on the portal (2) of "Monitor Versorgungsforschung" and can be read in this issue from page 53.

According to Karagiannidis, this article analyses where primary care systems exist in the world and how they differ. The French system comes closest to our German system overall, but there is not a single system in the world where patients have truly free access to specialists. And if they do get this - as in Scandinavian countries or France - it is always via a certain co-payment or additional payment, which we don't have in Germany. If we want to introduce a genuine person-centred primary care system in Germany, he believes that we also need to talk about delegation or substitution of services, but also about independent treatment by nursing staff or physician assistants. These are two lines that are currently developing in this country and will both exist in parallel in the long term.

However, they have been active in Spain and Portugal for some time now, as their primary care systems not only employ doctors, but also physiotherapists, community health nurses and physician assistants (PAs) who work independently. These are different approaches that - if a primary care system were to be considered in a law - would also have to be regulated in terms of professional and service law. "We can't just say, We can't just say that nursing receives more competences, but we also have to say how the whole thing is remunerated, otherwise it won't work," explained Karagiannidis. Taking into account the additional doctor-patient contacts in a primary doctor system and the urgently needed regulations in professional and benefit law, it would be better to "take a bit of time". Also because he does not consider such a law to be so time-critical and the development of nursing expertise and the necessary training places will also take time, he expects it to take a whole decade.

Karagiannidis therefore considers the lever of co-payment to be the greatest, even if it is by far the least attractive politically. He is not thinking of a simple practice fee, which would have triggered a lot of bureaucracy without any effect, but of a genuine patient co-payment of between 200 and 600 euros per year: "We should introduce this, not least because we are one of the last healthcare systems in the world that doesn't have it." This would have the desired effect: "People only go to the doctor when they really need to." This would finally eliminate trivial cases, which he estimates to account for at least 20 per cent of doctor-patient contacts in Germany. According to Karagiannidis, another law that is inextricably linked to the idea of primary care is the way in which patients can be managed much better by the system in an emergency in future. This is something that we are not yet optimising at the moment. This is despite the fact that the government commission had a corresponding proposal on the table and a hearing had taken place in the Bundestag, at which there was a high level of cross-party consensus. Karagiannidis: "I have rarely experienced anything like this in the Health Committee." The absolutely central aspect of this is the function of a control centre coordinator, who will have a very central position in the healthcare system in the future. After three years of training, a control centre coordinator can ensure that every patient is no longer taken to hospital by ambulance, but is distributed to where they can best be helped.

This could also mean booking an appointment with a GP. "I think this law is at least as important as the law in favour of a primary doctor system," says Karagiannidis. This would require integrated emergency centres at hospital level, which already work "really very well" in some regions. For example, an evaluation of a Frankfurt hospital after the introduction of an integrated emergency centre showed that the number of contacts in the emergency department had fallen by 50 per cent, which was "really substantial". However, according to calculations by the government commission, 425 such integrated emergency centres are needed in Germany. The GKV-Spitzenverband, on the other hand, would like to see 800 to 900, which is "of course nice", but he does not believe that there is enough manpower for this.

Postel: Care aids and home nursing care from the medical reservation

Who better than Sandra Postel, President of the North Rhine- Westphalia Chamber of Nursing, could have taken up these substantive proposals. As the head of Germany's youngest chamber, which has only been in existence since 2022, she now

has to catch up on at least 70 years of self-administration in a conservative system in which nursing as a profession has not yet arrived. "Of course, we are trying to get into the machine. As a result, it sometimes cracks," she said about the current status of her work, in which nursing has not yet understood all the "mechanisms in this big political machine room". Her young nursing chamber would have to act as an equal self-governing partner, create and enforce professional law, professional regulations and further training regulations. After this excursion into the harsh reality of setting up a chamber, she came up with three theses in line with the recently published draft of the Nursing Competence Act. "Nursing can do more than it is currently allowed to," she said, picking up on a slogan from last year.

In order to change this, a new framework for current legislation is needed, which must be considered together at federal and state law level: in terms of professional law, nursing competence law, performance law and professional law. In France, for example, it is clearly regulated that 60,000 registered nurses take on responsibility in centres of competence - their own practices for nursing care - in the sense of community support. Postel: "The carers in France, combined with a strong professional ethos, clearly see themselves as employees of the state." And as a matter of course, they take on tasks that are reserved for doctors in Germany, such as prescribing care aids and home nursing care. Postel's question about the German system: "Why is this even subject to medical authorisation?" It is actually logical that carers can make the best judgements about the need for care. For her, releasing prescriptions for nursing aids and home nursing care from the medical reservation would therefore be a "first pragmatic step" that would allow nursing to take over an essential component of primary care, which would of course have to be "properly thought through".

This statement led the President of the North Rhine-Westphalian Chamber of Nursing to her next point: "We don't yet have an overview of the nursing staff in Germany." Although the federal state of Bavaria has started the registration process, NRW is currently the only federal state with the "most specific and detailed register" that currently exists in Germany. This is also an important function of a chamber: providing the necessary data. In crises and disasters, but also in the "daily business of a billion doctor contacts", Germany must also position itself better in this direction than before. She therefore did not understand why such a register had not been included in the coalition agreement. Postel: "We need a much better data situation on the topic of care in order to implement everything necessary if a primary care and primary doctor system is to function."

Leyh: Catching 20 per cent of minor illnesses

One woman who is already doing what is possible within the current legal framework is Tahnee Leyh. Having created the position herself, she is employed by the Fläming-Spreewald District Association of the German Red Cross as a community health nurse for the Luckau area. Health nurse because the term "community health nurse" seemed difficult to implement in rural areas. She sees her work as "the spider in the web", providing primary care and general medical co-care, but also taking a socio-spatial view. "I will soon be able to intercept precisely these 20 per cent of minor illnesses that the GP colleagues can no longer provide," she is convinced. Because: "I'm already doing that now." However, with exactly the same problem that Sandra Postel has already addressed: "I have to run to the GP colleagues for every follow-up prescription, every prescription for home nursing care and every wound treatment."

And this despite the fact that they would gladly hand over these tasks to her. Leyh, who works at the interface between the social space and the community: "I'm the one who is very close to the families, sees their needs and can even diagnose and provide support." During the home visits, which would make up the majority of her work, she establishes where the needs are, but also knows where there are hotspots in the social space of the rural community. However, she does not keep this knowledge to herself, but communicates the identified needs to the municipal council and the school and social committee.

It is also in regular dialogue with the district health authority. She therefore sees herself in a kind of advocate role for the target group of patients, plus a leadership and management component. <<

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Links:

1: https://t1p.de/zc25j

2: https://www.monitor-versorgungsforschung.de/science/efirst/ 3: https://t1p.de/ota8j

Citations

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