BMC regulation proposal for a new sector-independent care area

New SGB-V chapter: sector-independent care

At the start of the first week of meetings after the summer break, the German Managed Care Association (BMC) called for a fundamental structural change in healthcare. In an impulse paper (1) and a regulatory proposal (2), the cross-industry association proposed the creation of a new sector-independent care area for which the functional mechanisms of value-based care should be anchored in the German Social Code. The proposal was discussed in a digital spotlight by BMC CEO Prof Dr Lutz Hager and Dr Regina Klakow-Franck (Deputy IQTIG Institute Director until June 2023), who is responsible for the BMC paper as its initiator.

>> Like everything, the impulse paper has its predecessors and is also the result of a long discussion process. It deals with the fundamental (and as yet unanswered) question that has been raised for many years as to how something could change structurally in healthcare in Germany in order to finally overcome the sectorisation of care. Although this paper is not identical to the AOK joint paper 'Health regions: shaping sector-independent care' (3) published in April 2024, it is along similar lines.

The paper has its intellectual home in the BMC working group 'Value-Based Care', which was launched several years ago and chaired by Dr Nicolas Busch (Boston Consulting Group) and Dr Alexander Schellinger (Siemens Healthineers AG). In terms of content, however, the regression-analytical calculation model of AOK Nordost for the financial efficiency of physician networks (Arete model) and the 'Quattro' quality monitoring system with a view to value-based care orientation were probably also used here. The work of the working group was also published in 2024 in the BMC book 'Gemeinschaftsprojekt Gesundheit' with the subtitle 'Wie Value-Based Care das Gesundheitswesen neu erfindet' (4). Two contributions were particularly groundbreaking here: 'What comes after outpatient and inpatient? Perspectives on hybrid healthcare' by Prof. Dr Djordje Nikolic (consus.health - Part of Accenture) and 'Value-Based Care: Approaches for an outcome orientation and its remuneration' by AOK Nordost employees Beatrix Bender, Stephanie Sehlen and Harald Möhlmann (retired one year ago).

It will presumably now be a matter of skilfully combining these approaches so as not to become fragmented in the political debate. And thus to gain even more supporters who are willing to change the ineffective and inefficient structures that have been built up and cemented over many decades. This with the declared aim of not only overcoming the separation between outpatient and inpatient care, but also and above all to create patient-centred care based on value-based care (VBC).

How this can be achieved was explained in a spotlight by BMC CEO Prof Dr Lutz Hager and Dr Regina Klakow-Franck, Deputy Director of the IQTIG until June 2023 and since then a freelance consultant in the healthcare sector. 'Our goal and our idea is to open a new chapter and add a new chapter to SGB V,' Hager opened the presentation of the impulse paper 'A new chapter for healthcare: Sector-independent care with value-based care' (1). He added: 'And to all those for whom our proposal may seem a little too far-reaching, and to those who say that they have now gone mad, I say: How else do you want to achieve your goal? How else are you going to manage to anchor patient-centredness and patient benefit in the healthcare system on a permanent and regular basis?

The key message of the well-attended online event was the statement that it was finally time to 'further develop the basic mechanics of SGB V'. According to Hager, if this does not happen, there is a risk that many reforms will only scratch the surface. The current healthcare system, with its lack of integration, its strong fragmentation and its diverse reimbursement mechanisms, would continue to have 'another gazebo added to the warped house of SGB V' with many reforms - more is usually not possible in one legislative period. But that is not what could bring about the necessary system develop-

According to the BMC, some chapters of the German Social Code Book V need to be rewritten or revised in order to implement value-based care in the healthcare setting

1 Update for the quality and efficiency requirement:

Addition to § 2 para. 1 SGB V (services):

Services must be of demonstrable benefit to patient care, measured against patient-relevant endpoints along the care pathway.

Addition to Section 12 (1) SGB V (economic efficiency requirement):

Services that are not of benefit to patients or are uneconomical cannot be claimed by insured persons, may not be provided by service providers and may not be authorised by health insurance funds; when assessing the cost-effectiveness of care, appropriate consideration must be given in particular to improvements in the state of health, an extension of life and an improvement in quality of life.

2 Introduction of a sector-independent care area

The basic regulatory framework for outpatient specialised care (ASV) in accordance with Section 116b SGB V covers the key regulatory dimensions that must be taken into account when structuring the new area of care and implementing the individual care services. This defines standardised guidelines for the agreement of specific care services that are to be aligned with the basic principles of value-based care. Within this regulatory framework, the specific care services can be flexibly organised with regard to the scope of treatment and cooperation partners on the basis of selective contracts in accordance with Section 140a SGB V (special care). Innovative forms of care and services (process and product innovations) should be able to be transferred to standard care more quickly in future if there is proven evidence. A systematic transfer option based on a methodically revised, standardised and accelerated review procedure is therefore also important.

Citation

Stegmaier, P.: „New SGB-V chapter: sector-independent care", in „Monitor Versorgungsforschung" (05/25), pp. 42–43. http://doi.org/10.24945/MVF.05.25.1866-0533.2762

ment. Hager: 'Our petition and our suggestion is not to create patient-centred care in a vacuum according to the motto 'We'll do it somehow', but to give it a firm legal basis that is based on the ideas of value-based healthcare.'

Klakow-Franck: 'tackle the regulatory framework itself'

The BMC's proposal is not about growing a garden shed, but rather a fundamental redesign, as Dr Regina Klakow-Franck, Deputy Director of the IQTIG until June 2023, explained. According to her, it has long been clear to legislators that the greatest potential for improving quality and increasing efficiency can be achieved by abolishing sector boundaries. In the past, legislators have attempted and undertaken many measures to improve care, particularly at the interface between outpatient and inpatient care: for example, through the introduction of integrated care contracts, with special forms of care such as disease management programmes, with which care for chronic illnesses is to be coordinated along a treatment pathway across sector boundaries, or with outpatient specialist care (ASV) in order to promote cross-sectoral integration of care. Klakow-Franck: 'Unfortunately, all of this has only led to an increasingly long patchwork at the interface between outpatient and inpatient care.'

This is precisely what the innovation fund, which was introduced almost ten years ago and was actually intended to promote pilot projects that went beyond the previous standard care, is suffering from. 'Although we have now seen many successful pilot projects that have been recommended for inclusion in standard care by the Innovation Committee, there has unfortunately not been a single project that has made the leap into standard care on a one-to-one basis,' explained Regina Klakow-Franck.

For these reasons, the BMC considered as a last resort that it was now necessary to 'tackle the regulatory framework itself', because the existing framework conditions are obviously not designed to be receptive to cross-sectoral forms of care. Therefore, the BMC proposal essentially consists of including a patient-centred care offering as a new guiding principle in SGB V. Klakow-Franck: 'We call this an update of the quality and efficiency principle in order to actually create a new regulatory framework for a sector-independent organisation of care and thus a new sector-independent area of care.'

Of course, the 'ingeniously formulated' efficiency requirement should remain in its original version - at least as far as the first half-sentence is concerned, according to which the services offered within the framework of statutory health insurance should be sufficient, appropriate and economical. Nevertheless, this requirement is now outdated because it is no longer clear what the term 'needs-based' or the phrase 'must not exceed what is necessary' means. She argued that the planned update of the quality and efficiency requirement should clarify what is meant today by sufficient, appropriate and medically necessary care. This is precisely the care whose patient benefit has been proven on the basis of evidence. This is why the new guiding principle of care in SGB V is centred on patient benefit. According to Klakow-Franck, if this is the case, all care services must of course also be organised according to patient benefit.

In order to achieve this, the BMC is proposing a new regulatory organisation arm, the basic architecture of which is based on the new version of Section 116b SGB V at the time. At the same time, however, the mistakes of outpatient specialised care should not be repeated. Rather, the contractual flexibility of cooperation options should be expressly maintained by not imposing overly rigid requirements on service providers with regard to organisational forms and cooperation options. <<

by: MVF editor-in-chief Peter Stegmaier

Specific organisation of the new care sector (extract)

1 **Behandlungszweck und Umfang:** Purpose and scope of treatment: Sector-independent care should be patient-centred, interdisciplinary and quality-assured. It includes services along the entire treatment pathway - even beyond standard care - and can include innovative examination and treatment methods as well as care services in accordance with SGB XI.
OBJECTIVE: To enable comprehensive integrated care that creates real patient benefit.
Contractual partners: All SHI-accredited service providers and hospitals and cooperative associations authorised under Section 108 SGB V are eligible to participate in the sector-independent care area, provided they have contracts with health insurance funds.

2 **Contract partners:** All contract physicians and hospitals and cooperative associations approved in accordance with Section 108 of the German Social Code, Book V (SGB V) are eligible to participate in the sector-independent care sector, provided they have concluded contracts with health insurance funds for sector-independent care. Additional contract partners may be included in the contracts to form cooperative associations. Population-based contracts are also possible.

ZIEL: To create contractual flexibility for interdisciplinary, multi-professional and cross-facility cooperation.

3 **Quality requirements::** Requirements for structural, process and outcome quality must be met.Structural and process quality is ensured through sector-independent treatment and care teams, patient-centredness and the consistent use of digital tools. The quality of results is presented via outcome measurements based on patient-relevant endpoints. There is an obligation to publish evaluation results.

OBJECTIVE: To enable fair and transparent contract competition that is primarily focussed on improving the quality, efficiency and cost-effectiveness of care.

4 **Remuneration and financing:** The new sector-independent care sector provides for a modular remuneration system. Wherever possible, service complexes are to be bundled into diagnosis-specific treatment or care flat rates. This will be introduced in stages. Bundled payments, which are agreed within the framework of contracts between health insurance funds and co-operation associations, can be the starting point. It is also possible that remuneration shares are paid out depending on the effects of care (pay for result), which are measured as part of accompanying evaluations. Remuneration is distributed independently within the cooperation community.
To finance the new sector-independent service area, the health insurance funds are obliged to spend a certain amount per insured person on contracts for sector-independent care..

OBJECTIVE: To provide value-based, sector-independent care with a sustainable integrated remuneration system.

Literature

1: https://t1p.de/7sns7
2. https://t1p.de/tas76
3: https://t1p.de/8xnon
4: https://t1p.de/e9wru