Redaktion

From primary to comprehensive healthcare system

From the looming threat of "double demography" to resilient health regions: The 14th MVF Conference, entitled "Agenda 2030: Shaping Primary Care – Strategies for a Patient-Centred and Resilient Healthcare System", painted a clear picture of the current reality of healthcare provision in the Scharounsaal hall of the AOK Nordost in Berlin. Between systemic forces of inertia and innovative beacons, one thing became clear: the future no longer lies in lone warriors, but in data-driven, multi-professional networks. The cooperation partner was the DNVF and the platinum sponsor was MSD.



The main messages of the presentations at the 14th MVF specialist congress of "Monitor Versorgungsforschung"

>> On 28 November 2025, the Scharounsaal hall at AOK Nordost in Berlin provided the backdrop for a candid assessment and a constructive workshop on the future of the German healthcare system. Prof. Dr. Reinhold Roski, editor of Monitor Versorgungsforschung, opened the congress with an urgent warning: rising costs are colliding with decades of modernisation backlog. Our healthcare system is heading for a "double demographic" – an ageing, increasingly multimorbid society is colliding with a dwindling number of skilled workers.

According to the Robert Bosch Foundation, 11,000 GP positions could remain unfilled by 2035. The central thesis of the congress already crystallised in the opening speech: the approach of a "binding primary care system" anchored in the coalition agreement falls short. What Germany needs is a comprehensive primary care system that goes beyond a purely medical focus.

Status quo – the reality of regional disparities

In his keynote speech, Prof. Dr. Wolfgang Hoffmann (DNVF) explained that the reality of healthcare provision in Germany is heavily influenced by regional disparities. While distances are short in conurbations, patients in rural areas often have to travel for more than 30 minutes to reach a doctor.

In his presentation, Hoffmann illustrated the need for structural reforms using the example of paediatrics in Vorpommern. An analysis showed that maintaining three hospital locations (Greifswald, Anklam, Wolgast) resulted in a deficit of 1.6 million euros, whereas consolidation would cover the costs. Contrary to the fears of the population, the closure of the paediatric ward in Wolgast did not lead to a deterioration in health outcomes. The number of inpatient cases fell significantly (from 1,787 to approx. 1,000),

which indicates that many admissions were not medically necessary.

Key finding: Where resources are lacking, care suffers, but structural reforms can leverage efficiency reserves without jeopardising health – provided that alternatives such as telemedicine are effective. The RTP-Net project showed that telemedical connections to centres enabled 76 per cent of neuropaediatric cases to be treated close to home instead of being transferred.

Dr Johannes Leinert (Bertelsmann Foundation) substantiated the structural deficits with empirical data. One third of self-employed general practitioners plan to hand over their practices in the next five years. Even more alarming, according to him, is the decline in working hours: the average weekly working time has fallen to 44 hours. When the data is adjusted, this decline is primarily due to the trend toward part-time work, rather than the status of "employed vs. self-employed." Leinert emphasised that "individual practices are a thing of the past." The next generation is striving for cooperative structures.

Process management instead of structural debates

Prof. Dr Bertram Häussler (IGES Institute) called for a paradigm shift in the approach. Instead of getting lost in endless debates about structure, the focus must shift to the management of care processes. Patient dissatisfaction stems primarily from a lack of coordination and the feeling that the system is "overloaded". Häussler used the analogy of an enterprise resource planning (ERP) system from the business world.

- Reality: A patient with a fracture is sent by their GP to a radiologist and then to an orthopaedic surgeon. Often, the orthopaedic appointment takes place before the findings are available – a classic coordination trap.
- Vision: An intelligent data system checks before the appointment whether all findings are available and controls the path.

Innovative care models

Various practical reports have shown that better care is already possible today, but these often still have the status of "islands of excellence":

PORT centres: multi-professionalism under one roof

Cordula Hoffmanns (Bosch Health Campus) presented the PORT centres, which are based on the Alma-Ata Declaration. Whether in rural Hohenstein or urban Hamburg-Veddel – the key lies in multi-professionalism.

- Example Brüggen: Thanks to qualified teams providing care in nursing homes, the number of death certificates issued in homes has increased by 30 per cent – an indicator of avoided, stressful hospital admissions at the end of life.
- Challenge: The legal framework is lagging behind. There is a lack of legal certainty for new job profiles such as community health nurses and a lack of financing models for coordination services.

OptiMedis: "Health" business model

Dr. h. c. Helmut Hildebrandt (OptiMedis) criticised the prevailing business model of "service production," which financially rewards illness. Over 15 years, the "Healthy Kinzigtal" model has proven that investments in prevention and coordination can reduce morbidity and costs. Hildebrandt called for virtual regional budgets and technologies that transcend sector boundaries – such as mobile X-ray machines in nursing homes to avoid transporting dementia patients.

HZV and HÄPPI: the evolution of GP-centred care

Jürgen Graf (AOK Baden-Württemberg) presented GP-centred care (HZV) as a blueprint for a primary care system. The 15-year evaluation shows significant positive effects for diabetics (fewer amputations, strokes) while also being cost-effective. With the HÄPPI concept (GP primary care centre – interprofessional patient care), Baden-Württemberg is taking the next step: the use of academic non-medical professionals (e.g. physician assistants) is contractually promoted in order to concentrate doctors' working hours on complex cases.

Strategies and barriers to implementation

Why are these findings not being implemented across the board? Prof. Dr. Volker Amelung (Hanover Medical School / Managing Director of the Institute for Applied Health Research GmbH – inav) identified five "major areas of concern": 1. Business models: There is no business case for prevention. In the Morbi-RSA, health insurance funds are sometimes "penalised" if they keep their insured persons healthy.

2. Demand planning: Rigid seat logic must give way to liberalised planning that plans care units "on the drawing board" per population.

3. Remuneration: Move away from individual services towards flat rates or tariffs with incentives (nudging) instead of sanctions.

4. Legal forms: Cooperative models could enable primary care beyond private equity.

5. Delegation: Tasks must be distributed more efficiently among other professional groups. Amelung advocated a radical break ("cold turkey") instead of the previous "muddling through".

A look at the reality of healthcare provision in rural areas

Michael Zaske (Ministry of Social Affairs, Brandenburg) and Steffen Bohm (AGENON) contributed the perspective of rural states. Brandenburg is facing a "triple demographic trap". The ProRe-Vers project is developing a "toolkit" for regional planning. A key finding:

Sensible regional solutions often fail due to federal legal requirements. There is a lack of opening clauses in SGB V (Social Security Code V) to allow flexible use of inpatient and outpatient resources (e.g. diagnostics in hospitals for outpatients).

The MVF Congress made one thing clear above all else: the era of model projects must come to an end. The solutions are on the table – from data-supported process control (Häussler) to binding primary care systems (Graf/Richard) to multi-professional centres (Hoffmanns/Zaske). What is missing is the political courage to make the nationwide framework more

flexible. "Problems are mostly regional and must be solved regionally," summarised Prof. Hoffmann. This requires regional budgets, sector freedom and remuneration that promotes cooperation rather than competition. Or as it was put in the final discussion: we need politicians with "balls" to push through evidence-based goals even in the face of resistance.

<< by: MVF Editor-in-Chief Peter Stegmaier

Citation

Stegmaier, P.: "From primary to comprehensive healthcare system," in "Monitor Healthcare Research" (01/26), pp. 22–25.
http://doi.org/10.24945/MVF.01.26.1866-0533.2808

Note

This report is based on the verbatim transcripts of the presentations given at the 14th MVF Specialist Congress. Quotations have been slightly smoothed linguistically without changing their meaning. All presentation content from the morning and afternoon can be viewed or downloaded in PDF form and as audio recordings on the MVF portal: **https://t1p.de/caxch**

Congress: Quotes



"We often cling to life lies. One example is the demand for a maternity clinic in our place of residence, even if safety cannot be guaranteed there due to low case numbers. We must learn to make evidence-based decisions."

Prof. Dr. Wolfgang Hoffmann (DNVF)



"There is currently a window of opportunity. The political discussion about a primary care system – perhaps an unfortunate choice of words – reveals that the players are still

looking for a clear direction. Now is the time to think innovatively and radically."

Prof. Dr. Volker Amelung (MHH/inav)



"There seems to be a growing recognition – including in political statements – that what is needed is a comprehensive primary care system that goes beyond the mere provision of medical services. However, the specific details – which institutions, which rules, which stakeholders – are still completely open."

Jürgen Graf (AOK Baden-Württemberg)



"Ideally, a Porthaus combines primary care (general practitioners, paediatricians) with a multi-professional team under one roof. Academic nursing staff, such as community health nurses, play a central new role in this."

Cordula Hoffmanns (Bosch Health Campus)



"The dominant problem for patients lies in their concrete experience of the care processes, not in abstract structural boxes."

Prof. Dr Bertram Häussler (IGES)



"Today, primary care must be thought of as more than just the family doctor's practice with referral restrictions. We need interprofessional teams, a focus on public health and virtual regional budgets that refinance investments in health."

Dr. h. c. Helmut Hildebrandt (OptiMedis)



***"We are faced with the dilemma that sensible regional solutions – such as the outpatient use of hospital resources to relieve the burden on practices – fail due to detailed federal legal requirements. Without*opening clauses and clear authorisations, regional planning concepts often remain paper tigers. There is an urgent need for action on the part of the legislator to implement the identified solutions.**

Steffen Bohm (AGENON)



"A key problem in Germany is that tasks are not sufficiently structured in terms of content. Licensing and demand planning are carried out in a very formal manner according to groups of doctors. In the hospital sector, we are currently solving this by introducing service groups. We need a similar step in outpatient care: the further development of GP care towards comprehensive primary care requires a clearly defined care mandate that goes beyond mere legal requirements and is actually put into practice."

Dr Sabine Richard (AOK Federal Association)



"In the course of hospital reform, a considerable burden will be shifted from the inpatient sector to outpatient primary care. However, the current structures are not prepared for this."

Vera Lux (DBfK)



"The mood at the grassroots level is ripe for change in the sense of greater team orientation and division of labour, as Professor Hoffmann has also outlined. The challenges are clear (demographics, desire for part-time work), but the solutions (delegation, targeted recruitment of young talent, community involvement) have been identified."

Dr Johannes Leinert (Bertelsmann Foundation)



"We need to move away from 'model projectitis' and towards the accompanying introduction of new systems into standard care. This requires: opening clauses in SGB V for cross-sector planning and financing. Interprofessional teams whose services (e.g. by non-medical staff) are also financed. Integration of innovative elements such as decision units into the remuneration system."

Michael Zaske (MGS Brandenburg)