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Anne-Kathrin Klemm
Board Member of BKK Dachverband e. V. (BKK DV)

ORCID 0009-0000-7934-8525

Welfare state matrix: a fresh start for healthcare

>> It could be so simple, if real life were not so difficult: Every actor finances and does what it is responsible for – in most cases even by law – and cooperates with the others at the interfaces so that no gaps arise.

In practice, this means: At the federal and state levels, the state assumes responsibility

- for keeping its population healthy and setting goals to that end. All government bodies – whether in transport, construction, education, justice, economic affairs and finance and, of course, health – share this overarching goal and observe it when exercising their respective portfolio responsibilities. Health in All Policies would relieve the economy through fewer sick days and the healthcare system through less repair of illness,
- for adequate financing and structural resources in the areas of public services of general interest and public assistance, instead of shifting this onto SHI contribution payers and others
- for merely setting the regulatory framework for healthcare in health and long-term care insurance, which is then shaped within the statutory insurance systems by joint and social self-governance
- for ceasing to prescribe in ever greater detail in the various Social Codes what exactly is to be done – with rules that increasingly contradict one another and follow no coherent care objective.

In line with these goals, SHI takes on the organization of both collective and competitive care design – and, together with healthcare providers, receives more freedom to shape care and, at the same time, more responsibility. All other social insurance agencies cooperate closely, in a networked and digital manner, so that citizens and insured persons receive their care and benefit entitlements quickly and without red tape. There is no need to pass responsibility back and forth, because the rules are clear and are put into practice.

All this has been hailed as a target vision often and for many years. Professor Janßen's analysis that precisely the opposite has been happening for many years is therefore apt. His matrix structures the issue and makes it transparent. And he is absolutely right: As long as the respective responsibilities are so brazenly mixed up and irresponsibly shifted around, tinkering with the individual systems will not make anything better.

The precarious part: The multiple challenges posed by a changing world order, natural disasters and digital revolutions are currently accelerating a situation in which those who fail to live up to their responsibility are precisely those who shout "Stop, thief!" the loudest. All too familiar is the mechanism of simply putting less and less money from one's own budget, but more of the contribution payers' money, into the repair system in order to appease the demanding actors in the short term and avoid necessary structural reforms. All too unfamiliar and fraught with fear is the path of pausing, starting afresh, explaining this well and thus securing the future of care and its affordability.

It was against precisely this background that the company health insurance funds (BKK) launched the campaign "Was fehlt, zahlst du!" ("You pay for what's missing!") in 2024 to draw attention to the years-long relief of the federal budget at the expense of SHI members with regard to non-insurance benefits, above all for citizen's income recipients. This has now culminated in the health insurance funds' lawsuit on this matter. The fact that the Finance Minister originally wanted to offset the first small step toward higher financing for citizen's income recipients, recently adopted with the Contribution Rate Stabilization Act, with a much larger cut in the federal subsidy shows how deeply the supposedly bottomless pot of SHI contributions is anchored in political minds as a state coffer to be tapped.

Our #rebootGKV campaign from 2025 likewise addresses the fresh start that Professor Janßen rightly calls for. For the economy, and financially for society, we can no longer afford for care in Germany to be mediocre at best by international comparison. And although we spend EUR 40 million per hour in SHI, we are only midfield in a European comparison of outcomes and citizens' healthy life years. Things are simmering in nursing care and in prevention, sustainability and digitalization, where the German healthcare system falls far short of its potential. That is why the company health insurance funds have set the credo for this legislative term: Do it anew, do it differently, do it better!

Nina Warken, who has just moved to the Federal Chancellery, has taken an important and correct first step: She translated many, though not all, of the scientifically developed and thus well-founded proposals into law. In doing so, she has at least created the financial basis for stabilizing contribution rates instead of unchecked spending growth, so that the necessary structural reforms can now be tackled. That she had to make further concessions to the states – which, see above, make demands on the federal government while holding back considerably on financing themselves – was evidently a bitter pill to swallow.

It is important that the new Minister of Health now continues the structural reforms initiated in primary care, digitalization and nursing care on a scientific basis. Professor Janßen rightly calls for "less belief, more knowledge."

People often ask: So how do we get going – how, after decades of describing deficits, do we finally manage to take action? Through people who do it and lead by example. As long as this happens with knowledge and little gut feeling, and with a clear stance in the service of an overarching goal, it could even trigger a positive domino effect. If, in a few years' time, the Welfare State Matrix were a lived system logic for our healthcare system, we would already have achieved a great deal. <<