

**Daniela Teichert,**
**CEO of AOK Nordost**

# What problem does the four-logics matrix actually solve?

>> Professor Janßen raises an important question: Why do healthcare reforms so often succeed only in part? His answer: The real causes are not a lack of money, demographics or staff shortages, but an inconsistent architecture of our welfare state. This is an interesting regulatory-policy approach.

Before discussing the proposed solution, however, the initial question should be answered first:

***What specific problem is the four-logics matrix actually meant to solve – better care, or a clearer allocation of responsibility for financing and care?***

In my view, it is precisely this link that the interview leaves open. Here are my three suggestions:

**First:** The matrix is a regulatory-policy model, not an empirically proven explanation of the reform crisis. Professor Janßen himself points out that his architecture theory does not claim empirical evidence in the narrower sense. That is academically honest. But it also means that today's challenges – demographics, medical progress, chronic diseases or staff shortages – cannot be attributed to architectural issues alone. A clearer financing logic can make reforms easier, but it is no substitute for answers to the actual problems of care.

**Second:** The article paints a critical picture of joint self-governance. Self-critically, one has to admit that self-governance has not always implemented reforms at the necessary pace and that sectoral interests sometimes hinder necessary change. It does not follow, however, that self-governance is part of the problem.

On the contrary: It is the expression of a proven organizing principle that deliberately decouples technical decisions from short-term political majorities. The challenge is therefore less to weaken self-governance than to establish clearer accountability for outcomes and a stronger patient orientation within the existing structures.

**Third:** Of all things, statutory accident insurance shows that successful social insurance does not thrive primarily on separating different logics, but on consistently integrating them. There, prevention, acute care, rehabilitation and reintegration follow a shared accountability for outcomes and consistent financing. It is precisely this integration that is regarded internationally as the system's strength. For statutory health insurance, the more effective reform approach might therefore be not so much separating logics as better linking prevention, care and rehabilitation.

The four-logics matrix is thus a valuable contribution to the regulatory-policy debate. However, it should not create the impression that architectural issues alone can explain, let alone solve, the reform malaise. The future of our healthcare system will depend on whether we succeed in consistently aligning responsibility, financing and quality of care with the benefit to insured persons. <<

## Citation

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## Comments on Prof. Dr. Udo Janßen's Welfare State Matrix in MVF 03/26

In response to our call in MVF 03/26, 22 members of the MVF Editorial Advisory Board commented on the Welfare State Matrix. This issue features the comments by Daniela Teichert (AOK Nordost), Anne-Kathrin Klemm (BKK Dachverband), Dr. Christopher Hermann (formerly AOK Baden-Württemberg), Dr. Dominik von Stillfried (Zi) and Prof. Dr. Axel C. Mühlbacher (Neubrandenburg University of Applied Sciences).

A synopsis of all comments and a comment by Christian Luley (Insight Health) are available online.

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