




Berliner
Krankenhausgesellschaft

HOSPITAL REFORM IN GERMANY

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- An aerial photograph of Berlin, Germany, featuring the prominent Fernsehturm (TV Tower) on the right side. The city's dense urban landscape, including various residential and commercial buildings, is visible below. The sky is a mix of blue and orange, suggesting a sunset or sunrise. A large, light-blue circular graphic is overlaid on the left side of the image, containing a bulleted list of statistics.
- **60** hospitals
 - **800.000** inpatients
 - **1,2 Mio.** outpatients
 - **22.500** beds
 - **68.000** employees
 - **6,7 billion €/year**

www.bkgev.de

Source: Agency for Statistics of Berlin and Brandenburg;

Main aims

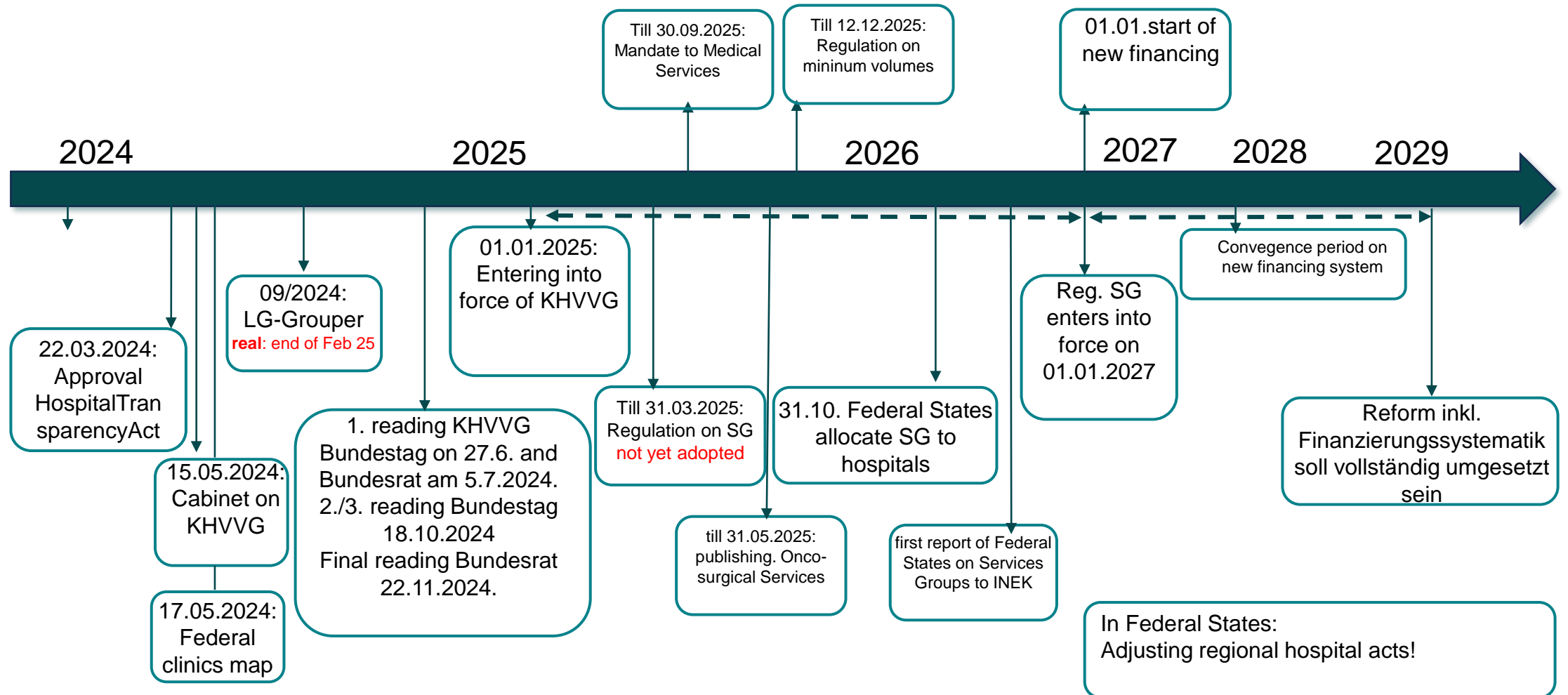
- De-economisation
 - More quality
 - More efficiency in the hospital system
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- Overcoming the actual financing system
 - Remuneration for services only, based on DRGs
 - Incentive to “make more than needed”?
 - Special budgets or payments, e.g. for nurses, expensive drugs or new treatments
 - Investments by the Federal states
 - New sub-budget for “provision of care”
 - 40 % of the former DRGs-budget
 - First allocation depending from volume of services in 2023/2024
 - Adjustment after two years only by leaving a corridor +/- 20%
 - Core element of the reform – cannot achieve its goal
 - New approach needed, e.g. extra fees
 - Lack of operating costs not covered
 - Basic problem of insufficient investments by Federal states not solved
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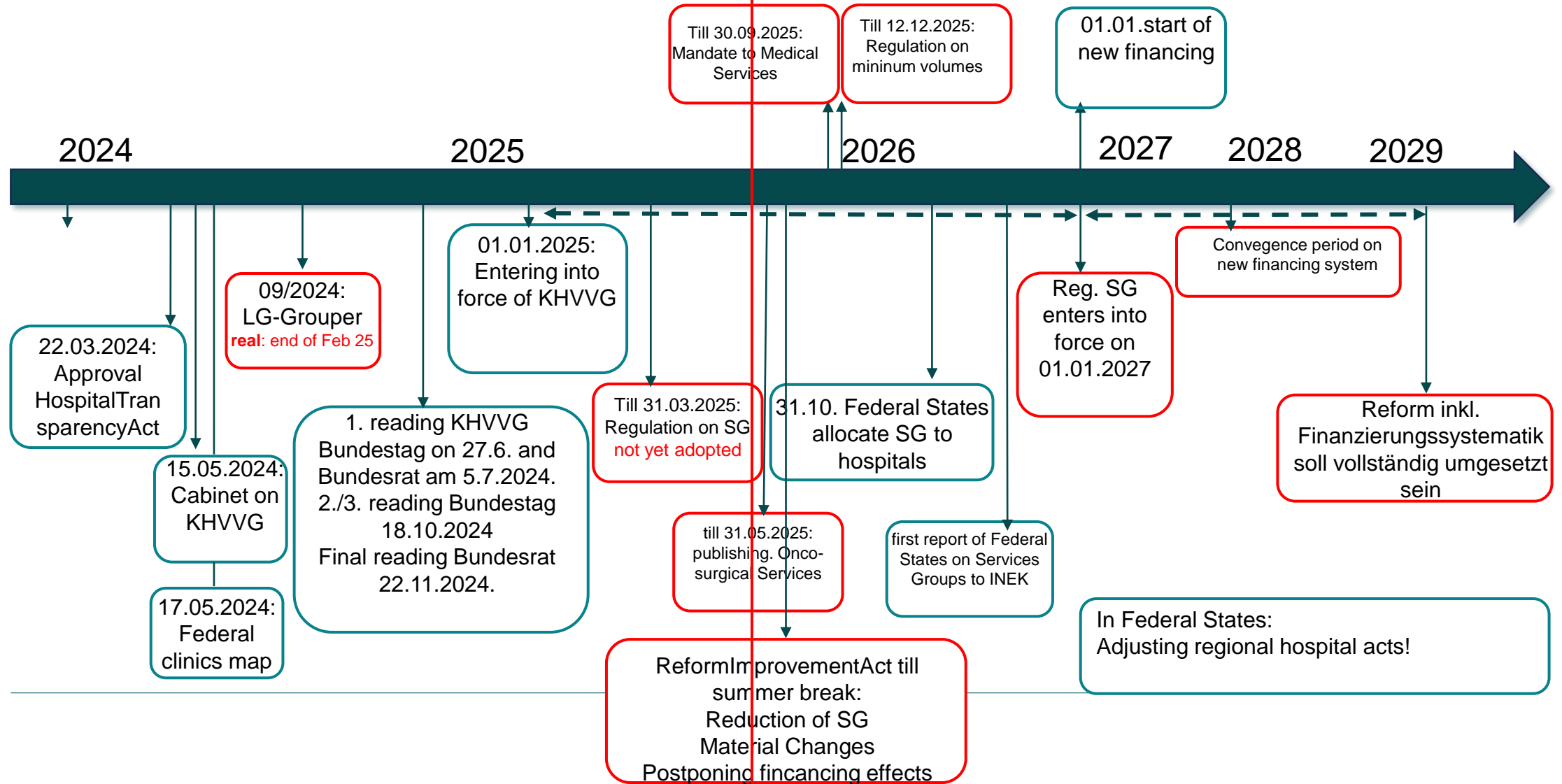
- Overcoming the actual planning system
 - Planning by the Federal States by beds (new: exemption Northrhine-Westfalia)
 - Federal States can determine individual quality aspects
 - Quality requirements by national law (e.g. on minimum number of nurses) or by Federal Joint Committee (institute of Self-Governance of the healthcare system)
 - New planning by “Medical Services groups” (MSG)
 - 65 MSG
 - Each MSG with own quality requirements (structure, stuff, cooperations)
 - Minimum volumes
 - Have to be allotted by Federal States (respecting needs for care and potential for “ambulantisation”)
 - Requirements partly not accomplishable
 - Exemptions by Federal States needed
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- Overcoming the actual hospital system
 - High costs
 - Lack of health workforce
 - Reduction of number or allocating new tasks can help
 - Staff needs incentives to support changes
 - Hospital operators need investments: Transformation funds
 - Federal States need courage to make real planning decisions
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Hospital reform: Timetable



Hospital reform: Reform of the Reform



**Vielen Dank für Ihre
Aufmerksamkeit!**

