

## Conference

### Germany faces major changes in health system

The unification of Europe brings about many changes. One field that the Germans hitherto did not think about was the German health care system. It is probable that the free market of Europe will force a decision to change our national public system.

In the German health care system 90% of Germans are members of the statutory health insurance system which mainly consists of

1. Statutory health funds (sickness funds),
2. Doctors who belong to the Association of Panel Doctors (Kassenärztliche Vereinigung),
3. Hospitals represented by the German Hospital Association (Deutsche Krankenhausgesellschaft DKG).

Every member of the statutory insurance fund can request health services anywhere. He or she just has to show their membership card. Everything is paid for by benefits of kind (Sachkostenprinzip). This means that 90% of the population never sees a medical bill. For Germans it was and is not understandable that in some countries for instance treatment is limited by upper age.

The German government sets the frame for the statutory health insurance system that is laid down in the 5th Book of Social Security Code (SGB V). The practical work then is done by so-called self-administration institutions. These are, amongst others, the Statutory Insurance Funds (Krankenkassen) and the Association of Panel Doctors (Kassenärztliche Vereinigung). Hospitals did not form a self-administration institution: but our hospitals are either public (57%) or non-profit-making organizations (37%). Only 6% are private hospitals. Thus practically 94% of the hospitals are under public law.

All self-administration institutions are state institutions, They carry an official Seal. They finance themselves through contributions of the Statutory Health Insurance Funds. Yet they stay under the guidance of the State (Federal Ministry for Health). No self-administration institution is allowed to act against the State. This also pertains to the hospitals that are under public law. One could call this a modern form of vassalage.

The bang came two years ago when the Statutory Health Insurance Funds were judged by German civil

courts to be enterprises according to the new European anti-trust law. This was the beginning of the end of the German State guided health care system in which State interests had always to be recognized and the whole system was financed by compulsory contributions of the vast majority of the German population.

This system of extended State guidance has given power and financial means to State and local officials and to the self-administration institutions. The fact that the German self-administration institutions are not mentioned in the Treaty of Maastricht, which is the basis of the European Union, leaves only two possible ways for the future; Either the German 'Gesundheitssystem' revolves back to a state-run public health service as in Great Britain, or it changes to a free system with direct cost reimbursement and a basic health care provision for all citizens.

As the German self-administration institutions so far have set the prices for most of the established pharmaceutical drugs they are violating European anti-trust laws because an), company, agency or alike which has an influence on the free market is judged to be an enterprise. This situation affords a political decision. All German parties do not want a state-ruled public health system, and the ruling government of social democrats and 'green people' do not want to become the grave-diggers of a social security system that was the pride of many social-minded people in Germany. So the government put this question before the Federal Constitutional Court of Germany (Bundesverfassungsgericht). This move will buy some time for the present government. However, most health officials start to realize that the unification of Europe will bring a major change to the German health system.

Meanwhile the National Hospital Organization (Deutsche Krankenhausgesellschaft) and the Statutory Health Funds (Krankenkassen) have agreed to accept the DRG-System of Australia for German hospitals starting in the year 2003, The German Association of Ambulatory Surgery (Bundesverband für Ambulantes Operieren BAO) investigated with help of the International Association for Ambulatory Surgery (IAAS), especially of Lindsay Roberts of Australia, the Australian DRG system with respect to ambulatory surgery. Classification and funding of ambulatory

surgery are well established under the Australian system so that the BAO now votes to adopt the Australian DRG system also for all ambulatory surgery in Germany. This hopefully will improve the remuneration of ambulatory surgery in Germany.

So far 99% of ambulatory surgery in Germany is paid for by the funds of the Association of Panel Doctors because this association traditionally is responsible for all ambulatory services. Their remuneration however covers only 41% of the costs of surgical services. Therefore hospitals did not pick up ambulatory surgery which is almost exclusively performed in free standing, licensed day clinics. These day clinics have to run very strict cost management and can exist only by cross-funding with income from privately insured patients.

What happens to Germany may occur to other countries in Europe as well. We have had a health care system which was influenced mainly by Christian sociology, by the fight of socialists for the rights of workers and by a system of state guidance through self-adminis-

tration institutions. The unification of Europe, which in my view is just part of the globalization process, does not respect national peculiarities but it focuses on the free market with anti-trust laws and on the independent, informed citizen. The unification of Europe and globalization are secular movements. Both will bring medicine closer towards three goals:

1. Fast medical services
2. Efficient cure
3. Low-total cost per case.

With respect to all three targets ambulatory surgery plays a leading role. Therefore we should not be depressed if national health services adapt to global changes, Ambulatory Surgery is on the winning side.

Jost Brökelmann

*Bundesverband für Ambulantes Operieren (BAO),  
Sterntorbrücke 3,  
D-53111 Bonn,  
Germany*

E-mail: baobonn@t-online.de