

Country Report: Germany

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The German Association for Ambulatory Surgery called Bundesverband für Ambulantes Operieren (BAO) has recently had some noticeable success:

1. An expert of Oberender of the University of Bayreuth has shown that Ambulatory Surgery is much less expensive than inpatient treatment for the same procedure, and this at equal quality. Switching from inpatient to outpatient surgery would bring savings up to 515 million Euro. (<http://www.operieren.de/content/e3472/e7507/e26656/e26658/publication26659/100409OekonomischeBetrachtungdesambulantenOperierens.pdf>)
2. The National Association of SHI-Accredited Physicians (Kassenärztliche Bundesvereinigung KBV) together with Bavarian authorities and the BAO has published that according to patient questionnaires of the quality assurance programme AQS1 patients are overwhelmingly content with Ambulatory Surgery and would choose Ambulatory Surgery again if necessary. There were remarkably few complications reported by physicians and patients. (<http://www.kbv.de/presse/26306.html>)
3. It was shown by evaluation of >500 000 data sets of surgical procedures of the quality assurance programme AQS1 that 14 clinical indicators can routinely be used to reflect quality in surgical units. This programme is used as benchmarking in well over 1000 certified surgical units. (Brökelmann J, Bäcker K. Clinical Indicators for Ambulatory Surgery. Ambulatory Surgery, July 2010)

The only official resistance to perform more Ambulatory Surgery in Germany came from the German Hospital Association (Deutsche Krankenhausgesellschaft DKG). The probable reason is that remuneration for Ambulatory Surgery in hospitals and day clinics alike is only 25% of the corresponding inpatient DRG. So hospitals make 4x more money with conventional inpatient treatment than with Ambulatory Surgery. As prices for procedures for the Statutory Health Insurance Fund (GKV), which serves 90% of the German population, are set by governmental agencies the Federal Government can choose either to pass a new law introducing ambulatory DRGs, which do not exist so far, or to admit higher prices for Ambulatory Surgery in the existing scheme – or, of course, just to sit it out.

The Federal Government which since September 2009 consists of a coalition government of conservatives and liberals is presently working on a Healthcare Reform Act. The problem of the remuneration for Ambulatory Surgery probably will not be tackled by this upcoming reform until the end of this year.

The German Government certainly is in a dilemma: It neither wants to introduce nationalized medicine nor to shift to a free market system. But the European Union is requiring either some form of nationalized medicine or a free market system. Germany so far has lived with a mixture of nationalized and free market medicine called the system of self-government (Selbstverwaltung). But it will be forced to give up self-government sooner or later because of European anti-trust law.