



Focus on Patient Welfare

...in the Hospital Financing Debate

Memorandum

Memorandum - Summer 2023

The structure of hospitals and their financing have recently faced enormous short-, medium- and long-term challenges: In the Corona pandemic and in the energy crisis caused by the Russian war on Ukraine, the importance and difficulties of our hospitals have come into particular focus. Most recently, hospitals have been confronted with exogenous shocks such as energy prices, wage settlements and inflation, which required and still require quick and efficient action. At the same time, persistent grievances, such as the absolutely inadequate investment funding by the federal states, and developments, such as demographic change, the shortage of skilled workers and digitalization, demand a future-proof change in structures.

As part of a workshop discussion organized by SNPC GmbH on the consideration of patient welfare at the heart of the debate on hospital financing in Germany, Dr. Johannes Danckert, Prof. Dr. med. Torsten Doenst, Dr. Klaus Döbler, Dieter Fellner, Dr. Barbara Keck, Christoph Lang, Prof. Dr. Dennis Oswald, PD Dr. rer. medic. habil. Annett Salzwedel, Dr. Anke Schlieker, Marie Theres Schmidt and Prof. Dr. Christiane Woopen under the moderation of Stefanie Vogelsang in the State Representation of North Rhine-Westphalia to the Federal Government.

The discussion was introduced by an impulse from Prof. Dr. Christiane Woopen.



Prof. Dr. Christiane Woopen


Focus on Patient Welfare ... in the Hospital Financing Debate

The political claim must be to examine all measures of the planned hospital reform and the resulting consequences for the system to see what effects they have on patient welfare. Only in this way will it really put patients and their welfare at the center and tie future resource assessment and distribution to this benchmark.

Ethics and economics are not contradictory

Hospital financing is not a purely health policy issue: the functioning of public institutions and the trust that the state system acts sensibly are essential pillars for the cohesion of society as a whole in Germany. In addition, a well-organised hospital system is also essential in social and economic policy in that there must be clarity among all insured persons and employers about what good care at the highest level of medical progress may cost us. *„Aristotle already described the close connection between ethics and economics“* (Prof. Dr. Christiane Woopen).

The best possible medical care for all citizens - nothing less is the claim of all democratic parties, if one follows their programs. Patient welfare is postulated as the highest guideline in many debates and Sunday speeches. However, the system is not only responsible for patients, but for all insured persons. It is about the interplay of patient welfare and general welfare. The system must not only be efficient and patient-oriented, but also affordable in the long term



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The most sustainable possible use of existing resources and capacities is imperative in view of demographic change

Health is without question a high good, but it is not the only good or even the highest good. Current geopolitical developments show that other ethical goods such as freedom and security are by no means self-evident. However, it automatically follows that there is a conflict of economic goals in the political weighting of these goods. Therefore, it is also necessary from an ethical point of view to use the resources in the health system as efficiently as possible so that they achieve the best possible benefit for the patients. This also applies

to the future development of our hospital system. It is the responsibility of all those involved in the system towards the community of solidarity to use monetary and human resources as sparingly and sustainably as possible. Digitization and the evidence-based use of innovative but also the efficient use of conventional therapies and technologies are relevant levers here. A quality-based remuneration system that rewards the efficient use of existing capacities can contribute to this.

Successful reform requires a constructive approach by all stakeholders with close involvement of the insured and patients

Initial investments are also needed to make the system efficient and future-proof in the long term. A mere redistribution of resources in the hospital system will not be sufficient. In order to master this financial and structural tour de force, the system of opposition within the health care system must be broken through and a positive target image must be designed and communicated with each other, which focuses on the added value of changes instead of fear of losses.

Successful implementation requires the early and sustained involvement of professional insurers, and patient representatives in the formative and decisive bodies. In order for them to be able to bring their interests into the further reform process in an appropriate manner, corresponding training and qualification offers are necessary.

All actors in the system agree that the hospital reform must come. It is now important not to lose sight of the big picture in the struggle over detailed issues.

How is patient welfare defined and how do we focus on it?

The welfare of patients does not only include the physical and mental situation assessed according to medical standards. According to the statement of the German Ethics Council from 2016, the central criteria for the assessment include care that enables self-determination, the quality of treatment as well as equal access to health services and an equitable distribution of resources.

Recommendation for action

Patients must be enabled to make self-determined decisions through the system

The exercise of self-determined decision-making requires that the person understands the nature and implications of the essential aspects that guide his or her decisions. Access to reliable health information, especially on the internet, is of great importance for this. In addition, this places high demands on the communication between doctors and their

patients. Furthermore, it must be the claim that patients are able to be involved in decision-making through access to information about different treatment options. We need to create a system that brings the latest science to patients and supports them in making decisions through empathetic and individualized communication.

Quality of treatment should also be reflected in the perception of patients - for this, it must be made qualitatively and quantitatively measurable

The quality of treatment is of central relevance for the welfare of patients. This is often considered via criteria according to medical-scientific aspects, but should also necessarily include subjective criteria such as patient satisfaction and the success of treatment from the patient's perspective. For example, the patient's individual preference of the therapy goal in the weighting of lifetime vs. quality of life varies greatly from case to case.

Quality standards should therefore not only be developed from the doctor's perspective. Germany should orient itself here on international indicators that have already been developed.

Quality standards and indicators need to be included from the beginning to enable patients to navigate the system

As desirable as high standards are, measuring the quality of medical treatment is difficult and complex in reality. Far too often, not least the desire for measurement and comparable quality criteria leads to excessive bureaucracy in everyday life. In order to counter these difficulties, the definition of quality standards and indicators and how these can be incentivized by the system should be considered from the outset in the further development of the hospital system.

These standards and indicators must also be uniform throughout the country in order to provide patients with orientation, but also to enable them to make their own choice of service providers. The higher transparency of the quality of care is particularly necessary within the framework of the reform in order to increase acceptance among the population.

**Patients must be provided with care that is equal to,
but appropriate for, their individual needs**

Finally, the aim must be to enable fair and nondiscriminatory access to hospital care against the background of limited resources. A particular challenge in practice is posed by patient groups that require special efforts in diagnostics, therapy, care, support and communication. These include, for example, children and adolescents, people with mental illnesses and people with disabilities.

In addition, chronic diseases, dementia and multimorbidity are becoming an increasing challenge in an ageing society. The number and geographical distribution of service providers must be determined appropriately in order to prevent waiting lists and age discrimination, for example, as can already be observed in some other countries.



Recommendation for action

The criteria for taking patient welfare into account must be placed at the center of hospital reform by politicians

In view of controversial health policy debates in the past years and months, it is clear that patient welfare is not at the forefront as a decisive guiding principle for hospital care. The upcoming reform should be perceived as an opportunity to place patient welfare at the center of future inpatient care. The following aspects are central to this:

- » **Patients must be empowered to make self-determined decisions.** The basis for this is successful communication between doctors, nurses and patients, including sufficient and comprehensive information for the latter. It is equally important to increase the transparency of the quality of care in order to improve the basis for decision-making and at the same time to increase the desired efficiencies in the system.
- » **There is a need for uniform criteria for high-quality and patient-oriented care,** which are also oriented not only to the perspective of those providing treatment, but also to a considerable extent to the patient's perspective. Only if these are made measurable and incentivized can the system be designed in the interest of the patients.
- » All people in Germany must be given fair access to adequate hospital care, regardless of their background. Against the background of scarce resources, individual appropriateness must be preserved, **but the patient's welfare should always be the decisive criterion for medical decisions.**

Who will take responsibility for the reform of hospital financing?

Who has the responsibility towards the citizens of this country for a significant, ethically extremely important good of our state order and quality of life?

Who cares that patient welfare will be the first priority in the reform?

The German Bundestag!



*We would like to thank all the participants of our expert workshop
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