

Physicians Working Conditions in the German Healthcare System

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Working Time Organization

- Basis is the European Working Directive - 48 hours per week
- Opt out possible up to 58 hours per week
- daily working time 8 hours up to 12 hours
- rest periods 30 minutes to 60 minutes
- minimum rest time 11 hours between two shifts
- on call time maximum 24 hours in the hospital including regular working time
- maximum 6 days per month
- on call time counts as regular working hours
- stand by time outside the hospital only maximum 12 to 15 days per month

Working Time Organization

- overtime possible up to 48/58(64) hours per week averaged out over one year
- can be paid or compensated by time off
- authorization by the hospital necessary for any medical or other paid activities outside
- no restriction on pro bono activities

Working Time Organisation

- 30 days paid leave per year (= 6 weeks of vacation) plus 2 days for on-call duty
- 5 days paid leave for CPD per year
- Usually 40 hours week in a 5 days week
- On call and stand by for the rest of time
- In some sectors work organized in shifts

The German Health Care System

Social Health Insurance System

- Statutory Health Insurance
- Financed by deductions of salaries (15.5 %)
- Universal Coverage – 90 percent of population
- High earners can opt out
- Diversity of health care providers
- Comprehensive Agreements of doctors and hospitals with health insurers
- Hospitals: public, charity and private
- Patients always never see a bill

German Health Insurance

Statutory Health Insurance

- SHIs are obliged to contract with any eligible applicant
- Free choice among sickness funds
- 88% of the population are covered by SHI
- Non-earning spouses and children included without any surcharges

Patients almost never see a bill!

- 10 € per inpatient day (max. 28 days).
- 10 € per quarter at first contact at a physician's office and when other physicians are seen without a referral.

German Health Insurance

Statutory Health Insurance

- SHI membership is mandatory for employees whose gross income does not exceed a certain level: € 48.150 per year (2008)
- SHI premiums are not dependent on risk and are proportional to the gross income up to a level of € 3.600 per month (2008)
- Contribution rate: 15.5% of gross income (fixed by law this year)
- Contributions are shared between SHI-insured employees and their employers (~ 53% and 47%).

pays for ~60% of total health expenditures

- 10% of the population (self-employed and employees with high income) is privately insured

Federal Republic of Germany

Federal Republic of
Germany

Capital: **Berlin**

Head of State:
President Gauck

Head of Government:
Chancellor Merkel

Bundestag
(federal assembly)

Bundesrat
(federal Council)

16 States

82.5 million inhabitants



Organisation of German Physicians

- Regulated by federal and state laws
- State Physicians' Chambers
- Federal Medical Association
- Self-governing bodies
- Regulate responsibilities of medical profession
- Define standards of medical care

Medical Liability

Introduction

- Medical malpractice claims mostly settled with liability insurers
- Only 8 percent litigated in courts
- About 40,000 claims per year – population 82.5 million
- German awards for tangible damages are low
- German awards for pain and sufferings are low

Medical Liability

The Process

- Starts with the liability insurer of hospital
- Mediation centers at Physicians' Chambers
- 85 percent are then settled by insurance
- 15 percent go to court
- Courts rule mostly like mediation centers
- Mediation centers staffed by lawyers and physicians
- Statistics by Federal Medical Association

Medical Liability Statistics

- 688 Million out patient cases per year
- 19 Million hospital cases per year
- Disagreement on incidence
- Range from 40,000 claims to estimated 130,000 incidents per year and more
- 50 percent of claims not justified
- 92 percent settled out of court
- Consultative services of the social health insurers
- 7215 were settled by Mediation Centers
- Only 2172 were justified (in 2015)

Medical Liability

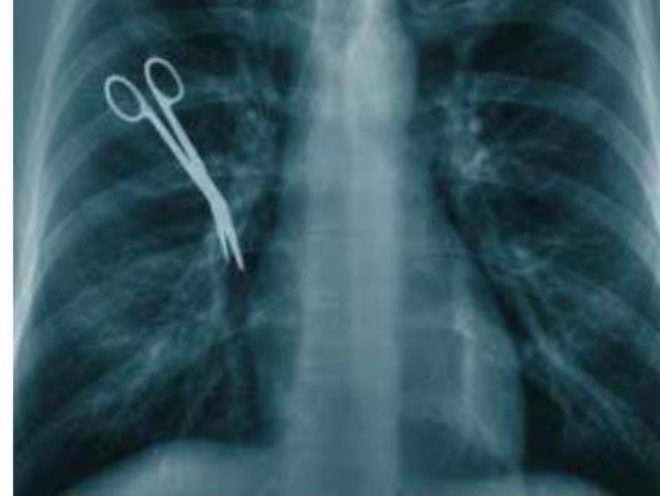
Concluding Remarks

- Increase in claims and damages-still moderate
- Safety net of Social Security covers most
- Liability for litigation costs for losing party
- Most claims settled directly by insurers
- Consultative services of the social health insurers
- Mediation centers substitute trials
- Out-of-court settlements are widely accepted

Adverse Events

Adverse Events

- Relationship of cause and effect
- Quantification and analysis of adverse events difficult
- New law: disclosure to patients
- Since 1975: regulation bodies at Federal Medical Associations
 - Evaluation panels: judge medical treatment
 - Conciliation bodies: evaluate potential claims for compensation
- Since 2006: Collection via MERS (medical error reporting systems)



Hospitals in Trouble – No Insurance

ÄrzteZeitung

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Ärzte Zeitung online, 24.12.2013

Kommentieren (0) ★★★★★ Twitter

Arzthaftungspflicht

Kliniken in der Bredouille

Die Erhöhung der Selbstbehalte in der Haftpflicht scheint für viele Kliniken ein Weg zu sein, die steigenden Prämien der Versicherer aufzufangen. Doch damit steigen zugleich die Risiken. Wären höhere Fallpauschalen in manchen Disziplinen die Lösung?

Von Ilse Schlingensiepen

Stempel drauf, oder doch besser ein höherer Selbstbehalt?

Liability Insurance Costs

- Total costs in Germany about 250 Millions €
- City and State Hospitals not included
- Liability covered by the taxpayers' money
- e. g. hospital of 300 beds – costs of more than 500 000€ per year for insurance



Patient Safety = National Target

Selected in 2013

Forum „gesundheitsziele.de“: APS and Medical Association (Ärztekammer) Berlin

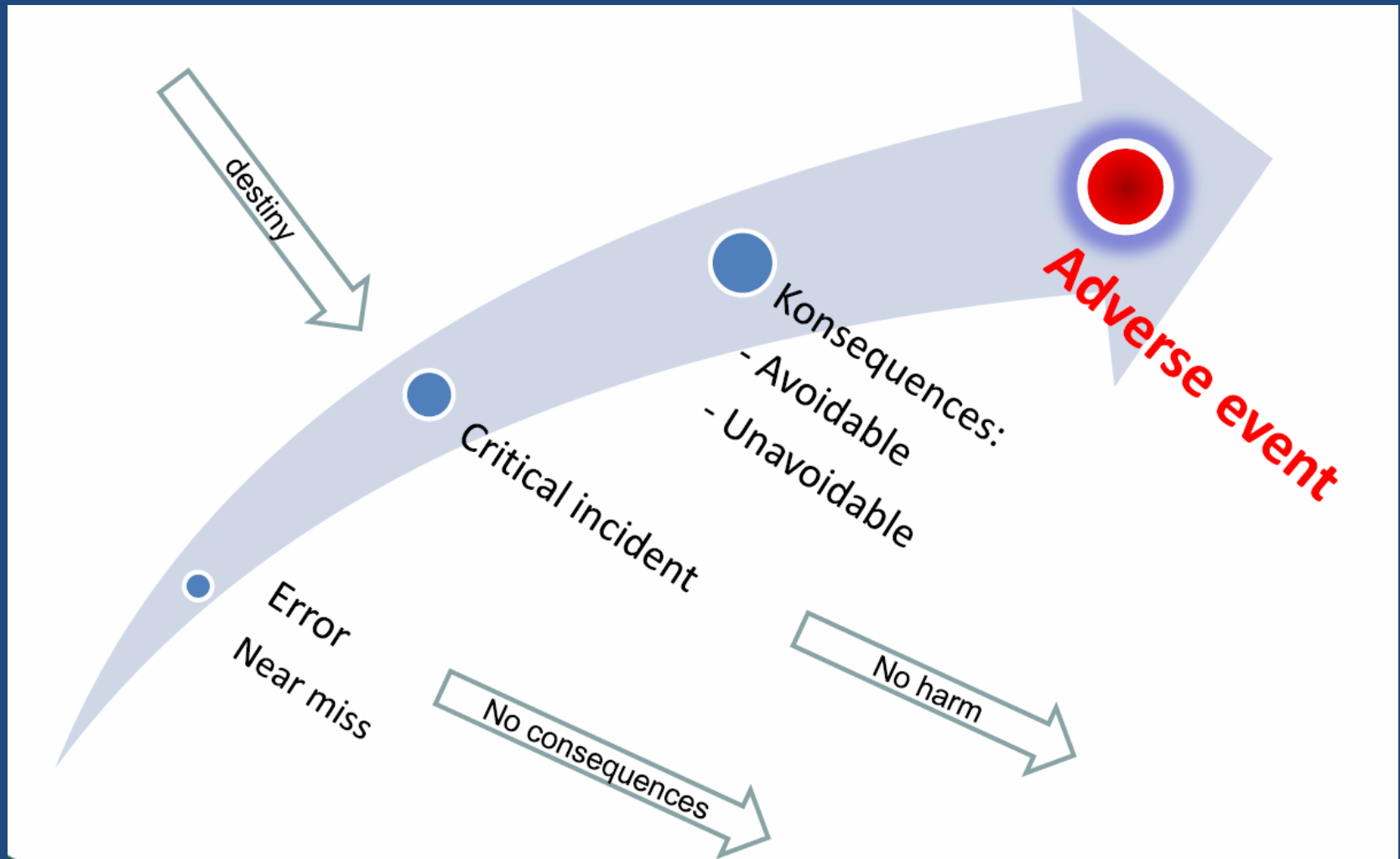
Working group „patient safety“:

- Framework
- Different healthcare stakeholders
- Well defined healthcare objectives



Goal: As recommendations for politicians and other decision making parties in the healthcare system

Clinical Risk Management



Clinical Guidelines

Clinical Guidelines



<http://www.awmf.org/>

- For health professionals + patients
- Best decisions about treatment
- Not mandatory, but recommended
- AWMF
 - Association of the Scientific Medical Societies (168 scientific societies from all medical specialties)
 - Database: 850 guidelines
- National clinical practice guidelines: care standards (e.g. asthma, DM, depression etc.)

Education, Training and Communication

Patient safety into graduate and postgraduate education

Continuous medical and paramedical training

Qualification opportunities

Aim: Uniform standard of competence by acquiring core competencies

BÄK (German Medical Association)

Longstanding commitment to clinical quality improvement

Combining science with education of healthcare professionals

Curricula

Continuous medical education

Also: Directives + guidelines in QS

Online portal



Quality Circles and Communication

Quality circles:

- Small groups of professionals
- Social context for reflective practice
- Dissemination of knowledge
- Influence work practices of participants



Communication working group

- GQMG (Institute for Quality Management in Healthcare)
- Patient-oriented communication

Clinical Pathways

- Manage and improve quality of care by standardization of processes
- Capture foreseeable actions
- Best practice for most patients most of the time
- Documenting single steps on a pathway
- Information about variances collected and analysed
- Identify systematic features
- Reduce variability in processes



Conclusion

- No other area in the German healthcare system has implemented such a variety of quality assurance and quality management measures like hospitals
- Hospitals at present:
 - Quality assurance established
 - High degree of transparency
 - Many duties in public reporting
 - Long history of quality management
- Future challenges:
 - Cross-sectoral quality assurance still challenging
 - Focus on risk management and CIRS: Safety culture to be developed!
 - Cross-sectoral QM directive to come
 - Government's quality campaign: New „Quality Institute“

QM-Directives – Impact on Hospitals

- Nearly 2.000 hospitals
- 18.8 million inpatients



- Government`s „Quality Campaign“ and „Act on Patient Rights“: strategic positioning with respect to patient safety in hospitals
 - Clinical risk management, CIRS, complaints
 - Learning about critical incidents and learning from them
 - Blame-free organisation with an open-minded desire for learning
 - Establishing a safety culture

CIRS- Network Germany



CIRS in Germany*:

CIRRNET


patientensicherheit schweiz
sécurité des patients suisse
sicurezza dei pazienti svizzera
patient safety switzerland

SSAR
SGAR
Mittel- und Ostschweizerische Gesellschaft für Anästhesiologie und Intensivmedizin
Mittelschweizerische Gesellschaft für Anästhesiologie und Intensivmedizin

cirsmedical



Netzwerk **CIRS-Berlin**



BD
BERUFSVERBAND
DEUTSCHER
ANÄSTHESISTEN
DGAI DAAF

KH-CIRS-Netz
Deutschland

InPASS



bvkJ.
Berufsverband der
Kinder- und Jugendärzte e.V.

CIRS-Pädiatrie

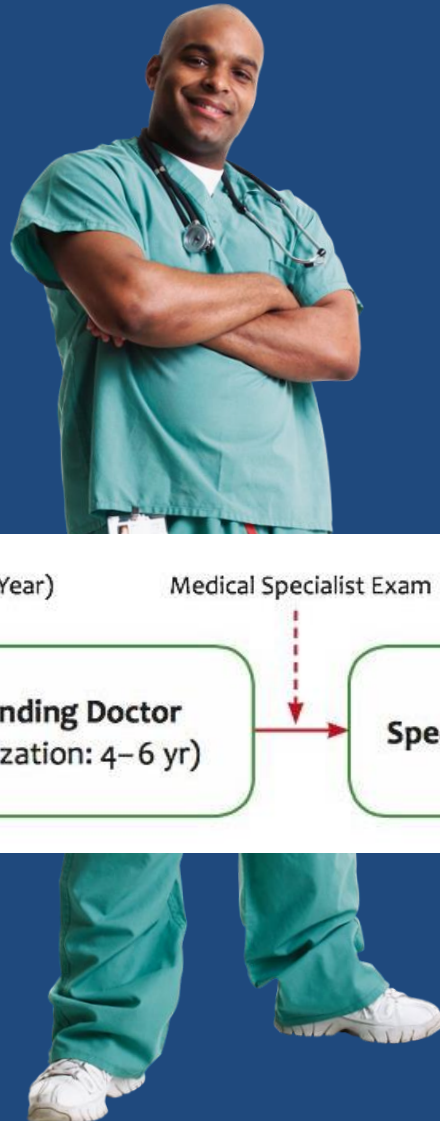


DGAI
Deutsche Gesellschaft für Anästhesiologie & Intensivmedizin

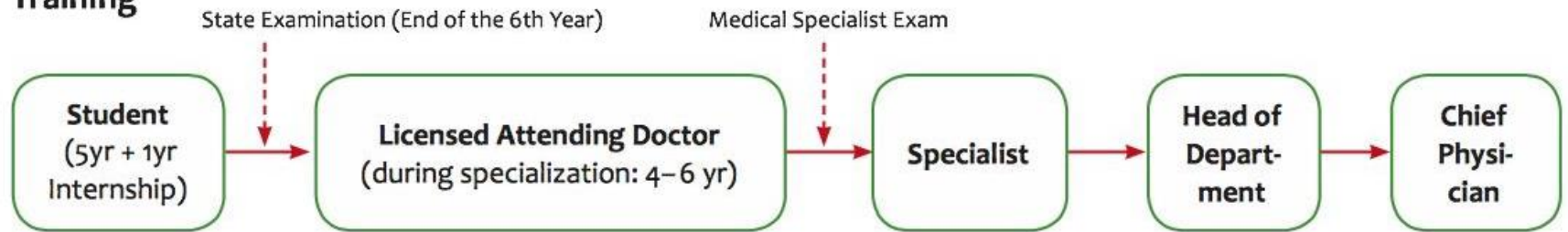
CIRS-NRW



Career Development



Training



German Medical Faculties

Medical faculties in Germany and enrolled students (2008)

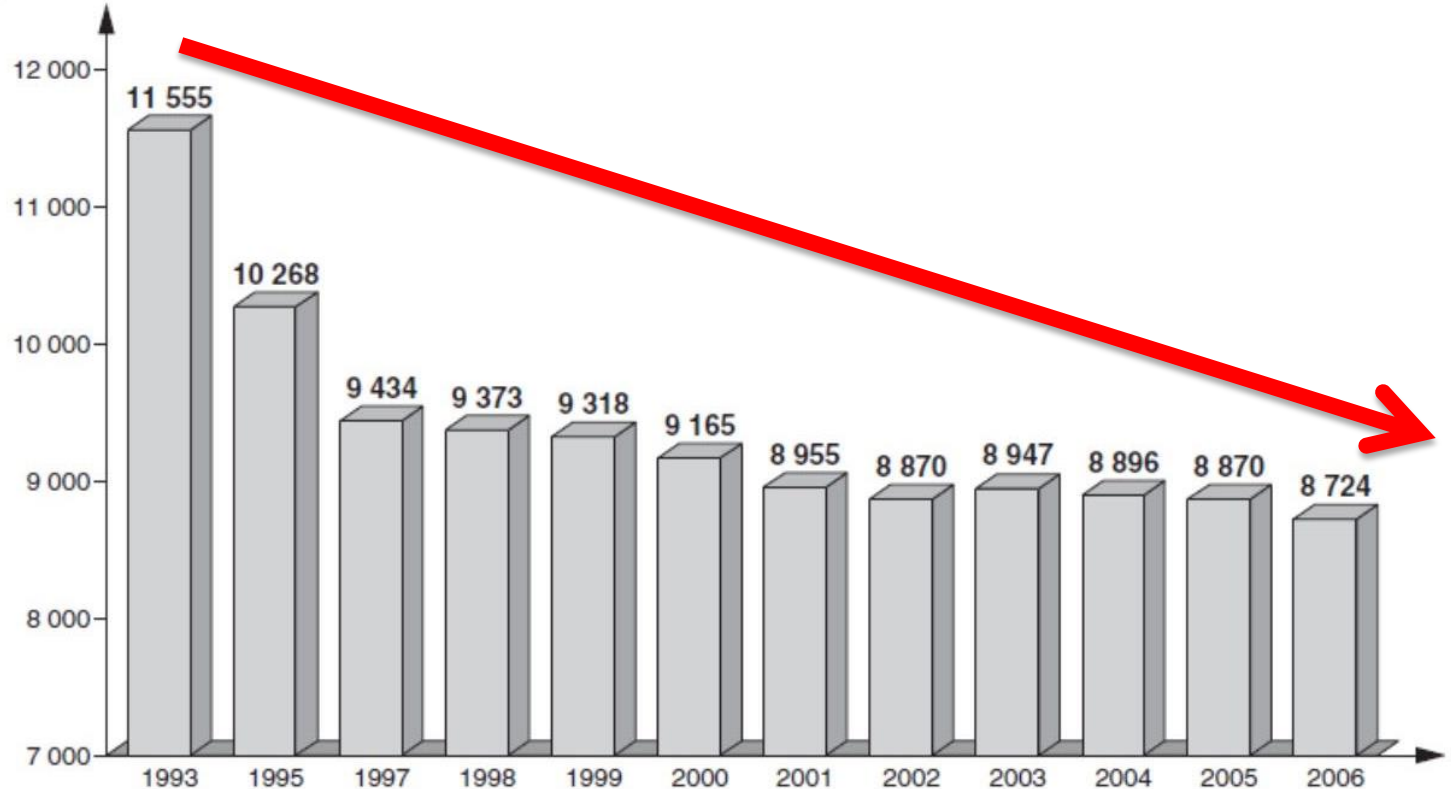


- 34 public medical universities, 2 private
- First-year medical students in 2010: 8 629
- Total number of medical students in Germany: 75 463
- Medical graduates in 2006: 8 724
- Degree type: State examination (min. 6 years)
- Restricted admission by grade point (numerus clausus)

Graduates of German Medical Faculties

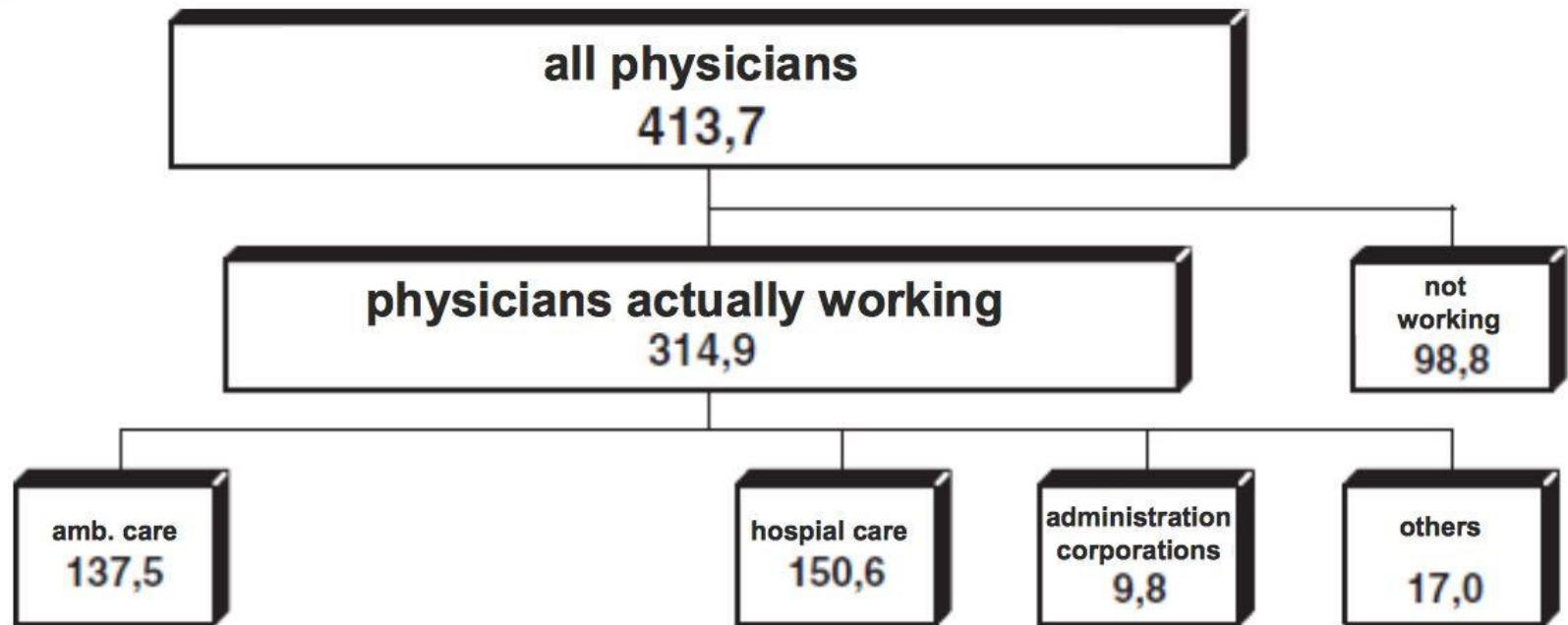
Physicians: New blood / young academics

Graduates from MedSchool



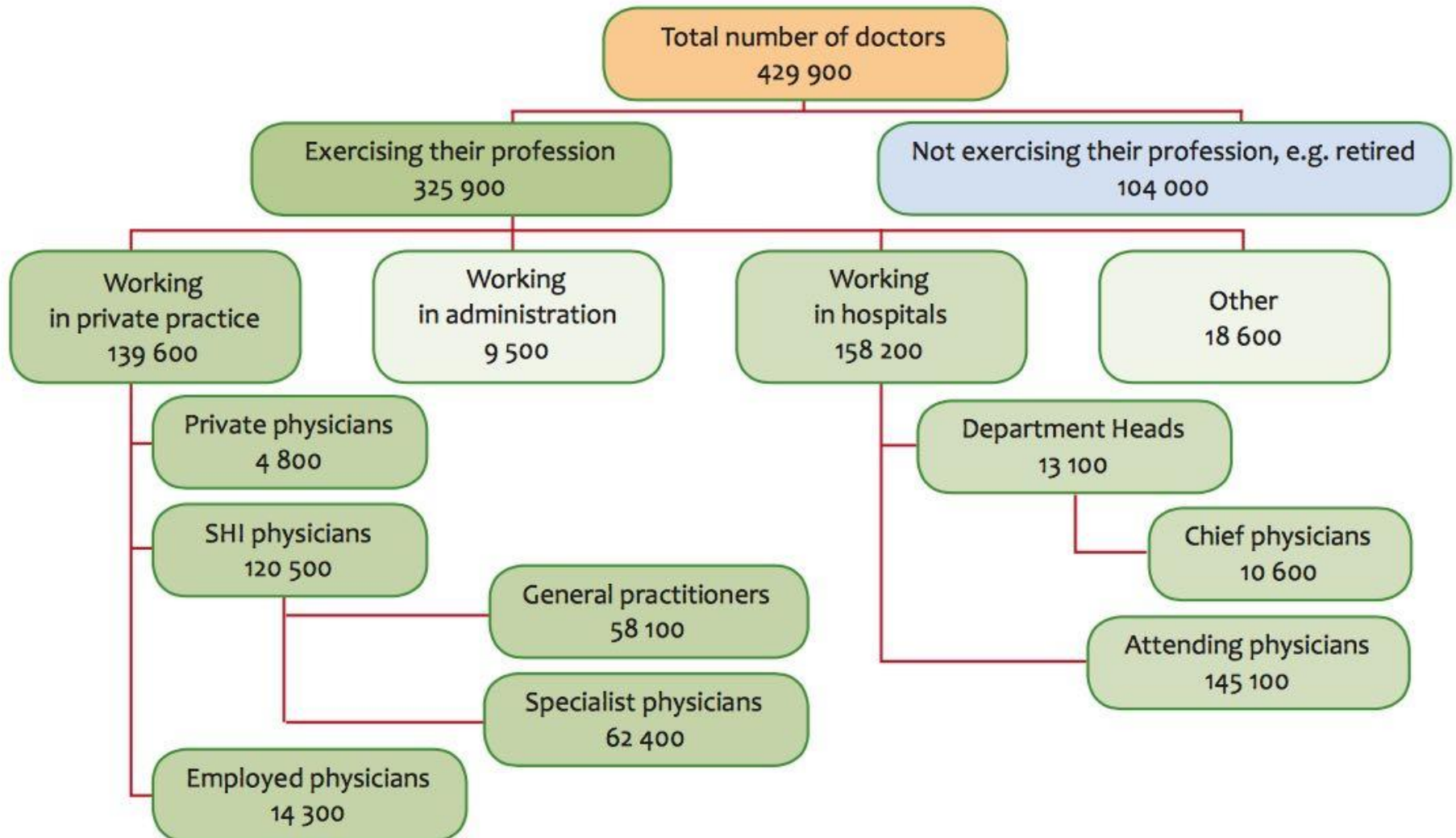
Physicians in Germany

Physicians (in thousands)

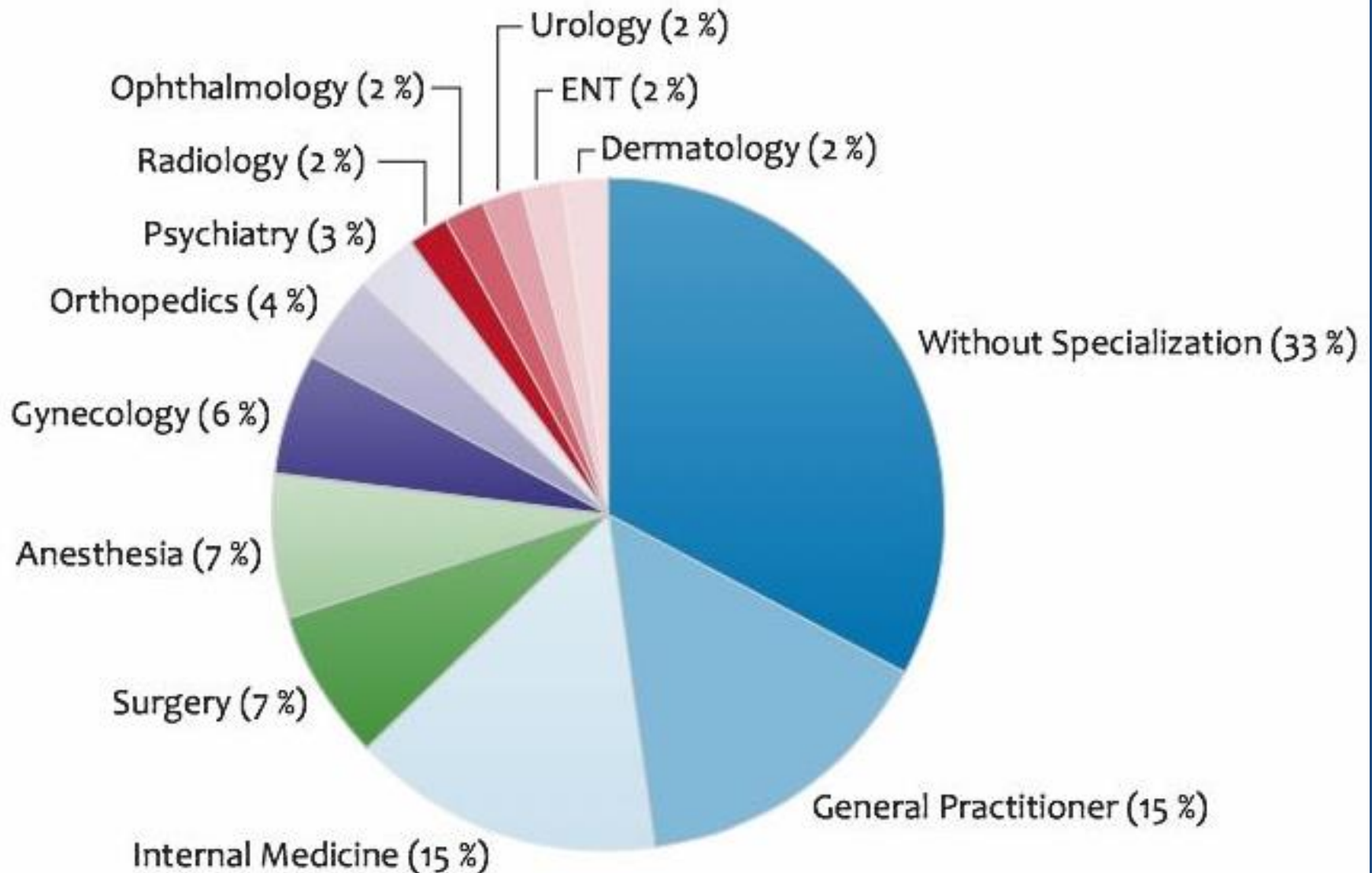


Distribution of Physicians

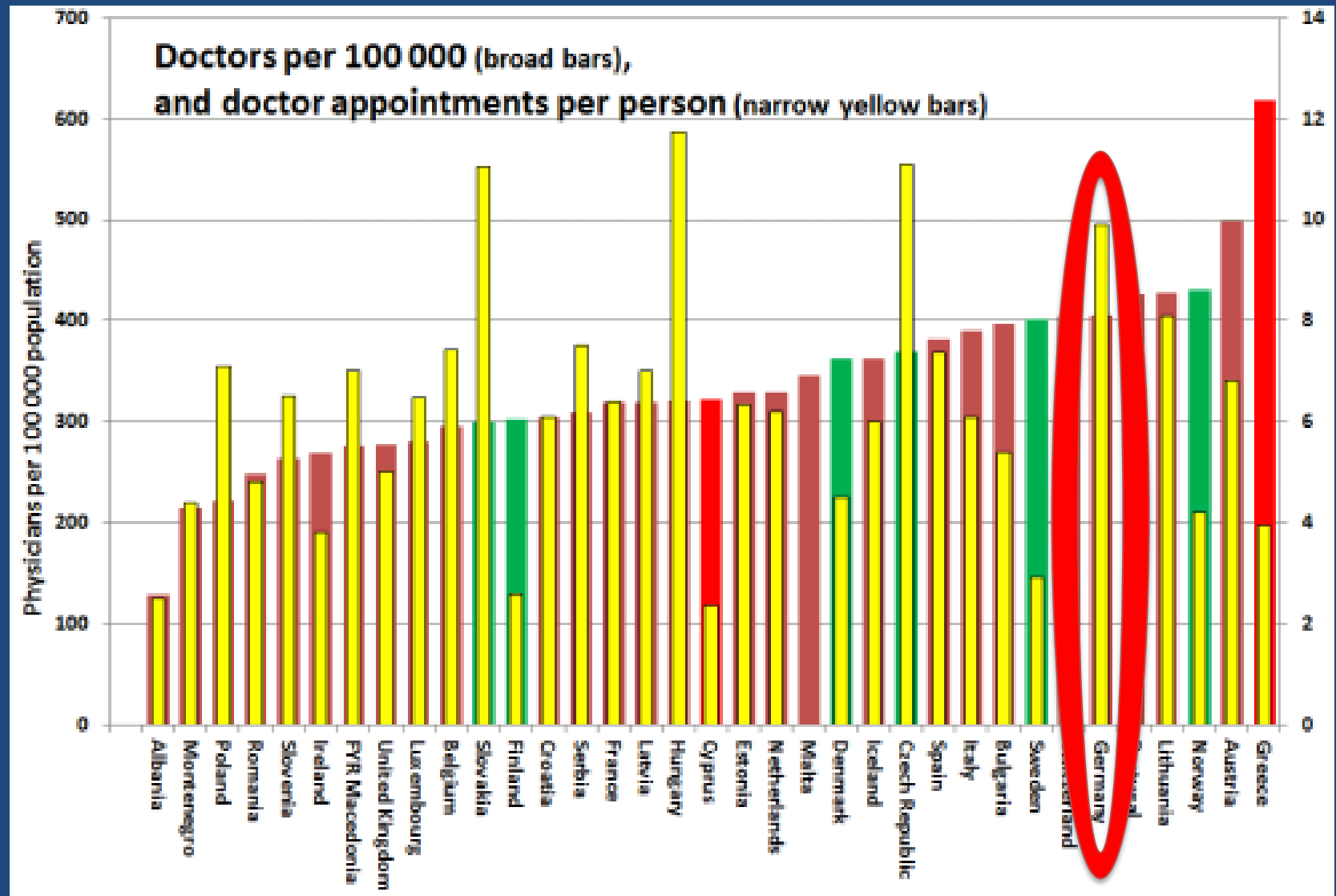
About One-Third in Private Practice, One-Third in Hospitals, and One-Third Elsewhere



Distribution of Specialists



Physicians in Europe



Management of a German Hospital

Medical Director and Head of the Department of Internal Medicine



Chief physician and private lecturer Dr. med. Manfred Hummel

Internal Medicine and Cardiology Specialist Medical Director and Head of the Internal Medicine department of the Paulinenkrankenhaus

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➤ [About chief physician Dr. Hummel](#)

Nursing management



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Management of a German Hospital

Nursing management



Ute Hennig

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Fon: + 49 (0)30 30008-494

CEO

Director of Operations



Birgit Drischmann

Graduate economist (Diplom-Ökonomin)

Director of Operations at the Paulinenkrankenhaus, previously Managing Director at other hospitals

Member of the association of hospital directors in Germany (Verband der Krankenhausdirektoren Deutschlands e. V. - VKD)

Member of the board of the employer's federation Paritaetische

Tarifgemeinschaft

Honorary judge

MBA in Healthcare Management



MBA in International Healthcare Management (IHM)

Frankfurt School's MBA in International Healthcare Management (IHM) caters to all those involved in the healthcare value chain: suppliers as well as providers, health insurances and regulatory bodies.

The MBA IHM aims to develop responsible healthcare managers and to equip them with advanced entrepreneurial skills, expertise and integrity, in order to master the challenges in a globalised healthcare sector. International locations in Europe, America and Asia and a diverse student body ensure a truly international experience.