"Emergency Care in Germany being re-assessed"

EUSEM

Hybrid Medical Care Model Seen As Potential Answer



Germany must seek new concepts for provision of emergency care which meet the conflicting pressures between performance quality and performance efficiency.

Emergency medical care in Germany is currently mainly provided by hospital emergency departments and by emergency medical practices established by the association of physicians providing care inside the terms of the standard and compulsory health insurance scheme. The pre-hospital emergency doctor service mainly stabilises patients and transports them to other places for treatment.

Efforts to improve efficiency in hospital emergency departments are facing heavy resistance from the societies representing non-emergency medical specialties. Calls for a medical specialty for emergency medicine have been refused for no major reason other than claims the status quo is satisfactory.

The main reason for the opposition by other societies is difficult for them to say publicly: They do not wish the balance of power held by the existing medical specialities in the federal medical council to be disrupted by a new specialty.

Instead a supra specialty in emergency medicine was offered and accepted by the German Association for Emergency Medicine. The authors fear that is a delaying tactic by the other societies and the record in other European countries shows that this course will remove the subject of the emergency medicine physician from the agenda in Germany perhaps for 15 to 20 years.

In the meantime, rising numbers of emergency patients are being registered in Germany. The number of hospitals is being reduced, especially in rural areas and general medical practices are increasingly refusing to provide emergency care outside normal working hours or at weekends.

The emergency services set up by the association of general physicians working in the standard medical insurance sector has been criticised as unsatisfactory by politicians and by patients. There is criticism about serious lack of capacity at weekends and non convenience times which has led to shortcomings in care provision.

With attempts to improve emergency department efficiency blocked and the services provided by the association of physicians

inadequate, more attention is now needed in Germany to deal with the serious problems in emergency outpatient care by using polyclinic service centres.

Polyclinic service centres could provide a major part of the answer through a hybrid character. This would display the characteristics of a 24 hour/7 day a week opening convenience clinic which would deal professionally with the "non urgent" emergency cases and so provide a major service potential. Polyclinics are present in many small towns and in rural areas but simply close at the weekend or in the evening. Their latent capacity could be used in emergency services.

Polyclinics can provide diagnostics and treatment which was previously only possible in hospitals. In the event that a patient has a life-threatening illness, polyclinics can act as a dispatcher in a hub and spoke model, transferring patients to other hospitals or clinics with capacity to treat them.

The evident need for a 24 hour a day/7 day a week comfort care system will overreach the service provided by the association of general practices, whose service will increasingly look obsolete. Polyclinics can become services offering treatment to discerning customers demanding extensive access to the best possible medical care.

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