

## Editorial



*The new government is the old. It was a very close race, but at the end of a long election night, Chancellor Schröder and the SPD/Greens coalition were in lead. The health policy will now likely stay the same. The federal government will continue with the solidary financing system. That means: Basically all SHI members will get the same medical treatments. We will have more quality assessment - done by a new independent institute of quality in medicine. Will we have more changes than expected? Nobody can tell at the moment. We have to wait until the end of the coalition negotiations between the Social Democrats and the Green Party. We will keep you informed. Best regards  
Joachim M. Schmitt, Director General*

## Maximum of Budget Increase in 2003: 1,06 %

Berlin. The sectoral budgets in Germany, e.g. for the hospital sector, are allowed a maximum growth of 1,06 % in the year 2003. This figure was published by the German Ministry for Health on the basis of the average income increase per member of the statutory health insurances (SHI). In 2002, the maximum growth was 1,89 %.

## New BSG Rule

Kassel. End of September 2002, the German Federal Social Court (BSG) ruled that sickness funds were responsible for the reimbursement of anti-decubitus mattresses in care homes. This renewed clarification is in the interest of the patients, the care homes and the companies, said BVMed, the German Medical Technology Association. "The BSG has hereby once again clarified that the so-called wheelchair judgement that was used by the sickness funds as the basis to refuse payment for technical aids was misused. Medical aids used in treatment procedures in care homes must be reimbursed by the sickness funds. Attempts by sickness funds to shift the burden of payment onto the care homes and patients must finally be at an end," said BVMed Director General Joachim M. Schmitt.

## BVMed on German Health Policy after the election

Berlin. The old will likely be the new German Health Minister. After SPD and the Green Party won the election in a very close race, Ulla Schmidt (SPD) has good chances to remain Health Minister. Chancellor Schröder mentioned in a newspaper interview that he will adhere to her. Meanwhile, BVMed has called on the federal government to continue with the round table meetings it implemented as a means of creating open dialogue within the health service." The round table meetings were a helpful starting point from which to mutually embark upon the further development of the German health care system. Despite all of the conflicts, for instance with the doctors' associations, this institution must be maintained," said BVMed Direc-

tor General Joachim M. Schmitt. In BVMed's opinion, one of the most important health political questions of the next four years is: Will we manage, even in the coming years, to offer patients innovative medical technologies without delay? "Germany needs conditions that actively encourage innovations so that new technologies and procedures can be developed. Innovation in medical technology must be better supported and adopted speedily into the DRG catalogue and the catalogues of reimbursable procedures of the health insurance funds. The aim must be to offer advanced medical technology to all patients who require it, without delay," said Schmitt. More at [www.bvmed.de/presse.php?455&l=2](http://www.bvmed.de/presse.php?455&l=2)

## German DRG catalogue for 2003 now published

Berlin. The German Ministry for Health has published the DRG ordinance together with a complete DRG catalogue containing the German relative weights. More at [www.bvmed.de](http://www.bvmed.de) (DRG-Links).

BVMed has welcomed the newly introduced "innovation clause" in the German hospitals' DRG ordinance (KFPV) for the optional year 2003, published at the end of last week.

According to the ordinance, reimbursement for innovative medical technologies can be agreed upon between the contractual partners for procedures not covered by the DRG catalogue. "This opening for innovative procedures is a great benefit for patients, hospitals and medi-

cal technology companies", said BVMed Director General Joachim M. Schmitt. On the other hand, BVMed says that many of the relative weights for DRGs containing high-cost equipment are still clearly undervalued.

BVMed has issued the following appeal to the sickness funds and the hospital associations: "The onus lies now with the independent partners of the health service to agree upon appropriate relative weights for high-value medical technology procedures and this may involve further differentiation of DRGs. In this way the future of patient care with innovative medical technology in hospitals can be assured."

## Inpatient Operations in Germany, 1998 (in %)

source: MediStat Country Report 2002

