

Ensuring a functioning health care system in regions with declining and ageing populations

Host Country Paper

I. Demographic trends in Brandenburg as an example of evolutions typical of the new Federal Laender in Germany

The population of the Federal Land of Brandenburg is projected to shrink from a current 2.58 m to 2.194 million by the year 2030. Specifically, the population will increase slightly in the densely populated area around Berlin while it will decrease strongly in the rural regions further away from Berlin.

At the same time, the population trend is influenced by the outflow of young people, especially young women. The migration loss of women between the ages of 18 and 30 years from the rural regions of Brandenburg alone was 55,400 young women between 1993 and 2006. The assumed migration losses to the old Federal Laender continue to disproportionately involve relatively young women. By 2030, these will amount to a total of approx. 63,000 persons. This is roughly equivalent to the current population of the town of Frankfurt an der Oder.

In the rural regions, the population decline will persist and even intensify from 2019, by which time only the low-birth-rate cohorts will enter reproductive age (the new Federal Laender experienced an enormous drop in birth-rates after German reunification in 1990). This trend is aggravated by migration losses.

Population density will decrease from a current 61 to 46 population per sqkm in 2030 – a ratio that already obtains, for instance, in the sparsely populated rural Uckermark district. By 2030, the 28 municipalities and associations of municipalities which currently have a population density below 25 persons/sqkm will be joined by another 27. The population of the towns of Brandenburg/Havel, Cottbus, und Frankfurt/Oder will shrink by an average 22 % by 2030. Of all the towns in the Land of Brandenburg, only Potsdam is projected to experience a rise in population.

By 2020 already, one in four Brandenburg citizens will be a senior citizen, i.e. over 65 years – against the background of a continuously rising life expectancy. As in Germany overall, life expectancy is also on the increase in Brandenburg. Boys born today are likely to live to an average age of 75.4, girls 81.5 years, that is 6.3 and 4.6 years longer than at the beginning of the 1990s. At the same time, the residual life expectancy of 65-year old persons has increased by some 3 years mainly thanks to improved medical care. This trend will intensify. Moreover, elderly persons will continue to enjoy an increasing life expectancy. However, this is subject to class-specific differences. By 2030, approx. 786,000 persons over the age of 65 will live in Brandenburg, half of whom again are older than 75 years. In the rural regions of Brandenburg, four in ten citizens will be of retirement age by 2030.

(Data source: *Landesamt für Bauen und Verkehr, Raumbewertung (LBV): "Bevölkerungsprognose des Landes Brandenburg 2007 bis 2030" and "Bevölkerungsvorausschätzung 2007 bis 2030"*)

II. Changed healthcare needs

The demographic and social changes as well as the future trends in morbidity will lead to greater demands for medical care overall, mainly in the field of primary care. Experience shows that individuals over 65 and over 80 years are the patient groups that have the most contacts with primary and certain areas of specialist care. Moreover, the primary care needs of chronically ill persons, in particular, are also influenced by their personal environment. Diminishing possibilities for support from within their immediate social environment will raise expectations for primary care. Similar increase rates are expected to occur with long-term care needs.

This trend may be countered by a stronger focus on preventive and health promoting services that will lead to a rise in healthy life years compared with the present situation. It is often assumed that the health status of the individual age cohorts remains stable over a relatively long period of time, especially in well-educated population groups, thus postponing chronic morbidity until a more advanced age. The growing number of chronically ill and/or multimorbid individuals then mainly stems from the growing ranks of elderly people. This results in a greater uptake of primary care.

Studies on the health status of the population (Federal Health Monitoring System, Advisory Council on the Assessment of Developments in the Healthcare System) show an above-average morbidity rate in the new Federal Laender, especially from chronic conditions such as hypertension, diabetes mellitus and cardiac infarction. Combined with a lower physician density, this leads to a 27 per cent higher number of treatment cases per panel doctor compared with the old Federal Laender.

While the demands for outpatient medical care are higher in the new Federal Laender than in the old ones, the current remuneration level of specialists is still clearly lower. These mismatches make it ever more difficult to find successors for soon-to-be-vacated medical practices. The age structure of panel doctors now lends particular urgency to this problem. In 2006, 30.4 % of primary physicians in the new Federal Laender were 60 years and older (old Federal Laender: 16.5 %). The average age of primary physicians who return their licence to practice currently varies among the new Federal Laender between 61.90 years (Brandenburg) and 64.25 years (Thuringia). Against this background, both rapid measures and long-term concepts are required in order to avoid problematic healthcare bottlenecks in the new Federal Laender.

Signs of trends such as those outlined here can also be found in some rural regions of the "old" Federal Republic. In the new Federal Laender, however, this evolution is taking place at an incomparably faster rate. Certain unfavourable socio-demographic constellations are likely to occur far earlier or have already occurred.

III. Strategies to ensure future care provision in the rural regions

Germany's multiple payer and provider health care system makes it difficult to establish novel cooperative care forms that are ever more sorely needed in rural regions. The German Unification Treaty explicitly states that the solo practice is to constitute the standard form of care. With respect to the cooperative care forms that predominated in the GDR (polyclinics, outpatient clinics), only the protection of the existing stock was provided for. The Government of the Land of

Brandenburg vehemently lobbied for their continued existence and supported their retention under the new designation of "*Gesundheitszentren*" (medical care centres). With the Statutory Health Insurance Modernisation Act that became effective in 2004, the care form called "medical care centres" was effectively licensed to provide panel doctor services throughout Germany. Thanks to the Health Care Reform Acts of 2007, there are more possibilities for cooperation in panel doctor care provision today. Integrated care, even across sectoral boundaries (outpatient and inpatient care, nursing and medical care) has been strengthened.

In Brandenburg, a number of concrete measures have been developed to address the shortage of physicians:

- For several years already, doctors in Brandenburg have been eligible to practice retention subsidies (meanwhile up to 50,000 Euros) and turnover guarantees if they take over a soon-to-be-vacated practice in underserved regions. The remuneration of doctors in the new Federal Laender, however, has been clearly lower in the past 18 years than in the old Federal Laender. In the wake of the Health Care Reform, a new remuneration system was introduced in Germany on 1st January 2009 that leads to a fairer payment of doctors in the new Federal Laender. From 2010, moreover, supplements in underserved regions will be an option.
- Since October 2006, an information and image campaign has been running that aims to attract physicians, especially GPs (www.hausarzt-in-brandenburg.de).
- In 2008 and 2009 a qualification project for immigrant doctors was conducted that can be considered a model for the future nationwide qualification offer for immigrant university graduates. In view of the rising demand for specialist staff, Germany cannot do without well-trained immigrants. The pilot project aims to help immigrant doctors navigate the Brandenburg labour market and contribute to ensuring medical care throughout the Land.
- Moreover, hospitals in the Land are increasingly taking matters in their own hands by targeting the next generation of doctors and offering their own fellowship programmes for medical students. Additionally, these often come with the promise of targeted support during their subsequent specialist training.
- The implementation of "community nurses" in outpatient primary care is a possibility to cushion the gap in outpatient GP care that looms or already exists in some regions of Brandenburg. Therefore, a pilot project was set up in Brandenburg in line with the so-called AGnES concept (developed by the Institute for Community Medicine of the *Universität Greifswald*). AGnES stands for *Arztentlastende* (doctor's workload easing) *Gemeindenahe* (community-based), *E-Healthgestützte* (e-health based), *Systemische Intervention* (systemic intervention). The easing of the doctor's workload is achieved by delegating medical services to appropriately qualified non-physician professionals in the practice team. The AGnES nurse carries out the delegated medical services in the patients' home. In regions with a looming or already existing primary care deficit, the AGnES concept can help to allow the individual GP to care for a greater patient panel size and/or a greater region. The acceptance of the AGnES concept has been very high among the GPs participating in the pilot project and among the patients themselves.

- A survey commissioned by a big German health insurance fund that was conducted among medical scientists revealed particular room for improvement in specialist training in Germany: the doctors recounted their gruelling search for specialist training places. In Brandenburg, specialist training networks have been in place since 2006 in which "one-stop-shop" specialist training is offered within the framework of five-year-contracts.
- The Brandenburg Health Ministry, together with the health insurance funds, the regional doctors' association, the Land hospitals' association, the associations of local authorities, the Land medical association, the association of medical services centres and the Organisation of German Primary Care Physicians, is currently examining in what ways telemedicine applications can help to ensure medical care in rural regions in the future.

These are complemented by nationwide projects:

- Within the framework of the Conference of Health Ministers of the Federal Laender, concepts are being elaborated to introduce, for instance, medical students early to primary care and to interest them in this specialty. In Germany, the profession of family doctor must be upgraded, the associated burdens reduced and other professionals involved in care provision, as well.
- Since 1999 a nationwide programme for the "promotion of postgraduate training in general medicine" has been in existence to which the health insurance funds, hospitals and panel doctors contribute. The establishment of specialist training places both at hospitals and in outpatient care receives financial support. The uptake of this support programme is clearly above average in Brandenburg at about 90 %.

IV. Questions for discussion in the context of the Peer Review

What forms of care provision are suitable for maintaining medical and nursing care in rural regions in which the population is growing ever sparser and older?

How can cooperative care provision forms be developed and strengthened?

What can telemedicine applications contribute?

What strategies are needed to retain professionals in the region and attract new ones?

What incentives can trigger a development dynamism, what strategies are needed to eliminate an "actor's vacuum"?

(An "actor's vacuum" describes the situation when the preconditions are given and the required legal framework is set for creation of more flexible provision structures, but there is a lack of providers respectively professionals who make use of the new opportunities.)