

Switzerland introduces German DRG system

Bern. As of 2008, Switzerland will introduce a diagnosis related flat-rate payment system on the basis of the German G-DRG system. The Swiss decision makers saw advantages in the type of cooperation with the system provider, in that the German DRG system is a non-commercial product that is operated autonomously (by clinics and health insurance funds). The German system is to be adapted to Swiss conditions and introduced nationwide as of 2008. More at: www.swissdrg.org.

Health policy staff of the parties selected

Berlin. **Annette-Widmann Mauz** (CDU) remains spokesperson on health policy for the CDU/CSU parliamentary group in the Bundestag. She replaces **Andreas Storm** (CDU), who is moving to become parliamentary state secretary in the Research Ministry. The new spokesperson on health policy for the SPD parliamentary group in the Bundestag will be **Carola Reimann**, who replaces **Erika Lotz**. The parliamentary group of Alliance 90/The Greens in the Bundestag have once again put forward **Birgitt Bender** as health spokesperson. Chair of the health committee of the parliament is **Dr. Martina Bunge** (Left Party), formerly Minister of Social Affairs in Mecklenburg-Vorpommern.

DRG conference: "Processes for the introduction of innovations have been significantly accelerated"

Bonn/Germany. The processes for the introduction of medical technology innovations in the hospital flat-rate reimbursement (DRG) system have been significantly improved and accelerated. "In terms of the financing of innovations, the time that it takes until a DRG is included in the system is less than the two-year period previously discussed," said **Karl-Heinz Tuschen** from the Federal Ministry of Health at the MedInform conference "Medical technology in the G-DRG system" on 24 January 2006 in Bonn. It is now important to critically examine whether the financing during the transition period is sufficient.

"We have an innovative industry," **Dr. Wulf-Dietrich Leber** from the AOK federal association noted. The procedure for the adoption of new examination and treatment forms (NUB) was, however, hardly a reference point, he claimed. "99

per cent of innovations create improved processes and reduce the length of stay and do therefore not appear in the NUB procedures," Dr. Leber said. He also envisaged faster procedures – particularly via the flexible special charges of the DRG institute (InEK): "the time-lag for innovations has thus become significantly shorter. Essentially, we no longer have innovation gaps." Companies experienced an advantage in that complex medtech procedures were better reflected through a progressive DRG splitting mechanism and broadened calculation data, the conference's moderator, BVMed Director General **Joachim M. Schmitt**, said.

According to the health ministry, the structure of the new reimbursement system following the completion of the convergence phase in 2009 will be a matter for discussion by spring 2007 at the latest. More: www.bvmed.de (Press).

Employers are demanding a premium model

Berlin. The employers are demanding a conversion to a premium model for the reform of the healthcare system in order to decouple sickness costs from employment. The model presented by the president of the Confederation of German Employers' Associations (BDA), Dieter Hundt, in Berlin in the middle of January provides a premium of an average 180 euros a month for every adult. Children remain exempted from contributions. The employer's share is paid out to the

employee. At the same time, no more than 12.5 per cent of the salary is to be spent for the contributions so that a social compensation through taxes is to be made in the case of single earners with incomes below 1,440 euros. Every health insurance fund can freely decide on the amount of the premium. Furthermore, the health insurance funds have the freedom to conclude their own contracts with physicians or hospitals. More: www.bda-online.de.

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Facts – Opinions – Background



Berlin. MedInform has published the fifth issue of MedInsight, a background report authored by the German MedTech experts **Joachim M. Schmitt** and **Manfred Beeres** together with **Stephen Hull**

from AdvaMed. MedInsight gives the latest news on Europe's biggest MedTech market.

Topics from the new issue are e. g.: *German Healthcare reform 2006 still con-*

troversial; Health policy staff selected; Medtech innovations in the German system: Challenges and possible approaches illustrated by the example of DES; German Ministry of Economics publishes Medtech study; Switzerland introduces German DRG system; More than a third of clinics report losses; Moderate increase in hospital costs of 0.9 per cent; Eight test regions for the electronic health card.

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