Rural health care in Germany - a move towards comprehensive primary care?

Introduction to the Workshop:
Inter-professional healthcare centre of primary and long-term care in Wolmirstedt – a participatory concept design

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European Forum for Primary Care Conference 2016
„Crosscutting Informal Care and Professional Primary Care“

Riga, 6. September 2016
Primary health care in Germany

• In Germany, up to now, primary care is understood as ‘general practitioner care’, provided in solo- and increasingly in group private practices/medical care centres (MVZ-Medizinische Versorgungszentren), supported by medical assistants.

• The differentiated ambulatory specialist care is accessed directly by patients (exemption: model of ‘family doctor based health care’, SGB V §73b – hausarztzentrierte Versorgung).

• Home care (nursing care, home help) is provided mainly for people in need of long-term care on base of the Long-term Care Insurance (LTCI – SGB XI)

• Strong separation of the supply systems and hierarchies between the health professions.

• Multi-professional teams are not developed in primary care, but we have experiences esp. in palliative, rehabilitation, geriatric care teams.

• According to the German Council of Science and Humanities 10 - 20% of the nurses (WR 2012), midwives and therapeutic health professions should hold an university degree (Currently, only approx. 0,6% of the nurses; SVR 2014)
‘Rural decline‘ - small-scale population dynamics in the past and future

1990 - 2010

2010 - 2030
Health care problems in rural regions

- Population migration from rural and structurally weak regions into prosperous areas. Consequence: decline of infrastructure and informal care.

- Shortage of health professionals in rural regions – especially GPs and nurses.

- Nursing shortage:
  - Since 2011, according to the Federal Employment Agency: lack of examined nurses, but slight excess supply for assistant nurses.
  - In 2025, a shortage of 112,000 nurses (FTE) is expected (Afentakis/Mayer 2010).

- Physician shortage:
  - Maldistributions: urban-rural, general practitioners-specialists.
  - Physicians associations complain about doctors lack in rural regions.
New health care models are required, that

• are attuned to the needs of (older) people with complex long-term conditions and care dependencies,

• respond to challenges in rural and structurally week regions,

• ensure comprehensive, high quality health and social care, even under complicated circumstances,

• take into account professional development and reframe responsibilities.

Recommendation to develop and pilot local health centres

To sum up

**Germany lacks a comprehensive primary health care model.** Changing health needs as well as physician shortages in rural communities have opened the door to new approaches linked to international developments.

**Current initiatives:**

- **Rural municipalities** are looking for GPs (but don’t know how to get them attracted to rural communities)

- **Learning from other countries**: „Primary health centres - concepts and practices“ (Bielefeld University, funded by Robert Bosch Stiftung)

- **Concept development**: ’Patient-Oriented Centres for Primary and Long-term Care‘: (Concept development funded by Robert Bosch Stiftung)