

Density of physicians: Allocation scheme for physician practices fails to address needs

Only the allocation scheme of general practitioners will be more closely related to needs

In international comparisons, the overall density of physicians in Germany is relatively high. But the number of physicians in the various regions does not always correspond to regional needs. The new allocation scheme for physician practices according to the Public Healthcare legislation („Versorgungsstrukturgesetz“ 2012), improves matters only in the area of general practice. Here, there will in future be a closer correlation between the regional variations in the planned number of physicians and regional needs.

In the case of specialists who, like general practitioners, should be available close to where patients live, i.e. pediatricians, gynecologists and ophthalmologists, there will be little change to the disproportionate regional distribution in urban and rural areas. In many regions, the new scheme will not bring the planned density of these groups of physicians more into line with regional variations in needs.

Regional distribution between urban and rural areas unchanged

Just under a third of pediatricians and over a third of gynecologists and ophthalmologists currently have their practices in cities, although only a quarter of the population live there.

This imbalance still prevails after the changes in the planning process. The reason for this is an assumption that towns and cities also provide the surrounding areas with specialist medical services which really ought to be available locally (cf. Fig. 1).

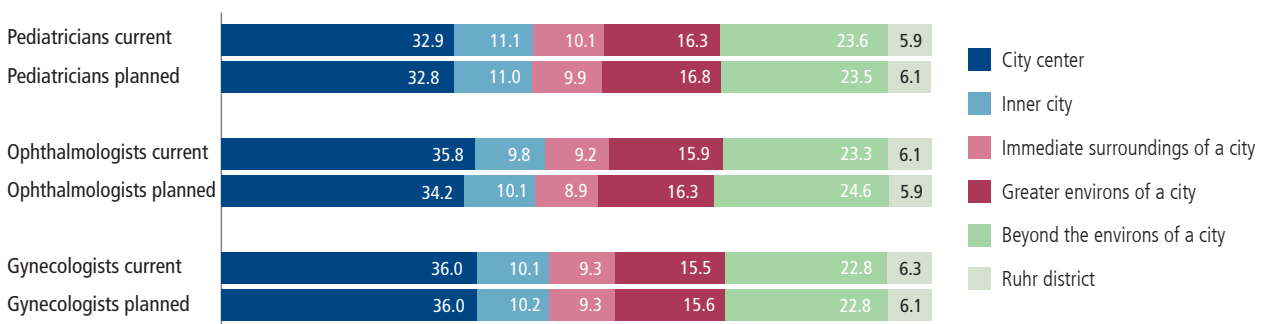
When planning the number of pediatric, gynecology and ophthalmology practices, very different parameters are therefore defined for the density of physicians in the various types of region (e.g. urban or rural environs). The relationship between the number of physicians and the number of inhabitants varies according to the type of region. This means that regional imbalances will persist - irrespective of actual healthcare needs.

Specialist care will not become more needs based.

Mapping the old and new planning processes for pediatricians, gynecologists, ophthalmologists and general practitioners against the relevant needs indicators (age, gender, rate of unemployment, income, dependency on care and mortality), produces the following results:

Fig. 1: Allocation of physicians by region type

Figures in percent



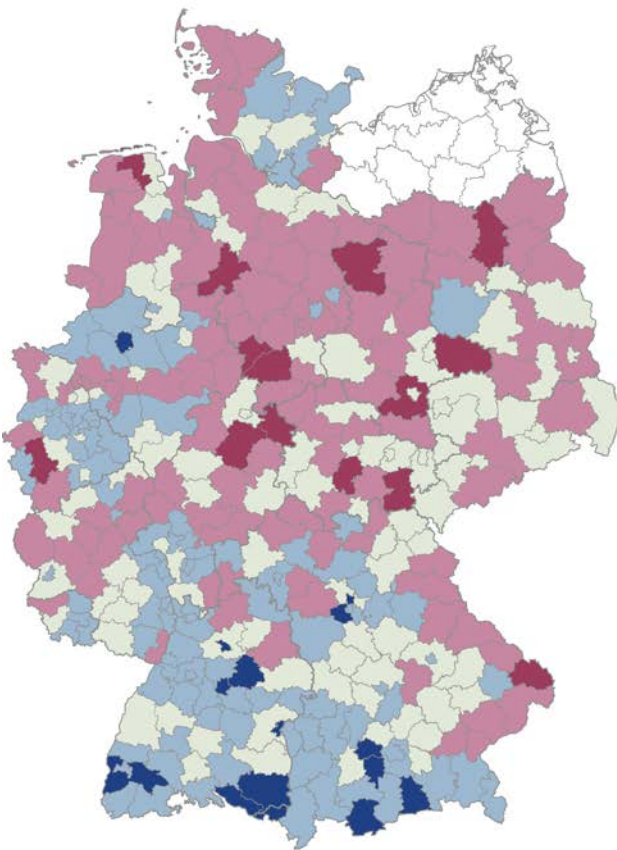


Pediatricians

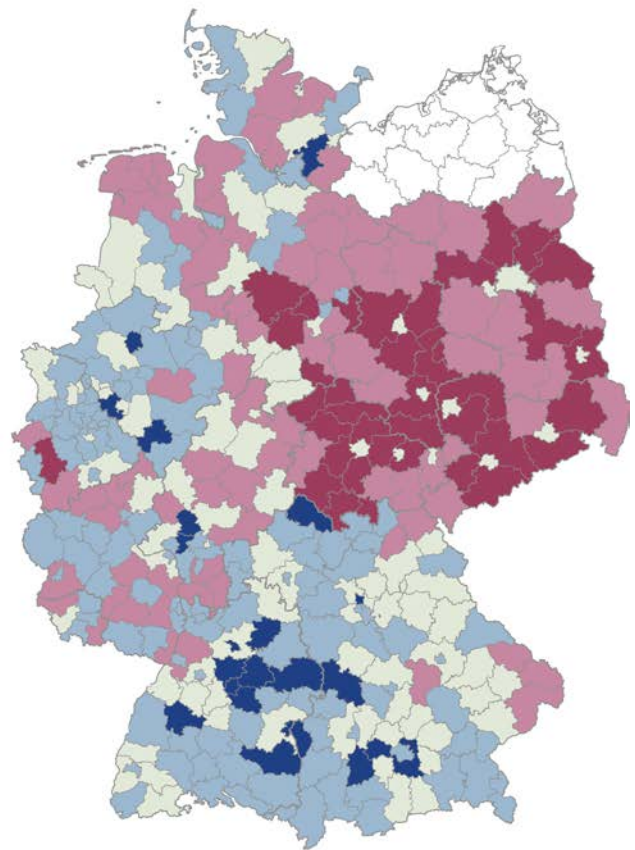
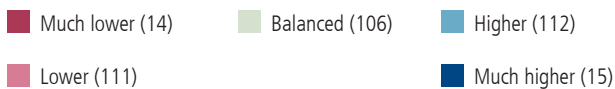
Variations in regional allocation, especially between eastern and western Germany, will become more pronounced.

- Nationwide, the new allocation scheme increases the number of regions in which the density of pediatricians does not correspond to regional needs from currently 70.4 to 75.1 percent. In eastern Germany in particular, the planned allocation of physicians will correspond even less closely to the regional variations in needs.
- In addition, the new allocation scheme adjusts the ratio in such a way that the planned total number of pediatricians nationwide will on average be 24.3 percent lower than it is today. In some regions where the current number of

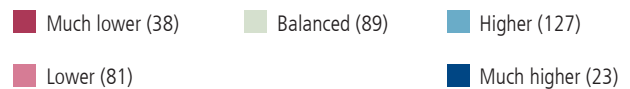
Fig.2: Density of pediatricians



Current density of pediatricians compared to relative needs
Planning districts classified according to degree of deviation



Planned density of pediatricians compared to relative needs
Planning districts classified according to degree of deviation



Mecklenburg-Western Pomerania did not provide the relevant data.

Source: Healthcare Fact Check 2014, data and calculation IGES Institut.

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physicians currently corresponds to needs, the number of pediatric practices will fall.

Note: The new allocation scheme for pediatric practices only takes into account the population under the age of 18 years. However, no distinctions are made between children of different age groups.

Gynecologists

Existing variations in the provision of care will persist.

- There is currently a disparity between the number of gynecologists and actual needs in 81 percent of all regions. The new allocation scheme will not change this state of affairs: here, the percentage is slightly higher at just under 82 percent.
- In many regions of eastern Germany, the density of gynecologists is below average when compared to relative needs; in western regions on the other hand, it is frequently above average.

Note: The new allocation scheme for gynecology practices only takes the female population into account. The needs of women over the age of 65 are weighted less.

Ophthalmologists

Density may become slightly more needs based.

- The number of ophthalmologists in most regions of eastern Germany currently falls short of relative needs.

- Currently, the density of ophthalmologists deviates from actual needs in 72.9 percent of all regions. The new allocation scheme will reduce this number to 66.5 percent. This means that the new system will make the regional allocation of ophthalmologists slightly more needs based.

- This is probably due primarily to the fact that the number of patients over 65 requiring the attention of an eye specialist is especially high, a fact which is more closely reflected in the new allocation scheme.

General practitioners

The regional allocation of general practitioners will become more needs based.

- Measured against the regional variations in healthcare needs, there is a distinct east-west divide in the allocation of general practitioners. In the states of the former West Germany, especially in the south of the country, the density of physicians is disproportionately high compared to relative needs.
- The new allocation scheme will increase the number of regions in which the density of physicians corresponds to relative needs from currently 18.7 to 46.4 percent.

However this positive development will only be of noticeable benefit to patients if physicians actually take up occupancy at the medical practices allocated to the regions where there is currently a shortage of healthcare provision and if surplus provision is reduced elsewhere.



Possible improvements und recommendations for action

The following demands apply to planning at federal (national government and Federal Joint Committee (G-BA)) and at state level (associations of statutory health insurance physicians and state associations of statutory health insurance funds):

Reduce the imbalance between urban and rural areas

- Set a **standardized density ratio** (number of physicians per head of population) nationwide for pediatricians, gynecologists and ophthalmologists (as for general practitioners) or at least a considerably lower spread between the different types of region.
- Introduce **smaller divisions** for the respective approval regions for pediatricians, gynecologists and ophthalmologists (as for general practitioners).

Bring allocation schemes more into line with actual needs

- Take into account **morbidity factors** in the regional population, e.g. mortality and care dependency, in the allocation of general practitioners, pediatricians, gynecologists and ophthalmologists.
- Include the **socio-economic factors** of the regional population, e.g. unemployment and income levels, in the allocation of general practitioners, pediatricians, gynecologists and ophthalmologists.

Change-based and goal-oriented allocation planning

- Plan on the basis of future **demographic changes** in the populations of the various regions.
- Set specific **planning targets** for different, clearly defined periods of time, e.g. for the coming five, ten, fifteen and twenty years.
- Impose **sanctions** for the failure to achieve planning targets.

From planning to actual health care

In order to achieve planning targets such as the reduction of overcapacities on the one hand and of shortfalls in provision on the other, a bundle of measures are called for. These include:

- Improve the **peripheral factors** such as rents, child care, and employment opportunities for spouses and partners in regions in which there is a shortage of health care.
- Promote better **work/life balance** through cooperative provider structures (e.g. medical care centers) and part-time openings.
- **Financial incentives** such as allowances and deductions in the remuneration scheme for physicians according to healthcare needs.
- Systematic and regulated **buy-out of medical practices** by the associations of statutory health insurance physicians in regions with surplus provision.

INFORMATION ABOUT THE HEALTHCARE FACT CHECK – DENSITY OF PHYSICIANS

Interactive map of Germany

The Healthcare Fact Check – Density of Physicians – uses interactive maps of all regions to show whether the planned allocation of general, pediatric, gynecology and ophthalmology practices corresponds to the variations in regional needs or to what extent they deviate from these needs. This gives members of the general public, physicians and politicians an instant overview of the situation in their region and enables them to compare it with other regions.

Fact Check Report

On behalf of Healthcare Fact Check, the IGES Institut analyzed both the current and the planned allocation of general practitioners, pediatricians, gynecologists and ophthalmologists at regional level. Both planning concepts were compared to the relative healthcare needs in these regions (regional deviation from the national average).

Further information can be found at faktencheck-aerztedichte.de and faktencheck-gesundheit.de

