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A Learning Experience

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A Learning Experience

I was a visiting scholar to the Office of Health Policy and Clinical Outcomes at Thomas Jefferson University from February 1 to March 31, 2001. It was my goal to learn as much as possible about the U.S. health care system, in particular the diagnosis-related groups (DRGs), since Germany anticipates their implementation in 2003. During my time here I was able to meet several key executives of Thomas Jefferson University Hospital (TJUH). Thanks to their efforts and my literature review, I gained some insight into how TJUH and the U.S. health care system work.

One of the main differences between a university hospital in Germany and TJUH is that there are many more people working in hospital administration at TJUH. In addition to the CEO, TJUH employs several Senior Vice Presidents and Vice Presidents. This is not necessarily so in Germany for various reasons.

First, marketing for hospital services and physician services is not allowed in Germany. Second, quality measurement and quality assurance is not as sophisticated in Germany. Third, basically there are only two different health insurance providers, the sickness funds and the private health insurers. Of course differences exist among the 420 sickness funds and the 50 private health insurance companies, but these differences are very small since the benefits and system of reimbursement are similar. Fourth, denial of reimbursement by these providers is very rare in Germany.

Fifth, malpractice is not such a big problem in my country. It is not that German doctors are perfect, but the patients are not as aggressive as in the U.S. in suing health care providers, and the fines doctors have to pay are much less in Germany. Sixth, mergers and acquisitions among health care providers are uncommon in Germany. Seventh, since the German hospitals do not collect as much data as the U.S. hospitals for quality, reimbursement, and other purposes, the medical records department is not as important in the U.S. Eighth, in general, German hospital doctors are salaried employees of the hospital. For these and other minor reasons, German hospitals do not have executives for strategic planning, for quality measurement, or for marketing purposes.

Since Germany anticipates the implementation of DRGs in 2003, the organizational structure of the entire health care system and hospitals in particular might change in the future. Therefore, I am very glad to have spent some time in the U.S. to learn more about the health care system, which will help me to better understand the anticipated changes in my country.

About the Author

Dirk Kneuppel, MD, is a Visiting Fellow in the Office of Health Policy and Clinical Outcomes at Thomas Jefferson University.