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Die deutsche Krankenhauspolitik: Eine Geschichte verpasster Strukturreformen?

Heidi Dittmann

Abstract

The introduction of the DRG system in 2003/04 can be considered the last real hospital reform. Although the latest reform was called Hospital Structure Act due to its insufficient structural components it is sometimes referred to as missed reform. Essential aspects of the institutional background remained unchanged. However, a closer look reveals even the introduction of the DRG system was only a change in the reimbursement of operating costs. Further structural changes were neither discussed nor induced. The same applies to all subsequent reforms. The key parameters of the regulatory framework are for the greater part the same as those established by the German Hospital Finance Act in 1972. Against this backdrop, the presented paper discusses the institutional background and potential reasons for its continuance. The focus is on the question, whether missed reforms are based on its optimality or which alternative explanations seem to be convincing.

JEL-Classification: H11, H51, I11, K20, L51

Keywords: Hospital Policy, Regulation, Structural Reforms

Schlüsselwörter: Krankenhauspolitik, Regulierung, Strukturreformen

Wirtschaftspolitisches Forum

Zwei-Klassen-Medizin im Fokus - Welche Reformkonzepte versprechen zielorientierte Lösungen?

Die Frage unterschiedlicher Leistungsniveaus zum vermeintlichen Nachteil der gesetzlich versicherten Bürgerinnen und Bürger bestimmt aktuell die gesundheitspolitische Debatte in unserem Land. Diskutiert wird unter anderem das Konzept Bürgerversicherung, welches eine Angleichung der Honorarordnungen für die Behandlung von Privat- und Kassenpatienten vorsieht. Befürworter verbinden mit dem Konzept die Hoffnung, dass sich die medizinische Leistung fortan ausschließlich nach dem Bedarf der Patienten und nicht nach dem Versicherungsstatus richtet. Kritiker verweisen, auch mit Blick auf das Ausland, darauf, dass gerade eine Einheitsversicherung durch das verstärkte Aufkommen freiwilliger Zusatzversicherungen eine Zwei-Klassen-Behandlung verschärfen könnte. Vor diesem Hintergrund geht das aktuelle „Wirtschaftspolitische Forum“ der Frage nach, welche Maßnahmen die gesetzlich Versicherten im Vergleich zum Status quo auch tatsächlich besserstellen könnten.

JEL-Classification: I1, I18, G22

Keywords: Health insurance, two-tier health care system

Schlüsselwörter: Krankenversicherung, Zwei-Klassen Medizin

Was spricht gegen Zwei-Klassen-Medizin?

Friedrich Breyer

Abstract

In Germany, there is a lively debate on a so-called „two-class-medicine“, meaning that privately insured persons get better medical treatment than sickness fund members. As an economist, the author is not in a position to judge whether this is true. However, the co-existence of social and private health insurance (GKV and PKV) constitutes a „two-class-health insurance“, which leads to severe inequities in the distribution of the financial burden of illness. In this article it is shown that there are legal ways to address and eliminate these inequities without abolishing the private health insurance system altogether. The instruments are the inclusion of private health insurance in the risk adjustment scheme of the sickness funds and the transformation of the GKV contributions into flat per-person amounts, independent of earnings, accompanied by a tax-financed compensation for families with below-average income, as in Switzerland and the Netherlands. Interestingly, this second reform proposal has been vigorously opposed by all leftist parties ever since, who fight for the chimaera of a „people’s insurance“, which sounds good but cannot be implemented in a legal way and, moreover, would not even eliminate “two-class-medicine”.

Die Versorgungswirklichkeit ist nicht schwarz/weiß – Gesetzliche und private Krankenversicherung in der Versorgung

Jürgen Wasem

Abstract

Whereas the discussion on the dual health insurance system with social and private health insurance for many years focused on financing issues, more recently it addresses issues of care delivery. This paper points out where differences in care for private and public patients are. Main difference is better pay for ambulatory physicians when treating private patients. As a consequence these patients get

preferential waiting times for appointments with their doctor. There is however little evidence for differences in medical treatment. The paper discusses the complexity of proposals to introduce uniform pay in the physician's office.

Mehr Differenzierung statt Einheitlichkeit

Jochen Pimpertz

Abstract

Neither extending the German mandatory health insurance scheme to the entire population nor aligning the remuneration for privately and statutorily insured patients will slow down the disproportionate growth of health care expenditure in the mandatory health insurance. However, competition between different types of medical care may help to leverage efficiency reserves provided that cost differences lead to different payments which in turn incentivises the cost awareness of all players in the health care system.

Herausforderung bei der Messung von Wohlfahrt

Beate Jochimsen und Christian Raffer

Abstract

Triggered by the lively public and academic debate on the gross domestic product as welfare indicator numerous alternative welfare measurements emerged. The identification of an optimal number of indicators is a challenging question: The more indicators are included in the set the more comprehensive welfare can be mapped, thus, the more complicated is the communication of results. We analyze the current linkage of the ten W^3 -Indicators developed by the German Bundestag. Up to four of those ten indicators could be easily excluded as they are closely correlated with the remaining ones. This result suggests to critically evaluate the number of indicators in various welfare measures on national and international level.

JEL-Classification: I31, D6, E01, C18, I32, Y1

Keywords: Welfare measurement, gross domestic product, W^3 -Indicators, correlation and factor analysis

Schlüsselwörter: Wohlfahrtsmessung, BIP, W^3 -Indikatoren, Korrelations- und Faktoranalysen

Geldpolitischer Aktionismus, Ersparnisbildung und Kapitalallokation - Einige ökonomische Überlegungen

Aloys Prinz und Hanno Beck

Abstract

This paper deals with the microeconomic consequences of low and zero interest rates, respectively. Households are assumed to decide on nominal rather than real values. As a first consequence, household decisions to save and to borrow are biased. In this way, the net savers' welfare is reduced. Moreover, private households may also suffer an additional welfare loss, because they are forced by monetary policy to invest their portfolios in assets with either lower expected returns or higher risks. In addition, if households invest in existing assets, asset prices may inflate. This could lead to greater risks for financial stability. Taken together, it is hardly plausible that this will not have negative macroeconomic consequences.

JEL-Classification: D14, D91, E43, E52

Keywords: Geldpolitik, Nullzinsen, Sparen, Kreditaufnahme, Vermögenspreisinflation

Schlüsselwörter: monetary policy, zero interest rates, saving, borrowing, asset price inflation