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### I. privatization trend

The increasing economization of the health care system and the increasing interest of private companies, especially in the field of inpatient health care, lead to a broad discussion about the possible effects of this privatization trend.

Rising health expenditure and the problems in the area of the financial viability of public hospitals are closely related to the considerations of optimising social services in a market economy and exploiting savings opportunities or cost-saving measures.

Ideally, there should always be an effective and efficient use of resources with the greatest possible quality in both private and public institutions, regardless of the form of organization.

First of all, in the case of private ownership, a distinction must be made according to whether the owner is also a private person or a private company or whether the public authorities or the State merely use the organisational form of private company law in order to fulfil its tasks and thus remain the owner of this institution. In the first case, privatization really exists, in the second case, the state continues to decide.

### II. needs based supply

The goal of a social health care system must be to ensure needs-based care for patients without undercare, over- or incorrect care through the effective and efficient use of financial resources.

In the discussion about the privatization of health services, various aspects in the relationship between medicine and economics have to be weighed:

- profit orientation vs. solidarity
- dependence on owner interests vs. best possible patient care
- budget scarcity vs. limitation of the scope of services from an economic point of view

Furthermore, the two areas of the private sector and the public sector can also learn from

each other and thus benefit from each other: it would be desirable if the motivation and innovative power of the private sector would radiate into the public service, as well as the private sector can benefit from the solidarity idea of a social system financed by the general public.

In both sectors, clear and reliable framework conditions that enable longer-term strategies and further developments are indispensable.

### III. **financial aspects**

Usually, the basic care of the population, very cost-intensive treatments and the treatment of chronic diseases are taken over by public hospitals and thus paid for by the general public, while private providers increasingly focus on standardizable and lucrative treatments. The privatisation of uncomplicated treatment or lighter cases with lower risk and thus also financial advantages must be compensated for by appropriate financing regulations.

Above all, what is needed here is a financing system that conditions in the right direction and counteracts "cherry-picking", whereby it is undisputed that the achievement of a profit is an intrinsic sense of private entrepreneurship.

In this context, the responsibility for complications and the financial responsibility for possible consequences or follow-up treatments must also be clearly regulated.

In any case, savings opportunities must benefit the entire system and not just a part of it.

### IV. **public-private-partnership (PPP)**

Public-private partnership generally refers to cooperation between the public sector and private companies with the aim of the long-term performance of public tasks through private structures.

Typical for the field of PPP is the outsourcing of secondary services (e.g. cleaning, catering), whereby primary services (e.g. laboratory, image diagnostics) can now increasingly be outsourced within the framework of PPPs. This includes, for example, the takeover of Management by private companies. Ideally, both sides benefit from the transfer of know-how in this way.

Staff is usually the largest budget item in a hospital. Private providers therefore often try to act more economically efficiently by saving personnel costs, for example through better organization. This is sensible and permissible as long as savings are not made at the expense of personnel.

It is in the public interest to maintain the publicly accessible system of social health insurance and to ensure the permeability of medical structures for all patients, provided that the right treatment methods are followed.

### V. **result**

Privatization expands the offer, but must not only serve to maximize profits for a few in the health care system, but must also be embedded in the system of social health insurance or hospital insurance in such a way that the solidarity community or the general public also benefits.

It is important to find the middle way that treatments are always started and completed in the same hospital.

Possible cherry-picking in the form of patient transfers should be prevented by an equalising financing system for the benefit of patients.

In any case, private hospital operators must also participate in the further development of the medical profession.

Special attention must be paid to employee satisfaction, employee resources and the prevention of excessive workload, not least because of the shortage of manpower.