

# Typology of Three Types of Medical Care Centers in Germany

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## Key message:

In 2004, the German Legislature approved medical centers for statutory-health-insurance-accredited medical care. This resulted in fundamental changes to the German Healthcare System.

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## Abstract:

In 2004, the German Legislature approved medical centers – or MCCs for short (German: MVZs) - for statutory-health-insurance-accredited

(short: SHI) medical care. This resulted in fundamental changes to the German Healthcare System the effects of which are far from being clarified. The Legislature expects the structural changes to result in improved interconnections between the In-patient and Out-patient Sectors.

**Object of enquiry:**

Growth will also be recorded by those types of MCC which are managed by other SHI service providers, because the synergy effects from these forms of cooperation can be clearly seen.

**Aims:**

The aim of the study is to show that there exist three different types of MCCs in Germany and what the concrete characteristics of these types are.

**Methodology:**

A semi-standardized questionnaire was assessed on the MCCs to receive the relevant data.

**Results:**

There are three types of MCCs in Germany:  
the usual MCC/partnership,  
the usual MCC/corporation,  
the company MCC.

Through the developments in the medical field it has become noticeable in the last few years that the MCC in Germany has definitely attained a particular position of importance.

**Conclusion:**

The following paper on the classification of MCCs in Germany shows the results of the study carried out in December 2011, the results of which are presented in an empirical classification of MCCs. The structure of the German MCC is an excellent type for the medical field and has very good prospects for the future.

**Introduction**

On 01/01/2014, the German Legislature approved Medical Care Centers (in short: MCCs) for statutory health insurance medical care. As a result, changes regarding the healthcare system in Germany have taken place the effects of which are far from being clarified. A clear type identification of this new healthcare/economic field has not

been available up until this point, even if the topic of MCCs has been dealt with by various authors, for example Frielingsdorf (3), Distler (1), Blümm (2) and Sörensen (15), to name but a few.

In his Dissertation, *Medizinische Versorgungszentren in Deutschland: Entwicklung einer Typologie unter Unternehmensführungsaspekten* [MCCs in Germany: The

development of a typology under company management perspectives], Renger shows approaches for a clear typology of MCCs. This study shows the first results Hulkova, Renger and Czirfusz were able to achieve within the scope of forming a typology according to Kluge's method.

## Material and Methods

Objects of investigation are to include all MCCs in Germany in order to come to a comprehensive and empirically validated typology to the furthest extent possible. As a scientific method, a semi-standardized questionnaire was used. It was distributed to the MCCs in Germany via e-mail and supported by conducting telephone surveys. It is evident that despite a response rate of 5.33% (usual for this type of survey), an initial typology was definitely able to be formed using the examination material.

### Three MCC Types/Empirical MCC Type classification/Devising Relevant Comparative Dimensions

In order to typify MCCs based on various aspects, first a differentiation can be established according to member types:

- Freelance Doctor/Panel Doctor
- Hospital
- Affiliated Group/Management Company (4–5).

Furthermore, a differentiation can be made with regard to what status the Doctors have that work at the MCC:

- the MCC works exclusively with Panel Doctors,
- the MCC works with Panel Doctors and Employed Doctors,
- the MCC works exclusively with Employed Doctors.

Since three characteristic features are involved here, initially a “feature space” is established consisting of nine combination options (5).

Since it has been shown within the scope of literature that there are preferences in terms of this (for example, that Management Companies that operate MCCs almost always only work with Employed Doctors, something which also frequently concerns hospitals that operate an MCC (1)), the feature space is classified in the form of a typological reduction (5-7) in such a way that the empirical types adequately correspond to the majority of MCCs existing in Germany (see **Figure 1** on the following page).

By forming the feature space, seven Basic Types of MCCs form in Germany:

- Basic Type, Freelancer MCC
- Basic Type, Hospital MCC
- Basic Type, Affiliated Group MCC
- Basic Type, Freelancer MCC with Employed Doctors
- Basic Type, Hospital MCC with Panel Doctors
- Basic Type, Affiliated Group MCC with the involvement of Freelance Doctors
- Basic Type, Affiliated Group MCC involving a Hospital

The two Basic Types/the one Basic Type that is still conceivable - Freelancer/Hospital MCC - is not sensible since this would mean that the majority of the partnership shares are not taken into consideration. Although this is basically also the case for types 6 and 7 it seems difficult to imagine that a Freelancer MCC would involve a Hospital in the minority and then only work with Employed Doctors or, in other words, that a Hospital would involve a Freelancer in the minority and then only work with Panel Doctors.

Figure 1: Feature space of empirical MCC Types

MCC types	Doctor status		
Member Type	Panel_Doctor	Panel Doctor / Employed Doctor	Employed Doctor
Freelancers	Basic Type, Freelancer MCC	Basic Type, Freelancer MCC with Employed Doctors	
Hospital	Basic Type, Hospital MCC with Panel Doctors		Basic Type, Hospital MCC
Affiliated Group	Basic Type, Affiliated Group MCC with the involvement of Freelance Doctors	Basic Type, affiliated Group MCC involving a hospital	Basic Type, Affiliated Group MCC

### Grouping of Cases and Analysis of Empirical Regularities

In the following, the MCCs in Germany are grouped based on the KBV 2008 MCC Survey (8) and classified using the legal-form criteria (see **Figure 2**). The results are revealed from the Internet survey that was conducted during from December 2011 to January 2012. The typology-forming

method type is orientated on the method presented by Kluge. (4–5)

The Basic Type Freelancer MCC with Employed Doctors is the most prevalent, exclusively in the legal form GmbH (37.5%). The Basic Type Freelancer MCC follows with a company distribution of the legal form GbR being 25% and partnership companies being 12.5%.

Figure 2: Distribution of the basic MCC types in Germany with regard to their legal form

Legal form of MCC types	Legal form					
	GbR	PartG	GmbH	AG	KG	GmbH&CoKG
MCC Basic Type						
1 Freelancers	2 25%	1 12.5%	-	-	-	-
2 Hospital	-	-	1 12.5%	-	-	-
3 Affiliated Group	-	-	1 12.5%	-	-	-
4 Freelancers + Employed Doctors	-	-	3 37.5%	-	-	-
5 Hospital + Panel Doctors	-	-	-	-	-	-
6. Group + Involvement of Freelance Doctors	-	-	-	-	-	-
7. Group + Involvement of a Hospital	-	-	-	-	-	-

The Basic Type Hospital MCC has the legal form GmbH (12.5%); as does the Basic Type Affiliated Group MCC (12.5%). (11–13) **Figure 3** shows these aspects:

### Context analysis

- Basic Type affiliated Group MCC as large MCC or MCC Company (12.5%),
- Basic Type Freelancer MCC with Employed Doctors as a medium-size MCC (12.5%),

**Figure 3:** Relationship between basic MCC type and number of staff

Number of staff of MCC types	Number of staff		
	Small MCC/Legal Alternative to Joint Practice 1–5 Staff Members	Medium-sized MCC/Standard Size MVZ 6–40 Staff Members	Large MCC/MCC Company More than 40 Members of Staff
1 Freelancers	–	3 37.5%	1 12.5%
2 Hospital	–	1 12.5%	–
3 Affiliated Group	–	–	1 12.5%
4 Freelancers + Employed Doctors	–	1 12.5%	1 12.5%
5 Hospital + Panel Doctors	–	–	–
6 Group + Involvement of Freelance Doctors	–	–	–
7 Group + Involvement of a Hospital	–	–	–

The Basic Type Freelancer MCC (37.5%) in the form of a medium-size MCC is the most prevalent. With the same distribution, one sees the variations:

- Basic Type Freelancer MCC as the largest MCC and MCC Company (12.5%),
- Basic Type Hospital MCC as a medium-size MCC (12.5%),

- Basic Type Freelancer MCC with Employed Doctors as a large MCC or MCC Company (12.5%).

### Classification

In **Figure 4** the relationship is shown between the respective basic MCC Type and the related number of staff.

Figure 4: Formation of MCC Types

MCC Basic Types	Number of staff		
	1 – 5	6 – 40	>40
Legal form			
GbR	Cannot be evaluated by means of a survey	2 (25%) Type 1 “usual MCC/Partnership”	Cannot be evaluated by means of a survey
PartG		Cannot be evaluated by means of a survey	1 (12.5%) Type 3 “company MCC”
GmbH		3 (37.5%) Type 2 “usual MCC/Corporation”	2 (25%) Type 3 “company MCC”
AG		Cannot be evaluated by means of a survey	
KG			
GmbH&CoKG			

Three different MCC types are formed, the “usual MCC/partnership company” (25%), the “usual MCC/Corporation” (37.5%) and the “company MCC” (37.5%). The constellations that were not able to be ascertained by means of the survey are marked as “cannot be evaluated”.

In **Figure 5**, the three MCC types developed are shown in a graphical representation.

Only two different Basic Types result from the criteria legal form and number of staff: the „usual MCC“ and the „company MCC” (6–7; 11–13).

Figure 5: Graphical representation of the depicted MCC types

MCC Basic Types	Number of staff		
	1 – 5	6 – 40	>40
Legal form			
GbR	Cannot be evaluated by means of a survey	Type 1 “usual MCC/ partnership”	
PartG			Type 3 “company MCC”
GmbH		Type 2 “usual MCC/corporation”	
AG			
KG			
GmbH&CoKG			

## Results and Discussion

### Characterization of the types depicted

The three types presented, „usual MCC/Partnership“, „usual MCC/Corporation“ and „Company MCC“, most clearly differ from each other with regard to their respective size, the number of staff and the choice of legal form. While the usual MCC in both legal forms can be seen as a medium-size MCC, in the case of the company MCC, the size of the unit involved becomes clear. This is expressed by the number of staff and due to the fact that the choice of selecting GbR as a legal form for such a large unit can be viewed as being unlikely. Following these interpretations, in practice, it can be certainly assumed that within the scope of structural healthcare-system considerations in Germany and particularly concerning MCCs, it is clear that MCCs are middle-size and large units (4–5).

The typological structure of MCCs could only be explained at the beginning of the investigation by converging them. Observing the German Healthcare System and establishing a connection to the development of MCCs brought about new insight that was then deepened by defining the research gap. Due to both empirical studies that were conducted, it was possible to focus on the precisely formed typological structure of the MCCs. The three forms presented - sub-MCC/P, sub-MCC/H and CMCC (for abbreviations, see above) - were dealt with with very precise orientation on economic functions with regard to company management. It was evident that there are significant differences with regard to the types in terms of their orientation on the economic functions that are set up. One part of the paper forms the definition of the object to be studied and also the presentation of the research gap. It was a difficult process to filter out the basic MCC types with regard to the Healthcare System (9–13).

## Conclusions

According to Sörensen (15), patients have a need for information concerning health policy questions and their own medical care. However, it was determined within the scope of this empirical study that the knowledge of those questioned covered by statutory insurance is only at a low level concerning the system, services and costs. According to Blümm (2), only those MCCs managed at a medical level that operate under the special form of branch MCCs or as an MCC chain will show further evident growth in contrast to individual MCCs managed at a medical level.

According to Sassen and Franz (14), a Doctor is no longer exclusively bound to his Panel Doctor location and has the possibility of also carrying out his/her Panel Doctor activities at other locations (branch practice) according to Section 24 (3) of the Doctor Authorization Regulation (ZV-Ärzte). However, this fact only applies under the following conditions:

### The care of the insured is improved at the other locations

The proper care of the insured at the location of the Panel Doctor's office is not impaired. SHI-accredited Doctor's Associations currently hold the view that this criterion is orientated on requirement planning, which means that only if a Panel Doctor location is free or will become free will there be options to improve medical care (14–18). There are three different Basic Types of MCCs in Germany: The usual MCC/Partnership Company, the usual MCC/Corporation and the Affiliated Group MCC or Company MCC. Further investigations on this topic must show what exact characteristics these three types have.



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