



Typological Differences in Outpatient Care Systems in Germany with Focus on Public Health

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Abstract

Introduction: Germany's healthcare system is in a state of transition. Medical Care Centers, Health Centers and Clinic Groups dominate the scene in the current healthcare market.

Objectives: The aim of this review paper is to highlight differences and outline potential developments in order to facilitate understanding of the outpatient sector or, to be more accurate, the entire healthcare sector in Germany in all its different facets.

Methodology: The methodology applied to achieve these goals will take the form of compiling a typology and demonstrating the advantages and disadvantages of the different constructs in the healthcare landscape.

Results: Applying a typology logically results in different types being identified. These types are then depicted with their various features. The differences between these types are highly relevant for Health Science.

Conclusions: In the German healthcare system, there is a clearly recognizable tendency towards very large Medical Units and the inpatient sector intruding into the outpatient sector. Clinic Groups are being formed, and there is political support for this.

Keywords: Healthcare system, Health centers, Medical care centers, Clinic groups, Typology, Health science relevance

INTRODUCTION

The following figure shows the typology development according to Kuckartz in relation to the overarching research question (Figure 1):

“What are Typological Differences in Outpatient Care Systems in Germany with Focus on Public Health?”

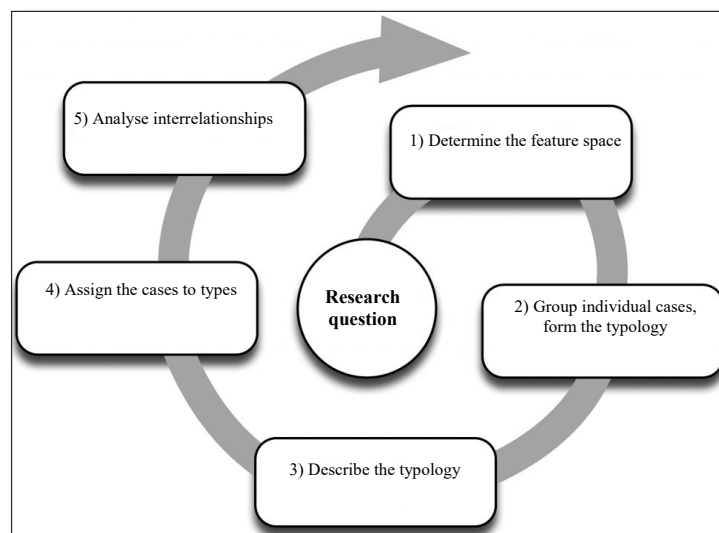


Figure 1. Typology development according to Kuckartz [1] in relation to the overarching research question.

Source: Kuckartz, U [1]

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Explanations of the diagram:

1. Determine the feature space: This is where decisions are made as to which features are relevant for the typology, in accordance with the available data. In the case of this paper, the relevant features are the German healthcare system and specifically outpatient care.
2. Group individual cases and form a typology: This involves classifying the outpatient constructs: MCCs / Hospital MCCs / Clinic Chains / Private Clinics / Health Centers / Group Practices / Single-handed Practices.
3. Detailed description of the typology: The developed types are discussed.
4. Assign the individual cases (mostly people) to the developed types. Classification of the facts in accordance with the discussed types.
5. Analyze interrelationships: In the conclusions, the interrelationships between the typology and Public Health are explained [2,3].

UNDERLYING FACTS

The authors start by listing the underlying facts relating to the different forms of outpatient care in Germany.

Medical Care Centre

Table 1 depicts the main advantages and disadvantages of Medical Care Centers (MCCs)

Table 1. Advantages and disadvantages of Medical Care Centers (MCCs).

Advantages	Disadvantages
In terms of its public image, the MCC represents itself	Practice size, expansion of catchment area, in order to remain profitable
Flexible employment models, e.g. by configuring employee relationships	Larger workload as more practice administration is needed
Individual participation models	Approval restrictions
Enables young doctors to enter SHI-accredited physician work directly	Demanding personnel management (making sure employees relate to the MCC, avoiding anonymous practice culture)
Flexibility in terms of opening hours, generally also shorter waiting times	
Better treatment for patients thanks to collaborations with hospitals, for example	
Financially appealing organization form because of cost savings potential and synergy effects	
Practice remains valuable when handed over to new owners	

Sources: Czirfuszová M, Steinecker M [4]; Hulková V [5]; n.a. (2023c) [6]; Renger A, Czirfuszová M [2]; Renger F, Czirfusz A [7]; Renger F, Czirfusz A [3]; Renger F, Czirfusz A [8]; Renger F, Czirfusz A [9]; Steinecker M [10]; Steinecker M [11]

THE HEALTH CENTRE

Table 2 depicts the main advantages and disadvantages of the Health Center.

Table 2. Advantages and disadvantages of the Health Center.

Advantages	Disadvantages
Single-handed practices are autonomous and legally independent	No synergy effects, as the single-handed practices which are part of the health center bill separately
Wide range of services is possible, such as medical treatment offers, medical service offers, medical consultation, catering and convenience	The individual doctors may start to feel like competitors
The health center should also not be underestimated as a conceptual dimension of marketing-not only for the doctors and service providers involved. The ‘genius loci’ of a health center can often be used by those not otherwise involved in it.	Not a legal security-forming economic unit
From property marketing (‘Health Centre nearby’) to politics and administration (as a mark of success), an established health center is often used as proof that an area is highly attractive.	

Source: n.a. (2023b) [12]

Certain organization forms are defined, such as the Group Practice (BAG), the Shared Practice (as company under German Civil Code (BGB)) and the Medical Care Centre (MCC). In principle, all of these organizational forms-and others-can be part of a Health Centre. Typically, however, a Health Centre is a collection of autonomous Single-handed Practices and service providers [12].

THE GROUP PRACTICE

Table 3 depicts the main advantages and disadvantages of the Group Practice.

Table 3. Advantages and disadvantages of the Group Practice.

Advantages	Disadvantages
Group Practices are BAGs and represent one single practice under medical law. The patient fundamentally enters into a treatment contract with all the doctors of a group practice jointly. The doctors are authorized to treat each other’s patients and accordingly are exempt from medical confidentiality. As a result, group practices tend to have a joint patient base, joint documentation and therefore also a joint data pool that any of the doctors can access as needed.	If a Group Practice is dissolved, the doctor leaving the Group Practice loses their legitimate interest in the ‘joint’ patient data and is therefore no longer entitled to access the patient file. Under data protection law, the doctor only remains entitled to access the data of patients who also move from the group practice to the doctor’s new practice. In most cases, providing the former member of the practice with the corresponding patient documents or data storage media can only be justified after they have left, in return for confirmation of receipt and erasure of the data in the EDP system of the (former) Group Practice.
If an existing Single-handed Practice is added to an existing Group Practice or if a BAG Group Practice spanning multiple locations is founded, it cannot simply be assumed that the existing patients of the Single-handed Practice will agree to being treated jointly by the members of the (newly formed) group practice. The existing patient files must initially be kept separate. They should not be combined until the patient has expressly agreed to joint treatment.	If the Group Practice keeps the patients of individual doctors separate, this problem will not arise. In other words, the practice partner who is leaving is entitled to the original copies of data and documents of the patients assigned to them, and they must be erased in the EDP system of the former Group Practice.

Source: n.a. (2023a) [13]

THE CLINIC

Table 4 depicts the main advantages and disadvantages of the Clinic.

Table 4. Advantages and disadvantages of the Clinic.

Advantages	Disadvantages
In Germany, a distinction is made between three types of Hospital Operators: Public, Non-profit and Private. Hospitals with Private Operators make up the largest percentage (just under 39%). These Operators are Corporate Groups or companies, such as Helios Kliniken GmbH, Asklepios Kliniken GmbH, Sana Kliniken AG, Schön Klinik SE and many others. 33% of German Hospitals have a Non-profit Operator, such as the German Red Cross or the Protestant or Catholic Church.	<p>The system of reimbursing doctors per case has been controversial ever since it was launched. Critics claim that the economization of Hospitals will lead to Hospitals billing as many cases as possible, especially those that are lucrative. A study carried out by the Bertelsmann Foundation showed, for example, that providing higher remunerations for knee operations led to the number of these operations increasing.</p> <p>This results in excess supply on the one hand with treatments being provided that are not necessary and a shortage of supply, especially with regard to nursing care, on the other hand. For every case, a maximum duration of hospital care is allocated – which means that with every additional day a case will become less profitable. Furthermore, pathologies are often so complex that the 1,200 list items are far from being sufficient for adequate billing. Financial loss is inevitable in this case.</p>
Depending on their specializations and services offered, hospitals are assigned different care levels. Depending on the particular federal state, a distinction is made between three or four levels. Hospitals with the basic care level have specialist departments for internal medicine and/or general surgery. Hospitals with standard care also have at least one other specialist department, generally gynecology and obstetrics, but potentially also ear, nose and throat medicine, ophthalmology or orthopedics.	<p>Every Hospital in Germany is under financial pressure. All costs need to be covered by the funds of the state and the hospitals. Private operators also need to make a profit-and therefore need to operate especially effectively. Studies indicate that this is indeed what they are doing.</p> <p>Evidence of this effectiveness having a negative impact on the type and quality of treatment has not been found – comparative independent studies are generally rare, however. Professor Michael Simon, a social scientist focusing on the healthcare system and healthcare policy, believes that research is needed here and criticizes the lack of transparency on the part of Private Operators.</p>
In Hospital Centers, there are additional specialist departments for pediatrics and neurology. Maximum care hospitals are characterized by their comprehensive range of specialist departments on the one hand, while on the other hand they further specialize on rare diseases and complex cases within these departments. These includes the University Clinics which also offer teaching and research. Here, students are trained and treatments are offered as part of studies on rare diseases. There are also specialist hospitals which are not assigned a care level and offer specialized treatment within one single specialist area. Most of these do not operate an additional department for internal medicine or general surgery. These Hospitals include specialist clinics for psychiatry, pediatrics, pain therapy and many other areas.	

Sources: n.a [14]; n.a [15]

THE SINGLE-HANDED PRACTICE

Table 5 depicts the main advantages and disadvantages of the Single-handed Practice.

Table 5. Advantages and disadvantages of the Single-handed Practice.

Advantages	Disadvantages
If your legal form is that of 'freelancer', you are not considered a 'trader' as you operate a Single-handed Practice and your profession is specifically listed in section 18 EStG (German Income Tax Act). This results in tax advantages as you do not have to pay any trade tax or other levies. Double-entry bookkeeping is also not required. Simple cash basis accounting is sufficient. One significant disadvantage is the issue of liability, however. If liability claims are made, your private assets will also be considered.	In the Single-handed Practice, as general practitioner you have the legal form of an individual enterprise. Accordingly, you could be considered a freelancer or a trader. The advantageous freelancer status is provided by the finance office and substantially affects how tax and liability law will be applied.
Tax advantage: No trade tax or other levies Administration advantage: less bookkeeping is required	Liability disadvantage: private assets are not separated from business assets

Source: n.a. (2023d) [16]

TYPOLGY AND DIMENSIONS

For the development of a typology, it is first necessary to specify the dimensions that are to be investigated, which will then form the basis for identifying the various types. By way of an example, in the next two sub-sections two dimensions are selected from a large number of possible options.

Number of doctors

The number of doctors working in the medical construct frames certain facts, not only in terms of the size of the particular unit.

Legal form

The legal form is selected as the second dimension as a consistent variable of the medical unit.

Typology development

Tables 6-8 below illustrates the typology development process for this paper [1.17].

Table 6. Typology development according to Kuckartz U [1] & Kluge S [17].

Legal Form Number of Doctors	GbR	BAG	GmbH	Partner Company
1-3	MCC/Single-handed Practice/ Group Practice			MCC/Group Practice
4-7		Health Center		
8-12			Clinic	

Source: Own Research

Table 7. Typology development according to Kuckartz U [1] & Kluge S [17].

Legal Form Number of Doctors	GbR	BAG	GmbH	Partner Company
1-3	Type I 'Small Medical Unit'			Type II 'Medium-sized Medical Unit'
4-7		Type II 'Medium-sized Medical Unit'		
8-12			Type III 'Large Medical Unit'	

Source: Own Research

Table 8. Typology development according to Kuckartz U [1] & Kluge S [17].

Legal Form Number of Doctors	GbR	BAG	GmbH	Partner Company
1-3	Type I 'Small Medical Unit'	Cannot be evaluated		Type II 'Medium-sized Medical Unit'
4-7		Type II 'Medium-sized Medical Unit'		Cannot be evaluated
8-12	Cannot be evaluated		Type III 'Large Medical Unit'	

Source: Own Research

Three fundamentally different types emerge for the five medical care constructs under investigation. These types are first typologically specified in terms of their size.

RESULTS

Type 1: Small Medical Unit

The first type: Small Medical Unit, which can apply to single-handed and group practices as well as small MCCs-determined by the number of practicing doctors and probably most commonly taking the legal form of GbR.

Type 2: Medium-sized Medical Unit

The second type: Medium-sized Medical Unit, seems to apply to many MCCs, Group Practices and Health Centers. Determined by the number of practicing doctors. The most common legal forms seem to be the GmbH, BAG and Partnership Company.

Type 3: Large Medical Unit

The third type: Large Medical Unit, seems to apply to Clinic Complexes, which can also integrate MCCs, however, or

potentially be MCCs in the form of Clinic Group. Here, the only possible legal form is the GmbH.

DISCUSSION

Other authors, like Wigge [18] for this topic only come to two different MCC Types. But also, in this review paper 3 types of medical units emerge. It should be analyzed deeper with various types of criteria. The advantages of MCCs are well known and analyzed, as are the disadvantages. It is important to recognize that MVZs tend to be large units - often in combination with hospitals. This aspect is taken up by Renger & Czirfusz [3]. According to Hulková [5] there are 3 different types of MCCs. Czirfuszová & Steinecker [4] analyze the relationships between the types of MCC and the transaction cost theory. The health center, on the other hand, is a new form of medical-business association [12]. Independence aspects for the doctors are in the foreground here. However, medical centers bill separately [16]. The group practice as a former advantageous model in the legal form of the BAG can have legal disadvantages for doctors in the event of a possible dissolution [13]. One might think that all doors are open to hospitals due to the changes in the healthcare market [14,15]. When large constructs are created (see Type 3), these are a challenge from a legal and organizational point of view. With regard to individual practices (see Type 1), tax aspects (VAT) are in the foreground.

ANALYZE INTERRELATIONSHIPS/ CONCLUSIONS FOR PUBLIC HEALTH

One aim of Public Health is to optimize medical constructs. In this context the economy must be the focus of the observer. Without economic categories and tools, the problems caused by medical complexes (Large Medical Units) can no longer be mastered.

For the optimization of the units' side services are considered a potential solution, such as IGeL services (health services not covered by health insurance) or combination offers (naturally depending on size) such as fitness services or new legal constellations such as selective agreements with health insurance companies.

Focus must also be given the aspects of quality in relation to healthcare. The budgeting is seen as one of the main problems by those working at the small medical units, as higher costs (e.g. for investments in equipment) can only be absorbed by higher revenue and this greater profit.

The developmental trend in Germany for the outpatient sector is towards the creation of large management-based units, or Clinic Groups, which is also supported by policy. Accordingly, the outpatient sector is moving away from Single-handed Practices, towards Public Health and even intruding into Hospitals, regardless of the legal form in which the units have been organized in the outpatient sector to date.

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