

E.A.N.A.

EUROPÄISCHE ARBEITSGEMEINSCHAFT DER NIEDERGELASSENEN ÄRZTE
EUROPEAN WORKING GROUP OF PRACTITIONERS AND SPECIALISTS IN FREE PRACTICE
GROUPEMENT EUROPÉEN DES MÉDECINS EN PRATIQUE LIBRE

E.A.N.A.

2014 Autumn MEETING

President's Executive Summary

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29, rue de Vianden L-2680 Luxembourg Tel.: +352 44 40 33-1 Fax +352 45 83 49
Mails secretariat@ammd.lu; corona.n@ammd.lu;

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E.A.N.A Autumn Meeting 28 & 29 november 2014 in Halle /Saale - Germany

Dorint – Charlottenhof - Halle

Members present

President EANA *Dr Claude SCHUMMER-*

Treasurer EANA *Dr André BOLLIGER*

Germany *Dr Kerstin JÄGER
NAV*

Spain *Dr André BOLLIGER
ASPROMEL

Dr Olga GARCIA GOMEZ*

France *Dr Pierre LEVY
CSMF*

Luxembourg *Dr Claude SCHUMMER
AMMD*

Czech Republic *Dr Ivan JULIS
SAS ZP*

Slovakia *Dr Marian SOTH
Private Physicians of Slovakia*

Switzerland *Dr Yves GUISAN
FMH*

Guests ***Dr Holger Grüning**
KV Sachsen-Anhalt*

***M^e Michael Petry,**
Attorney at Law Managing Director of the Ecclesia Versicherungsdienst GmbH*

***Dr. Andrea Lipécz,**
MVZ-Netze, Ärztenetzwerke*

Excused

Vice-president EANA *Dr Jörg PRÜCKNER*
Austria

ÖBÄK

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I - INTERNAL AFFAIRS

A. Report of the Treasurer, Dr André BOLLIGER

November 2014, EANA has an active of 9105,38€. The Autumn EANA is still open. The budget for 2015 is calculated on the hypothesis of 9 paying members and will amount to 20790.

B. Website

Dr Ivan JULIS confirms that the EANA website has been registered under www.eanamed.eu. The website must now be filled with content. Costs: new webpage 900€ and transfer content 205€.

C. Next meeting

- a) *Madrid Spain*
- EANA SPRING MEETING 2015, 5 & 6 June 2015.

- b) *Paris France*
- EANA AUTUMN MEETING 2015, 27 & 28 November 2015.

II - Dr Pierre LEVY CSMF

ONIAM, France

Office National d'Indemnisation des Accidents Médicaux (ONIAM) or Office for the compensation and for medical hazards has been created in France with the loi Kouchner 2002. National solidarity takes charge of « no fault » incidents like nosocomial infections, vaccination and blood transfusion accidents. The fund is also intermediary for large « fault » compensation as it was the case for instance with Mediator/ Benfuorex.

The compensation fund is assisted by

- regional commissions, **CRCI, les Commissions Régionales de Conciliation et d'Indemnisation**
 - Conciliation function for friendly, quick and non- judiciary agreements
 - Expertise for handicaps below 25%

- **Observatoire des risques médicaux**, observatory of medical risks

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- **Bureau central de la tarification**, imposing liability coverage to the insurance companies for individual doctors at risk as well as special insurance modalities for specialties at risks (orthopedics, obstetrics and anesthesiology)

EANA Declaration, Halle November 29th 2014

Medical hazards are part of healthcare services in spite of efforts to keep them at the lowest level. High standard healthcare systems should provide following institutions:

1. A commission dedicated to the amicable out-of-court settlement of patient claims due to medical accidents related to professional faults
2. An organization ensuring the professional insurability of physicians
3. A public compensation fund for “no fault” medical accidents
4. Anonym registers of compensated healthcare accidents for future risk management and preparation of recommendations through check-lists.

Without these institutions the future of healthcare systems is at stake.

III - Dr Holger Grüning

Kassenärztliche Vereinigung Sachsen-Anhalt – Vice-President

Evolution of medical demography in Sachsen- Anhalt

Sachsen-Anhalt is one of the 16 Länder with the second lowest density in the medical profession.

Mean age of physicians in free practice is 47,1 years (GP’s mean age = 54,04 years and 26,21% are older than 60y.)

Morbidity is higher in Sachsen- Anhalt than in the average Bundesland. In rural regions, young doctors are attracted with a starting capital of 60000€. Medical Aides play a major role to enable the physicians tackle the workload.

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IV - *Me Michael PETRY*

Attorney at Law Managing Director of the Ecclesia Versicherungsdienst GmbH

Evolution of medical liability premiums in an European context

All principles of premiums for medical liability are Anglo-Saxon.

The level of compensation is related to the age of the patient.

With the notable exceptions of Belgium, Germany and Austria, the insurance covers only when patients complain. The Netherlands and Italy have the lowest liability coverage, Switzerland has the highest premiums.

Certain specialties are difficult to insure: aesthetic surgery obstetrics, neonatology, genetics. Only group insurances may offer liability coverage for those specialties.

V - *Dr. Andrea Lipécz,*

MVZ-Netze, Ärztenetzwerke

Médical Networks

In the last 20 years about 400 medical networks have been created encompassing 1/3 of all physicians in free practice. Networks ensure a better communication and coordination for the sake of the patients between general practitioners, specialists and hospitals and enhance efficiency and patient safety. Medical networks are well accepted by the population and have proven their efficiency notably for the cardiac failure project Cardionet in Nürnberg.

VI - *Dr Yvan JULIS*

Private physicians of Czech Republic

The situation of private physicians in Czech Republic

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Private physicians in Czech Republic are paid on a fee for service basis.

The new « left » government wants to tax all private doctors up to a total annual amount of 160 million€ without compensations. It requires also that all contracts between private physicians and health insurance companies shall be published. Generic prescriptions, electronic documentation and exchange and prior written consent for surgery and vaccinations are other initiatives of the new government.

In the meantime, the budgets for hospitals increase in a disproportionate way.

VII - *Dr André Bolliger,*
President ASPROMEL

The Rights of Physicians

16 points are deemed important to ensure Physician's Rights. The different points were enumerated in French and will be discussed at further meetings.

VIII - *National Reports*

See the written reports annexed.

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