

German Social Accident Insurance, DGUV, Germany

1. Respondent Profile

1.1 Please indicate the type of organisation on behalf of which you are responding to this consultation: Health insurer (e.g. sickness fund)

Please indicate for what the administration is responsible:

Please indicate from which sector: Public

1.1.1. Other (please specify):

The DGUV (German Social Accident Insurance) is the umbrella association of the statutory accident insurance organisations in Germany. It represents around 70 million people insured against the risks of work accidents/ occupational diseases (employees, students, schoolchildren i.e.) In the event of a work accident or occupational disease the accident insurance funds are responsible to grant comprehensive healthcare. A network of clinics specialized on severe injuries as well as research facilities for the diagnosis of diseases form part of the accident insurance system

1.2 Please indicate the name of your organisation or centre: Deutsche Gesetzliche Unfallversicherung (German Social Accident Insurance, DGUV)

1.3 Please indicate the country where your organisation/centre is located/has its headquarters or main representative office in Europe: DE

1.4 Please indicate the number of EU Member States and EEA countries (Norway, Iceland, Lichtenstein) and accessing country (Croatia) in which your organisation conducts business/is represented:	1
1.5 If need be, can we contact you by e-mail to obtain further information on your submission?	Yes
1.5.1 Please provide an e-mail address where we can contact you:	eva-marie.hoefffer@dguv.de
1.6 Please provide us with a contact person (incl jobtitle and daytime phone number):	Ms. Eva-Marie Höffer Head of the International Law/European Law Unit German Social Accident Insurance Phone: +49 2241 231 1212 Fax: + 49 2241 231 1298
1.7 Please provide additional contact details if needed:	

2. Involvement of your organisation in the matter of centres of excellence/reference (COE) and healthcare networks in highly specialised healthcare (HSHC).

2.1 How would you describe your organisation's knowledge of CoE and HSHC?	Very high
2.1.1 Space for further comments:	DGUV is involved a.o. in development of quality criteria, guidelines, evaluation in the field of healthcare and diagnosis, a.o. accident clinics and mesothelioma register are part of the system

2.2. What aspects or domains related to the topic of CoE and HSHC would correspond to your organisation's key knowledge? (cross any that applies)	Highly specialised healthcare provision Priorities, description and characteristics of CoE and HSHC Management and organisational aspects of highly specialized healthcare Social aspects Legal aspects
2.2.1. Space for further comments:	The benefits in kind of the statutory accident insurance system are based on comprehensive and highly specialized healthcare, this also includes diagnosis of diseases as mesothelioma
2.3 Is highly specialised healthcare a priority in your organisation's strategies and work plans?	Very high
2.3.1 Space for further comments:	highly specialized healthcare has to be provided in case of severe injuries i.e. severe burn injuries, accident trauma, spinal cord injuries. diagnosis of mesothelioma important to fulfil legal tasks
2.4. What specific field of healthcare services/specialities are most relevant for your centre/organisation's field of work?	Other
Please specify:	maximal and comprehensive healthcare and diagnosis
2.5. Has your organisation/centre been directly involved in the design or assessment of professional standards and criteria related with highly specialised healthcare?	Frequently
2.5.1 Please describe your role in such actions/projects:	steering and advice with regards to healthcare and rehabilitation processes and research (a.o. development and evaluation of guidelines and quality criteria)

2.6. Has your organisation been involved in projects/activities supported by the Commission in relation with HSHC or professional and technical criteria/standards in highly specialised healthcare?	No
2.7. Do you have concrete examples based on your own organisation's experience or could you provide us with references or links to documents related with professional criteria and standards in highly specialised healthcare/CoE or HSHC (e.g. quality criteria, guidelines, consensus documents)?	Yes
2.7.1 Space for further comments:	
2.13. What is the scope of the network?	
2.14. Which kind of network?	
2.14.1 Space for further comments:	
2.15. Would you be interested in applying to the process to be considered Centre of Excellence of the future European Reference Network? (1 = not interested at all, 5 = very interested)	
2.15.1 Space for further comments:	

3. Proposed criteria for ERN (scope, general and specific criteria)

3.1 Criteria related with diseases or conditions in order to be considered under the scope of the ERN	
3.1.1. Need of highly specialised healthcare	5
3.1.1.1. Complexity of the diagnosis and treatment	5
3.1.1.2. High cost of treatment and resources	5

3.1.1.3. Need of advanced/highly specialised medical equipment or infrastructures	5
3.1.2. Need of particular concentration of expertise and resources	5
3.1.2.1. Rare expertise/need of concentration of cases	5
3.1.2.2. Low prevalence/incidence/number of cases	4
3.1.2.3. Evaluated experiences of Member States	5
3.1.3. Based on high-quality, accessible and cost-effective healthcare	5
3.1.3.1. Evidence of the safety and favourable risk-benefit analysis	5
3.1.3.2. Feasibility and evidence of the value and potential positive outcome (clinical)	5
3.1.4. Do you recommend any additional criteria or option that would effectively address the issue?	Yes
3.1.4.1 Explain your proposal in free text:	prompt and comprehensive medical treatment (intermeshing of primary shock therapy, immediate operative and intensive therapy) for severely injured patients
3.1.5. Would you prioritise or suggest any concrete disease or group of diseases to be addressed by the future ERN according to the above criteria?	Yes
3.1.5.1 Explain your proposal in free text:	Formation of ERN for comprehensive treatment of accident victims: treatment of relevant acute injuries, early and comprehensive rehabilitation, performance of reconstructive procedures

3.2. General criteria of the centres wishing to join a European Reference Network

3.2.1. Organisation and management	5
3.2.2. Patients empowerment and centered care	5
3.2.3. Patient care, clinical tools and health technology assessment	5
3.2.4. Quality, patient safety and evaluation framework policies	5
3.2.5. Business continuity, contingency planning and response capacity	5
3.2.6. Information systems, technology and e-health tools and applications	5
3.2.7. Overall framework and capacity for research and training	5
3.2.8. Specific commitment of the management/direction of the centre/hospital to ensure a full and active participation in the ERN	5
3.2.9. Do you recommend any additional option that would effectively address the issue?	No
3.2.9.1. Space for further comments:	

3.3. Specific criteria regarding the areas of expertise

3.3.1. Competence, experience and good outcomes and care	5
3.3.2. Specific resources and organisation:	5
3.3.2.1. Human resources	5

3.3.2.2. Team/centre organisation	5
3.3.2.3. Structural conditions	5
3.3.2.4. Specific equipment	5
3.3.2.5. Presence and coordination with other required complementary units or services	5
3.3.3. Patient care pathways, protocols and clinical guidelines in the field of expertise	5
3.3.4. External coordination, care management and follow-up of patients	5
3.3.5. Research, training, health technology assessment in the field of expertise	5
3.3.6. Specific information systems	4
3.3.7. Do you recommend any additional criteria or option that would effectively address the issue?	Yes
3.3.7.1. Space for further comments:	implementation of a trauma registers to monitor quality and to compare, research in the field of mesothelioma/asbestosis including introduction of guidelines for diagnosis and therapy