

Volume 14, Issue 2/2012 - Matrix

Interview: Manfred Klocke, CEO of the Ecclesia Group

Firstly, Tell Us a Bit About Ecclesia. What does the Company do and What are its Main Objectives?

The Ecclesia Group as international insurance broker is representative of its clients' interests vis-à-vis the insurance industry. The company, which is independent of banks and insurers, belongs with its 1,300 employees to the major players in Europe, and, in its traditional business segment hospitals / healthcare, it is market leader in Germany and Austria. Ecclesia serves about 1,300 emergency hospitals and 30 university hospitals in their insurance and loss related matters. A high degree of specialisation makes it possible to develop market leading insurance products independent of any insurance companies as providers.

Securing its clients against financial losses is a statutory business aim. Risk management and loss prevention play an outstanding role in the limited insurance market for the protection against medical malpractice claims. Since 1995, the Ecclesia Group is home to the largest loss database in Europe, which is fed with about 10,000 new medical malpractice claims per year, and it provides extensive potential for prevention measures, and in addition curricula for the professional development of physicians and nursing staff. Ecclesia's range of services comprises the entire spectrum of healthcare - from physicians in private practice and hospitals up to rehabilitation centres and care facilities. Ecclesia is networked worldwide and provides services in Germany, Austria, Switzerland, Belgium and Italy.

You have Recently Signed a Partnership Agreement with EAHM. How did this Partnership Come About and What do You Hope to Achieve?

For more than 20 years we have been participating in cross-border activities and adapted our risk management programme from the USA. International exchange of experience is an essential value with topical significance, this applies as much to service providers such as hospitals as it does for their suppliers. 20 years ago, it was Prof. Dr. Ingruber in Austria, who filled Ecclesia with enthusiasm for the European congresses of the EAHM, and just as Prof. Ingruber at his time, EAHM President Heinz Kölking is now a member of the Ecclesia hospital advisory board.

As an Insurance Broker that Works in Close Collaboration with Hospitals in Several Different European Countries, What do You Think are the Main Issues Facing European Hospitals Today? How can We Overcome these Challenges?

Limited to our profession: Preserving and further enhancing the confidence of patients and cost bearers through transparency, quality management and risk management so that liability and its insurance remain calculable. This also encompasses the shortage of physicians and nursing staff in some regions that is eliminated cross-border. Exchange programmes and language supports are more important than uniform educational qualifications.

In Your Opinion, How will the Implementation of the European Directive for Cross Border Healthcare Affect Hospital Insurance Systems? As a Company, are You Changing Policies, Making New Provisions for this?

Measured in terms of case numbers, medical treatments, whether on an inpatient or outpatient basis, will remain national also in the middle term. The treatment of patients from abroad, mainly as direct payers (of course also in emergencies) is nothing new and poses no challenge for hospitals and physicians under liability and insurance aspects. In Europe, the appropriate legislation of the place of treatment is applicable in the first place. I must give a clear warning against the recruitment of patients in non-European countries, particularly in the US; advertising performance promises could lead to the application of U.S. legislation.

Many Believe that Europe is Becoming More and More like the US in Terms of Medical Malpractice Lawsuits. In Your Experience, has the Number of Medical Malpractice Claims Increased in Recent Years?

The number of claims has increased, but not the number of well-founded claims; this applies to Germany and Austria. Our statistics coincide with those of experts and arbitration boards and findings of patient representatives. However, the compensation of individual and well-founded liability claims have become increasingly more expensive, not the costs for pain and suffering (contrary to the United States) but nursing and health-related costs.

I see Ecclesia has a Hospital Advisory Board that Meets Once a Year. Why is it Important to have Input from Hospital Managers and Leaders of Hospital Associations?

Professional insurance knowledge can be taken for granted in an insurance broker firm of our size. Only the one who is aware of and realises the concerns and needs of its clients and who keeps his services constantly updated and adjusted to any changes can be a powerful representative of customer interests.

Lastly, this is Your Ahance to Address Hospital Managers from Across Europe. What Advice do You have for Them?

I would suggest getting to know how their business works in other countries and systems through international relations, and exploiting cross-border collaboration can promote their own systems. Our currently published analysis of liability and compensation systems in 16 European countries makes an important contribution to this (Medical Liability in Europe: A Comparison of Selected Jurisdictions. Verlag Walter de Gruyter GmbH & Co. KG ISBN 978 3 11 026010 6).

Published on : Mon, 27 Aug 2012