CORRESPONDENCE

AGnES: Supporting General Practitioners With Qualified Medical Practice Personnel—Model Project Evaluation Regarding Quality and Acceptance

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Support for General Practitioners Is Uncertain

The number and available consultation time of general practitioners is a critical resource in our healthcare system. As much as support provided by AGnES may seem the obvious answer, the valid evaluation of such complex interventions is required in order to use funding from the social security insurers in a targeted fashion. Empirical data of general practitioner support from the AGnES intervention are lacking: summary estimates of participating doctors and model extrapolations of the "capacity" of an AGnES qualified medical practice worker of 500 hours/year do not show how much calculated "home visiting time" the doctor really has available to treat additional patients. Owing to a study design without a control group and published doctors' working hours as they relate to individual patients—as are customary in the international literature—the real amount of support that this means for doctors remains uncertain (1).

This lack is not likely to be amended by the analyses of secondary data promised in the chapter on limitations, since data from Association of Statutory Health Insurance Physicians' financial statements about planned home visits do not include the duration of the visits and no further descriptions of the medical care input except for car mileage rates. Similarly, a valid classification of the treatment needs of home visit patients in primary care by using ICD-10 codes will not succeed because these codes are not process oriented.

The authors of the Cochrane review "Substitution of doctors by nurses in primary care" summarize their results as follows: "Doctors' workload may remain unchanged either because nurses are deployed to meet previously unmet need or because nurses generate demand for care where previously there was none" (3).

It is questionable to what extent a lack of general practitioners and the stipulated support of GPs by AGnES were used as an argument in engineering a change to para 87 SGB V, to further political interests: namely, the introduction of new and less costly healthcare positions into primary care delivered by GPs, at the cost of deprofessionalization of the work of GPs.

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In Reply:

Klement et al rightly comment that for the reasons given, secondary data cannot replace a control group in the study, neither with regard to extent/volume nor with regard to quality (1). However, reimbursement data from general practices and data from Associations of Statutory Health Insurance Physicians and health insurers (as long as they're provided by the respective colleagues and institutions) can provide relevant insights, for example with regard to the practices' productivity (number of patients on the practice list, number of home visits), numbers of hospital admissions, inpatient days, and the prescription of care services delivered at home.

The authors draw attention to studies of so called "nurse practitioners" (NP), which have been conducted in several European countries. Compared with AGnES, who are closely tied to the general practitioner, NP have considerably extended competences and do not work on the basis of delegation but autonomously, in the sense of a substitution of doctors' services. The evidence that exists for NP therefore does not extend to the AGnES projects in Germany.

The problems that have led to the concept of the AGnES projects and the change to para 87 section 2b SGB is real, not only in the new German states (2). The AGnES concept aims to achieve a high quality of care for patients at home, even in regions where underprovision of medical care is impending or already reality, through ensuring intense and specific qualifications for the AGnES staff and their ties with general practices (3). This undertaking comes at a price—the economic analysis that was conducted in parallel in all model projects has shown that substantial cost savings are not to be expected as a result of AGnES. Attempts to implement a cheaper

"AGnES light" solution by lowering the qualification and/or quality standards would endanger our patients' safety and are therefore unacceptable. DOI: 10.3238/arztebl.2009.0358

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Conflict of interest statement

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