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Health Reform Monitor



Germany's 2024 Hospital Transparency Act: A step towards enhanced accountability and quality in healthcare?☆

Ugbedeojo Sule [a], Reinhard Busse [b], Claus-Dieter Heidecke [c], Roman Prinz [c], Wilm Quentin [a,*]

[a] Lehrstuhl für Planetary & Public Health, Universität Bayreuth, Germany
[b] Fachgebiet Management im Gesundheitswesen, Technische Universität, Berlin, Germany
[c] Institut für Qualitätssicherung und Transparenz im Gesundheitswesen (IQTIG), Germany

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ABSTRACT

Background: Germany's 2024 Hospital Transparency Act (*Krankenhaustransparenzgesetz*) represents a foundational step in a four-pillar hospital reform strategy to enhance hospital planning, optimize financial incentives, and strengthen rescue and emergency care services. The Act responds to longstanding calls for greater transparency in hospital performance and quality, aiming to empower patients and referring doctors with accessible, independent and reliable information.

Reform Content: Central to the Act is the establishment of the Bundes-Klinik-Atlas, a national, publicly accessible digital platform designed to present hospital performance data in an interactive, patient-oriented, and user-friendly format. Drawing on existing statutory quality assurance and hospital remuneration datasets, the Atlas provides information on service-specific case numbers, staffing levels, minimum volume requirements, and relevant certifications, with additional indicators integrated over time.

Expected Results: The reform is expected to improve patient empowerment, foster quality improvements through competition, and align Germany with international best practices in healthcare transparency. By making complex data accessible and comprehensible, the Act aims to reduce information asymmetries and support more equitable access to high-quality care. Early implementation shows strong initial public interest and iterative platform refinement, alongside data-quality challenges and political contestation.

Conclusions: The Act illustrates both the potential and the limits of hospital public performance reporting, serving as both a model and a cautionary tale. While transparency can support patient choice and accountability, meaningful improvements in care quality depend on user-centred design, continuous updates, robust evaluation, complementary policies, and sustained stakeholder and political support within a clear regulatory framework.

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* Corresponding author at: Lehrstuhl für Planetary & Public Health, Universität Bayreuth, Universitätsstraße 30, 95447 Bayreuth, Germany.
E-mail address: wilm.quentin@uni-bayreuth.de (W. Quentin).

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Research in context box

What is already known about the topic?

Public reporting of hospital performance data has become a central strategy in high-income countries to enhance healthcare transparency, improve quality, and empower patient choice. Germany has previously lacked an independent, cohesive, user-friendly system for hospital performance reporting, limiting the effectiveness of earlier or existing transparency efforts.

What does this study add to the literature?

This study provides a comprehensive analysis of Germany's 2024 Hospital Transparency Act, highlighting its legislative evolution, design features, and alignment with international transparency practices. It offers insights into the political compromises, expected benefits, and implementation challenges of this flagship reform. It also provides international policymakers with insights into designing public reporting systems that balance transparency with usability and regulatory oversight.

What are the policy implications?

The Hospital Transparency Act could improve patient decision-making, hospital accountability, and quality benchmarking if implementation remains patient-centred, data is regularly updated, and interpretation tools are refined. Policymakers should ensure adequate support for hospitals, especially smaller facilities, to mitigate administrative burdens and avoid unintended consequences. A formal evaluation framework is essential to assess impact and guide future improvements.

1. Introduction

Germany's healthcare system is characterized by a dual system of statutory and private health insurance that ensures near-universal coverage. Despite high service capacity and broad access to care, concerns persist regarding efficiency, transparency, and variations in hospital performance and outcomes [1,2].

These concerns are closely linked to Germany's complex health governance structure, which complicates transparency and coordination. Responsibilities are fragmented across federal, state, and self-governing levels and divided between ambulatory and inpatient care and between statutory and private health insurance. While the federal level sets the overarching legal framework and the 16 states (Länder) oversee hospital planning, key regulatory decisions are delegated to corporatist self-governing bodies representing statutory health insurance funds and provider organisations (physicians and hospitals). The Federal Joint Committee (G-BA) is the highest decision-making self-governing body and is responsible for quality assurance and quality measurement, supported by the Institute for Quality Assurance and Transparency in Healthcare (IQTIG), which develops quality indicators and prepares data for public reporting [1].

Quality assurance has long been a focus of German hospital policy reforms. Since 2004, acute care hospitals have been required to publish structured quality reports [3]. However, fragmented data sources and parallel stakeholder-led initiatives, such as the Weisse Liste, and the German Hospital Federation's (DKG) Hospital Directory (Deutsche Krankenhausverzeichnis) have produced information that is difficult for patients to interpret and compare [1]. In response to these limitations and growing demands for transparency, the Hospital Transparency Act (Krankenhaustransparenzgesetz, KHTG) was introduced in 2024. At its core is the Federal Hospital Atlas (Bundes-Klinik-Atlas), which aims to provide independent, more accessible, and comprehensible hospital performance information, to strengthen patient choice, transparency, and quality-oriented competition [4,5].

The push for transparency in hospital performance is not unique to Germany but reflects a broader international trend with countries such as the United States, the United Kingdom, and the Netherlands implementing public reporting systems and hospital quality rankings to support healthcare decision-making and accountability [6–9]. The KHTG however offers valuable lessons for countries seeking to improve transparency in hospital quality and informed patient choice, as evidence from Germany shows that the pre-existing requirement for public reporting of hospital performance alone did not produce overall quality improvement. This highlights the need for clearer, patient-centred reporting formats and the meaningful use of performance information in hospital choice backed by an appropriate legal and regulatory framework [3].

Our paper aims to provide a comprehensive overview of the German Hospital Transparency Act, examining the political and economic context behind its introduction, the processes shaping its development, and its key provisions. It also discusses the reform's potential impact on Germany's healthcare system while offering insights into its broader international implications.

2. Political and economic background

The introduction of the Hospital Transparency Act has not occurred in isolation. It has been part of a broader package of hospital reforms that have recently unfolded in Germany [10]. These reforms are driven by a mix of economic, and political factors, alongside growing public and policy demands for greater transparency and accountability. Germany's healthcare system faces criticism for its lack of transparency, vulnerability to fraud and misuse, and suboptimal performance relative to its high costs [11,12].

The healthcare system is under pressure to optimize resources amid threats of hospital bankruptcies [13]. In 2021, healthcare expenditures accounted for 12.9 % of Germany's GDP, making it one of the most expensive systems globally [2]. Concerns persist regarding cost-effectiveness and commercialization, with hospitals frequently performing unnecessary operations or treating patients who could be managed on an outpatient basis [1]. Disparities in hospital performance and the need for improved patient outcomes have become central issues in healthcare reform discussions [14].

The political context of the reform was shaped by the 2021–2025 German government, led by Chancellor Olaf Scholz, with Federal Health Minister Karl Lauterbach. The push for hospital reforms gained momentum following the 2021 federal election, which saw a shift in the political landscape. The coalition government prioritized healthcare reforms, including digitalization of healthcare, enhancing efficiency, quality, and patient satisfaction [15,16]. This political shift, coupled with sustained economic and public pressure for systemic reform, created an opportune environment for introducing the Hospital Transparency Act. The Act complements the broader Hospital Reform Act (Krankenhausversorgungsverbesserungsgesetz, KHVVG) which aims to improve patient care quality, reduce bureaucracy, and mitigate excessive commercialization (Fig. 1). Furthermore, this push for transparency aligns with broader European efforts to enhance accountability and reflects a wider shift toward modern, needs-based hospital care [17].

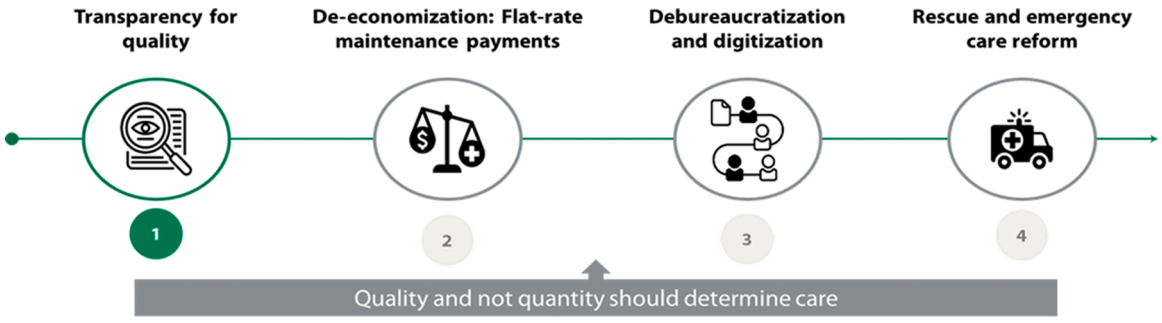


Fig. 1. Overview of Germany's hospital reform agenda (Autors' illustration based on [18]).

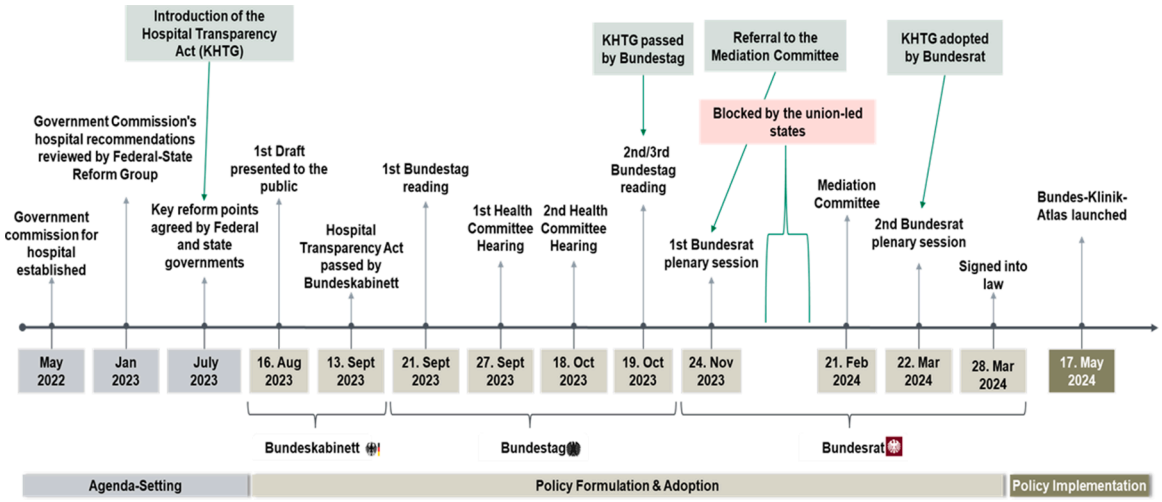


Fig. 2. Summary of the policy process (Autors' illustration based on [5,23]).

3. The policy process

The idea for the Hospital Transparency Act emerged from discussions within the Federal-State Working Group for Hospital Reform, based on recommendations from the Government Hospital Commission. Established in May 2022 to reform Germany's hospital system, the Commission emphasized the need to prioritize improvements in quality of care over economic factors [19]. After extensive negotiations, Lauterbach and representatives from the 16 federal states reached a consensus on a framework for hospital reform in July 2023. However, due to persisting conflicts regarding some specific provisions of the Hospital Reform Act — which requires approval from both the Bundestag (Federal Parliament) and Bundesrat (Federal Council) — it was decided to implement a separate Transparency Act as an Objection Law (Einspruchgesetz). This approach exempted the Act from the Bundesrat's mandatory approval [10].

The legislative process for the Hospital Transparency Act involved extensive consultations and political negotiations (Fig. 2). The initiative was primarily driven by the then newly formed coalition government and various patient advocacy groups, with Health Minister Lauterbach as a vocal proponent of greater transparency in healthcare. The German Federal Ministry of Health (BMG) played a central role in drafting the legislation, working closely with key stakeholders, including hospital federations, health insurance funds, healthcare professionals, and patient advocacy organizations, to develop a comprehensive policy [20]. Patient groups strongly supported the reform, emphasizing that increased transparency was crucial for empowering patients and ensuring high-quality care [21]. Health insurance funds also backed the initiative, viewing it as a tool to improve hospital care quality and enhance patient involvement [22].

However, hospital operators and medical associations strongly opposed the law. The DKG dismissed it as redundant, arguing that existing platforms, such as the Weisse Liste already provided similar information [24]. Instead, they called for urgent financial support for hospitals to address economic challenges. The German Medical Association (BÄK) raised concerns about the administrative burden, the potential for misinterpretation of performance data, and the lack of scientific evidence linking greater transparency to improved service quality [25].

Despite these controversies, the draft bill, after incorporating modifications from consultations and health committee discussions, was sent to the Bundesrat. There, opposition-led states delayed its progress by referring it to the mediation committee (of the two chambers of federal parliament), arguing that the law prioritized transparency at the expense of hospitals' financial stability and encroached on state-level hospital planning responsibilities [26]. Following a three-month deadlock, the Bundesrat ultimately approved the Hospital Transparency Act in March 2024, and it was signed into law on March 28, 2024 [27].

4. Content of reform

The 2024 Hospital Transparency Act establishes the Bundes-Klinik-Atlas, an online, publicly accessible platform developed by the Federal Ministry of Health in cooperation with IQTIG and the Institute for the Hospital Remuneration System (InEK). The Act recognises that maintaining high-quality inpatient care requires not only the measurement of evidence-based quality standards but also their clear and accessible communication, enabling patients and referring physicians to understand which hospitals provide which services and at what level of quality. Building on existing statutory quality assurance and hospital

remuneration data, the Atlas presents hospital performance information in a standardised, interactive, and patient-centred format to support informed hospital selection within a system that generally allows free choice of providers (GPs and specialists) [1,4].

The directory publishes regularly updated and easily understandable hospital service and quality data. This includes

- case numbers for specified service groups,
- details on medical and nursing staff,
- emergency infrastructure of hospitals
- information about minimum volume requirements for procedures as well as
- information pertaining to substantiated medical certificates for specific treatment options, such as cancer, trauma and diabetes excellence centres.

Medical quality data such as complication rates for specific procedures and hospital classifications based on care levels will soon be integrated into the Atlas. In the future, additional data may be incorporated in the directory to further enhance transparency [28].

An important innovation of the directory is the planned categorization of hospital services into service groups (Leistungsgruppen) based on specialties or treatment types, such as surgical, internal medicine, and intensive care. Additionally, healthcare facilities will be assigned to care levels (Versorgungsstufen) based on the scope of services provided in alignment with the service groups to enhance transparency regarding hospital capabilities. This classification ranges from basic care (Level 1n), offering general internal medicine, surgery, intensive care, and emergency services, to extended care (Level 2), which covers a broader range of medical and surgical services. Comprehensive care hospitals (Level 3/3 U) provide extensive specialized services, with Level 3 U reserved for university hospitals. Specialized hospitals (Level F) and cross-sector providers (Level 1i), typically without emergency care, are categorized separately based on state planning decisions [4].

The designation of hospitals into care levels was highly contentious, as it was seen as encroaching on the federal states' authority over hospital planning and predetermining the outcome of the planned Hospital Reform Act. To address states' concerns, it was emphasized that the classification would only serve as a current representation and should not influence future hospital planning, which remains a constitutional responsibility of the states. Revisions to these assignments are expected as part of the ongoing hospital reforms and the continuous updates to the Bundes-Klinik-Atlas [28].

The Act also mandates the Health Ministry to update the transparency directory on an ongoing basis using the latest data and assessments, and to monitor how the public uses the platform [28]. Continuous refinements to the directory are anticipated based on user feedback and the availability of additional data sources. IQTIG plays a crucial role in this process by validating and integrating data from multiple sources and determining which patient-relevant results from statutory quality assurance procedures are published (Fig. 3). Hospitals, excluding those treating only privately insured or self-paying patients, are required to submit comprehensive data, including case numbers by service groups, diagnoses, procedures, medical and nursing staff ratios at each location to InEK, which then forwards the data to IQTIG [4,29].

Apart from its main focus on hospital transparency, the Act also includes measures to strengthen hospital liquidity, such as timely refinancing for wage raises, increasing the provisional nursing reimbursement from €230 to €250 (per unit and day; used to reimburse the nursing component of inpatient care until reimbursement is finalised after the end of the year), and expediting compensation for hospitals with underfunded nursing budgets from previous years [32]. The final version of the Act reflected revisions from earlier drafts, such as the removal of provisions that would have linked medical personnel directly to specific service groups. This change was made in response to concerns that such requirements were impractical and could complicate the reform's implementation [25]. These modifications were crucial to securing the policy's approval.

5. Expected outcomes and implications

The Hospital Transparency Act marks a significant step in Germany's ongoing healthcare reform. Its implementation is expected to empower patients, enhance healthcare quality and strengthen accountability in inpatient care. However, more than one year after its entry into force in May 2024, evidence on its impact remains limited, underlining the need

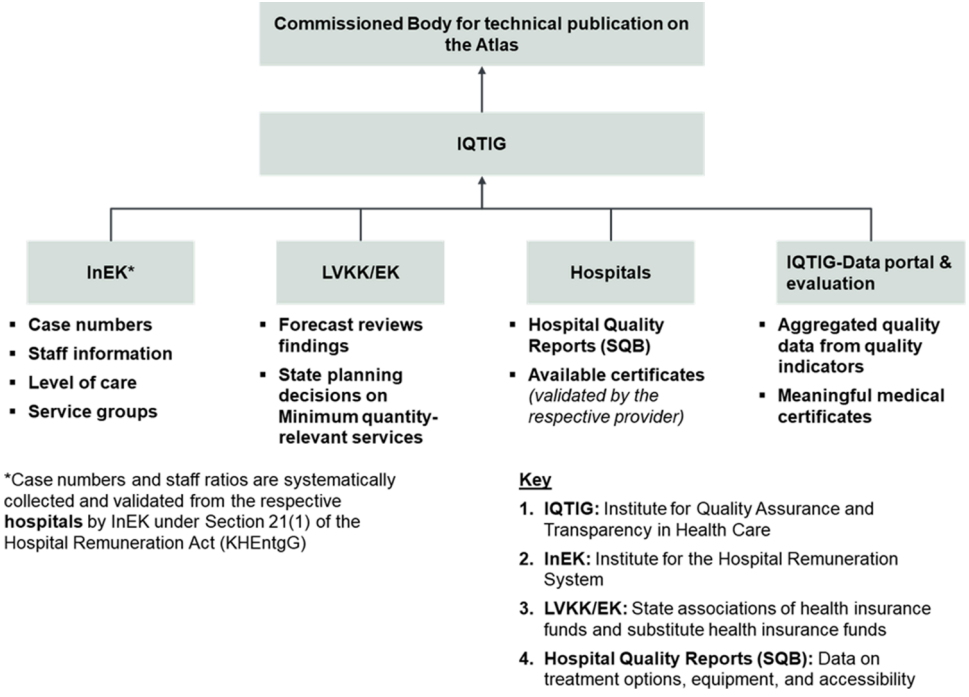


Fig. 3. Simplified overview of the data flow for the performance data presented in the Bundes-Klinik-Atlas (Adapted from [30,31]).

for structured evaluation.

The Act is not an entirely new initiative. It builds on earlier efforts, such as the Weisse Liste (which ended in March 2024) while introducing enhanced features. The Bundes-Klinik-Atlas integrates the Weisse Liste's smart search engine but stands out through a more user-friendly design and improved hospital comparability. Unlike basic data presentations elsewhere, the Atlas features an advanced search function and a unique speedometer system, which displays case numbers and staffing levels in five grade levels. This feature simplifies data interpretation and enhances decision-making for users [28,33]. Since its launch, the Atlas has undergone five major updates, most recently in October 2025, progressively enhancing both user-friendliness and content. Notably, a tile-based quick search, introduced in June 2024 groups common treatment reasons into easily accessible categories, enabling direct hospital comparisons for about 25 high-relevance conditions [34]. These revisions followed early criticism from hospitals regarding data accuracy and presentation, highlighting implementation challenges in the initial rollout [35].

Several countries, including the United Kingdom, the Netherlands, Sweden, and the United States, have introduced comparable public reporting initiatives, such as the UK's NHS Choices and the US's Hospital Compare, with varying levels of success [6]. Approaches vary in quality indicators, data presentation, and reporting mechanisms [36]. While NHS Choices combines performance data with patient outcomes, experience and composite ratings for healthcare providers [9], Germany's Bundes-Klinik-Atlas prioritises hospital comparability and ease of use but lacks yet comprehensive patient experience information. In this respect the Bundes-Klinik-Atlas is a dynamic project incorporating new quality items over time.

A key anticipated outcome of the reform is improved healthcare quality through increased transparency and accountability. Public availability of performance data may drive hospitals to elevate care standards to maintain a positive public image and foster data-driven quality improvement through benchmarking [9,37]. For patients, clearer, comparable and unbiased information may support more informed hospital choice and indirectly intensify competition among providers [36]. Early implementation data show very high initial use following launch, with around 1.4 million visits in May 2024, followed by a decline and parallel drop in page views over subsequent months [38]. This pattern reflects a typical post-launch normalization of website traffic, with access numbers now stabilising at levels comparable to other established hospital information websites. In particular, the integration and updating of systematically evaluated hospital certifications have led to peaks and continuous increases in access numbers. Effects on patient autonomy and quality outcomes are expected to emerge only indirectly and over longer time periods.

Studies on the impact of public reporting remain mixed [36,39,40]. While evidence suggests that it can drive quality improvements through mechanisms such as selection (patients choosing higher-performing providers) and change (providers enhancing care quality), outcomes vary across settings. Accordingly, the effectiveness or public reporting depends largely on how well its design and implementation align with the needs and perspectives of target user groups [36].

Beyond its direct effects, Germany's comprehensive, user-centric approach, combined with its regulatory framework that focuses on adaptability and potential expansion, offers valuable insights for improving public reporting. Moreover, the German hospital sector provides a unique case for examining how public reporting influences quality improvement without the pressure of performance-based financial incentives [3].

Despite its ambitious goals, the Act raises concerns about the administrative burden and data management, particularly for smaller hospitals [23]. The Ministry of Health argues that most required data are already being collected and publicly available. However, early rollout revealed data quality issues and limited time for hospital verification, indicating a rushed launch [41]. Phased implementation and piloting to identify data-quality issues and build stakeholders' trust before public release could have mitigated these risks.

In addition, despite improved presentation, misinterpretation by users remains a concern. Continuous evaluation of public usage, regular directory updates, clear explanatory guidance, and involvement of patient organisations are therefore critical to prevent misguided decisions. Additionally, strict auditing mechanisms have been implemented to ensure data integrity [4]. A further point of debate concerns the Act's impact on hospital planning and reimbursement. While the legislation asserts that the Transparency Directory will not interfere with these areas, critics argue that service group and level assignments could inadvertently create new incentives and disrupt state-level hospital planning efforts [24]. Clear safeguards, transparent communication and regular review of these classifications may help limit such effect.

Beyond technical challenges, the Bundes-Klinik-Atlas remains politically contested. Early criticism prompted major revisions, while more recent debates have questioned its continuation on grounds of duplication, costs, and federal overreach. While hospital associations favour their stakeholder-led alternative, consumer organisations strongly oppose discontinuation, arguing that the DKG's Krankenhausverzeichnis lacks independence and user-friendliness and that more, not less, transparency is needed, although they acknowledge the need for further development of the Bundes-Klinik-Atlas [42,43]. Political support has further weakened following recent elections that brought the former opposition party into government, with media reports indicating that the new health minister is reviewing options that may include discontinuation [44]. These developments underscore that the reform's impact depends not only on technical design but also on sustained political support and legitimacy among key stakeholders.

6. Conclusion

Overall, the Hospital Transparency Act represents an ambitious reform with the potential to strengthen transparency, accountability, and quality in German hospital care. By establishing the Bundes-Klinik-Atlas, the reform moves beyond earlier, stakeholder-driven initiatives towards an independent, standardised, and more patient-oriented platform. Early implementation indicates strong initial public interest and iterative learning, but also data-quality challenges and persistent political contestation. As evidence on impact remains limited, the Act's long-term contribution to patient choice and quality improvement will depend on systematic evaluation, continued refinement, and sustained political support. For other countries, the German experience illustrates both the potential and limits of hospital public performance reporting, highlighting the importance of user-centred design, adaptive governance, phased implementation, early and continuous stakeholder engagement, and embedding transparency within a robust regulatory framework.

CRediT authorship contribution statement

Ugbedeojo Sule: Writing – original draft, Visualization, Methodology, Conceptualization. **Reinhard Busse:** Writing – review & editing, Validation. **Claus-Dieter Heidecke:** Writing – review & editing, Validation. **Roman Prinz:** Writing – review & editing, Validation. **Wilm Quentin:** Writing – review & editing, Supervision, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

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