THE GROWING NEED OF BUSINESS THINKING IN ORAL HEALTH CARE - A QUALITATIVE STUDY ABOUT GERMANY; VALIDATION IN HUNGARY

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Executive Summary

A range of aspects influence the quantifiable success of companies. This study is pioneering in the field of investigating success influencers in oral health care from an academic perspective. To understand the field, qualitative interviews in Germany and Hungary were conducted. Quantitative testing in Germany relapses to conclude that some actions lead to quantifiable results, however, that an entire strategy is required to take maximum profit out of an oral health care practice or health care centre. The use of complete corporate identity (or none, not just a bit), online recommendations on specific platforms, outsourcing and the collaboration with recruiting agencies are actions taken by practices that excel, no matter their size. The study closes with a consulting plan and also the elaboration of an oral health care business administration module and how this could be composed in a university context addressing nascent practitioners and their very specific needs in Germany.

Keywords: Health Care, Business Success Factors, Oral Health Practices, Medical Management, Health Care Consulting, Medical Business Education

1. Introduction

Overall in health care (HC) the demand for administration and business thinking is growing and thus the time practitioners in small, especially owner-run practices can spend on treating patients, rather than meeting competitive market or business demands and fulfilling administrative requirements, is diminishing (S. Kock, 2012, p. 113; Schreiber, 2015). Some first attempts of voluntary entrepreneurial training for medical practitioners can be seen in Berlin (Freie Universität Berlin, 2018). But the importance of business training in the education for medical professionals in Germany still is neglectable (Behringer, Voss, & Peters, 2018, p. 253). Other health professionals such as physiotherapists or speech therapists are also primarily trained for high quality medical treatment (Geiß & Raich, 2018, p. 135; Guse, 2018, p. 136) and suffer from the same training deficiency: business education is missing. Overall, the competition in HC is growing (Börkircher & Cox, 2004, p. 24). The opening of potential new practices is not limited by admission constraints anymore (Schreiber, 2015, p. 15). The market is seen as turbulent and particularly dynamic, requiring highly flexible business processes (Pütz, Wagner, Ferstl, & Sinz, 2018, p. 39). Therefore, the need of business thinking and economic treatment optimisation is growing overall.

Currently there are only very limited research studies, let alone academic publications, which look at business thinking in medical management not from a hospital perspective, but from the viewpoint of owner-run practices with a limited number of up to 15 members of staff. This research makes a first attempt to closing this gap, however does not explicitly limit its research to this practice size. Nevertheless, let it be both in the interviews and the survey, 95% of all research subjects fall into this category. The research is limited to a single field of medical practice, being oral health care (OHC). Whilst making some first over-regional validation attempts with interviews, conducted with a limited number of professionals in Hungary, main focus is Germany. Due to language and funding barriers, it was not possible to pursue the study objectives to the same extent in Hungary as achieved in Germany. A range of objectives was met throughout the investigations as shown in Appendix A.

2. Health Care Fundamentals and Oral Health Care Management

This chapter primarily looks at existing publications in the field of HC and OHC management and summarizes existing concepts. This serves for grounding conclusions also on existing publications and compare existing concepts with the results derived as much from secondary as from primary research at a later stage throughout this study.

2.1. Health Care Defined

First and foremost, in order to describe the HC systems, a definition of "HC" and or the "HC system" is required. It shall here be defined as the individual and personal care by medical and allied health professions. It is understood as the interactive system of different entities that offer, organise and finance HC services. Due to the scope of this paper and its specialisation on ambulant OHC services the overall framework of HC provision is only slightly touched and not discussed in detail. Specific sections and structures in overall HC (as defined by Rödder & Schütte, 2013, pp. 2, 8, 9) are also not discussed any further.

2.2. Existing Oral Health Care Management Publications

Figure 1: Practice Management in Literature (own development main source: Nowak, 2008, pp. 14-66, combined from: Bartha, Hein, Liebscher, & Sandock, 2011; Behringer et al., 2018; Börkircher & Cox, 2004; Breidenich & Rennhak, 2015; Däumler & Hotze, 2017; Davidenko, 2019a, 2019b; Demuth, 2019; Esders, 2007; Ewerdwalbesloh, 2018; Franz & Seidl, 2018; Frodl, 2012; Gmeiner, 2008; Grzibek, 2013; Havers, 2016; Held & Bergtholdt, 2018; Henrici, 2012; Hungenberg, 2014; Hungenberg & Wulf, 2015; Kinzelmann, 2017; Klusen, 2011; Koch, 2018; J. Kock, 2015; S. Kock, 2012; S. F. Kock, 2019a, 2019b; Kollwitz, 2013; Korkisch, 2019b, 2019a; Kursatzky, 2012; Lehmeier, 2004; Maurer, 2012; Meßmer, 2015; Pietsch, 2004; Rödder & Schütte, 2013; Staar, Kempny, & Atzpodien, 2018; Stefanowsky, 2019a, 2019b; Straesser, 2010; Sydow & Windeler, 2001; Ueberschär & Demuth, 2015; Welge, Al-Laham, & Eulerich, 2017)

In this section existing publications about practice management were investigated. Some of the references used in the following paragraphs come from hospital management. The mentioned business advice handbooks are often more marketing tools of advisory companies (e.g. J. Kock, 2015, pp. 39–70, a book chapter published in a book written by 8 staff members of one HC consulting agency). The "Sparkasse", a network of bank groups, under whose name different economic branches are analysed regularly state, that there still is significant space for economic improvement in the field of OHC (Jankowski, 2017, p. 16). First, that medical professionals in Germany are not receiving any business training in their education whatsoever (Geiß & Raich, 2018, p. 135), and second that the field is only open to investors via politically undesired detours (see main thesis). Figure 1 shows the business success factors found in existing publications. It seems that one way to address the challenge between existing knowledge and its application may be to offer practitioners adequate education as to allow them to understand the challenges and difficulties they may face.

3. Health Care Systems in Germany and Hungary

This paper creates a first academic foundation for the analysis of success factors in outpatient HC, focusing primarily on OHC. Germany & Hungary were chosen for further investigations . This section is meant to describe the health care systems (HCSs) of above mentioned countries, to understand the compositions of their systems and to develop trends that are evolving in both countries. Due to a language barrier of the researcher and significant changes in German outpatient care, focus has been placed primarily on the German HCS.

3.1. Health Care System Germany

The HCS in Germany is a universal multi-player HCS, meaning that every person constantly located in Germany is obliged to have HC insurance and that different insurance providers are possible in Germany (Blümel & Busse, 2017). HC expenses are covered by either the statutory health insurance, also called national social health insurance, or the private health insurance (Reinhard Busse, Blümel, & Spranger, 2017).

Financing Challenges in Health Care

One major reason for the introduction of recent reforms is, that HC is facing significant financing problems. Medical developments are growing in price, as more and more complex procedures have to be met. (Fischer, 2003). The government has to significantly re-evaluate the costs and pricing in the HCS, in order to assure adequate treatment for all citizens

Health Care Open to Investors

New legal developments have also opened ambulant HC provision to large scale investors without a medical background – a trend that can also be seen in the market of dental care (Wolf, 2018). Such investors who want the outpatient market for medical care can use a hospital or a non-medical kidney dialysis care centre to enter the market and open HCCs (Theurer, 2017). Structure-wise an HCC can be run economically but is required to have a medical director (Rödder & Schütte, 2013, p. 13). HCCs are very attractive for large scale investors through a hospital or dialysis care centre , given the margins in HC and OHC in Germany.

Developments in the Market

Market research has shown, that the provision of healthcare in rural areas in Germany is decreasing considerably and even leads to a shortage of care provision (Dostal, Dostal, & Dostal, 2018, p. 90). Thus, alternative solutions for rural HC – especially ambulatory care – are of utmost importance to the German government. The continuous and growing support creating multi-clinician-practices, also in the form of HCCs, is such an action (Jahnke, Albrecht, Kis, & Von Lueder, 2018, p. 7).

3.2. Health Care System Hungary

The Hungarian HCS today has some similarities to the British NHS. In Hungary HC has become more accessible to all parts of society in recent years. It is further intended to increase HCSs in remote parts of the country to make it even more accessible to minorities.

Health Care Tourism

A strong trend in the country is the supply of HC services – particularly dental care – to tourists. In fact the country has become a leader in dental tourism (Kovacs & Szocska, 2013, p. 415). According to market estimates, Hungary has a share of around 40% in the dental tourism market in Europe and it is still promoting its growth (Kummer, 2012a). Medical spas and also general health are widely promoted and offered to tourists who travel in particular to the Hungarian capital (Kummer, 2012b), where the cost of medical care are up to 80% lower than in other European countries, where the tourists come from ("Hungarian Tourism promotes medical tourism," 2012; Kummer, 2012b).

Developments in the Market

Hungary is moving towards a more integrated provision of care. The government is increasing its efforts to provide care to all parts of the society and is striving to reduce hospital care, which has been dominant in the country for decades. However, practitioners tend to leave the country or prefer – for monetary reasons – to offer extra services to tourists, instead of improving care services to their own members of society.

3.3. Systematic Differences between Germany and Hungary

This section points out the differences between the HCSs of the two countries shown in Table 1. The biggest difference is, that Hungary practically provides access to basic care by citizenship and that in Germany care is linked to HCI, which however is politically regulated. Further differences, subsequently explained, can be found in the access to care and salary levels of professionals.

Table 1: Systematic Differences between Germany and Hungary
(Blümel & Busse, 2017; Reinhard Busse et al., 2017; Nemzeti Egészségbiztosítási Alapkezelő, 2017; own development combined from: GKV-WSG, Uzzoli & Beke, 2018)

	Germany	Hungary
Who pays	HC insurance (public or private) and patients	NEAK and patients
Insurance obligation?	Since 2009, most working society had to have HC insurance before	Cxare by citizenship since 2010
Who delivers	Private and public HC providers, trend towards state-offered care	State-owned care with mostly employed practitioners

Health insurance in Germany became fully mandatory in 2009, while Hungarian citizens have had access to HC services through citizenship since 2010. Quality of care in Hungary has diminished in recent years and high-quality care appears to be limited to rich and well-educated individuals (Uzzoli & Beke, 2018, p. 155). Only very recent developments were actively intended to close this gap and support people in more rural areas to do further medical checks. In Germany care quality has been improving for decades and is generally accessible to all citizens given the HC insurance obligation.

3.3.1. Health Care Market Compared

This section serves as a comparison of the two countries' HC standards. For this comparison, the absolute values of HC expenditure were not focused on. Primary weight was put on comparing the percentage of the GDP, since the cost of living differs significantly, implying that absolute values can lead to misinterpretation. Figure 2 indicates, that in both countries the GDP percentage expenditure for HC has increased. Another major difference is the income manifold of medical practitioners. If practitioners in Germany earn 3.5 -5 times the German average income, then in Hungary this number is less than double the Hungarian average income (see main thesis). This fact could also explain why – as shown in Figure 2 – the GDP percentage spent for HC is significantly lower in Hungary than in Germany.

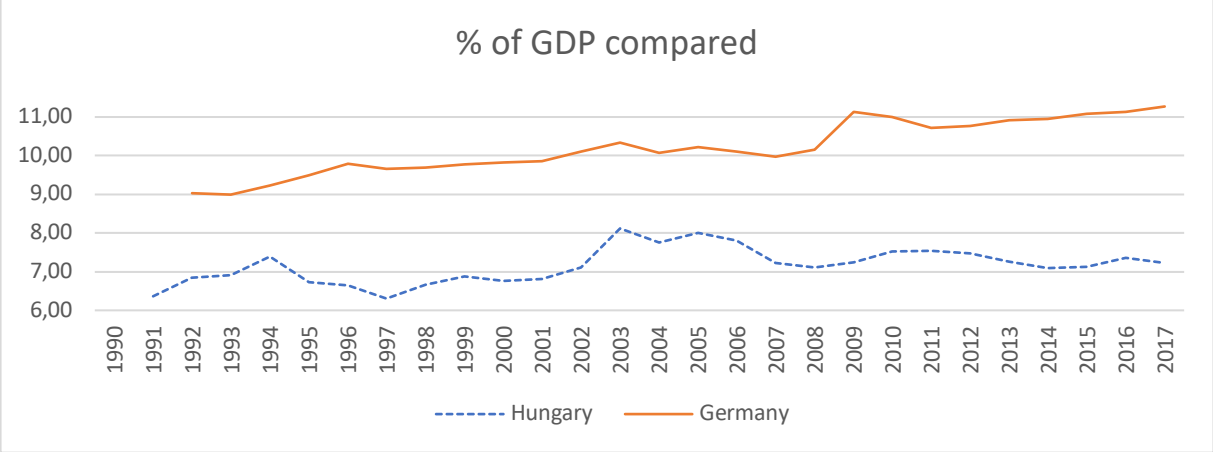


Figure 2: Health Care Expenses Compared
(OECD, n.d.)

Globally there is an increase in care expenses. To avoid misinterpretation by currency fluctuations here, the share is compared as a percentage of the GDP. Globally in all OECD countries this number has gone up from an 7.9% GDP share to an 8.8% GDP share from 2008 to 2018. In all EU countries this number has grown from also an 8%

share to 8.7% (OECD, n.d.). Figure 2 serves as a visualisation for the GDP percentage share of HC expenses between the two countries.

3.3.2. Oral Health Market Compared

Looking at the quantity of active OH practitioners, as visualized in Figure 3, the graph clearly shows that Hungary still has less practitioners per member of society, but the level of care also here must be growing given that the quantity of OH practitioners per population member has gone up almost 50% since 2005 (OECD, n.d.).

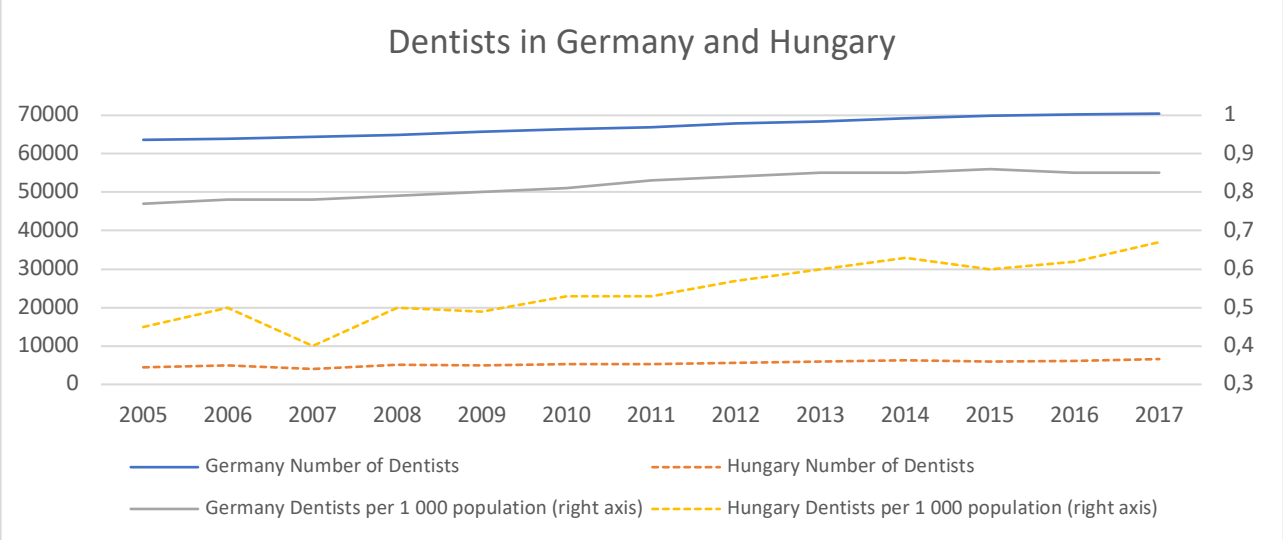


Figure 3: Dentists in Germany and Hungary
(OECD, n.d.)

3.4. Future Developments in Health Care

A range of trends can be observed that are not limited to Germany and / or Hungary. As in many other industries digitalisation comes on the market and social enterprises and / or social entrepreneurship are becoming increasingly important. The financing of the growing expenditure has been mentioned at country level, since the way countries are confronted with this challenge is very specific, but this can also be seen as a global challenge.

Digitalization and Self-Treatment

The number of digital HC support devices is growing steadily in Germany (Jörg, 2018, pp. 12, 18) and beyond (Birnbaum, Lewis, Rosen, & Ranney, 2015, p. 754; Imison, Castle- Clarke, Watson, & Edwards, 2016, pp. 5, 10). Entrepreneurial developments in the HC market are revolutionizing and digitalizing medical education as well (Burget & Hessel, 2018, p. 279; Schneider, Lacour, & Kuche, 2018, p. 270 f.). A growing number of applications has also created the new trend of so called participatory HC (Boulos, Wheeler, Tavares, & Jones, 2011, p. 1; Hood & Flores, 2012, p. 619). In nations with a limited number of doctors or reduced mobility this participatory HC brought about significant improvements in care through timely diagnosis, without physicians being present (Blaya, Fraser, & Holt, 2010, p. 244; Martinez et al., 2008, p. 3699).

Social Enterprises

Next to the trend of digitalization, there is also a trend towards a more social approach in HC. The number of socially oriented businesses is growing steadily and – as such – these companies play a growing role in modern and entrepreneurial developments in the HC sector also in Germany (Zerth, 2018, p. 165). Such social companies do not primarily focus on economically driven business goals, but also, or primarily pursue social obligations.

4. Research Approach and Methods

A comparison between Germany and Hungary is not fully possible for OHC since the data that were accessible due to language barriers for the researcher were not as comprehensive about Hungary as about Germany. Looking at the quantity of active OH practitioners, in Figure 3, the graph clearly shows that Hungary still has fewer practitioners per member of society, but the level of care must also grow here as the number of OH practitioners per member of the population has risen by almost 50% since 2005 (OECD, n.d.).

It was intended – where possible – to gather sufficient data to make relevant statements. this research mainly conducts investigations on an exploratory qualitative base. Its primary focus is on the understanding of the practitioner's knowledge gap and the development of theory focused on factors that drive quantifiable results. In the interviews the primary focus of discussions was on the preparation of a practice in the form of a business administration

module alongside medical University education. The module would serve to prepare a practice and to inform about changes of the business knowledge needs in recent years. The methodology of a research study can be considered to be as important as the foundation of any larger construction project and is therefore crucial for the its outcome (Hakim, 2000). All research methods used including methods to prevent bias by the researcher are justified and explained in the subsequent paragraphs in this chapter.

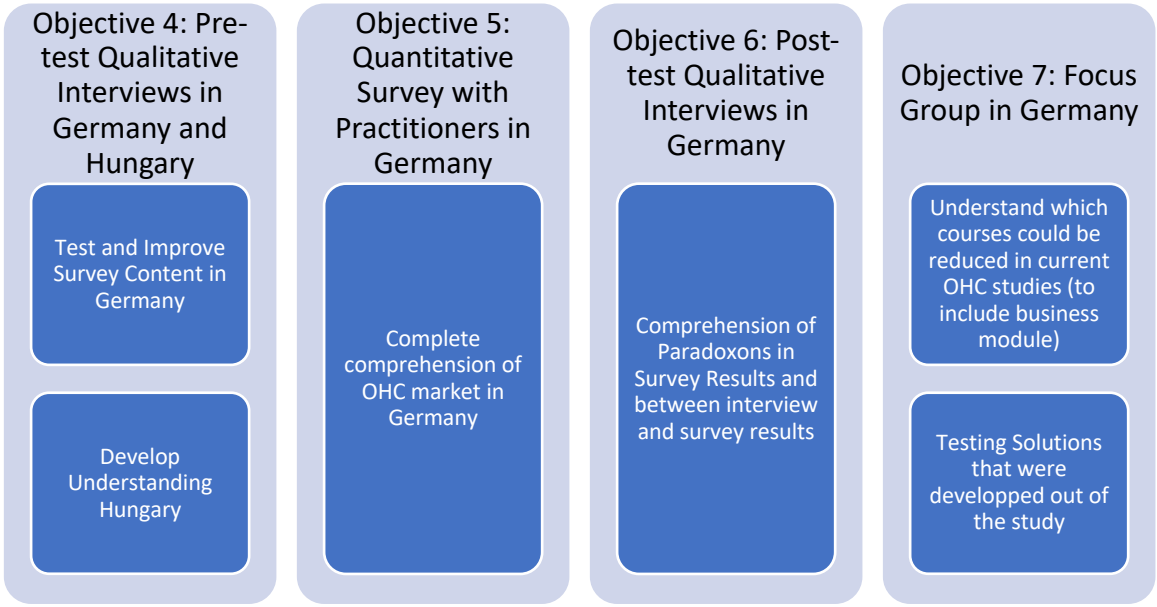


Figure 4: The 4-step Primary Research Process
(own development, see Appendix A for all Objectives)

After recognition of existing publications and also the HC system in the investigated countries and their backgrounds, some existing data about the HC markets was analysed to grasp trends and developments. The primary research was composed of four parts. First, out of the existing publications a semi-structured qualitative interview was developed, allowing for the detailed inside view of a limited number of 27 OH practitioners in Germany, 16 practice team members in Germany and 14 OH practitioners and or practice managers in Hungary. The information gathered out of these interviews can be classified as a pre-test, which supported the development of a structured quantitative questionnaire that was submitted to a sample of practitioners in Germany via email. As a third step some paradoxes that emerged from the questionnaire and that seemed contradictory in comparison to the interview results, were re-tested in a second round of interviews, but with a total of only five practitioners. Last but not least an FG out of German practitioners came together to discuss the solutions that were derived to meet the growing need of business thinking in OHC. The four-step process is visualized in Figure 4. Presentation of Results

5. Outcome: Interviews and Survey

The research findings of this study are presented in several chapters and discussed alongside. As explained in the methods section, the primary research consists of four parts: interviews in Germany and Hungary, a survey in Germany, follow-up interviews in Germany and a focus group (FG) in Germany. This first of the three chapters on results and discussion deals with the interviews and the survey. The first section of this chapter is about the results of the interviews conducted in Germany as much as in Hungary. The second part discusses the results of the survey that were conducted in Germany only due to language barriers and funding.

5.1. Hungary

The structured qualitative research in Hungary – due to limitations in funding – was mainly conducted in Sopron, where the researcher was present for meetings at the research institution. In Addition, some personal contacts made telephone interviews possible with professionals in other parts of Hungary. In general, 14 Hungarian OH professionals were interviewed in this research about Hungary. Some of the practices were organized as business optimized companies and therefore interviews were made with management professionals, primarily women. To give the respondents some structure, the interviewees were grouped as shown in main thesis. It should be mentioned here, that such grouping may lead to a misinterpretation, since respondents in some groups are very different in understanding their tasks and duties. Although no significant emphasis was placed on the gender of the respondent, it should be mentioned, that eight of the nine medical professionals were male and that four of the five business professionals were

female, regardless of their age. Only one of the interviewees was below forty years old, a female business professional (HPB2). Figure 5 shows which aspects, according to the interviews, proved to be important for Hungarian subjects.

Figure 5: Interview Results Hungary
(own development out of primary research)

Ownership and medical profession in Hungary are to be treated separately. Whereas four of the six interviewees of practices with less than ten employees worked in owner-managed practices, only one of those who worked in a practice with more than ten employees would work in a company owned by medical professionals only. This implies that ownership – as soon as the company becomes significantly profitable – is treated separately from medical management. At larger size of the entire company (not only dentistry but also other non-medical business offers) different legal forms including the AG were implemented.

All subjects that participated in the interviews (in Sopron and Budapest) were addressing at least part of their services to tourists. Eleven of the fourteen professionals worked in practices established in 1990 or later (HMS1, HPB1, HMB3 were found earlier). About 40 % of all participants worked in companies since their foundation or were somehow actively involved in the foundation of the clinic. The establishment of a practice seemed to be less of a challenge to the research subjects than the continuous monitoring of the market. No matter the size of a practice, duties were always split in a way for practitioners to only secondarily be involved in non-medical decision taking and challenges. To all participants of the study (but HPS3) it was totally clear, that goal planning was crucial, business processes are a requirement for success and that reporting needs to be monitored closely. Apart from HPS3 and HMS1 all clinics were totally clear on the need of monthly report meetings to meet business goals and the action to be taken accordingly. HPB4 explained that it was crucial to understand the reasoning of changes in order to respond to the market. HMB2 explained that business would always fall between July and September which would be a normal annual cycle. The majority of practitioners (86%, all but HPB1, HMB3) saw a continuous increase in demand and constant growth since the millennium. HPB1 and HMB3, however, were tackled by the increase of cheap flights to Budapest and saw many of their potential clients disappear there. HPB3 explained, that in his experience, working in Budapest came with the challenge of significant timing limits from the side of the customer who usually had booked return flights and no (planned) financial means for changes. HPS1 and HPS2 explained that marketing would not be a typical tool to use. In accordance with HMB2, the strongest tool for getting patients would be quality care and thus WOM. HMB1 explained

that the network of their satisfied patients would be large enough for their practice to grow every year for decades. The use of cross-border marketing measures - in fact - brought HMB3 to serious legal proceedings in Austria, according to its own information, because its marketing would not comply with Austrian law. This study did not investigate Austrian marketing legislation for HC nor their potential for cross-border infringements. The comment of the subject is shown but the case is not screened.

All medical subjects agreed that no part of their studies prepared them for the challenges they face in business. The business requirements were mostly learned on the go and in many cases professionalized with management / business employees. All practices but HPS3 were run as a business with operational standards and clear business goals. Phenomenology allowed for the understanding that the majority of subjects emphasized payment terms prior to treatment.

Figure 6: Importance of Business Success Factors according to Interviews in Hungary (own development out of primary research)

In order to allow for an understanding of the importance of the business success factors described in existing publications, the subject's answers were translated in a scale from one to five for the eight factors found in the literature. The average was calculated for medical professionals, business professionals, for smaller and bigger practices and for all respondents as visualized in Figure 6. it can be said, that the quality of care, continuous staff training and patient orientation seem to be important in Hungary.

5.1.1. Trends in Hungary

The country's HC provision is getting decentralized since the 1980s (Gaál, 2004), which means that the amount of hospital stays must also be be reduced (see main thesis) since the HC supply in Hungary was stongly dominated by hospital stays (Orosz & Burns, 2000, p. 22). Practice rights are being introduced, so that practitioners can receive the right to open an own practice (Boncz, 2011, p. 35) with a performance volume limit (Boncz, 2011, p. 36). Salaries in HC are increasing in order to reduce migration of professionals and make HC more attractive to locals (Government of Hungary, 2017, p. 17) and counteract the strong tendency for young professionals to leave the country and work in better conditions abroad (Lénárd, 2018). Further, practitioners are exploring alternative sources of income (Rurik, 2012) – Hungary is a leader in dental tourism in Europe ("Hungarian Tourism promotes medical tourism," 2012; Kovacs & Szocska, 2013, p. 415; Kummer, 2012a, 2012b) and has about 39% share of the dental tourism market in Europe (acc. to data from Revahealth as visualized in: Tolnai, Billik, & Fuchs, 2009, p. 39)

5.2. Germany

The quantitative questionnaires clearly showed that there are significant gaps in the application of existing business knowledge in practices in Germany as shown in the main thesis. The survey clearly shows, that some practitioners implement different strategies than others and that depending on the actions taken, these lead to different results. Whereas this section primarily served as an understanding of the overall outcomes of the survey, a logical

grouping was also derived out of the results and combined with the expected success drivers out of existing publications. In the next chapter the resulting analysis is presented with a focus on the drivers of success and the trends for the upcoming years.

5.2.1. Quantifiable results

Whereas the previous section looked at what could lead to significantly more business success this section looks at every factor that was found and investigates whether it has a significant impact on measurable business outcome. The five factors that correlate with revenue the most are visualized also in Figure 7 to facilitate understanding.

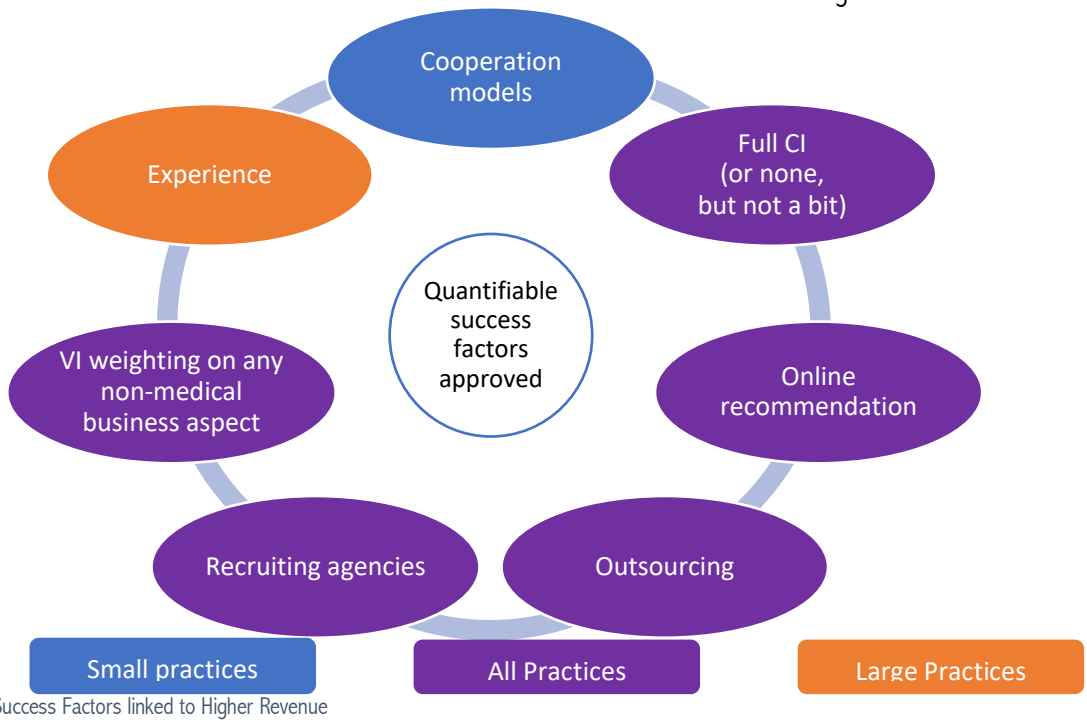


Figure 7: Success Factors linked to Higher Revenue (own development out of primary research)

5.2.2. Trends in Germany

This section explains – at the comparison of practitioners' bellow 40 years of age and the average opinion of practitioners – where the ideas and the conceptual thinking of the younger generation is developing towards. For this part primarily, the survey data was used; some references to the publications shown in chapter four were made where appropriate. This was chosen as the way to go, since – even though most practitioners in Germany are beyond 50 years of age – this generation is shaping the future of OHC for the next 15 to 30 years, whereas the generation above 50 will leave the active workforce in the next five to 15 years. The trends that were found are shown in *Figure 8*, some are explained in the subsequent paragraphs.

According to the survey, younger practitioners tend to work in collaborations, such as group practices, rather than in individual practices in comparison to other age groups. Whereas 65% of all practitioners between 40 and 50 had individual practices, this value drops to 53% of all practitioners lower than 40 years of age. Younger practitioners tend to employ more people than more experienced practitioners do. The facts that younger practitioners spend significantly more time with administrative duties, have more staff and less revenue implies, that more entrepreneurial training is required in order to help these practitioners meet the challenge. Talking training, medical skills training is not as common as with experienced practitioners. *Figure 8* already groups the trends for younger practitioners into positive and negative trends. In addition to the above, younger practice owners further are outsourcing significantly more services than experienced professionals. Data protection officers seems to be a duty that is more outsourced by younger practitioners since there is awareness which consequences this may have, or since the fear of getting caught for miss-action decreases with age. A strong trend for younger practitioners is the more common use of marketing strategies. Recommendation platforms such as Jameda, or the use of Facebook is more commonplace for these practitioners too. The own website is also much more typical to be used to find new staff members for young practitioners than for older ones.

Non-positive Trends	Neutral trends	Positive Trends
•Less purchasing optimization •More administration time •Less delegation •Less revenue planning •Less medical training •Lack of practitioners to provide HC in the countryside (e.g. Blaschke, 2015, p. 17) •Monetary interests drive the market (Wolf, 2018)	•More outsourcing •introduction of so called HCCs (Geppert, 2014). (Geidel, 2009) •Freelance position of practitioners endangered (Blaschke, 2015, p. 17) •Young doctors tend towards employment rather than freelance (Halbe, 2015b, p. 58) •Social orientation of businesses (Zerth, 2018, p. 165)	•Group Practices •Bigger Teams •Less communication in the team •More business training •More communication training •Bonus payments •More CI •More recommendation platforms / WOM

Figure 8: Trends in Germany
(own development out of primary research and literature)

6. Solutions: Focus Group

There is significant knowledge in the market about how practices can be run effectively and efficiently. A broad range of publications exist which focus on aspects such as marketing and communication. There also is a wide range of educational offers to help practitioners to run practices efficiently. However, practically none of the publications are of academic nature. This study does not only play a pioneering role in making a first step towards closing this gap academically, but also translates the knowledge that is existing so far into a clear and implementable action plan for consulting, education and collaboration. The following subchapters translate the results into and consequently present a step by step guide of how to meet the current market needs and close the gap of business thinking and knowledge in OHC practices throughout Germany. The grouping in consulting, education and collaboration was chosen to meet the desire of different groups.

6.1. Consulting

In accordance with existing publications (Müller, Falkenhagen, Wilke, Gerlach, & Erler, 2018, p. 58), it can be concluded out of this study, that adequate consulting offers are required and would add value to the HC market in Germany. Two offers are required on the market and also already existing. Consultation for founders and also consultation for practitioners that need to adapt or at least intend to improve business processes. The latter may eventually even be called turnaround management.

6.1.1. Foundation Consulting

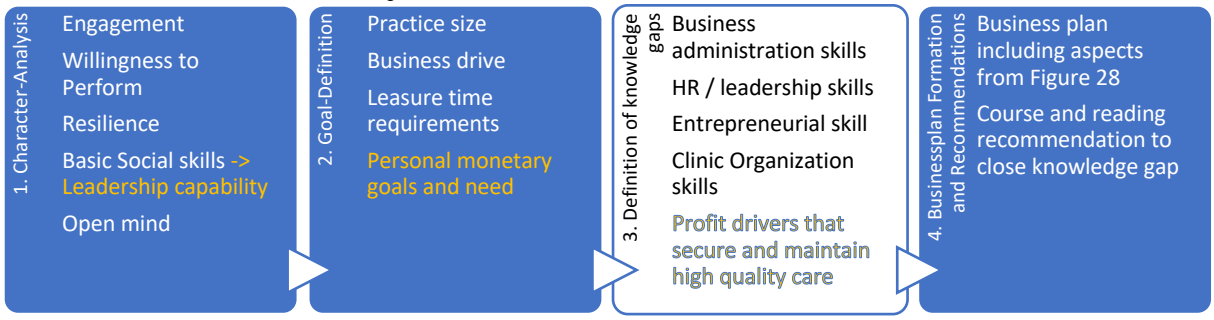


Figure 9: The Four-Step Consulting Process for New Practitioners
(Own Development, no main soure, consulting concepts adapted from e.g.: Engelhard, Reineke, Schewe, Weber, & Wübbenhorst, 2013, p. 44; Kubr, 2002; Neuhaus, 2019)

In Germany every natural person that is about to found a business is entitled to get some support for foundation consulting in order to make sure, that the business concepts of such individuals are viable. The very same is also the case for practitioners that are considering to found a practice.

Such consulting should clearly address the points shown in Figure 1, but also the ones in Figure 7. The potentially best way to provide consultation for practitioners and potential future practice owner managers might be the

one shown in Figure 9 which was slightly adapted but also considered as viable by the FG. In fact, the adaptations that were the outcome of the focus group can be seen in yellow font. If the potential founder shows engagement, willingness to perform, resilience and some basic social competencies – as identified by Grzibek (2013) – then other aspects – so the practitioners in the FG – can be trained.

6.1.2. Practitioners in Need Consulting

The consulting approach for practitioners in need should be very different to the one for new foundations. Nevertheless, here solution-oriented consulting is important in order to create a viable enterprise that does not depend on consulting in the longer term. Therefore, here as well, the discovery of knowledge gaps is paramount. This consultation process is visualized in Figure 10 .

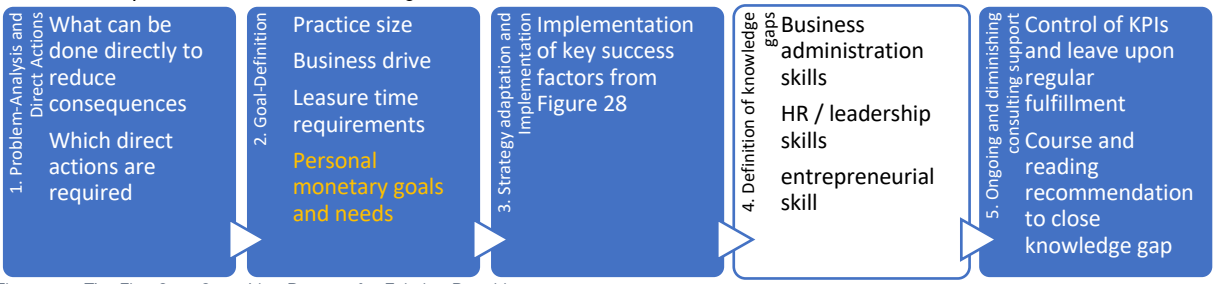


Figure 10: The Five-Step Consulting Process for Existing Practitioners
(Own Development, no main soure, consulting concepts adapted from e.g.: Engelhard et al., 2013, p. 44; Kaplan, Nolan, & Norton, 2018; Kubr, 2002; Neuhaus, 2019)

6.2. Education Programs

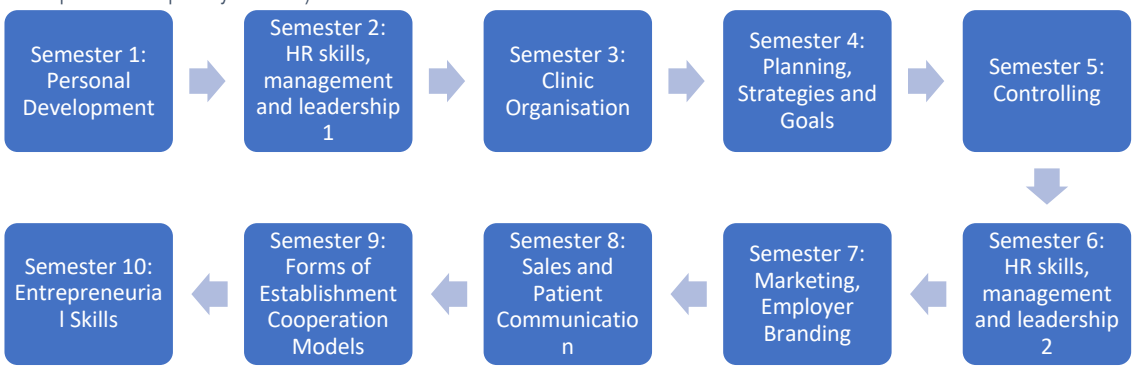
"Precaution is better than cure." – Johann Wolfgang von Goethe

An alternative to consulting to practitioners in need could be trying to solve the challenge practitioners face prior to foundation by additional education. This may be achieved as much with University education alongside the usual medical education program as also with additional courses provided externally to potential founders. The following two subsections look at these.

6.2.1. University Education

One way to close the wide knowledge gap between medical graduates with extensive medical knowledge and professional practice-owner-manager-practitioner-entrepreneurs would be to offer business education already in a university context. Practitioners explained in the last round of interviews, that education about topics such as leadership and organization would be important no matter if opening a practice or not and thus would be enriching to every student graduating in OHC.

Table 2: Business Curriculum as part of Oral Health Practitioner Studies
(own development out of primary research)



If all topics are combined as suggested, then such training could be offered as part of a medical degree in order to support practitioners to be better prepared for the future challenges of their work life. Thus, a potential management module of the medical practitioner curriculum could eventually look as shown in Table 2. The potential courses presented in the table cover all discovered parts that are required for goal and success-oriented business administration in a modern practice. Any curriculum – let it be this one or an alternative one – should cover a personality analysis. Only if the potential future owner-manager-practitioner knows about and acts according to his goals he can be successful in his own terms in the future. Thus, the course presented as semester one course in the

potential module shown in Table 2 is paramount to the success of any such module since it helps the student to appreciate the personal development opportunities and match these with potential goals for the personal future.

6.2.1. Other Education

An alternative to passing on the knowledge to the young practitioner in form of University education is additional training / teaching programs, that are outside of an obligatory study context. According to the members of the FG, the range covered on the market would exceed needs and that the offer would be very broad. Challenge to practitioners seems to be – so the FG – to choose the right course and understand quality that is offered at an appropriate price. There is now a range of such training offers on the market, but it may be useful to examine existing offers in a way that is suitable for practitioners. The FG concluded that a potential approach to discovering the quality of such treatment currently might be to introduce a public certification program to measure educational standards.

6.3. Collaboration in Larger Practices

In addition to all training it might be wise to also look at alternative forms of more relevant collaboration between practitioners including the formation of practice groups or the creation of HCCs to make use of centralized structures. Looking at Hungary, the work in bigger teams brings major advantages. This research clearly indicated that HC practitioners in bigger practices are generating larger revenue in fact, younger practitioners – so reveals the survey – are more likely to be organized in bigger teams and in group practices than the more experienced ones, which makes believe that younger practitioners already better understand the advantages of practice-/staff-/device-sharing, than the more experienced practitioners.

When considering that the use of CI or the use of online recommendation platforms lead to significant revenue increase, then it turns out that collaboration may play a major role in generating a lasting enterprise. Given that collaborating practitioners can use not only outsourcing but also insourcing to increase their revenues, these all might be viable structures to create an enterprise with lasting profits. Further, the collaboration in a bigger practice might bring practitioners with different qualities to the table which as a consequence might be able to all add special qualities to the team and improve the marketing position even further.

The potential of such action is manifold. Another advantage can be found in recruiting. Such collaboration can be organized in three major ways: the group practice in form of a civil partnership owned together, the group practice in form of several sole proprietorships, owned one by one, with some commonly-used features or the structure in form of an HCC with several owners. Either one of the three options come with advantages and disadvantages that are shown in Table 3. The following paragraphs mention a range of comments about the table.

Table 3: Advantages and Disadvantages of Different Forms of Collaboration

	Advantages	Disadvantages
Civil Partnership	- One accounting - Use of common resources - Maintenance of freelance status	- Common personal liability for all owners
Practice Group	- Separate liability - Use of common resources - Maintenance of freelance status	- Separate accounting (double cost) - Personal liability for own decisions - Common personal liability for any contractual agreements with practice group rather than individual - Limited knowledge about it
Health Care Centre	- Use of common resources - Employment of an endless number of doctors - Common ownership possible - Personal liability limited to medical director and CEO - Possibility to employ more doctors	- Giving-up of freelance status - Bad reputation amongst practitioners - Limited knowledge about facts

(Own Development)

First and most common of the options of collaboration are the civil partnership. This model so the FG is common and viable for married couples. It would also be an option for business partners, however, trust over time might become an issue. Therefore, a civil partnership can be an option, though all potential consequences must form part of the consideration. The so-called group practice intends to combine best of both worlds – single practice and

civil partnership – and thus seems to be a viable alternative to the civil partnership. It turns out that collaborations in different forms are a possibility in Germany's modern HC system.

7. Conclusion and Outlook

Health Care is becoming a competitive industry. Research supports, that competition is growing and that the current practitioners, as much in Germany as in Hungary, are not prepared to face the challenges ahead. Therefore, a change in thinking is required in order to face the challenges ahead. Business knowledge that actually exists – even if a big part is not of academic nature – needs to be partly improved, but generally applied in practice in order to succeed when running a medical company. This study gives an overview of existing published conceptual thinking in HC management and shows where the strength and weaknesses of current actors are and clearly develops a set of strategies to give existing and future practice-owner-managers a toolkit to succeed with their business.

7.1. Major Differences between Germany and Hungary

The most significant differences between Hungary and Germany are the structure of the HCS as such, the migration behaviour of HC professionals, the sources of money – thus who pays for the treatment and the improvement of care. Certainly, there are more differences, however these stand out the most.

- The Structures of the Health Care Systems
- The Migration Behaviour of Practitioners
- The Main Revenue Streams of Care Providers
- Improvement of Care Quality

See the main thesis for detailed explanation.

7.2. Actions Directly leading to Quantifiable Results

It turns out that, as a result of this study, a range of actions are directly linked to higher revenue. The factors are here explained one by one including their impact on revenue. According to the research results Cooperation Models are of very significant positive advantage to the revenue of practices with smaller teams. Nevertheless, investigation might be necessary to find out whether practitioners have full understanding of all options that exist with regards to cooperation's. The study clearly shows that Corporate Identity is linked to revenue. However, it turns out, that CI is rather not to be implemented than only a bit. Practices that implement complete CI measures harvest a positive impact on their revenue. However, all the ones that do only place minor importance to CI perform worse than the ones that do not value CI at all. The use of Online Recommendations seems to be the way to go. Online recommendations seem to be the continuation of the modern WOM. Outsourcing has a close connection to revenue. Practices that outsource grow their revenue, if, however, outsourcing only grows revenue due to different time allocation or if it really grows profit due to increasing efficiency cannot be concluded out of this study. What can, however, be said is, that, due to the extent of revenue increase, efficiency increase is more likely. All practices, no matter their size had much higher revenues when working with recruiting agencies. Experience turns out to be of advantage especially if not only when considering to run a bigger practice. Practitioners that have experience in five or more practices are especially professional and doing better in bigger practices. In smaller practices experience does not pay off.

The factors that were presented here are the ones that are most closely linked to quantifiable business results. Still, these factors as such are just single actions. If an entire strategy is implemented such factors should form part, but cannot be understood as exclusive actions. To meet the need of business thinking in OHC an entire strategy is required as laid out in the following section.

7.3. Solutions and Resulting Recommendations

This study clearly shows, that definitely in Germany and according to the interview subjects, also in Hungary, there is a massive gap between educational offers for practice management on a University level addressed to practitioners and the administrative requirements practitioners face when running a practice. This major gap could be closed by pursuing the four recommendations that form the result of this study. The recommendations are education ideally straight at University or additional course to graduated practitioners, consulting services to practice founders and practitioners in need and also the active support of the development of larger practices – in order to meet the administrative and economic challenges as a group, rather than as individuals.

University Education

The educational offer to practitioners on a University level is of very high quality, when considering the medical content of the course and the qualifications of the graduate. In the modern surrounding, however, it still is a viable and common option for graduates to found or take over and thus run their own practice. Potential entrepreneurs are fully

lacking training on all important aspects other than the medical. The curriculum that was developed as a result of this study – even in an adapted form – could be a viable way to solve this challenge and structurally meet the need of business thinking in OHC.

Additional Education

Currently loads of relevant educational offers are provided by a range of private academies. Even programs such as "Betriebswirt der Zahnmedizin" (Business Administration for Dental Health) are offered and – looking at the course content – do in fact prepare very well. Nevertheless, it seems that many if not most of such offers are driven by profit-oriented companies and thus not accessible to many graduating practitioners who are about to found and lack the financial background to go for further education which – so show the results of this study – are of major advantage if not necessary for this research. It is becoming increasingly common, that educational offers of non-medical nature are being counted as part of the regularly required training of practitioners (see above: business administration for dental health), however, there could and should be much more first of these courses and second enhancement of such training.

Consulting

In Germany every individual has access to funding support for getting consulting when founding a new business. As a result of this study, a consultation process – as much for new entrepreneurs as for existing owner-managers, has been developed. Focus of these consulting models again is – if the practice is running to solve the challenges the practitioner is confronted with, however primarily is – to discover where the gaps in business thinking are in order to close the gaps, let it be with reading recommendations or courses meeting the very specific needs of the practitioner.

Group Practices and Health Care Centres with Centralized Structures

Investors are entering the market particularly via the use of tools such as HCCs. No matter how ownership looks like, this study has shown that HCCs tend to have much more structure in place.

HCCs can for example be organized as GmbH. By law ownership of doctors is possible. It seems that one way to proact the challenges ahead is for doctors to group together and bundle forces. If organized as a society the structure could be owned by the doctors working for it. Again the biggest challenge is, to make sure, that practitioners are aware of the systemic possibilities – a topic that – if not educated in university education in the future – is often not seen by individuals who end up copying existing systems. The high quality of individually performing doctors and the economic success drive of structural organisation combined should lead to significant quantifiable results. If such an organisation should rather be organized as a cooperative of individual practices or as an HCC can be discussed, however it would make sense to combine forces for departments such as reception, medical equipment ordering, accounting, marketing, laboratory (if applicable) or similar. By doing so, doctors could still keep ownership of their own practices in a future-oriented way and take economic profit for better organisation and improved structures.

7.4. Political Discourse

The question of university education about practice management in Germany is much more of a political question, than anything else. Currently the German HC system is politically being moved away from being run by individual HC practices towards HC services provided by HCCs and thus not by individual practitioners. The Charité in Berlin, which is one of Germany's most prestigious HC education institutions, does make a first attempt in offering some business education to HC professionals. Nevertheless, and all efforts appreciated, the question here is, whether managerial training can form part of medical education studies by definition and thus in the entire country.

It seems, that such a movement is not, where politics are developing towards. Overall the HC system in Germany is being nationalized and public ownership of HC institutions is increasing. If anything could be done here to preserve the practitioner's strong freelance position in Germany, then dental societies could try to encourage the adaptation of curriculums in order to allow HC professionals, who intend to offer ambulant care services, to participate in trainings for practice management and other topics that evolved as knowledge gaps in this study.

7.5. Transferability of Research Results

Business knowledge is of advantage in many fields. Companies that have standardized procedures in place perform better. As a result of this study a range of actions were revealed, some of which eventually are transferable to other industries. These are – including their impact potential –explained in the subsequent paragraphs. Practices pursuing a clear strategy perform better. A fact that should hold true for almost all industries. Dentistry – as much as all fields in medicine – are, however, very limited in their flexibility of offers. Companies – especially SMEs – need to be agile – in order to be capable to react to market changes. Pursuing a strategy will always have a positive impact,

however, the definition of how limited a strategy can be, may vary depending on the industry. Especially SMEs that are challenged with meeting their company objectives cannot afford employing specialists for all specific business needs. Outsourcing thus can be an advantageous way to proceed. If outsourcing recruiting will have the very same positive impact in all industries is to be investigated, however, it certainly can be said that SMEs have limited experience in recruiting and thus are challenged with this complex duty which – eventually – is very different to their business core duties. Working with agencies may improve the quantifiable result in a sense, that specialists run the staff finding process, allowing the team of the understaffed business to remain in their area of qualification and focus on their business and customer's needs. If revenue potential in the respective industry is high enough (number to be calculated depending on a range of variables), then it can be assumed that working with a recruiting agency is a valid way to proceed and create measurable return. Today there is a strong trend towards the evaluation of services and even more so to sharing the rating of previous customers by intermediaries who are neutral, and thus do not influence the shared opinion. This is a general trend not limited to dentistry or health, but can be seen in all industries. The right neutral intermediary for the industry varies, however, the active use of online recommendations can be seen as a modern and more impactful replacement of WOM recommendations.

Corporate Identity goes beyond marketing representation with colours, logos, or memorable shapes and includes the entire company behaviour – let it be internally or externally. Here – due to limited understanding of practitioners of the latter aspects – research was limited to the complete appearance rather than behavioural aspects. Still, it can be said, that any development of designs or colours is costly, not only in terms of time, but also in terms of money. Companies that go the full way certainly have a positive return of their actions since mostly also professionals are involved. Half-hearted implementations of CI appearance, however, so shows this study are in dentistry not of any positive impact. It can be assumed that this is similar no matter the industry. A complete appearance is memorable, a sometimes-used logo just is not. Both, however, cost time. Even though, this cannot be researched easily it might even be concluded, that any action that is fully decided for or against can have a positive impact, whereas any action that is not completely chosen for is less likely to result in measurable return.

It was here revealed, that strong field experience creates a measurable negative impact (not significant) on small owner-run practices and a measurable positive impact on larger ones. This impact of experience – it can be assumed – is expected to be similar for different industries. Experienced professionals delegate a range of duties, since they get used to such actions out of experience. If they do so in a smaller team, staff may not perform adequately on core duties and thus impact revenue negatively. For practitioners it was found that the magic number is about ten team members. Due to the above-mentioned reasons, the impact should be similar. The team size for clinics up to which the impact of experience is negative is about ten team members. This number is expected to vary by industry and the operative involvement of the owner-manager.

7.6. Research Recommendations

Literature analysis has proven, that so far there is practically no academic literature about the business knowledge required to run a small to medium size HC practice. This study lays the ground for such academic research in the future by qualitatively investigating the markets in Europe, at the example of primarily Germany and also Hungary, and beyond. The study revealed that a significant amount of non-academic publications at different qualities exists, however, that practitioners mostly do not use these accessible resources when facing challenges in their practices. Here are a range of recommendations is presented that should be considered in future research focusing on HC and OHC management.

- Reveal the Content of the Ideal Management Course
- Investigate the Relevance of Education on a University Level
- Research the Relation of success influencing factors with other revenue clusters
- Collaborate with Health Insurances, Clearing Offices or Banks
- Learn more about Actual Business Planning
- Investigate if Current Courses meet the Knowledge Gap
- Understand the Challenges of Group Practices
- Investigate other Single Health Care Fields
- Observe Changes in Specific Markets

8. References

Please look up references in the main thesis.

9. Appendices

Appendix A: Objectives of the study

Objeftive 1: Understand the stakeholders in HC and investigate existing publications on business thinking in HC and OHC
Objective 2: Introduction of HC systems in Germany and Hungary.
Objective 3: Secondary data analysis of HC and OHC in Germany and Hungary.
Objective 4: Primary qualitative pre-test research to understand the current extent of business thinking in the market today and develop a quantiative questionnaire
Objective 5: Primary quantitative research with surveys to draw conclusions about the extent of business thinking in the market and its impacts on the quantifiable success of OH practices today.
Objective 6: Primary qualitative post-test research with a limited number of German practitioners to understand some paradox results.
Objective 7: Develop solutions to fill the practitioners business knowledge gap and make a first test of these solutions in a focus group.

10. Publications

Himpler, J. (2019). An Investigation of the Importance of Patents in Academic Entrepreneurship. Gazdaság & Társadalom Journal of Economy & Society (publication confirmed)

Himpler, J. (2018). The Impact of IP Nondisclosure on and Success Factors in Research-Based/Academic Entrepreneurship. Review of Socio-Economic Perspectives, 3(2), 107-119. https://doi.org/10.19275/RSEP054

Himpler, J. (2018, November). The Impact of IP Nondisclosure on Research-Based Entrepreneurship. Paper presented at RSEP International Conferences on Social Issues and Economic Studies. Rome, Italy. [unpublished].

Himpler, J. (2018). The World Financial Crisis: Impacts on GDP and International Trade in Taiwan. In K. Holla, M. Titko, J. Ristvej (Ed.), Crisis Management - Theory and Practice (pp. 115-134). London: Intechopen. http://dx.doi.org/10.5772/intechopen.74536

Himpler, J. (2017). An Investigation of the Importance of IP protection in Academic Entrepreneurship. In R. Resperger (Ed.), Proceedings of the International Scientific Conference: Geopolitical Strategies in Central Europe. Sopron, Hungary: University of Sopron.

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