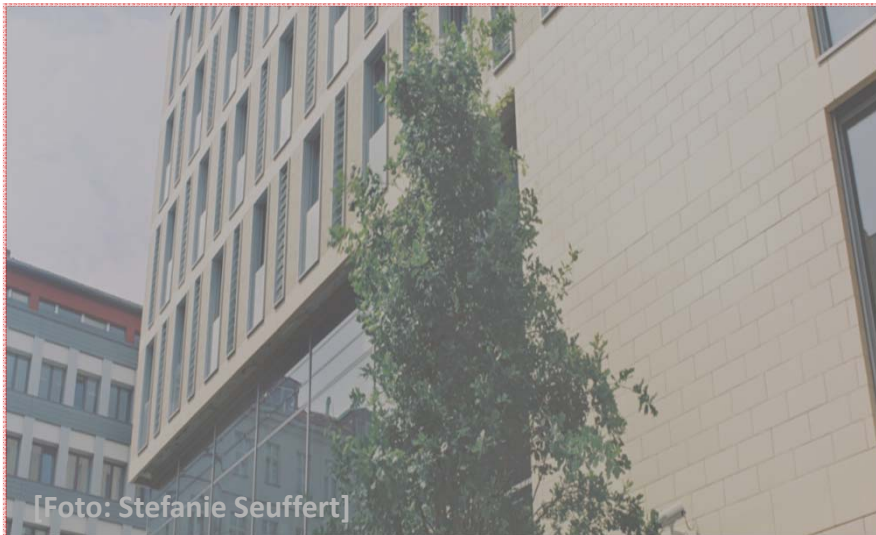


ÄRZTEKAMMER BERLIN



# A brief insight into the German healthcare system

Study visit of the Indian delegation

Berlin, 13th June 2018

Dr. med. Günther Jonitz, President of the Berlin Chamber of Physicians



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# A short ride through the German health care system

- History
- Principle of organization
- Actors
- Results
- Challenges



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## The German Political System:

*„The Federal Republic of  
Germany  
is a democratic and **social**  
**federal state.**“*

Fundamental Law (Art. 20 Abs. 1 GG)



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# History of Health Care Insurance

German society and  
the system of social and health care  
is based on christian values  
of  
humanity, solidarity and charity



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# History of Health Care Insurance

“The healing of social damage  
is not by means of repression  
but to look evenly  
at the promotion  
of the well-being of the working class”

Emperor Wilhelm I, Berlin 1881



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# Main principles of social justice and the welfare state

***Mandatory  
statutory health  
insurance  
SHI***

***Principle of meeting the  
demand***

***Subsidiarity principle***

***Social solidarity***

***Self-governance***



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# How is German healthcare system financed?

- 58.1 % of total healthcare expenditure financed through **statutory health insurance (SHI)** → ~ **6% of GDP**
- 13.3 % financed by **private households**, including direct payments and co-payments
- 8.7 % financed by **private health insurance**
- 8.3 % financed by **long-term care insurance**
- 4.5 % financed by **public sources**

Data: 2016, Source: Statistisches Bundesamt 2018: destatis.de

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## Principle of self administration:

Government makes the rules,

Doctors, hospital organisations and SHI are dealing how to organize HC and how to spend the money





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# *Public health is mainly the competence of the 16 federal states!*

➤ **Prevention**

➤ **Hospital planning and supervision**

**„i. e. national bodies make the rules,  
federal bodies have to deal with it“**



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but all relevant political decisions are made on the national level:

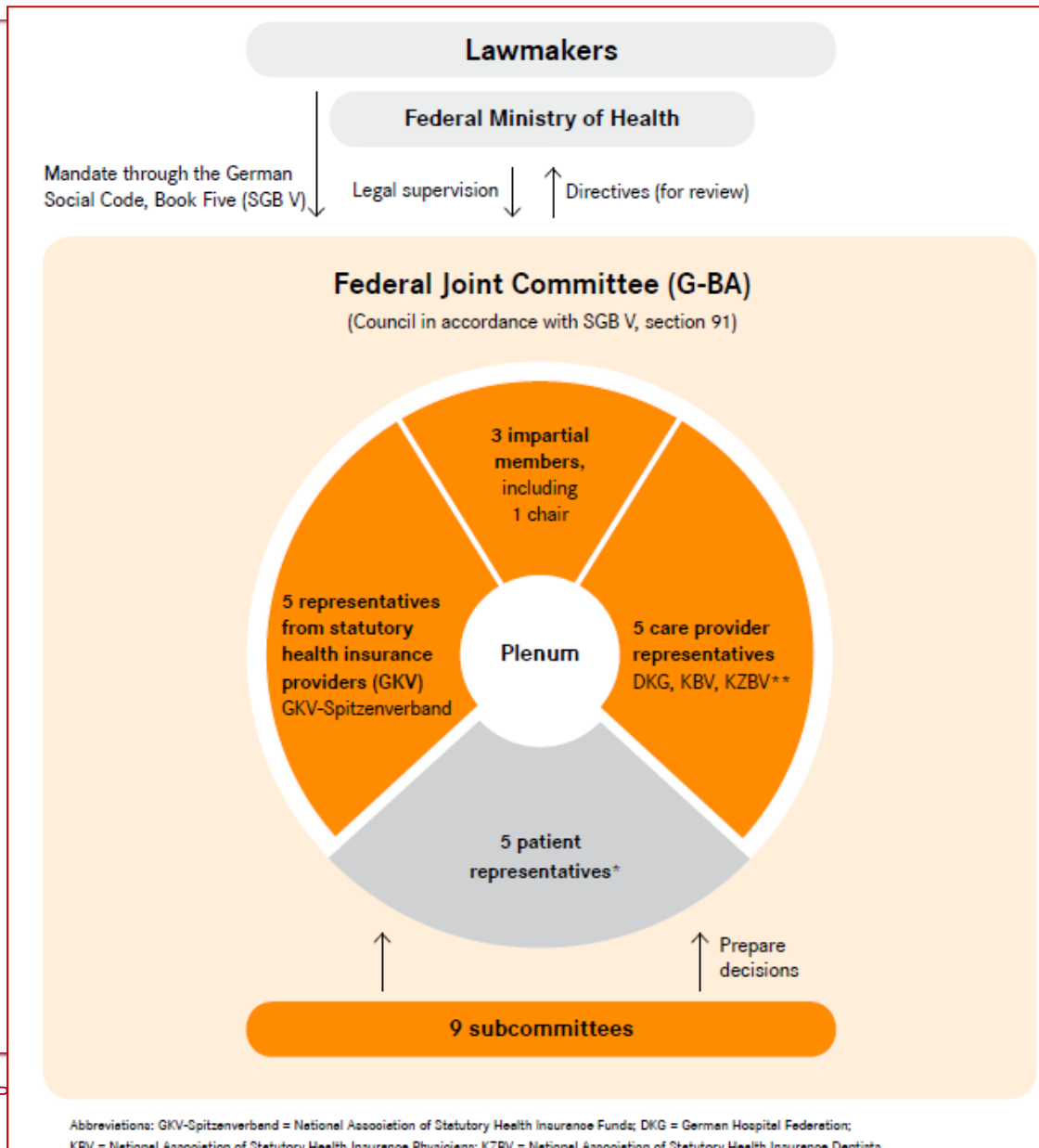
✓ **Ministry of Health on national level,**

e. g. responsible for **legislation, national health reforms, expenditures, regulations for self administration (doctors, hospitals, insurance companies)**

✓ **G-BA/ Federal Joint Committee**



# National level





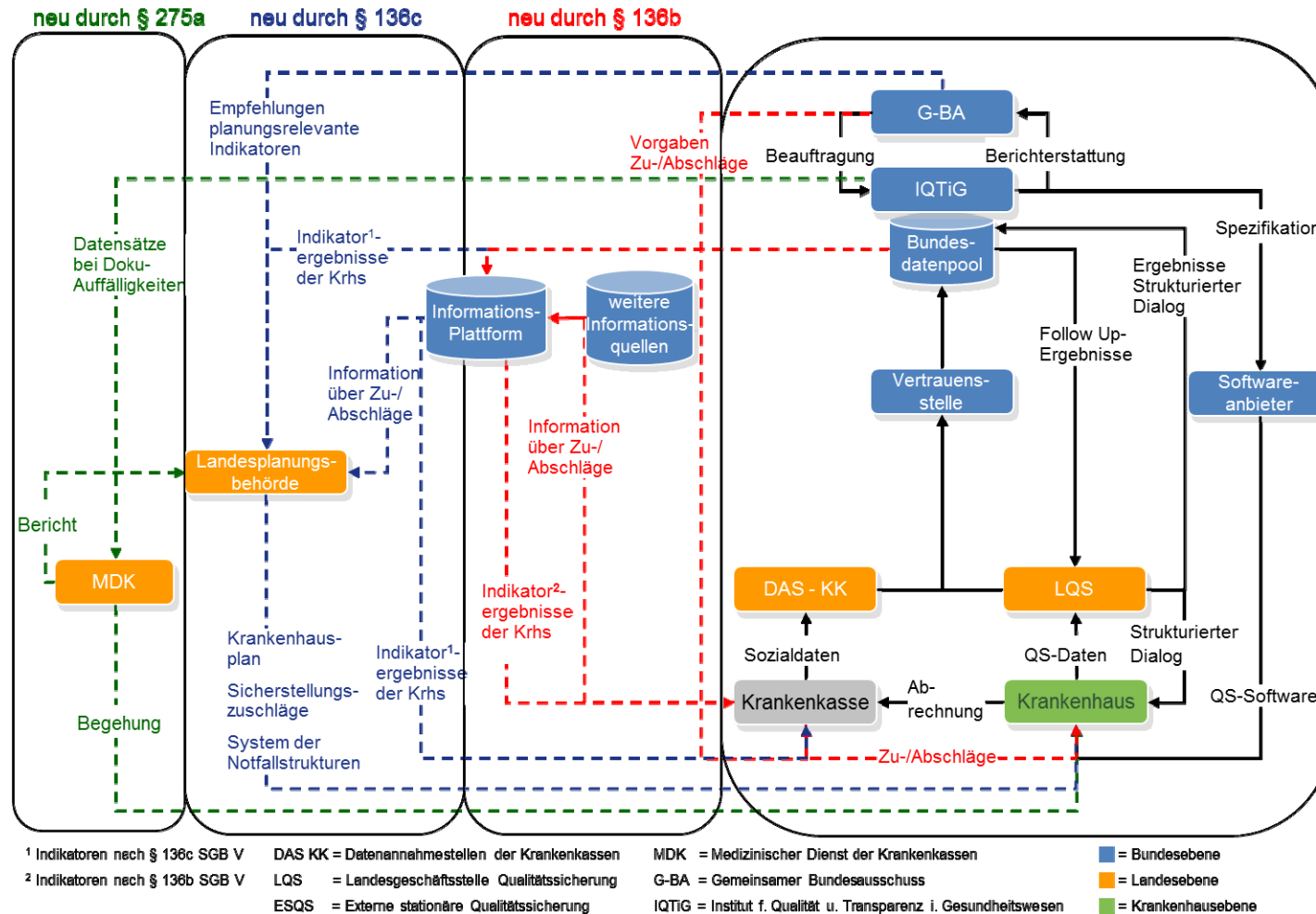
## *National level:* **Federal Joint Committee (G-BA)**

- **Main decision-making entity of the self-governing bodies of service providers and insurance funds**
- Formulates and implements in detail which services will be provided and under what conditions → **benefits catalogue**
- Authorised by law to issue legally binding directives

→ **Represents health insurance funds, hospitals,  
physicians** (*but: Chambers of Physicians are not part of it*),  
**and patients**



# National level: e.g. quality assurance



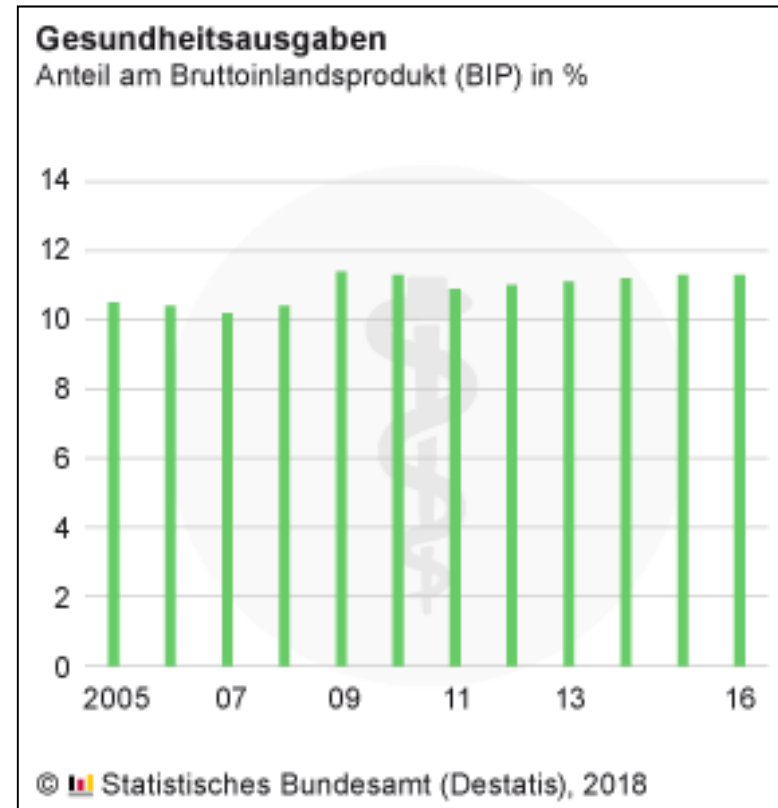
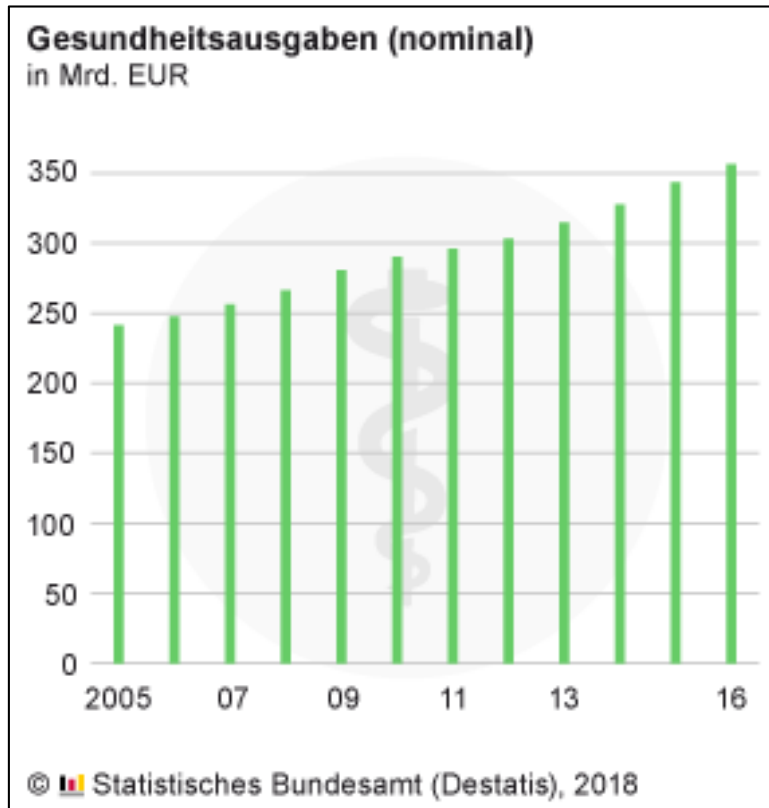
## Germany – actors

- **Population** ca **82 mio**
- **Number of doctors**  
(without dentists) ca **379.000**
- **Inhabitants/doctor** ca **220**
- **Hospitals** ca **2.000**
- **Hospital beds** ca **499.000**
- **GDP per capita** € **37,631**
- **Expenditure on healthcare** € **4,330 per capita, approx. 11.3 % of GDP, € 356,5 billion per annum**
- **Statut. Health Insurance Comp** ca. **110**



Data 2016, source: Statistisches Bundesamt, statista.com; Bundesministerium für Gesundheit; bundesregierung.de

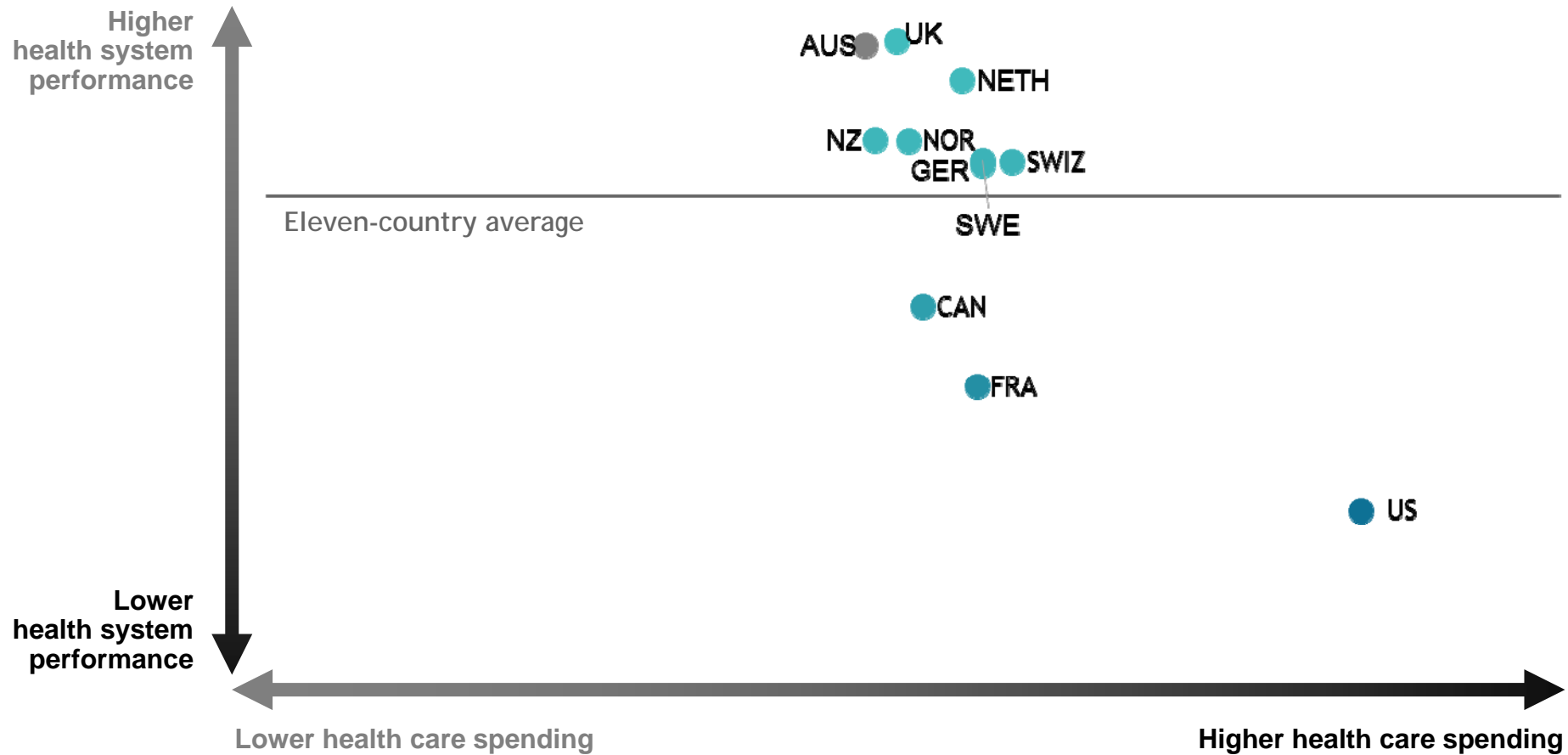
# Expenditures



*„World champions in cost containment – compared to our national wealth“*



# Health Care System Performance Compared to Spending



Note: Health care spending as a percent of GDP.

Source: Spending data are from OECD for the year 2014, and exclude spending on capital formation of health care providers.

Dr. med. Günther Jonitz, President of the Berlin Chamber of Physicians



E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.





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## Advantages for patients and population


- ✓ **Direct access to all ambulatory doctors - GPs AND specialists - and hospitals**
- ✓ **Nearly no waiting lists**
- ✓ **Access to nearly all diagnostic and therapeutic procedures**
- ✓ **Nearly no co-payments**



# Berlin Chamber of Physicians



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Herzlich willkommen auf den Seiten der Ärztekammer Berlin!



ussionsveranstaltung in Berlin \*\*\* Kammerwahl 2018 - erste Informationen \*\*

[www.aerztammer-berlin.de](http://www.aerztammer-berlin.de)



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# Berlin Chamber of Physicians

## Self-Conception:

„Service organization with  
mandatory responsibilities“

„guiding doctors,  
protecting patients“

- Professional Code of Conduct
- Quality Assurance
- Education/Training (Catalogue, Courses)
- Qualification (Certificates)
- „Lobbying“, political agenda setting

## DEMOCRATIC

Assembly of Delegates, Managing Board, Committees,  
Working Teams, Delegates, Main Office,  
Commitment of Members



# Challenges

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- Medical progress:  
**medicine is highly specialized and more patients can be treated**
- Patient care has become **more complex and demanding**

**Problem: the organizational principle has not evolved!**

The **cooperation of the actors** resembles an **assembly line**:  
they work one after the other instead of together.  
Their goals are poorly coordinated and often conflicting.

**The results of patient care are often unclear.**



# Challenges

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**Goal: Money**, i. e. profits, cost containment or **value**, i. e.  
allocation value (priority setting on national level)  
technical value (doing the right things right)  
personal value (did we address the right problems from the patients  
point of view)?

**Cooperation:** institutions are fighting against each other because of costs,  
based on the political philosophy of competition („competition  
about what? Money or quality?“)

**Leadership** (national vs. federal level)

**Learning** (“how does the system learn?“)



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**The transformation of an unidirectional and blind system  
(„assembly line“)**

**into a learning system**

***i. e. value-based health care***

**that is continuously learning from the values achieved is the  
main challenge and chance for our future  
and of our patients.**



# India – What do you do?

***“India is committed to ensuring patient safety in the country and to working with others in the region”***

(Minister Nadda on WHO annual meeting of national pharmacovigilance centres in New Delhi on 4-6 November 2015)



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Shri J. P. Nadda  
Union Health & Family Welfare Minister  
Government of India

Ministry of Health & Family Welfare  
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✓ Healthy Living

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1800-180-1104

First meeting of the expert group on Developing Patient Safety Implementation Framework in New Delhi on 1-2 September 2016

Source and pictures: [nhp.gov.in](http://nhp.gov.in); [searo.who.int](http://searo.who.int)

## Learn from our mistakes 😊

