

German Health Care System: Description, Reforms, Questions - in 5 minutes!

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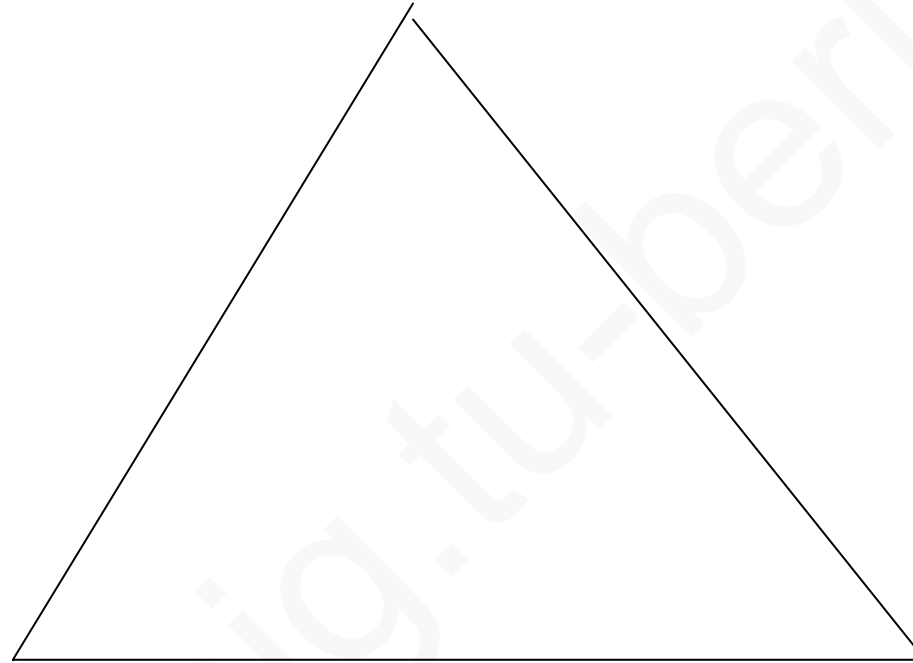
FG Management im Gesundheitswesen, Technische Universität Berlin
(WHO Collaborating Centre for Health Systems Research and Management)

&

European Observatory on Health Systems and Policies



Third-party Payer



Population

Providers

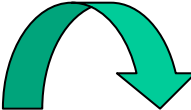
**Collector of
resources**

Third-party payer

**Steward/
regulator**

Population

Providers

“Risk-structure  compensation”

Collector of resources

Not (health) risk-,
but wage-related
contribution

Choice of fund
since 1996

Third-party payer

Ca. 300 sickness funds
with self-government,
organised in associations

**Strong
delegation
& limited
governmental control**

Contracts,
mostly collective

Population

SHI insures 88%
(75% mandatorily,
13% voluntarily)

Free access

Providers

Public-private mix,
organised in associations

The German system at a glance ...

“Risk-stratification”

Collective resources
Third party payer

More morbidity orientation?
Or less RSC?

Change in funding?
„Gesundheitspauschale“,
tax funding of children

Ca. 300 sickness funds
New payment systems,
esp. DRGs in hospitals
Disease Management Programmes,
selective contracts (GP models,
„integrated care“)
Benefit evaluation/ Health
Technology Assessment

Choice of fund
since 1996

Decision-making:
government vs.
self-governing actors;
patient groups

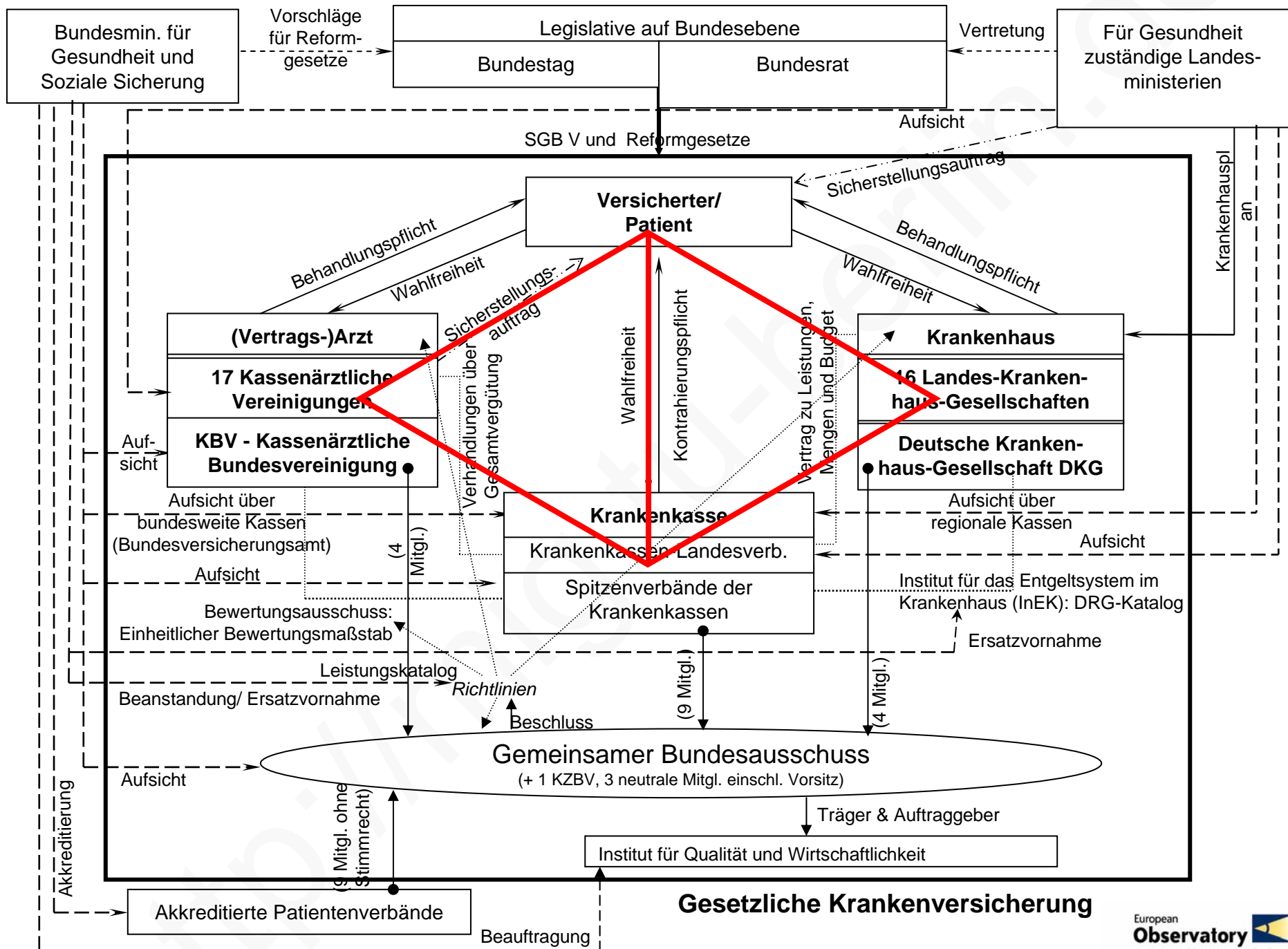
Population

Providers

Universal coverage?
„Bürgerversicherung“

Quality assurance:
mandatory quality management,
annual reports, minimum volumes

The German system at a glance ...



Share of taxes vs. social security in 2002

International data: possibly more obscuring than enlightening!
SHI = contributions or expenditure (incl. tax subsidies?)

