

# German Health Care Reform 2006 – Is Opposition by All Actors a Good or a Bad sign?

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“Risk-structure compensation” since 1994/95

**Contribution collector**

**Third-party payer**

Ca. 250 sickness funds

with self-government,  
organised in 7 associations

Wage-related contribution  
ca. 13.4% (50/50) +0.9%  
insured since 2005

Choice of fund  
since 1996

Strong  
delegation

& limited  
governmental control

Contracts,  
mostly collective

**Population**

Free access

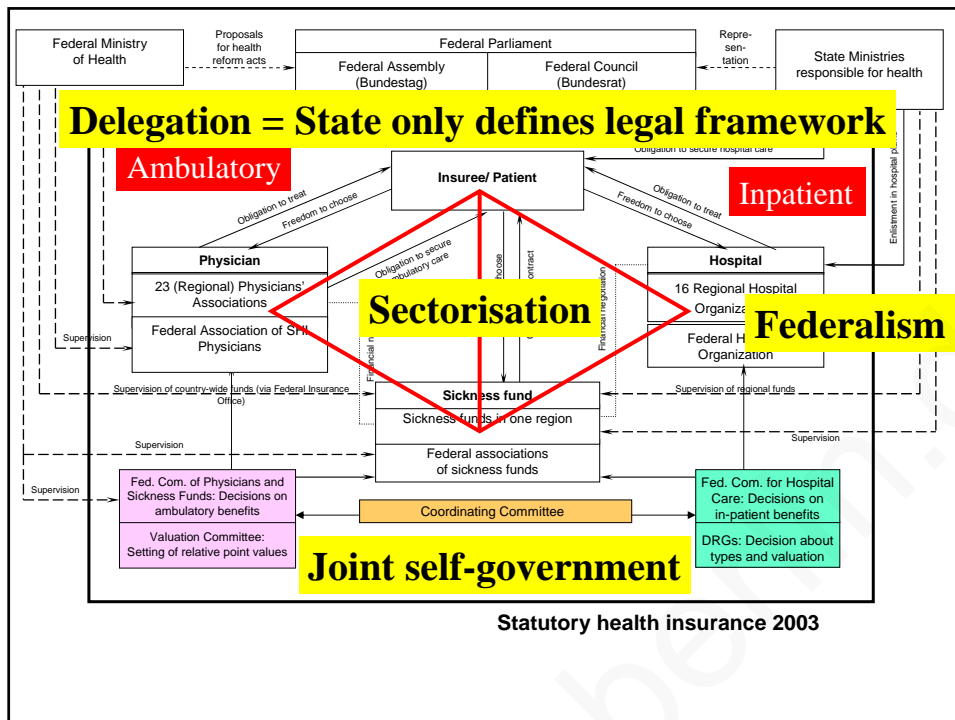
**Providers**

SHI insures 87%  
(75% mandatorily,  
12% voluntarily)

PHI 10%

- Cost-sharing → Public-private mix,  
organised in associations

The German system at a glance ...



## Disease Management Programmes (since 2002)

- **Compensate sickness funds for chronically ill better** (make them attractive) = reduce faulty incentives to attract young & healthy
- **Address quality problems** by guidelines/ pathways
- **Tackle trans-sectoral problems** by “integrated“ contracts
- = **introduce Disease Management Programs** meeting certain minimum criteria and compensate sickness funds for average expenditure of those enrolling (new RSC categories)

*double incentive for sickness funds:  
potentially lower costs + extra compensation!*

