

Sustainable financing – or finding the “perfect” risk- related allocation formula (the case of Germany)

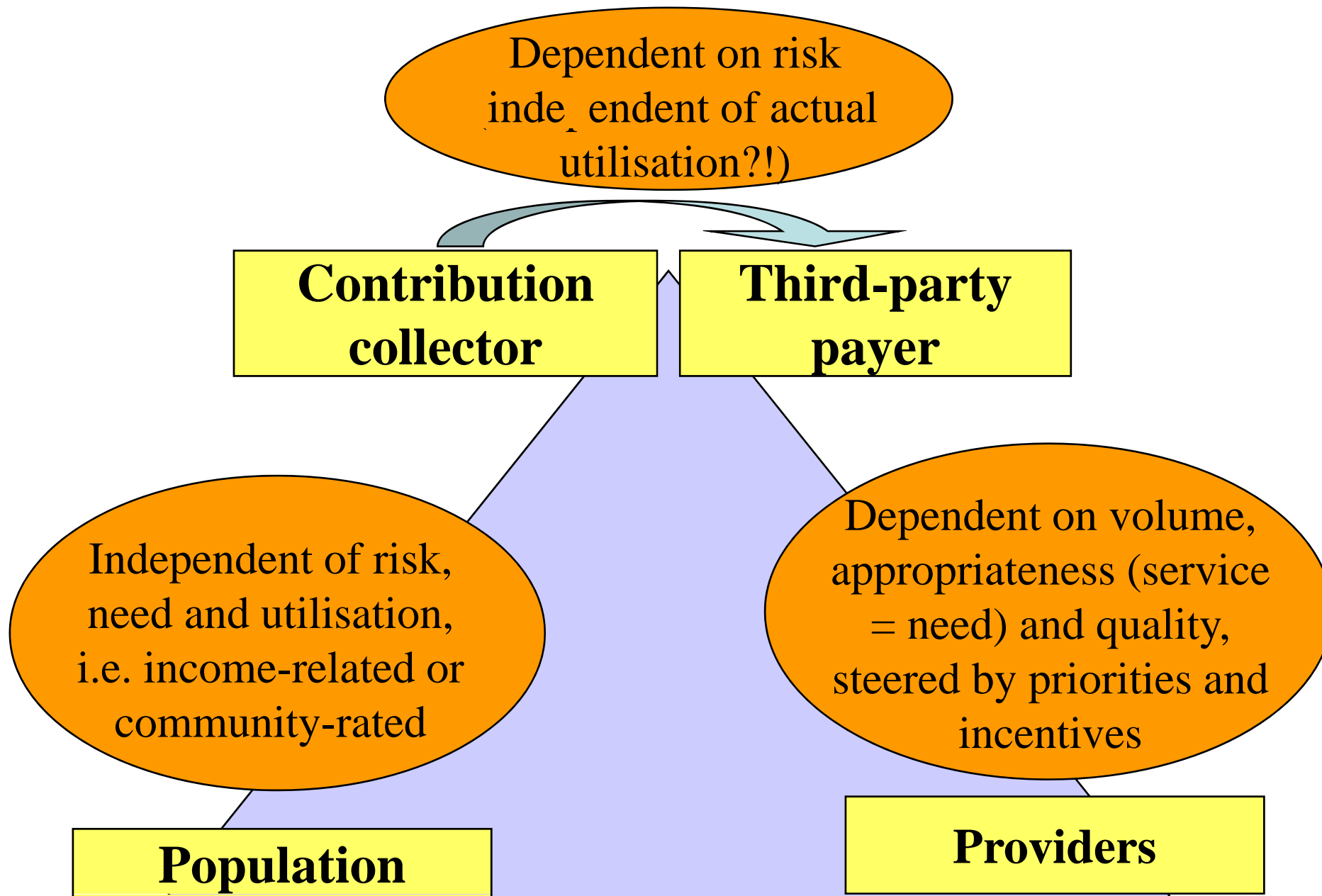
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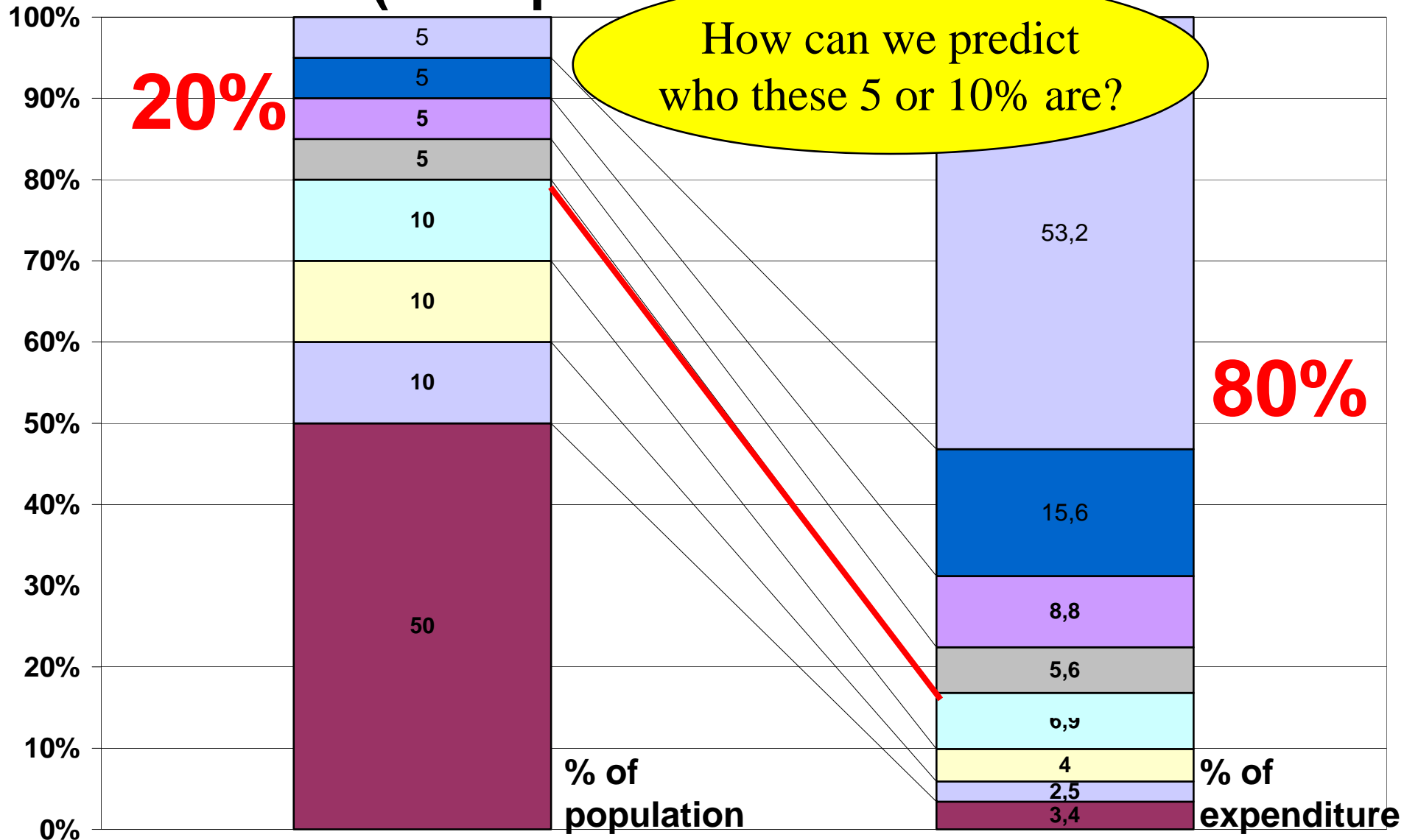
&

European Observatory on Health Systems and Policies

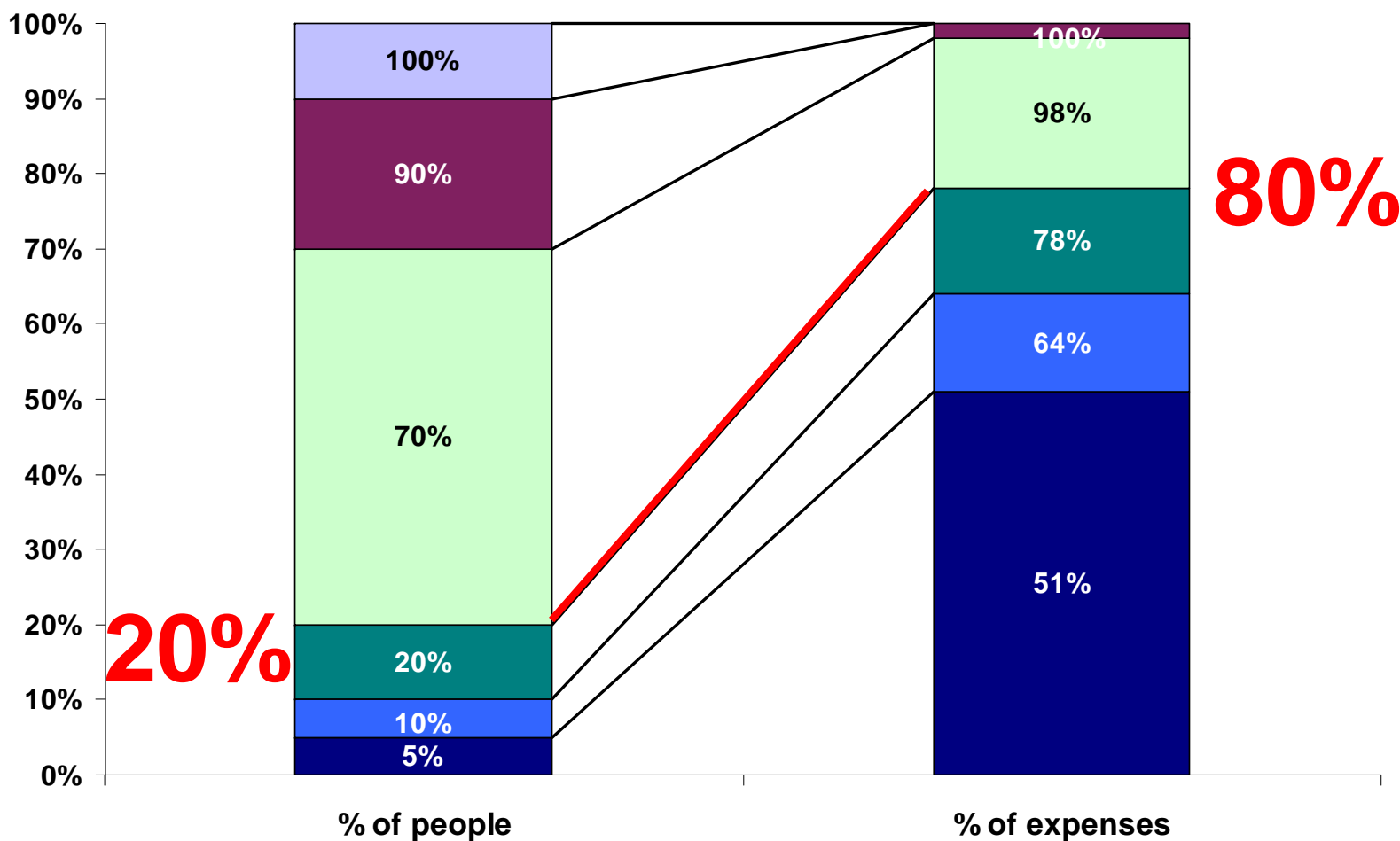




Expenditure is highly skewed: 5% of population account for >50% of expenditure (example Germany 2001)



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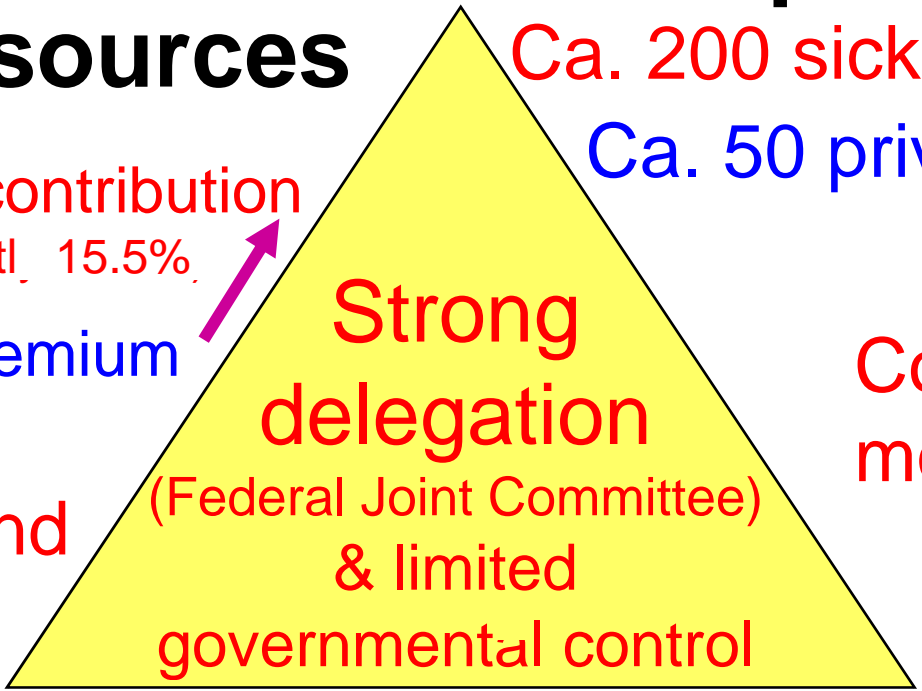


Source : CNAMTS/EPAS

“Risk-structure compensation”
Collector of resources **Third-party payer**

Ca. 200 sickness funds
Ca. 50 private insurers

Wage-related contribution
set by gov't, currently 15.5%
Risk-related premium



Contracts,
mostly collective
No contracts

Choice of fund

Population

Social Health
Insurance 86%
Private HI 10%

Choice



Providers

Public-private mix,
organised in associations
ambulatory care/ hospitals

The German system at a glance (2009)

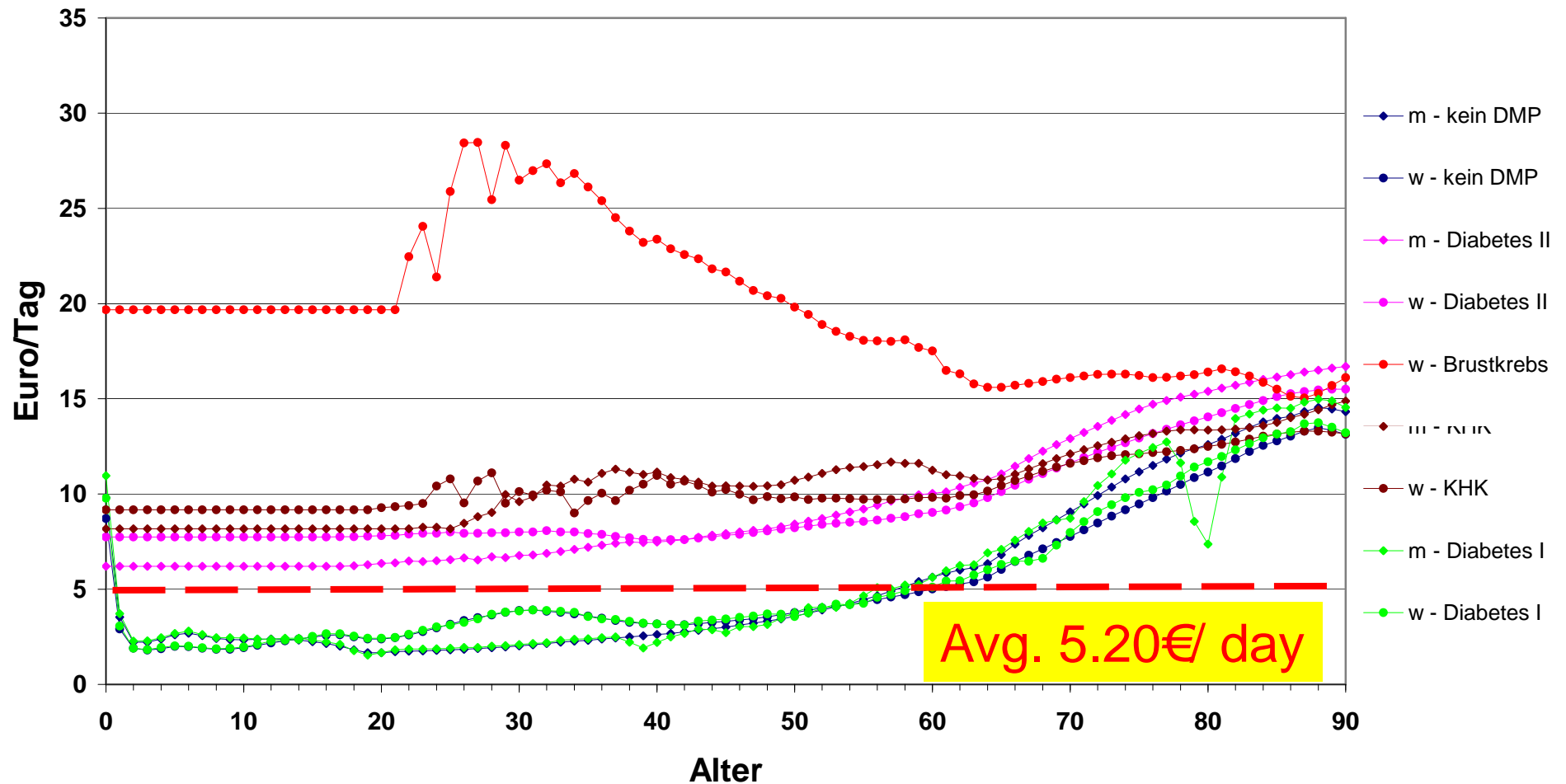
The risk-structure compensation until 2008

- Cell-based approach
- Mainly by age & sex
- But additional cells for persons on disability-related retirement &
- participants in Disease Management Programmes

-> clear incentive for sickness funds to have their insured taking part in the DMPs

DMP	Number of patients enrolled in DMP 2008
Diabetes mellitus type 2	2,708,154
Diabetes mellitus type 1	93,357
Coronary heart disease	1,221,374
Asthma	313,914
COPD	264,299
Breast cancer	100,499
Total	4,701,597

„Standardised“ (= avg.) expenditure used for the Risk Structure Compensation mechanism for DMP participants and other insured (2006)

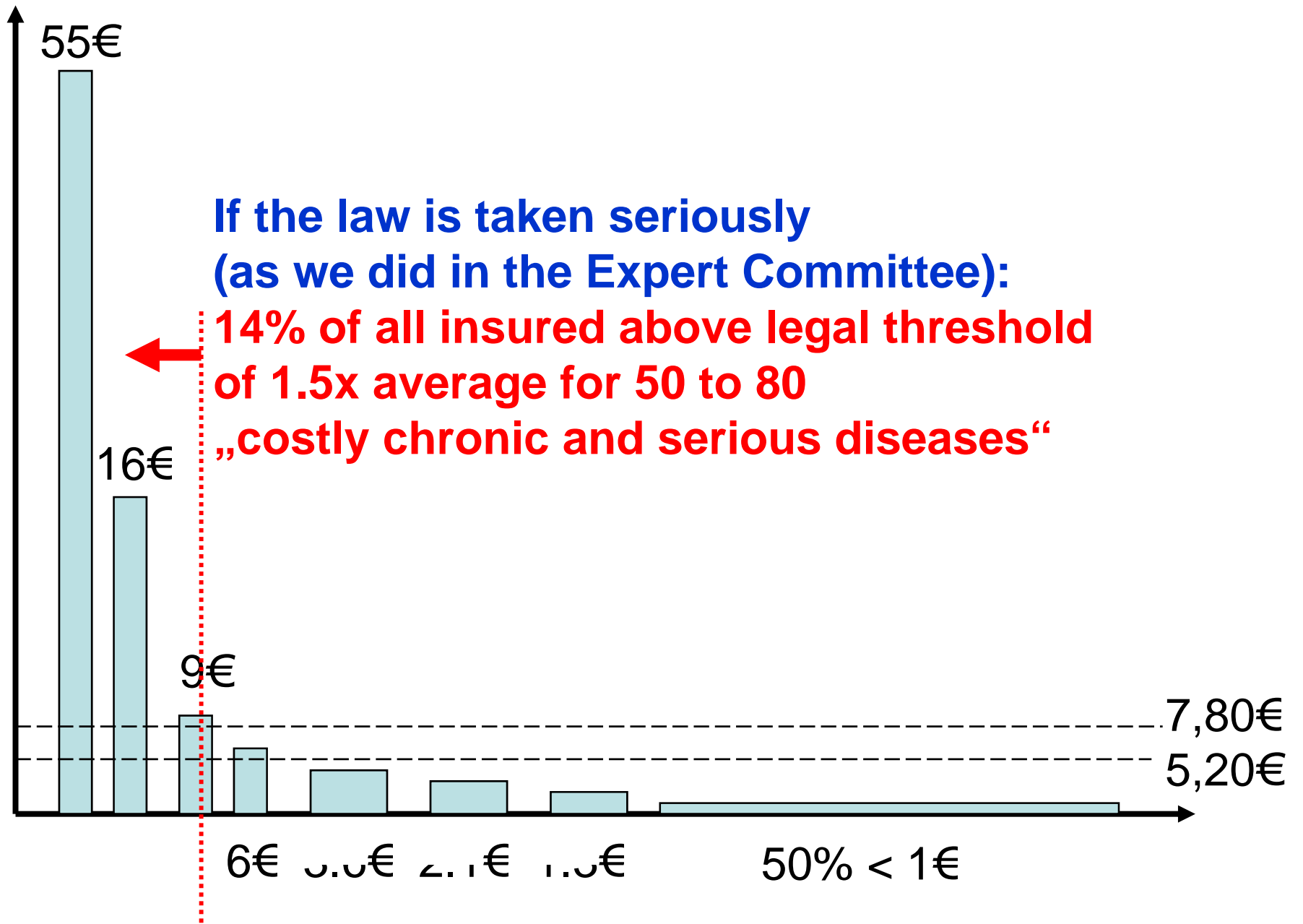


Legal requirements for risk-structure compensation from 2009

- „morbidity-oriented“ with surcharges for 50 to 80 diseases,
- with average expenditure more than 50% higher than overall average per person,
- which are cost-intensive chronic or serious, and
- well-defined.
- Surcharges should be „care-neutral“, i.e. not lead to a certain treatment over another.

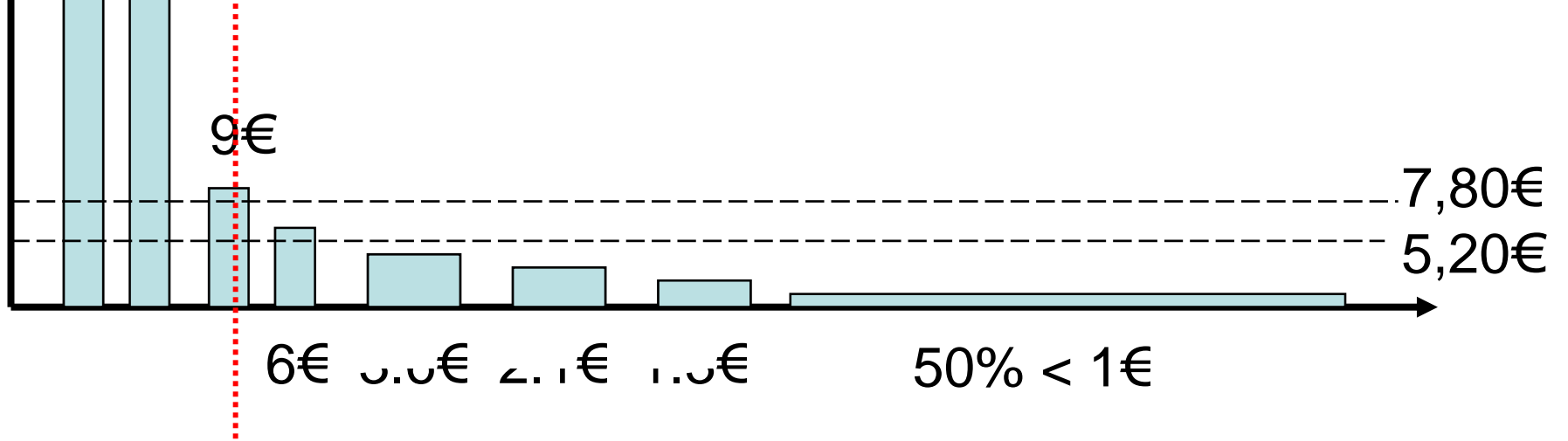
Questions

- What constitutes a well-defined disease?
- Which data to use? Diagnoses from hospitals only - or also from ambulatory care? Do they need to be validated, e.g. through fitting drugs (-> care-neutral?)?
- Is the expenditure overall expenditure or disease-specific additional expenditure?
- Should surcharges be really care-neutral, i.e. be paid if prevention was possible?



55€

Conflict between resigned Expert Council and Ministry, supported mainly by certain large sickness funds, about selection of diseases, especially, ... of prevalence ...
“expensive” = expenditure/ person x prevalence?
-> should “hypertension” be in?
uncomplicated diabetes? ...



Schwierige Grenzziehung beim Diabetes, wenn Ziel Prävention (mit) verfolgt wird

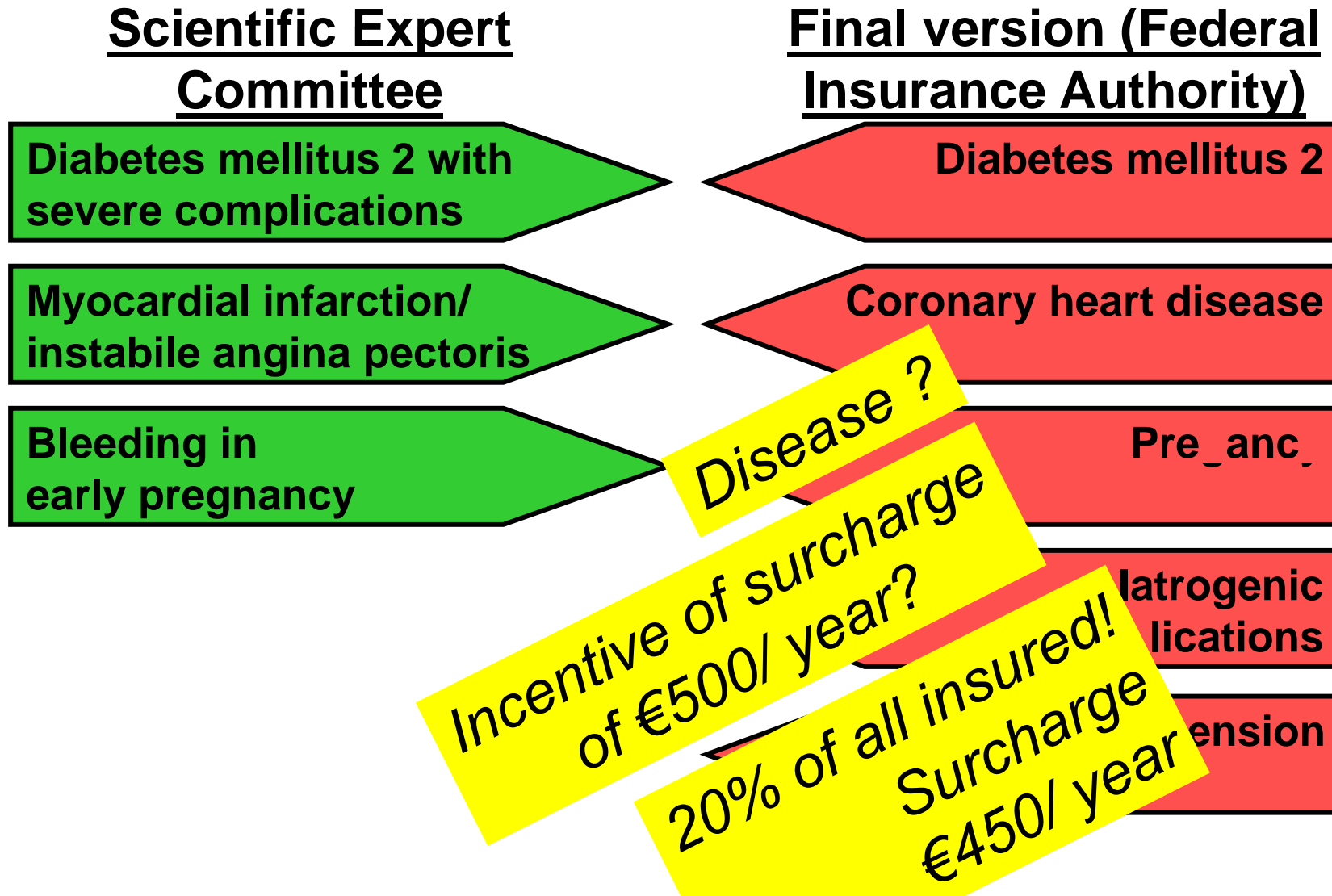
Tabelle 1: Auswertungsergebnisse für Diabetes mellitus Typ 1 und 2

		Diabetes mell. Typ 1		Diabetes mell. Typ 2	
1	ohne Komplikationen	111	CK	110	Kein Zuschlag
2	mit diabetischer Ketoazidose oder Koma	105	S	104	
3	mit Manifestation am Auge	109		108	Zuschlag
4	mit nicht näher bezeichneten und multiplen Komplikationen	113	CK+S	112	
5	mit anderen näher bezeichneten Krh. einschl. hypoglykämischem Schock	107	CK+S	106	S
6	mit Krankheitserscheinungen des Nervensystems	101	CK	100	CK
7	mit Krankheitserscheinungen an den peripheren Gefäßen	103	CK	102	CK+S
8	mit Nierenbeteiligung	99	CK	98	CK

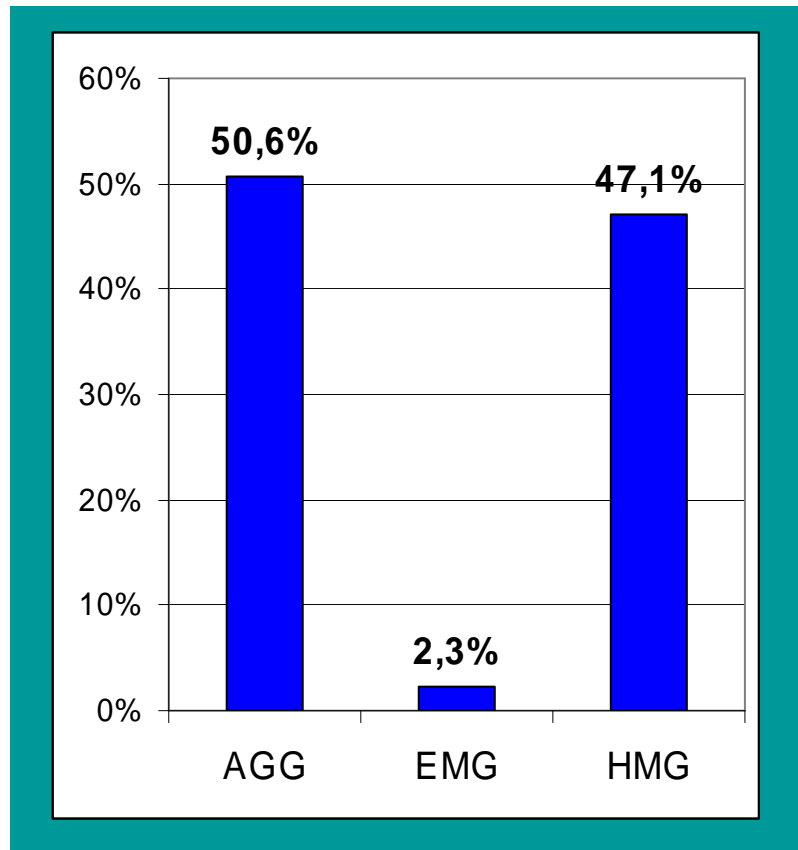
Einschlusskriterien erfüllt: CK: chronisch-kostenintensiv, S: schwerwiegend

Relative Kosten

What constitutes a disease for the Risk Structure Compensation?



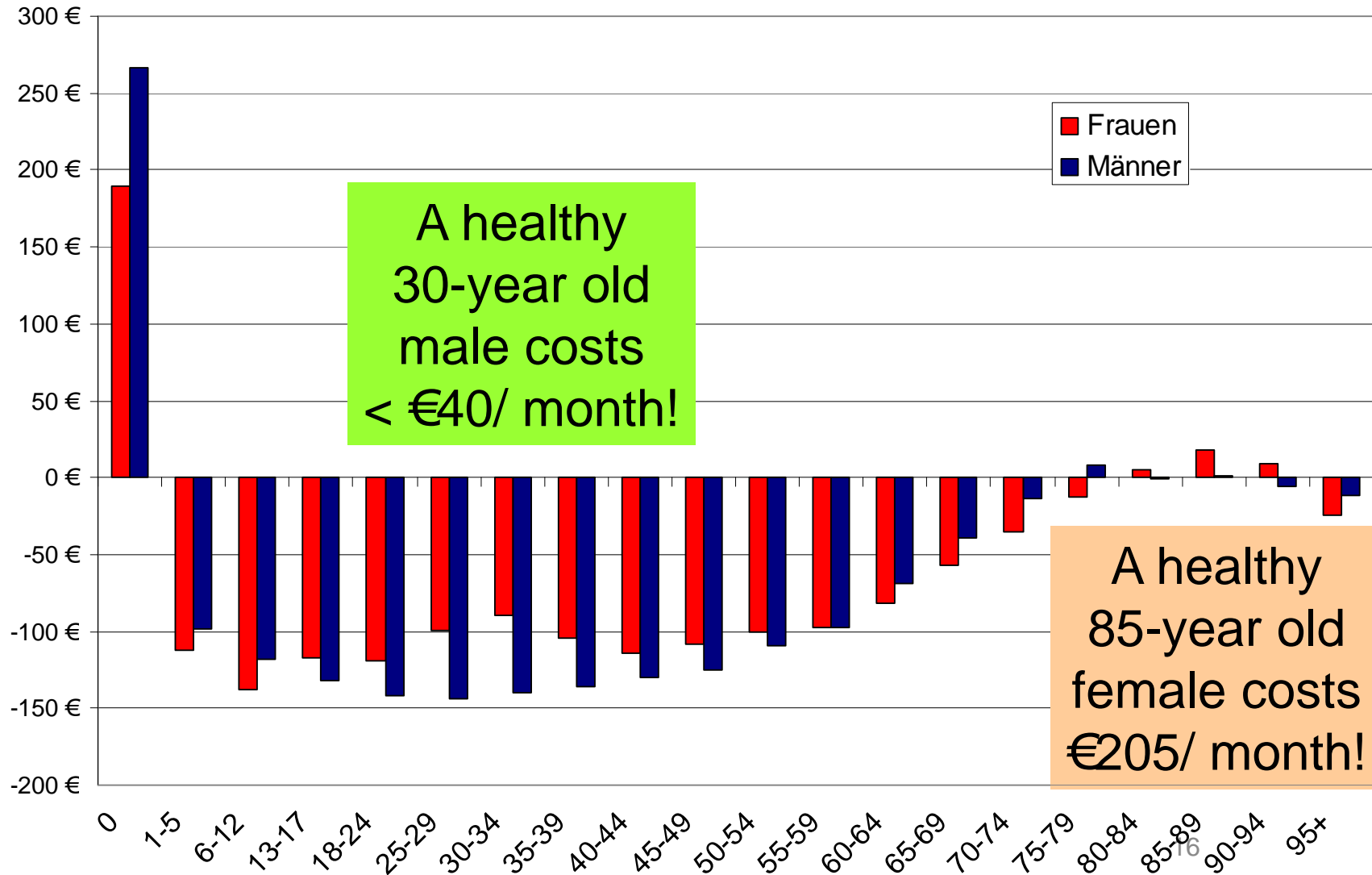
Almos 50% are allocated based on morbidity surcharges ...



- Age/ sex drive 51% of the allocation, disability 2% (used to be much more important)
- If all diseases would be included (instead of 80), morbidity would drive ca. 70%

Quelle: Göppfarth (2008)

Monthly deductions/ surcharges for age and sex 2009 (from mean of € 186)



Quelle: Göpffarth (2008)

Morbi-RSA – Zuschläge 2009



Morbiditätszuschlag (001 – 020)	Euro	Gewicht	Anzahl
001 HIV / AIDS	10.531 €		
002 Sepsis / Schock	2.702 €		
003 Infektionen des ZNS	2.723 €		
004 Myeloische Leukämie	17.865 €		
005 Infektionen durch opportunistische Erreger	5.170 €		
006 Multiples Myelom, akute Leukämie	8.744 €		
007 Hodgkin, Non-Hodgkin, chronische Leukämie	3.762 €		
008 BN Lunge & Verdauungsorgane (Metastasen)	17.137 €		
009 Sonstige Metastasen, Kaposi-Sarkom	12.485 €		
010 Lymphknotenmetastasen	9.263 €		
011 BN Darm, Galle, Leber, Pankreas, Peritoneum	7.597 €		
012 Andere schwerwiegende BN	5.342 €		
013 Sonstige ernste BN	2.399 €		
014 Andere Neubildungen	798 €		
015 Diabetes mit renalen Manifestationen	2.882 €		
016 Diabetes mit neurologischen / zirkulatorischen Manifestationen	2.157 €		
017 Diabetes mit akuten Komplikationen	2.019 €		
018 Diabetes mit ophthalmologischen Manifestationen	1.822 €		
019 Diabetes ohne oder mit n.n. bezeichneten Komplikationen	793 €		
020 Diabetes mellitus Typ I	2.317 €		

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Funktionsweise des Risikozuschlags nach Morbidität (Modellhafte Darstellung)

Beispiel: Mann, 51 Jahre

keine Erkrankung	Diabetiker, ohne Komplikation	Diabetiker, mit Komplikation	Diabetiker, mit Komplikation mit Hypertonie
<p>Sockelbetrag für alle 50-59 jährigen männlichen Versicherten</p>	<p>Zuschlag ø-Kosten</p>	<p>Zuschlag ø-Kosten</p>	<p>Zuschlag ø-Kosten</p>
<div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">913 €</div>	<div style="background-color: #ADD8E6; padding: 5px; width: 60px; margin: 0 auto;">+ 793 €</div> <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">913 €</div>	<div style="background-color: #ADD8E6; padding: 5px; width: 60px; margin: 0 auto;">+ 2.019 €</div> <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">913 €</div>	<div style="background-color: #D3D3D3; padding: 5px; width: 60px; margin: 0 auto;">+ 461 €</div> <div style="background-color: #ADD8E6; padding: 5px; width: 60px; margin: 0 auto;">+ 2.019 €</div> <div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">913 €</div>
913 €	1.706 €	2.932 €	3.393 €

The new formula ... first reactions

- Allocation to sickness funds has changed drastically ... with some of the “poorest” funds now receiving the most money
- Explicit competition ... severely ill, ...DS, ..., has not yet started
- But: sickness funds try to offer bonuses to physicians if they code diagnoses “correctly“
- Discussion on larger role of „validation“ through drug treatment -> medicalization of certain diseases?

**Presentation and further
material at:**

<http://mig.tu-berlin.de>

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