Technische Universität Berlin

Designing and Regulating Insurance Markets to Expand Access, Ensure Competition, and Value-Based Care

The recent experience of the world's oldest SHI system

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European Observatory on Health Systems and Policies

"Risk-structure compensation"

Collector of resources

Health fund

Uniform wage-related contribution
+ possibly additional premium
(set by sickness fund),
Risk-related premium

Choice of fund/ insurer

Third-party payers

Ca. 160 sickness funds

Ca. 50 private insurers

Contracts, mostly collective

No contracts

Strong delegation
(Federal Joint Committee)
& limited governmental control

Population

Universal coverage:
Statutory Health Insurance 86%,
Private HI 10%

Choice →

Providers

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

	... in the old times	Cons.-lib.		Red-green	Grand coalition		Cons.-lib.
		1994/95	1996/97	2004	2007	2009	2011
Compulsory insurance	Mandatory only for employed/pensioners/unemployed up to certain income				Universal coverage in SHI (or PHI)		
Choice between SHI and PHI	For employed above certain income within 1 year				… for 3 years		… within 1 year
Choice of SHI fund	For employed above certain income		**For most insured (97%)**		For all insured except farmers		

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<tr><td></td><td colspan="5"></td><td>Actual amount capped at 1%</td><td>Average amount capped at 2%</td></tr>
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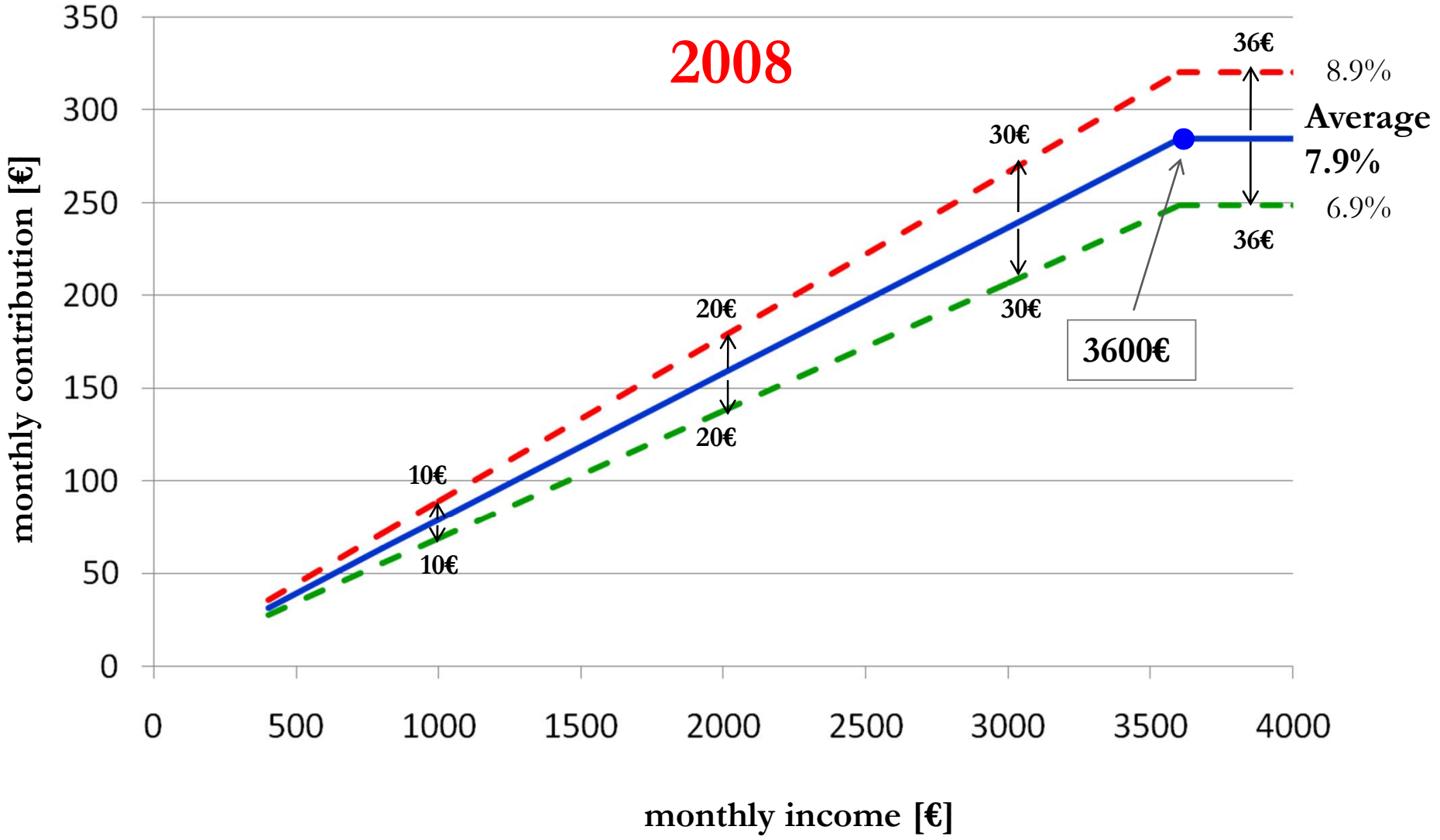
Financial contribution (employee part only)



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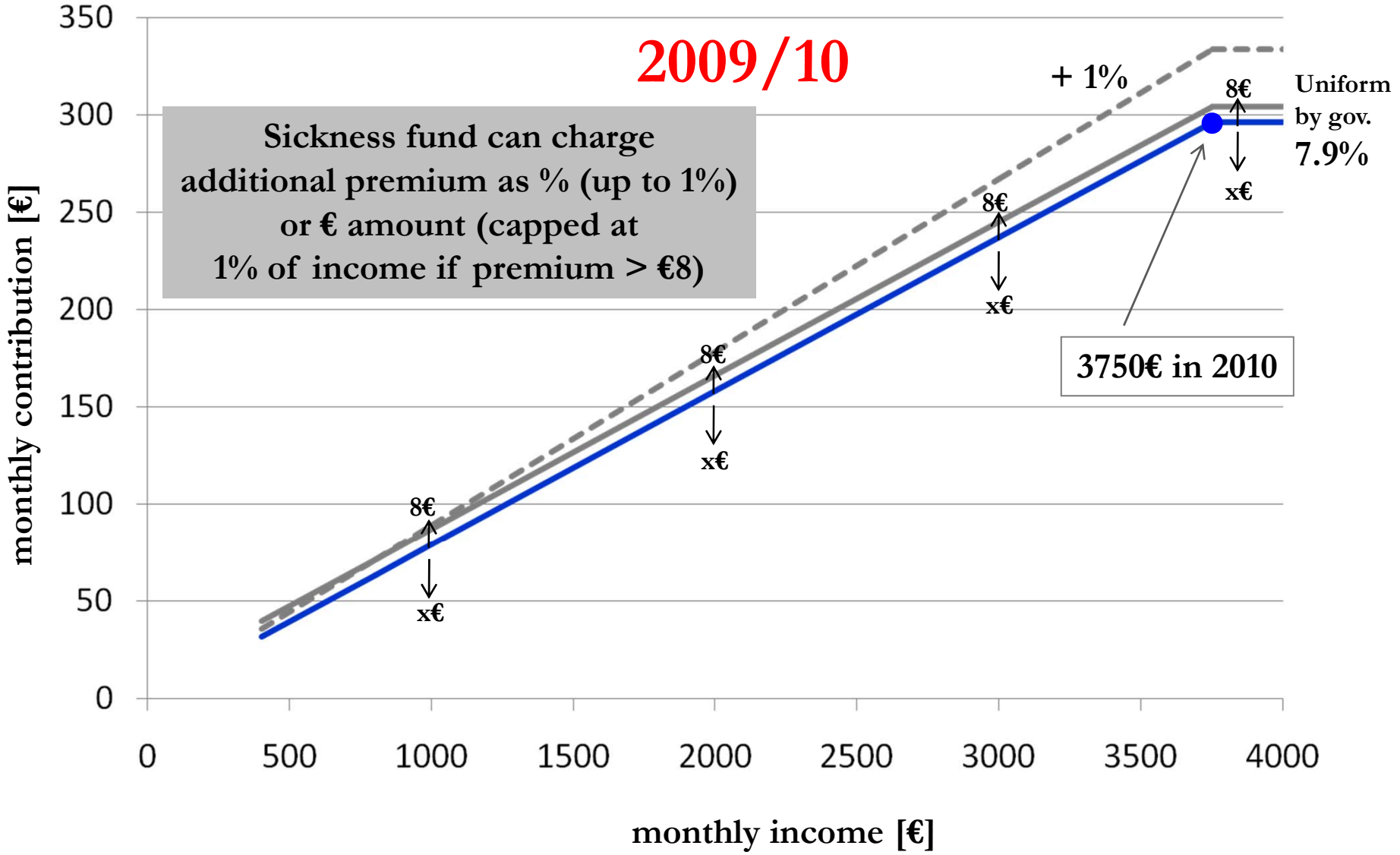

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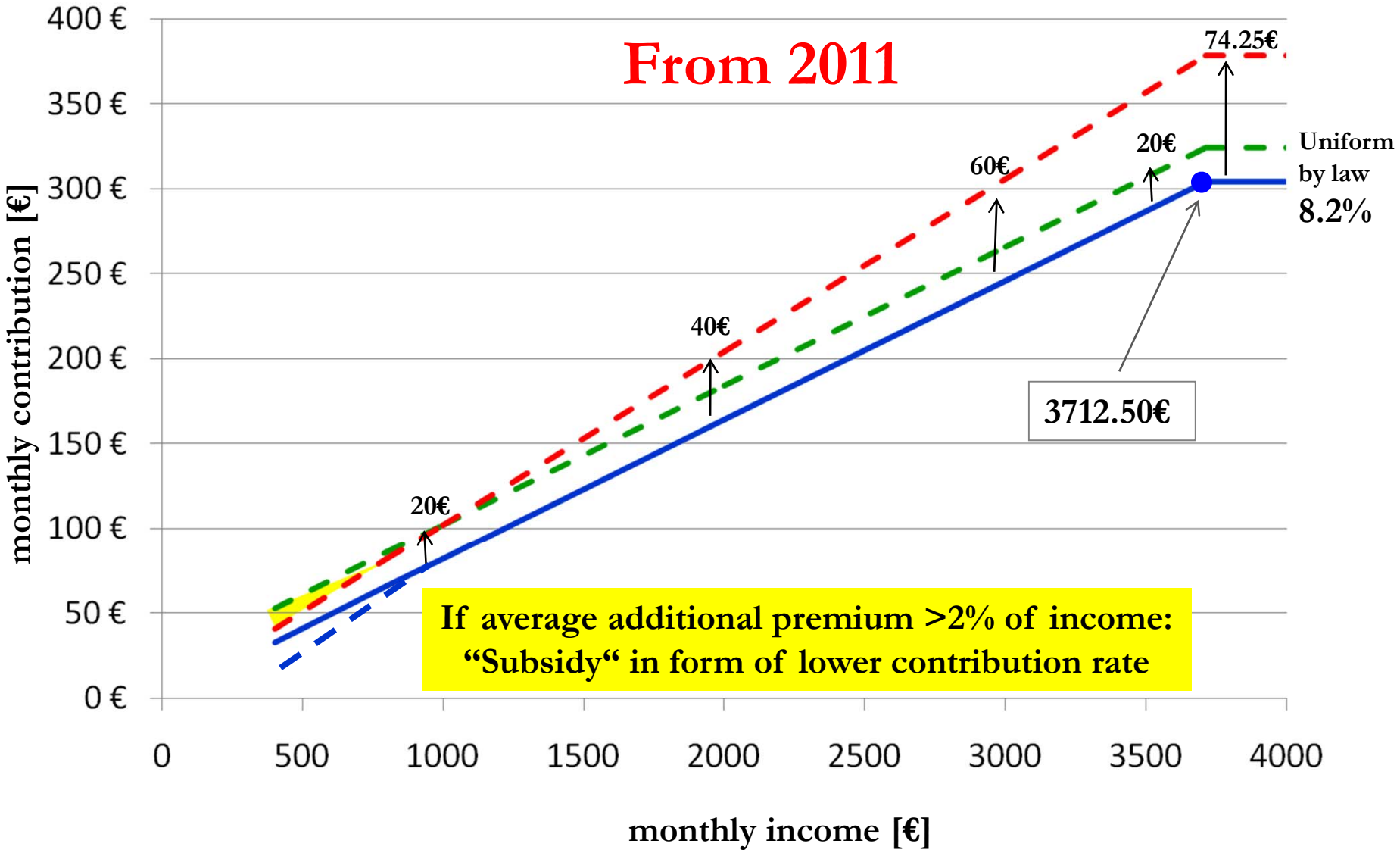

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Risk-struc-ture com-pensation	None; pooled expenditure for pensioners	**Risc structure compensation based on age and sex**		+ DMPs as criterion & high-cost pool		+ morbidity from 80 diseases	

	... in the old times	Cons.-lib.		Red-green	Grand coalition		Cons.-lib.
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Contents of benefit package	Relatively uniform but freedom for additions by sickness funds		Dental care for adults excluded (until 1999)	Palliative care incl.; OTC drugs excl.	**Almost uniform (only 0.7% of exp. for additions by sickness funds)**		
Decisions on benefits	Sectoral decisions			**G-BA responsible across sectors**			
	Not evidence-based		HTA for ambu-latory services	Drug benefit eval.; IQWiG founded	+ Cost-benefit assessment of drugs		+ early benefit evaluation of all new drugs

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Selective contracts for integrated care (2000); financially incentivized 2004-08, but only ~0.3% of total expenditure

Mergers between different fund types allowed; sickness fund associations → Federal Association (2008)

No claim bonus, deductibles, additional benefits … in SHI insurance allowed