

Gesundheitssysteme – Definitionen, Modelle und vergleichende Daten (II)

Reinhard Busse, Prof. Dr. med. MPH FFPH

FG Management im Gesundheitswesen,
Technische Universität Berlin (WHO Collaborating Centre for Health Systems
Research and Management) &
European Observatory on Health Systems and Policies



Zahler (“Third-party payer”)

Internationale Versorgungsforschung braucht Modelle, um Grundmechanismen aufzeigen, aber auch Unterschiede zu analysieren

Bevölkerung
(Versicherte/ Patienten)

**Leistungs-
erbringer**

**Beitrags-
einnehmer**

**Zahler (“Third-
party payer”)**



Regulierer

Bevölkerung
(Versicherte/ Patienten)

**Leistungs-
erbringer**

Ressourcenpooling & (Re-)Allokation

**Beitrags-
einnehmer** → **Zahler (“Third-
party payer”)**

**Ressourcen-
mobilisierung/
aufbringung**

**Leistungseinkauf/
Verträge/
Vergütung**

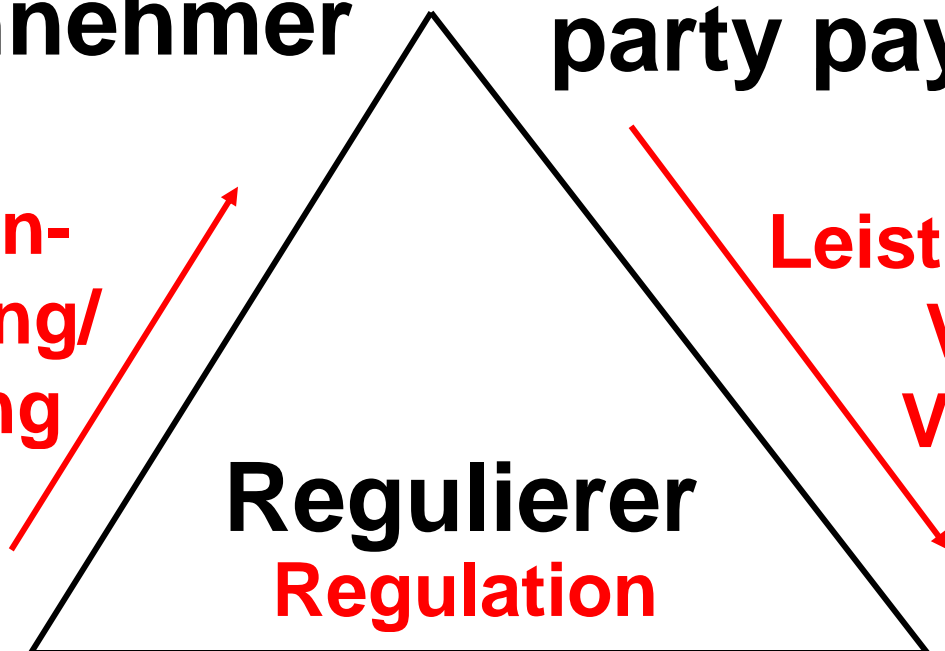
**Regulierer
Regulation**

Bevölkerung
(Versicherte/ Patienten)

Versicherung:
Wer? Was (Leistungen)?

**Zugang und
Versorgung**

**Leistungs-
erbringer**



Ressourcenpooling & (Re-)Allokation

Beitrags-
einnehmer

Zahler ("Third-party payer")

Einkommensabhängige Beiträge
& Krankenkassen =
Sozialversicherungssysteme

Ressourcen-
mobilisierung/
aufbringung

Steuern &
Regierung/ Gesundheitsbehörden
= Steuerfinanzierte Systeme (NHS)

Bevölkerung

(Versicherte/ Patient)

Leistungs-

Versicherung

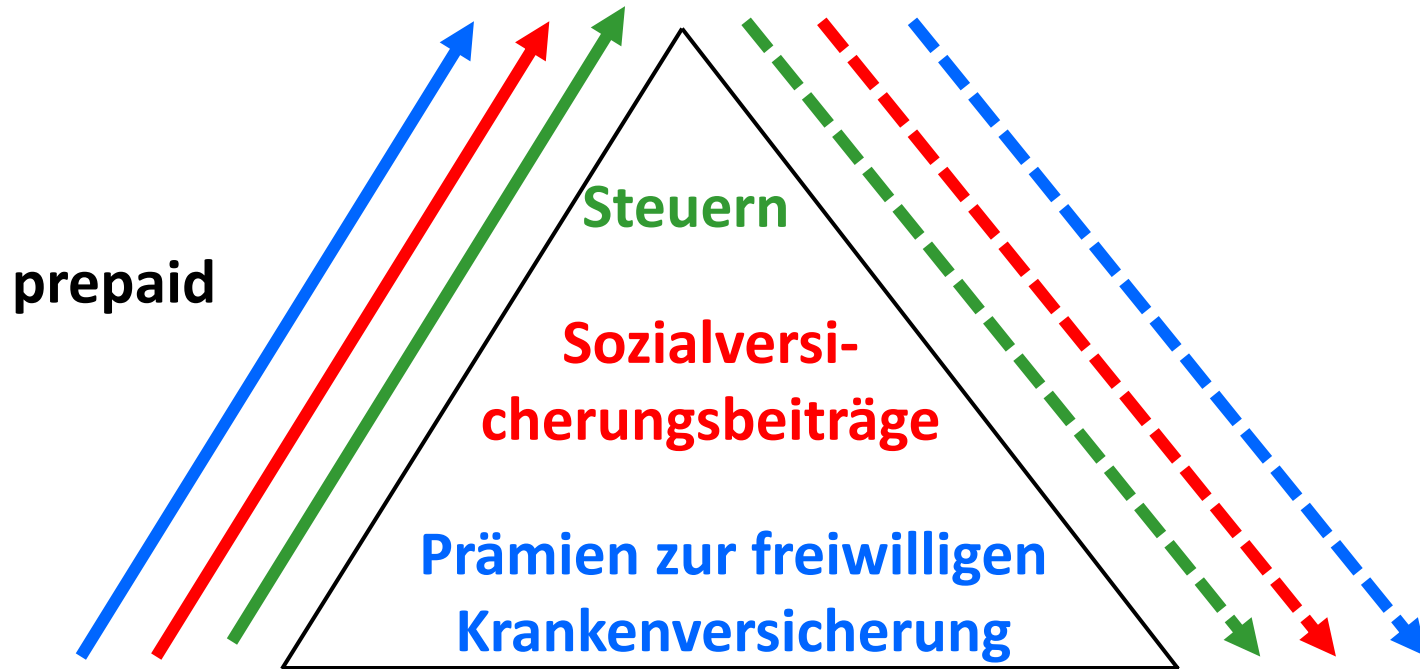
Risiko-bezogene Prämien
& private Versicherer =
Freiwillige Krankenversicherung

Wer? Was (Leist.)

Systemtypologie

Finanzierungsarten weltweit

Zahler ("Third-party payer")



Bevölkerung
(Versicherte/ Patienten)

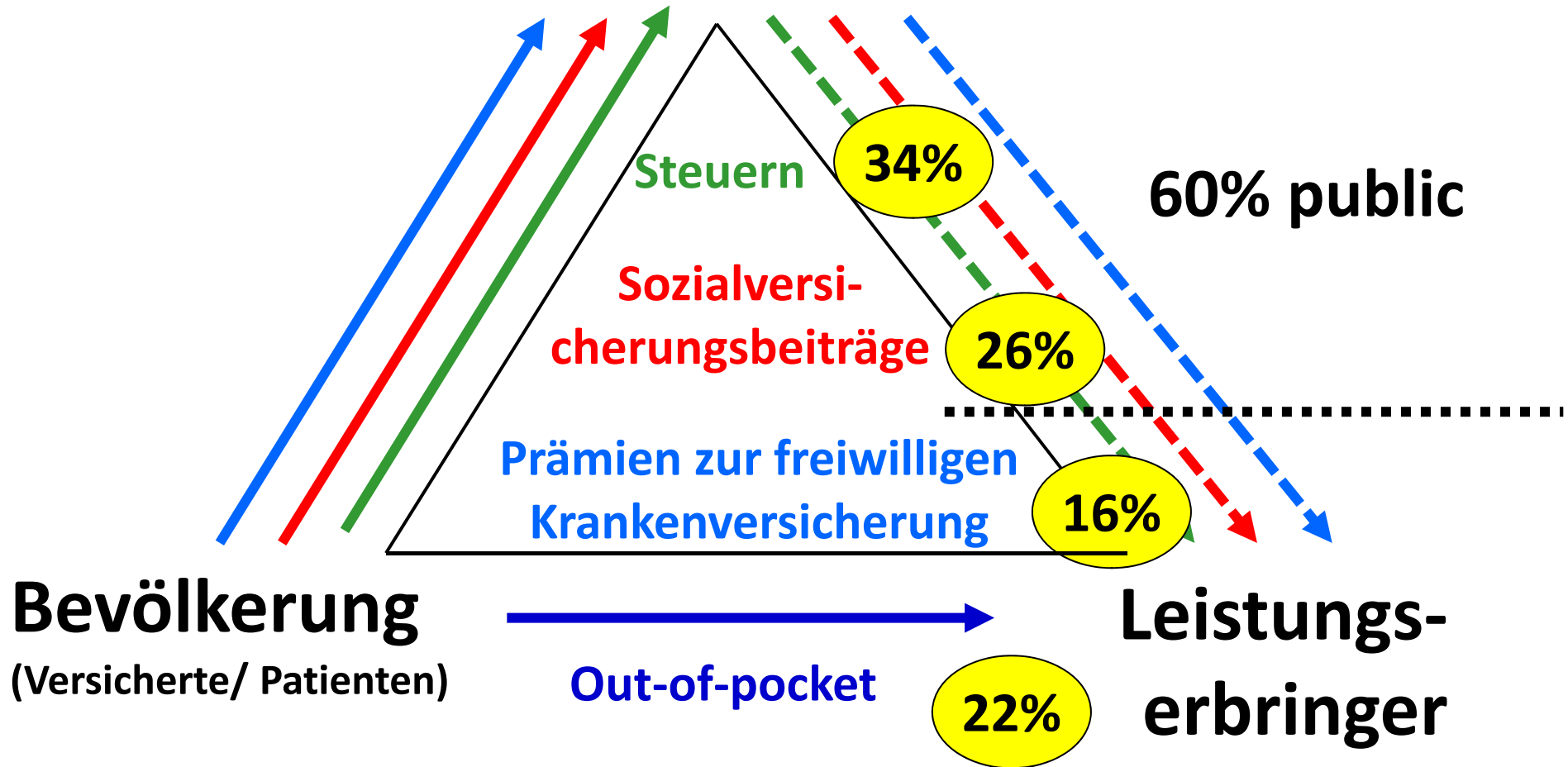
—————→
Out-of-pocket

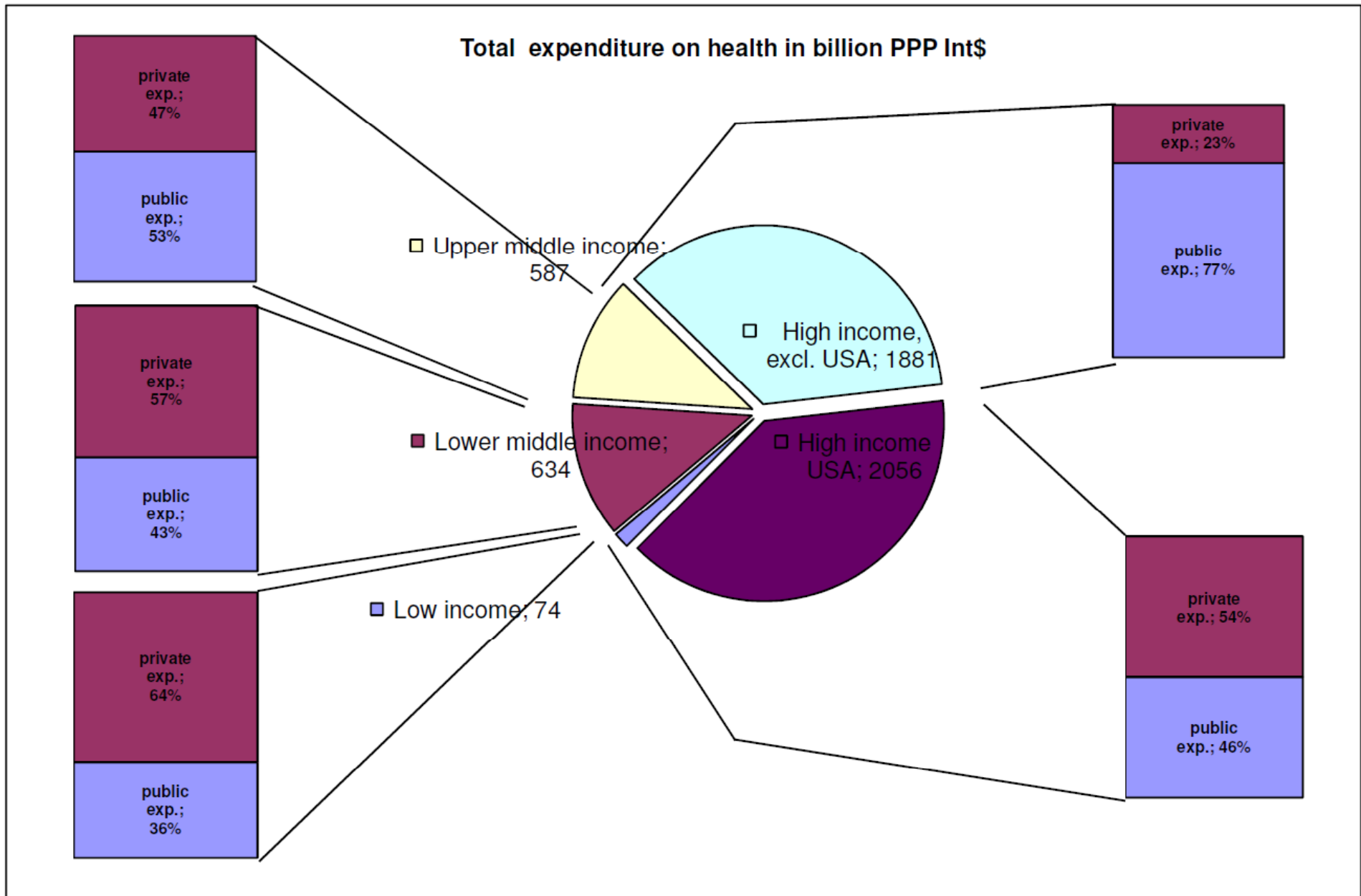
**Leistungs-
erbringer**

World-wide 2008 (large US market!)

Zahler ("Third-party payer")

8.5% of GDP



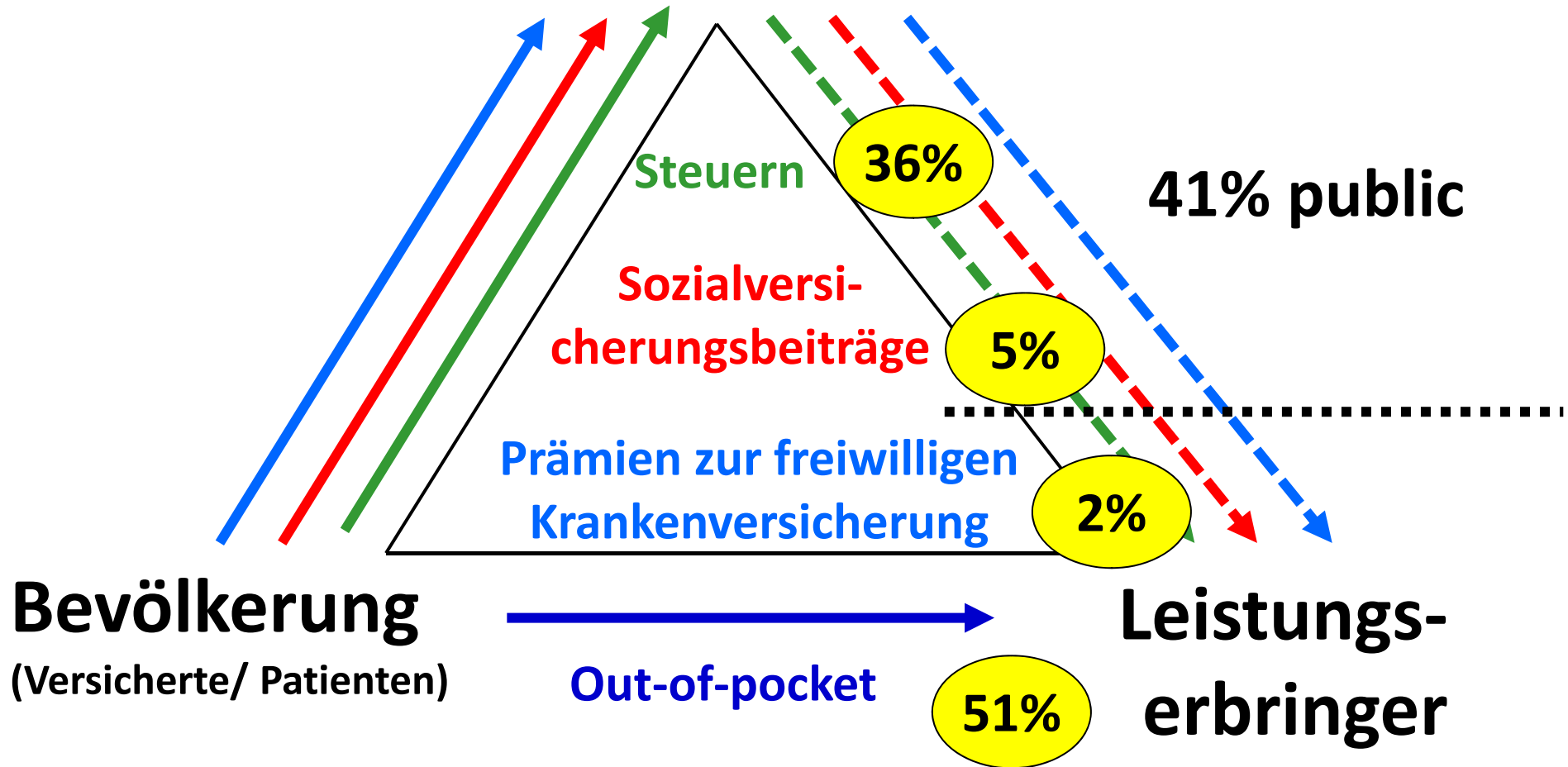


Global expenditure on health: around \$ 5 trillion (5,000,000,000,000)

Low-income countries 2008

Zahler ("Third-party payer")

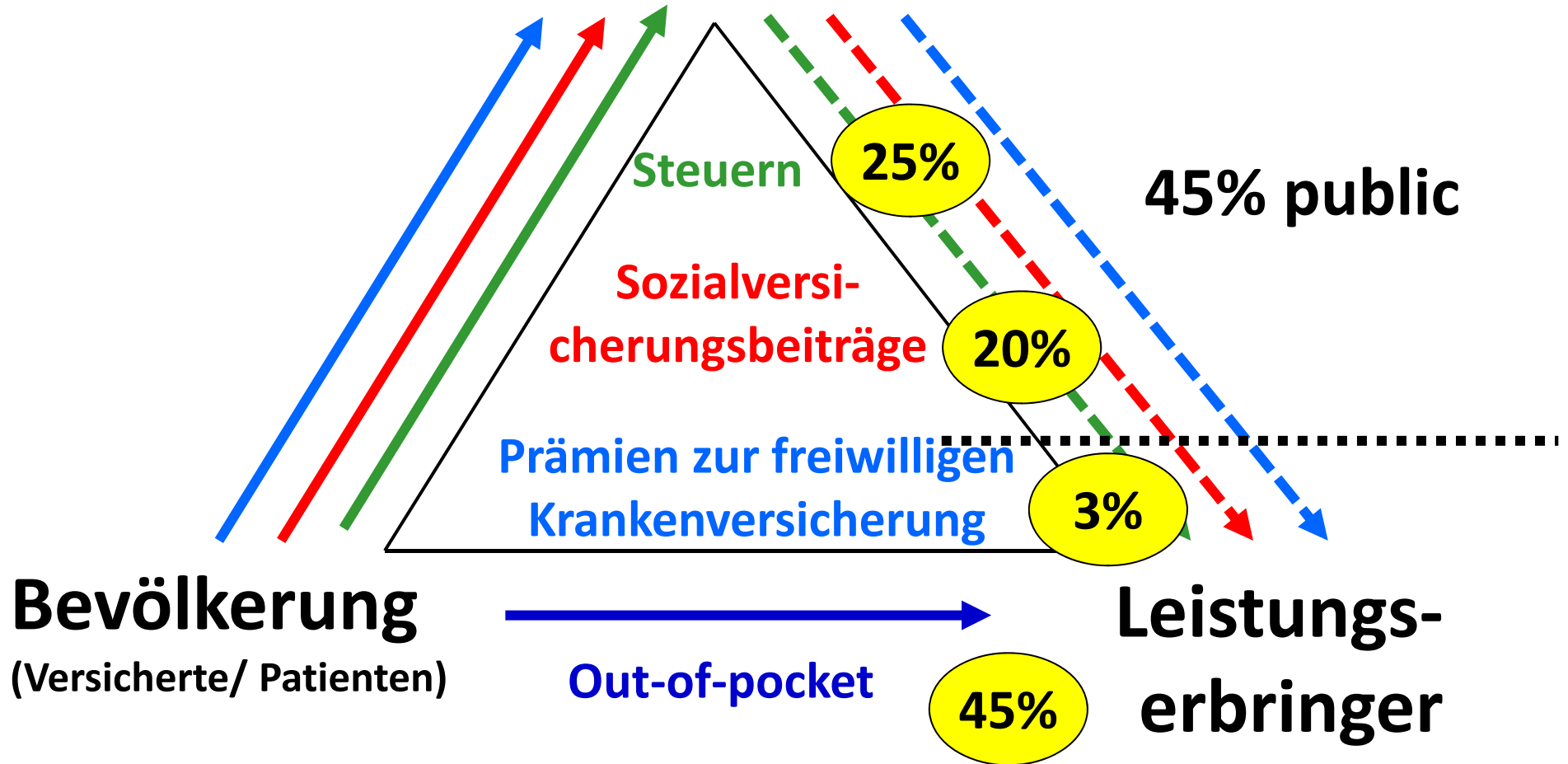
5.4% of GDP



Lower middle income 2008

Zahler ("Third-party payer")

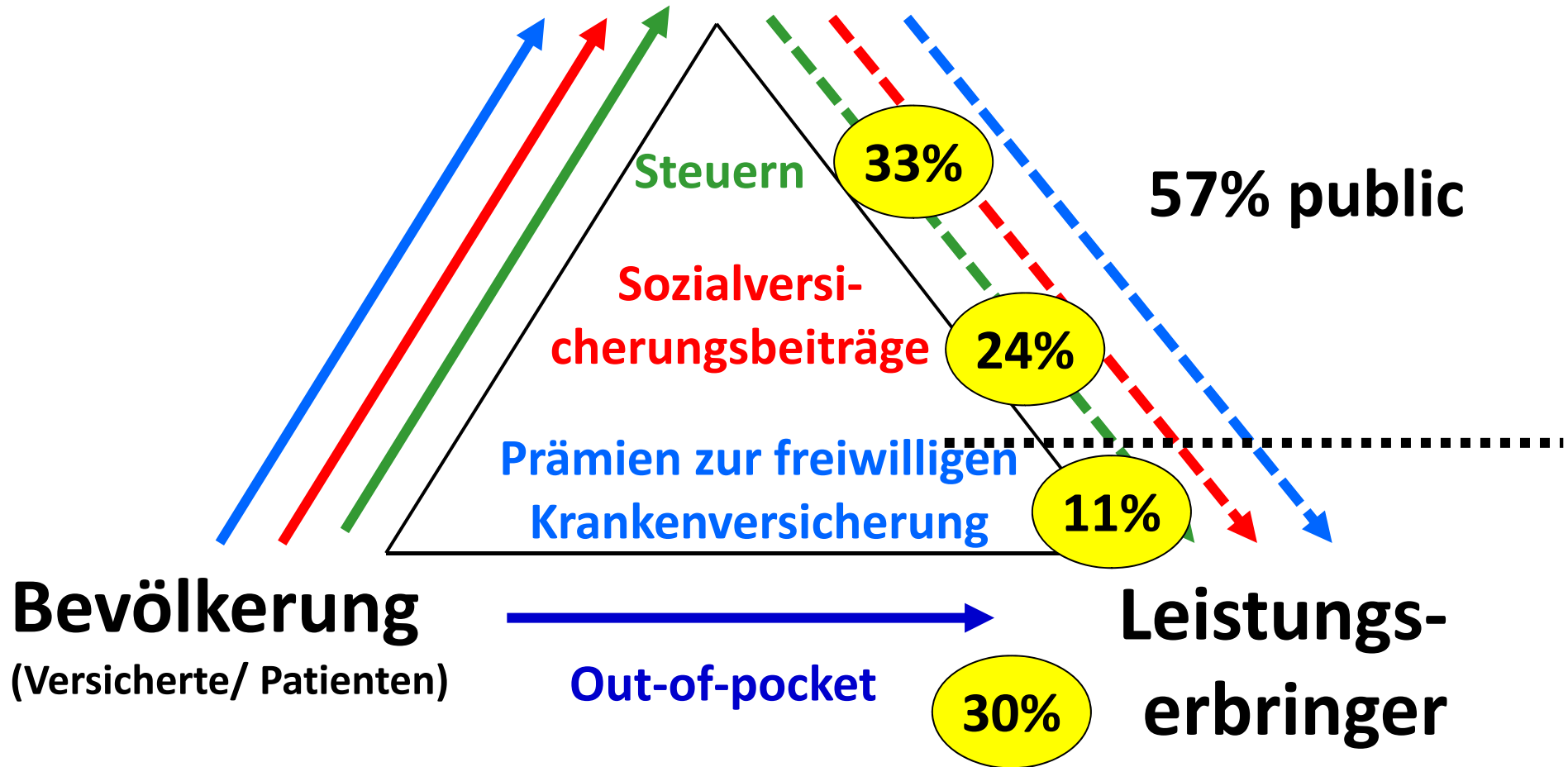
4.3% of GDP



Upper middle income 2008

Zahler ("Third-party payer")

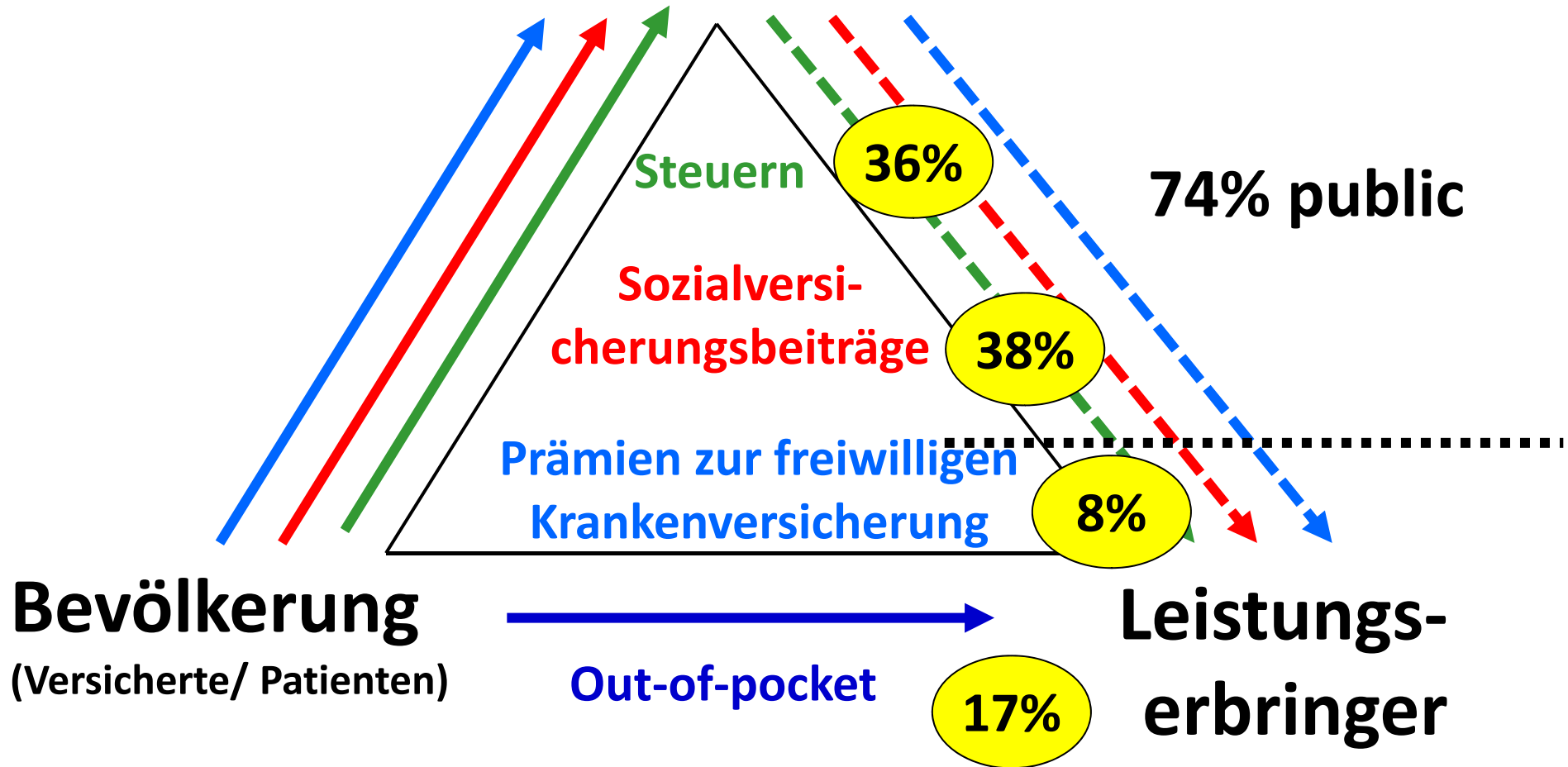
6.3% of GDP



High income (excl. US) 2008

Zahler ("Third-party payer")

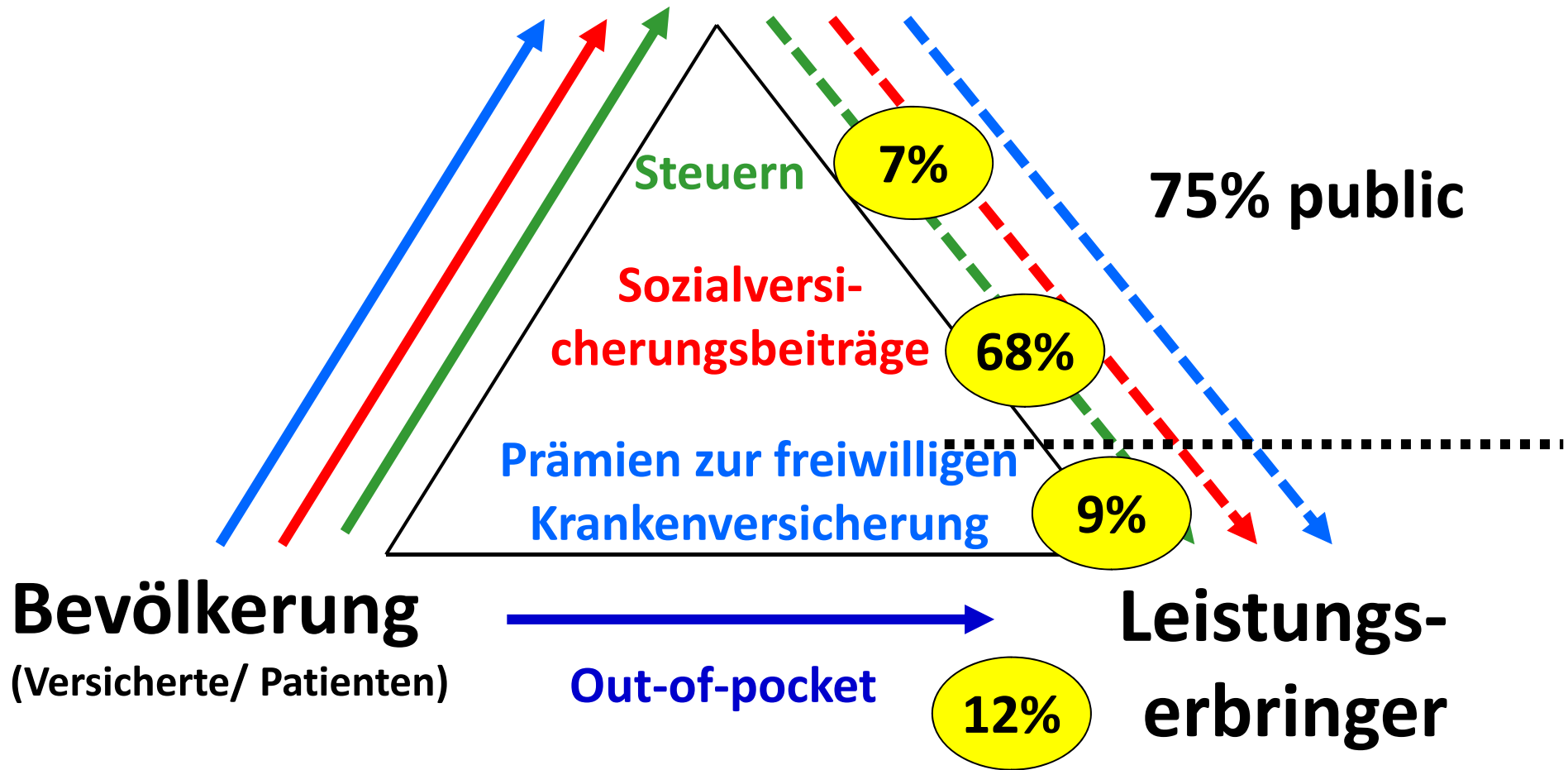
8.8% of GDP



Deutschland 2008

Zahler ("Third-party payer")

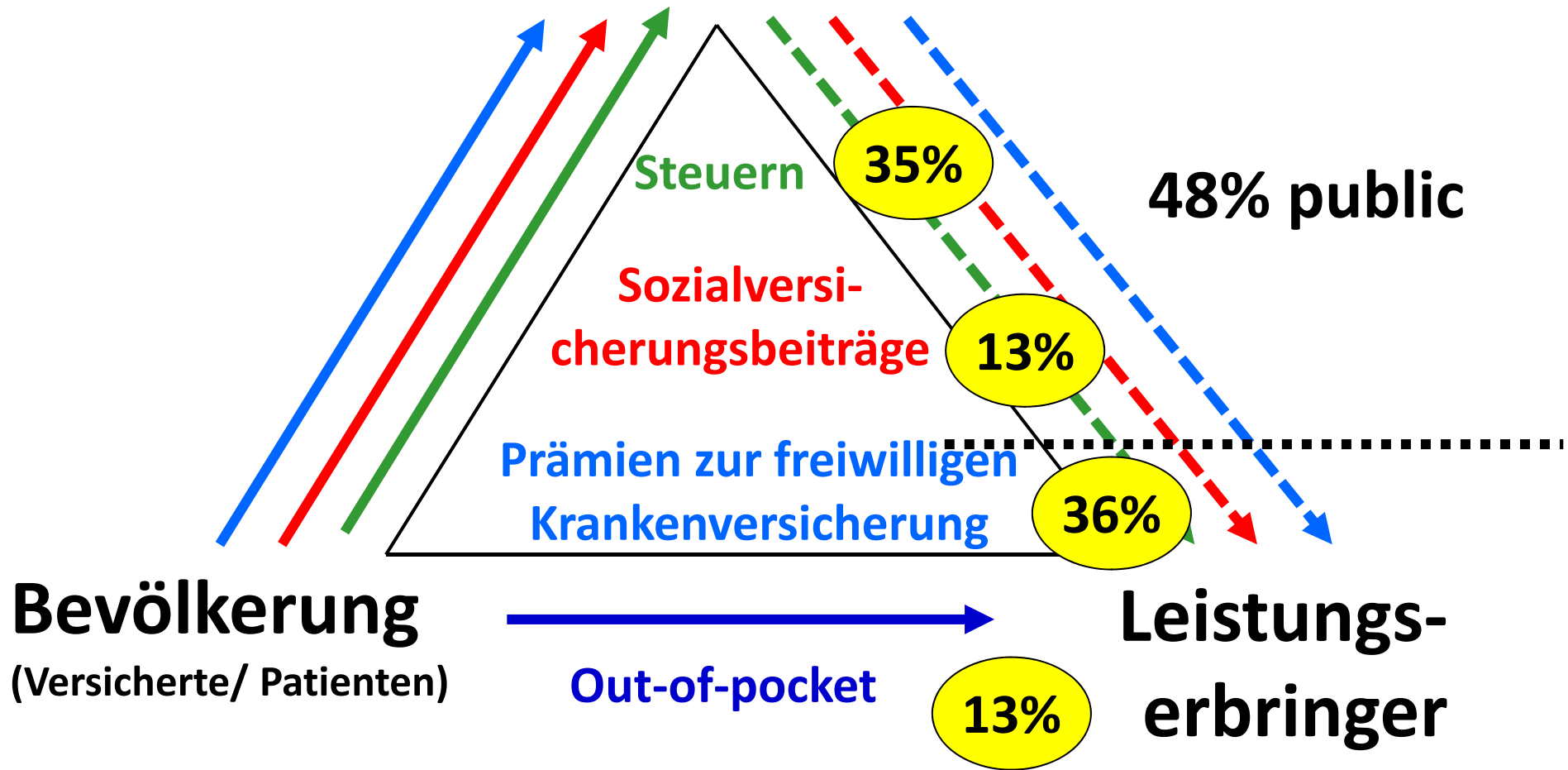
10.5% of GDP



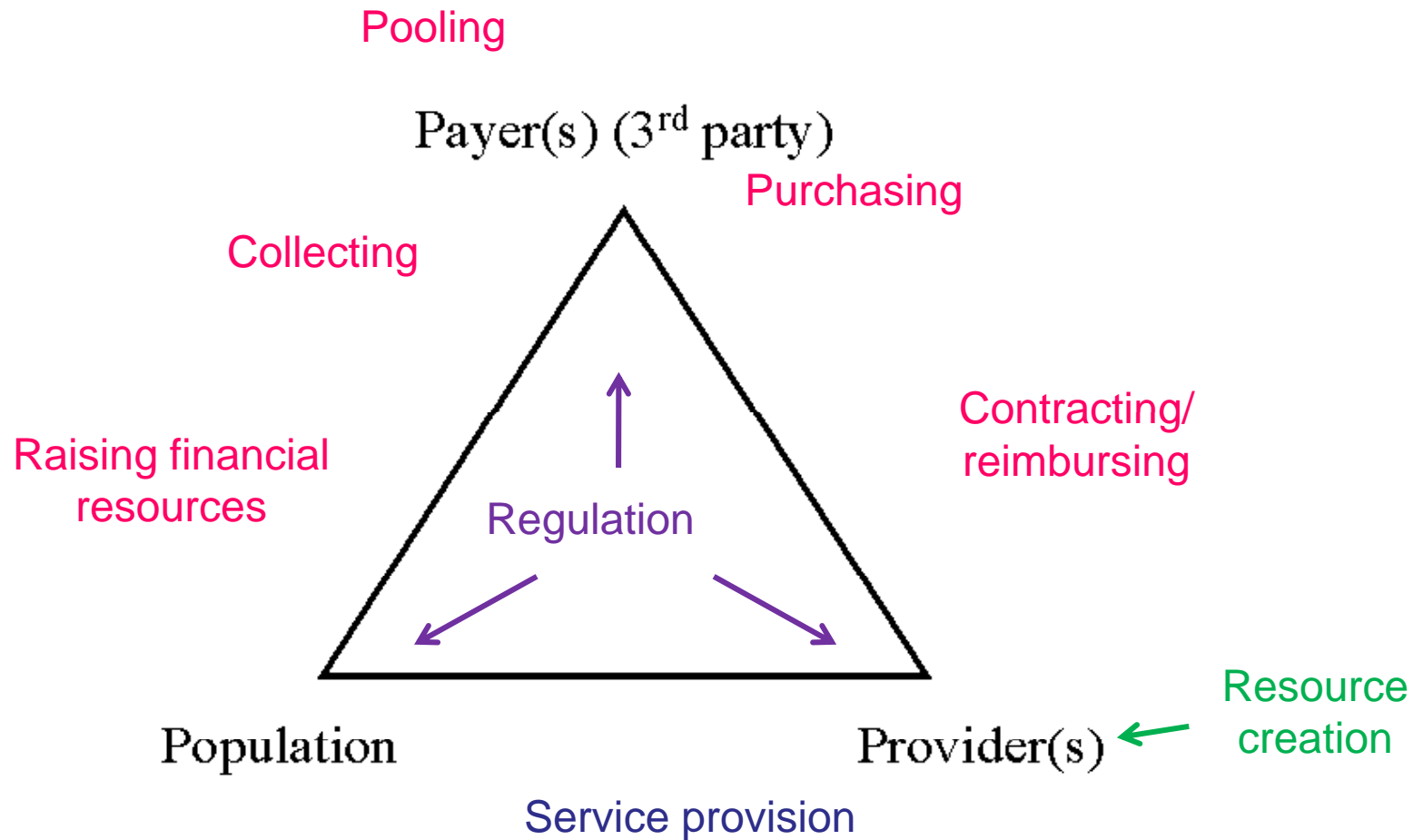
USA 2008

Zahler ("Third-party payer")

15.2% of GDP

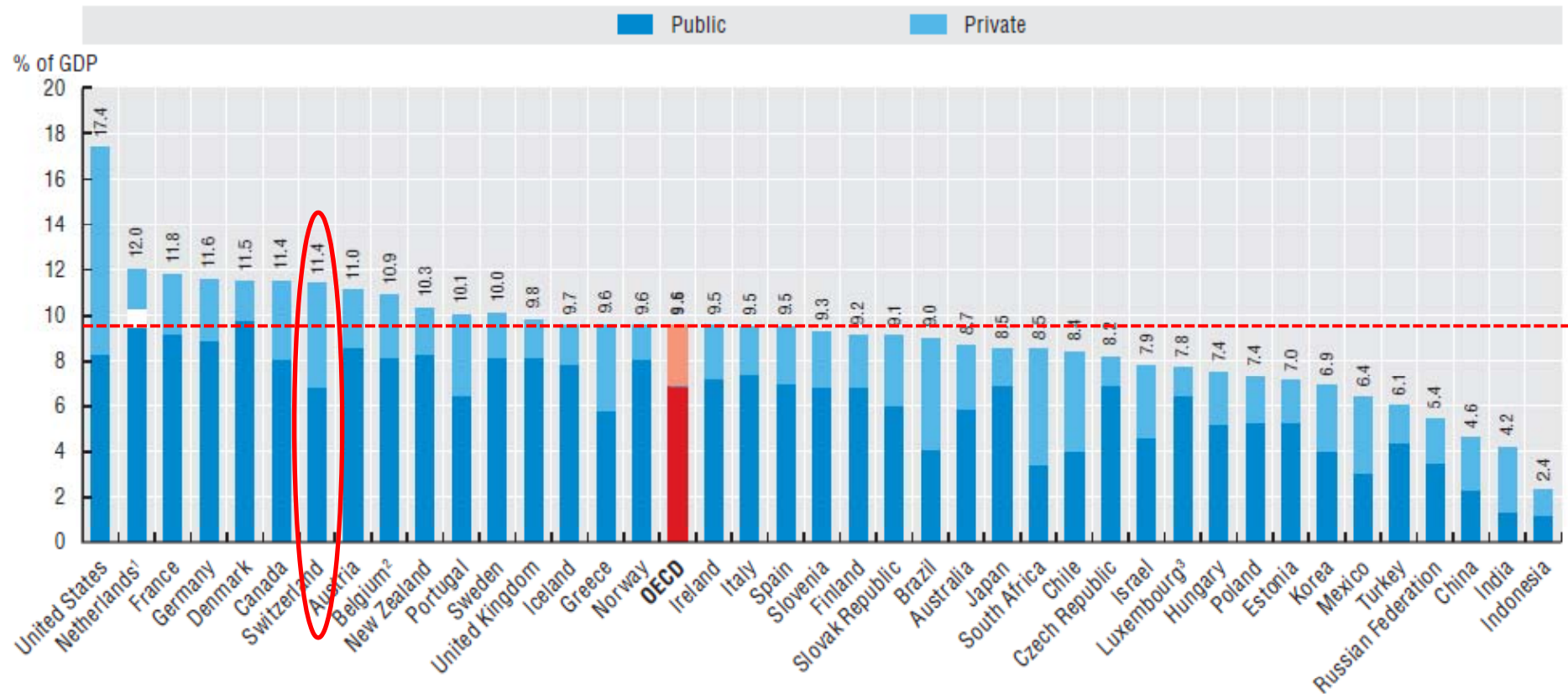


WHO health system functions in the Triangular Model



The public sector is the main source of financing in all OECD countries (except the United States, Chile and Mexico)

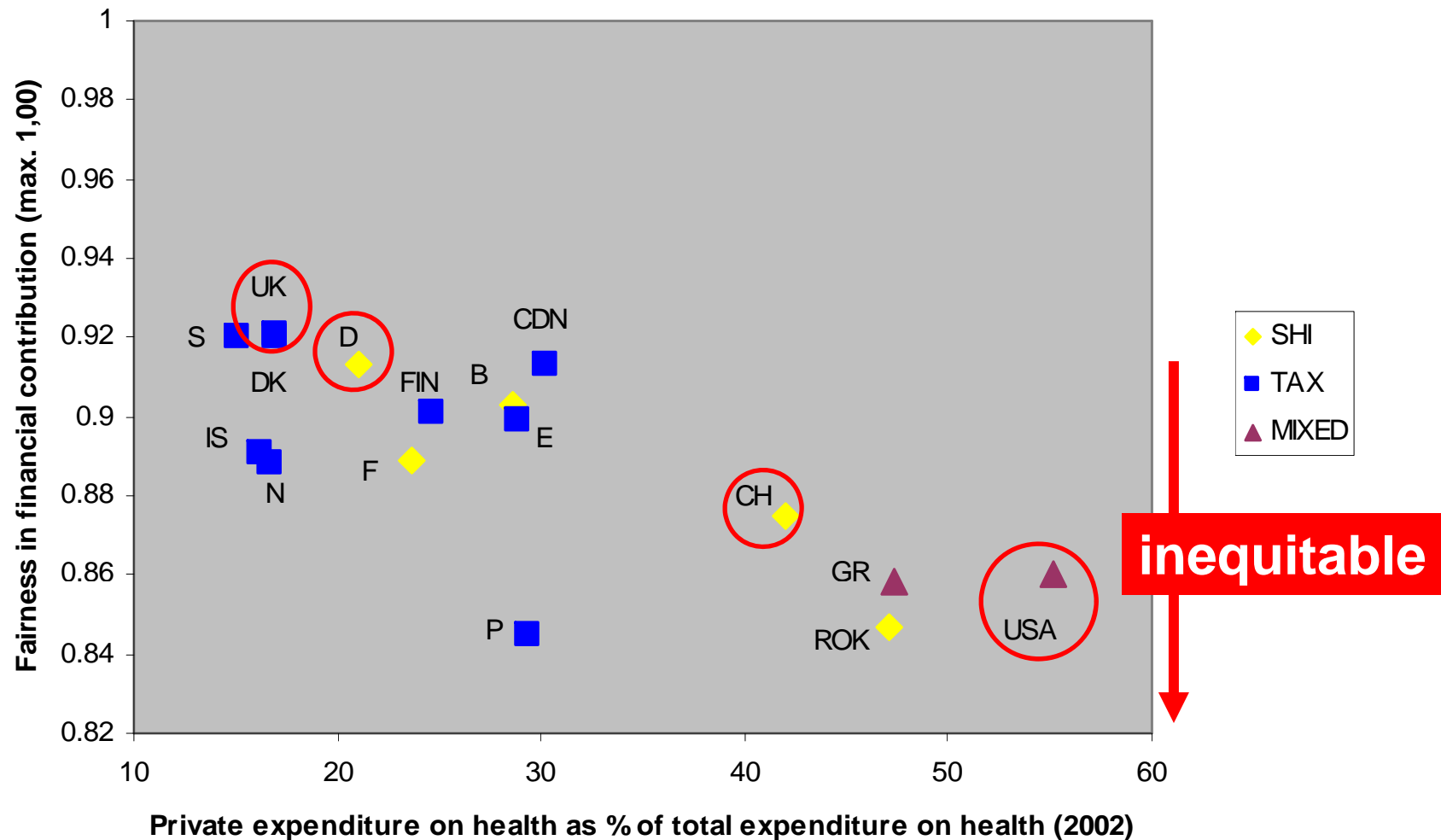
7.2.1 Total health expenditure as a share of GDP, 2009 (or nearest year)



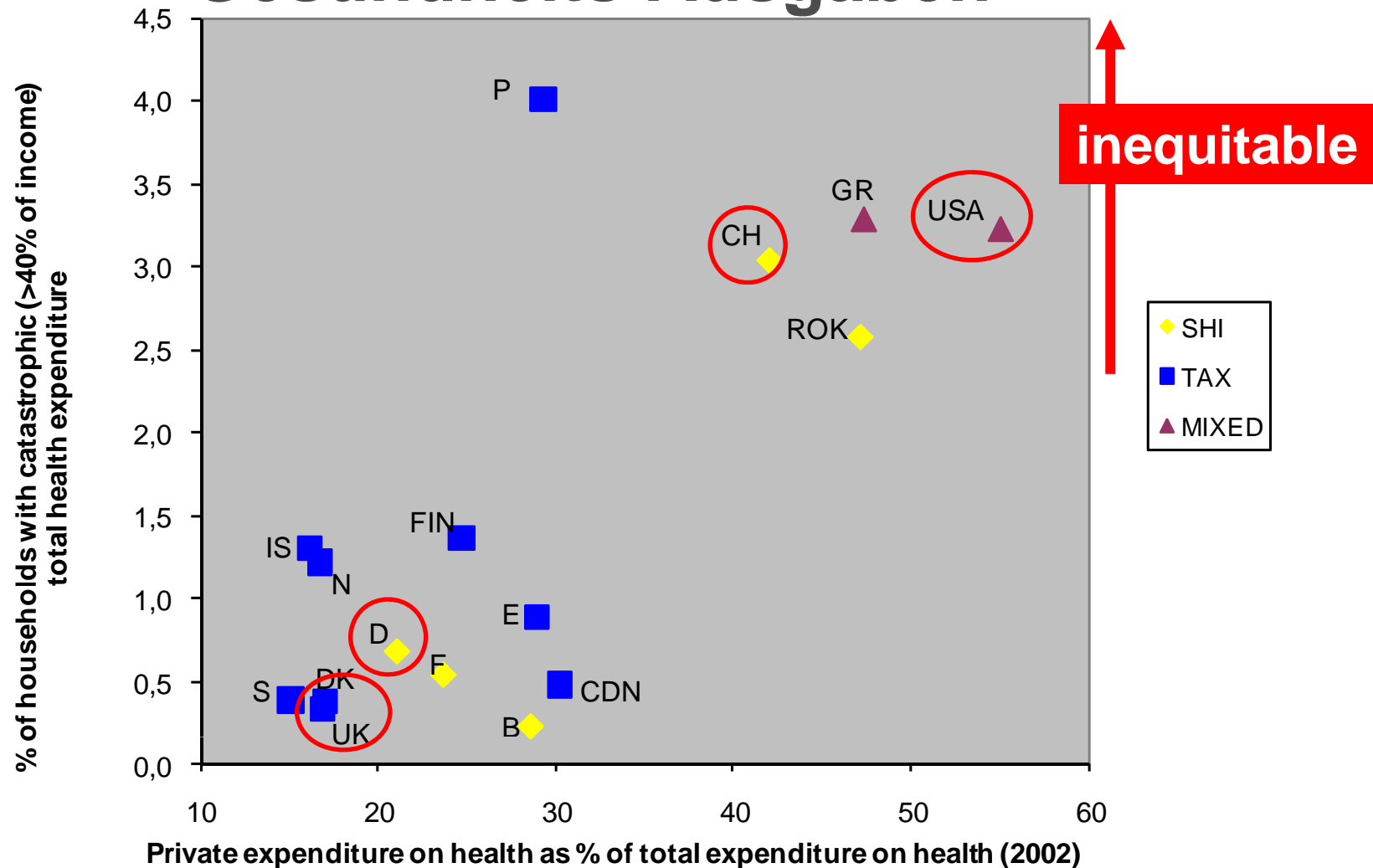
1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Total expenditure excluding investments.
3. Health expenditure is for the insured population rather than the resident population.

Source: OECD Health Data 2011; WHO Global Health Expenditure Database.

Korrelation zwischen privaten Gesundheitsausgaben (als % der gesamten Gesundheitsausgaben) und dem Grad an Finanzierungs-Fairness



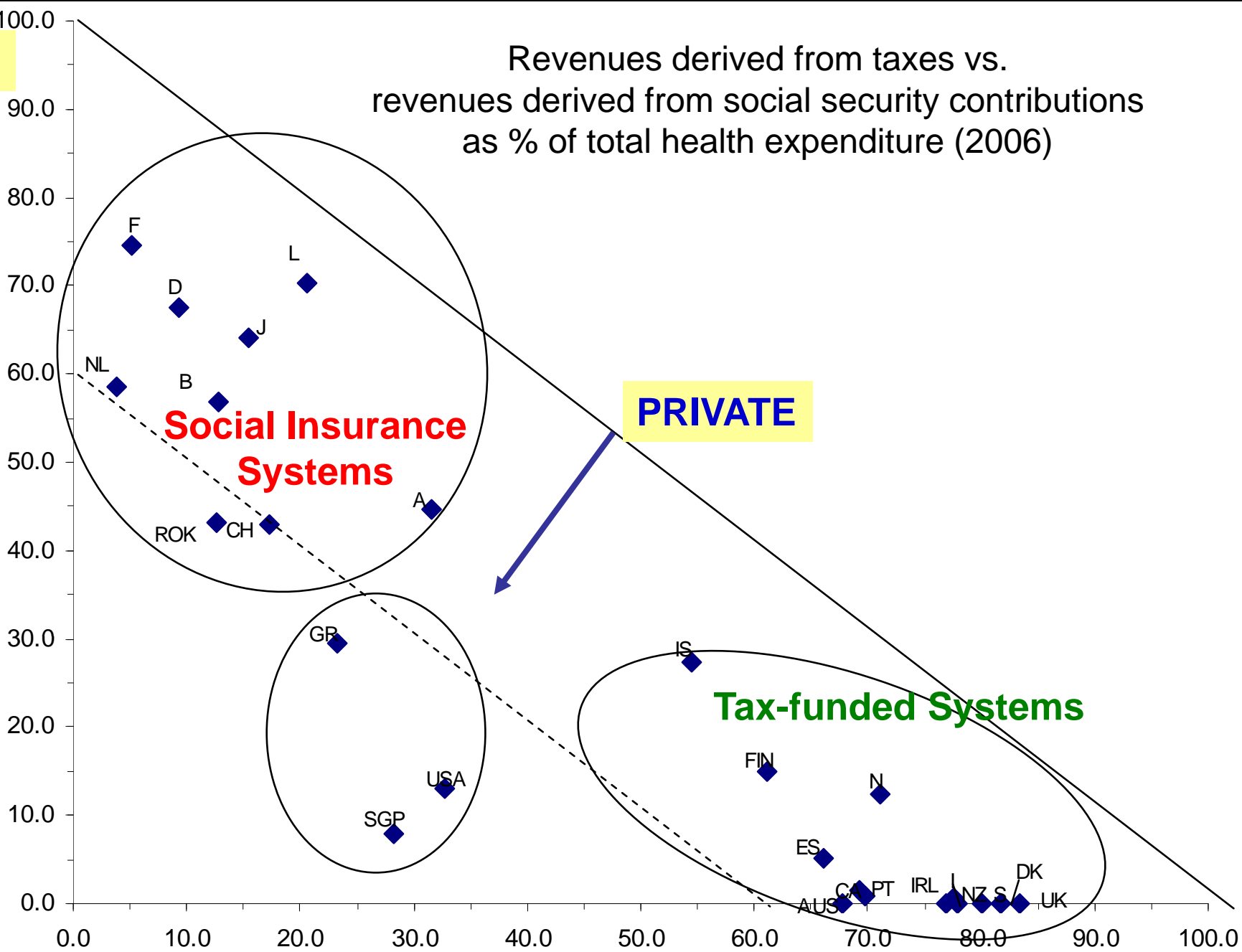
Korrelation zwischen privaten Gesundheitsausgaben (als % der gesamten Gesundheitsausgaben) und % der Haushalte mit „katastrophalen Gesundheits-Ausgaben“



SHI

Revenues derived from taxes vs. revenues derived from social security contributions as % of total health expenditure (2006)

Social security schemes – % of total expenditure on health



Social Insurance Systems

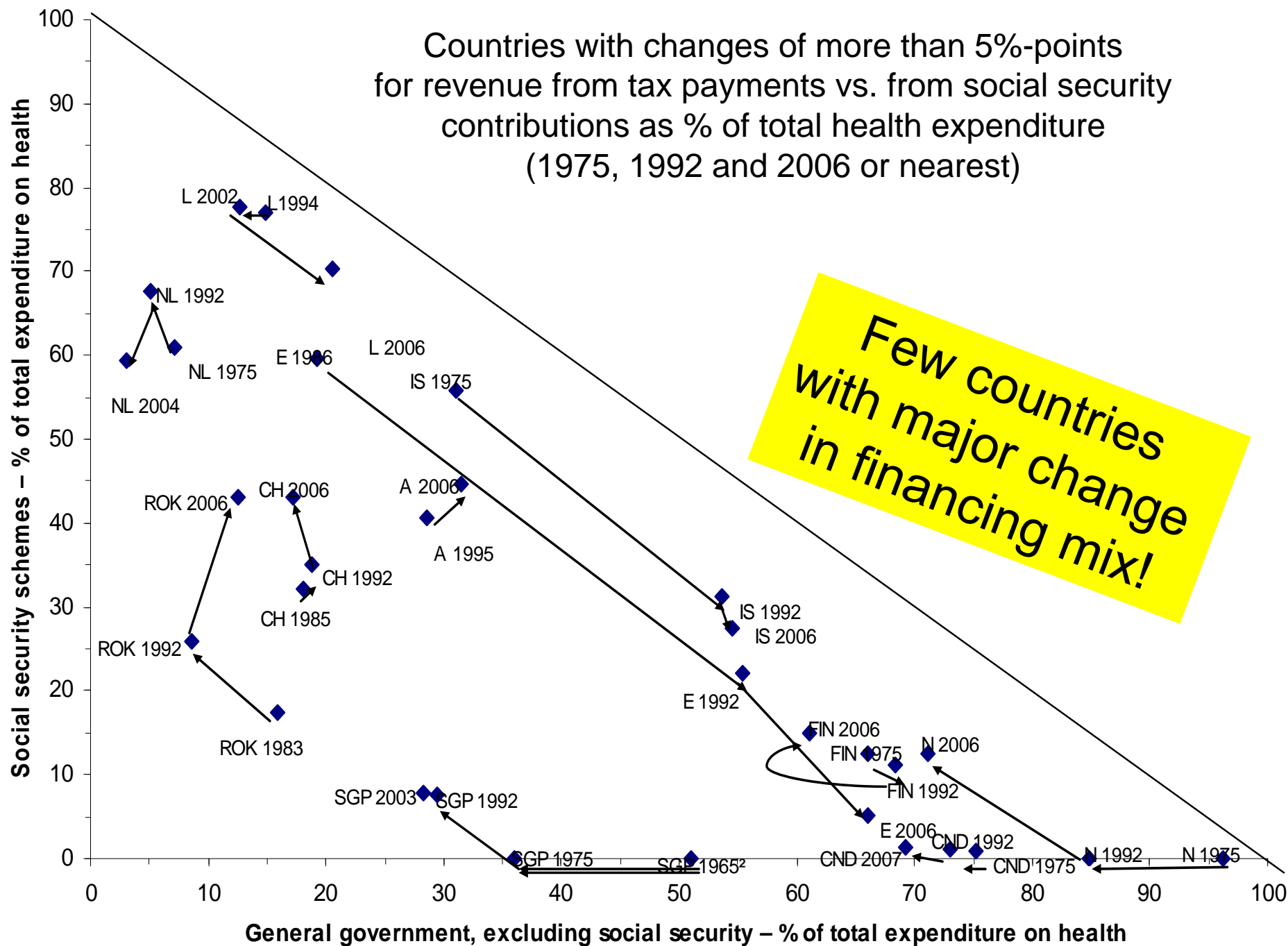
PRIVATE

Tax-funded Systems

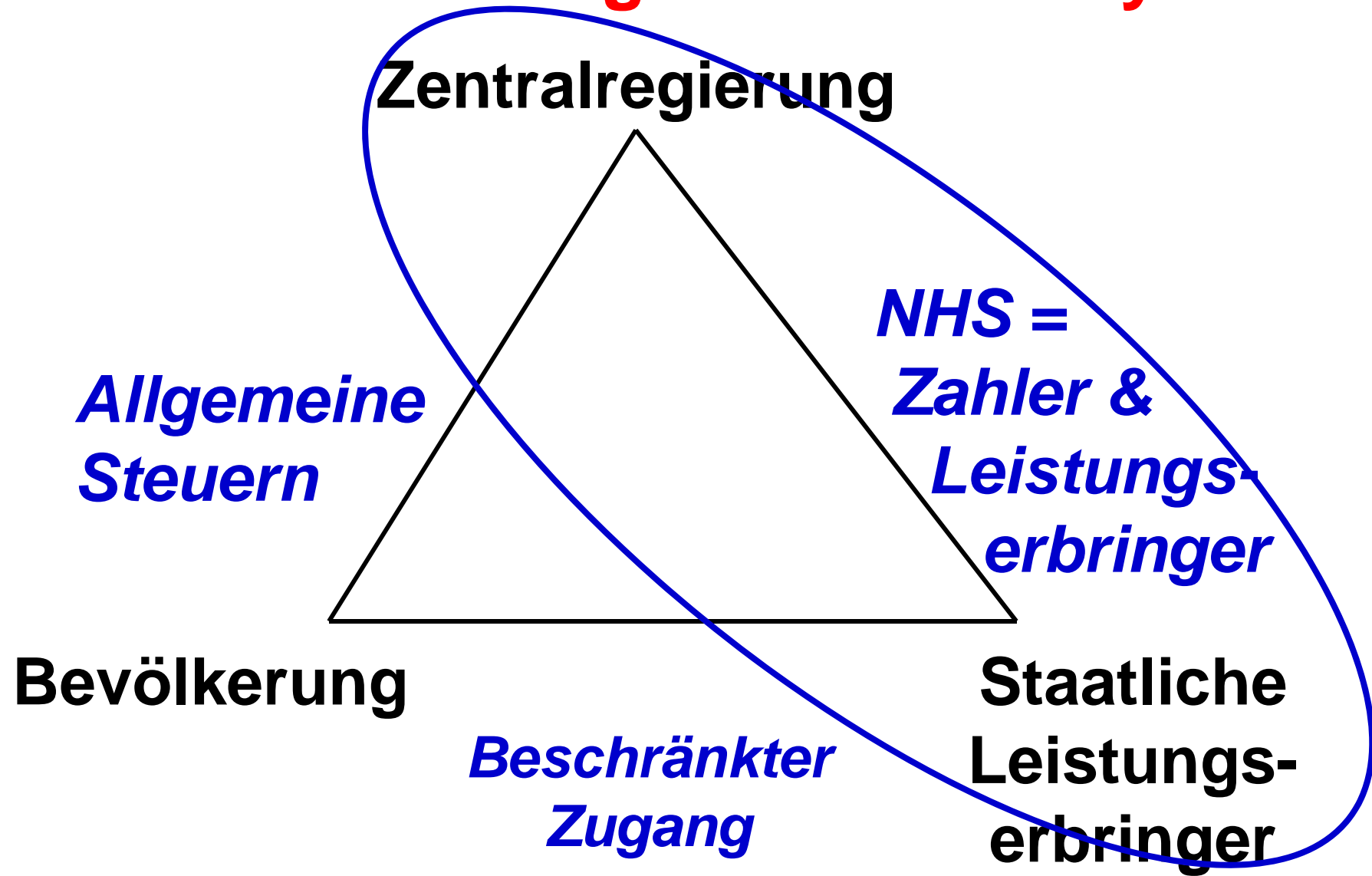
General government, excluding social security – % of total expenditure on health

TAXES

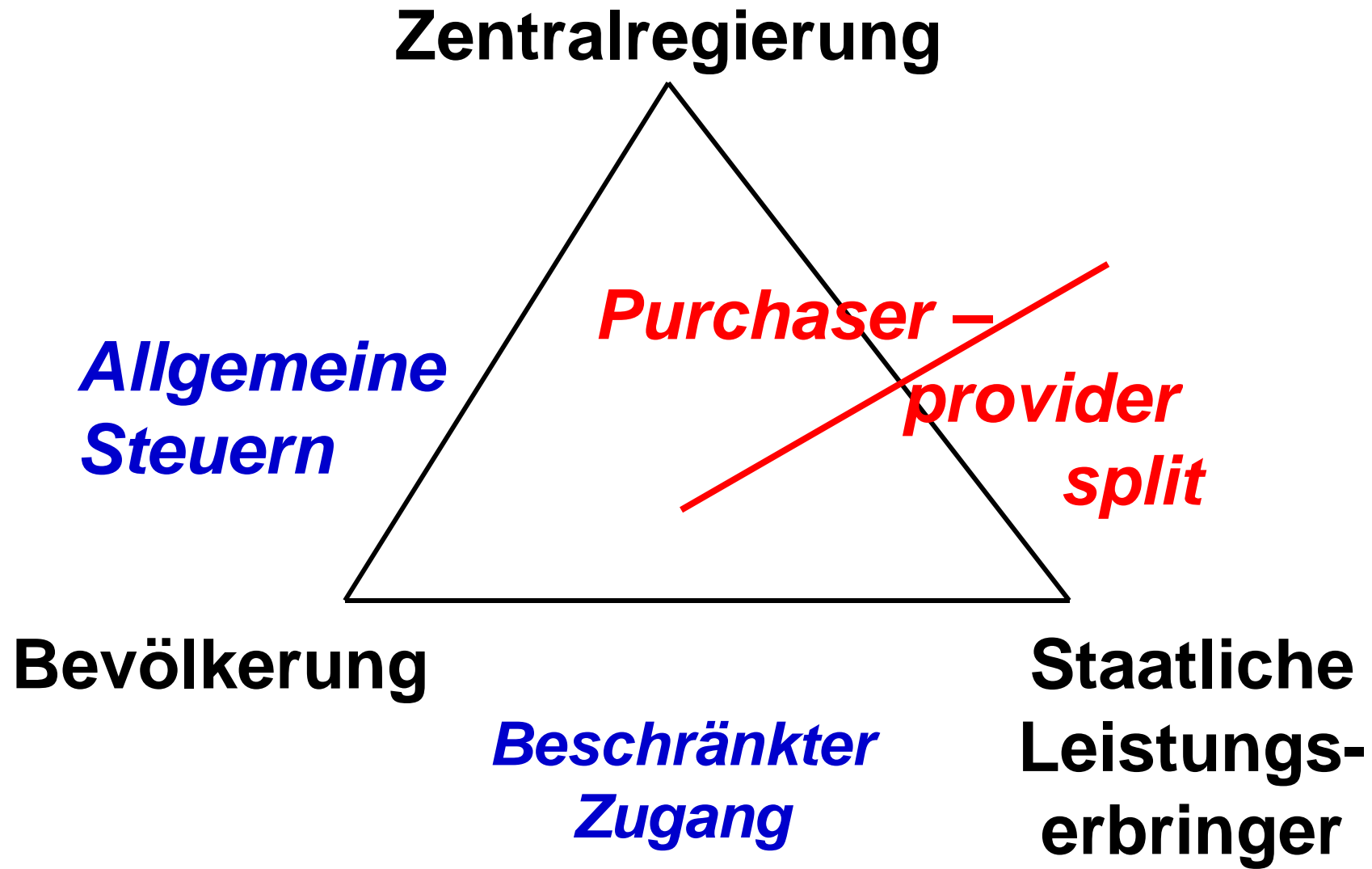
Countries with changes of more than 5%-points for revenue from tax payments vs. from social security contributions as % of total health expenditure (1975, 1992 and 2006 or nearest)



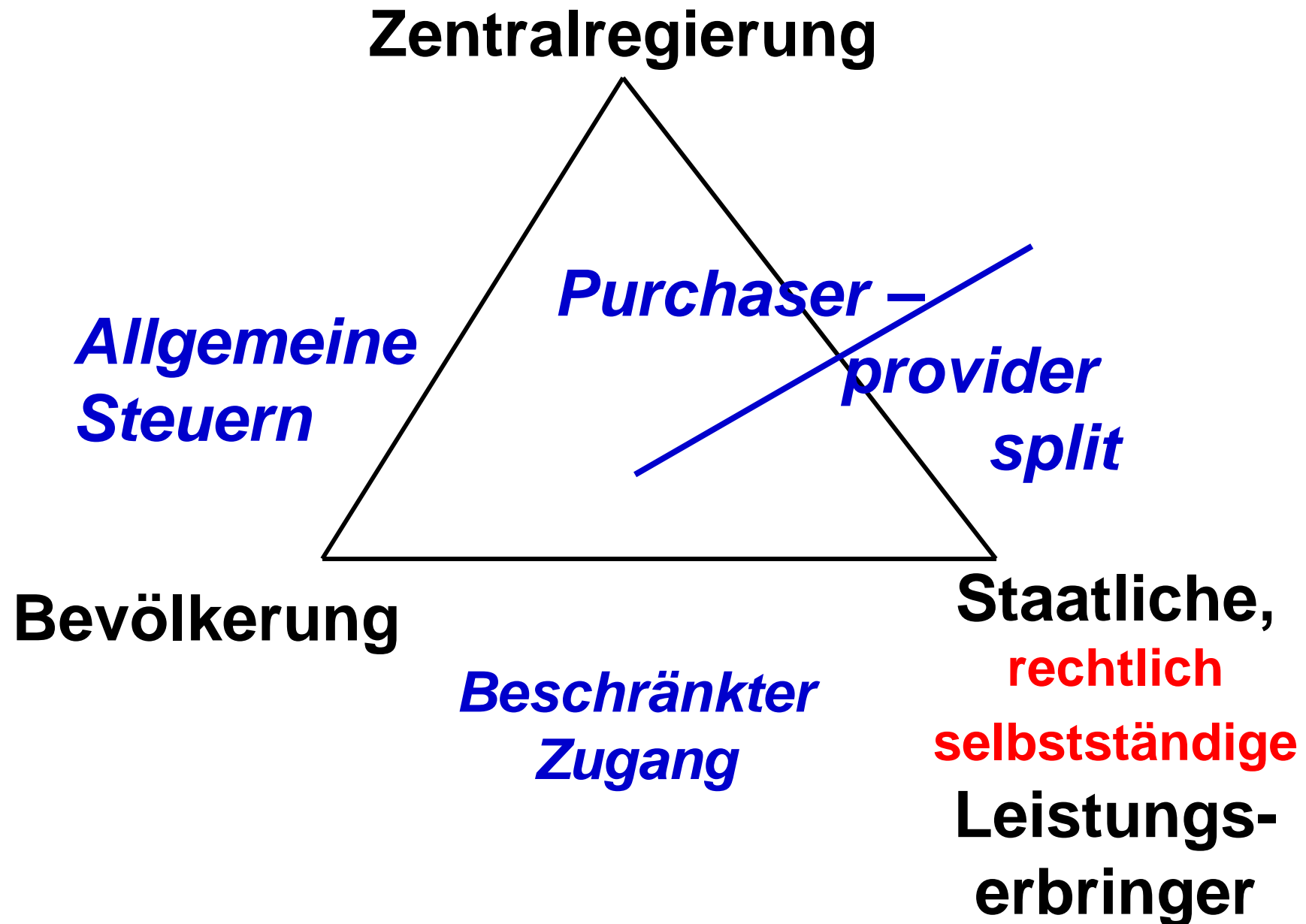
Klassisches integriertes NHS-System



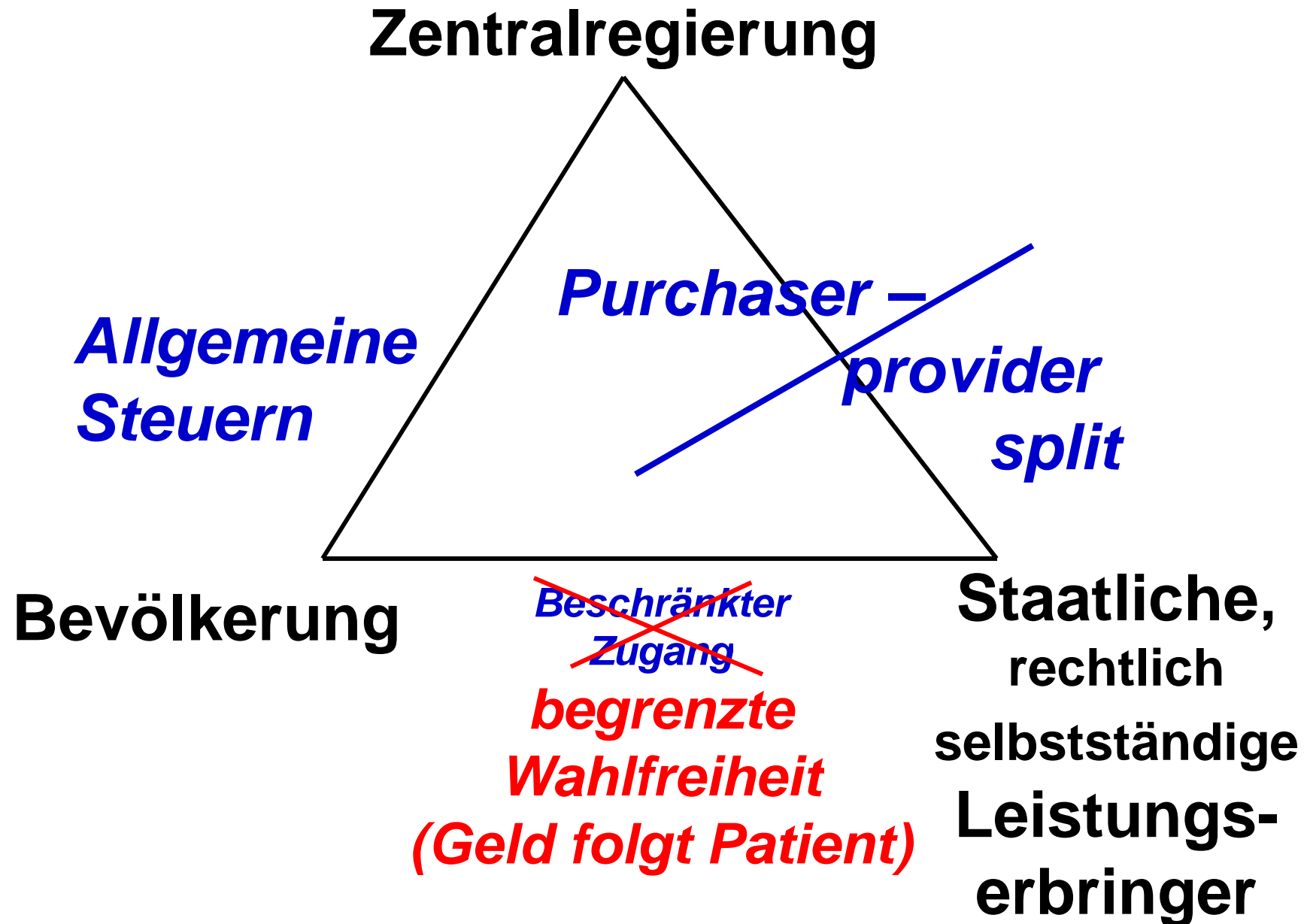
Reformentwicklung 1



Reformentwicklung 2



Reformentwicklung 3



Reformentwicklung 4

~~Zentral~~ **Regional**regierungen

Aber:

- Finanzierung über nationale oder regionale Steuern?
- Einheitlicher Leistungskatalog?
- Angebotsplanung und Qualitätssicherung gleich?
- Zugang über Regionsgrenzen hinweg möglich?

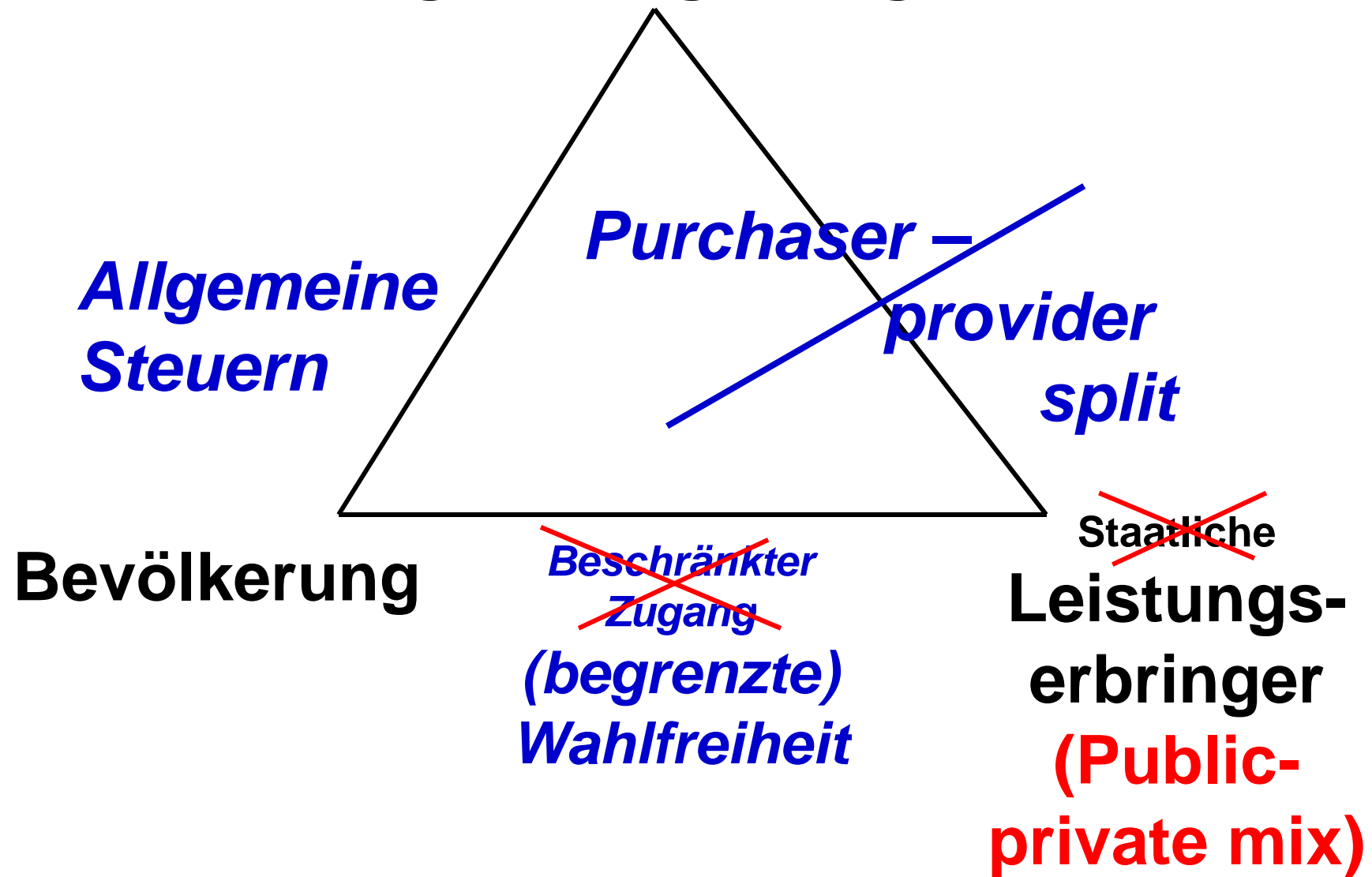
Bevölkerung

~~Beschränkter
Zugang~~
**(begrenzte)
Wahlfreiheit**

**Staatliche,
rechtlich
selbstständige
Leistungs-
erbringer**

Reformentwicklung 5

Regionalregierungen



→ jetzt große strukturelle Ähnlichkeit mit GKV-Systemen!

Krankenkassen

*Überwiegend
lohnabhängige
Sozialbeiträge*

*Versorgungs- und
Vergütungsverträge*

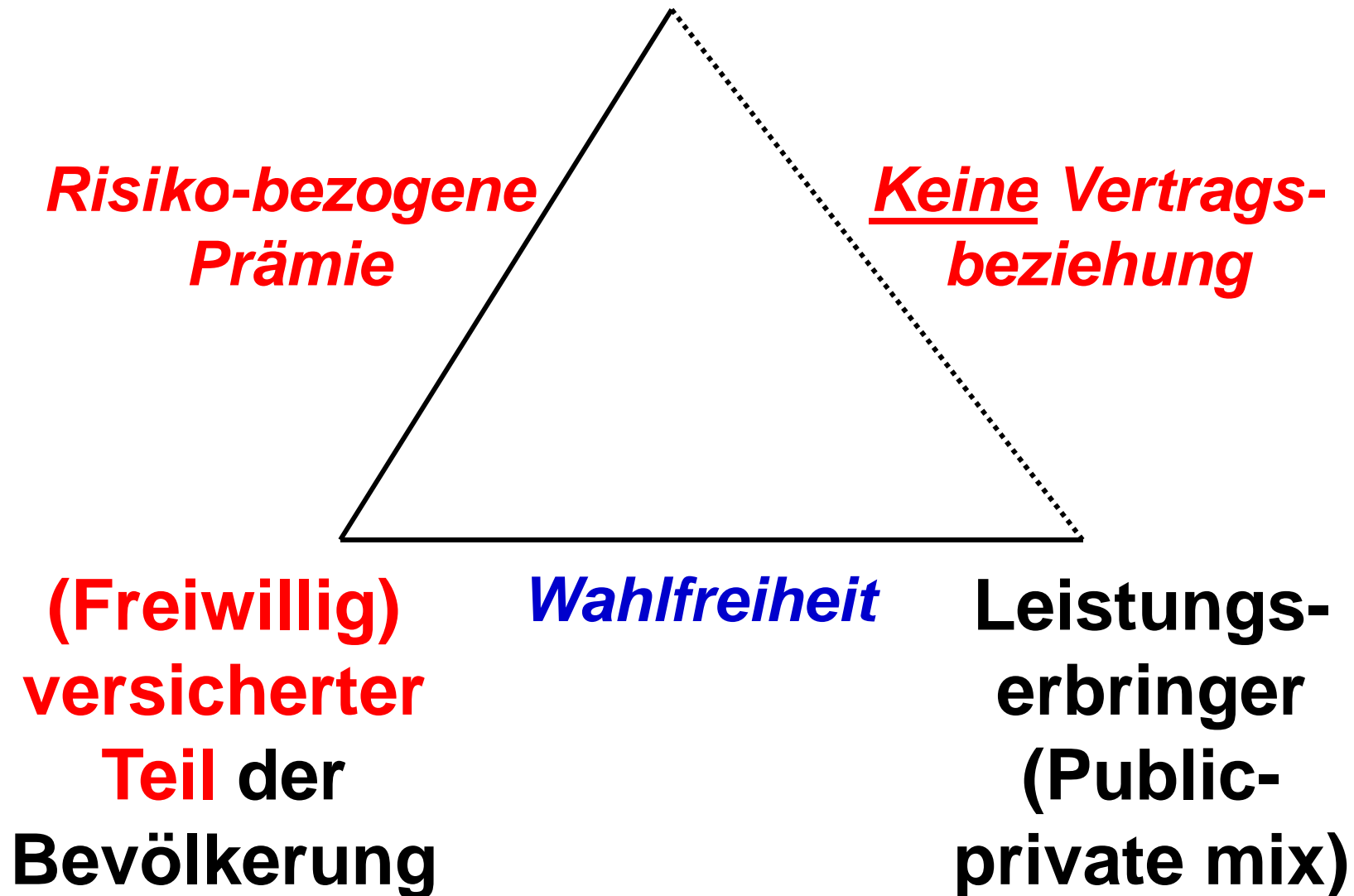
**(Versicherte)
Bevölkerung**

Wahlfreiheit

**Leistungs-
erbringer
(Public-
private mix)**

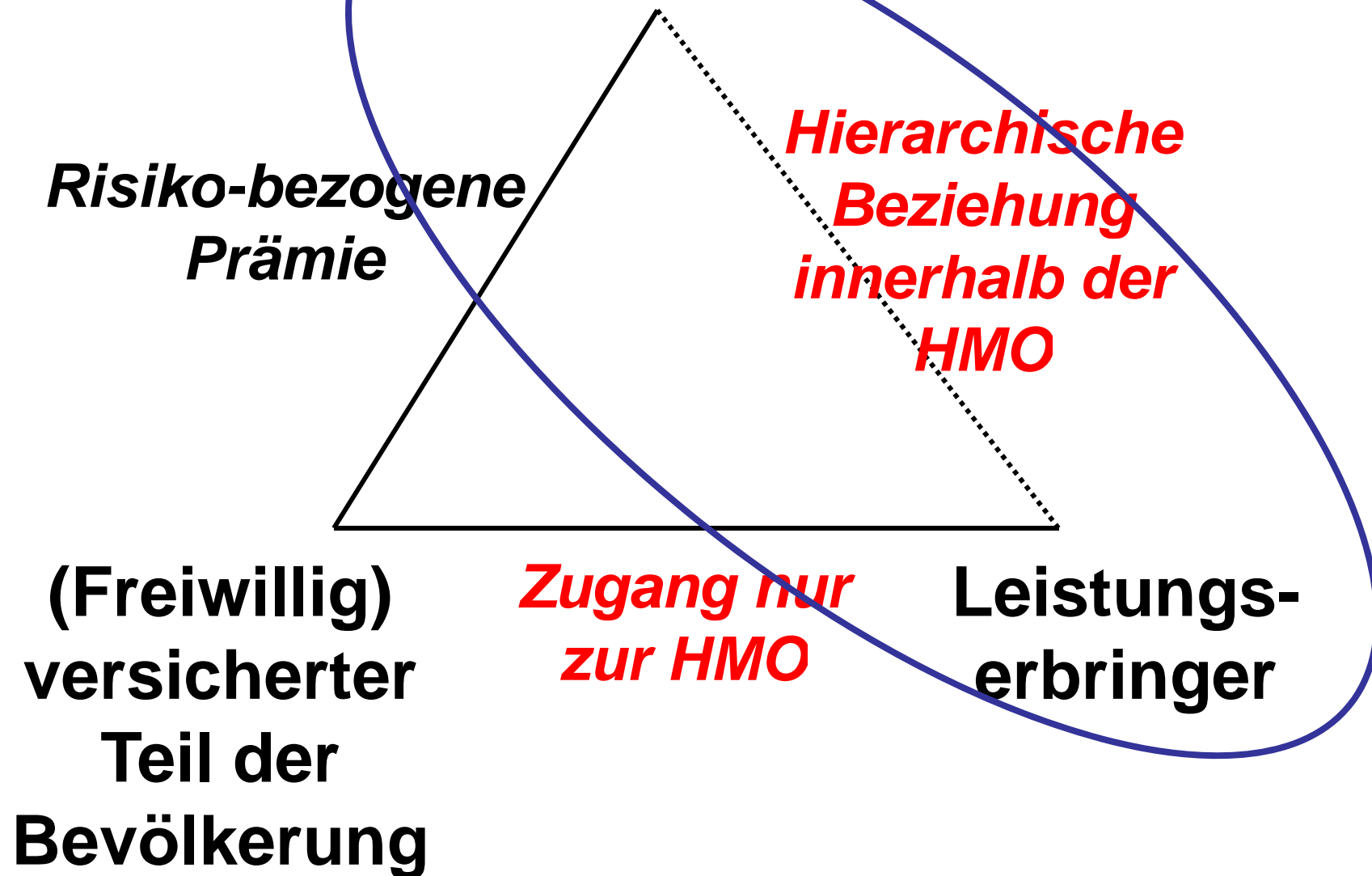
Private Krankenversicherung (Indemnität)

Private Krankenversicherer



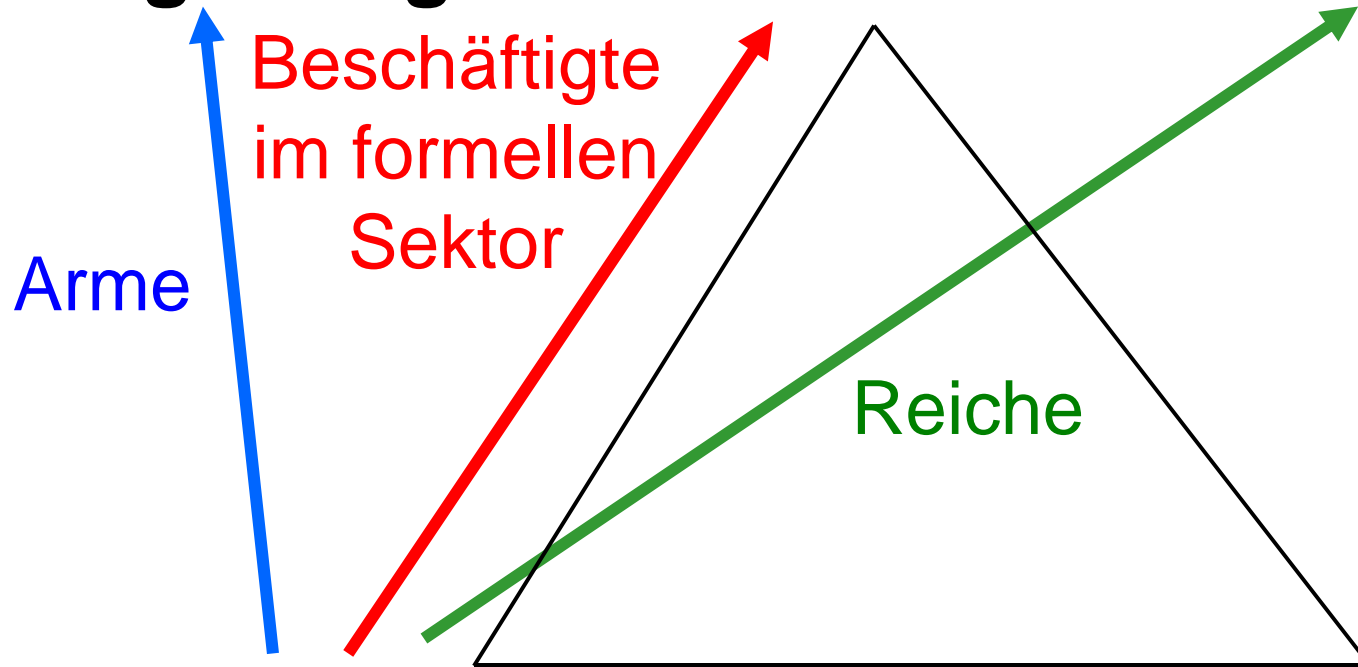
PKV – Health Maintenance Organization

Private Krankenversicherer



Fragmentierte System (u.a. Lateinamerika)

Regierung/ Krankenkassen/ Priv. Versicherer



Bevölkerung
(Versicherte/ Patienten)

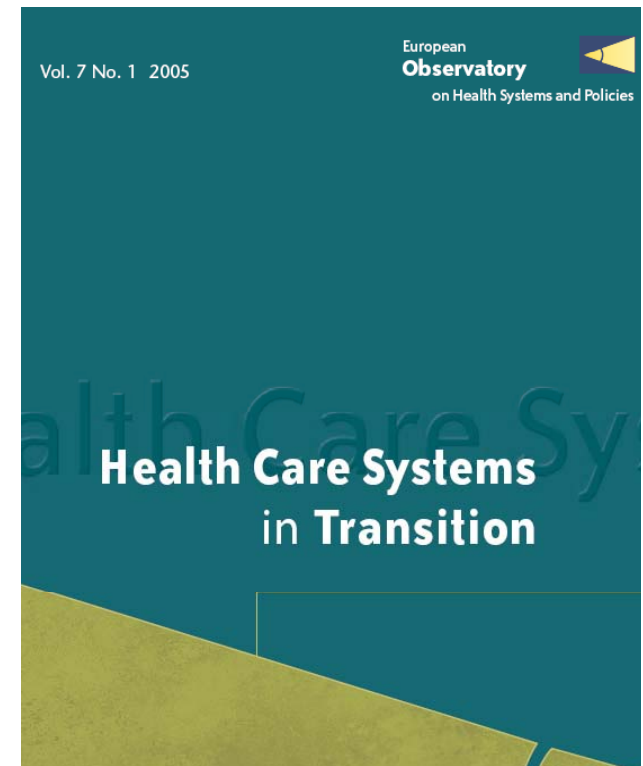
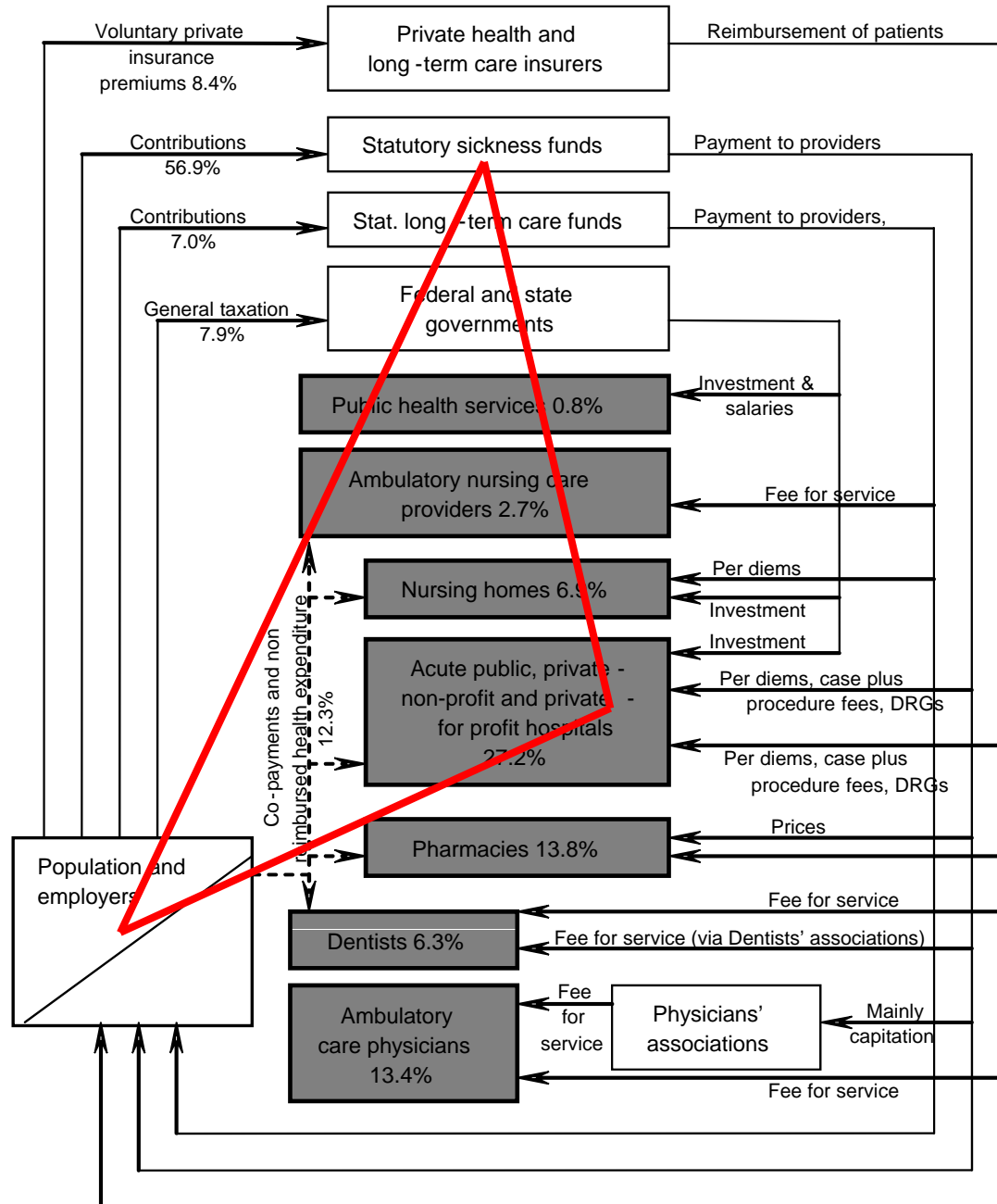
Zugang **begrenzt**

vertragsabhängig

frei

**Leistungs-
erbringer**

Using the triangle to visualise monetary flows





Präsentation, Literatur
zum Thema etc. auf:
www.mig.tu-berlin.de

Email: mig@tu-berlin.de