

The German Health Care System and the Federal Joint Committee (G-BA)

Agenda

- Basic principles of the German Health Care System
- The Federal Joint Committee (G-BA)
 - Legal aspects
 - Scope of activities
 - How it works

Basic principles of the German health care system

- Germany has about 82 million inhabitants
 - 72 million (50 million members) are covered by statutory health insurance (remaining are privately insured)
 - currently approx. 240 public +50 private insurance companies
- statutory health insurance dates back to 1883 (Bismarck)
 - originally only blue-collar workers
 - definition of minimum benefit catalogue
 - different types of sickness funds according to social / professional groups

Basic principles of the German health care system II

- today's characteristics:
 - share of premiums between employee (50.45%) and employer (49.55%)
 - self-administration / self-government
 - MoH sets general rules, details regulated by self-governing bodies
 - free choice of sickness-funds and providers
 - comprehensive benefit catalogue
 - opting out of statutory insurance above annual income of 47,700€ (as of Jan. 2007)

Basic principles of the German health care system III

- today's characteristics (cont.):
 - working solidarity principle, i.e.
 - no surcharge for age or risk
 - low salary = low payment
 - dependants of members (who pay contributions rates) eligible for the same benefits
 - contributions for unemployed & welfare recipients paid by public funds
 - highly developed infrastructure, no waiting lists
 - problems: aging society, innovations, costs...

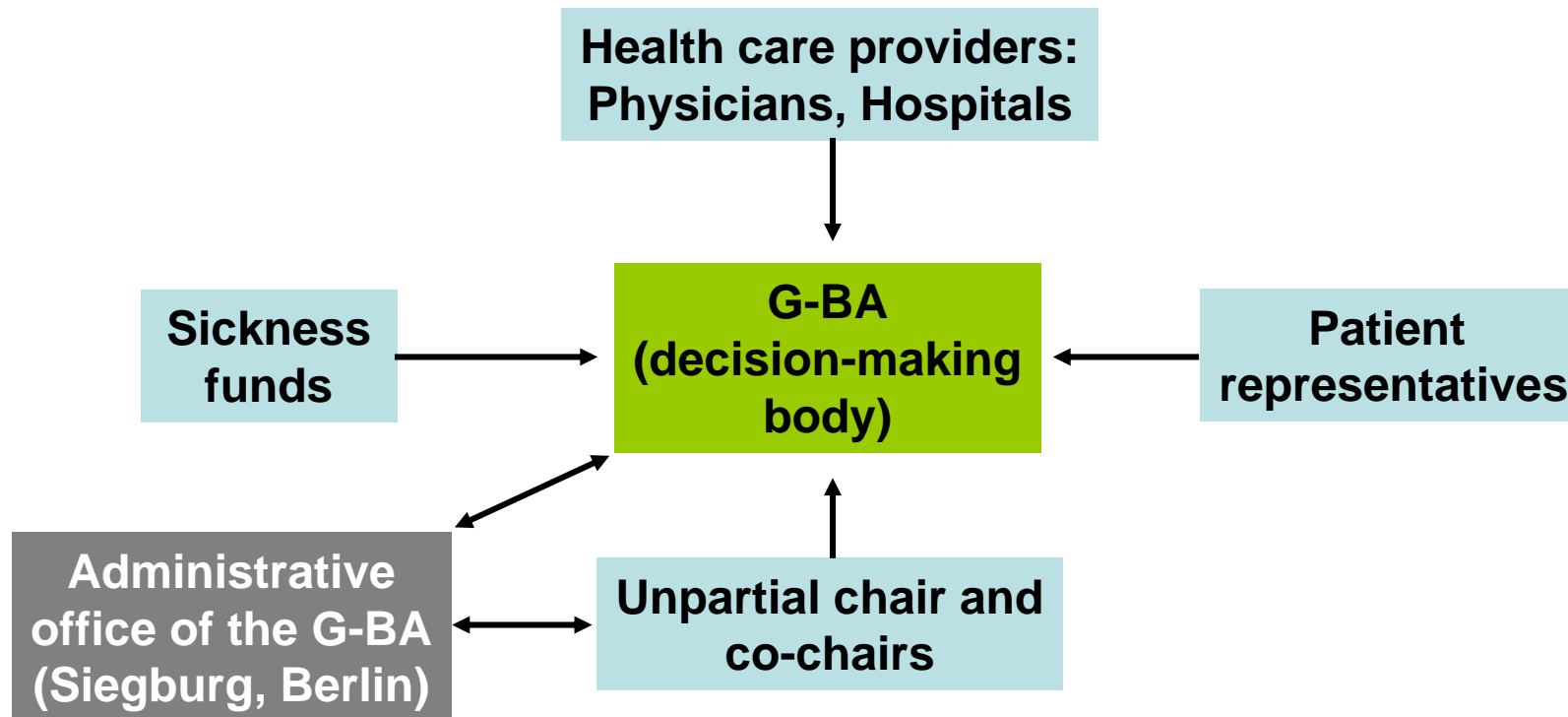
The Federal Joint Committee (G-BA)

- The G-BA is
 - the main decision-making body in German health care,
 - authorised by law to issue legally binding directives,
 - established in 2004, but predecessor committees dating back to the 1920s,
 - represents physicians, hospitals, sickness funds and patients.

The Federal Joint Committee (G-BA)

- The G-BA's office
 - is currently located in Siegburg (near Bonn),
 - has a staff of about 70,
 - has an annual budget of about 11 Mio. Euros.
 - Website: www.g-ba.de

Structure of the G-BA



The Federal Joint Committee (G-BA)

- Tasks include
 - evidence-based coverage decisions regarding innovations
 - outpatient care
 - inclusion and exclusion of services
 - hospital care
 - only exclusion of services
 - evidence-based patient information

The Federal Joint Committee (G-BA)

- Tasks (continued)
 - pharmaceuticals
 - exclusion of prescription drugs (if there is no additional benefit) and of life-style drugs
 - reference-price setting
 - OTC exemption list
 - therapeutic advice
 - off-label use (funding of study medication in non-commercial studies, registration of studies)
 - second opinion
 - cost-effectiveness analysis (as of July, 2008)

The Federal Joint Committee (G-BA)

- Tasks (continued)
 - quality assurance
 - ambulatory care
 - dental care
 - hospital care
 - intersectoral
 - disease management programmes for chronic diseases
 - ambulatory care of rare diseases in hospitals

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- Tasks (continued)
 - outpatient treatment:
 - psychotherapy, sociotherapy, rehabilitation
 - dentistry, orthodontics
 - maternal, ante- and perinatal care
 - specialised palliative care
 - prevention and screening
 - capacity planning
 - medical aids, non-medical care
 - home nursing, ambulance services
 - sick-leave and return to work

How the G-BA works

