The German Health Care System and the Federal Joint 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

- Health care providers: Physicians, Hospitals
- Sickness funds
- G-BA (decision-making body)
- Unpartial chair and co-chairs
- Patient representatives
- Administrative office of the G-BA (Siegburg, Berlin)
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)
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- 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

Application

commission

IQWiG

external institutes

assessment

Working Group

Report and recommendation

Out-patient Committee

Hospital Committee

Directive

Ministry of Health

objection

approval

Publication / release

Important criteria:
- effective
- necessary
- efficient