The Federal Joint Committee (G-BA) and Quality Assurance in Health Care

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Chief Executive Director Federal Joint Committee (G-BA)
The Federal Joint Committee (G-BA)

- Established 2004, but predecessor committees dating back to the 1920s
- Main decision-making body of the so-called self-governing system of the German health care system
- Charged with health policy-making within a legal framework
- Commissioned by law to issue legally binding directives
- Service providers (physicians, dentists, hospitals), health insurance funds (sickness funds) and patient representatives are members of the G-BA.
The German health care system and the G-BA

Framework for health care:

- **Legislation** established by the parliament
- **Decrees** issued by the Ministry of Health
- **Directives** issued by the G-BA under supervision of the ministry of health (MoH)
- **Contracts** between self-governing organizations under supervision of the federal MoH or the state ministries
Legal Status of the G-BA

- Constitution
- Law
- Decree
- Directive
- Contract
- By-Laws

- Association of Statutory Health Insurance Physicians/Sickness Funds
- Federal Collective Agreement
- G-BA
- Social Code Book V
What does the G-BA do?

The G-BA issues directives and thus determines the benefit package of the statutory health insurance covering about 70 million people:

- Ambulatory and hospital care
- Dental care, psychotherapy
- Diagnostic and therapeutic procedures and interventions
- Pharmaceuticals, Vaccines and Medical Devices
- …

In addition, the G-BA has important responsibilities regarding quality assurance for in- and outpatient care and in developing disease management programmes for chronic diseases.
Tasks include

- Evidence-based coverage decisions regarding innovations
  - Outpatient care: inclusion and exclusion of services
  - Hospital care: only exclusion of services
- Disease management programmes for chronic diseases
- 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
  - Cost-effectiveness analysis
What does the G-BA NOT do?

• Contracts between single payers (e.g. sickness funds) and providers or manufacturers
• Regulation of premiums
• Risk adjustment among the sickness funds
• Payment of doctors
• Determination of the amount paid for procedures, interventions or pharmaceuticals
• Determination of DRG’s
Structure of the G-BA

Health care providers: Physicians, Hospitals

G-BA (decision-making body)

Sickness funds

Patient representatives

Administrative office of the G-BA (Berlin)

Unpartial chair and co-chairs
Federal Joint Committee in accordance with § 91 of the Fifth Book of the Social Code Book

13 Voting Members

Impartial Chairman
2 impartial Members

5 Representatives of the GKV-SV

5 Representatives of the Service Providers:
DKG, KBV, KZBV

A maximum of 5 patient representatives

Abbreviations: DKV—German Hospital Federation; KBV—National Association of Statutory Health Insurance Physicians; KZBV—National Association of statutory Health Insurance Dentists; GKV-SV—Federal Association of Statutory Health Insurance Funds
Der G-BA – Aufgaben, Struktur, Ausblick
Committee Structure

**Plenum**
(4 partners)
- DKG 2
- KBV 2
- KZBV 1
- GKV 5

**Standing rules Code of procedure**
(4 partners)
- DKG 2
- KBV 2
- KZBV 2
- GKV 6

**Finance Committee**
(4 partners)
- DKG 1
- KBV 1
- KZBV 1
- GKV 3

- **Pharmaceuticals Subcommittee**
  (3 partners)
  - DKG 3
  - KBV 3
  - GKV 6
  - Chairman: Dr. Hess
  - Deputy Chairman: Dr. Gerdelmann

- **Quality Assurance Subcommittee**
  (4 partners)
  - DKG 2
  - KBV 2
  - KZBV 2
  - GKV 6
  - Chairman: Dr. Siebig
  - Deputy Chairman: Prof. Schmacke

- **Intersectoral Health Care Subcommittee**
  (3 partners)
  - DKG 3
  - KBV 3
  - GKV 6
  - Chairman: Dr. Siebig
  - Deputy Chairman: Dr. Windhorst

- **Method Evaluation Subcommittee**
  (4 partners)
  - DKG 2
  - KBV 2
  - KZBV 2
  - GKV 6
  - Chairman: Dr. Delger
  - Deputy Chairman: Dr. Windhorst

- **Ordered Services Subcommittee**
  (3 partners)
  - DKG 3
  - KBV 3
  - GKV 6
  - Chairman: Dr. Hess
  - Deputy Chairman: N.N.

- **Need Related Planning Subcommittee**
  (2 partners)
  - DKG 2
  - KBV 2
  - GKV 6
  - Chairman: Dr. Hess
  - Deputy Chairman: Dr. Gerdelmann

- **Psychotherapy Subcommittee**
  (2 partners)
  - DKG 1
  - KBV 1
  - GKV 3
  - Chairman: Dr. Hess
  - Deputy Chairman: Mr. Weidhaas

- **Dental Treatment Subcommittee**
  (2 partners)
  - DKG 1
  - KBV 1
  - GKV 3
  - Chairman: Dr. Delger
  - Deputy Chairman: Ms. Corvin
Co-operation with the Institute for Quality and Efficiency in the Healthcare System

**Federal Joint Committee**

- *Appraisal* of evidence with regard to needs and costs
  - Directive

**IQWiG**

- *Assessment* of best available evidence on safety and effectiveness
  - Evidence report

**Specific Request**

**Recommendation**
How the G-BA works...

Application

IQWiG

external institutes

assessment

Working Commitee

Report and recommendation

Directive

MoH

Publication / release

Important criteria:
- effective
- necessary
- efficient
Quality assurance and measurement

- Since 2004 the G-BA is authorised by law to issue the guidelines and procedures for quality assurance and measurement (in- and outpatient care)
- Up to 2008 guidelines and procedures for quality assurance and measurement where defined either for in- or for outpatient care
- Forced by law the task was then to set up guidelines and procedures “sektorenübergreifend” to enable quality data from different treatment episodes and service providers
- An independent institution had to be mandated to support the G-BA with scientific expertise
- In 2009 AQUA was commissioned by contract with development, measurement and implementation of quality assurance procedures
Co-operation with AQUA

Federal Joint Committee → Following patients over „space and time“: quality data from different treatment episodes and service providers

AQUA-Institute
(Institute on Applied Quality Improvement and Research in Health Care)

Development, measurement and implementation of quality assurance
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Directives for Quality Assurance (1)

1. Autologous chondrocyte implantation in the knee joint (ACI)
2. Matrix-associated autologous chondrocyte implantation in the knee joint
3. Proton therapy of inoperable hepatocellular carcinoma
4. Proton therapy of prostate carcinoma
5. Paediatric cardiac surgery
6. Minimum volume requirements
7. Quality assessments magnetic resonance tomography (MRT)
8. Quality assessment radiology
9. Quality assessment arthroscopy
10. Quality management for hospitals
11. Quality management for medical practice (office-based doctors)
12. Quality management for dentists
Directives for Quality Assurance (2)

13. Quality audits / inspections for medical practice (office-based doctors)
14. Chronic renal dialysis
15. External Quality Assurance Programme in hospitals
16. Abdominal aortic aneurysm (structure/process)
17. Paediatric oncology/haematology (structure/process)
18. Positron Emission Tomography (PET) in Non-Small Cell Lung Cancer
19. Proton Therapy of Rectum/Rectal Carcinoma
20. Neonatal intensive care services
21. Hospital quality reports / public reporting
22. Continuing Medical Education (hospital doctors)
23. External, data-based follow-up quality assurance
24. Directive for specialised outpatient services in hospitals
Paediatric Cardiac Surgery

- Patients up to the age of 18 suffering from congenital or acquired cardiac diseases
- Requirements for hospitals such as
  - Number and qualification of staff (e.g. physicians, nurses, other therapists)
  - Infrastructure (e.g. Imaging, diagnostics, intensive care unit, …)
  - Availability of services (e.g. daily, on weekdays)
  - Frequency and tasks of team meetings and quality circles (e.g. patient information, recommendations for standard operating procedures, …)
Paediatric Oncology

- Patients up to the age of 18 suffering from paediatric-haemato-oncological diseases
- Requirements for hospitals such as
  - Number and qualification of staff (e.g. physicians, nurses, other therapists)
  - Organisation (interdisciplinary tumour conferences)
  - Technical equipment and facilities (availability of laboratory, imaging diagnostics, pharmacy…)
  - Participating in studies to optimize therapies
Minimum Volume Requirements

- Minimum volumes per year and hospital:
  - Liver transplantation: 20
  - Renal transplantation: 25
  - Complex oesophageal surgery: 10
  - Complex pancreatic surgery: 10
  - Stem cell transplantation: 25
  - Total knee replacement: 50
  - Coronary surgery: not yet
  - Neonatal care for very low birth weight neonates (< 1250g): 30

- Evaluation of the directive
Public Reporting

Information on services and outcome data of hospitals:

Since 2005 all 2,000 hospitals in Germany have been required by law to publish a quality report every two years.

Aims of these reports are e.g.:

- to inform patients and doctors about hospital specialities and capabilities,
- to present hospital performance and quality data to the public,
- to provide a basis for benchmarking,…

The directive defines:

- the procedure of report preparing and publishing
- the content, scope and data format of these quality reports (e.g. kind and number of medical services provided, continued medical education, …)
External Quality Assurance Programme in Hospitals

Measuring quality using quality indicators followed by a peer review process for 30 services/diseases, e.g.:

- Pneumonia
- Aortic valve surgery
- Cholecystectomy
- Obstetrics
- Gynaecological operations
- Implantation of pacemaker
- Heart transplantation
- Hip replacement
- Carotid artery surgery
- Breast cancer surgery
- Liver transplantation
- Renal transplantation
- Combined heart- and lung transplantation
- Neonatal care
Objectives:

- Transparency and evaluation of quality assurance data in institutions for chronic dialysis treatment

Defines:

- Evaluation criteria for dialysis treatment
- Sampling (documentation, data security, analysis and evaluation)
- Duty to participate in a quality assurance programme (benchmarking)
Continuing Medical Education for Hospital Doctors and Psychotherapists

Defines the requirements for continuing medical education e.g.:

- Scope and time frame (250 points within 5 years (thereof at least 150 points in areas specific to actual patient care)
- Certificates
- Duties of hospital administration (documentation and reporting)
THANK YOU!

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