

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

The Hague, 18. November 2010

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# The Federal Joint Committee (G-BA)

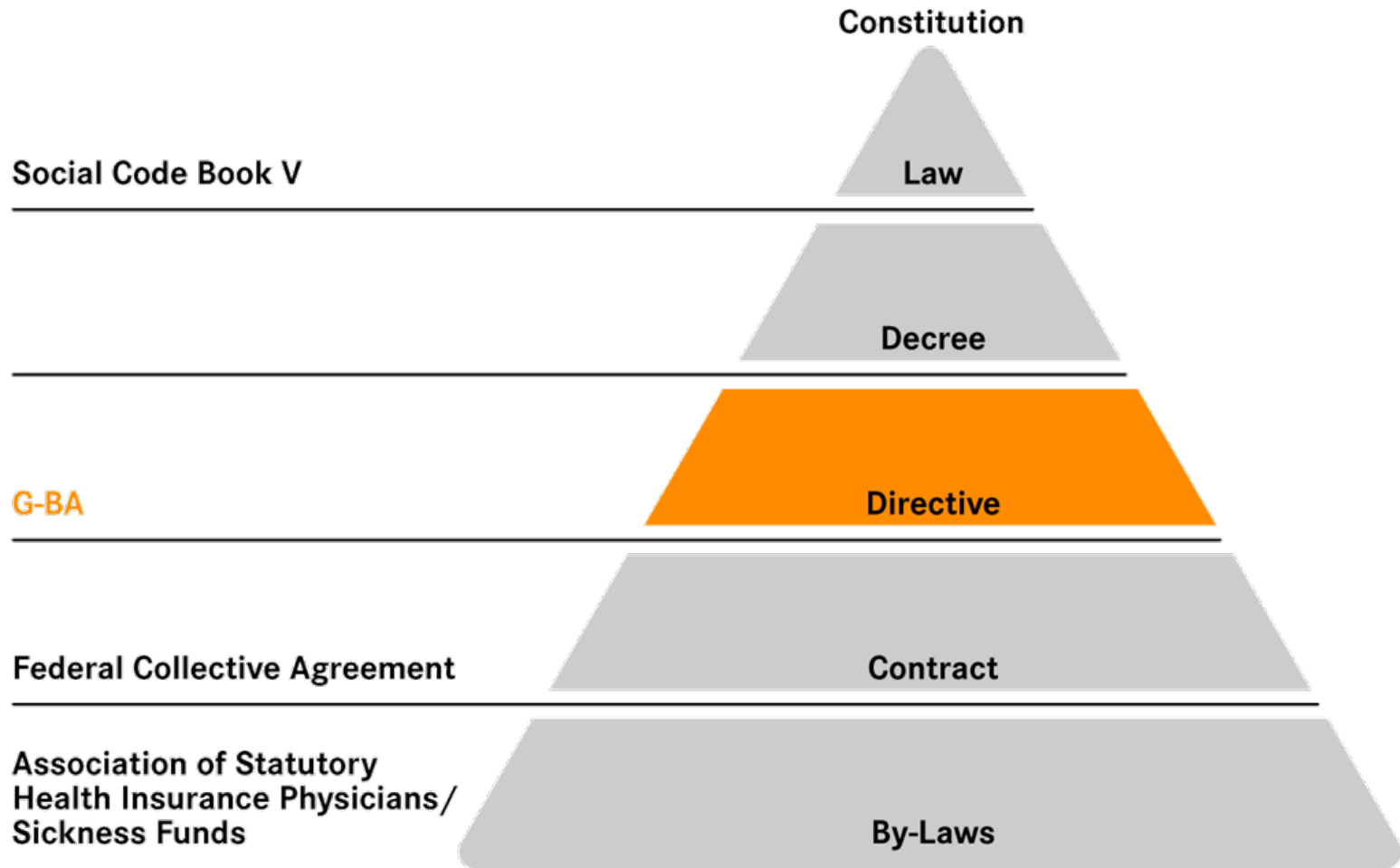
- Established 2004, but predecessor committees dating back to the 1920s
- Main decision-making body of the so-called self-governing system of the German health care system
- Charged with health policy-making within a legal framework
- Commissioned by law to issue legally binding directives
- Service 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



# 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.

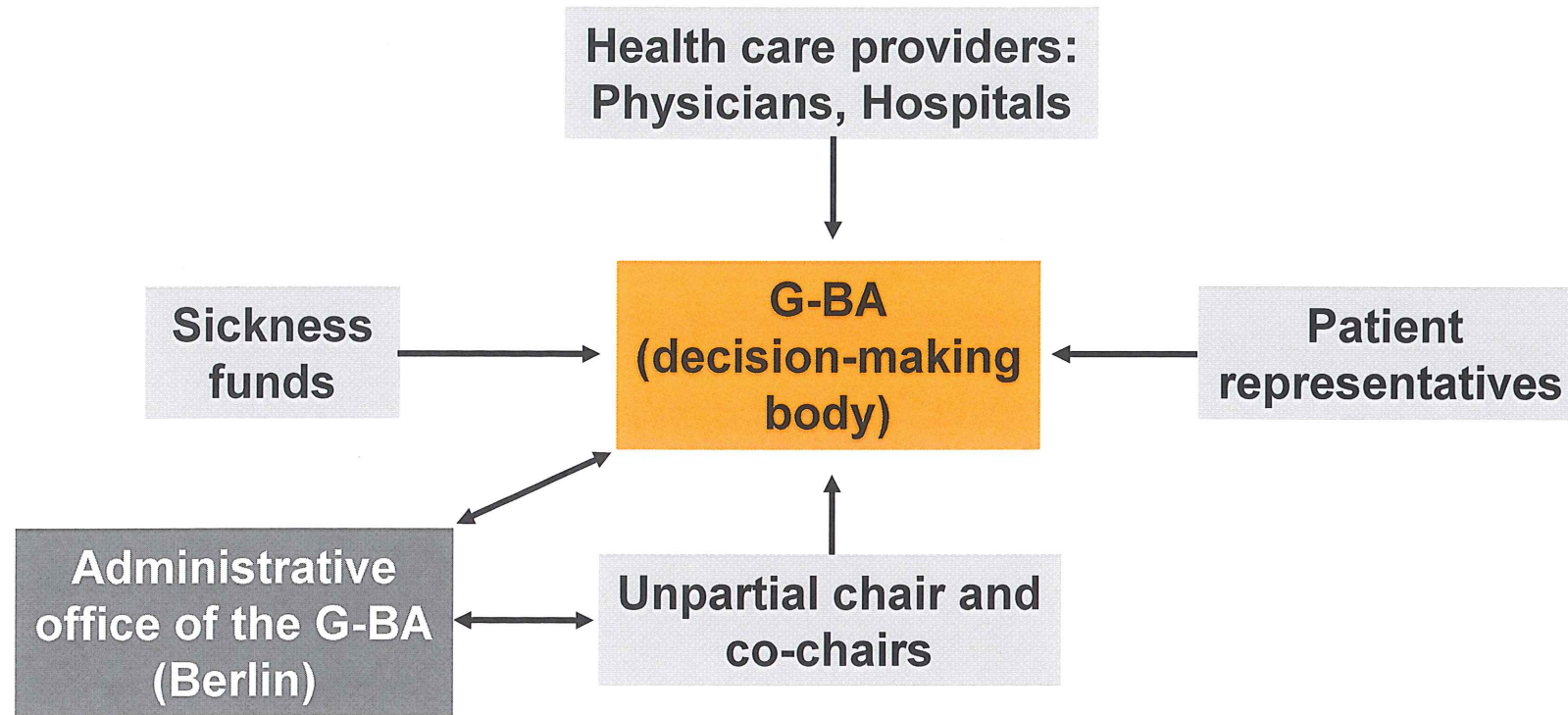
# Tasks include

- 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

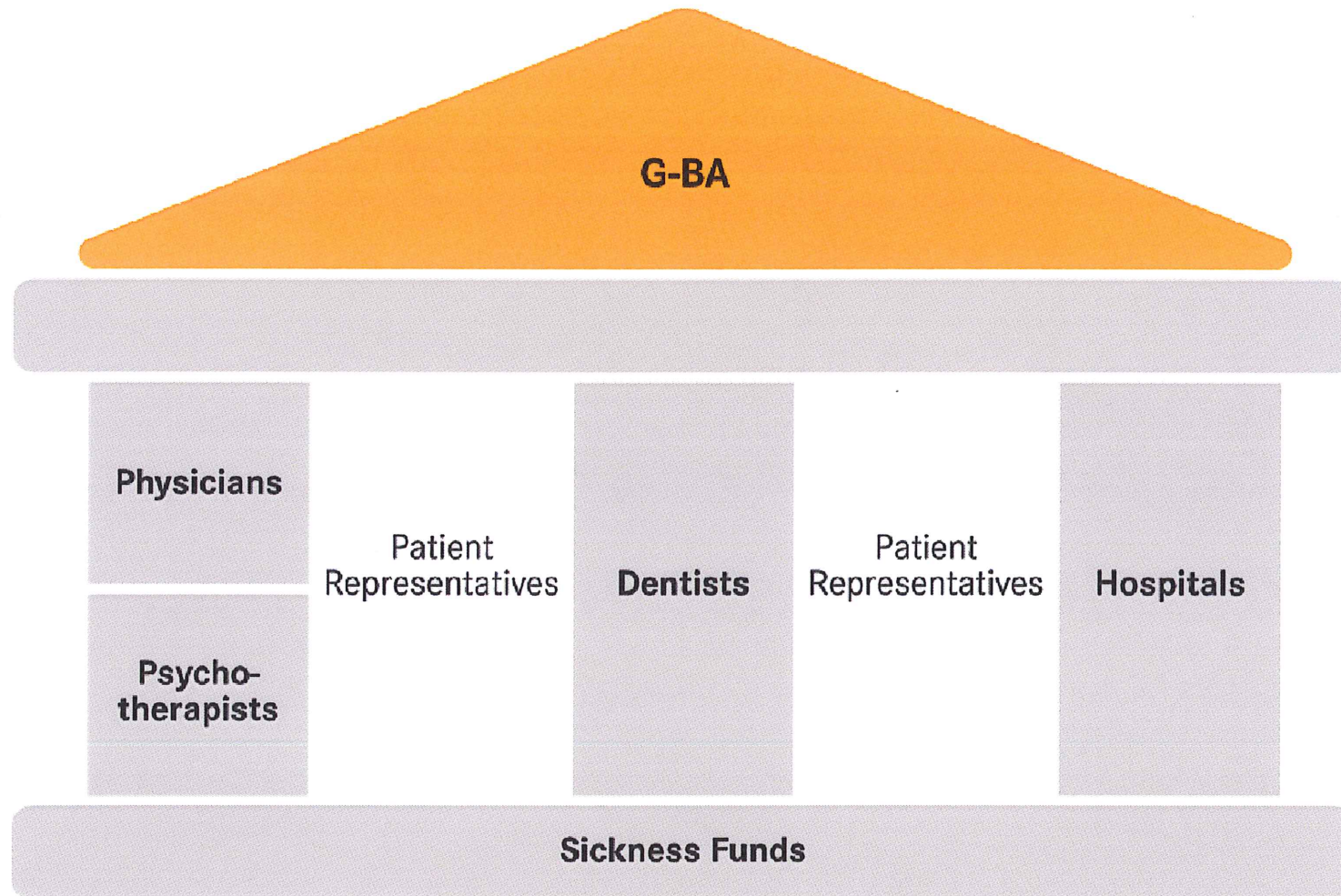
# What does the G-BA NOT do?

- 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



# Members of the G-BA



**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**

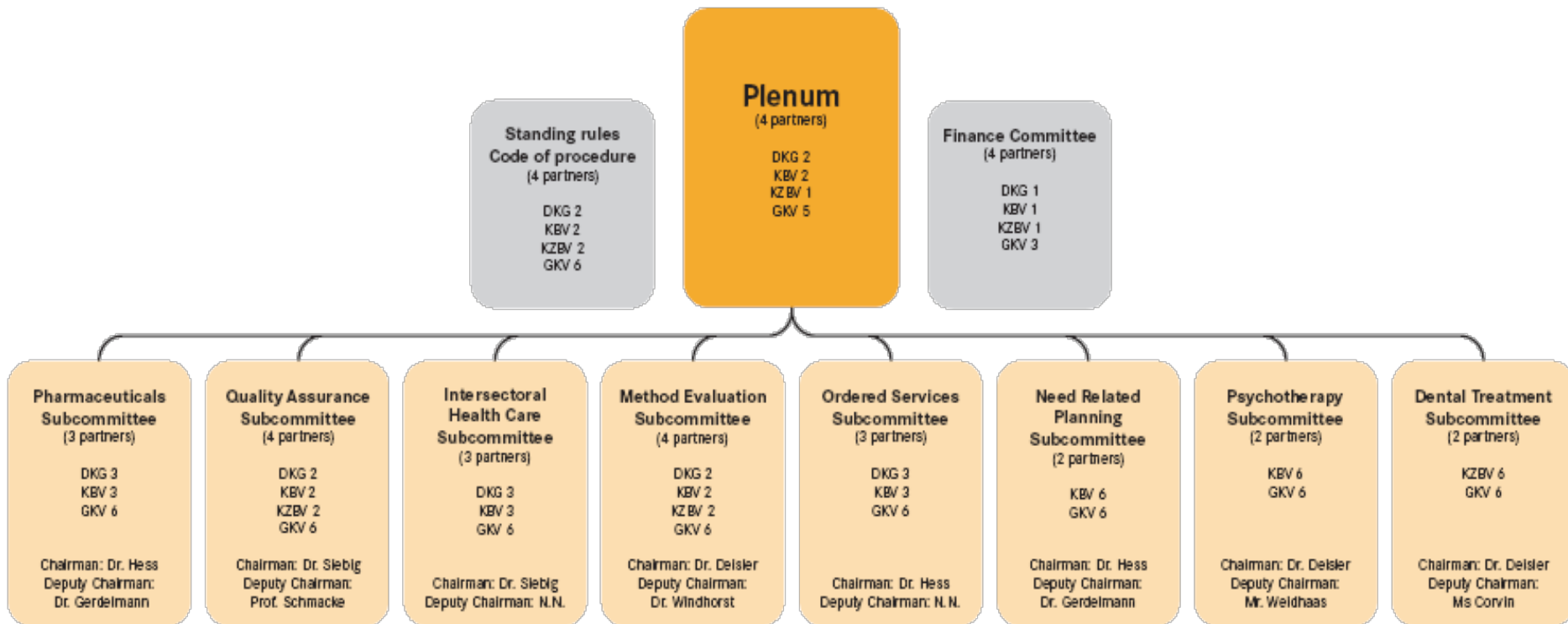
**5 Representatives  
of the Service Providers:  
DKG, KBV, KZBV**

**A maximum of 5 patient representatives**

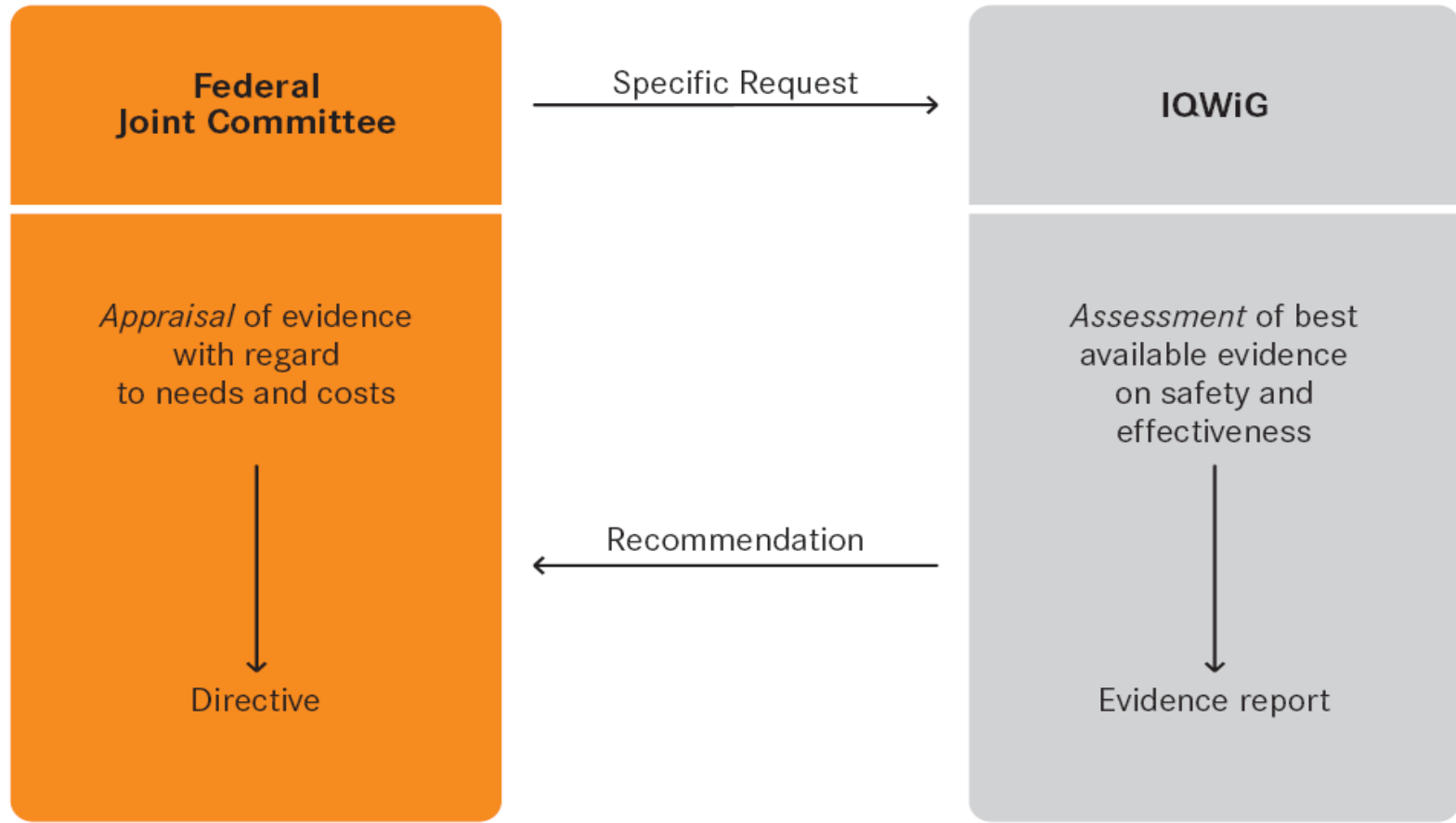
Abbreviations: DKG=German Hospital Federation; KBV=National Association of Statutory Health Insurance Physicians; KZBV=National Association of statutory Health Insurance Dentists; GKV-SV=Federal Association of Statutory Health Insurance Funds



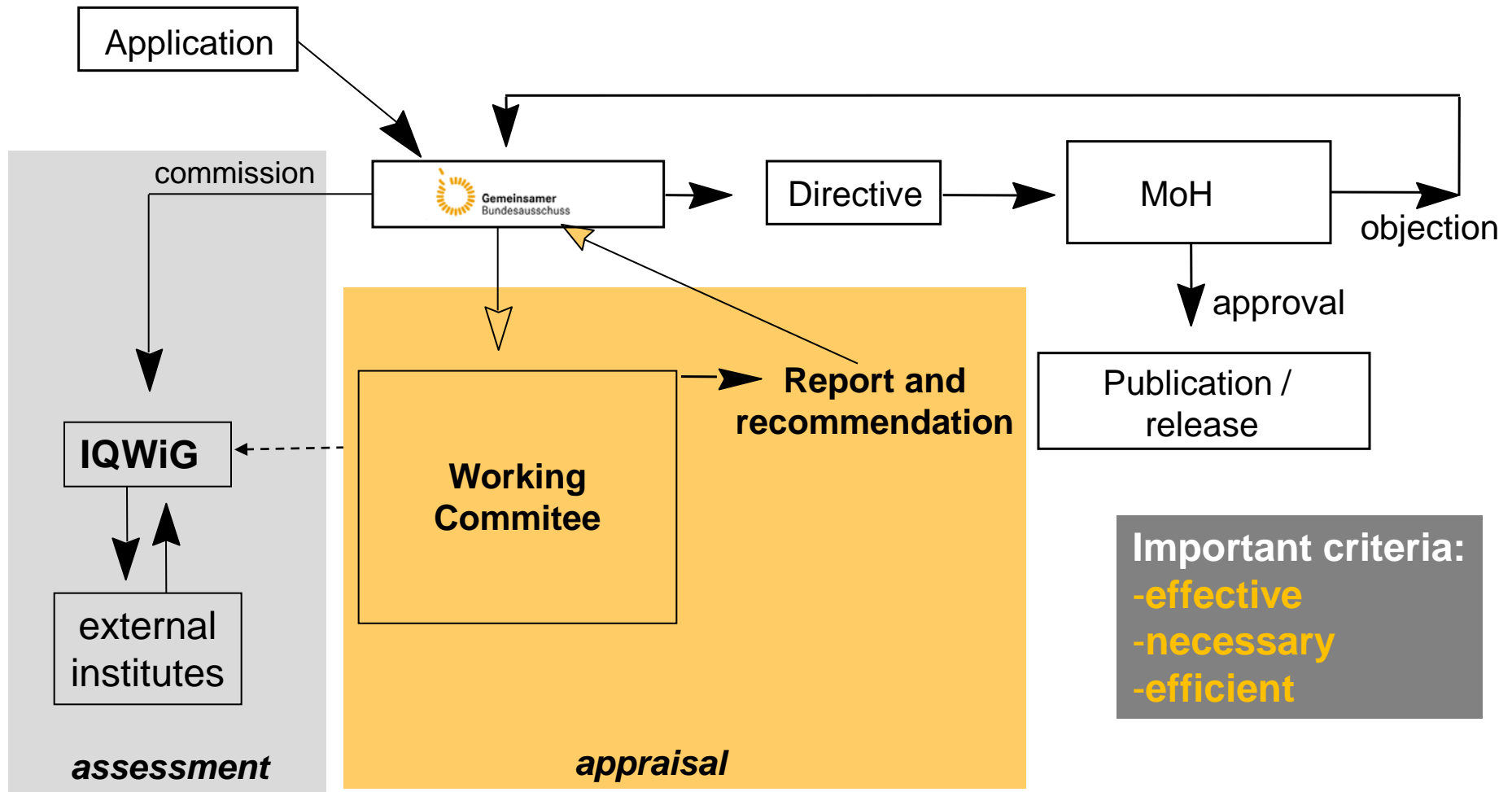
# Committee Structure



# Co-operation with the Institute for Quality and Efficiency in the Healthcare System



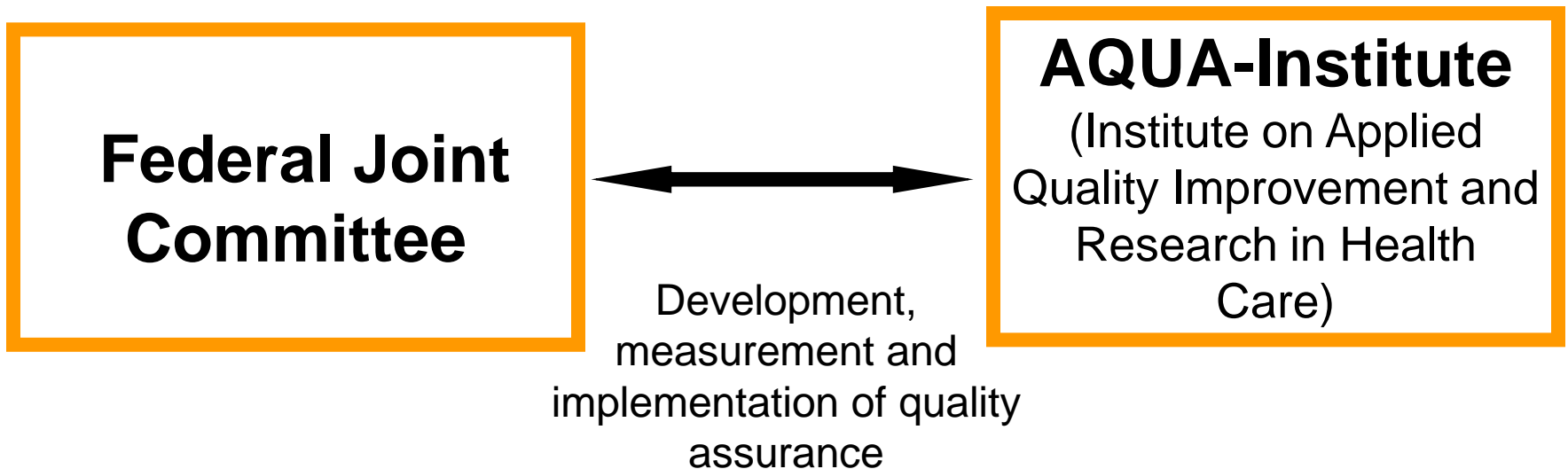
# How the G-BA works...



# 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 were 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



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

## § 137 SGB V

External Quality Assurance Programme (outcomes)	Quality Report (hospitals)
Minimum Requirements for Structure and Process (in- and outpatient care)	Continuous Medical Education (hospital doctors)
Requirements for internal Quality Management	Minimum Volume Requirements

# Directives for Quality Assurance (1)

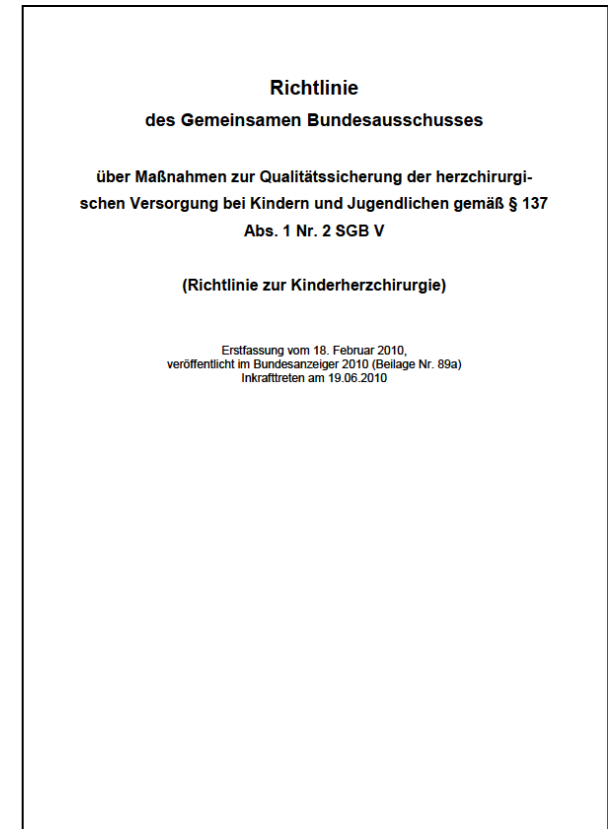
1. Autologous chondrocyte implantation in the knee joint (ACI)
2. Matrix-associated autologous chondrocyte implantation in the knee joint
3. Proton therapy of inoperable hepatocellular carcinoma
4. Proton therapy of prostate carcinoma
5. Paediatric cardiac surgery
6. Minimum volume requirements
7. Quality 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

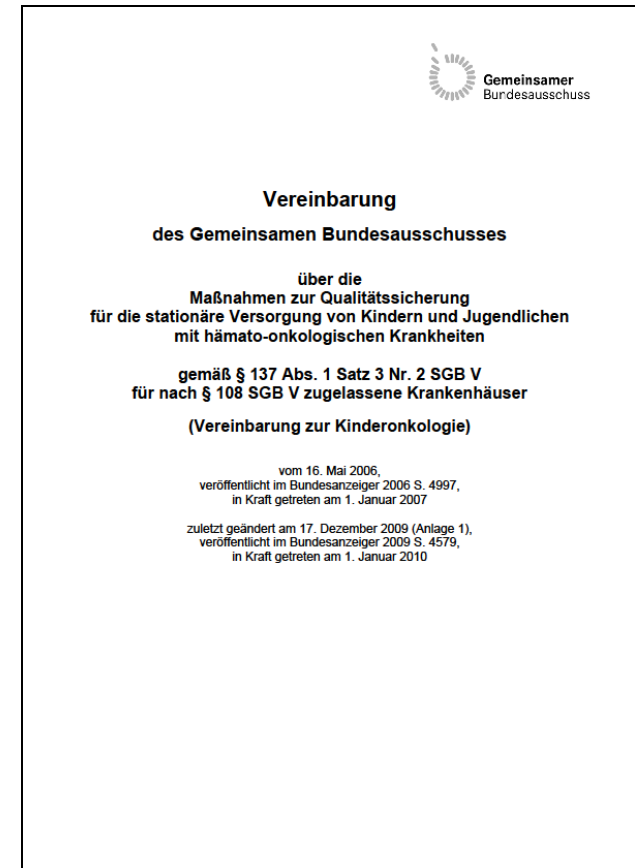
# Paediatric Cardiac Surgery

- 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

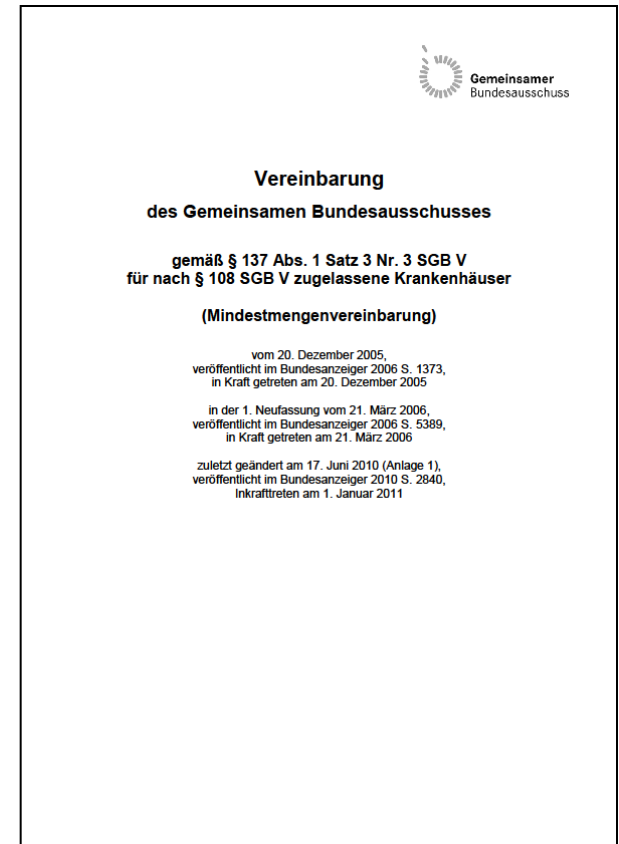


# Minimum Volume Requirements

- **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, ...)



#### Regelungen des Gemeinsamen Bundesausschusses

gemäß § 137 Abs. 3 Satz 1 Nr. 4 SGB V  
über Inhalt, Umfang und Datenformat  
eines strukturierten Qualitätsberichts  
für nach § 108 SGB V zugelassene Krankenhäuser

(Regelungen zum Qualitätsbericht der Krankenhäuser, Qb-R)

in der Neufassung vom 19. März 2009,  
veröffentlicht im Bundesanzeiger 2009, S. 2458 (Beilage 105a),  
in Kraft getreten am 22. Juli 2009

zuletzt geändert am 16. Juli 2009,  
veröffentlicht im Bundesanzeiger 2009, S. 2890 (Beilage 124a),  
in Kraft getreten am 22. August 2009

# 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



## **Richtlinie des Gemeinsamen Bundesausschusses**

**gemäß § 137 Abs. 1 SGB V i. V. m. § 135a SGB V  
über Maßnahmen der Qualitätssicherung  
für nach § 108 SGB V zugelassene Krankenhäuser**

**(Richtlinie über Maßnahmen der Qualitätssicherung in  
Krankenhäusern – QSKH-RL)**

in der Fassung vom 15. August 2006,  
veröffentlicht im Bundesanzeiger 2006 S. 6361

zuletzt geändert am 17. Dezember 2009  
veröffentlicht im Bundesanzeiger 2010 S. 830  
Inkrafttreten am 1. Januar 2010

# Chronic Renal Dialysis

## 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)



### Richtlinie des Gemeinsamen Bundesausschusses

zur Sicherung der Qualität von  
Dialyse-Behandlungen nach den §§ 136 und 136a des  
Fünften Buches Sozialgesetzbuch (SGB V)

(Qualitätssicherungs-Richtlinie Dialyse)

in der Fassung vom 18. April 2006,  
veröffentlicht im Bundesanzeiger Beilage Nr. 115a vom 23. Juni 2006,  
in Kraft getreten am 24. Juni 2006

zuletzt geändert am 19. Juli 2007  
veröffentlicht im Bundesanzeiger 2007 S. 7673,  
in Kraft getreten am 3. Oktober 2007

# 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)



**Regelungen**  
**des Gemeinsamen Bundesausschusses**  
**zur Fortbildung der Fachärztinnen und Fachärzte,**  
**der Psychologischen Psychotherapeutinnen und**  
**Psychotherapeuten sowie der Kinder- und**  
**Jugendlichenpsychotherapeutinnen und**  
**-psychotherapeuten im Krankenhaus**

in der Fassung vom 19. März 2009  
veröffentlicht im Bundesanzeiger 2009, Nr. 63, S. 1540,  
in Kraft getreten am 29. April 2009

# THANK YOU!

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