The Federal Joint Committee
Decisions on Healthcare Benefits
This brochure is designed to offer you some insight into the work of the Federal Joint Committee, the G-BA (in German: Gemeinsamer Bundesausschuss). In it, you will find a number of examples that explain some of the decisions the G-BA takes, as well as the overall responsibilities of the G-BA in defining statutory health insurance benefits. It addresses topics such as the provision of pharmaceuticals, examination, surgical, and early detection methods, quality assurance for medical interventions, and disease management programmes. We want this brochure to be easily understandable. For that reason we do not try to explain every aspect of everything the G-BA does. At the end of this brochure you will find a summary of how the G-BA is organized, how it works, and how it is financed. If you would like to see a complete overview of the responsibilities of the G-BA, please visit our website at www.g-ba.de or refer to our annual report. Much of this information is also available in English (www.english.g-ba.de).
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Balancing benefit, quality, and economy

73 million people in Germany are insured under statutory health insurance (SHI). By law, they are entitled to healthcare that is adequate, appropriate, and economical. SHI funds should be used to provide real benefit for people when they are ill, while keeping health insurance affordable for everyone. In times of dynamic medical progress – which is also an important business factor – this is a task that is both extraordinary and difficult. The Federal Joint Committee (G-BA) plays a vital role in fulfilling this task, and lawmakers have entrusted the G-BA with a number of responsibilities.
The G-BA defines in detail what adequate, appropriate, and economical healthcare, as defined by law, entails. It does so by determining what benefits persons insured under statutory health insurance are entitled to; these benefits are legally binding. It also ensures that patients are examined and treated according to the current standard of care. The G-BA bases its decisions on previously conducted scientific assessments.

The G-BA was founded on 1 January 2004 through the Statutory Health Insurance Modernization Act, but its predecessor institutions* are much older. It is a council made up of representatives from statutory health insurance funds, hospitals, licensed doctors, psychotherapists, and dentists. It also includes patient representatives, who contribute to discussions but do not vote.

Lawmakers have empowered the G-BA with a wide range of tasks and responsibilities. The G-BA has the authority to issue directives that are binding for healthcare providers, statutory health insurance funds, and patients in Germany. The legal basis for its work is the German Social Code, Book Five (SGB V), which defines the structures of the G-BA, how the G-BA conducts its work, and what its duties are.

* The predecessors of the G-BA were the former federal committees of physicians, dentists, and statutory health insurance providers, the hospitals committee, and the coordination committee.
This panel of experts takes important decisions on healthcare independently of the powers influencing daily politics. As a self-governing organization made up of physicians, statutory health insurance funds, and hospitals, it is structured to achieve results even when decision processes seem to reach an impasse, and to block political power moves by individual interest groups. During the course of the discussion it achieves consensus, or at least the best possible compromise, when stakeholders have conflicting interests, as is often the case in early stages. In doing so, the G-BA relies on the targeted expertise of independent scientific institutes, and involves them in the developing healthcare solutions.

In 2015, the Innovation Committee was established at the G-BA. Using resources from the Innovation Fund, its role is to promote healthcare research projects and new healthcare approaches that go beyond the standard benefits available through SHI thus far (www.innovationsfonds.g-ba.de).
Die Arbeit des G-BA in einigen Beispielen

Untersuchungsmethoden
The work of the G-BA –
Some examples

The following patient stories are based on real events.
Reference price groups

Lowering the costs of medicine

Last Thursday it happened again: Inga Sielmann (44) had another horrible migraine attack. When the dreaded pain starts on one side of her head, it’s only a short time until she is completely incapacitated. She is a shift supervisor at a transport company, but when a migraine comes, she is no longer able to work. Then she cannot tolerate light or noise, and the pain and nausea are unbearable. Right now she is seeing her family doctor. Her physician would like to prescribe her a triptan for the next time she has a migraine attack. Inga has not yet tried a drug in this active ingredient group. But as her doctor tries to write a prescription on her PC, she pauses. “Ms Sielmann, I see that the price of the medication I wanted to prescribe is higher than the reference price. It requires a copayment of 33 euros,” she explains, looking at her monitor. “Here, let’s take this one instead,” her doctor decides after a while. “It’s a medicine with the same active ingredient. It has a different name, but it works just as well.” Inga is surprised. Why would she need to pay more for the drug in one case, but not in the other?
What’s important

Many pharmaceuticals in Germany are subject to reference pricing. A reference price is a cap on a group of therapeutically equivalent medications. It is the maximum price a statutory health insurance fund will pay for one of these medicines. Currently, statutory health insurance funds are saving 7.9 billion euros* every year through reference pricing alone. That is money that can be spent on other necessary treatments. The G-BA has an important responsibility in this regard.

* Figure provided by the National Association of Health Insurance Funds, July 2018.
The G-BA examines which pharmaceuticals can be grouped into reference price groups. As early as June 2004, it formed a reference price group for selective serotonin 5-HT 1 agonists such as triptans. The company that makes the medication that Inga Sielmann’s doctor wanted to prescribe did not lower its price to the reference price. To avoid copayments in such a case, patients can switch to a different medication that is equally suitable for the treatment they need. That’s what Inga Seilmann’s doctor arranged.
What the G-BA does

The G-BA can form reference price groups only if several therapeutically comparable medications are approved to treat the same disease. Within a reference price group, doctors can always decide among a number of different treatment alternatives, which they can prescribe at the expense of statutory health insurance funds. Around 79 per cent of all prescriptions for pharmaceuticals in Germany are for reference price drugs.

When defining reference price groups, the G-BA also defines so-called prescription-related average doses. These are later used to calculate the reference prices. For example, if the patent on an active ingredient expires, other companies soon begin producing lower-cost generics. These lower prices for some pharmaceuticals create downward pricing pressure and help keep medical care cost-effective.

For that reason, reference prices are reviewed regularly and adjusted to current market conditions. That is not the task of the G-BA, but of the National Association of Health Insurance Funds. This association sets a reference price in accordance with statutory criteria for each group the G-BA forms, and forwards that information to the German Institute of Medical Documentation and Information (www.dimdi.de). Drugmakers normally base their prices on the reference price, but they are not required to do so. If they keep a price high, patients can avoid co-payments only by switching to a therapeutically suitable product that is fully reimbursable.

If doctors want to prescribe a medicine that is more expensive than the reference price, they are required to give this information to their patients and consider alternatives with them. If they prescribe the more expensive medicine, patients normally need to pay the difference between the reference price and the retail price.
By the way ...

For persons insured under SHI in Germany, prescription drugs are covered immediately upon market authorization. But because insurance premiums should be spent on medications that are most beneficial for patients – at a fair price – lawmakers have given the G-BA the mandate to intervene in the pharmaceuticals market as a regulatory body.
The G-BA has other means of intervention beyond the reference price grouping described here. For example, it can limit the prescribability of drugs that are ineffective or uneconomical. It can also give therapy advice, which doctors should follow. It can test whether drugs can be prescribed outside their authorized indications in exceptional cases (“off-label use”). And it puts newly authorized active pharmaceutical ingredients through an early benefit assessment, as seen in the following example.
Sebastian Anger is 38 years old. He sits down at his piano, opens the lid, and begins to play. But after a few bars he stops to have a sip of tea, and his eyes wander towards the window. Playing the piano has become difficult. A while ago he took another dose of his new medication. It gives him headaches and makes him nauseous, but hopefully it will help him live another year. Sebastian has no illusions. He suffers from advanced melanoma, one of the most aggressive types of tumours there is. And because metastases have already been found, there is no hope of recovery. He knows that the therapy can only postpone the inevitable. But he wants to take advantage of this opportunity. Every day he can spend with his wife and his daughters is precious.
What’s important

The active ingredient in the medication Sebastian Anger is taking was authorized in Germany in February 2012. By blocking certain enzymes, this active ingredient impedes tumour growth. It is prescribed to skin cancer patients whose tumour cannot be removed through surgery or radiation therapy, and has formed metastases. Following an in-depth assessment of the active ingredient, the G-BA found hints of a considerable additional benefit over chemotherapy, the available comparator. This result was reviewed and confirmed through recent studies in 2013. But it works only in patients who have a certain genetic mutation, so that must be determined first. Unfortunately, it also has side effects. But in light of the severity of this disease, the G-BA considered the benefit of a longer life expectancy more important when assessing this drug.
In 2015, the G-BA reviewed this active ingredient again. It was then assessed in combination with another medicine that had recently been approved. The studies available showed that the medication that was prescribed to Sebastian Anger could extend the life expectancy of patients more than chemotherapy. The survival benefit of this medication in combination with the new active ingredient is an additional five months over the individual medication alone. The patients also experience less pain and fatigue than patients in the comparison group. But some of the side effects of the combination therapy are stronger.
What the G-BA does

In Germany, newly authorized active pharmaceutical ingredients can be prescribed immediately upon market launch, and are thus available to patients right away. Such newly developed active ingredients under patent are usually very expensive. Until a few years ago, pharmaceutical companies were allowed to demand any price they wanted for such drugs, and SHI providers – in other words, the people who pay insurance premiums – paid. Lawmakers put an end to that practice at the beginning of 2011. Since then, a testing procedure is initiated as soon as a drug is approved to find out if it is better than others that are already available.

The G-BA has an important responsibility in this regard. It must put every new active pharmaceutical ingredient through an early benefit assessment within six months after it is launched on the German market. During the early benefit assessment, the G-BA examines whether the drug is really something new: if it offers patients greater benefit than comparable treatments that are already available. For example, if the drug causes fewer side effects, or the side effects are less severe, that is an additional benefit.

The G-BA assessment is the basis for the price statutory health insurance funds negotiate with the manufacturer – the amount they end up paying. If the G-BA determines that the pharmaceutical does not offer patients any additional benefit, it can assign the drug to a reference price group. However, if the new medication is a real improvement with proven additional benefit, the manufacturer negotiates the future reimbursable price with the National Association of Health Insurance Funds based on the G-BA benefit assessment.
Two days from now, he is actually going to swallow a small camera. Gunther Schmidt is 58, and he finds that thought a little strange. But he finally wants to know for sure what is causing his severe anaemia. His doctors say that it could be internal bleeding, and Gunther Schmidt is very worried. To narrow down the possible source of the bleeding, his primary care physician has referred him to a specialist for gastrointestinal disorders. The specialist conducted a gastroscopy and a few days later a colonoscopy, but the examinations revealed nothing abnormal. Now his doctors are going to do a capsule endoscopy so that they can see more. Gunther Schmidt is being advised what that is and how the procedure will be conducted. Starting tomorrow noon he is not allowed to eat anything solid. The day after tomorrow, he will report to his doctor, where he will swallow a small capsule containing a miniature built-in camera. As it moves through his digestive system, it will transmit images to a recording device attached to his belt. A little more than eight hours later, it’s all over. His doctor will know more and be able to give him more targeted treatment.
Thanks to a G-BA decision, Gunther Schmidt will find out the probable cause of his bleeding relatively quickly. In September 2010, the G-BA passed a resolution recommending a capsule endoscopy to examine the small intestine as a standard SHI benefit in cases of unexplained bleeding.
Since its introduction, a capsule endoscopy can be conducted not only in hospitals, but also by certain groups of licensed specialists, provided their practices are properly equipped. The length and location of the small intestine make it nearly – or completely – inaccessible using a flexible endoscope. Because an operation would otherwise be necessary to conduct a thorough examination, a capsule endoscopy is a significant diagnostic improvement. An analysis of every study available at the time of this decision showed that the procedure rarely causes complications, and that it delivers information that allows more targeted treatment decisions.
What the G-BA does

In the case of new examination and treatment methods, the G-BA examines whether they deliver patient benefit, and if they are necessary and economical. The G-BA carefully considers the current standard of medical research, and takes every relevant study of the method in question into consideration.

For example, it also examines whether the examination or treatment method can cure patients, what side effects or complications it might cause, and what impact it has on quality of life. The G-BA must always identify the patient groups for whom the method is particularly effective, and under what circumstances.
By the way ...

Hospitals and doctors’ practices are subject to different regulations regarding examination and treatment methods under SHI. Licensed doctors can offer new methods as SHI benefits only after the G-BA has tested those methods for outpatient care and determined that they are beneficial, necessary, and economical for patients (right of authorization).

But by law, hospitals can offer new examinations and treatments without such preliminary testing. However, upon request *, the G-BA does examine whether the method is adequate, appropriate, and economical in an inpatient setting. If it becomes apparent that a method
used in hospitals cannot be proved beneficial and does not show potential as a necessary treatment alternative (for example because it is ineffective or even harmful), the G-BA can remove it from the list of benefits financed by SHI funds and thus from the community of insured persons (right to prohibit).

* Requests for assessments of outpatient examination and treatment methods can be submitted by the impartial members of the G-BA, the National Associations of Statutory Health Insurance Physicians and Dentists, the state associations of statutory health insurance physicians and dentists, the National Association of Health Insurance Funds, and the patient representatives. Requests for assessments of inpatient examination and treatment methods can be submitted by the German Hospital Federation, the federal associations of hospital funding providers, the National Association of Statutory Health Insurance Funds, and the patient representatives.
Next week it’s finally time for his long-awaited knee surgery. Markus Stella is 29, and he can hardly wait. A former gymnast, he has been suffering from severe knee problems for many years now. He always knew that so many jumps from the high bar and on the floor couldn’t be healthy. But he won so many awards that he simply ignored the pain. He’s a long-term patient with his orthopaedist, and the two have long considered whether he might be a candidate for a certain type of surgery. The name is difficult to pronounce: matrix-associated autologous chondrocyte implantation. During the operation, his body’s own cartilage cells (chondrocytes) are removed from his knee, cultivated in a laboratory, and combined with a carrier substance made up of various biomaterials. Markus Stella has already finished this part of the procedure. In a second operation this mass is then inserted into the damaged cartilage areas of his knee joint. Conclusive findings on the outcomes of this operation have not yet been reached. But Markus Stella has made his decision: he wants to have the operation.
What’s important

Autologous chondrocyte implantation (ACI) has been conducted in hospitals since the 1990s. The G-BA has been studying this procedure for a number of years now, and has conducted assessments on its effects in different parts of the body. It has ruled out its use on the finger and shoulder joints and in the metacarpal joint of the big toe, because it turned out that other treatment methods produce better results. But the prospects are different for the knee joint, where ACI is frequently used.
Because many studies are underway for this indication, the G-BA stopped its assessment proceedings to await the results. That means that for now, hospitals can still conduct the operation on the knee joint as an SHI benefit. And even though the benefit assessment is still pending, the G-BA has already defined quality standards to ensure that patients like Markus Stella receive the best possible information and treatment. Only those hospitals that fulfil these criteria and meet these standards are allowed to offer the operation as an SHI benefit.
For many treatment methods, there simply aren’t enough studies – or the study results are too vague – at the time of the G-BA assessment, even if they have already been used in hospitals for many years. One of the reasons for that is that surgery, radiation, or other procedures need to be conducted on a sufficiently large number of patients before their effects can be thoroughly assessed. Sometimes that can take many years. It’s also difficult to compare them to other methods already in use because the patients included in the comparative studies need to be roughly similar in terms of age, personal circumstances, and pre-existing conditions. But if study findings are too inconclusive, a method cannot be assessed with the level of validity necessary according to scientific methods.

Since 2012 the G-BA can also initiate studies if the benefit of a method has not yet been conclusively researched, but there is reason to think it could show potential. In such cases, the G-BA interrupts its assessment proceedings so it can include the results of these or ongoing studies after they are finished. That is what is happening in this case.

For many examination and treatment methods, the G-BA sets quality standards as part of the assessment proceedings. They may be conducted only in facilities that have the necessary equipment and qualified staff.
Early detection
Screening for newborns

Thea Bergmann is 35 years old. She is still feeling a bit wobbly after a difficult birth as she wheels her two-day-old daughter, Clara, back to her maternity room. She needs to work through what has just happened. Clara has just had the hearing test offered for all newborns when they are two days old, and the hospital paediatrician found some abnormalities. The tests indicated that the little girl is nearly deaf in both ears. A second outpatient examination will need to be conducted in a few days. The hospital paediatrician reassured her that if the results of the first test are confirmed, doctors will be able to treat Clara quickly and effectively, and that she will develop normally. Thea Bergmann reaches for her phone. She wants to call her husband.
What’s important

Thanks to a G-BA decision, the Bergmanns found out very early that their daughter might have a hearing disorder, and in just a few days they will know how quickly and effectively Clara can be treated. Passed in 2009, this decision guarantees that a hearing test is offered for every newborn child in Germany within three days after it is born (nationwide screening). If the test reveals any abnormalities, the child may have a congenital hearing disorder.
To provide effective monitoring, screening must normally be repeated after some time. Screening for hearing was introduced because global research proved that children whose hearing is damaged can understand and communicate better if they are treated as early as possible. A number of treatment options are available, depending on the cause and severity of the hearing damage.
What the G-BA does

The G-BA assesses early detection examinations (also called screening) for benefit, necessity, and cost-effectiveness. In this area there is more to consider than just the assessment of the examination methods described earlier. That’s because screening is a voluntary nationwide medical examination for children, adolescents, and adults who show no symptoms of a disease. The costs must be reasonable compared to patient benefit if a disease is detected and treated early.

The G-BA is responsible for determining whether specific diseases can be detected accurately through screening. It must also know whether good treatment methods are available. If they aren’t, early detection is not very helpful. But if they are, the G-BA then investigates whether the success of the treatment really depends on how early the disease is discovered. If it does, the G-BA then examines screening methods in depth. Good screening methods must be able to detect diseases reliably without triggering false alarms, which create stress in people who are actually healthy. They must never be dangerous or damaging to the health of those screened.

Many early detection examinations meet the criteria the G-BA has set. Besides hearing tests and other early detection examinations for newborns, persons insured under SHI can also be screened for skin, breast, and bowel cancer, chlamydia, or gestational diabetes. The G-BA has also prepared a number of information sheets to help patients prepare for consultation with their doctors. They are designed to help patients decide whether they want to be screened or not.
Manuel Krüger is six years old. He is the youngest child in a large family and seems perfectly healthy. But unfortunately, he’s not. Manuel has a congenital heart defect. His illness has changed the way his family lives, because Manuel doesn’t have much endurance; he is often tired, and doesn’t eat very well. He is on regular medication, and often has to see a paediatric cardiologist or spend time in hospital. But all that might change in four days, when Manuel undergoes surgery. His mother, Karin, is packing a suitcase and making a list for her sister, who will look after their other children for the next two weeks. The hospital where the operation will take place is 200 kilometres away, and has a large ward for cardiac surgery and paediatric cardiology. The Krügers will accompany their son there and want to be with him as much as possible. Karin Krüger is trying not to show how worried she is.
Manuel’s parents can rest assured that the hospital where their son will have his surgery meets strict quality standards and has the equipment it needs to perform this operation. In February 2010, the G-BA passed a guideline on paediatric cardiac surgery. It sets the standards clinics must meet if they want to perform such highly delicate heart operations on children.
Since then, only those hospitals that have the equipment the G-BA has stipulated, and whose doctors and nurses meet strict standards of education and experience, are allowed to operate on children and adolescents with heart problems. These criteria can have a powerful impact on the success of the surgery and treatment, and thus on the quality of life for children who receive it. Each year, those clinics must prove to the statutory health insurance funds that they meet the quality criteria defined.
What the G-BA does

It is the responsibility of the G-BA to set quality standards for certain medical interventions. To do so, it first investigates which criteria influence quality, using study results already available and requesting expert opinions. For the success of the treatment, it is of course essential that both doctors and non-medical staff are properly trained. The G-BA defines the number of doctors and caregivers who need to pass certain types of specialized training.

If surgery is performed, as in our example, the G-BA standards define precisely which types of operations and procedures surgeons must have performed regularly on their own over the past several years. In addition, the standard procedures in the hospitals, their furnishings, and their technical equipment are key factors in determining the success of surgery and treatment.
Eva Rudzinski is sitting at her computer taking notes. Her sister, who is 70 years old, needs hip replacement surgery, and Eva Rudzinski wants to find out which hospitals in her area are experienced in this type of surgery and what their quality standards are. She enters her postcode into the hospital search engine her SHI fund provides, and types in how far she is willing to travel. Then it asks her what type of operation she is looking for. The search results show that four hospitals in her area have treated a very high number of cases, so they are experienced. But the list also offers other selection criteria. For example, it shows a “traffic-light” icon to indicate which hospitals have had high rates of unplanned revision surgery, thromboses, or surgical complications. According to the system, the four clinics she has chosen have very different results. After she discovers additional quality criteria, she finds another hospital. It’s a bit farther away, but it apparently has good treatment success rates. When she’s finished, three hospitals remain on her list. Next week she’s going to accompany her sister to the doctor and wants to discuss the list with him.
What’s important

The hospital search engine Eva Rudzinski found on her SHI provider’s website is the work not only of programmers, but also of the G-BA. The information that is regularly entered into the search engine is based on hospital quality reports. They contain information the G-BA defines by law.
Since 2005, all hospitals in Germany are required by law to submit annual quality reports on a wide range of topics, and publish them via the SHI associations of the German states. The purpose is to provide doctors and patients with solid information on hospitals so that they can make objective comparisons. To make such comparisons as fast as possible, access is provided to hospital search engines via the websites of SHI providers and of the German Hospital Federation. These engines allow users to define searches according to structural data (e.g. departments, staff qualifications, case numbers) and a number of quality indicators.
What the G-BA does

The responsibilities of the G-BA in the area of quality assurance are vast. As our example shows, the G-BA helps patients and referring doctors find better information on hospitals.

Another legal mandate of the G-BA affects quality assurance in selected areas of hospitals. The G-BA contracts an independent scientific institution with the development of metrics that allow treatment quality comparisons to be drawn. Clinics in Germany are required by law to track the quality of their treatments and results in certain areas, and to provide that information for the purpose of nationwide comparison. If any peculiarities become apparent, a specially appointed panel of experts investigates whether they are merely statistical outliers or if there are actual quality problems. If there are, professional consultations are scheduled to look into the causes and possible solutions. The G-BA defines what details hospitals are required to document and how the data are to be processed, compared, analysed, and published nationwide. This involved procedure helps hospitals provide the best possible care for their patients.

The G-BA also sets quality standards for the practices of contracted physicians and dentists. It also contracts the development of procedures to track and compare the quality of healthcare beyond hospitals and doctors’ practices.
Disease management programmes

Help for asthma patients

Henning Glaumann is a 23-year-old student who has just moved to a new city. Getting “ill” was the last thing he needed. But his grass pollen allergy has worsened since he moved. The antihistamines he has been taking have suddenly stopped working, and now he is experiencing a strange shortness of breath and a dry cough during some of his allergy attacks. He’s concerned that it might be asthma. Last week, during an attack, he felt that he was almost suffocating. The allergy specialist he consulted today has just finished examining him and testing the function of his lungs. After looking through the results, his doctor schedules a multi-phase allergy test for the following week, and advises him to sign up for a structured treatment programme with his SHI provider. He will then receive systematic care, if needed in cooperation with other specialists.
What’s important

Patients with certain chronic diseases can sign up for structured treatment programmes with their SHI provider. These programmes coordinate the care of chronically ill persons across various facilities, and ensure that they receive treatment based on scientifically proven findings. The aim is to prevent complications, hospital stays, and sequelae. These structured treatment programmes, also called disease management programmes (DMPs), are developed by the G-BA.
The DMP for asthma was introduced in 2005. It prescribes what steps doctors must take to diagnose asthma, and what results verify the disease. Once the cause of the asthma attacks is identified, patients receive systematic training in managing the disease. The DMP also prescribes which substance groups are to be used for pharmaceutical treatment as part of an individually developed stepwise approach. In addition to setting treatment standards, the DMP defines the qualifications doctors and therapists involved in the treatment are required to have.

Around 7 million persons are enrolled in SHI disease management programs. Participation in a DMP is free and voluntary. The prerequisites for enrolment are a doctor-certified diagnosis, the willingness to actively take part in managing the disease, and patient consent to treatment data collection.
What the G-BA does

Lawmakers have given the G-BA the mandate to identify illnesses suited to DMPs and to define structured treatment processes. In developing DMPs, the G-BA looks into all evidence-based* guidelines available for that particular disease, and then evaluates their recommendations according to previously defined categories. It must carefully compare the scientific sources these treatment guidelines are based on, which are often quite numerous. The recommendations the G-BA then filters from the guidelines must be built on the most robust scientific foundation possible and have the widest possible support of the scientific community.

So far the G-BA has developed DMPs for seven syndromes: asthma and chronic obstructive pulmonary diseases (COPD), coronary heart diseases, diabetes mellitus types 1 and 2, chronic heart failure, and breast cancer. They are updated regularly to incorporate the latest research findings.

* cf. chapter "Workflows" p. 54
Gemeinsamer Bundesausschuss
The G-BA – Structure and workflows
The Federal Joint Committee (G-BA) is made up of the payers (statutory health insurance funds) and care providers (hospitals, doctors, psychotherapists, dentists) of healthcare in Germany. The core decision-making body is the plenum, which is made up of 13 voting members.
The plenum usually meets twice a month in public sessions. It is made up of:

**3 impartial members**
One of the impartial members is appointed chair of the G-BA. He or she conducts the plenary sessions and works with the other two impartial members to prepare the meetings.

**5 representatives**
from the National Association of Health Insurance Funds, the organization representing all statutory health insurance funds

**2 representatives**
from the National Association of Statutory Health Insurance Physicians, which includes all licensed physicians and psychotherapists who treat SHI patients

**2 representatives**
from the German Hospital Federation, the interest group representing hospitals

**1 representative**
from the National Association of Statutory Health Insurance Dentists, which includes all licensed dentists who treat SHI patients

In addition, 5 patient representatives take part in plenary session discussions. All members of the plenum except the 3 impartial members do their work for the G-BA on a volunteer basis.
A total of nine subcommittees are responsible for preparing the decisions taken in the plenum. Like the plenum, they too are made up of SHI representatives, care providers, and patient representatives in the same ratio, and are chaired by one of the impartial members. To address specific issues, the subcommittees appoint workgroups with additional experts.

Representatives of the following organizations can take part in discussions in the plenum and subcommittees as the law allows: the German Medical Association, the Federation of Private Health Insurance Providers, the German Nursing Council, the German Psychotherapy Association, the German Dental Association, and the Conference of Health Ministers of the German States.

**Financing**

The G-BA is financed by a health system surcharge, which is recalculated annually. It is a fixed sum that is collected per inpatient and outpatient treatment case invoiced. The legal basis for this charge is found in SGB V, section 91, paragraph 3 in combination with section 139c.

In 2018 the system surcharge was €1.70 per inpatient case, €0.050608364 per outpatient case in a contracted medical practice, and €0.050608364 per outpatient case in a contracted dental practice as well. This sytem surcharge covers the budgets of the G-BA, the Institute for Quality and Efficiency in Healthcare (IQWiG), and the Institute for Quality Assurance and Transparency in Healthcare (IQTIG).
Abbreviations: GKV-Spitzenverband = National Association of Statutory Health Insurance Funds; DKG = German Hospital Federation; KBV = National Association of Statutory Health Insurance Physicians; KZBV = National Association of Statutory Health Insurance Dentists

* Entitled to take part in discussions and submit petitions, but not to vote

** Care providers are entitled to vote only on issues affecting their area of expertise. Otherwise these votes are allocated proportionally in accordance with the bylaws, section 14a, paragraph 3.
The G-BA member organizations

National Association of Health Insurance Funds (GKV-SV)
www.gkv-spitzenverband.de

German Hospital Federation (DKG)
www.dkgev.de

National Association of Statutory Health Insurance Physicians (KBV)
www.kbv.de

National Association of Statutory Health Insurance Dentists (KZBV)
www.kzbv.de

The patient representatives

Patient representatives take part in all plenary sessions, subcommittee meetings, and workgroup meetings. They have the right to take part in discussions and file motions, but not to vote. A separate website is available with information on G-BA patient involvement (www.patientenvertretung.g-ba.de).
The impartial members

The positions of the impartial members are filled based on joint proposals from the G-BA member organizations and with the approval of the health committee of the German Parliament (Bundestag). The three impartial members hold office for six years and are salaried.
The steps the G-BA takes to pass a resolution are defined in detail in its bylaws and Rules of Procedure. The G-BA is required to base its work on the current standard of care and the standards of evidence-based medicine (EBM).

EBM is a standard procedure for searching and evaluating all studies published around the world on a particular issue. It examines how relevant the studies and thus their findings are.
In its assessments, the G-BA examines patient benefit, as seen in the examples in the first part of this brochure. Patient benefit is defined as recovery, relief from pain or discomfort, improvement in quality of life, extension of life, or reduction of side effects. The G-BA compares these results with treatment options that are already available. To conduct these assessments, the G-BA can also seek the support of independent scientific institutions: the Institute for Quality and Efficiency in Health Care (IQWiG) in Cologne (www.iqwig.de), and the Institute for Quality Assurance and Transparency in Healthcare (IQTiG) in Berlin (www.iqtig.org). Both institutions are supported by independent foundations established by the G-BA according to the statutory requirements.*

Before the G-BA takes a decision, numerous institutions have the opportunity to submit written and oral statements. These rights to submit statements are part of different phases of the consultation, and involve various institutions. This is also regulated in the G-BA Rules of Procedure.

The Federal Ministry of Health is responsible for the legal supervision of the G-BA. It examines whether G-BA resolutions meet legal requirements and if the Rules of Procedure were followed. Many G-BA resolutions must be examined by the Federal Ministry of Health and published in the Federal Gazette before they take effect.

* The legal foundation for the establishment, responsibilities, and workflows of the IQWiG is SGB V, section 139a-c, and SGB V, section 137a for the IQTiG.
The plenary sessions are open to the public

The plenum usually meets on the first and third Thursday of every month at the G-BA staff office in Berlin. Interested members of the public can register as guests at a session. This gives them the opportunity to follow G-BA discussions, consultations, and resolutions live. More information on the public sessions can be found on the G-BA website www.g-ba.de under Service.

You can find the decisions online

Resolutions passed by the plenum are published on the G-BA website at www.g-ba.de and are updated regularly. There you will find resolutions and guidelines; the guidelines include all appendices and legacy versions. You can also sign up for a free email subscription (on the G-BA website under Service) to receive all resolutions when they take effect, as well as other current G-BA information online.
Further information

At www.g-ba.de you will also find more in-depth information on the work of the G-BA and its current topics. Much of this information is available in English (www.english.g-ba.de). The directives and resolutions are available only in German, with the exception of resolutions on the early benefit assessment of pharmaceuticals with new active ingredients. These resolutions are translated into English as a special service for international pharmaceutical companies (www.english.g-ba.de/benefitassessment/information/). A section about the G-BA is available in plain language as well.

The G-BA in four minutes

You will find a short explanatory video about the G-BA in German and English on the G-BA website (www.english.g-ba.de).
The staff office in Berlin

The G-BA staff office supports the G-BA committees in their work. All committee meetings take place at the staff office. The staff office employees prepare these meetings, ensure that meetings run smoothly and according to the rules, and that resolution wording is legally sound. They support the impartial in their tasks, provide legal and methodological advice for the committees, maintain a professional library, organize events, and provide information for the general public.
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Die Arbeit des G-BA in einigen Beispielen

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