

THE HEALTHCARE SYSTEM IN GERMANY

Funding of the German healthcare system

Healthcare in Germany is funded predominantly by the premiums paid by health-insured citizens and by the compulsory contributions of employers. This is supplemented by tax-funded subsidies from Germany's federal states to help pay for existing hospitals to be modernized or new facilities built. The individual states, and thus also the state of Berlin, have a "hospital plan" that sets out the requirements and scope of funding.

The health insurance system in Germany

Health insurance is mandatory for all German citizens. There are two distinct forms: approx. 90% have statutory health insurance while approx. 10% are privately insured. A patient with statutory insurance does not have to make any up-front payment for treatment when admitted to hospital, for example. The hospital provides the required medical services and then invoices the patient's health insurance provider. The patient only has to pay for any optional extras that go beyond the required medical care (e.g. treatment by a chief physician, single or comfort room accommodation). Privately insured patients are issued an invoice after treatment. They initially pay this invoice themselves and then seek reimbursement from their insurer. Private insurance companies will sometimes pay the costs of optional extras, meaning that chief physician treatment or single room accommodation is covered entirely by the patient's insurance.

The German healthcare system by international standards

In OECD studies, the German healthcare system scores well by international standards. Waiting times for patients are short, while the number of doctors and hospital beds per capita is above-average. Nursing staff numbers are also above average by comparison with other OECD countries. When it comes to outpatient care, patients in Germany give an above-average rating to the amount of time that doctors allow for a consultation, the opportunity they have to ask questions and the fact that medical matters are explained in a readily understandable way.

Peculiarities of the German healthcare system

Healthcare in Germany is decentral in structure and organized on a self-governing basis. Although the state lays down the key framework conditions for medical care, the way it is actually organized and funded lies in the hands of representatives of doctors, hospitals, health insurance companies and insured persons. They comprise the Federal Joint Committee (G-BA), which decides among other things which benefits must be covered by the insurance companies and which quality assurance measures are necessary for outpatient and inpatient care in the healthcare system.

Quality assurance in German hospitals and doctors' surgeries

The German Medical Association's professional codes stipulate that doctors must undergo regular further training to ensure that they are qualified to carry out treatment in accordance with currently recognized standards. In addition, doctors' surgeries and hospitals are subject to further quality requirements: hospitals must compile and publish a structured quality report every two years. Hospitals are also required to send data relating to their medical treatment to an independent institute (the IQTIG), where strict criteria are used to check the data for any anomalies.

Doctors' surgeries are also obliged by law to operate a quality management system. Compliance with this system is randomly checked by the Associations of Statutory Health Insurance Physicians of the federal states, and the results are published. Further certification of the kind many hospitals seek voluntarily is rarely obtained by doctors' surgeries.

Invoicing in German healthcare

Medical treatment costs in Germany are laid down in binding catalogues: the GOÄ, or medical fee schedule, applies when patients seek outpatient treatment or opt to be treated by a chief physician during an inpatient stay. The fees are standardized and binding, meaning that no licensed doctor is free to set their own fees.

The DRG Catalogue (Diagnosis Related Groups) sets out the costs of inpatient treatment in the hospital. They are calculated according to the diagnosis and the recommended treatment. Other costs may be incurred if a patient chooses optional extras such as chief physician treatment or single or comfort room accommodation. If the patient takes advantage of non-medical services such as an airport transfer or interpreter service, these costs can also be charged additionally.

Further information can be found at www.berlin-health-excellence.de