

“Public Health Policies – Training Romanian staff at Regional level to develop Public Health Policies (PHPRO)”

GERMANY HEALTH CARE SYSTEM

A GENERAL ASSESSMENT OF THE NATIONAL / REGIONAL / LOCAL HEALTH SYSTEMS FROM AN ADMINISTRATIVE STANDPOINT

A1 Administrative organization of the country on three levels: national, regional, local

- What is the administrative organization of the country?
- How many administrative levels are there?
- Which were the criteria for this administrative organization (history, geography, social factors, economy, surface, population, language)?

Germany: Land, municipality

A table with administrative division (population, surface, basic economic and social data) of each country will be useful.



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A2 Organization and functioning of the health system

Going deeper we are interested on how the health system is organized within this administrative framework (national/regional/local):

Who are the stakeholders in the system?

At federal level there are three main actors:

- The Federal Assembly;
- The Federal Council;
- The Federal Ministry of Health and Social Security

In connection with the Federal Ministry of Health and Social Security are the following Commissioners:

The Narcotic Drug Commissioner of the Federal Government;

The Commissioner of the Federal Government for the Concerns of Disabled People;

The Commissioner of the Federal Government for the Elections in Statutory Insurance;

The Commissioner of the Federal Government for the Concerns of Patients.

The Ministry of Health is consulted by ad-hoc committees and the Advisory Council for Evaluating the Development in Health Care.

The Ministry of Health has the following subordinate authorities:

- The Federal Institute for Pharmaceuticals and Medical Devices (BfArM), which licenses pharmaceuticals and supervises the safety of pharmaceuticals and medical devices;
- The Federal Institute for Sera and Vaccines (Paul-Ehrlich-Institute), which licenses sera and vaccines;
- The Federal Institute for Communicable and Non-Communicable Diseases (Robert Koch-Institute), which has the tasks of surveillance, detection, prevention and control of diseases. It is responsible for issuing and publishing health reports and epidemiological bulletins, coordinates and monitors interventions. It is also concerned with international cooperation, risk communication as well as performing microbiological and epidemiological research;
- The Federal Centre for Health Education (BZgA), which is responsible for developing and disseminating health education materials. It organizes, coordinates or supports prevention campaigns and performs social marketing research for conceptual and evaluative purposes;
- The German Institute for Medical Documentation and Information (DIMDI), which has the task of providing information to the public and professionals in all fields of the life sciences. It offers a broad collection of databases covering the entire spectrum of life sciences and social sciences. It has organized the prioritization, out-sourcing and publication of health technology assessment reports since 2000.

Other federal institutions relevant to the health care system are:

- The Federal Insurance Authority (for social insurance actors);
- The Federal Authority for Financial Services Supervision, responsible for supervising private for-profit insurance.

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At regional (Länder) level there is usually a Ministry of Social Affairs and Labor and typically it has a department of health. The department of health within the Land Ministry of Social Affairs, has usually the following functions:

- public health services and environmental hygiene;
- health promotion, prevention and AIDS care;
- state-owned hospitals;
- hospital planning;
- supervision of health professions and their professional institutions;
- psychiatry and illegal drugs;
- pharmaceuticals and supervision of pharmacists and their professional institutions.

Medical providers (doctors) are organized in professional associations at Land level and their Land associations are affiliated to a Federal association. Dentists are organized in the same way. The role of these associations is to increase bargaining power of doctors when contracting services with sickness funds.

Every land has an association of public hospitals but there are also 12 independent hospital organizations based on the type of specialized care provided. These hospital associations are affiliated to the German Hospital Organization.

Other stakeholders are the payers (autonomous sickness funds organized on a regional and/or federal basis). In January 2004 there were 292 statutory sickness funds with about 72 million insured people (about 50.7 million members plus their dependants) and 49 private health insurance companies covering around 7.1 million fully insured people. From the insured perspective on 1 January 2004:

- 37% of all SHI members were insured with one of the 17 general regional funds (*Allgemeine Ortskrankenkassen*, AOK);
- 33% were insured at one of the 10 substitute funds, formerly open to either white collars or to blue collars; (EK)
- 21% were covered by one of the 229 company-based sickness funds (BKK)
- and
- 6% were covered by 20 guild funds (IKK).

There are also “guild” sickness funds: for farmers (14), miners (1) and sailors (1) with “closed” and comparably small membership (4% in total).

All funds have non-profit status and are based on the principle of self-governance. By law, sickness funds have the obligation to raise contributions from their members; they have the right to determine what contribution rate is necessary to cover expenditure. The management of the funds is performed by an executive board responsible for the day-to-day management. There is an assembly of delegates deciding on bylaws and other regulations of the fund, passing the budget, setting the contribution rate and electing the executive board. Usually, the assembly is composed of representatives of the insured and employers, whereas the assemblies of the substitute funds are entirely comprised of representatives of the insured. They are all democratically elected every six years.

There are also other statutory insurance funds:

- accident funds covering curative and rehabilitative care services for work-related accidents and diseases;

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- retirement funds, responsible for most rehabilitative measures;
- long-term care funds which are formed by the existing sickness funds.

As independent practitioners, physicians, dentists, pharmacists, veterinarians, and clinical psychologists are organized in professional "chambers". By law, all these health care professionals must be members of their respective chambers at the *Land* level. The chambers are regulated by laws of the *Länder*, and are responsible for secondary training and accreditation and continuing education, setting professional, ethical and community relations standards. To coordinate these affairs at federal level, the *Länder* associations have formed federal chambers such as the Federal Physicians' Chamber (also called the German Medical Association). Federal chambers are, however, based on private law and therefore can only pass recommendations. Professionals organized in chambers enjoy certain exclusive rights, such as the right to maintain their own pension schemes. Nurses, midwives and physiotherapists are organized in professional organizations with voluntary membership. Nurse organizations have associated in German Nursing Council which by law is consulted on statutory health insurance decisions affecting nursing.

Other stakeholders are the voluntary organizations outside the above-mentioned. They may be differentiated by their main focus of interest (scientific, professional, political or economic) and by the group they represent.

- There are 145 medical scientific organizations, united in the Association of the Scientific Medical Societies. Physicians' professional organizations are organized for all the medical specialties; these organizations are concerned mainly with professional standards and defending the interest of their respective specialty within the medical science framework. There are also local physicians' unions, which have as their main functions continuing education and providing a forum for physicians from all sectors working in a particular region. The organizations designed for lobbying, comprise the Organization of German Doctors – the Hartmann Union – as the successor of the Leipzig Union which was formed in 1900 to defend the economic interests of physicians and has its main membership base in the ambulatory sector, and the Marburg Union, which was formed in 1948 to defend the rights of hospital physicians. Another organization is the Organization of Democratic Physicians which often finds itself in opposition to the traditional physicians' organizations since it views itself as a lobby for better health and health care rather than better working conditions for physicians.
- Psychologists are organized in the Professional Organization of Psychologists. Those providing psychotherapy within SHI are organized mainly in two Organizations: the German Psychotherapist Organization and the Organization of SHI-affiliated Psychological Psychotherapists.

The main voluntary organizations of nurses with a professional focus are:

- The Independent German Nursing Association
- The Federation of German Nurses' Associations as the representation of Catholic, Protestant and Red Cross nurses' associations
- The German Nursing Council represents 9 other organizations of nurses, midwives, child nurses and care-takers of the elderly.

Other professional groups are represented in their respective professional bodies:

- The German Organization for Physiotherapy
- The Federal Organization of Speech Therapy

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- The Organization of Ergotherapists.

Pharmacists are organized in the German Pharmacists' Organization, a lobbying group for private pharmacists. Together with the pharmacists' chambers it forms the Federation of Pharmacists' Organizations.

As it regards the German pharmaceutical industry it is organized in:

- The Association of Research-based Pharmaceutical Companies (42 manufacturers);
- Federal Association of the Pharmaceutical Industry (ca. 300 members);
- The Federal Association of Pharmaceutical Manufacturers (320 members) for producers of over-the-counter medications;
- German Generics Association (27 members, generics manufacturers).

The Federal Association Medical Technologies serves the interests of producers of medical technologies and medical devices.

Other stakeholders are the non-profit welfare organizations associated in the Federal Alliance of Voluntary Welfare Organizations. They manage hospitals, nursing homes, home care agencies and ambulance transportation. The main six associations are:

- The Workers' Welfare Organization
- The German Red Cross,
- The Catholic German Caritas Organization,
- The Association of Protestant Welfare Organizations
- The Welfare Organization of the Jews in Germany
- The Association of Independent Voluntary Welfare Organizations.

The 49 major private health insurance companies are represented through the Association of Private Health Insurance.

There are also many self-help groups, disabled organizations and organizations of socially insured people. Many disabled organizations and disease specific self help groups are organized in a Federal Alliance for the Support of Disabled. The German Council of Disabled People represents an alliance of independent self-help groups for disabled people and chronically ill people.

Four federal organizations may send delegates to the Federal Joint Committee. Besides the Council of Disabled People, the three other organizations represent institutions for informing and counseling patients and consumers, namely the Federation Consumer Centres, the Federal Alliance of Patient Centres and Initiatives and the German Alliance of Self-Help Groups.

The mainly publicly funded Foundation for the Testing of Consumer Goods (and Services) and other consumer protection agencies have started to investigate contribution rates, the service quality and benefit package of sickness funds, and to evaluate the performance of hospitals and other providers and to advise the public accordingly. All of the above-named organizations are politically independent, not associated with particular political parties.

Which is the main regulative framework of the health system? A list might be useful.

Which are the control and regulatory institutions of the system?

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What is the position of preventive medicine within this framework?

What is the position of the occupational health within this framework?

Who are the constituencies governing the organizations in the system?

Which are the providers within the system?

How are managerial decisions taken?

On what is the consumer relationship with the system based (domicile/address, job/trade)?

What is consumers’ regulatory link to the system?

How are medical and non-medical benefits defined?

Who collects public health data and who analyzes it?

A3 Financing of the health system

- Is at a tax based system or a contribution based (insurance) system?
- How is the tax or the contribution collected?
- Who collects taxes or contributions?
- How is money allocated at national, regional local level?
- How is money allocated between types of expenditures?
- What types of payments are used for the providers (at all levels)?
- Which are the consumer charges?
- Which are the financial of relationships between the main actors (funding, contracts, salaries)?
- How are contracts regulated and made?

A4 Health care providers

A list with health care providers and health institutions at regional level would be useful.

A5 Indicators

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A list with the following indicators for the three levels (country, region, municipality) would be useful:

- General Population
- Life expectancy
- General mortality
- Infant mortality
- Mortality by cause of death
- No. of children, working population, unemployed, social beneficiaries, retired, retired underage for medical reasons + disabled
- Insured population
- How many pay insurance or taxes and how many exempted
- How many doctors and nurses
- How many hospital beds
- How many ambulatory clinics
- How many consultations / last year
- How many prescriptions issued

- What were in the last 10 years three main public health issues that were tackled / solved?
- What are three main public health issues now?