

Peer Review Health System Performance Assessment (Brussels, 19-20 May 2014)

Germany¹

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The questionnaire is not applicable for Germany, because Germany does not apply a systematic HSPA approach as outlined by the questions. Instead, Germany follows a pluralistic approach with various activities to monitor and report on health trends and health system performance. The German contribution to the questionnaire will give an overview to HSPA-related activities in Germany on the national and international level.

1. Health Monitoring System at the national level (Robert Koch Institute – RKI)

Although there is no nationwide approach to perform a regular Health System Performance Assessment in Germany, several activities and tasks implemented at the Robert Koch Institute aim at supporting and strengthening the process of a systematic monitoring concerning the health status of the population, the underlying health determinants and the utilisation of specific health care services. This systematic approach is called the Health Monitoring System. Together with data derived from other sources, health monitoring information provides a comprehensive basis for the development of public health measures and supports health policy to monitor and evaluate important aspects concerning the health status of the population (and population groups) and the performance of the health care system.

The Federal Health Monitoring System has been set up by the Robert Koch Institute during the past ten years in close cooperation with the Federal Ministry of Health and the Federal Statistical Office. The system is designed to continuously supply up-to-date data and information on the health status of the population in Germany and its determinants as well as the utilisation and performance of different healthcare services. The data and information is analysed by scientific staff at the Robert Koch Institute, the Federal Statistical Office and collaborating institutes at universities and other research bodies. The results are widely disseminated to policy makers, stakeholders and the general public.

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Two important components of the Health Monitoring System are operating at the RKI, the survey branch and the reporting branch:

- a) Population-based health interview surveys for the adult population [GEDA (www.geda-studie.de)] and health interview and examination surveys for different population groups [Children and Adolescents: KiGGS (www.kiggs-studie.de), Adults: DEGS (www.degs-studie.de)].

KiGGS and DEGS contain a cross-sectional and a longitudinal branch, whereas GEDA is designed as a regularly repeated population-based cross-sectional survey. The surveys cover a broad spectrum of health and health related topics, ranging from diseases, symptoms and risk factors to subjective well-being and health-related quality of life, utilisation of preventive and healthcare services. Additional modules on specific topics (e.g. mental health, health literacy, informal care) are regularly included in the surveys.

- b) Federal Health Reporting (GBE, Gesundheitsberichterstattung) analyses the data provided by the health surveys and reports on the results taking into account additional data sources such as official vital statistics, registers and administrative data.

The information based on the analysis is published by the Robert Koch-Institute in different formats, taking into account different user needs. The series GBE kompakt serves as a tool for the timely dissemination of selected survey results whereas a comprehensive indicator-based survey report is released in the contributions series 'Data and facts: Results of the German Health Update'. The series booklets and contributions provide in depth information on specific topics. In addition, the format "Health in Germany" provides a comprehensive overview of the population's state of health and the countries health care services. "Health in Germany" covers a wide range of subjects and presents time trends and international comparisons whenever possible. The next report 'Health in Germany' shall be published by the end of the year 2014.

In addition to the information published by the RKI, the Federal Statistical Office operates the comprehensive web-based 'Information System Health Data' which offers direct and free access to over 100 different data sources. The data is presented in customisable tables and can be downloaded (www.gbe-bund.de).

2. Participation of Robert Koch Institute in European Projects to develop standardised indicators for public health monitoring

Since 1998 European Union projects have been working on approaches to health monitoring at the European level. These projects that have been co-funded by the European Commission under the health programmes run by DG SANCO, were conducted by European public health institutes and research bodies. The Robert Koch Institute was actively engaged in several of these projects from the beginning. Important outcomes of this work are the European Core Health Indicators (ECHI) and the establishment of the European Health Interview Survey (EHIS). In addition progress is being made concerning the harmonisation of administrative data mainly due to the coordinating activities of Eurostat. These activities have been intensified by the implementation of a European framework directive on health data (1338/2008) and subsequently adopted implementing regulations.

Altogether these projects aim at the delivery of valid and comparable health data and information for the European Commission and the EU Member States.

The ECHI indicator set has been designed for several purposes like monitoring of the health situation, health behaviour and the utilisation of health care services. In



this respect, the ECHI indicators provide a comprehensive picture of public health nationally and internationally. However, it has to be stressed, that fundamental differences in data gathering and processing are still limiting the comparability of several ECHI indicators, which has to be taken into account when they are used for performance assessments. This holds particularly true for indicators derived from subjective health measures such as self perceived health or the global activity limitation indicator (GALI), which serves as basis for the calculation of the HLY indicator. HLY is broadly applied in EU processes without due caution being taken in respect to the limitations in cross-country comparability.

Apart from differences arising from cultural variations (e.g. subjective health indicators like GALI), differences in health care utilisation and health care service provision can contribute to cross-country variations. Countries with high health care utilisation and advanced diagnostic possibilities may report higher e.g. disease prevalences compared to other countries, because more persons are diagnosed and diseases are diagnosed at an earlier stage. These factors affect health indicator figures in EU countries differently and should be kept in mind when analysing the indicators.

During the past four years however, several public health institutions in EU Member States have published benchmarking-reports that make extensive use of the ECHI indicator set (NL, FR, BE) which demonstrates their usefulness for this purpose. Moreover several countries have started developing a national health monitoring system that enables them to monitor population health, health behaviours and health care systems utilisation by using the ECHI list as a point of departure.

The implementation of the indicators in Germany has been ongoing since 2006. Currently 42 of the ECHI 88 indicators that are available in the required format are presented by the 'Information System Health Data' (www.gbe-bund.de) of the Federal Statistical Office.

The indicators are used for health reporting purposes (e.g. GBE kompakt, No. 6/2012: Health in Europe – Data from the EU Health Monitoring Programme) and selected ECHI indicators have been used for the report 'Health in Germany 2006'.

3. New Quality Institute for health care provision

The Federal Ministry of Health has initiated the establishment of a new Institute to facilitate quality in health care provision. The corresponding draft legislation is currently under parliamentary debate. The legal provisions for the set-up of the institute will step into force in mid 2014 prospectively. Start of operation is envisaged for 2016. One major task of the Quality institute will be to develop quality indicators for all sectors of health care provision (e.g. inpatient and outpatient). The overall aim is to identify quality deficits and improve ambulatory and hospital provision. The Quality Institute will develop measurable criteria to evaluate and guide providers and to deliver the basis for quality oriented governance mechanisms in health care. The second task is to enforce transparency for the public and especially the patients regarding the quality of health care providers. (<http://www.bmg.bund.de/krankenversicherung/finanzierungs-und-qualitaetsgesetz/qualitaetsinstitut.html>).

4. National Sustainability Strategy

The National Sustainability Strategy pursues a cross-cutting approach to monitor progress of the German society in sustainable development. At the core of the strategy are intergenerational equity, social cohesion, quality of life and international responsibility. The Sustainability Strategy applies defined targets,



partly quantitative, in a broad range of policy fields, including health as one major prerequisite for quality of life. The monitoring of the strategy is supported by a compact set of indicators to enhance public visibility of the strategy. In the field of health, it includes the indicators premature mortality, smoking rates amongst young people and adults and proportion of adults suffering from obesity. Data series for young people suffering from obesity are not yet available, but will be added at a later stage.

The Federal Government issues progress reports every four years. Integral part of the drafting process are broad public consultations that address the individual citizens as well as stakeholders. Every two years, the Federal Statistical Office compiles indicator reports on the progress, measured by the agreed indicators. The indicator reports use weather report symbols to enable perception at a glance of the progress made. For an English version of the indicator report 2012 see http://www.bundesregierung.de/Content/EN/StatischeSeiten/Schwerpunkte/Nachhaltigkeit/Anlagen/2012-05-24-indikatorenbericht-2012-englisch.pdf?__blob=publicationFile&v=2.

The further development and refinement of the strategy is currently discussed within the federal government. The Sustainability Strategy is an institutional framework of high political relevance, governed by the Federal Chancellery. The implementation of the strategy is supported by a sustainability council and reflected by a parliamentary commission that checks legislative proposals for compliance with the goals of the sustainability strategy.

5. Expert Council on Health (Sachverständigenrat für Gesundheit)

The Expert Council on Health, an interdisciplinary academic expert group, is institutionalised by law and has been in place since 1985. The Expert Council on Health provides academic expertise and advises the government via scientific reports and recommendations. The Council is free to select the issues of their work, but the government can also assign the council with specific research tasks (Sondergutachten). The Council enjoys high reputation, its recommendations are published and widely disseminated.

6. Participation in international processes

OECD health information

As many other EU Member States, Germany is actively engaged in the proceedings of the OECD health committee and the ongoing work on health system comparison. Namely "Health at a Glance" provides a comprehensive picture and thorough analysis of many relevant aspects of health system performance throughout OECD countries.

Indicator development: OECD HCQI project

In 2001 the OECD started the OECD Health Care Quality Indicator (HCQI)-project with the aim to develop a core set of indicators that measure the performance of health systems in relevant areas (quality, the patients' responsiveness, health promotion, mental health), as well as analyse the methodological and technical problems regarding the international comparability of the responding data.

Since its start, Germany has supported this project and has actively taken part in the work of the working groups and the expert group. The resulting health quality indicators are now included in the OECD health information system on a regular basis and published in Health at a Glance.



Commonwealth Fund

The Commonwealth Fund (CFW) is a private, charitable foundation based in the USA. Since 1998 it has been conducting annual surveys on health policy issues. The focus of questions changes each year (generally on a three-year cycle: general population, sicker adults, primary care).

The CWF aims at strengthening the health system in the USA and in other industrialised countries. Towards this end, optimisation efforts are focused on achieving better access, improved quality, and greater efficiency in the health system. Through its representative and comparative surveys, the experiences and opinions of those directly affected can be detected and compared across countries. The results are discussed in an international symposium in Washington each year and published each November in the peer-reviewed journal *Health Affairs*. Since 2005, Germany has been participating in the CWF's International Health Policy Survey.

7. Outlook

The development of a systematic approach to health monitoring (and health systems monitoring) has made significant progress since the beginning of the SANCO health programme in 1998 and harmonisation efforts put forward by Eurostat. This progress would not have been possible without coordinating activities from the European level. During the past two years an increasing demand for valid and comparable health information in the context of European Commissions activities in the open method of coordination has emerged.

A thorough and meaningful assessment of HSP requires a rather comprehensive (in opposition to a selective) set of valid and comparable indicators. Regarding the development of a JAF on health, Germany recommended to the indicator subgroup of the Social Protection Committee to think about a comprehensive set of indicators for the health systems performance assessment instead of a few 'outcome' indicators. The ISG's JAF proposal pointed out the caveats and limitations of the current set of available indicators and identified areas where indicator development is still needed.² Germany has substantial reservations concerning the suitability of the JAF proposal, as it stands, to deliver meaningful results and serve as analytic basis for political recommendations.

If political consensus could be reached on the development of a HSPA at European level, there would still be much work to be done to improve data availability and comparability of indicators and to develop further meaningful indicators. More transparency on and cooperation of the various ongoing processes of indicator development and health system comparison would be desirable to avoid double work and make use of synergies. But most important would be to take the first step before the second: the political aims of a EU-supported or conducted HSPA would have to be discussed and agreed upon, before designing a HSPA concept and selecting indicators that are valid.

² With respect to the ECHI-indicators, any analysis of health systems performance at the European level should take into account the current limitations of some ECHI indicators. For this purpose the Joint Action ECHIM has delivered so called 'Comparability Sheets' that summarise comparability issues and caveats when comparing national results in the context of the ECHI model.

