



# Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Germany



Funded by the Health Programme  
of the European Union



Written by Optimicity Advisors  
June 2018

Public  
Health

## **EUROPEAN COMMISSION**

Consumers, Health, Agriculture and Food Executive Agency  
Health and Food Safety Unit

*Contact:* Anne-Marie Yazbeck

*E-mail:* [anne-marie.yazbeck@ec.europa.eu](mailto:anne-marie.yazbeck@ec.europa.eu), [CHAFEA-HP-TENDER@ec.europa.eu](mailto:CHAFEA-HP-TENDER@ec.europa.eu)

Directorate-General for Health and Food Safety, Directorate B — Health systems, medical products and innovation

*Contact:* Filip Domanski

*E-mail:* [filip-michal.domanski@ec.europa.eu](mailto:filip-michal.domanski@ec.europa.eu)

*European Commission*  
*B-1049 Brussels*

# **Health system performance assessment – Integrated Care Assessment (20157303 HSPA)**

Health system fiche | Germany

***Europe Direct is a service to help you find answers  
to your questions about the European Union.***

**Freephone number (\*):**

**00 800 6 7 8 9 10 11**

(\*) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

### **Disclaimer**

This report was produced under the EU Third Health Programme [2014-2020] in the frame of a service contract with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The content of this report represents the views of the contractor and is its sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or Chafea or any other body of the European Union. The European Commission and/or Chafea do not guarantee the accuracy of the data included in this report, nor do they accept responsibility for any use made by third parties thereof.

More information on the European Union is available on the Internet (<http://europa.eu>).

Luxembourg: Publications Office of the European Union, 2018

Project NUMBER: 2018.3996				
Title: Health system performance assessment - Integrated Care Assessment (20157303 HSPA)				
Version	Support/Volume	Catalogue	ISBN	DOI
EN PDF	PDF/Volume_07	EW-03-18-208-EN-N	978-92-79-92866-6	10.2875/000811

© European Union, 2018

Reproduction is authorised provided the source is acknowledged.

### ***PRINTED IN***

PRINTED ON ELEMENTAL CHLORINE-FREE BLEACHED PAPER (ECF)

PRINTED ON TOTALLY CHLORINE-FREE BLEACHED PAPER (TCF)

PRINTED ON RECYCLED PAPER

PRINTED ON PROCESS CHLORINE-FREE RECYCLED PAPER (PCF)

# Germany

**Population size (thousands):** 81,687 (State of Health in the EU, Germany, 2017)<sup>1</sup>

**Population density:** 234 inhabitants / km<sup>2</sup> (Eurostat, 2015)<sup>2</sup>

**Life expectancy:** 80.7 years (State of Health in the EU, Germany, 2017)

**Fertility rate:** 1.5 births / woman (State of Health in the EU, Germany, 2017)

**Mortality rate:** 11.7 deaths / 1,000 people (Central Intelligence Agency, 2017)<sup>3</sup>

**Total health expenditure:** 11.2% (State of Health in the EU, Germany, 2017)

**Health financing:** government schemes (6.61%), compulsory contributory health insurance schemes and compulsory medical saving accounts (77.86%), voluntary health insurance schemes (1.47%), voluntary health care payment schemes (3%), NPISH (non-profit institutions serving households) financing schemes (1.1%), Enterprise financial schemes (0.43%) household out-of-pocket payments (12.53%) (Eurostat, 2015)<sup>4</sup>

**Top causes of death:** circulatory diseases, malignant neoplasms, and respiratory diseases (State of Health in the EU, Germany, 2017)

## The German healthcare system

The German healthcare system is characterised by the sharing of decision-making powers between the Länder, the federal government and legitimised civil society organisations. Governments traditionally delegate competencies to membership-based, self-regulated organisations of payers and providers. Eighty-five percent of the population is covered by statutory health insurance (SHI). At the federal level, the Federal Assembly (Bundestag), Federal Council (Bundesrat) and the Federal Ministry of Health (Bundesministerium für Gesundheit) are the key actors in the healthcare system. The Federal Ministry of Health is organised into six departments: (i) central department, European and international health policy (Dept. Z); (ii) fundamental policy issues, telematics (Dept. G); (iii) pharmaceuticals, medical devices and biotechnology (Dept. 1); (iv) healthcare delivery, SHI (Dept. 2); (v) health protection, disease control, biomedicine (Dept. 3); and (vi) long-term insurance, prevention (Dept. 4) (HiT Germany, 2014)

The German healthcare system makes a clear institutional separation between (i) public health services, (ii) primary and secondary ambulatory care, and (iii) hospital care. Specific public health tasks differ from Land to Land and are provided by roughly 350 public health offices across Germany, varying widely in size, structure and tasks. Primary and secondary care are covered under the SHI scheme, allowing for a selection of any family physician of their choice. Ambulatory care is mainly provided by private for-profit providers, including physicians, dentists, pharmacists, physiotherapists, speech and language therapists, occupational therapists and podiatrists.

## Implementation of integrated care in Germany

- *Optimal versorgt bei Depression – Freiburger Modell zur Integrierten Versorgung depressiver Erkrankungen*, which aims to integrated care for people with depressive disorder;
- *Geriatrische Versorgungsstrukturen in Deutschland*, a cross-border cooperation in geriatric medicine;

---

<sup>1</sup> [https://ec.europa.eu/health/sites/health/files/state/docs/chp\\_de\\_english.pdf](https://ec.europa.eu/health/sites/health/files/state/docs/chp_de_english.pdf)

<sup>2</sup> Population data, Eurostat  
<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00003&plugin=1>

<sup>3</sup> <https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html>

<sup>4</sup> [http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth\\_sha11\\_hf&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hf&lang=en)

- *Interdisziplinäre Notaufnahmen*, an interdisciplinary emergency department as self-standing department in hospitals;
- *FAST network for acute stroke care*, which aims to connect hospitals in the Rhine-Neckar Region for stroke patients;
- *MANAGE CARE (active ageing with Type 2 Diabetes as Model for the Development and Implementation of innovative Chronic Care Management in Europe)*, which focuses on the development of chronic care management standards as a guidance for Europe;
- *Beyond bariatric surgery: a pilot aftercare programme for bariatric patients in Germany*, which offers six-months' nutritional counselling and weight monitoring services to qualifying bariatric patients;
- *Gesundes Kinzigtal*, which is a joint venture between a network of physicians in Kinzigtal and a Hamburg-based healthcare management company delivering population-based integrated care to nearly half of the regional population;
- *Gesundheitsnetz Qualität & Effizienz eG*, a network of GPs and specialists to define treatment standards;
- *Schaaz Schaafheim*, a local network of primary care physicians in a rural area with the objective of providing access to healthcare in the region;
- *GeReNet – Geriatric network Wiesbaden*, which aims to maintain the independence and health status of older people;
- *Health Region Lower Saxony (Niedersachsen)*, which aims to maintain access to primary healthcare, especially in rural regions, and improve quality and efficiency of chronic and long-term care, prevention and health promotion;
- *Geriatric Concept*, an integrated care model for cross-sector cooperation of healthcare providers, establishing standard assessments, introducing treatment pathways and supporting formal and informal carers.
- *TK Integrated Care Contract for Back Pain*, which aims to improve the treatment of back pain;
- *INVADE*, which focuses on cerebrovascular risk factors and their treatment;
- *KV RegioMed Zentrum Templin*, an innovative care concept for older patients;
- *Pflegewerk (Careworks)*, which aims to improve the care of older people with complex health and long-term care needs in the Berlin neighbourhood of Marzahn-Hellersdorf;
- *Casaplus*, which aims at reducing avoidable hospital admissions through preventive case management and enhanced self-management skills (enrolled persons in the intervention group). Casaplus offers a case management service with a mandatory risk assessment, patient education and a 24/7 crisis management service. Structured case management is an essential element of the programme. Trained case managers inform, advice, support and monitor the well-being of the enrolled elderly, multi-morbid persons.
- *Gerinet Leipzig e.V.*, which aims to identify deficits in the provision of geriatric care and establish integrated treatment pathways for older patients.
- *Seniorenbüros (Senior Citizen Centres – Leipzig)*, which is made of 10 senior citizen centres;
- *Pflegestützpunkte ('Care Support Centres') / Long-Term Care Development Act (2008)*, which aims to provide information and advice about local providers and supply;
- *GesundheitsNetz Leipzig (Health Network)*, a network of GPs and specialists to shape primary care from prevention and diagnosis to therapy, nursing care and rehabilitation;
- *Dortmunder Modell*, a voluntary public-private partnership to gather stakeholders at the 'Round Table' / 'Seniorenbüros', which aims to address demographic ageing;

- *Innovation Fund – The Care Provision Strengthening Act (GKV-Versorgungsstärkungsgesetz)*, which aims to make available EUR300 million every year from the health insurance funds and from the liquidity reserves;
- *Disease Management Programmes (DMPs)*, which are structured treatment regimens for chronically ill people;
- *Cooperation contracts between long-term care facilities and panel doctors*, which aim to reduce avoidable hospitalisations of patients who are receiving inpatient care in long-term care facilities;
- *Discharge management* (section 39 subs 1a of SGB V), which aims to enhance cross-sectoral patient care;
- *Short-time care as a new service reimbursed by the statutory health insurance system*, which is a new service reimbursed by the statutory health insurance that assists patients who need outpatient care due to a serious illness or an acute aggravation of an illness;
- *Electronic Health Card (eGK)*, which supports applications such as an emergency dataset and an electronic patient record to enhance sectoral and intersectoral communication.

### Assessment of the maturity of the health system

<b>Maturity Model – Germany</b>	
<b>Readiness to Change to enable more Integrated Care</b>	
Self-assessment	4 – Leadership, vision and plan clear to the general public; pressure for change
Justification	Gesundes Kinzigtal is a very special health system for about 33,000 inhabitants.
<b>Structure &amp; Governance</b>	
Self-assessment	5 – Full, integrated programme established, with funding and a clear mandate
Justification	Only specific Gesundes Kinzigtal
<b>Information &amp; eHealth Services</b>	
Self-assessment	4 – Mandated or funded use of regional/national eHealth infrastructure across the healthcare system
Justification	
<b>Finance &amp; Funding</b>	
Self-assessment	5 – Secure multi-year budget, accessible to all stakeholders, to enable further service development
Justification	Stakeholder notes: I put 5 but we don't get an additional funding; rather we 'earn' our funding through shared savings
<b>Standardisation &amp; Simplification</b>	
Self-assessment	4 – A unified set of agreed standards to be used for system implementations specified in procurement documents; any shared procurements of new systems; consolidated data centres and shared services widely deployed
Justification	
<b>Removal of Inhibitors</b>	

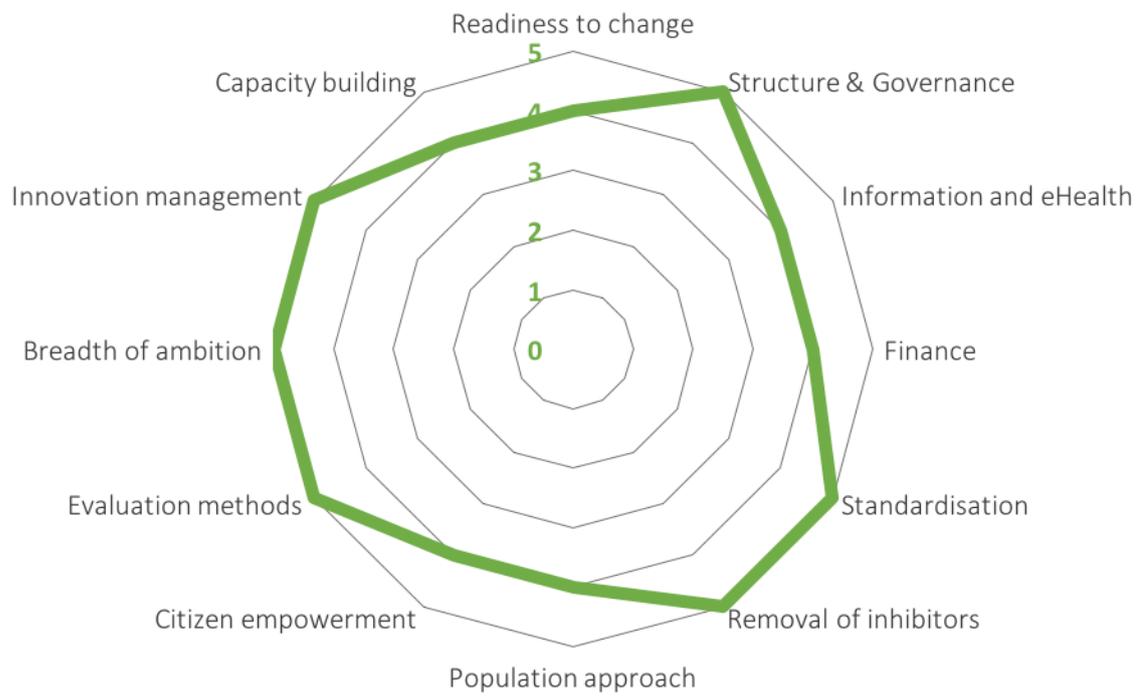
Self-assessment	5 – High completion rate of projects and programmes; inhibitors no longer an issue for service development
Justification	Between 4 and 5. Many projects and programmes but the surrounding fragmented German healthcare is still an inhibitor.
<b>Population Approach</b>	
Self-assessment	4 – Population-wide risk stratification started but not fully acted on
Justification	
<b>Citizen Empowerment</b>	
Self-assessment	4 – Incentives and tools exist to motivate and support citizens to co-create healthcare services and use these services to participate in decision-making processes about their own health
Justification	Perhaps approaching a 5
<b>Evaluation Methods</b>	
Self-assessment	5 – A systematic approach to evaluation, responsiveness to the evaluation outcomes, and evaluation of the desired impact on service redesign (i.e., a closed loop process)
Justification	
<b>Breadth of Ambition</b>	
Self-assessment	5 – Fully integrated health and social care services
Justification	
<b>Innovation Management</b>	
Self-assessment	5 – Extensive open innovation combined with supporting procurement and the diffusion of good practice is in place
Justification	
<b>Capacity Building</b>	
Self-assessment	1 – Some systematic approaches to capacity building for integrated care services are in place
Justification	4 – Systematic learning about integrated care and change management is widely implemented; knowledge is shared, skills retained and there is a lower turnover of experienced staff.

The integrated care landscape in Germany varies widely in term of advancement of integration, with the region where the integrated care system is located, and covering about 33,000 inhabitants, being one of the most developed ones. This was reflected in the maturity assessment model, where all dimensions were given a score of 4 or 5, the maximum possible score.

Comparing this maturity assessment score to the one done in 2015 (European Commission, 2017a), it is noticeable that the initiative has developed significantly, improving its score in most domains ('Structure and Governance' (from 3 to 5), 'Innovation Management' (from 3 to 5), 'Capacity Building' (from 3 to 4), 'Breath of Ambition' (from 3 to 5), 'Population Approach' (from 3 to 4), 'Removal of Inhibitors' (from 2 to 5), 'Standardisation and Simplification' (from 1 to 5), and 'Information and eHealth Service' (from 3 to 4)).

From the comparison outlined, the results of the new maturity assessment undertaken for this study may be a reflection of the shift of *Gesundes Kinzigtal's* integrated care model from the coordination type towards full integration (Meyer et al., 2017). This demonstrates that the use of the maturity assessment tool over time facilitates tracking the areas of improvement and those that require further development.

# Germany



## HOW TO OBTAIN EU PUBLICATIONS

### Free publications:

- one copy:  
via EU Bookshop (<http://bookshop.europa.eu>);
- more than one copy or posters/maps:  
from the European Union's representations ([http://ec.europa.eu/represent\\_en.htm](http://ec.europa.eu/represent_en.htm));  
from the delegations in non-EU countries  
([http://eeas.europa.eu/delegations/index\\_en.htm](http://eeas.europa.eu/delegations/index_en.htm));  
by contacting the Europe Direct service ([http://europa.eu/europedirect/index\\_en.htm](http://europa.eu/europedirect/index_en.htm))  
or calling 00 800 6 7 8 9 10 11 (freephone number from anywhere in the EU) (\*).

(\*). The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

### Priced publications:

- via EU Bookshop (<http://bookshop.europa.eu>).

