

The German healthcare system

Strong. Reliable. Proven.



Federal Ministry
of Health



Foreword



Dear Readers,

Across the world, healthcare systems are at the heart of efforts to cope with the current COVID-19 pandemic. Because a political response to mitigate the economic and social consequences of the pandemic will not be possible unless the spread of the coronavirus is stopped. A crisis like this reveals whether the existing structures and processes can stand up to extraordinary pressures, and whether the actors involved have sufficient capacities and resources to provide the population with medical care and effectively fight infections for which neither a vaccine nor a treatment are immediately available. We must all use this crisis to strengthen our resources where deficits have been exposed. Because there is certain to be another pandemic or a similar medical emergency in the future!

At the same time, the COVID-19 pandemic has made it very clear that the challenges we face are not just a national matter. The virus does not stop at borders. The European and global dimensions of the crisis have especially been highlighted by the supply of medicines and medical supplies and equipment.

From 1 July to 31 December 2020 Germany holds the Presidency of the Council of the European Union and so will assume key responsibilities within the EU framework. For the health portfolio, this primarily means considering questions relating to the ongoing pandemic in their European perspective and learning the lessons that have to be learnt to ensure that we in Europe are even better prepared in future.

But there are also other urgent healthcare topics that are of great importance for the future of Europe and its ability to withstand crises. So during Germany's Presidency of the Council of the European Union, we want to drive forward digitalisation and the use of big data and artificial intelligence in the health system, and we want to safeguard and improve the supply of pharmaceutical products and medical devices in the EU.

Joint European solutions always work particularly well when they take national specificities into account. These specificities often go back a long way and mean that in many areas the structures and processes in the member states differ from one another. Health systems in Europe have also adapted to the different national circumstances and conditions and so are different in themselves.

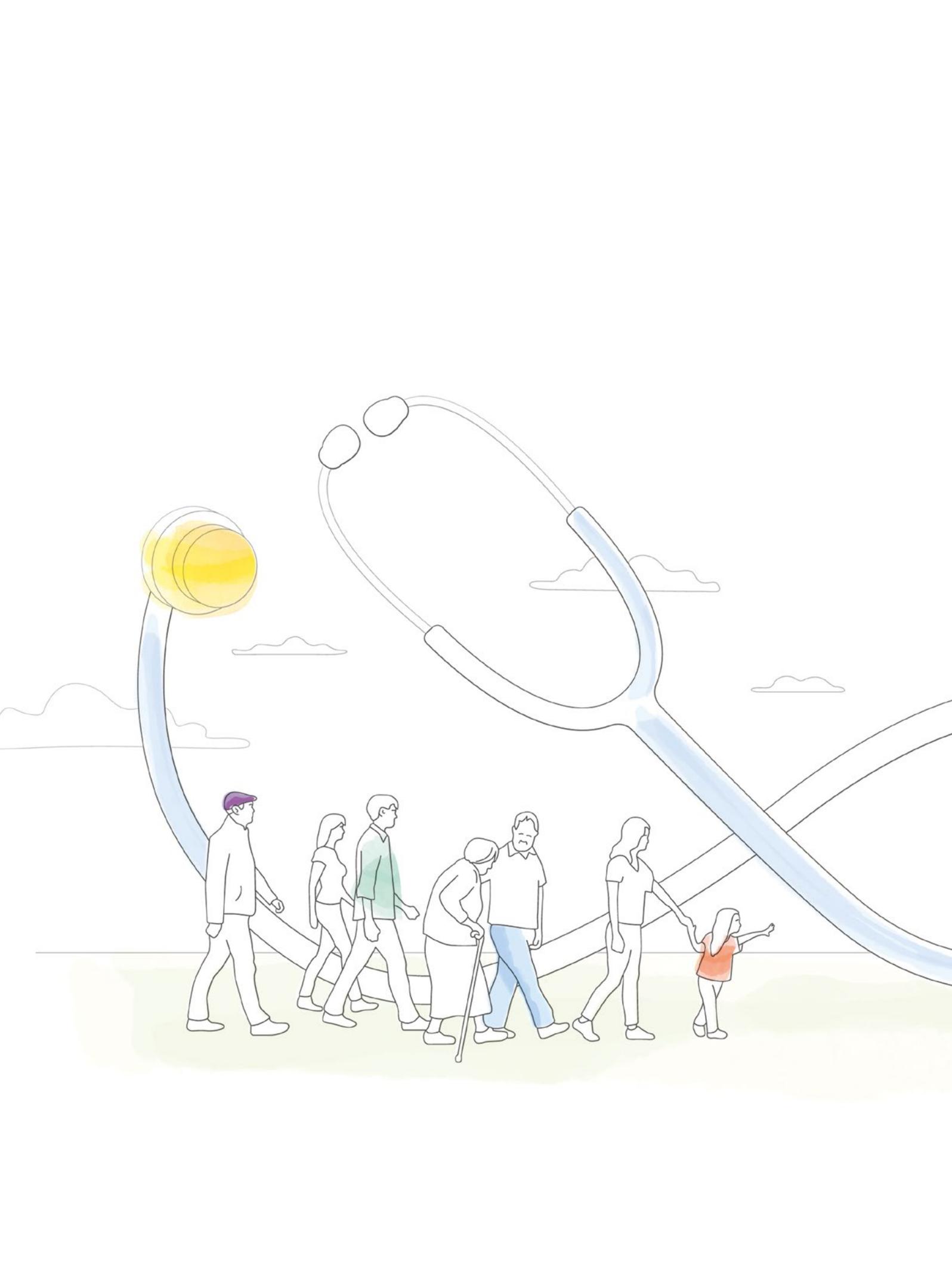
This publication provides an overview of the German health system and explains its main institutions and regulatory mechanisms. We hope that it contributes to an understanding of the different healthcare systems in Europe. Because it is only with understanding for one another – especially in a medical emergency like the COVID-19 pandemic – that we and our partners in the EU and worldwide can ensure the medical treatment of citizens, improve our systems and create genuine added value in the context of the EU.



Jens Spahn,
Federal Minister of Health

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A long history:

the basic principles
of the healthcare system



Providing Germany's population of 83 million with medical care is a massive task. Delivering this healthcare draws on a network of around 1,900 hospitals¹, 150,000 doctors², 28,000 psychotherapists³ offering outpatient care and almost 19,500 pharmacies⁴. The costs of this healthcare system are high – more than €391 billion⁵ was spent on healthcare in Germany in 2018 according to the latest figures from the Federal Statistical Office. That is more than a billion euros a day. In other words, over one in ten euros of Germany's GDP goes on healthcare.

The healthcare system is financed by statutory and private health insurance. Today's system has a long history. The first precursors of a mutual health insurance system can be found in the Middle Ages. Guilds and some companies assumed responsibility for financing medical and nursing care for their members and employees. The different forms of social safety net that evolved over the centuries were harmonised in the course of the 19th century. One milestone was the world's first system of social insurance introduced in 1883 by the German chancellor at the time, Otto von Bismarck. It laid the foundations for the statutory health insurance system in Germany, which today covers most of the country's residents.

Healthcare in Germany is based on five principles

Mandatory insurance

Statutory health insurance (SHI) and private health insurance (PHI) were made mandatory on 1 April 2007, and as of 1 January 2009 everyone registered or usually resident in Germany is required to take out health insurance. Employees are required to make SHI contributions if their income is below a certain level (in 2020 the threshold was €5,212.50 per month). If their monthly income exceeds this level, employees can retain membership of the SHI on a voluntary basis or elect to take out private health insurance. Some groups are also exempt from mandatory contributions to the SHI regardless of their income level. They include civil servants and the self-employed, for example.

A network

including some 1,900 hospitals, 150,000 doctors and 28,000 psychotherapists offering outpatient care, as well as almost 19,500 pharmacies, provides healthcare services to roughly 83 million people in Germany

also charge an additional premium, which currently averages around one percent and of which the employer also pays half. People insured privately may also be subsidised by their employer or pension fund. In the SHI, in contrast to the PHI, coverage is extended at no extra cost to the children and the spouse of the insured if they have little or no income. Health insurance contributions for those receiving unemployment or social security benefits are generally paid by the relevant benefits agency.

Financed by contributions

Both SHI and PHI are funded by contributions or premiums from their members. Whereas contributions to PHI depend on a person's health, the age at which they take out the insurance, their individual risk, the type of coverage and any excess, contributions to the SHI are based on a person's salary. With the SHI, all the insured receive the same level of services. Those who earn more pay higher contributions. This is what is meant by solidarity in the statutory health insurance system. The general contribution rate in the SHI is 14.6 percent of salary, of which the employer pays half. Each insurance fund can

83.3 years

is currently the
life expectancy for
newborn girls.⁶

78.5 years

is currently the
life expectancy for
newborn boys.⁶



30%

of people in Germany go to the doctor three to five times a year.⁷

Solidarity

The German healthcare system is financed on the principle of solidarity. This means that all those with statutory health insurance bear the costs for the treatment of individual members. Everyone covered by SHI is entitled to medical care, regardless of their income and therefore their health insurance contributions. So the healthy pay for the sick, the rich for the poor and singles for families. Another aspect of this solidarity is that those in work continue to receive their salary if they become ill. Employers pay them their full salary for the first six weeks. Anyone who is off work for longer receives an allowance of 70 percent of their gross pay from their health insurance fund.

No direct payment by patients

Those covered by SHI receive medical treatment without having to outlay the costs themselves. Doctors, hospitals and pharmacies charge the cost of treatment and medicines directly to the health insurance funds. The insured are entitled to free treatment, apart from any individual extra charges defined by law.

Self-administration

The health system is complex. It is characterised by conflicting interests, which have to be aligned with one another: patients want optimal treatment, doctors want modern technology and the health insurance funds have to ensure that they can finance it all with the contributions they receive from the insured. Who has to coordinate it all? The state? The market? Or the individuals involved?

Germany has chosen the latter and applies the principle of self-administration. This means that the state defines the framework for medical care and its responsibilities. It enacts legislation and regulations for this purpose. But how the system is organised and structured in detail and above all what medical treatments, operations, therapies and medicines are financed by the health insurance funds and those that are not are decided within the healthcare system. This self-administration of the healthcare system is carried out jointly by representatives of doctors, dentists, psychotherapists, hospitals, health insurance funds and the insured. Its supreme decision-making body is the Federal Joint Committee (G-BA). Representatives of patient organisations have the right to table motions in and take part in G-BA sessions. The G-BA defines in binding guidelines the healthcare services to which those covered by statutory health insurance are entitled, e.g. what treatments are covered by the statutory health insurance. As a rule, new medicines are covered.

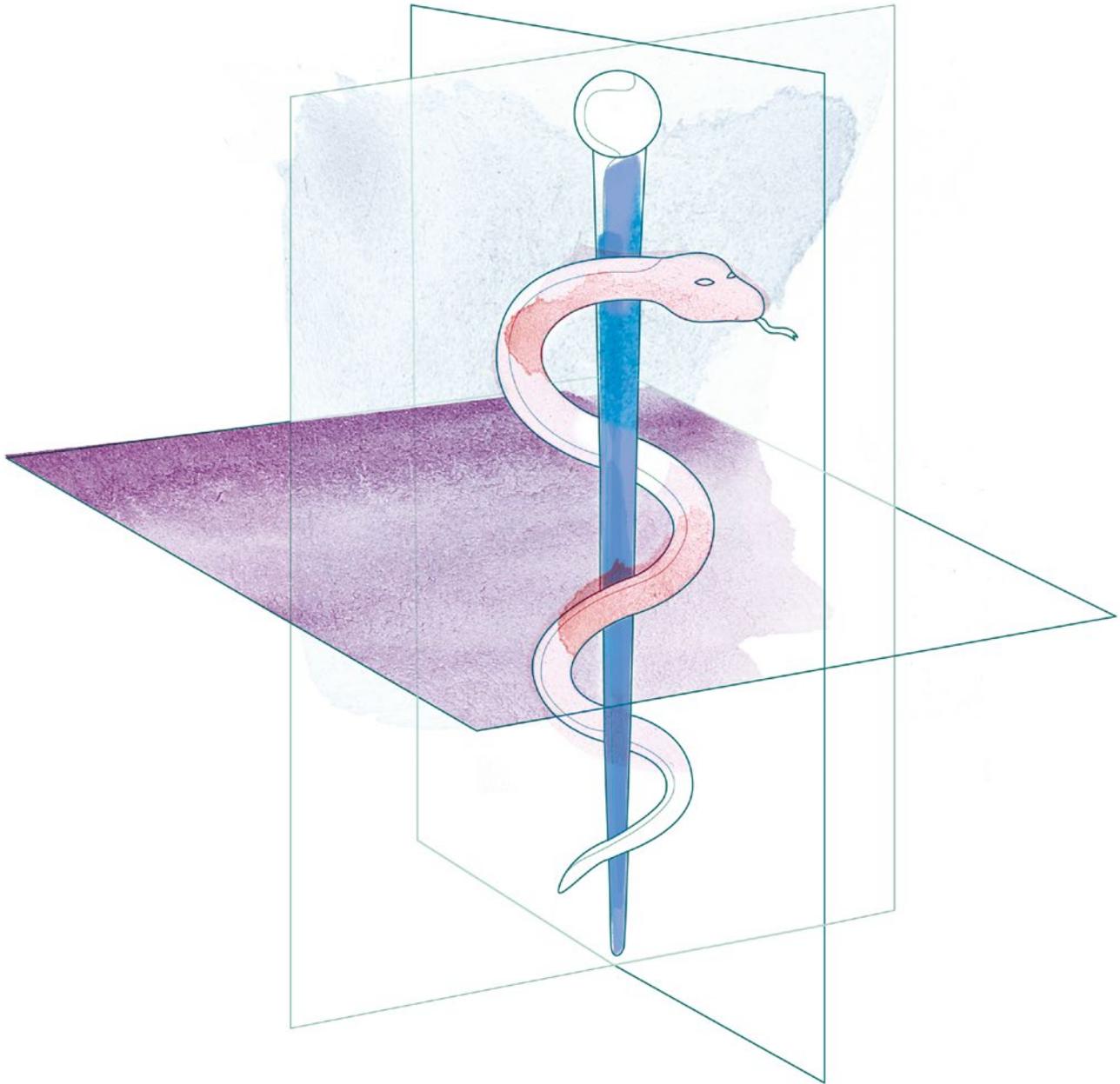
Classification of the German health system

Comparing the health systems of various countries, they can be roughly divided into three categories:

- There are national health services organised by the state and funded from tax revenue. This is the case in the UK and Sweden, for instance. In these countries, all operations, therapies and medicines are paid for from the government budget. There may be extra charges for some treatments. In these countries, it is the state that organises the provision of hospitals and healthcare centres too.
- In other countries, there are social insurance systems. Here, it is largely social security funds, i.e. health insurance funds, which finance medical care. They are financed by contributions from companies and employees, as is the case in Germany. Private and public providers operate side by side, in contrast to national health services. They regulate their interrelationships themselves, within a defined statutory framework. This is known as the principle of self-administration.
- Finally, there are market-based systems, in which the state plays a subordinate role. The organisation and management of the healthcare sector are functions of private operators. Funding is also organised privately: there are private-sector insurance companies or people pay for their medical treatment themselves. They also have to cover their own cost of living if they cannot work for a longer period due to illness – there is no sick pay in this case. This is how it works in the USA for example.

Approximately 5.7

million people work in the healthcare sector – ranging from doctor's practices, to administrative functions to the pharmaceutical industry.⁸

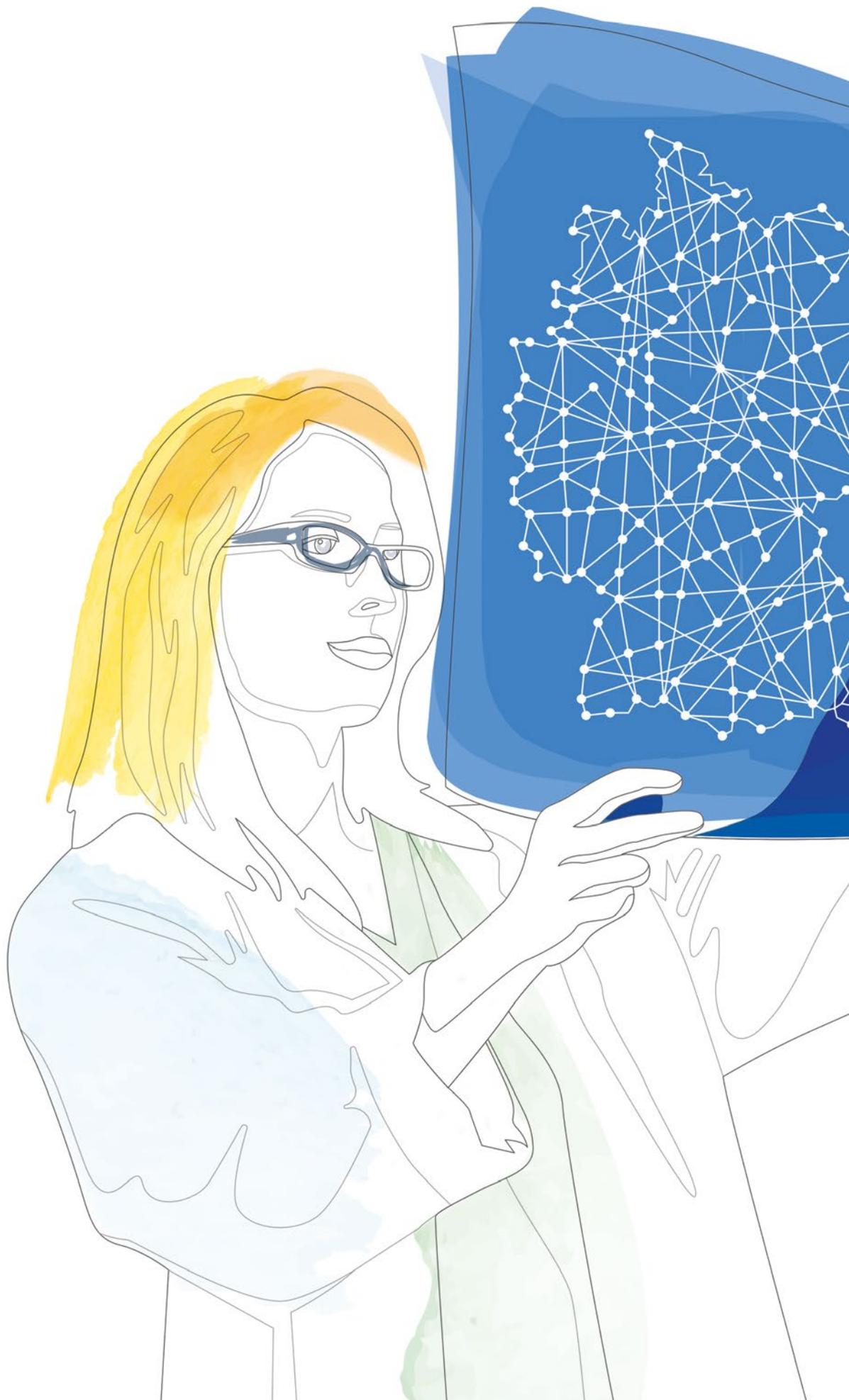


Germany's federal system

When the coronavirus reached Germany, steps to combat the pathogen were taken on two levels: the Federal Government recommended a policy of social distancing for everyone in the country. The individual states then decided whether and when to close schools, museums and restaurants to protect people from infection.

This was an example of the federal system on which the Federal Republic of Germany and as a result its healthcare system are based. Close cooperation between the Federal Government and the individual states forms the core of the federal system. The states participate in the legislative process, including via the Bundesrat, and implement federal laws.

To continue with the example of the COVID-19 pandemic: the federal legislature defined the framework for protecting the population in Germany. What authorities take action and how the regulations are implemented in detail are then decided by the states for their respective territories. The idea behind this is that politics should be as devolved and as local as possible. For this reason, state responsibilities in Germany are divided according to the principle of subsidiarity: first, the municipalities are responsible for their local residents, then the states, or Länder. The Federal Government sets out the policy framework in certain areas.





Multiple networks:

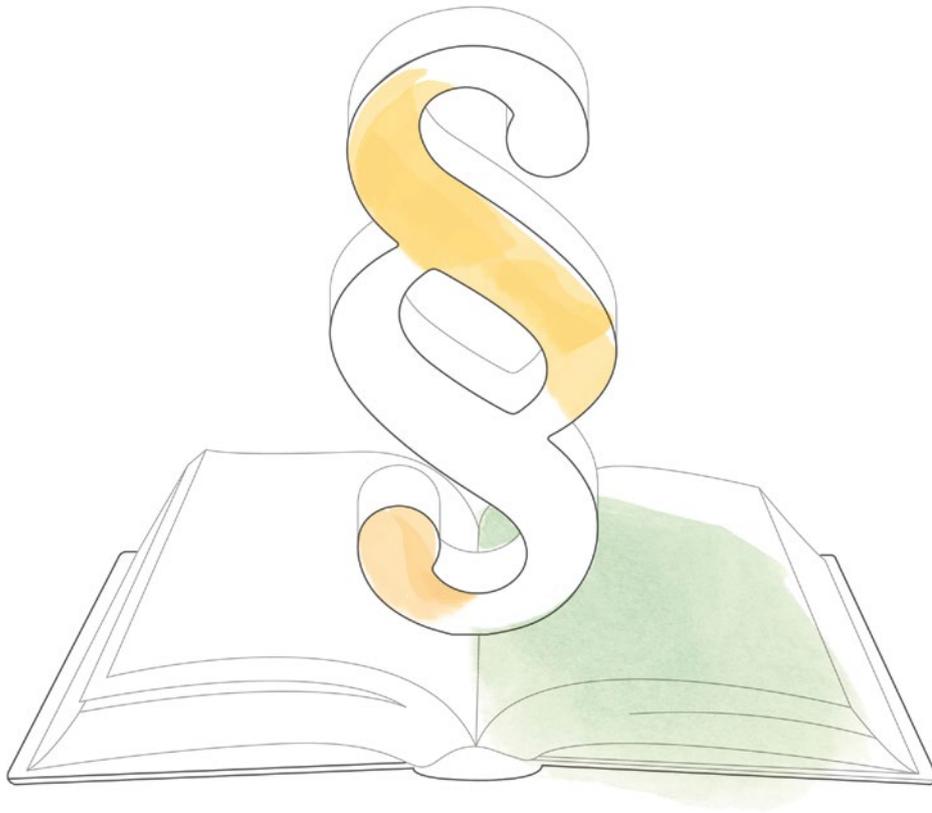
the actors in the healthcare system

Everyone should get medical assistance quickly if they become ill. This requires many different actors, including doctors, therapists, nurses, carers, hospitals, rehabilitation centres and pharmacies. And their services have to be paid for. This in turn is the responsibility of the health insurance funds. But what treatments exactly? All this has to be decided, codified and coordinated. The healthcare system is complex. It can be divided into three levels:

1. A framework defined by the state – at federal, state (Land) and municipal level – in line with Germany's political structure
2. A healthcare structure as defined by the system of self-administration, with its bodies and associations
3. Provision of care by health insurers, doctors, many different healthcare professionals, hospitals and pharmacies, whose interests are represented by associations

Evolving responsibilities

Even though the Federal Ministry of Health (BMG) has been the senior federal authority in matters of health since 1961 its remit has been altered repeatedly over the decades. Between 1969 and 1991 the BMG was merged with what is now the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. Having regained its independence in 1991 it was briefly responsible for social affairs (and therefore for pensions) between 2002 and 2005 before this portfolio was moved back to what is today the Federal Ministry of Labour and Social Affairs.



The first level: the legislative framework

Federal Ministry of Health

Within the Federal Government, the Federal Ministry of Health (BMG) has primary responsibility for health policy. This means it is in charge of drawing up the corresponding legislative proposals, ordinances and administrative regulations. The Federal Ministry of Health supervises a number of institutions that deal with overarching aspects of health policy: the Federal Institute for Drugs and Medical Devices (BfArM), the Paul-Ehrlich-Institut, Federal Institute for Vaccines and Biomedicines (PEI), the Robert Koch Institute (RKI) and the Federal Centre for Health Education (BZgA). The Federal Minister of Health is also supported by the Federal Government's Delegate for Long-term Care, the Federal Government's Commissioner for Drugs and the Federal Government's Commissioner for Patients' Affairs.

Alongside the German Bundestag and the Federal Government, the Bundesrat is the third key driver of health policy at the federal level. As the "second chamber of parliament", it is the institution where the governments of the individual German states can debate matters of health policy.

The legislature and state health policy define the framework in which the various partners in the healthcare sector can make their decisions. The aim is to align the priorities of health policy with the effective use of available funding. >>

The states

The individual states or Länder have their own legislative powers. They are responsible for implementing federal legislation as well as for planning and financing inpatient care. Furthermore, they exercise functional and disciplinary supervision over the municipal public health services.

Responsibility for statutory health insurance is largely a federal matter. However, the Länder are in charge of supervising the regional health insurance funds. They also supervise the regional medical associations (for doctors, dentists, pharmacists and psychotherapists) and the associations of doctors and dentists treating patients with statutory health insurance.

Municipalities

People who go to a doctor or a physiotherapist generally choose someone in their own city, town or village. This is their familiar environment and it is where they want to receive their medical care. This is why municipalities as the smallest political units are so important – they are close to their residents and therefore have responsibility for the provision of local healthcare. Preventive healthcare also falls within their remit, and the municipalities offer many easily accessible medical and care services, such as psychosocial counselling in crises. In this way, they ensure equality of opportunity in the German health system.

The municipal health authorities are another important part of the German healthcare system. They are close to the local residents. In the ongoing coronavirus pandemic, for instance, they document all new infections and trace chains of infection, in order to monitor the spread of the virus in their municipality. They also agree with the local hospitals on the extent to which beds have to be made available for COVID-19 patients and other treatments, such as elective surgery, have to be postponed as a result. The municipalities often run the hospitals themselves.

Healthcare policy at the Länder level

In institutional terms, the Länder generally have a health ministry to administer their healthcare policies. The regional health ministers meet regularly at the Gesundheitsministerkonferenz (Conference of Health Ministers, GMK) of the Länder.

Municipalities

In most cases, the consultation services offered by German municipalities are free of charge for all, as is the case for consultations and counselling on pregnancy, HIV prevention, addiction and psychological and psychiatric support.

The second level: self-administration

One important element of the German health system is that the actors themselves decide which medical treatments are delivered by service providers at the expense of the community, i.e. are financed by the statutory health insurance funds. In making their decisions, they are guided by the principle of cost-effectiveness. This means that treatment has to be sufficient, expedient and cost-effective; it may not go beyond what is necessary. Patients generally have to pay for any treatment going beyond this limit. With many available treatments, it goes without saying that they will be paid for by the statutory health insurance: if someone has a heart attack, they will be treated by an emergency doctor immediately. And the statutory health insurance covers the bill. So too with sports – if someone twists their ankle, they show their health insurance card to the orthopaedic surgeon, are X-rayed and get their foot bandaged as necessary.

But there are grey areas too. What if a patient with an orthopaedic injury wants to be treated by an osteopath rather than a physiotherapist? What if they do not want to take painkillers, but would rather have homoeopathic medicine? Then someone has to decide whether the health insurance fund will also pay for these treatments. This is the job of the Federal Joint Committee.

Federal Joint Committee

The Federal Joint Committee (G-BA) is based in Berlin and is the most important body in the joint self-administration of healthcare. Representatives of statutory health insurance funds, doctors and hospitals meet to discuss whether the health insurers should pay for new methods of treatment, modern medical technology, new medicines or alternative therapies. The benefits of new medicines are evaluated. As a rule, new medicines are covered.

Social security elections

What many people in Germany do not know is that the “social security elections” held every six years enable everyone covered by statutory health and pension insurance to elect representatives to the self-administration bodies of the agencies concerned.

Two scientific institutes support the work of the G-BA

The Institute for Quality and Efficiency in Health Care (IQWiG) primarily evaluates the benefits and costs of pharmaceutical products and treatment methods in the SHI system.

The Institut für Qualität und Transparenz im Gesundheitswesen (Institute for Quality and Transparency in the Healthcare System, IQTIG) is the central institute for the quality assurance required by law for the healthcare sector.

The G-BA is made up of members of the National Association of Statutory Health Insurance Funds, the National Association of Statutory Health Insurance Physicians, the National Association of Statutory Health Insurance Dentists and the German Hospital Federation. Patients are also entitled to make their interests heard, so organisations representing patients and people with disabilities have the right to take part in and table motions in G-BA sessions. They can contribute to all the topics being discussed, for example whether the insurance funds should pay for dietary advice for patients with diabetes, what new treatment methods are covered or the type of dental replacement financed by the insurance funds. >>

The statutory health insurance funds and their federal association

In Germany, there is a wide range of options for obtaining health insurance. Statutory health insurance, currently made up of 105⁹ insurance funds, covers the largest number of people. People with statutory health insurance can be members of a local health insurance fund, a company or guild health insurance fund, a substitute insurance fund or are insured through the agricultural health insurance fund or the miners' insurance fund. In addition, there are private health insurance companies.

The statutory health insurance funds are represented at the federal level by an umbrella organisation, the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband). Via this or its regional branches, they sign contracts with medical associations, hospitals and pharmacies and agree on how much they will pay for individual medical treatments.

The German Hospital Federation

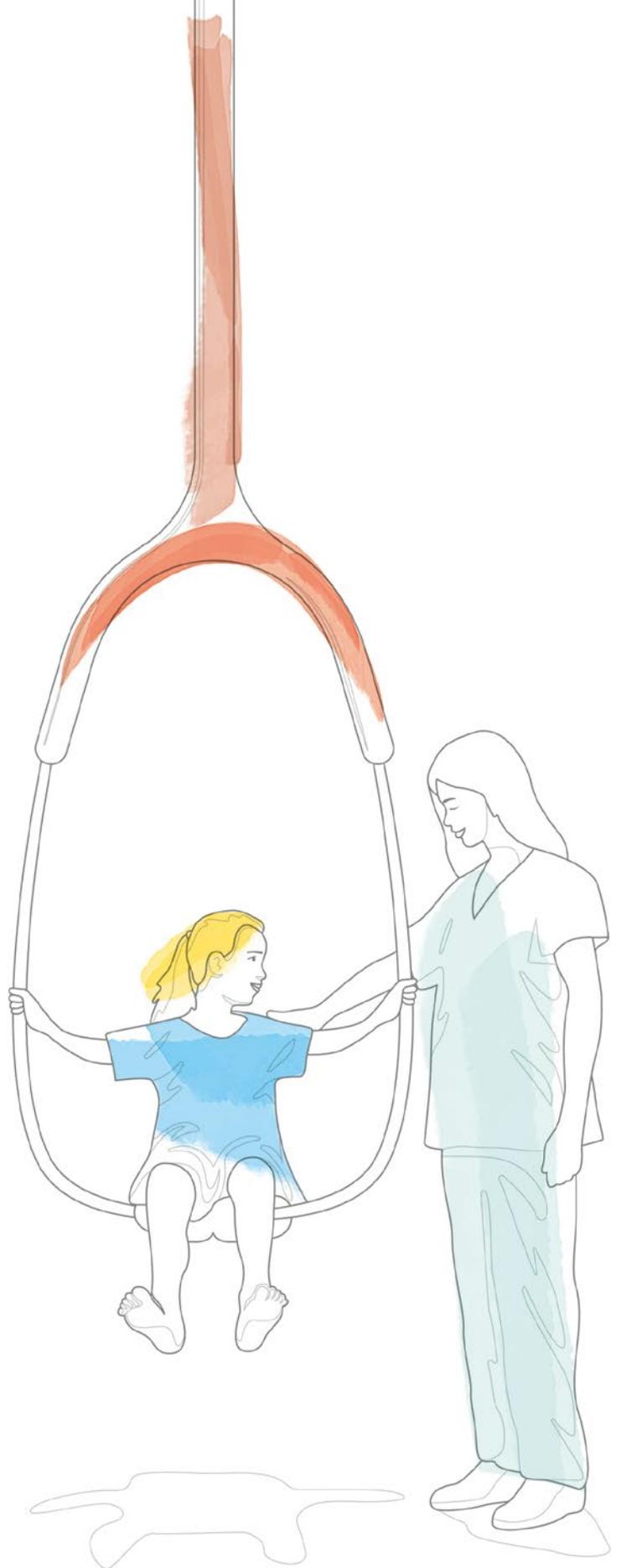
Individual hospitals do not represent their interests individually but rather via their associations. At the regional level, hospitals are organised in associations for their specific Land or state. The regional associations in turn send delegates to the federal body, the German Hospital Federation (DKG). This has a number of duties assigned to it by law in line with the self-administration system in the healthcare sector.

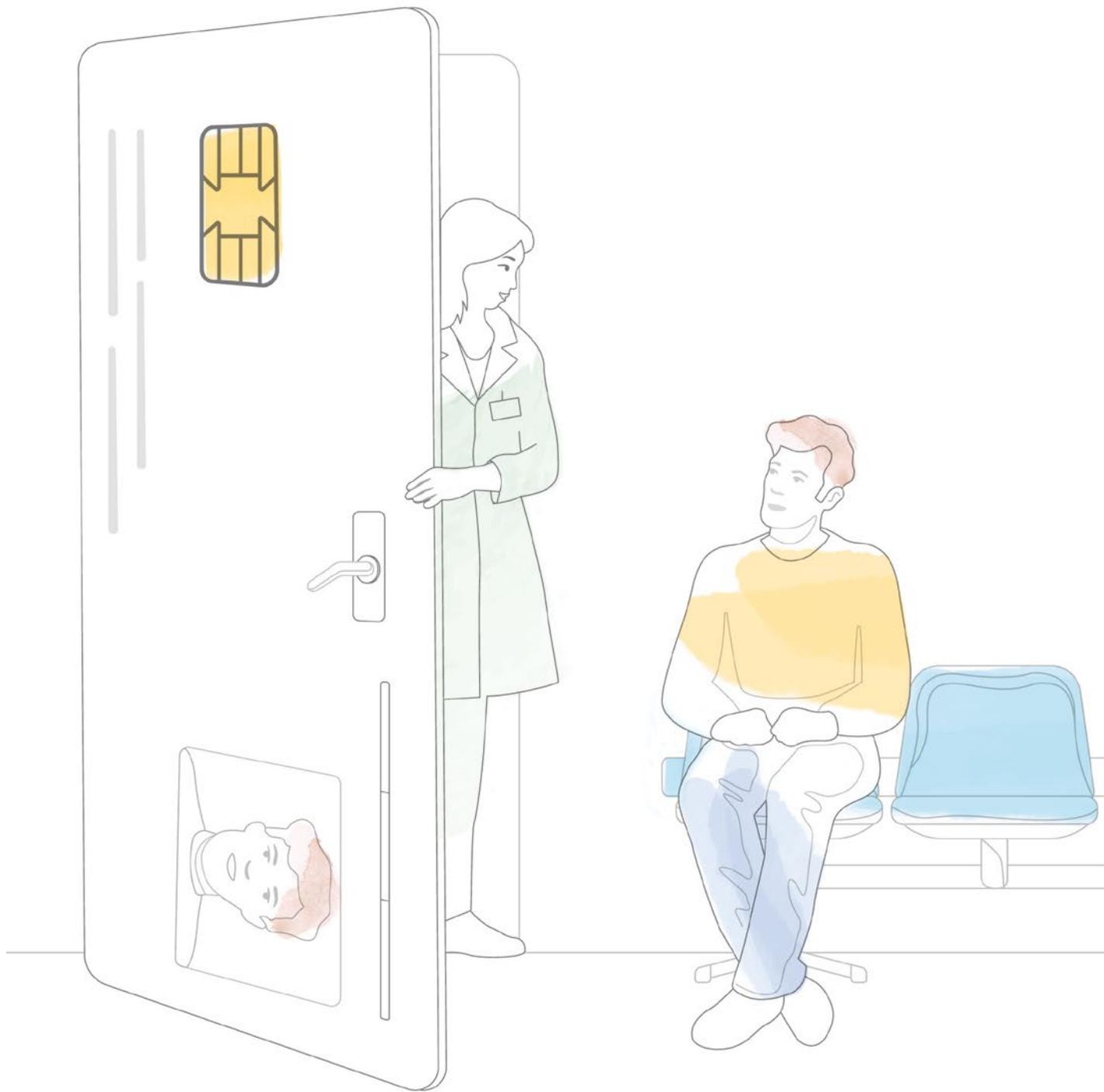
The national associations of SHI doctors and dentists

The local associations of SHI doctors and dentists and their umbrella associations at the federal level are responsible for ensuring the delivery of outpatient medical, psychotherapeutic and dental care to people with statutory health insurance in Germany. In addition to this mandate to ensure provision of care, they represent the interests of doctors, psychotherapists and dentists who provide care to patients with statutory health insurance.

The third level: individual actors and their lobby groups

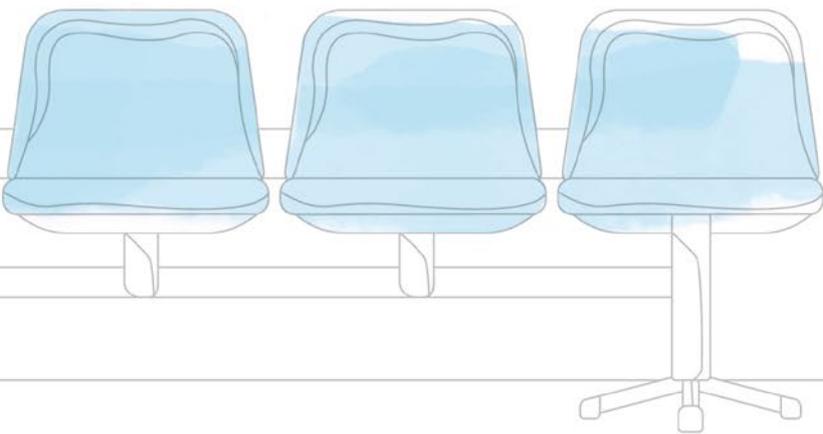
And now, where are people actually treated, where do patients receive care? This takes place at the third level, which is made up of doctors, therapists, hospitals and rehabilitation centres. To ensure that those involved in providing treatment directly to patients also have a voice and can make themselves heard by policymakers, they have formed professional organisations and trade associations. These include the federal and regional associations of various medical professions, as well as the Federal Union of German Associations of Pharmacists (ABDA). In addition, there are patients' organisations, the medical associations, the associations of other health-care professionals, the association of private health insurance funds and the associations of pharmaceutical companies.





Dependable protection:

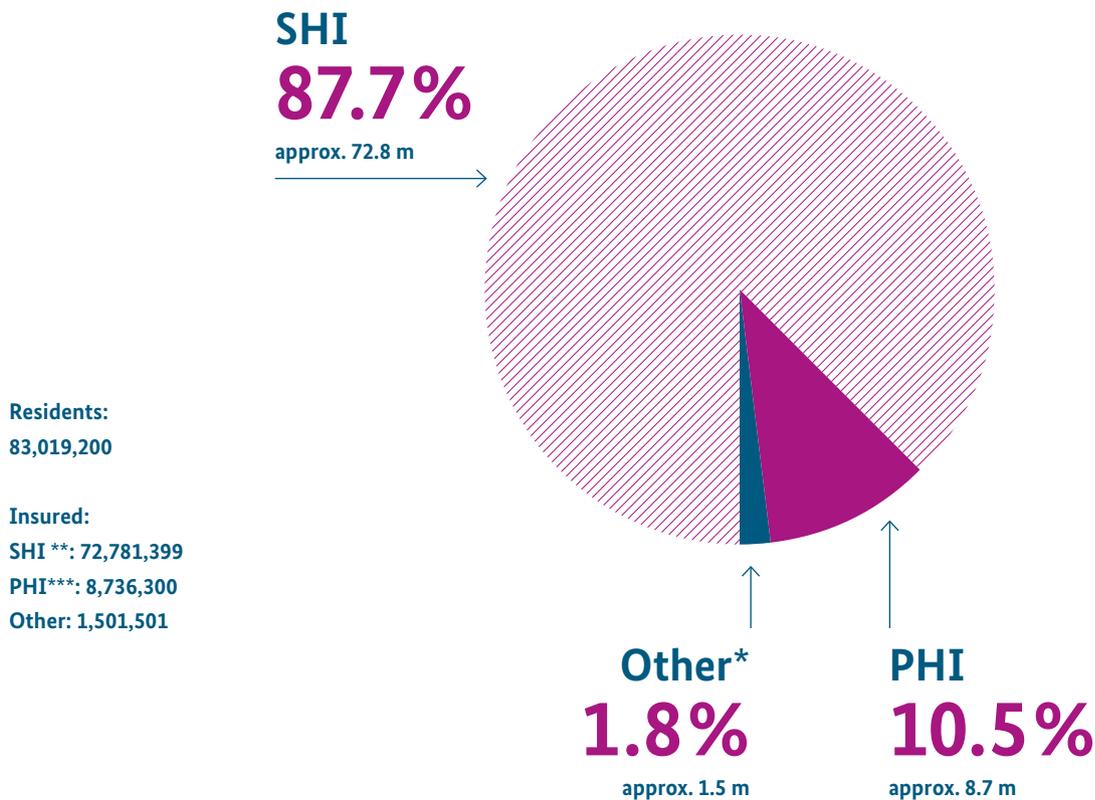
statutory health insurance



Statutory health insurance (SHI) is a core component of the German healthcare system. Its role extends from promoting healthy living and preventive healthcare through to the treatment of concrete illnesses and subsequent rehabilitation. Its responsibilities are defined by law as being to keep the insured in good health, to restore them to health if they fall ill and generally to improve their standard of health.

The German system of health insurance has a great heritage. As mentioned earlier, the SHI can trace its roots back to Bismarck's social security legislation in the 19th century. Initially, the self-administered insurance, financed by contributions, was intended solely for industrial workers. SHI was extended to salaried employees in 1911. Today, some 90 percent of the public are covered by SHI.

Health insurance cover in Germany¹⁰ in percent and millions, 2018



* Other: entitlement to healthcare provision as recipients of social security benefits, disabled veterans, recipients of support resulting from the equalisation of burdens, free medical or therapeutic care for police and Germany's armed forces, people without health insurance, existence of health insurance not stated
** Statutory health insurance (SHI) *** Private health insurance (PHI)



Since 1996 most people have been able to choose their health insurance fund freely. Risk structure compensation was introduced to ensure fair competition between the insurance funds. This equalises the structural risks resulting from different insured groups and prevents an uneven distribution of higher and lower earning members, young and old, healthy and sick, singles and families from having an adverse effect on the financial situation of individual insurance funds.

The structure of the SHI has been reformed repeatedly over the past 25 years. The aim was for the health system to become more efficient and deliver higher quality outcomes. The health insurance funds were gradually enabled to sign individual agreements (known as selective agreements) for specific treatments with doctors, medical associations and hospitals.

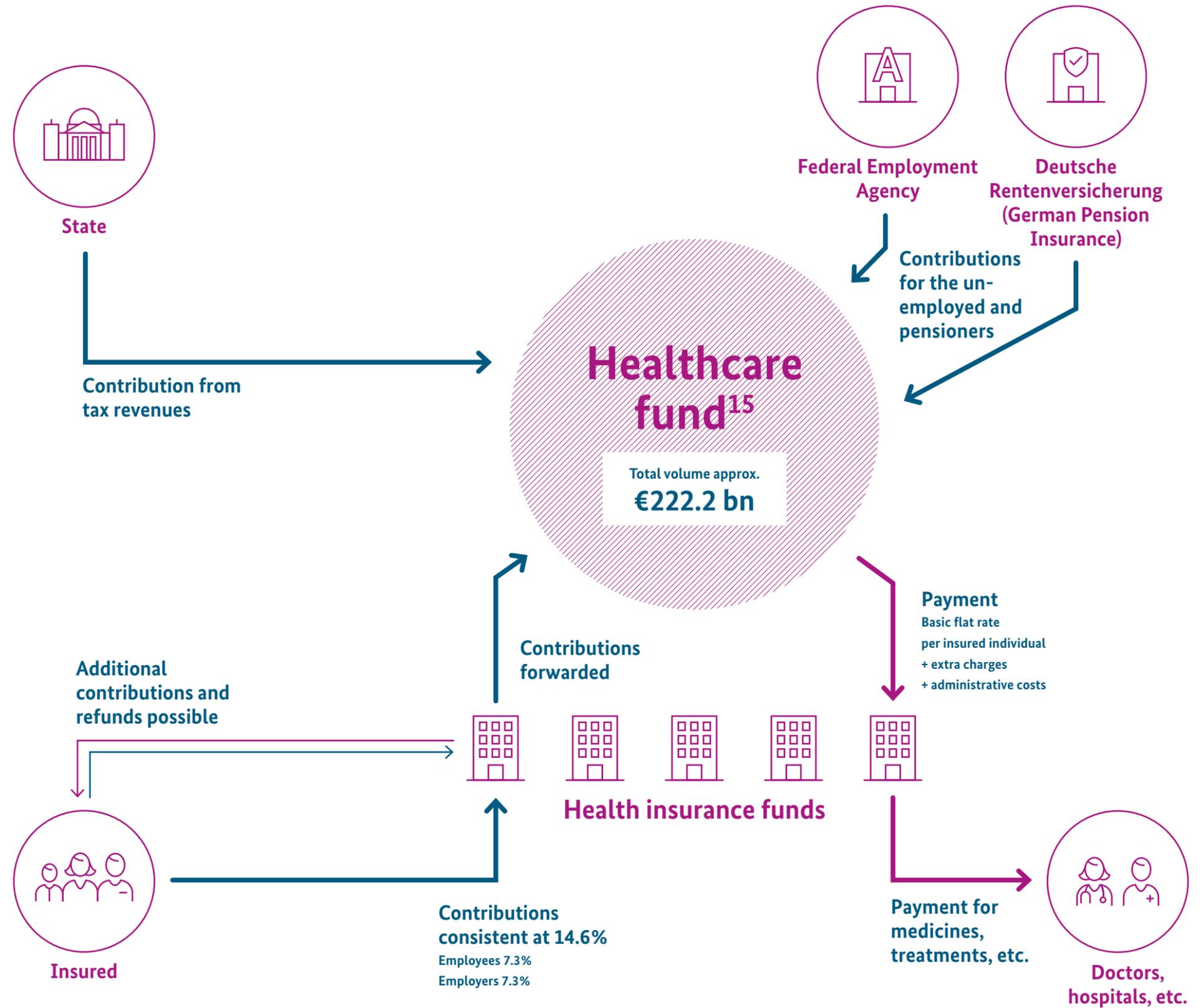
This also means that the SHI funds can sign discount agreements with pharmaceutical companies. These entail a pharmaceutical manufacturer giving a health insurance fund a discount on the drugs it produces. In exchange, the insurance funds provide their members with medicines from their contracted suppliers on an exclusive basis via the pharmacies. The intention of the legislation was to cut drug spending by the SHI funds and so reduce the contributions payable by employees and employers.

35,000

At the end of the 19th century, Germany had around 35,000 health insurance funds;¹¹ nowadays, there are 105.¹²

The healthcare fund

Statutory health insurance has been financed via the healthcare fund since 2009. This is funded by contributions from employers, other social security agencies, members of the SHI funds and a grant from the Federal Government. The fund provides the SHI funds with the resources they need – by means of the risk structure compensation mentioned above – to finance treatments for their insured members. In addition to the standard rate contribution paid to the healthcare fund (currently 14.6 percent of gross pay), individual insurance funds can levy an additional contribution, which they receive directly and is intended to ensure an element of competition.



Around 4.34 percent

of the employed were unfit for work on an average day in 2019.¹³

Approx. 4.9 bn

In 2019 the SHI funds were able to cut their spending on medicines by a total of approx. €4.9 billion thanks to discount agreements.¹⁴





All-round support:

medical and nursing care

112

In life-threatening cases, the number to call is 112, for emergency medical services.

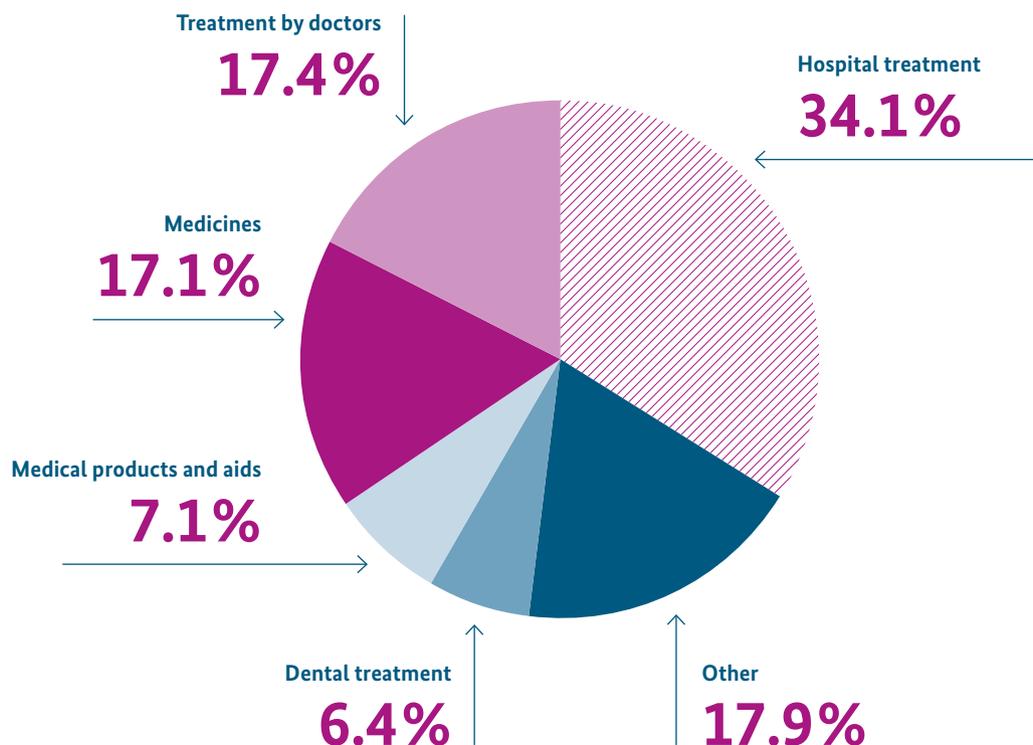
You might think it were perfectly simple: when people fall ill, they go to see a doctor. If someone is more seriously ill, they are treated in hospital. But thanks to progress in medical science, the range of treatment options available is now much more diverse. Nowadays, there are people with chronic illnesses who can lead a normal life with virtually no adverse effects.

The German healthcare system is divided into inpatient and outpatient treatment. Both medical and nursing care are provided on an inpatient and outpatient basis. Treatments that combine the two tend to be the exception.

All treatments, rehabilitation activities and therapies provided outside hospitals belong to the category of outpatient care. Hospitals can also provide outpatient care, however, in specialist outpatient departments, for example. At times, some independent physicians also work in hospitals, where they look after a certain number of patients.

Healthcare in Germany¹⁶

Selected treatment types as a percentage of overall spending for treatment covered by SHI in 2018 amounting to €226.22 bn



Outpatient care

Outpatient care is provided by general practitioners, specialists, dentists and psychotherapists, as well as other healthcare professionals, such as physiotherapists and speech therapists.

Most independent physicians, dentists and psychotherapists treat patients with statutory health insurance, i.e. they have been approved by the SHI funds. This means they have been approved for the provision of treatment on the basis of contracts with the SHI funds and are members of the corresponding association of SHI doctors or dentists. Furthermore, it means that their approval is tied to the location of their practice and so depends on the requirements of the respective regional associations for SHI doctors and dentists.

Outside normal appointment times, the independent doctors and dentists provide an on-call service for treatment.

Inpatient care

There are around 1,900 hospitals¹⁷ in Germany providing inpatient treatment. Most of these hospitals treat everyone, regardless of whether they have statutory or private health insurance. Patients only have to be referred to the hospital by a doctor – except in emergencies, of course, when the hospital provides treatment straight away. Patients can choose which hospital they wish to go to. The SHI covers the expenses, as long as the hospital is approved for the provision of treatment to SHI patients. The vast majority of hospitals are approved. At present, hospitals are run in roughly equal proportions by private companies, not-for-profit organisations and municipalities.

People with statutory health insurance have to pay a supplementary charge for their accommodation and meals when they receive inpatient treatment. This is defined before the treatment is given in a contract between the patient and the hospital.

116 117

Patients can receive medical treatment, even in acute cases, by calling 116 117. They can use this service to ask for advice and to make medical appointments.

Free choice of medical practitioner

When someone falls ill, their first point of contact with the healthcare system is usually their family doctor or general practitioner. In principle, however, the insured can see any doctor who is approved by the SHI funds. Patients are thus free to choose the medical practitioner they wish to see.

Almost 19,500

pharmacies in Germany supply 3.5 million people with medicines every day.¹⁸

Provision of medicines

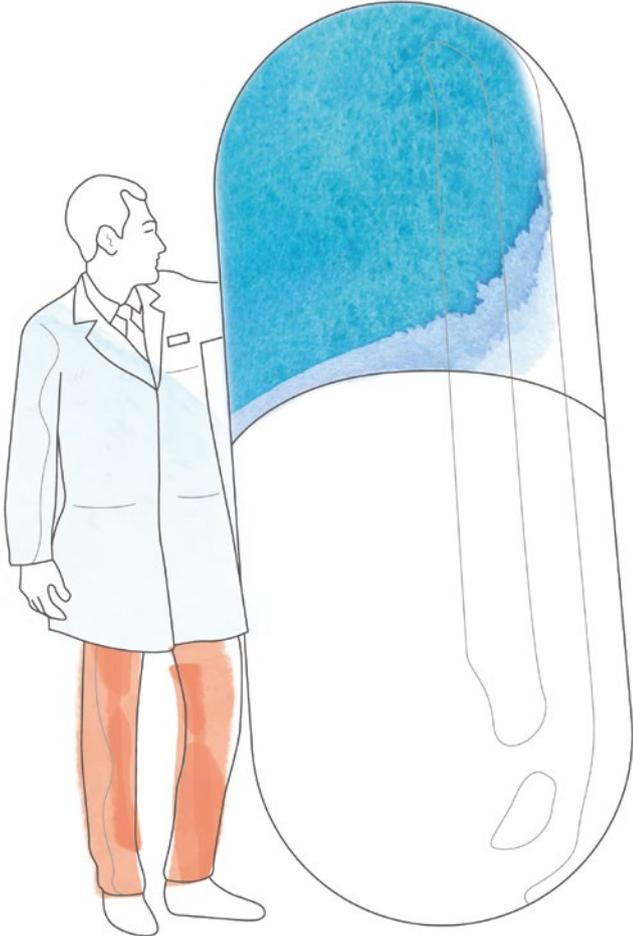
If someone is given a prescription for medication by a doctor, they take it to a pharmacy. The health insurance fund pays most of the costs of prescription medicines. SHI patients have to pay a supplementary charge of 10 percent of the sales price, with a minimum charge of €5 and a maximum of €10. So if a patient were, for example, prescribed a drug manufacturer's thyroid hormone that costs €17.80 at the pharmacy, they would pay the minimum charge of €5. If they need a rheumatism medicine that costs €70, they pay 10 percent, so €7, themselves.

Children and young people up to the age of 18 do not have to pay the supplementary charge. Moreover, there are caps on the total amount the insured have to pay. Supplementary charges are capped at two percent (and one percent for people with chronic illnesses) of a person's annual gross income. The statutory health insurance fund concerned determines whether the cap has been reached. Patients must apply to their SHI fund if they wish to have their charges reviewed.

It is important to know that patients can take their prescription to any pharmacy. Medicines cost the same in all of them, thanks to a regulation. It stipulates that there is a uniform sales price for prescription medicines everywhere.

However, the fact that the same active ingredient can be more or less expensive has a different reason. Pharmaceutical companies generally decide themselves on the pricing of their medicines. There are drugs for which the patent has expired (off-patent), and there are generic drugs. These are medicines with the same active ingredient as the original, but which are not the original, and so are often much cheaper. In order to reduce their spending on medicines, the SHI funds often define which pharmaceutical products may be prescribed to their members, unless the doctor writing the prescription has ruled this out. So it sometimes happens that after many years, the pharmacist suddenly starts supplying a medicine from a different manufacturer. These generic drugs are just as effective, however, and they can even be advantageous for patients because the supplementary charge they have to pay is lower.

New medicines not only have to be tested thoroughly and officially authorised. Their benefits must also be evaluated before the SHI pays for them. Since the act reforming the pharmaceuticals market came into effect in 2011 the G-BA has therefore compared the benefits of a new medicine with other drugs for the same disorder. On the basis of this evaluation, the respective pharmaceutical company and the National Association of Statutory Health Insurance Funds agree on an adequate price for the new medicine.



78%

Generic drugs accounted for 78% by volume of all medicines prescribed in the statutory health insurance system in 2018. It is easier for SHI funds to obtain discount agreements for generic drugs.¹⁹

The care grades

1

Slight loss of independence

2

Considerable loss of independence

3

Severe loss of independence

4

Very severe loss of independence

5

Very severe loss of independence
with an exceptionally pronounced
need for nursing care

Nursing care

If someone is physically or psychologically incapable of taking care of themselves on an everyday basis, they are entitled to nursing care. It is not an easy decision to take, but good nursing care should help people to live as independently and autonomously as possible, in dignity, despite their limitations. Long-term care insurance was made mandatory from 1 January 1995 for everyone with statutory and private health insurance, in order to provide the best possible support to those in need of care and to their family members.

Statutory long-term care insurance is financed equally by employers and employees. Since 1 January 2019 the contribution rate has been 3.05 percent of gross income, rising to 3.3 percent for those without children. People with private health insurance must take out private long-term care insurance.

Long-term care insurance does not cover all the costs of nursing care, however. The remainder is paid by the people being cared for or their relatives, or by social security benefits if necessary. Long-term care insurance is therefore known as “partial coverage insurance”.

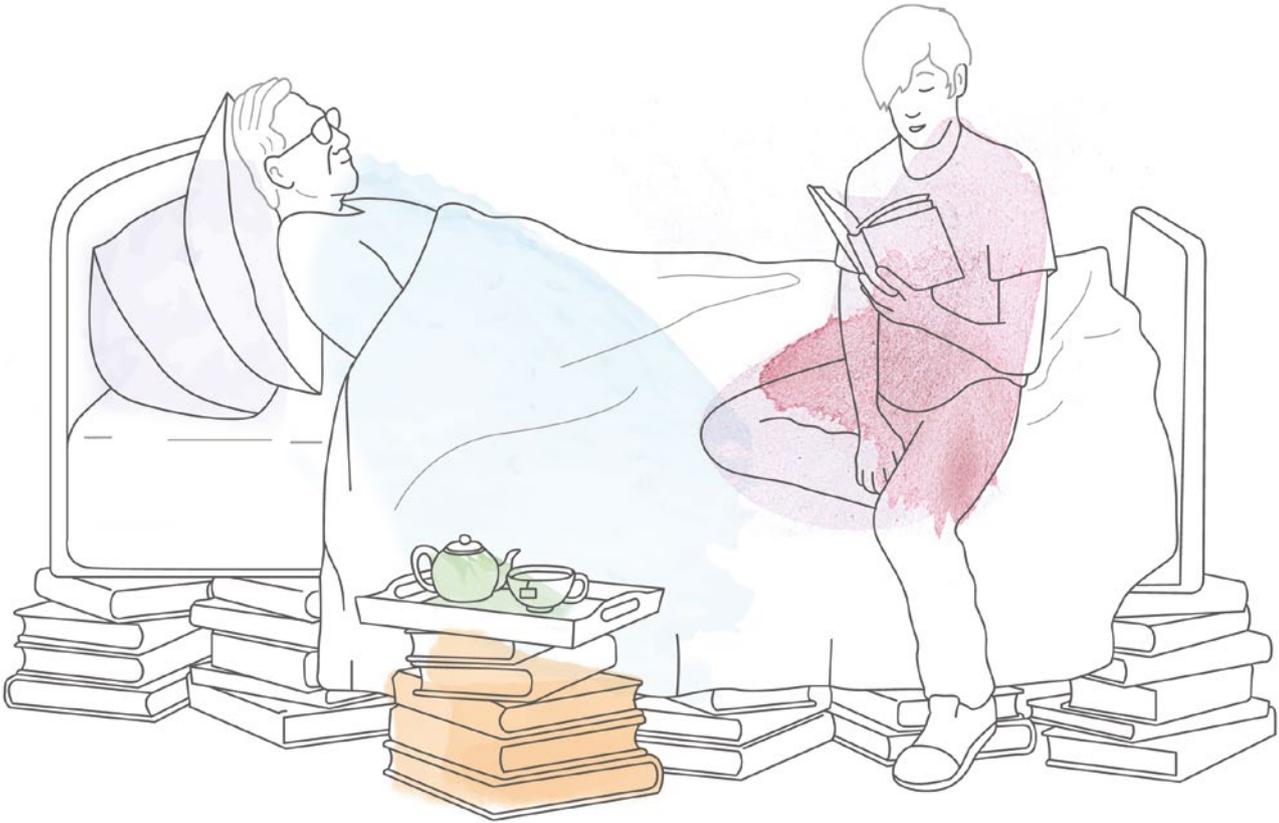
Since it was introduced, the law on long-term care insurance has been revised several times to reflect new demands. One important step was to redefine the need for long-term care, taking a differentiated view of independence as the basis for the assessment (rather than the amount of time needed for physical assistance).

Long-term care insurance

is an independent pillar of the social insurance system (Social Code XI, SGB XI)

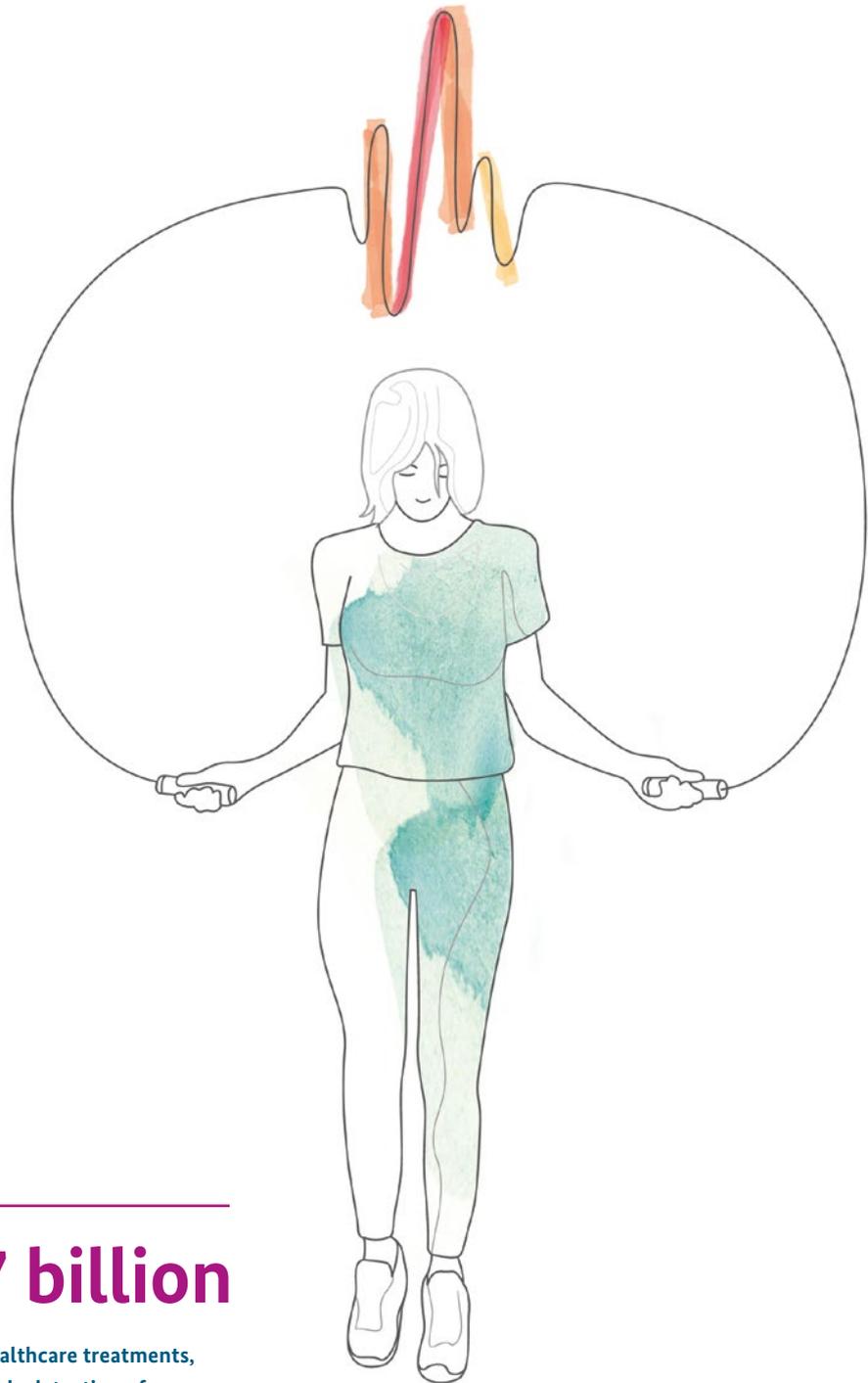
This more holistic assessment of individuals in need of long-term care now enables the type of care provided for all those in need of nursing care to be divided into five levels. Previously, the needs of people with dementia were not taken sufficiently into account for access to nursing care. Although they often have no serious physical disabilities, many people with dementia

need support to structure and cope with their everyday lives. Since 2017, in addition to physical limitations, a loss of emotional and psychological independence, such as that seen in those with Alzheimer’s and other forms of dementia, is now taken into account. The situation for people with dementia will be further improved by the implementation of the National Dementia Strategy from 2020 onwards.



Around 3.92 million

people every month receive nursing care paid for from their long-term care fund. Most of them, around 2.9 million, are cared for on an outpatient basis, i.e. in their home. Some 780,000 people received inpatient or residential nursing care in 2018 according to figures from the long-term care funds and private insurers.²⁰



Some €5.7 billion

SHI spending on all preventive healthcare treatments, especially vaccinations and the early detection of illnesses, came to some €5.7 billion in 2018. The SHI funds invested approximately €544 million of this total in primary prevention and health promotion.²¹

Prevention and promotion of healthy living

We all wish for good health, for ourselves and our relatives. And we can do things to make that happen by, for instance, eating a balanced diet, exercising and trying to find a healthy balance between work and leisure time.

The health system and other areas of social security provision also dedicate resources to the prevention of illnesses and the promotion of healthy living. In 2015 the umbrella organisations of the statutory insurance agencies for health, accident, pensions and long-term care and the association of private health insurance companies met at the Nationale Präventionskonferenz (National Prevention Conference) and agreed a national preventive healthcare strategy. They decided jointly to direct their treatments towards a common goal: that people should grow up, live and work in good health and stay healthy in old age. In short, they agreed to promote good health in all stages of life. To achieve this, they defined a number of action areas in which the statutory and private insurers can encourage and support citizens to be healthy in the environments in which they live, such as in nursery schools, in schools,

at work and in residential care homes. Dietary advice, exercise programmes, relaxation exercises, stopping smoking, reducing alcohol consumption – all this helps people to stay healthy and avoid illnesses in the first place. Many SHI funds offer preventive healthcare courses for their insured, to motivate them and to empower them to make the most of their opportunities in living a healthy life.

They also promote the health of their insured with services provided in their everyday environments, so where people live, learn and grow up. They also offer advice and support to small and medium-sized enterprises at the Land level and have particularly developed hospitals and care homes for company-based health promotion. The Präventionsgesetz (Prevention Act, PräVG) also boosted health checks and screening programmes for children, young people and adults. It also gives greater priority to individual burdens and risk factors for the development of diseases. Doctors were given the opportunity to make preventive recommendations and so to help preserve and improve the health of their patients.

Outpatient and inpatient rehabilitation centres

A severe illness, a long period of therapy or an operation mark a rupture in a person's life. These can often result in long-term effects. To help patients resume their normal lives as quickly as possible, there is a wide range of rehabilitation activities on offer, both on an outpatient and inpatient basis: physiotherapy, psychological support and assistance with learning how to use aids. In addition, the German healthcare system provides rehabilitation centres for special indications, such as eating disorders or addictions.

Mixed and special forms of medical treatment

The German healthcare system is multifaceted, with inpatient and outpatient care, general practitioners and specialists, acute medicine and rehabilitation, prevention and long-term therapies. At the same time, there is increasing recognition that the treatment of patients is a team performance. Someone with age-related hip pain, for example, is given an orthopaedic examination as an outpatient, possibly followed by surgery in hospital, before staying at a rehabilitation centre and later going to a local physiotherapist. This is just one example of many, which shows that medical treatment often goes beyond the context of specific sectors. People with chronic illnesses benefit particularly from services that put together elements of outpatient and inpatient care to form an individually optimised package of treatment. Completely new treatment models have been developed for this purpose in recent years.

Book IX of the Social Code

Outpatient and inpatient rehabilitation is largely covered by Book IX of the Social Code and so is also a separate pillar of German social security law.

Examples from everyday practice

1.

The SHI funds offer structured treatment programmes for certain chronic diseases, including diabetes (type 1 and 2), breast cancer, coronary artery disease, asthma and chronic obstructive pulmonary disease (COPD). And under those programmes, the entire course of treatment or treatments needed is coordinated by a single agency. People with chronic illnesses can participate in these **disease management programmes (DMP)** on a voluntary basis. Hospitals may also be entitled to provide outpatient care as part of such programmes.

2.

Integrated care enables doctors and hospitals to devise joint treatment concepts that transcend the distinction between inpatient and outpatient care. They sign contracts with the SHI funds so that the funds can offer these treatments to their members.

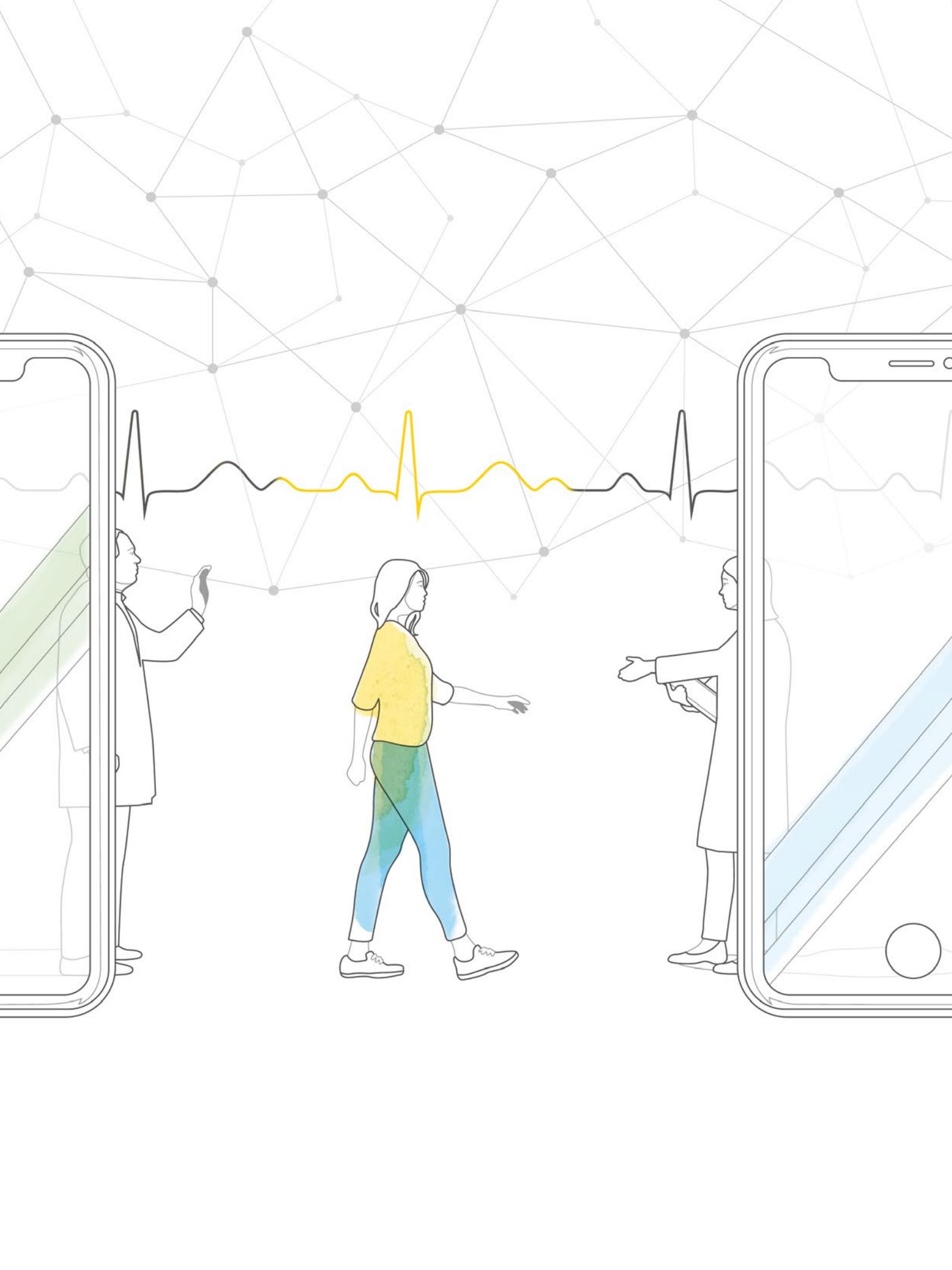
3.

General practitioner contracts make GPs guides for their patients. They coordinate the whole treatment process. This side-steps the free choice of medical practitioner which is actually a principle of the German system. On the other hand, the entire treatment is coordinated by someone the patient knows and trusts. SHI funds sign such GP contracts for the benefit of their members. The aim is to improve the coordination of specialists, hospitals and others. Around 7.4 million²² people with statutory health insurance are currently taking part in such programmes.

4.

Outpatient specialist medical treatment is a service for patients with rare or severe illnesses with a particular course and progression (e.g. tuberculosis, cystic fibrosis or Wilson's disease). They are treated by interdisciplinary teams of doctors from hospitals along with independent specialists.

One of the latest developments intended to enable structural innovations in the German healthcare system is the Innovation Fund that was set up in 2015. The fund is financed by the SHI funds and the healthcare fund and sponsors care research projects and novel forms of inpatient/outpatient treatment.





Structurally dynamic:

challenges and opportunities

The corona pandemic: a challenge like no other

The year 2020 has confronted us with an unprecedented challenge, the COVID-19 pandemic.

The Federal Ministry of Health (BMG) responded promptly with legislation and measures to slow the spread of the new coronavirus SARS-CoV-2.

As early as in March 2020, so immediately after the first cases of COVID-19 occurred in Germany, the Federal Government restricted international travel and banned incoming flights from certain countries.

At that time, it became clear that the BMG had to have the capacity itself to organise supplies of personal protective equipment, disinfectant, medical products and medicines in Germany. The Protection against Infection Act (IfSG) was amended accordingly on 27 March 2020. Since then, the Federal Government has been able to regulate the import of protective equipment independently.

To gain an overview of the number of hospital beds with ventilators, the BMG took action in April 2020 and issued a regulation requiring all hospitals nationwide to report their free beds in intensive care. It intervened as necessary to ensure sufficient capacities, by postponing elective surgery for example.

These measures have so far ensured the medical treatment of all patients. However, the hospitals, rehabilitation centres, doctors and nursing homes did have to forego

a certain amount of income – for instance from operations planned far in advance, rehabilitation work or new residents in care. To compensate them for this, the German Bundestag adopted the Covid-19-Krankenhausentlastungsgesetz (Act to Relieve Pressures on Hospitals due to COVID-19) in March 2020. It ensures that health-care providers will receive financial support during the COVID-19 pandemic.

People with chronic illnesses were subject to particular strains. They include more than eight million adults with addictions²³ and their family members. At the initiative of the Federal Government's Commissioner for Drugs, the rules for replacement therapy were made more flexible by means of the SARS-CoV-2 medicines regulation issued on 20 April 2020 which means that treatment can be maintained even during the pandemic. In parallel, the German Bundestag passed the Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite (Act to Protect the Population against a Nationwide Epidemic). For the duration of the pandemic, the Federal Government was given the power to issue regulations to protect the population. These include travel restrictions and a duty to report and undergo tests for suspected COVID-19 infection.

On 29 April 2020 the Zweites Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite (Second Act to Protect the Population against a Nationwide Epidemic) was adopted.

This was primarily intended to ensure faster identification and treatment of COVID-19 infections. Its main provisions were the reinforcement of the public health services, better use of existing testing capacities, particularly for areas at risk, such as senior citizens' residences and nursing homes, and the extension of reporting obligations. Another important aspect was to give nurses and carers a bonus for their good work at such a difficult time and to ensure they receive more flexible support.

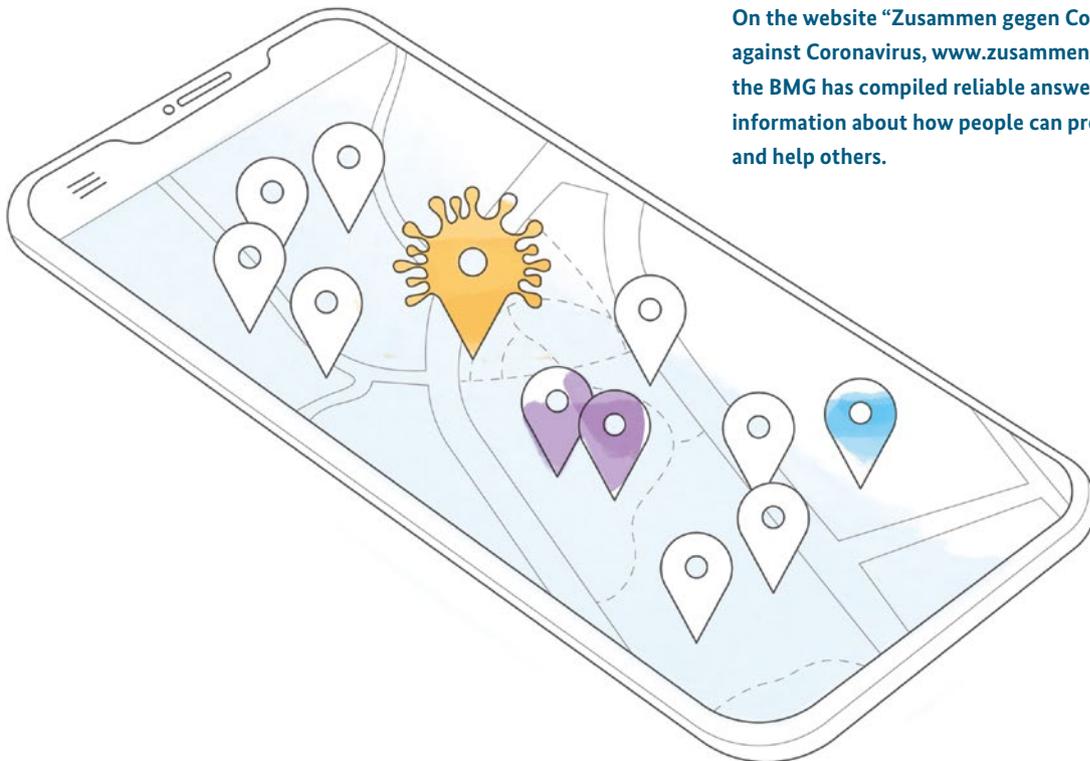
Until there is a vaccine against SARS-CoV-2, it will be necessary to continuously re-evaluate the situation. The Federal

Government has set up a “coronavirus cabinet”, which meets regularly and can adjust policy at short notice.

The COVID-19 pandemic is certain to be with us for some time to come. As part of an ongoing process, new administrative measures and legislation are being put in place. The Federal Ministry of Health will continue to inform the public on its website, as well as on its YouTube channel and the social networks Facebook, Twitter, Instagram and TikTok. Information from the BMG about COVID-19 is also communicated via TV, radio, press advertisements and posters.

Together against Coronavirus

On the website “Zusammen gegen Corona” (Together against Coronavirus, www.zusammengegencorona.de), the BMG has compiled reliable answers and concrete information about how people can protect themselves and help others.



Structural change and digitalisation

The intelligent advancement of healthcare and how it is delivered in future is an area of high priority for the Federal Ministry of Health. Ultimately, the aim is to maintain for future generations the comprehensive healthcare that is available to everybody in our country – regardless of where they live, their bank balance, age or gender – and to improve it wherever possible. Here, we have high expectations of digitalisation in the health system. Because innovation and the use of the latest information technology will bring significant improvements in many respects to how people receive medical treatment in future.

Groundbreaking models already exist. For example, there are apps that remind people with chronic illnesses to take their tablets or help them to manage their diabetes better. There are also heart rate monitors that patients wear all the time and which send an alarm to their doctor if the pulse rate worsens dramatically. Those are just two examples of how digitalisation can make these people more independent and so improve their quality of life. Doctors can offer online consultations to save patients having to travel to and wait in their practice. Telemedicine can make a key contribution to overcoming physical distances and so to providing better healthcare to people who do not live in a big city like Berlin, Hamburg or Munich.

These are just some examples that demonstrate how the digital age has also arrived in the healthcare sector.

Secure healthcare infrastructure

The telematics infrastructure (TI) and the electronic health card provide a nationwide technological basis for secure information exchange. Electronic patient files will also be available from 2021 at the latest. To speed up the process, the BMG acquired a majority stake in the company responsible for developing this infrastructure (gematik GmbH) in autumn 2019. Originally, the company only reported to the self-administration entity of the healthcare system. With an interest of 51 percent, the BMG is now the majority shareholder of gematik GmbH and so the driving force behind the digitalisation of the German health system.

Further digitalisation

The Terminservice- und Versorgungsgesetz (Act on Medical Appointments and Healthcare, TSVG) that took effect on 11 May 2019 is also intended to make greater use of the opportunities offered by digitalisation. The SHI funds were required to provide their members with an electronic patient file. Those that wish to do so will also be able to access their electronic patient file in future via a smartphone or tablet.

The Gesetz für mehr Sicherheit in der Arzneimittelversorgung (Act on Greater Security in the Supply of Medicines, GSAV) defines the necessary regulations for using electronic prescriptions.

At the same time, the industry is preparing tools for managing emergency data and

2021

is when electronic patient files will be available at the latest.

medication plans in electronic form and for secure communications, between GPs and specialists for example. The aim is to introduce these applications gradually from 2020. Legislation is intended to drive the secure digitalisation of the health system, particularly concerning details of the electronic patient file, and to strengthen the rights of the insured, as well as to define data protection standards for the telematics infrastructure. From 2022 the electronic patient file should also be able to include electronic versions of the vaccination record, the maternity record, children's medical check-ups and the dental treatment record.

Digital health applications

In addition to building the telematics infrastructure, the BMG is working to facilitate the roll-out and use of digital healthcare technologies. One important component in this respect is the Digitale-Versorgung-Gesetz (Digital Healthcare Act, DVG), which from 2020 makes digital healthcare apps in Germany eligible for coverage by the SHI funds – “apps on prescription”. The important thing is that the apps can demonstrate a positive impact on health and that they meet the security and data protection standards. Successful digital solutions are developed from the perspective of the patient and focus on individual needs and everyday actions. The approval and evaluation of these digital offerings that are eligible for prescription is organised by the Federal Institute for Drugs and Medical Devices (BfArM), which published guidelines concerning this in April 2020.

Artificial intelligence

When it comes to the healthcare of the future, artificial intelligence (AI) and big data play an important role. They provide opportunities to keep improving healthcare. AI can help doctors to reach a diagnosis faster, for example, particularly in the case of rare diseases. AI therapies can also be adapted for patients on a more individual basis. This is already the case for cancer treatment today. In future, sensible AI will be another instrument in a doctor's bag, just like a stethoscope or an X-ray. The idea is not to replace medical personnel, but to help them to treat their patients faster and more precisely. Because then they have more time for a personal talk with the patient. The BMG is funding various research projects to find out more about the concrete benefits of AI in healthcare.

BMG funding forms part of the Federal Government's AI strategy.

Apps on prescription

Secure and effective digital healthcare apps will be eligible for coverage by the SHI funds.

Digital healthcare competence

It is important to educate people and convey an understanding of digital healthcare solutions. Acceptance and trust are prerequisites for the advancement of digital healthcare. This not only applies to the doctors, psychotherapists and other service providers; developing and strengthening the (digital) healthcare competence of the patients is equally important. Because increasing the competence of the general public in terms of health can contribute to greater sustainability in healthcare. More and more people are looking online for information about health topics.

But for one in two people, the increasing volume of information is a problem when it comes to navigating the healthcare universe, evaluating information and making the right decisions. The development of a national health portal is intended to strengthen the role of the self-determined patient. The portal is to pool knowledge about diagnoses and therapies as well as generally to do with the health system while offering neutral and understandable explanations with the help of evidence-based information.



Outlook

The German healthcare system encompasses an important promise: to maintain for future generations the comprehensive healthcare that is available to everybody in the country – regardless of where they live, their bank balance, age or gender. This requires continuous efforts and reforms. Medical and technical progress will mean that people receive even better treatment and so live to an even older age. For this reason, policymakers at the federal and regional levels must continue their endeavours to make the German healthcare system even more effective and efficient.

To do so, we need even more cooperation and dialogue between everyone involved in providing healthcare: doctors, hospitals, rehabilitation centres and care homes, but also with researchers, in order to open up new treatment options and apply new methods in the treatment of patients. The digitalisation of the healthcare system will make a decisive contribution. The framework for providing healthcare also needs to be rethought frequently and adapted to reflect changing challenges, all the while testing new processes and structures. Healthcare research and the Innovation Fund can deliver transferable insights in these areas.

The national health portal

is intended to strengthen the role of the self-determined patient.

Over the course of its nearly 140-year history, the German healthcare system has proven to be extremely robust. In order to overcome the challenges ahead, we must continue to adapt our health system to changes in society.

Germany is engaged in the European Community to this end, but all countries and all German states, municipalities, towns and villages bear a part of that responsibility. After all, it is mainly there, at the most local level, that citizens receive medical treatment.

German healthcare facts and figures

Financing

Health spending in Germany in 2018²⁴

€4,712 per inhabitant

Approximately
€391
bn

Nursing care



3,414,378

in need of care in 2017²⁷

Employees in nursing homes
(residential and semi-residential)²⁸

764,648

Employees in mobile
care services in 2017²⁹

390,322

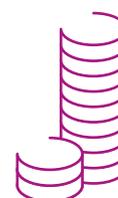
Healthcare spending by institution²⁵

2018, in millions of euros:

96,922 Hospitals	20,240 Administration
54,892 Doctors' practices	17,143 Other centres and private households
51,883 Pharmacies	17,081 Practices of other medical professions
35,515 Nursing care (residential/ semi-residential)	10,101 Prevention/rehabilitation centres
27,349 Dental practices	6,992 Investments
21,342 Outpatient care	5,355 Emergency services
21,312 Health trade professions and health trade retail	2,694 Health protection
	1,808 Abroad (imports)

Health spending as a
percentage of gross domestic
product in 2018²⁶

11.7%



Actors



Approximately

5.7 m
people³⁰

Total healthcare personnel in 2018

Healthcare personnel (2018) in thousands³¹

- 1,103** in healthcare and nursing care, emergency medical services and midwifery
- 679** in doctor and practice assistance
- 645** in care for the elderly
- 465** in human medicine and dentistry
- 406** in non-medical therapy and treatment
- 171** in pharmacies
- 156** in medical, orthopaedic and rehabilitation technology
- 103** in medical laboratories
- 90** in administration
- 56** in education, social work, and social and therapeutic education and nursing care for people with disabilities
- 52** in sales of products commonly sold in health and beauty stores and pharmacies and medical supplies
- 47** in psychology and non-medical psychotherapy
- 18** in nutrition and health advice and wellness
- 7** in media, documentation and information services
- 1,679** in other healthcare professions

Hospitals



Hospitals³⁴

in 2018

1,927



Hospital beds³⁵

in Germany in 2018

498,283



Beds in intensive care³⁶

per 100,000 inhabitants*

33.9

* Capacities are being expanded in the current crisis

Practising doctors³²

in 2018

Approximately
360,000



Supply density³³

of practising doctors
per 1,000 residents
(2018)

4.3

The Federal Ministers of Health from 1961 to today



Elisabeth Schwarzhaupt
CDU
14 November 1961–
30 November 1966



Käte Strobel
SPD
1 December 1966–
14 December 1972



Dr Katharina Focke
SPD
15 December 1972–
14 December 1976



Antje Huber
SPD
15 December 1976–
27 April 1982



Anke Fuchs
SPD
28 April 1982–
1 October 1982



Dr Heiner Geißler
CDU
2 October 1982–
25 September 1985



Prof. Dr Rita Süßmuth
CDU
26 September 1985–
25 November 1988



Prof. Dr Dr h.c. Ursula Lehr
CDU
9 December 1988–
17 January 1991



Gerda Hasselfeldt
CSU
18 January 1991–
5 May 1992



Horst Seehofer
CSU
6 May 1992–
26 October 1998



Andrea Fischer
Alliance 90/The Greens
27 October 1998–
9 January 2001



Ulla Schmidt
SPD
10 January 2001–
27 October 2009



Dr Philipp Rösler
FDP
28 October 2009–
12 May 2011



Daniel Bahr
FDP
12 May 2011–
16 December 2013



Hermann Gröhe
CDU
17 December 2013–
14 March 2018



Jens Spahn
CDU
Since 14 March 2018

Glossary

Associations of SHI doctors and dentists

These are the self-administration entities for doctors, psychotherapists and dentists. They negotiate the terms for the remuneration of services with the SHI funds. The regional associations are represented at the federal level by umbrella organisations. (pp. 18–20, 31)

Federal Centre for Health Education (BZgA)

The BZgA is responsible for prevention and the promotion of healthy living at the federal level. It develops strategies and implements them by means of campaigns, programmes and projects. The work of the BZgA focuses on promoting responsible and healthy living and on encouraging people to make proper use of the services offered by the health-care system. (p. 17)

Federal Institute for Drugs and Medical Devices (BfArM)

The BfArM is a federal authority reporting to the BMG and its responsibilities include, but are not limited to, the approval and registration of medicines, medicine safety and the risk assessment and evaluation of medicines and medical devices. The BfArM manages key medicinal classifications and terminologies that are important for health telematics and the payment of healthcare services. The BfArM operates database-supported information systems for medicines, medical devices and treatment data as well as for the evaluation of health-care procedures. The German Institute for Medical Documentation and Information (DIMDI) is to be closed and most of its functions are to be transferred to the BfArM. (pp. 17, 45)

Federal Joint Committee (G-BA)

The Federal Joint Committee is the most important component of joint self-administration in the German healthcare system. Its main task is by means of binding guidelines to further define what the healthcare services comprise and decide what treatments are paid for by the statutory health insurance funds. (pp. 10, 19, 33)

Federal Ministry of Health (BMG)

Within the framework of the Basic Law, the Federal Ministry of Health performs legislative and administrative functions in the field of health policy and is the federal ministry responsible for health and long-term care insurance. (pp. 16–17, 42–45)

Federal Union of German Associations of Pharmacists (ABDA)

The ABDA is the umbrella organisation for pharmacists in Germany. It represents the interests of the pharmaceutical profession in politics and society. The ABDA unites the states' pharmacist chambers that make up the federal chamber of pharmacists and the states' pharmacist associations in the German association of pharmacists. (p. 21)

gematik GmbH

Originally, gematik GmbH was simply an organisation within the self-administration of the health-care system. Since 2019 the BMG has been its majority shareholder with a stake of 51%. The role of gematik GmbH is to network the healthcare system securely and to expand the applications of the electronic health card and the telematics infrastructure. (p. 44)

German Hospital Federation (DKG)

The DKG and the hospital associations of the individual states are self-administration bodies for German hospitals, like the professional associations for SHI doctors and dentists. (pp. 19–20)

Inpatient care

Inpatient care is defined as treatment provided in hospitals and medical rehabilitation centres. (pp. 18, 30–31, 35, 38–39)

Outpatient care

Outpatient care refers to all forms of treatment provided outside hospitals. The largest area consists of outpatient medical and dental services. Further areas are, for example, psychotherapy and other forms of therapeutic treatment. (pp. 8, 20, 30–31, 38–39)

Paul-Ehrlich-Institut, Federal Institute for Vaccines and Biomedicines (PEI)

The PEI evaluates human biomedicines and immunological veterinary medicines with regard to their quality, effectiveness and safety and authorises their marketing. It ensures independent scientific risk-benefit analysis of biomedicines and human and veterinary vaccines in their development, authorisation and everyday use, as well as of antibodies, immunoglobulins, allergens for therapies and in vivo diagnosis, cell-based and genetic therapies, tissue engineering and blood products. It is, moreover, responsible for approving clinical trials and for pharmacovigilance (the recording and analysis of potential side effects, taking action).

Other functions carried out by the institute include official batch testing, scientific advice, inspection activities and performance testing of high-risk in vitro diagnostics on behalf of notified bodies. Its own research in the field of biomedicines and life sciences supports the performance of these tasks.

The PEI also performs advisory functions and tasks at the national level (Federal Government and governments of the Länder) and internationally (World Health Organization, European Medicines Agency, European Commission, European Council and others). (p. 17)

Private health insurance (PHI)

Private health insurers are private sector companies that offer health insurance. They offer contracts that both supplement and replace statutory health insurance. Certain eligibility criteria apply. (pp. 8–9, 21, 24, 37)

Risk structure compensation

Risk structure compensation is used in statutory health insurance to achieve a financial balance between the different membership structures of the individual SHI funds. (pp. 25–26)

Robert Koch Institute (RKI)

The Robert Koch Institute (RKI) is the main Federal Government institution for the identification and prevention of diseases and so also the main federal institution for applied biomedical research in support of political decision-making. The main tasks of the RKI are the identification, prevention and combating of diseases, especially infectious diseases. Its general statutory role is to provide a scientific basis for health-related political decision-making. The RKI advises the relevant federal ministries, particularly the Federal Ministry of Health (BMG), and is involved in developing norms and standards. It informs and advises the scientific sector and increasingly the wider public. The RKI acts as a key monitoring station in the early-warning system established to identify public health threats and risks. (p. 17)

Self-administration

In Germany the principle of self-administration applies. Although the state sets out the legal framework, responsibilities and tasks, the insured, those who pay mandatory contributions and the service providers organise themselves in associations that are responsible for providing medical care to the population. (pp. 10–11, 16, 19, 44)

State medical associations and German Medical Association

The state medical associations are the professional bodies for all registered doctors. They are independently managed entities under public law. Members of the medical associations can be either SHI-authorized physicians or those working in hospitals, public health departments or other organisations.

The German Medical Association (the association of the German chambers of physicians) is the central organisation in the system of medical self-administration; it represents the interests of doctors in Germany in matters relating to professional

policy. As the association of the 17 German chambers of physicians, the German Medical Association plays an active role in opinion-forming processes with regard to health policy where society is concerned. It also develops perspectives for health and social policy that is close to the people and responsible. The same structure exists for dentists and psychotherapists. (pp. 18, 21)

Statutory health insurance (SHI)

Statutory health insurance is part of the German system of social security. Its funds are responsible for insuring their members and advising them on preventive healthcare and maintaining and improving their health.

(pp. 8–10, 18–20, 24–26, 31–33, 36)

A detailed list of all the relevant terms in the German health system can be found at www.bundesgesundheitsministerium.de/service/begriffe-von-a-z/

Reference sources

- ¹ Exact figure: 1,927 hospitals. Source: Federal Statistical Office. Last retrieved on 19 May 2020 from: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Krankenhaeuser/_inhalt.html. (https://www.destatis.de/EN/Themes/Society-Environment/Health/Hospitals/_node.html;jsessionid=005ABDC44A6B0D237CDAF3A52F77990D.internet8712)
- ² Exact figure: 149,710 doctors providing care covered by statutory health insurance. Source: National Association of Statutory Health Insurance Physicians. Last retrieved on 10 June 2020 from: https://www.kbv.de/media/sp/2019_12_31_BAR_Statistik.pdf, p. 3 (in German)
- ³ Exact figure: 28,116 psychotherapists providing care covered by statutory health insurance. Source: National Association of Statutory Health Insurance Physicians. Last retrieved on 27 May 2020 from: https://www.kbv.de/media/sp/2019_12_31_BAR_Statistik.pdf, p. 3 (in German)
- ⁴ Exact figure: 19,423. Source: ABDA. Last retrieved on 19 May 2020 from: https://www.abda.de/fileadmin/user_upload/assets/ZDF/ZDF_2019/ABDA_ZDF_2019_Brosch.pdf, p. 5 (in German)
- ⁵ Rounded up to one decimal place: €390.6 bn. Source: Federal Statistical Office. Last retrieved on 19 May 2020 from: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Gesundheitsausgaben/_inhalt.html (https://www.destatis.de/EN/Themes/Society-Environment/Health/Health-Expenditure/_node.html)
- ⁶ Source: Federal Statistical Office. Last retrieved on 19 May 2020 from: https://www.destatis.de/DE/Presse/Pressemitteilungen/2019/11/PD19_427_12621.html (in German)
- ⁷ Source: National Association of Statutory Health Insurance Physicians. Last retrieved on 21 May 2020 from: <https://gesundheitsdaten.kbv.de/cms/html/24044.php> (in German)
- ⁸ Source: Federal Statistical Office. Last retrieved on 19 May 2020 from: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Gesundheitspersonal/_inhalt.html (https://www.destatis.de/EN/Themes/Society-Environment/Health/Health-Personnel/_node.html)
- ⁹ Exact figure: 105 statutory health insurance funds. Source: vdek. Last retrieved on 27 May 2020 from: https://www.vdek.com/presse/daten/b_versicherte.html (in German)
- ¹⁰ Source: Verband der Ersatzkassen (Association of Substitute Funds). Last retrieved on 19 May 2020 from: https://www.vdek.com/presse/daten/b_versicherte.html (in German)
- ¹¹ Source: Federal Ministry of Health. Last retrieved on 19 May 2020 from: <https://www.bundesgesundheitsministerium.de/themen/krankenversicherung/grundprinzipien/aufgaben-und-organisation-der-gkv.html> (in German)
- ¹² Source: Verband der Ersatzkassen (Association of Substitute Funds). Last retrieved on 28 May 2020 from: https://www.vdek.com/presse/daten/b_versicherte.html (in German)
- ¹³ Source: Federal Government health reporting. Last retrieved on 19 May 2020. Please visit the website www.gbe-bund.de for data updated on an ongoing basis.
- ¹⁴ Source: SHI KV 45 statistics. Last retrieved on 27 May 2020 from: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/GKV/Finanzergebnisse/KV45_1-4_Quartal_2019_Internet.pdf, p. 3 (in German)
- ¹⁵ Source of graphic: vdek. Graphic redesigned. Last retrieved on 29 May 2020 from: https://www.vdek.com/presse/daten/c_einnahmen-ausgaben.html (in German)
Source of total volume: Federal Office for Social Security. Last retrieved on 12 June 2020 from: https://www.bundesamtsozialesicherung.de/fileadmin/redaktion/Risikostrukturausgleich/Schaetzerkreis/20171019_Schaetzerkreis_1718_Abschlussbericht_final.pdf, p. 3 (in German)
- ¹⁶ Converted from spending in euros to spending in percent. Source: Federal Ministry of Health. Last retrieved on 19 May 2020 from: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/GKV/Kennzahlen_Daten/KF2019Bund_Juli_2019.pdf, p. 1 (in German)
- ¹⁷ See 1
- ¹⁸ Source: ABDA. Last retrieved on 19 May 2020 from: https://www.abda.de/fileadmin/user_upload/assets/ZDF/ZDF_2019/ABDA_ZDF_2019_Brosch.pdf, p. 5 (in German)
- ¹⁹ Source: Pro Generika. Last retrieved on 19 May 2020 from: https://www.progenerika.de/wp-content/uploads/2019/05/Generika-in-Zahlen_2018.pdf, p. 4 (in German)

- ²⁰ Total number of people cared for: 3,920,014. People cared for an outpatient basis: 2,905,325. People cared for on an inpatient basis: 780,064. Source: Federal Ministry of Health. Last retrieved on 10 June 2020 from: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/Pflegeversicherung/Zahlen_und_Fakten/Zahlen_und_Fakten_der_SPV_17.Februar_2020_barr.pdf, pp. 1–2 (in German)
- ²¹ Source: 544 million: National Association of Statutory Health Insurance Funds. Last retrieved on 19 May 2020 from: https://www.gkv-spitzenverband.de/media/dokumente/krankenversicherung_1/praevention_selbsthilfe_beratung/praevention/praeventionsbericht/2019_GKV_MDS_Praeventionsbericht_barrierefrei.pdf, p. 10 (in German)
- Source: 5.7 billion: https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/GKV/Finanzergebnisse/KJ1_2018_Internet.pdf (in German)
- ²² Source: Hausärzterverband (German Association of General Practitioners). Last retrieved on 19 May 2020 from: <https://www.hausaerzterverband.de/themen/hausarztvertraege.html> (in German)
- ²³ Rounded up to one decimal place: 8.2 million. Source: Federal Government's Commissioner for Drugs. Last retrieved on 19 May 2020 from: https://www.drogenbeauftragte.de/fileadmin/dateien-dba/Drogenbeauftragte/Jahrestagung_2018/181116_BMG_BRO_A5_Auswirkung_von_Drogen_und_Such_v02_WEB.pdf, p. 3 (in German)
- ²⁴ See 5
- ²⁵ Source: Federal Statistical Office. Detailed data and long time series for health spending can be retrieved via the tables for the health expenditure account (23611) in the GENESIS-Online database. Last retrieved on 10 June 2020 from: https://www-genesis.destatis.de/genesis/online?sequenz=statistikTabellen&selectionname=23611*#abreadcrumb (in German)
- ²⁶ Source: Federal Statistical Office. Last retrieved on 19 May 2020 from: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Gesundheitsausgaben/_inhalt.html (https://www.destatis.de/EN/Themes/Society-Environment/Health/Health-Expenditure/_node.html;jsessionid=C09D516DC34B6269D393F7DFEBA4EA52.internet8732)
- ²⁷ Source: Federal Statistical Office. Last retrieved on 10 June 2020 from: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Pflege/Publikationen/Downloads-Pflege/pflege-deutschlandergebnisse-5224001179004.pdf?__blob=publicationFile, p. 18 (in German)
- ²⁸ Source: Federal Statistical Office. Last retrieved on 10 June 2020 from: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Pflege/Publikationen/Downloads-Pflege/pflege-deutschlandergebnisse-5224001179004.pdf?__blob=publicationFile, p. 35 (in German)
- ²⁹ Source: Federal Statistical Office. Last retrieved on 10 June 2020 from: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Pflege/Publikationen/Downloads-Pflege/pflege-deutschlandergebnisse-5224001179004.pdf?__blob=publicationFile, p. 23 (in German)
- ³⁰ See 8
- ³¹ Source: Federal Government health reporting. Last retrieved on 2 June 2020. Please visit the website www.gbe-bund.de for data updated on an ongoing basis.
- ³² Source: Federal Statistical Office. Last retrieved on 19 May 2020 from: https://www.destatis.de/DE/Presse/Pressemitteilungen/Zahl-der-Woche/2020/PD20_13_p002.html (in German)
- ³³ Source: Federal Statistical Office. Last retrieved on 19 May 2020 from: https://www.destatis.de/DE/Presse/Pressemitteilungen/Zahl-der-Woche/2020/PD20_13_p002.html (in German)
- ³⁴ Source: Federal Statistical Office. Last retrieved on 10 June 2020 from: <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Krankenhaeuser/Tabellen/gd-krankenhaeuser-jahre.html> (in German)
- ³⁵ Source: Federal Statistical Office. Last retrieved on 10 June 2020 from: <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Krankenhaeuser/Tabellen/gd-krankenhaeuser-jahre.html> (in German)
- ³⁶ Source: Federal Statistical Office. Last retrieved on 19 May 2020 from: https://www.destatis.de/DE/Presse/Pressemitteilungen/2020/04/PD20_119_231.html (https://www.destatis.de/EN/Press/2020/04/PE20_119_231.html)

Information from the Federal Ministry of Health

Websites

Up-to-date information from the Federal Ministry of Health can be found at:
www.bundesgesundheitsministerium.de

You can also follow us on Facebook, Twitter, YouTube and Instagram:

www.facebook.com/bmg.bund
www.twitter.com/bmg_bund
www.youtube.com/user/BMGesundheit
www.instagram.com/bundesgesundheitsministerium

Information about the topics covered by the Federal Government's Commissioner for Drugs can be found at:
www.drogenbeauftragte.de

Information about the topics covered by the Federal Government's Commissioner for Patients' Affairs can be found at:
www.patientenbeauftragte.de

Information about the topics covered by the Federal Government's Delegate for Care can be found at:
www.pflegebevollmaechtigter.de

Citizen hotline

With a citizen hotline for various topics and a service for the deaf and those hard of hearing, the Federal Ministry of Health offers a competent and independent point of contact for anyone to get answers to their questions relating to the German health-care system. Questions are answered by the staff of the citizen hotline in Rostock, which works on behalf of the Federal Ministry of Health. The citizen hotline is operated by Telemark Rostock, which only collects,

processes and uses personal data as permitted by the General Data Protection Regulation and the German Federal Data Protection Act. The Federal Ministry of Health's citizen hotline can be reached from Monday to Thursday between 8 a.m. and 6 p.m. and on Friday from 8 a.m. to 12 p.m. via the following numbers:

Citizen hotline for health insurance
+49 (0)30 340606601
Citizen hotline for nursing care insurance
+49 (0)30 340606602
Citizen hotline for preventive healthcare
+49 (0)30 340606603
Advisory service for the deaf and those hard of hearing
Fax: +49 (0)30 340606607
Email: info.deaf@bmg.bund.de
info.gehoerlos@bmg.bund.de
Sign language hotline (videotelephony)
www.gebaerdentelefon.de/bmg/

Further information is available from the website:
www.bundesgesundheitsministerium.de/buergertelefon

Publications

Below you will find a selection of other publications by the Federal Ministry of Health. You can order the brochures listed here from the Federal Government's service for printed material, using the order number provided. Alternatively, they can be downloaded as barrier-free PDF files from the website of the Federal Ministry of Health.

Order the brochures for free

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Website: online orders and list of current publications at:

www.bundesgesundheitsministerium.de/publikationen

Novel coronavirus SARS-CoV-2 – Information and practical advice

In this brochure, the Federal Ministry of Health and Ethno-Medizinisches Zentrum e.V. (Ethno-Medical Centre) provide information about the novel coronavirus in 16 languages.

As of: April 2020

Order number: BMG-G-11099 (German), BMG-G-11099ar (Arabic), BMG-G-11099bos (Serbian/Croatian/Bosnian), BMG-G-11099chi (Chinese), BMG-G-11099e (English), BMG-G-11099f (French), BMG-G-11099g (Greek), BMG-G-11099i (Italian), BMG-G-11099k (Kurdish), BMG-G-11099p (Pashto), BMG-G-11099fa (Persian), BMG-G-11112po (Polish), BMG-G-11099rum (Romanian), BMG-G-11099rus (Russian), BMG-G-11099s (Spanish), BMG-G-11099tü (Turkish)

Availability: print and as a barrier-free PDF file to download



Our health system (in German)

Are you interested in the German healthcare system – as a poster? Would you like to have a complete overview of all the different actors involved in the health system? Then our diagram “Our healthcare system” is just right for you. It illustrates the main institutions and responsibilities in the German health system and how they interact.

As of: August 2019

Order number: BMG-G-11092

Availability: print and as a barrier-free PDF file to download





Healthy in Germany – where can I get information? (in German)

The German healthcare system is complex and it involves many different actors. Who should I ask if I, for example, want to find out more about advice for patients or on the subject of vaccinations? This brochure lists the most important institutions in our healthcare system and provides answers to the most frequently asked questions, as well as contact details for further information.

As of: February 2020

Order number: BMG-G-11088

Availability: print and as a barrier-free PDF file to download



Im Dialog (In Dialogue) – the magazine from the Federal Ministry of Health (in German)

Im Dialog is the magazine from the Federal Ministry of Health. It provides information on important subjects and events relating to health and nursing care. You will find helpful services here, as well as references to our events and current campaigns. Complex healthcare topics are explained simply in full-length articles with illustrative diagrams.

Issue 4 (shown) as of: January 2020

Order number: BMG-G-11096

Availability: print and as a barrier-free PDF file to download

If you would like to subscribe to the magazine for free, please send an email to: ImDialog@bmg.bund.de



Digitale Gesundheit 2025 (Digital Health 2025) (in German)

At its innovation forum Digitale Gesundheit 2025, the Federal Ministry of Health provided a platform for experts from all areas of the healthcare system to discuss how the opportunities and possibilities offered by digitalisation can be used systematically for better healthcare, not just in the current legislative period. The brochure presents the innovation forum and its results in five action areas, highlighting the current focal points of digitalisation in the German healthcare system.

As of: March 2020

Availability: as a barrier-free PDF file to download



Healthcare data for 2019 (in German)

This publication provides an overview of current healthcare data. Following the tradition of the Statistisches Taschenbuch Gesundheit (Statistical Handbook for Health), they have been summarised here succinctly along with their social and macroeconomic reference points. Up-to-date information about statutory health insurance and nursing care insurance can also be found in the statistics section of the BMG website (www.bundesgesundheitsministerium.de). Additional data about the health system, e.g. on health spending, medical personnel, hospitals, can also be obtained from the website of the Federal Statistical Office: www.gbe-bund.de

As of: November 2019

Availability: as a barrier-free PDF file to download



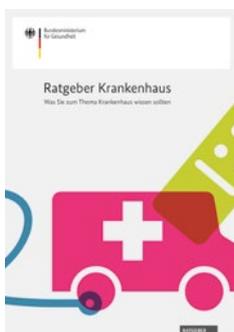
Health insurance handbook – everything you need to know about health insurance (in German)

Good health is the essential prerequisite for people to seize opportunities, use talents and make dreams come true. This handbook is intended to help you find your way around our healthcare system. From choosing a statutory health insurance fund to tips on going to a pharmacy, this brochure shows you the main rules and regulations at a glance.

As of: April 2020

Order number: BMG-G-07031

Availability: print and as a barrier-free PDF file to download



Hospital handbook – everything you need to know about hospitals (in German)

This handbook provides an introduction to hospitals in Germany and all-round information about the procedures and services that are important before, during and after receiving hospital treatment.

As of: February 2020

Order number: BMG-G-11074

Availability: print and as a barrier-free PDF file to download



Nursing care reference book (in German)

This brochure summarises the treatments and services covered by long-term care insurance.

This reference work is aimed both at people who need care and at family members who provide care.

As of: February 2020

Order number: BMG-P-11025

Availability: print and as a barrier-free PDF file to download

Long-Term Care Guide – Everything you need to know about care

This handbook provides an overview of nursing care and answers frequently asked questions about long-term care insurance and other benefits and services to support people in need of care and their carers.

As of: February 2020

Order number: BMG-P-07055 (German)

Availability: print and as a barrier-free PDF file to download

As of: March 2019

Order number: BMG-P-07055e (English), BMG-P-07055r (Russian), BMG-P-07055t (Turkish)

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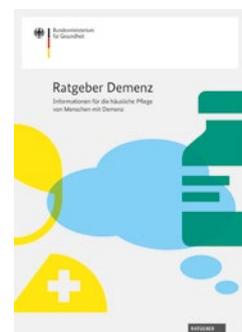
Dementia handbook – information about home care for people with dementia (in German)

This handbook provides information about caring for people with dementia, answers frequently asked questions and presents the services paid for by nursing insurance.

As of: October 2019

Order number: BMG-P-11021

Availability: print and as a barrier-free PDF file to download



In need of care. What now? – The first steps in getting help now

The flyer “In need of care. What now?” helps with the first steps when someone needs care.

It provides information and a brief overview of the people to talk to, as well as showing the different levels of care.

As of: February 2019

Order number: BMG-P-07053 (German)

Availability: print and as a barrier-free PDF file to download

As of: April 2018

Order number: BMG-P-07055e (English), BMG-P-07055r (Russian), BMG-P-07053t (Turkish)

Availability: as a PDF file to download



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The German healthcare system

The German health system cares for 83 million people. It is a central pillar of political, social and economic life. This overview of its structure serves as a basis for cross-border understanding and international cooperation to address the medical challenges of the future.