Gemeinsamer Bundesausschuss

Member States Perspective: Germany

4th European Healthcare Policy Deciders Forum
London School of Economics and Political Science

Speaker: Rainer Hess, LL.D, Federal Joint Committee

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- Social healthcare systems with compulsory membership of the population or part of it must offer a benefit package, which covers – besides preventive medicine - necessary services in case of illness.

- Given limited resources, there must be an assessment not only of the efficacy and effectivness of medical services but also of its efficiency (cost/ benefit relation).

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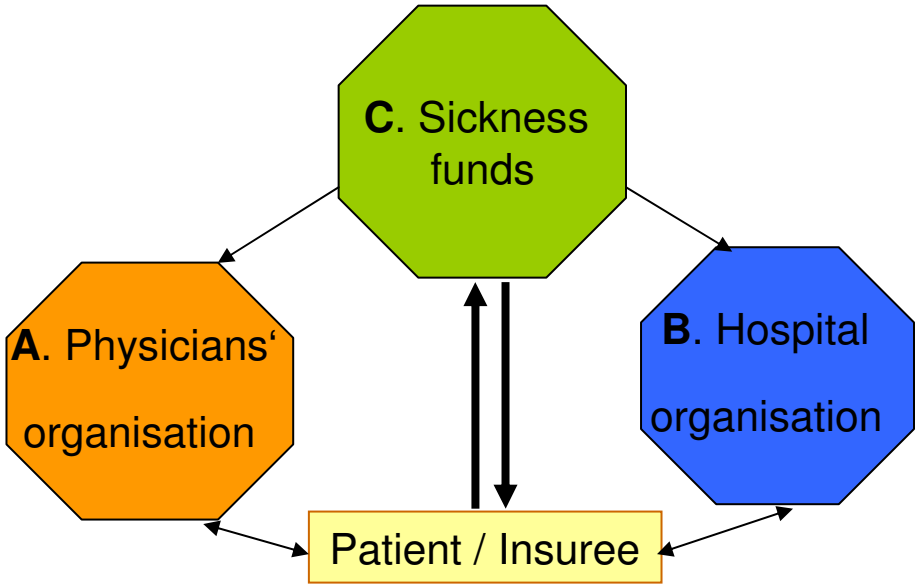
- Normative function of the G-BA by legally binding directives to guarantee equal access to necessary healthcare packages for all socially insured people.

- Competitive function of the sickness funds by selective contracts with providers to find the best way of efficient care for their insured members.

Legal Framework for Health Care established by law and the **Ministry of Health**

Statutory (*"Public"*) Health Insurance



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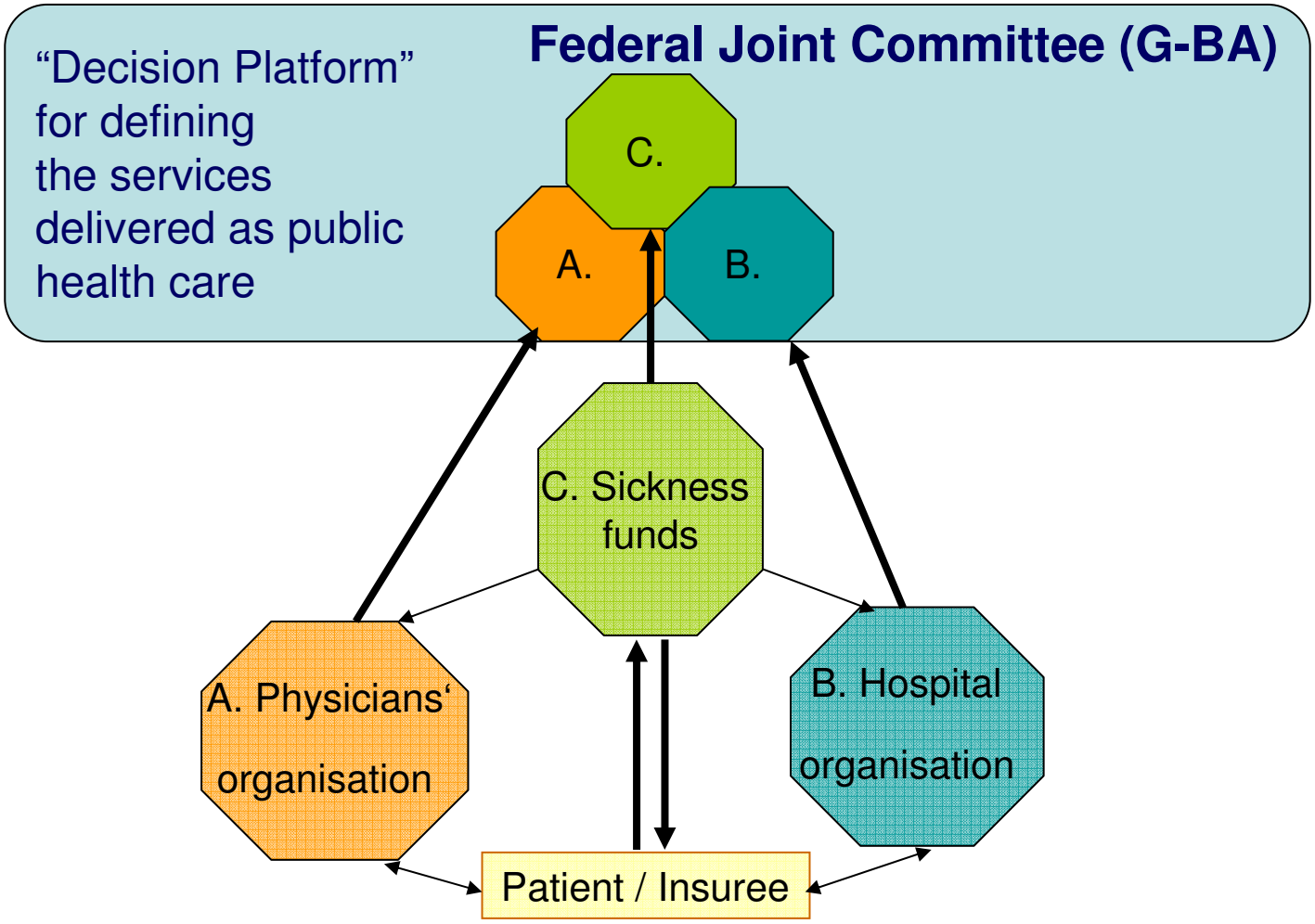

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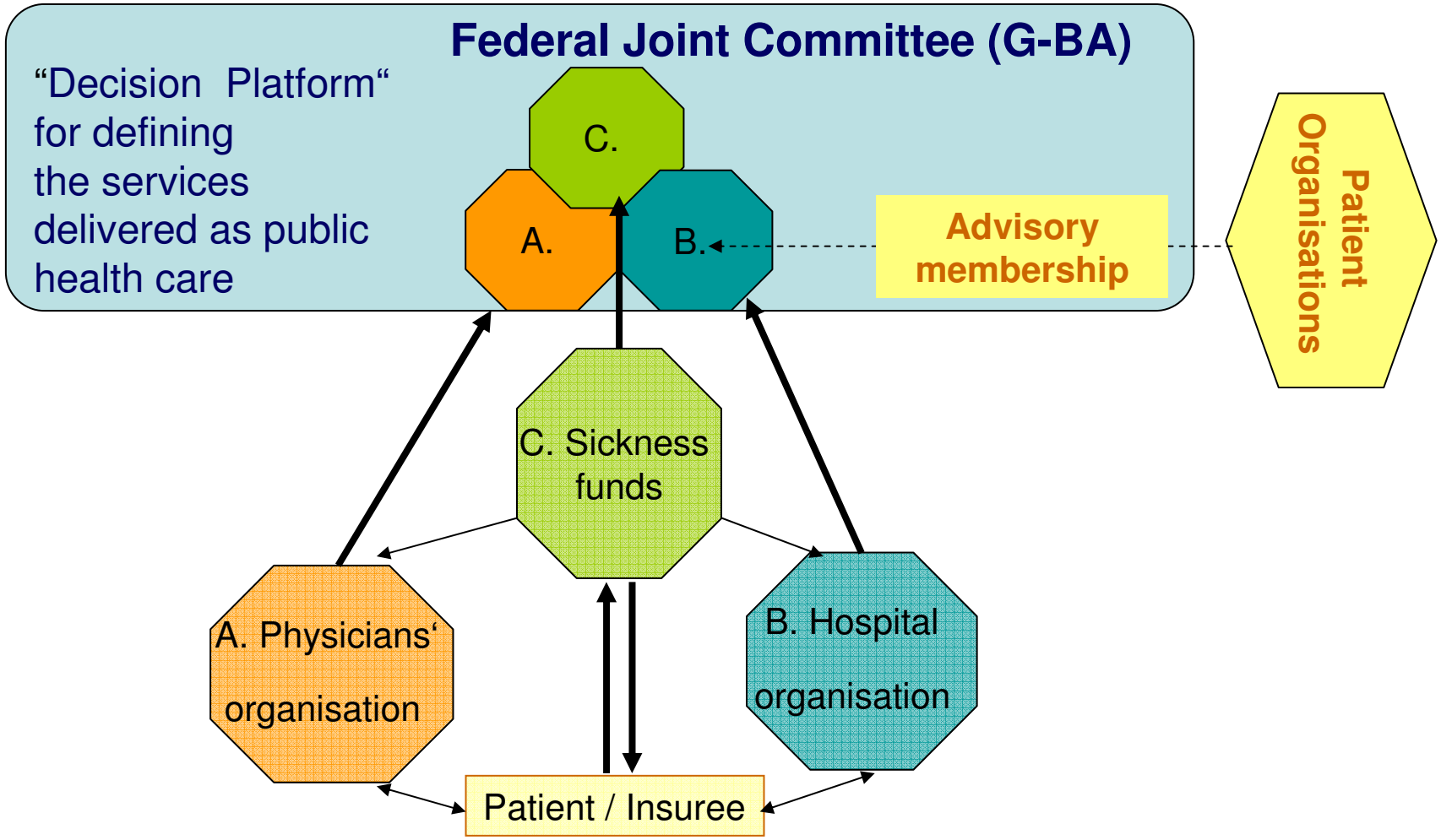

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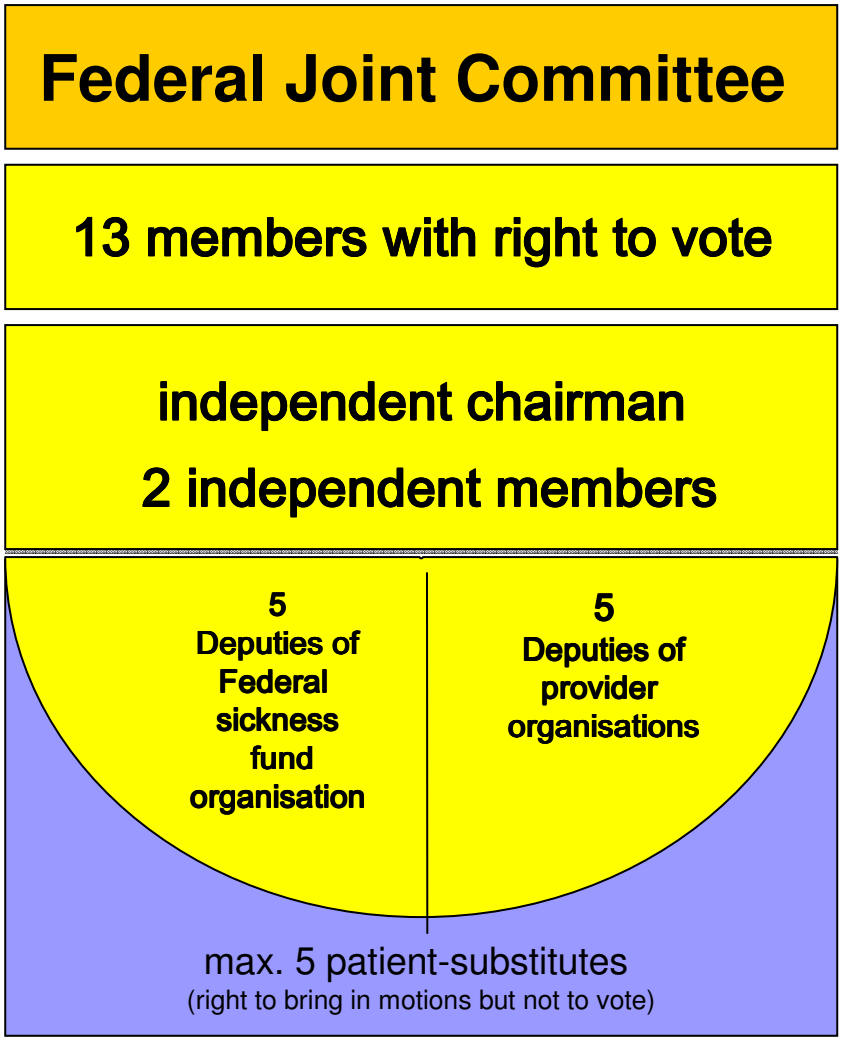

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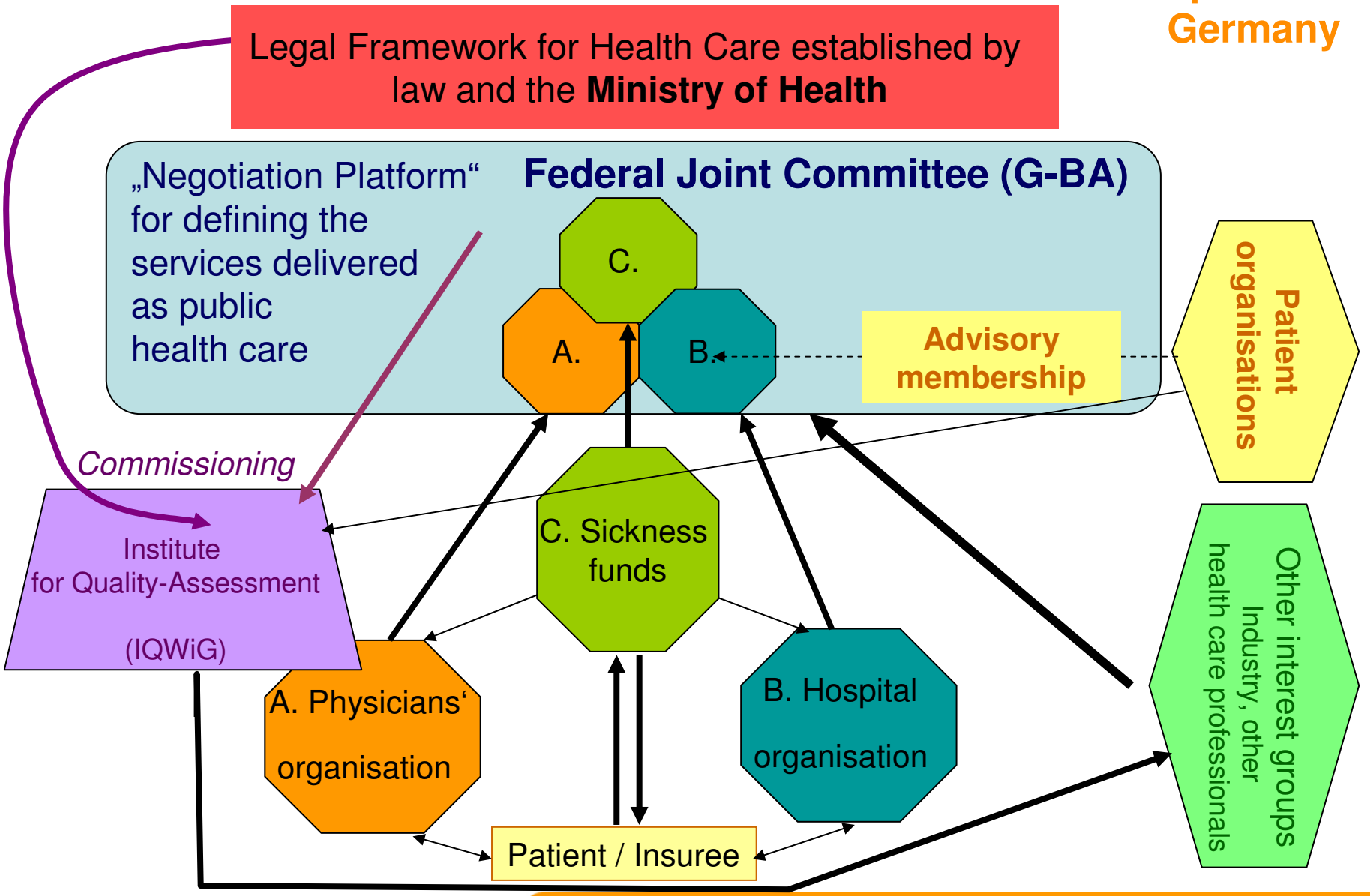

G-BA = legal consequences

- G-BA is authorised by law to issue directives which are binding on sickness funds, the insured population, panel physicians and hospitals
- Where involved as a “third-party”, industry must accept reduced profitability in their market position, if the directive is in accordance with the standard of medical science (according to ebm criteria)
- Directives can reduce or exclude sickness fund services if the assessment does not prove medical necessity and efficiency
- Directives can define requirements for the qualifications of providers, the structure of delivery of services and the quality of services
- Directives define preventive programmes for early diagnoses (screening) of cancer, paediatric illnesses and a health-check
- Directives recommend DMP for chronicle illnesses to the ministry

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- Benefit-package decisions must be justified by an evidence-based process to determine whether services, pharmaceuticals or technologies are medically effective to reach patient relevant objectives:
  - ➢ morbidity, mortality and life-quality

- Evidence-based assessments in Germany could only be used to select the most appropriate (efficient) service in relation to others; if a costly innovation has a significant additional benefit, the sickness funds must pay for it (rationalizing not rationing).

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- Technology-related decisions must be based on an open, evidence-based process to determine whether medical goods or services are medically effective for the population.

- Evidence-based assessments should be used to select the most appropriate (efficient) uses for costly technology.

Early assessment of drugs (starting 1. 1. 2011):

1. within three months after market access
2. on basis of the dossier submitted by the producer
3. proving an additional benefit in relation to the appropriate pharmaceutical or non-pharmaceutical treatment
4. quantifying the additional value of the drug
5. deciding after hearing the producer and experts within additional three months about the additional benefit and its value
6. If not, deciding about a reference price group or an upper price limit
7. (only) as basis for price-negotiations with the federal sickness fund association

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