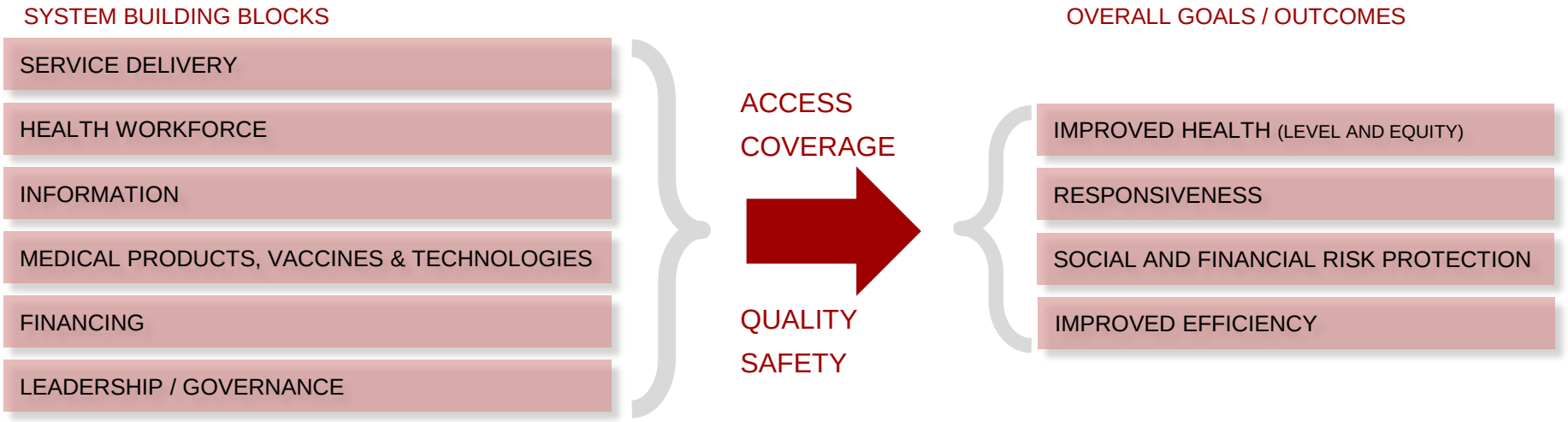
Berlin Centre for Health Economic Research (BerlinHECOR)

Our overarching topic, our contribution to the German health system:

„Towards a Performance Assessment of the German Health Care System“

THE WHO HEALTH SYSTEM FRAMEWORK



Questions assessed by BerlinHECOR:

- Are the building blocks/ goals and their definitions applicable to Germany?
- Do (good) data exist to assess performance? Or do they have to be created?
- Can the methodologies to assess performance be improved?
- *How does the German health system perform?*

Source: World Health Organization (WHO) (2007) *Everybody's business: Strengthening health systems to improve health outcomes. WHO's framework for action.* Geneva: WHO Document Production Services.

Dimensions of Health System Performance Assessment

Population health gain	Social and financial risiko protection	Efficiency	Health system responsiveness	Equity in health and health care

Charité

Institute of Social Medicine, Epidemiology and Health Economics
Prof. Willich

New W2-Professorship Health Systems Research and Economics

Patient and Service Structures **(PASS-Germany)**

Prof. Reinhold

Institutionalized as part of BSPH

TU Berlin

Dept. Health Care Management **Prof. Busse**

Integrating the Population Perspective in Health System Performance Assessment **(IPHA)**

Capturing Geographic and Perceived Access Barriers to Health Care Services (**captureACCESS)**

Research Group Medical Devices: Incentives and Impact of Regulatory Instruments **(MeDIoRI)**
PD Dr. Henschke

Junior Professorship „Health Services Research and Quality Assurance in Ambulatory Care“ Prof. Vogt

Dept. Public Economics, esp. Health Economics **Prof. Runkel**

New Junior Professorship „Empirical Health Economics“

Financial Protection and Equity in Health and Health Care **(FINSUNG)**

Prof. Siegel

National and international partners

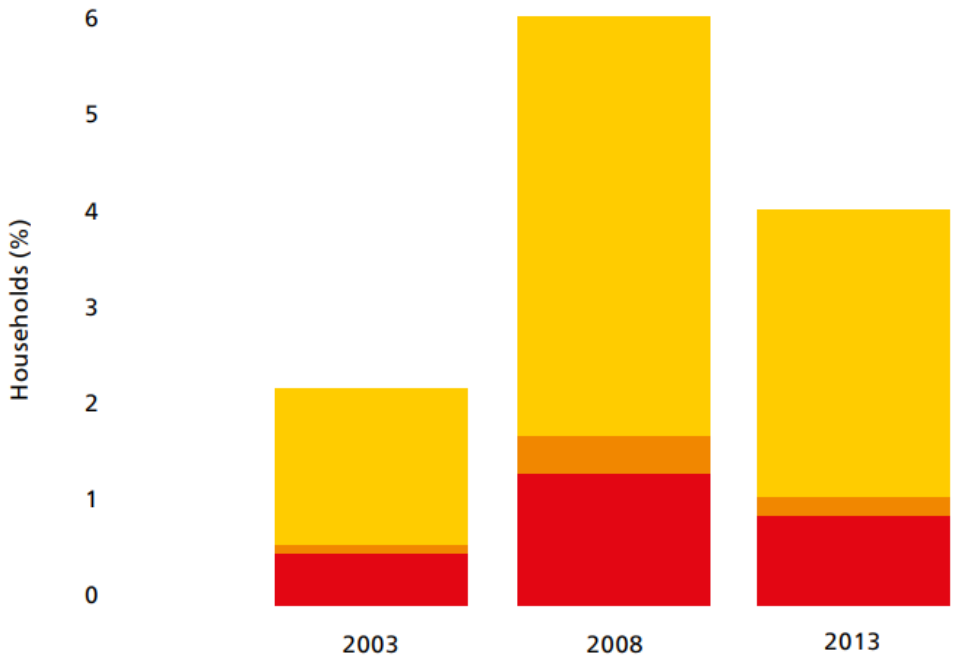
Health system goals covered by various BerlinHECOR projects

	Intermediate outcomes		Final outcomes			
	Access / Coverage	Quality / Safety	Improved health	Respon-siveness	Risk protection	Improved efficiency
MeDIoRI	X	X	X			X
FINSUNG	X		X		X	X
PASS-Germany		X	X			X
CaptureACCESS	X		X			
IPHA	X	X	X	X	X	X

Major achievements

- Financial protection measures developed for Germany
  Siegel & Busse 2018 WHO
- Analysis of access urban vs. rural perceived (survey) vs real (using geo-coding data) Baier et al. 2020 Social Science and Medicine
- First group to analyse routine private health insurance data
- Successful linkage of routine data with survey data (both SHI and PHI) e.g. Röttger et al. 2017 Social Science and Medicine
- New approach to measure system-wide efficiency developed
  Busse et al. 2017 Lancet
- Feasibility (2018) and pilot studies „Health system performance assessment of German health system“ with new assessment framework
- First complete HSPA pilot with on German health system based on 90 indicators delivered to MoH 12/2021

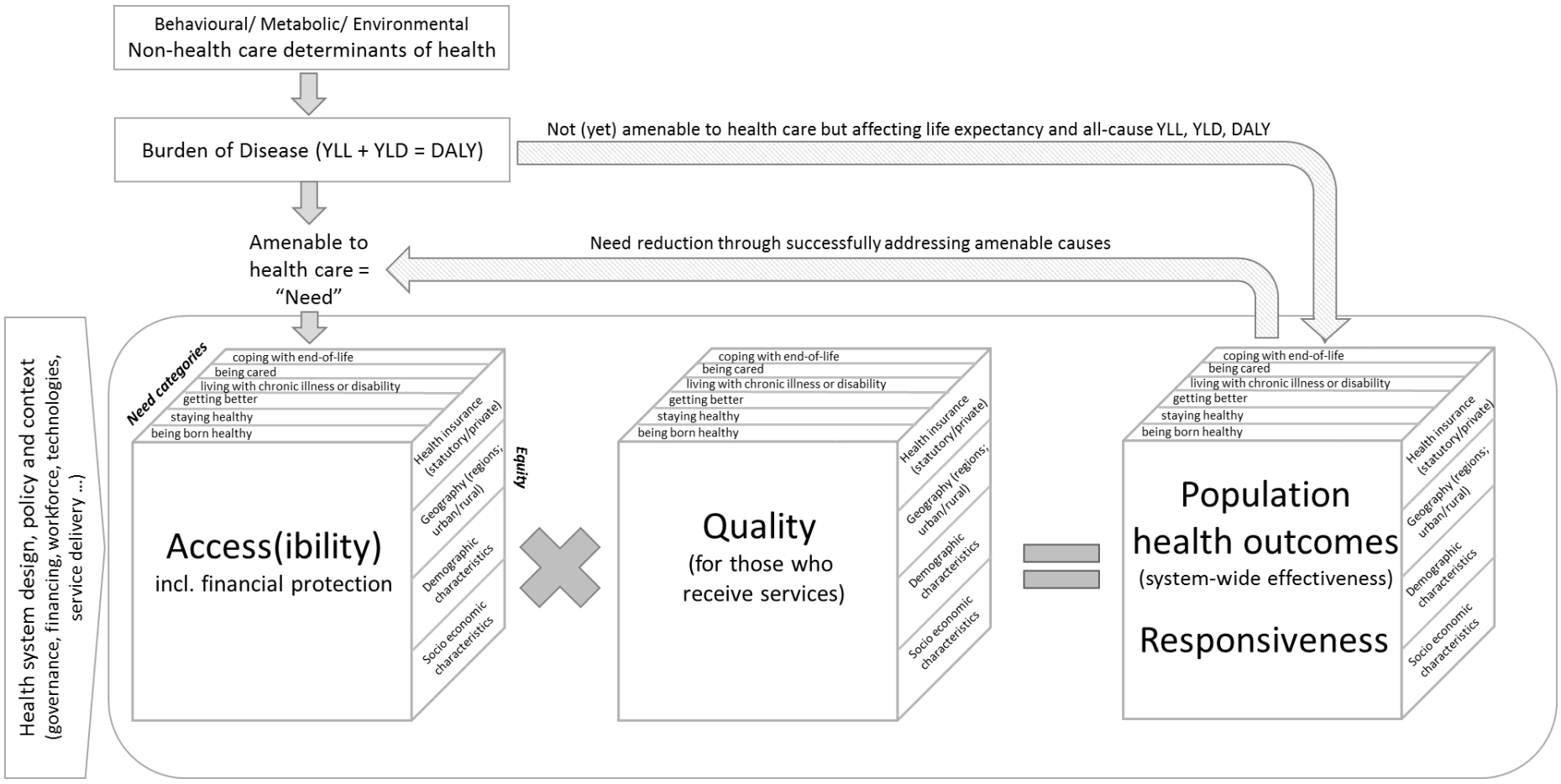
Fig. 13. Share of households at risk of impoverishment after out-of-pocket payments



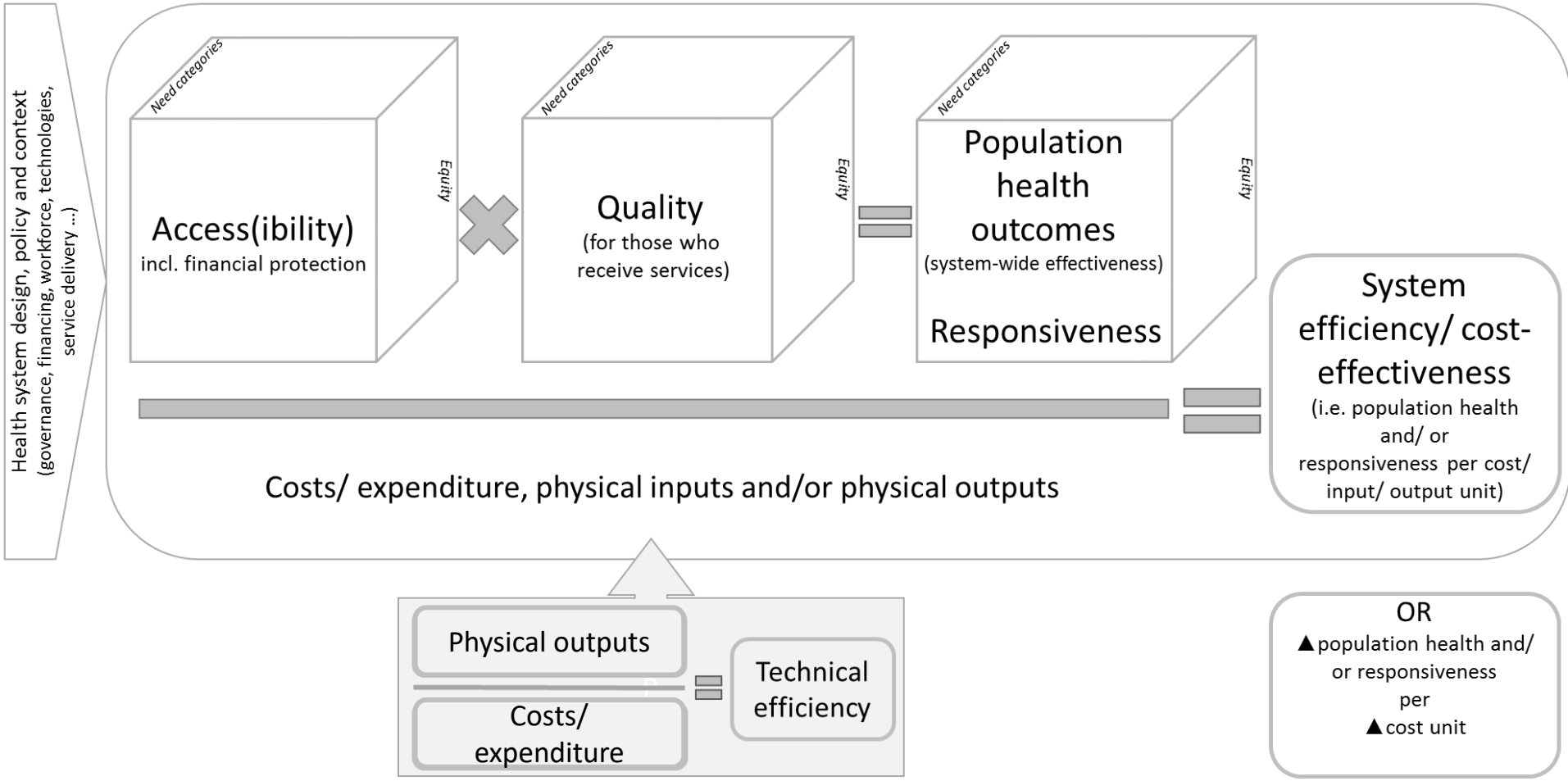
Note: a household is impoverished if its total spending falls below the basic needs line after out-of-pocket payments (OOPs); further impoverished if its total spending is below the basic needs line before OOPs; at risk of impoverishment if its total spending after OOPs comes within 120% of the basic needs line.

Source: authors based on household budget survey data.

Framework


Behavioural/ Metabolic/ Environmental
Non-health care determinants of health
Burden of Disease (YLL + YLD = DALY)
Not (yet) amenable to health care but affecting life expectancy and all-cause YLL, YLD, DALY
Amenable to health care = "Need"
Need reduction through successfully addressing amenable causes
Health system design, policy and context
(governance, financing, workforce, technologies, service delivery ...)
Need categories
coping with end-of-life
being cared
living with chronic illness or disability
getting better
staying healthy
being born healthy
Access(ibility)
incl. financial protection
Health insurance (statutory/private)
Geography (regions; urban/rural)
Demographic characteristics
Socio economic characteristics
Equity
Quality
(for those who receive services)
Population health outcomes
(system-wide effectiveness)
Responsiveness

Framework including efficiency



Our approach to measure system-wide efficiency (cross-sectional & incremental)

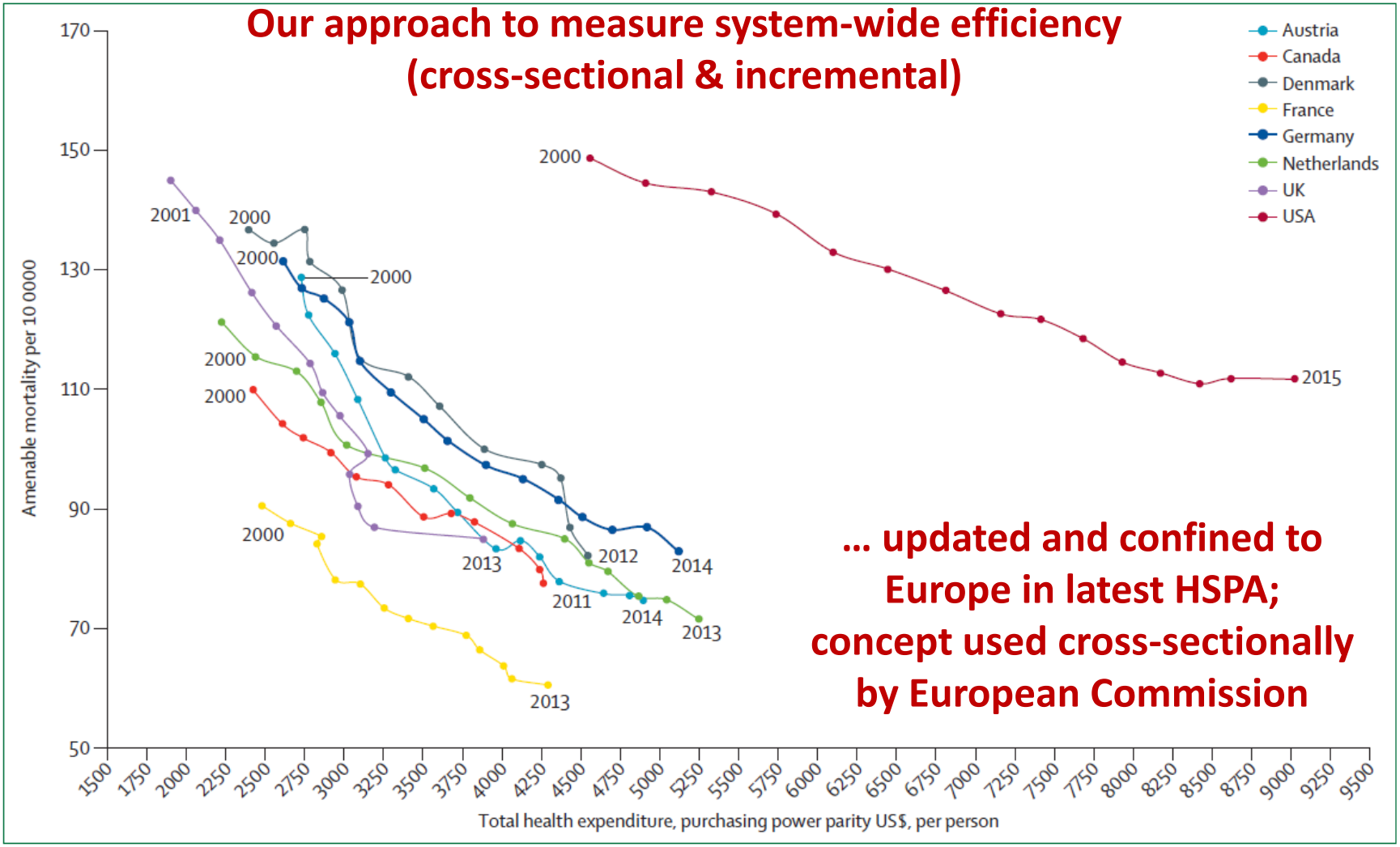


Figure 6: Amenable mortality per 100 000 people and changes in total health expenditure in Germany and selected countries, 2000–14[70]
The graphs show age-standardised changes in amenable mortality and include all persons aged 0–74 years of age.

Busse et al. (2017): Statutory health insurance in Germany: a health system shaped by 135 years of solidarity, self-governance, and competition. Lancet 390(10097): 882-897