Germany: health system review

Abstract
This analysis of the German health system reviews recent developments in organization and governance, health financing, health care provision, health reforms and health system performance. In the German health care system, decision-making powers are traditionally shared between national (federal) and state (Land) levels, with much power delegated to self-governing bodies. It provides universal coverage for a wide range of benefits. Since 2009, health insurance has been mandatory for all citizens and permanent residents, through either statutory or private health insurance. A total of 70 million people or 85% of the population are covered by statutory health insurance in one of 132 sickness funds in early 2014. Another 11% are covered by substitutive private health insurance. Characteristics of the system are free choice of providers and unrestricted access to all care levels. A key feature of the health care delivery system in Germany is the clear institutional separation between public health services, ambulatory care and hospital (inpatient) care. This has increasingly been perceived as a barrier to change and so provisions for integrated care are being introduced with the aim of improving cooperation between ambulatory physicians and hospitals. Germany invests a substantial amount of its resources on health care: 11.4% of gross domestic product in 2012, which is one of the highest levels in the European Union. In international terms, the German health care system has a generous benefit basket, one of the highest levels of capacity as well as relatively low cost-sharing. However, the German health care system still needs improvement in some areas, such as the quality of care. In addition, the division into statutory and private health insurance remains one of the largest challenges for the German health care system, as it leads to inequalities.

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