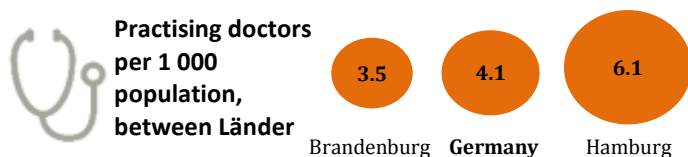


The German health system is characterised by high levels of human and physical resources guaranteeing good access to care with a low direct financial burden for patients. Nevertheless, the changing demographic situation with a rapidly ageing society creating new demand for health services will pose a challenge for Germany's health system. Progress could be made to promote more efficient use of resources, strengthen primary care, address high pharmaceutical spending and prevent the spread of risk factors such as harmful alcohol consumption.

Tackling maldistribution of doctors

▶ Although Germany has many doctors, they are distributed unevenly and demand will increase further

With 4.1 doctors per 100 000 population, Germany has more doctors than the average across the OECD (3.3). An unequal distribution of physicians causes concerns about how to ensure proper access to health services throughout the country. This is also true for Germany where there is a significant difference in the density of doctors between rural and urban regions. Moreover, due to an ageing doctor workforce (42% are older than 50 years) and a foreseeable increase in demand a shortage of doctors is projected for Germany in the future.



» What can be done?

- Increase training capacities for medical students and link training with work experience in underserved areas
- Accelerate integration of qualified migrant doctors into the workforce
- Continue to support the development of new care models by expanding the scope of practice of nurses
- Intensify the development of new team-based practice models to take account of changes in working time preferences by young and female doctors and in population needs

To read more about our work:

[Health at a Glance 2015](#)

Ono, T., M. Schoenstein and J. Buchan (2014) "[Geographic Imbalances in Doctor Supply and Policy Responses](#)", OECD Health Working Papers No.69

Promote efficient use of resources in hospitals

▶ Germany has high rates of surgical interventions, such as hip and knee replacements, compared with other OECD countries

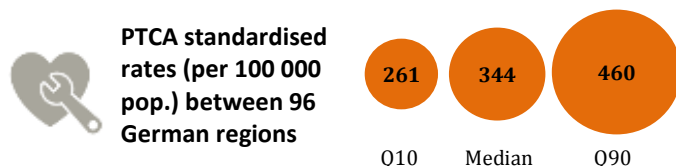
While some of this surgical activity can be explained by an older population, high comparative rates may suggest that interventions are determined by factors other than clinical need and patient preferences.

Hip replacement surgery per 100 000 population



▶ There is considerable geographical variation in Germany for coronary angioplasty (PTCA)

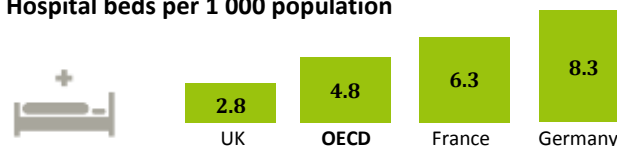
Geographical variations in health care within a country suggest that either unnecessary care is delivered in areas of high activity, or that there is unmet need in regions of low activity. This raises questions about efficiency, value for money and equity of health care services delivered in Germany.



▶ The number of hospital beds in Germany is higher than in most other OECD countries

High hospital activity is frequently associated with a greater availability of hospital beds. Despite significant reductions in capacity, German provides more hospital beds than the vast majority of OECD countries.

Hospital beds per 1 000 population



» What can be done?

- Raise awareness among providers and the public by more systematic public reporting of variations in high-cost, high-volume procedures
- Target providers through feedback and setting targets for specific health care activities
- Better engage patients through tools of shared decision-making and measurement of outcomes
- Reorganising capacity in areas with oversupply of hospital beds

To read more about our work:

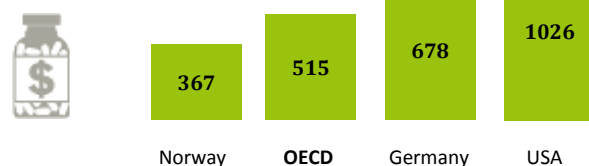
[Geographic Variations in Health Care: What Do We Know and What Can Be Done to Improve Health System Performance?](#)
[Health at a Glance 2015](#)

Reduce high spending for pharmaceuticals

► Germany is one of the highest pharmaceutical spenders among OECD countries

On a per capita basis, pharmaceutical spending in Germany was around 30% above the OECD average in 2013. Following a marked slowdown between 2009 and 2013, pharmaceutical spending picked up again in 2014.

Expenditure on pharmaceuticals per capita (USD PPP)



► High spending on pharmaceuticals is partly due to high volume of consumption and high prices for new patented pharmaceuticals

Germany is among the top users of a range of pharmaceuticals, such as antihypertensive drugs and antidiabetics. While this partly reflects the prevalence of high-blood pressure and diabetes, it also indicates differences in clinical practices.

Antihypertensive drugs consumption (DDD, per 1 000 pop.)



Price comparisons for pharmaceuticals between countries are notoriously difficult due to lack of transparent information on rebates. Nevertheless, Germany frequently ranks among countries with comparably high prices for new patented drugs such as for cancer treatment.

» What can be done?

- Continue initiatives to encourage prescription and consumption of lower-price generics
- Intensify efforts to limit pharmaceutical spending growth by applying “value-based pricing models” at market entry
- Increase transparency of reimbursement prices net of rebates

To read more about our work:

[Health at a Glance 2015](#)

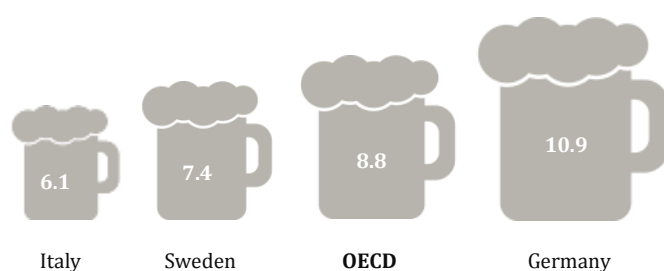
Belloni, A., D. Morgan and V. Paris (2016) “[Pharmaceutical Expenditure and Policies: Past Trends and Future Challenges](#)”, OECD Health Working Papers No.87

Address harmful use of alcohol

► The level of alcohol consumption in Germany is well above the OECD average, but has been declining over the past 30 years

Harmful alcohol use is associated with numerous adverse health and social consequences. It contributes to death and disability through accidents, assault, violence, homicide and suicide. In Germany, the hazardous consumption of alcohol is highly concentrated, with 20% of the population drinking 61% of all alcohol. According to OECD estimates, approximately four in five drinkers would reduce their risk of death from any causes if they cut their alcohol intake by one unit per week.

Alcohol consumption (litres per capita, 15 years +)



OECD simulation models show that individual prevention programmes could avert up to 45,400 deaths from chronic diseases and injuries due to harmful alcohol use in Germany every year. Many of these alcohol policies would pay for themselves simply through reduced health care expenditures, but even the most expensive alcohol policies have very favourable cost-effectiveness profiles in health terms.

» What can be done?

- Develop broader approaches to tackle harmful drinking including fiscal and regulatory measures as well as health interventions by practitioners targeting heavy drinkers
- Strengthen police enforcement of existing regulations against drinking-and-driving to cut traffic casualties
- Increase the tax rate for beer and implement a minimum price strategy for alcoholic beverages
- Reduce access to alcohol by prohibiting sale of alcohol at night time in supermarkets and petrol stations

To read more about our work:

[Tackling Harmful Alcohol Use: Economics and Public Health Policy Health at a Glance 2015](#)