Germany: health care indicators
Group 1: Germany, Netherlands, Slovak Republic, Switzerland

A. Efficiency and quality

B. Amenable mortality by group of causes

C. Prices and physical resources

D. Activity and consumption

E. Financing and spending mix

F. Policy and institutions

Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).

In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).

In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.

In Panel F, data shown are simple deviations from the OECD average.

### GERMANY

**GROUP 1:** Extensive reliance on market mechanisms in regulating both basic and “over-the-basic” insurance coverage and abundant private provision of health care.

<table>
<thead>
<tr>
<th>Efficiency and quality</th>
<th>Prices and physical resources</th>
<th>Activity and consumption</th>
<th>Financing and spending mix</th>
<th>Policies and institutions</th>
<th>Weaknesses and policy inconsistencies emerging from the set of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>About group-average DEA score</td>
<td></td>
<td>Large publicly funded share and lower out-of-pocket share</td>
<td>More competitive pressures in the insurance market</td>
<td></td>
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<tr>
<td>Mixed scores on output/hospital efficiency</td>
<td>More acute care beds per capita</td>
<td>More hospital discharges per capita</td>
<td>More choice among providers and less price signals on users</td>
<td>Assess the best balance between extensive user choice and low out-of-pocket payments in case clear signs of excessive demand for health care services emerge</td>
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<tr>
<td>Mixed scores on the quality of out-patient and preventive care</td>
<td></td>
<td></td>
<td>More provider incentives and more regulation on resources</td>
<td>Consider whether reforming provider payment systems could help avoiding excessive activity, e.g. by combining existing fee-for-services for physicians with a capitation and/or salary element</td>
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<tr>
<td>Administrative costs are broadly in line with the group average</td>
<td>High relative income level of GPs and nurses</td>
<td></td>
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