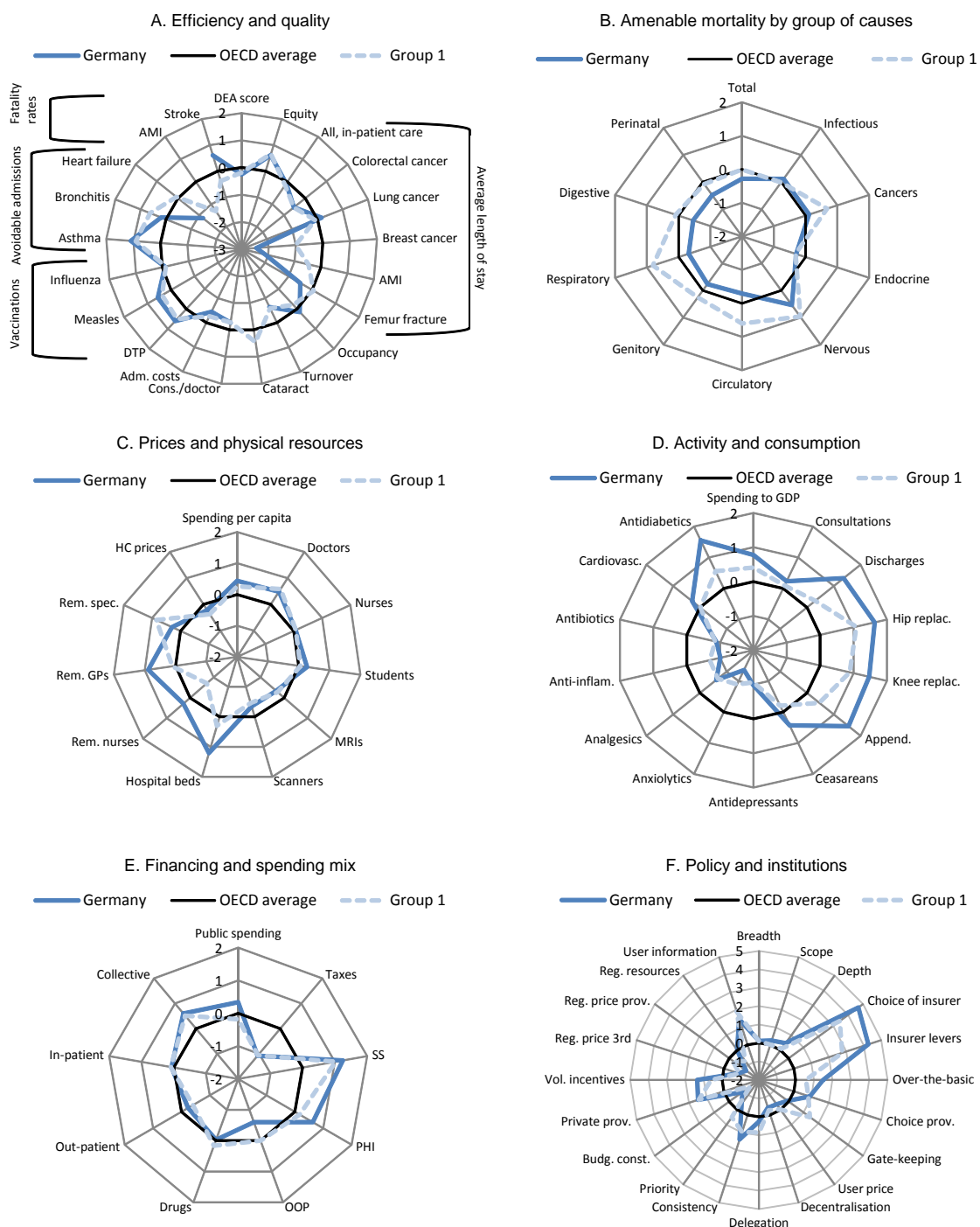


Germany: health care indicators

Group 1: Germany, Netherlands, Slovak Republic, Switzerland



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.

Source: OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

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.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
About group-average DEA score			Large publicly funded share and lower out-of-pocket share	More competitive pressures in the insurance market	
Mixed scores on output/hospital efficiency	More acute care beds <i>per capita</i>	More hospital discharges <i>per capita</i>		More choice among providers and less price signals on users	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
Mixed scores on the quality of out-patient and preventive care				More provider incentives and more regulation on resources	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
Administrative costs are broadly in line with the group average	High relative income level of GPs and nurses				