

# Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care

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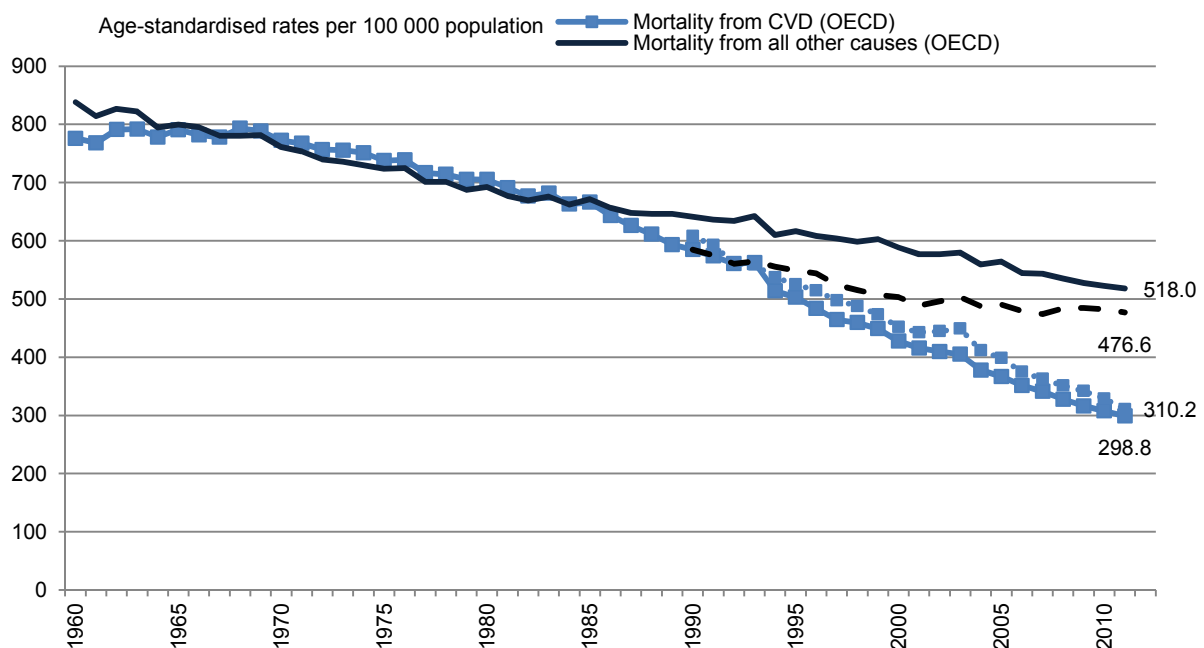


## Country Note – Germany

### Germany has reduced the mortality due to cardiovascular diseases (CVD) in line with other OECD countries

Over the past 50 years, the reduction of mortality from CVD in Germany has followed a similar trend as the OECD average, reaching 310 per 100 000 population, 4% higher than the OECD average of 299 in 2011 (Figure 1). However, potential years of life lost, a commonly used measure of premature mortality, at 490 per 100 000 population for diseases of the circulatory system in 2011, is 16% lower than the OECD average of 581 (by using the age limit of 70), suggesting that CVD-related deaths occur later in life than in many other OECD countries. The reported prevalence of diabetes is 7.9%<sup>1</sup> in 2014, compared to an OECD average of 6.9% in 2011. Although more recent data are not available, the number of patients with end-stage kidney failure (ESKF), often caused by diabetes and hypertension, at 87 per 100 000 population in 2000, is also lower than the OECD average of 101 in 2011.

**Figure 1. Mortality rates for cardiovascular diseases and all other causes of death in Germany and OECD countries**



Source: OECD Health Statistics.

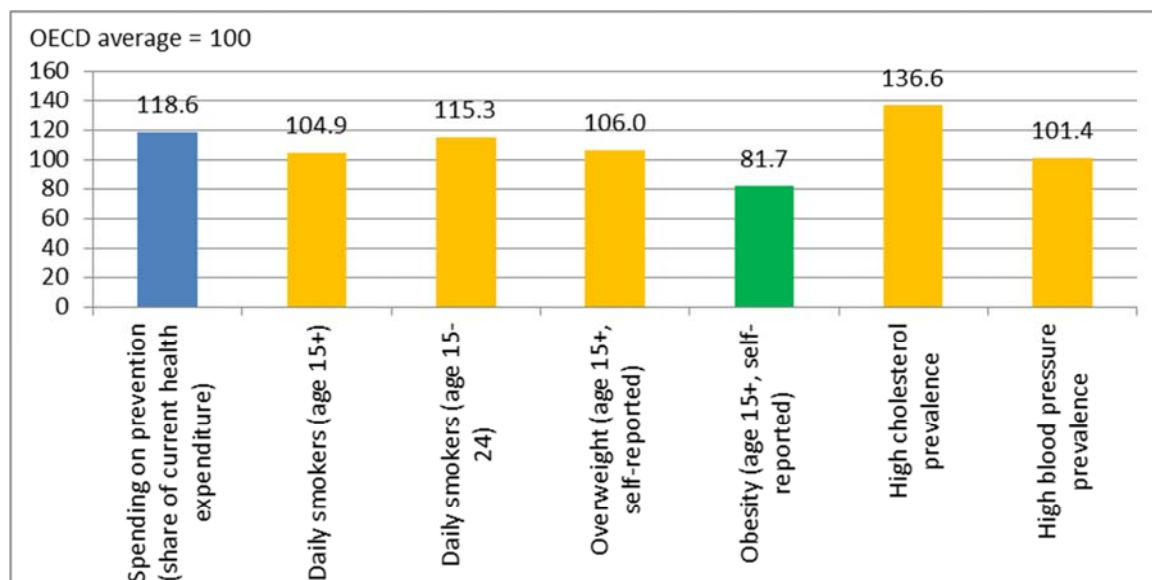
### Some risk factors for CVD and diabetes are high and increasing

Figure 2 shows that for some indicators of prevention and lifestyle, Germany performs worse than the OECD average. The rate of smoking, one of the risk factors for CVD, was 21.9% for adults in 2011, higher than the OECD average of 20.9%, and youth smoking was 22.4%, compared to an OECD average of 19.5%, but the most recent national data show improvements (20.9% and 18.5% respectively in 2013). The rate of overweight, at

<sup>1</sup> According to the national health survey (DEGS1), the rate is 7.2% in 2014.

36.7%, is also higher than the OECD average of 34.6%. On the other hand, the rate of obesity, at 14.7%, is much lower than the OECD averages of 18.0% but it is increasing (15.7% in 2013). The reported prevalence of high cholesterol levels and high blood pressure is 24.6% and 26.0% each, again higher than the OECD average of 18.0% and 25.6%, respectively. Spending on prevention, however, is 3.4% of the current health expenditure and higher than the OECD average of 2.9%.

**Figure 2. Prevention and healthy lifestyle related to CVD and diabetes in Germany, 2011 (or nearest year), OECD average = 100**



Note: a bar in blue refers to an indicator in which an evaluation needs to be done together with other indicators, a bar in green refers to the value better than the OECD average, and a bar in orange refers to the value worse than the OECD average.

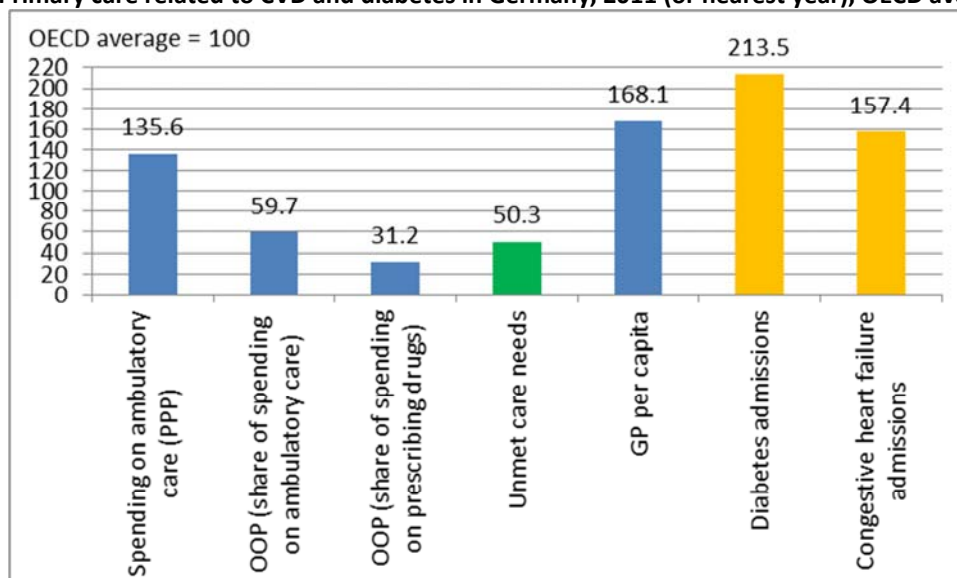
Source: OECD Health Statistics.

### Access to primary care is generally good but quality can be improved

Access to primary care is generally good in Germany (Figure 3). Spending on ambulatory care in 2011 was 937 USD PPP on a per capita basis, higher than the OECD average of 691, but out-of-pocket payment (OOP) is much lower than the OECD average. The share of population with unmet care needs, at 1.6%, is much lower than the OECD average of 3.2%, and the number of GPs is 1.6 per 1 000 population, higher than the OECD average of 1.0. However, access to prescribed drugs used for CVD risk factors and their prescription patterns are mixed; although the number of defined daily doses (DDD) of antihypertensive medications is 1.2, higher than the OECD average of 0.8, that of cholesterol lowering medications is 0.2, half the OECD average of 0.4. This trend is also observed in the drug use among diabetics: among the eight OECD countries where the data are available, the share of diabetics using recommended hypertensive drugs is the highest at 86%, but the proportion of diabetics using cholesterol lowering medications is the lowest at 46%.

As to the quality of primary care for CVD and diabetes, this appears lower than many other OECD countries. Hospital admissions for chronic conditions such as diabetes and congestive heart failure can be avoided if high-quality primary care is provided. However, the rate of hospital admissions was 50.8 per 1 000 diabetics in 2011, the highest in the OECD after Hungary, and for congestive heart failure, it was 3.7 per 1 000 population, higher than the OECD average of 2.4. They suggest that hospitals remain the predominant institution within which health care is provided.

**Figure 3. Primary care related to CVD and diabetes in Germany, 2011 (or nearest year), OECD average = 100**



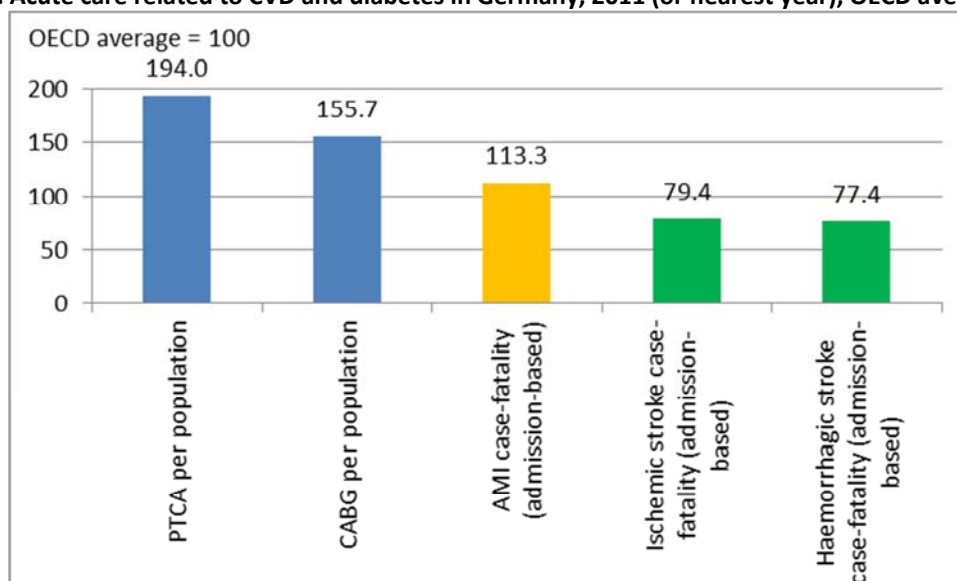
Note: a bar in blue refers to an indicator in which an evaluation needs to be done together with other indicators, a bar in green refers to the value better than the OECD average, and a bar in orange refers to the value worse than the OECD average.

Source: OECD Health Statistics; Diabetes prevalence: IDF (2013), IDF Diabetes Atlas, 6th Edition, International Diabetes Federation, Brussels, [www.idf.org/diabetesatlas/previouseditions](http://www.idf.org/diabetesatlas/previouseditions).

#### Access to acute CVD care and quality is good particularly for stroke

Germany has abundant resources in acute CVD care. The number of PCI centres is the highest in the OECD at 6.4 per million population (Figure 4) and the number of cardiologists and neurologists, at 68 and 64 per million population respectively, is about the OECD average. The number of percutaneous transluminal coronary angioplasty (PTCA) procedures is 351 per 100 000 population, the highest in the OECD and the number of coronary artery bypass graft (CABG) procedures is the second highest after Belgium at 68. Based on the data available from nine OECD countries, Germany spends more on CVD and diabetes in hospital settings than other countries; 182 USD PPP per capita for CVD and 26 USD PPP per capita for endocrine, nutritional and metabolic diseases in 2008. For example, Israel spent 30 USD PPP and 5 USD PPP respectively in 2009 and the Netherlands spent 165 USD PPP and 18 USD PPP in 2007.

**Figure 4. Acute care related to CVD and diabetes in Germany, 2011 (or nearest year), OECD average = 100**



Note: a bar in blue refers to an indicator in which an evaluation needs to be done together with other indicators, a bar in green refers to the value better than the OECD average, and a bar in orange refers to the value worse than the OECD average.

Source: OECD Health Statistics.

The quality of acute care for CVD is good in Germany. Although less than half of stroke patients are treated in dedicated facilities, the 30-day case-fatality rates for patients with Ischemic and Haemorrhagic stroke, at 6.7% and 17.5%, are better than the OECD average of 8.4% and 22.6%, respectively. However, the case-fatality for Acute Myocardial Infarction (AMI) is 8.9%, higher than the OECD average of 7.9%.

### **Germany can do more to promote healthy lifestyles and the quality of primary care**

Germany can further strengthen primary care to deliver prevention, early diagnosis and management of CVD and diabetes. Across OECD countries, benchmarking and monitoring are becoming more common place in primary care. For example, Denmark has made better use of electronic patient records and has shown notable improvements in primary care quality. The system includes data on diagnoses, procedures, prescribed drugs and laboratory results and automatically derives information that can be used to benchmark GP practice against other practices and to improve patient care as it enables the identification of patients treated sub-optimally. In the United Kingdom, the Quality and Outcomes Framework (QOF), established in 2004, rewards GPs for the proper management of the most common chronic diseases such as diabetes, and how well the practice is organised, and the pay-for-performance scheme appears to have had a positive impact on the quality of care for diabetes, hypertension, heart disease and stroke in primary care, although its cost-effectiveness is debated.

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#### **Useful links**

Read the report online, access the press release, country notes, and data at:

<http://www.oecd.org/health/cardiovascular-disease-and-diabetes-policies-for-better-health-and-quality-of-care-9789264233010-en.htm>

OECD Health: [www.oecd.org/health](http://www.oecd.org/health)

Obesity and the Economics of Prevention: Fit not Fat: <http://www.oecd.org/health/obesity-and-the-economics-of-prevention-9789264084865-en.htm>