



## Health at a Glance 2015

### How does Germany compare?

---

#### KEY FINDINGS

- Health spending in Germany has slowed in recent years with growth rates being above OECD average
  - Germany spends over 30% more per capita on pharmaceuticals than the OECD average and spending has increased strongly in 2014
  - Germany consumes more antihypertensive drugs and antidiabetic drugs than most other countries, and the consumption of antidepressants has also increased strongly in recent years
  - The quality of acute care in Germany for patients admitted into hospital after stroke is good but high hospital admission rates for some chronic conditions suggest room for improvement in quality of primary care
  - The increase in the number of foreign doctors in recent years has helped to maintain a high level of supply of doctors in Germany
- 

#### **As in nearly all other OECD countries, health spending in Germany has slowed in recent years**

Between 2009 and 2013, health spending per capita in real term (adjusted for inflation) in Germany increased by around 2% annually, down from annual growth rates of about 3% in the period between 2005 and 2009. Across OECD countries, health spending growth rates were significantly lower in recent years than in Germany. On average, they increased by only 0.6% per year between 2009 and 2013. In a number of countries that were severely affected by the economic and financial crisis health spending was decreasing substantially as public health care budgets were cut. In 2013, health spending in Germany stood at 11% of GDP, above the OECD average of 8.9%. Preliminary data for 2014 for Germany suggest health spending growth of around 2.5%, again above the OECD average.

#### **Pharmaceutical spending and consumption in Germany is high**

Germany is one of the highest spenders on pharmaceuticals among OECD countries, after the United States, Japan, Greece and Canada. On a per capita basis, pharmaceutical spending in Germany reached 678 USD (adjusted for differences in purchasing power) in 2013. This was 30% above the OECD average and 10% higher than France, but still remains well below the United States (more than 1 000 USD per person). Following a marked slowdown between 2009 and 2013, pharmaceutical spending has picked up again in Germany in 2014, with growth exceeding 7% in real terms. Part of this rise can be explained by the increase in spending for certain high-cost drugs such as Hepatitis C drugs and by the reduction of the compulsory rebate manufacturers are required to grant to health insurance funds that purchase pharmaceuticals. Early projections for 2015 indicate that pharmaceutical spending will continue to increase, but at a slower rate than in 2014.

High spending on pharmaceuticals in Germany is partly due to high volume of consumption. In 2013, Germany was among the top users for a range of pharmaceuticals. For example:

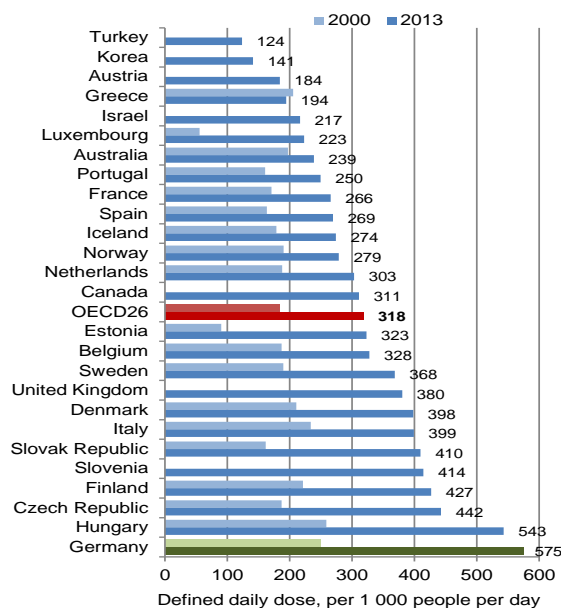
- Patients in Germany consumed more antihypertensive drugs than in any other OECD country (575 defined daily doses per 1 000 inhabitants per day). This is 80% above the OECD

average and three times higher than in Austria. This might reflect differences in the prevalence of high-blood pressure, but also in clinical practices to treat this condition.

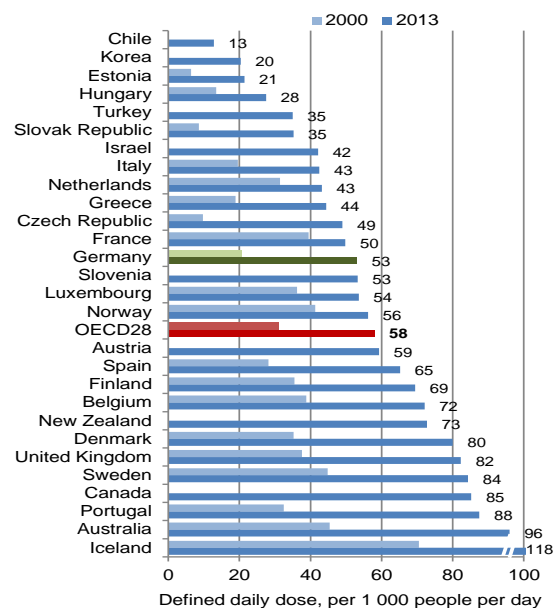
- The use of antidiabetics in Germany is second only to Finland, and 30% higher than the OECD average. It has nearly doubled since 2000, reflecting the rise in the prevalence of diagnosed diabetes which is linked to population ageing, the increase of risk factors (such as obesity) and differences in clinical practices.
- The consumption of anti-depressants is still slightly lower in Germany than the OECD average, but has grown strongly since 2000, increasing by two-and-a-half-times, much more rapidly than in other countries such as France. At the same time national data show that sick days caused by depression have also increased. But it is unknown to what extent the rise in diagnosed depression can be explained by a gradual increase in the societal acceptance of this condition which improve perception and encourage reporting by affected patients. Anti-depressants may be both over-prescribed (for example, prescribed for mild forms of depression that could be treated otherwise or for other conditions they were not intended to treat in the first place) or under-prescribed (not prescribed to people suffering from depression who might benefit from taking these pharmaceuticals).

To control pharmaceutical spending, Germany has taken a number of measures notably to encourage the prescription and consumption of lower-price generics. In 2013, four out of five dispensed pharmaceuticals in Germany were generics, up from one in two in 2000. This is far above the OECD average of 48%.

### Antihypertensive drugs consumption



### Antidepressant drugs consumption



### Mixed results with regards to quality of care

The German health system is performing relatively well on some indicators of quality of care, but not so well on others. For example:

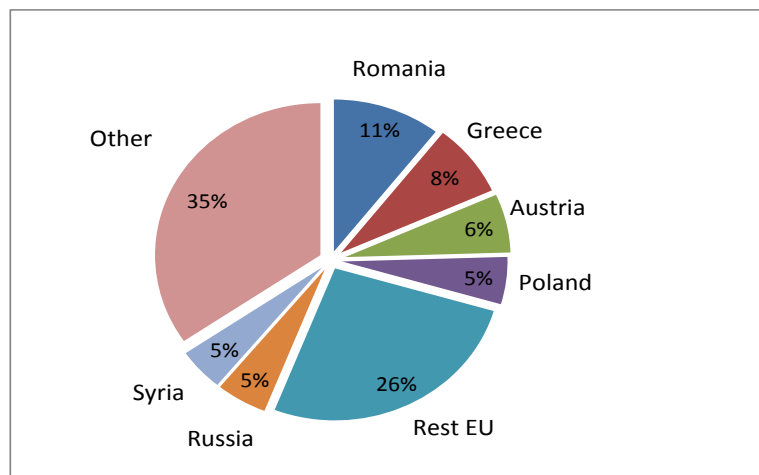
- The quality of primary care in Germany, as measured by potentially avoidable hospital admissions for chronic conditions, appears lower than in many other OECD countries. Hospital admission rates for chronic conditions such as diabetes and congestive heart failure are much higher than the OECD average, although this may partly be due to higher prevalence. Greater efforts are needed to improve the continuity of care for the growing number of people living with one or more chronic diseases to reduce unnecessary hospital use.

- The quality of acute care for people admitted to a hospital following a stroke in Germany is generally good, with a higher percentage of patients surviving this life-threatening condition than in most other OECD countries. But the performance appears not so good in providing acute care for people admitted for a heart attack (AMI), with survival rates slightly lower than the OECD average.

### The contribution of health workforce migration to increase the supply of doctors

The German health care system is characterised by a high supply of health workers, which contributes to providing good access to care for the population. There are more doctors (4.1 per 1 000 inhabitants) and nurses (13 per 1 000 inhabitants) in Germany than on average across the OECD (3.3 and 9.1 respectively). The integration of foreign doctors into the German health workforce has helped to increase the supply of doctors in recent years. As in many other OECD countries, the number and share of foreign or foreign-trained doctors in Germany has increased since 2000. The share of foreign doctors in Germany rose from 3.7% of all doctors in 2000 to 9.5% in 2014. In absolute number, this corresponds to an increase from about 10 000 foreign doctors working in Germany in 2000 up to 32 000. Many of these foreign doctors come from other EU countries, notably from Romania, Poland, Greece and Austria. But many also come from other countries. More than 1 400 foreign doctors who were working in Germany in 2014 were from Syria; this number has been multiplied by four since 2000. The number of foreign doctors working in Germany can be expected to continue to rise in the coming years and to contribute to responding to the growing demand for health services associated with an increase in the number of patients with chronic conditions in an ageing society.

**Origin of foreign doctors in Germany, 2014**



**Health at a Glance 2015** provides international comparisons of health status, risk factors to health, health expenditure, access to care and quality of care. For the first time in 2015, the publication also includes a set of dashboard indicators summarising the comparative performance of OECD countries on these different dimensions of population health status and health system performance.