Health at a Glance 2017: OECD Indicators

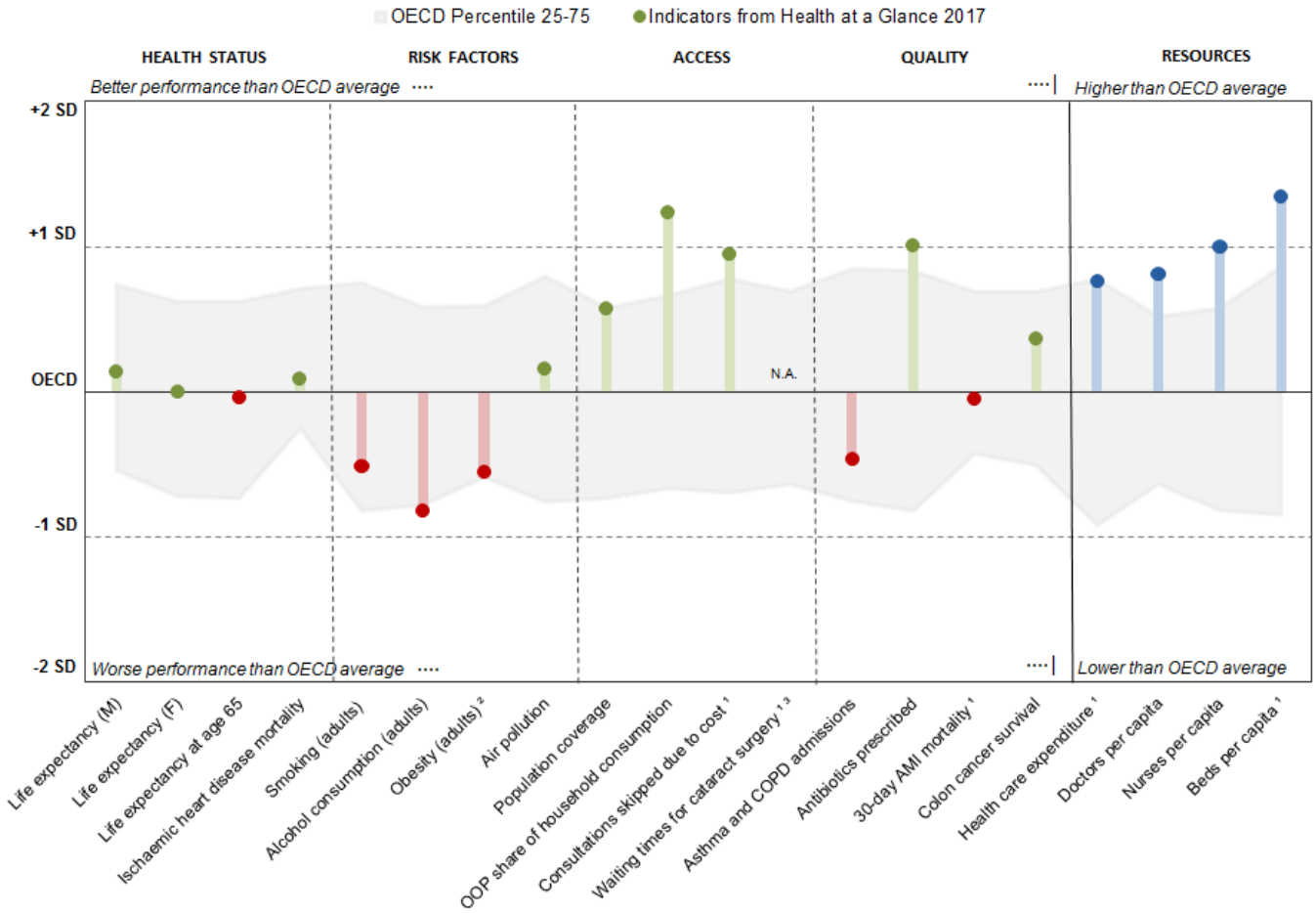
How does Germany compare?

Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in health status and health risks, as well as in the inputs and outputs of health systems. This edition contains a range of new indicators, particularly on risk factors for health. It also places greater emphasis on time trend analysis. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.

Overview of health system performance in Germany

Life expectancy in Germany is close to the OECD average, but Germans drink and smoke more than people in many other countries, and obesity rates are increasing. While access to care in Germany is generally good, quality of care indicators show mixed results. Germany spends more on health care than most other countries and is better equipped with health workers and physical resources. The figure below shows how Germany compares across these and other core indicators from Health at a Glance.

Germany – Relative performance compared to the OECD average



[1] Standardisation of interquartile range excludes outliers (at least ±3 standard deviations from the average) that cause biased statistical distributions. [2] Includes measured and self-reported obesity rates. [3] Values for Australia and Canada are reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack), COPD = chronic obstructive pulmonary (lung) disease, OOP = out-of-pocket payments.

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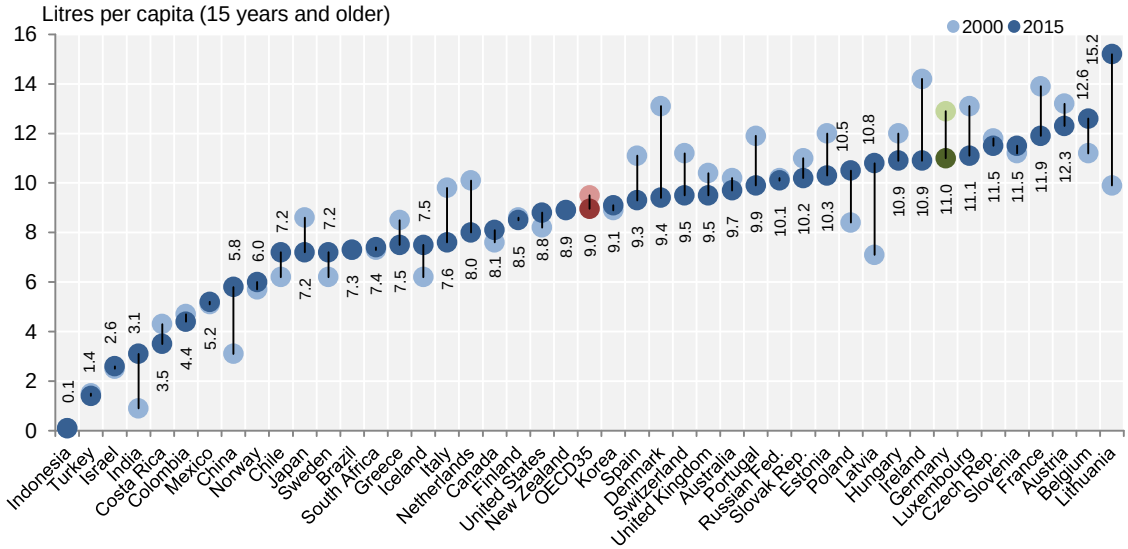
- **Health status**: life expectancy at birth stood at 80.7 years in 2015, up from 70.6 years in 1970. It is close to the OECD average, but below countries such as Japan, Spain and Switzerland, where life expectancy at birth is over 83 years.
- **Risk factors**: although progress has been made in recent years in reducing unhealthy behaviour, smoking rates (21%) and alcohol consumption (11 litres per year) are still above the OECD average. Obesity rates have also been increasing, and are above the OECD average for adults (23.6% v 19.4%) and 15-year olds (16% v 15.6% of 15 year olds).
- **Access**: the German health system offers universal coverage and a comprehensive benefits package with very low rates of cost sharing. Compared to other OECD countries, very few patients in Germany have to forego treatment due to high costs.
- **Quality of care**: indicators of care quality are mixed. Avoidable hospital admissions are high for certain conditions. For example, admissions for lung disease (COPD) is 255 per 100 000 people, compared to an OECD average of 190. On the other hand, antibiotic prescriptions are below the OECD average (14.4 v 20.6 daily defined doses per 1 000 people per day), suggesting evidence-based prescription behaviour in primary care.
- **Resources**: health spending averages $5 551 per person (adjusted for local costs), 40% higher than the OECD average of $4 003. Germany has more doctors and nurses (4.1 and 13.3 per 1 000 population respectively) than most other OECD countries (the OECD averages are 3.4 doctors and 9.0 nurses per 1 000 population.

Selected policy issues

Smoking and alcohol consumption remain major public health concerns

Germany shows more unhealthy lifestyles than many other OECD countries. More than one in five adults (21%) still smoke regularly in Germany, a share that has come down in recent years but which is still above the OECD average (18%), and twice as high as in some Nordic countries. Despite decreasing substantially over the last decades, Germans still drink 2 litres more (11 litres of pure alcohol per capita in total), than the OECD average of 9 litres of pure alcohol per year (which is equivalent to 100 litres of wine). In addition, harmful alcohol consumption is more widespread in Germany than in most other OECD countries. One-third of adults reports engaging in regular binge drinking, a much greater proportion than across OECD countries (21%).

Alcohol consumption per capita, 2015 (or nearest year)



More could be done to tackle these risk factors. Following the example from many European countries, Germany could be stricter in banning advertisement for tobacco products– currently outdoor advertising is still permitted. There are also more exemptions to smoking bans in bars and restaurants than in other countries (with some regional variation). Additional measures could include plain packaging for tobacco products. To curb alcohol consumption, more support for physician-based counselling aimed at heavy drinkers and generally higher age limits to buy and consume alcoholic beverages could help. Measures included in the recently adopted Prevention Act (2015) are also expected to address these issues and to promote healthier lifestyles in general.

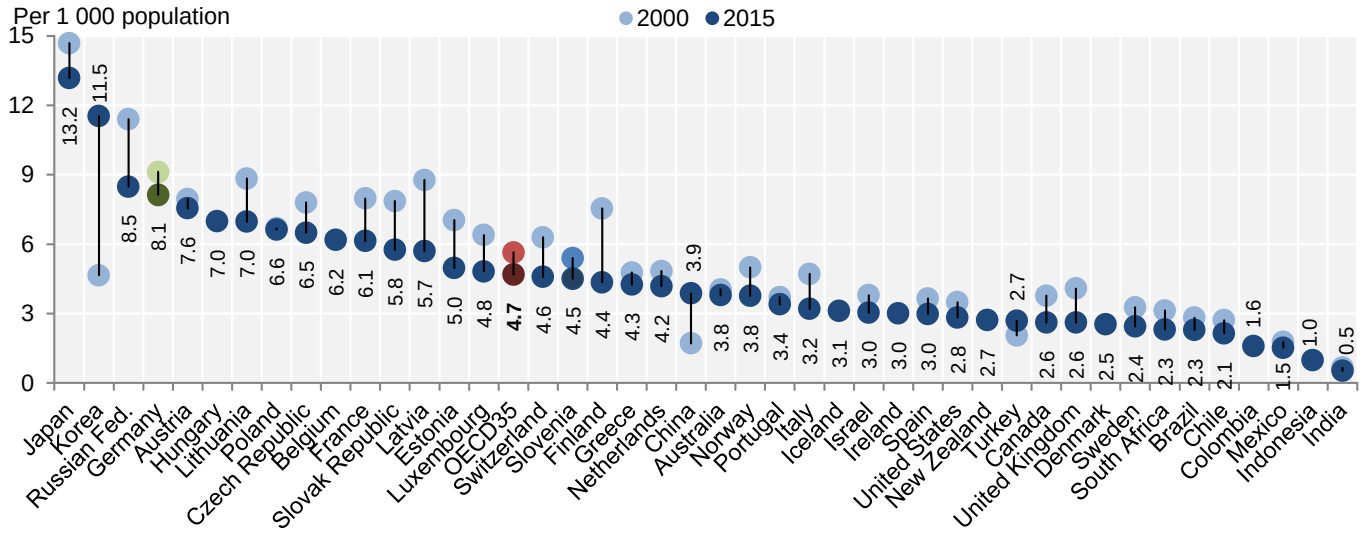
How does Germany compare?

High availability of infrastructure leads to high utilisation

Although capacity has been reduced in the last 15 years, there are still 70% more hospital beds in Germany than on average across the OECD on a per capita basis, only trailing Japan and Korea. This high availability is associated with a very high utilisation of hospital infrastructure. Germany reports the second highest number of discharges (255 per 1 000 population) after Austria, and 60% above the OECD average. The number of coronary angioplasty performed in Germany (393 per 100 000 population) is much higher than in any other OECD country, and cannot be explained by a higher incidence of ischaemic heart disease alone. Similarly, the numbers of hip and knee replacement surgeries are 80% and 60% above the OECD average. Major geographical variation of these procedures suggests that this cannot be explained by higher needs alone. Further, certain surgeries (e.g. tonsillectomy) that can now be safely carried out as outpatient procedures are still predominantly performed in an inpatient setting in Germany. For some chronic conditions such as diabetes, Germany displays relatively high hospitalisation rates that should be largely avoidable.

Taken together, these indicators suggest some over-provision of inpatient services. Germany may therefore be able to generate efficiency gains by moving more treatments out of hospitals. Strengthening primary care services and better co-ordination of care delivery across sectors could help avoid hospitalisation for patients with chronic conditions. Systematic public reporting of geographical variations in some high-volume procedures, involving patients in shared-decision making and changing financial incentives can also help. A number of recent reforms have addressed some of these issues in Germany. They also aim at improving care quality in hospitals by fostering centralisation of complicated interventions and introducing quality as a criterion in hospital planning. This could lead to a reduction in bed capacity of low performing hospitals.

Hospital beds per 1 000 population, 2015 (or nearest year)



Long-term care should continue to be a priority

Germany has one of the oldest populations across OECD countries (20.9% are currently older than 65 years and 5.6% are aged over 80, compared to an OECD average of 17% and 4.4% respectively) and, therefore, also a high prevalence of dementia. This will likely lead to a growing number of people with long-term care needs in the future. The Federal government has adopted a number of reforms in recent years to improve long-term care services for people, and to secure the future financial sustainability of the long-term care system. The scope and depth of the benefits package covered by long-term care insurance has increased, with a particular focus on the needs of patients with dementia. Support for informal carers has also been strengthened, for example, by introducing short-term paid leave to organise care for long-term care dependent relatives or offering longer respite care for carers.

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Nevertheless, further efforts will be required to meet future demand for long-term care services. Although the number of long-term care workers has increased in Germany in recent years, it is currently still below many other OECD countries (5.1 compared to 12-13 workers per 100 people aged 65 and over in Sweden or Norway). However, it must be taken into account that in Germany a high number of people in need of long-term care have been exclusively taken care of by family members or relatives. Intensifying training and strengthening efforts to recruit and retain long-term care workers should hence continue to be a priority. The government has taken up measures to address these issues. Increasing capacity in nursing homes and further development of home-based long-term care models could also be considered.

Further reading

OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris. http://dx.doi.org/10.1787/9789264266414-en.

OECD (2017), *Caring for Quality in Health, Lessons Learnt from 15 Reviews of Health Care Quality*, OECD Publishing, Paris. http://www.oecd.org/els/health-systems/health-care-quality-reviews.htm.

OECD (2017), *Preventing Ageing Unequally*, OECD Publishing, Paris. http://dx.doi.org/10.1787/9789264279087-en.

OECD (2015), *Tackling Harmful Alcohol Use: Economics and Public Health Policy*, OECD Publishing, Paris. http://dx.doi.org/10.1787/9789264181069-en.

Health at a Glance 2017 website: http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm.

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