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The Patient in the Contemporary German Social Health Insurance System: A Study on Patient Choice and Responsibility

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Much of the focus of health systems and healthcare reform scholarship has been on total health spending and its share in the social product. Consequently, the debate has centered on the (never-ending) crisis in health spending among healthcare systems and the imperative for market tools to increase efficiency of healthcare systems. Unfortunately, such a system or macroeconomic approach offers limited understanding to developments within a healthcare system given the significance of institutions and the *raison d'être* of healthcare systems particularly those based on social health insurance (SHI).

This study aims to locate the patient in the German SHI system post-reunification by taking into account stakeholders' perspective. It proceeds from the understanding that he/she has choices to make and responsibilities to play in the production of health to which healthcare can contribute. Given the significance of choice of provider within the European Union (EU) and the limited literature on this element of the choice mechanism, choice of foreign provider is explored. Meanwhile, in consideration of the broader meaning personal responsibility (*Eigenverantwortung*) has evolved into and the long-standing debate on cost containment, the

role of the patient in health financing, as illustrated by the 10-euro deductible introduced in 2004 is investigated.

This study aims to answer the following questions:

1. How have the reforms in German social health insurance since unification affected the system?
2. What does the exercise of choice of provider abroad by the German patient imply for the SHI system?
3. What role does personal responsibility in the German SHI system play in terms of health financing?

This is an analytical study supported by empirical material using qualitative methods to describe developments in the German SHI system given healthcare reforms and how they have impacted the lot of the patient in terms of the choice mechanism and health financing. A conceptual model is developed based on the founding principles of SHI to qualify the various healthcare reforms pursued since unification and to evaluate the trajectory of the system. A separate conceptual model is developed to guide the discussion on choice of foreign provider which is a significant development not just for German patients but for citizens of other member states of the EU. The analysis is complemented by personal interviews with the various stakeholders in the German SHI system classified accordingly into user, supplier and intercessor groups.

Based on the “SHI Trajectory Scale”, the 14 post-unification reforms evaluated have veered the system from the status quo as they reflected greater state participation and personal responsibility given the thrust of the government to have greater influence over health spending and to strengthen personal responsibility. The evolutionary reforms of the past 15 years suggest a system that is far from being static; it is in evolution and not about to undergo revolutionary change as suggested by the divided support among stakeholders for revolutionary reforms.

In regards to choice of foreign provider or medical tourism, defined as “the organized travel outside one’s natural healthcare jurisdiction for the enhancement or restoration of the individual’s health through medical intervention”, both the patient and system stand to benefit since it expands the patient’s choice set with a corresponding increase in responsibility just as the temporary exit of patients gives the local system incentive to harness efficiency reserves as well strive for complementarity in the supply of healthcare. Even if the exit of patients does not inflate SHI expenditures considerably given the current level of point-of-service payments, such would still generate the usual attention-focusing effect in terms of the state of affairs of the healthcare system.

In consideration of the complexities that surround health and healthcare and the incentives faced by the patient and the provider under social health insurance, patient responsibility in health financing has a contribution to the sustainability of the system. Such a responsibility however, is not absolute given the risk of deterring non-frivolous claims as well as the role of the provider in the efficient use of resources. This study stressed the need for a balance of patient and provider-directed measures with the objective of moving towards efficient access and an understanding that healthcare is but a means to an end which is health.