



## **Overtreatment and demographic change a challenge to Germany's health and long-term care system, says OECD**

Germans continue to enjoy a high level of health compared to other OECD countries but the government needs to tackle high levels of hospital treatments and address growing pressures on long-term care, according to a new OECD report.

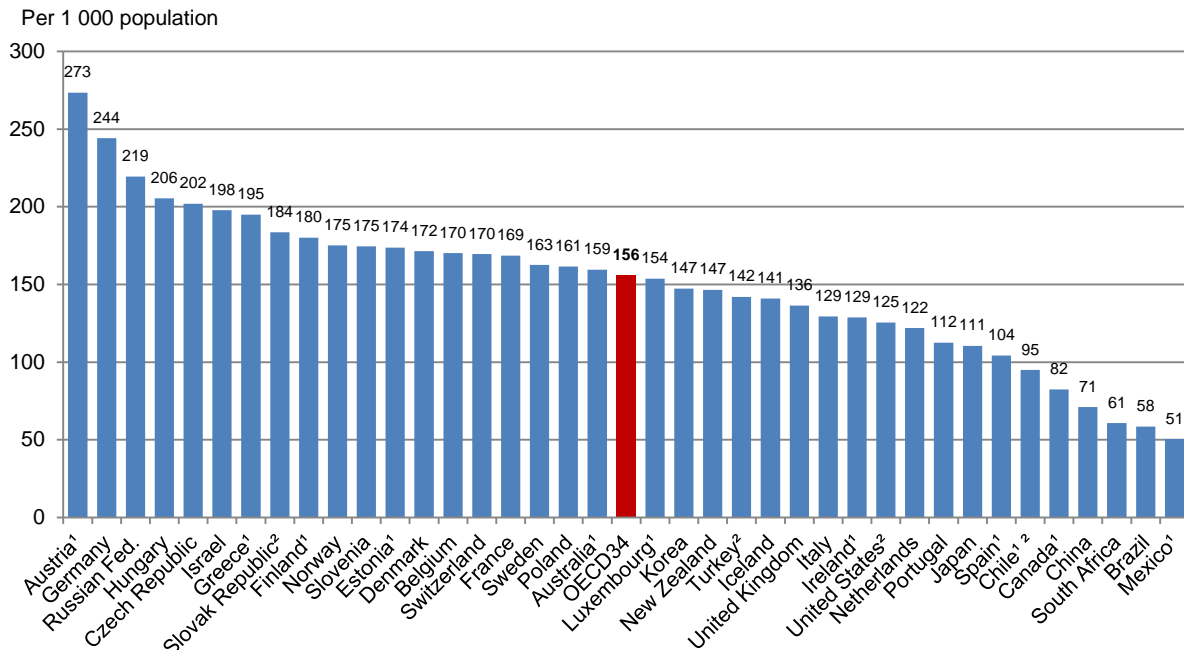
**Health at a Glance 2013** says that life expectancy at birth in Germany has increased by 5.5 years since 1990 and now stands at 80.8, more than half-a-year above the OECD average.

Germany outspends most other OECD countries on health care. In 2011, it devoted 11.3% of its GDP to health care - 2 percentage points above the OECD average.

The German health system offers a level of infrastructure far above the average, contributing to high levels of access for the population, with practically no waiting times for elective surgeries. With over 8 hospital beds per 1 000 inhabitants, Germany far exceeds the OECD average of 5 beds, even though their number has decreased by about 10% since 2000. Only two countries, Japan and Korea, offer more capacity in their hospital systems. Availability of health personnel, too, is well above average in Germany. There are more doctors (3.8 per 1 000 inhabitants) and nurses (11.4 per 1 000 inhabitants) than the OECD average (3.2 and 8.8 respectively).

*Hospitalisation:* With 244 discharges per 1 000 inhabitants, only Austria has higher hospitalisation rates than Germany. The hospitalisation rate in Germany is more than 50% higher than the OECD average. Germany has the highest rate of coronary angioplasty and the fourth highest rate of coronary bypass surgery among OECD countries, the second highest rate of hip replacement and the third highest rate of knee replacement. Some of these high surgical activity rates can be explained by an older population in Germany, but other factors such as technological progress, medical practice and a high level of infrastructure also play a role. Within Germany, there are a lot of variations in surgical rates which cannot be explained by demography alone. For example, the rate of coronary bypass surgery is eight times higher in the district with the highest rate compared with the district with the lowest rate. For knee replacement, the rate varies by 3.5 times between districts. This suggests some potential for efficiency gains.

## Hospital discharges, 2011 (or nearest year)



1. Excludes discharges of healthy babies born in hospital (between 3-10% of all discharges).

2. Includes same-day separations.

Source: OECD Health at a Glance 2013.

**Long-term care:** Germany has one of the highest shares of the population over 80 years old in OECD countries and this share is expected to triple in coming decades to reach 15% by 2050, only trailing Japan and Spain. Germany will face a considerable challenge in maintaining and preparing the long-term care system for this demographic change. New legislation on long-term care introduced in late 2012 is a welcome effort to improve the situation of people with dementia, to better support informal care givers and to promote home-based care arrangements. The growing demand for long-term care services will also require continued efforts in training long-term care workers and an increase in nursing home capacities.

**Health at a Glance 2013** also shows that disease prevention should remain a priority in Germany. More than one-fifth of adults report smoking daily in Germany (22%), which is close to the OECD average, but well above the rate recorded in Sweden, Australia and the United States (15% or less). With 11.7 litres per capita German alcohol consumption is among the highest in OECD countries and well above the average of 9.4 litres. As in all other OECD countries, the share of obese people increased in the last decade in Germany up from 11.5% in 1999 to 14.7% in 2009.

These data are derived from the latest edition of “Health at a Glance” published by the Paris-based OECD. This report brings together international data on wide range of health topics including health outcomes, health care access, resources and quality as well as expenditure. Copies of the publication are available on the website [www.oecd.org/health/healthataglance](http://www.oecd.org/health/healthataglance). For any question about the content of the publication, journalists are invited to contact Michael Mueller (tel. 33 1 45 24 86 89 or [michael.mueller@oecd.org](mailto:michael.mueller@oecd.org)) or Michael Schoenstein (tel. 33 1 45 24 96 92 or [michael.schoenstein@oecd.org](mailto:michael.schoenstein@oecd.org)).