

# Media Information 1

## 5. EUROPEAN HEALTH FORUM GASTEIN –

on the Future of Health in Europe  
25 to 28 September 2002-09-2002

### **Black Holes in the Cosmos of Health Insurances – on how to finance health systems in the future**



International Forum Gastein

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*Actually, we Europeans should be rationalized out of existence. Because we are not affordable anymore. At least as far as health is concerned. Some predict the fall of the occidental security systems – followed by health, care and pension for only the wealthy ones. Others still believe in health for everybody and its feasibility, even in times with a very high percentage of old people, recession and explosion of costs within health systems. In which direction will the European Health Systems develop? – On this question the 5<sup>th</sup> European Health Forum Gastein (EHFG), Austria, will focus. About 450 well known experts, NGOs, politicians and those affected are going to meet between 25 and 28 September 2002 in order to find answers. Participants coming from countries of the EU as well as the MOE, which makes this congress an “European motor for reasoning” in terms of health matters, aim at a European-wide solution.*

Germany's insured take a dim view of things. Almost 60 per cent of the 1.500 citizens, questioned within the scope of “health monitor” (a opinion poll on insured and physicians, initiated by the Bertelsmann foundation 2001/02), are sure that the next reform of the health system is going to be a change for the worse. Although the principle of solidarity (in short: the young and healthy ones pay for the old and ill) is still wanted, people do not trust this system anymore. 73 per cent of the insured are afraid that in the future they will not receive all the benefits they are entitled to and which are important to them. 57 per cent fear insufficient medical care when they are old. Astonishing 78 per cent believe that from now on the waiting periods for therapies and treatments will increase.

#### **Health Systems based on solidarity – a phaseout model?**

The fear is justified, since the European Security Systems are going for quite some time through a bit of a sticky patch and turned increasingly under pressure as far as lowering of their costs and changes within the security system are concerned. But is this reason enough to abandon a medical insurance concept based on solidarity? “As far as health is concerned, we should dare to speak about deficits. This is antisocial!”, is the credo of the president of the EHFG, Medical Director Dr. Günther Leiner, “The

questions asked, should be: What do we want and how can we realize it?" Practically orientated, he suggests a package of measures to lower the costs as well as to guarantee the medical care for the population also in future: Hospitals could specialize on certain treatments and offer them supraregionally or even internationally. Theoretically this was possible since the decision of the European court of justice from the 12 July 2001, but still fails in terms of the practical conversion as well as the open coordination.

### **Out of the hospitals!**

Hospitals are somehow like black holes in the health budgets. They swallow up enormous amounts of money. (... Zahl von Mathias?) A lot of what clinics offer as in-patient treatment, could be done somewhere else, for instance in health centres, where experts in diverse fields work together and take care of outpatients. An increased cooperation of hospitals and established physicians would also ease the workload of the hospitals. Another, very future-orientated as well as cheap idea is the forced extension of mobile care services. The necessity of these services will increase the more the number of the old and the ones in need of care is growing. Assumably the number of the "very old", meaning people older than 80, will double in the European Union within the next 15 years. Mobile hospice services will in future occupy the essential duty of relieving the palliativ-wards. Taking a closer look on these developments, a focus on the training of geriatric and orderly nurses as well as a more attractive restructuring of the field of mobile care services seems unavoidable. In particular the increase of income in these jobs is essential for the maintenance of the services. In some areas the sufficient supply of mobile medical care services is already endangered.

### **Not worse, but cheaper medication**

The money spent on medication adds essentially to the financial problems of the European health systems. German health insurance schemes spend almost 20 billion Euro only on medication. Helmut Oberchristl, chairman of the Upper Austrian regional health insurance scheme, finds medication in Austria simply overpriced: In his opinion the profit margins are way to high and should be lowered to European average. EHFG-President Leiner criticises lacking cost-consciousness among physicians. They would prescribe medication, says Leiner, without spending a thought on the price. Very often cheaper alternatives were available, which contain identical substances and have the same effects. Pharma industries would often substitute well tried and cheap medication by new and expensive one, which is then asked for by patients, which additionally debits the health insurance schemes. Leiner pleads that in this respect the insurances should be involved in order to determine the cheapest medication for the needed treatment.

### **Efficiency of Health Systems**

The WHO has investigated the gross domestic product interest, that different countries invest into their health systems. At the same time, the state of health of the citizens of each nation was tested. The differences were striking: The US invested most money into public health – 1.300 billion €, which equals 13,2 per cent of the gross domestic product. Nevertheless US citizens do not belong to the world's healthiest – as far as state of health is concerned, they only achieve rank 24 in the

world. Germany has very high expenses for the medical care of its population too, but the high financial effort (ten per cent of the gross domestic product) results in only an average medical care. France takes up rank four as far as investment and rank three as far as public health is concerned. Sweden comes out on top in terms of the input-output-balance - ranks seventh as far as expenses and fourth as far as public health is concerned. Less praiseworthy the situation in Austria: While spending more money than the showpiece-nation Sweden (rank 6), the Alpine Republic only achieves rank 17 with the state of health of its citizens.