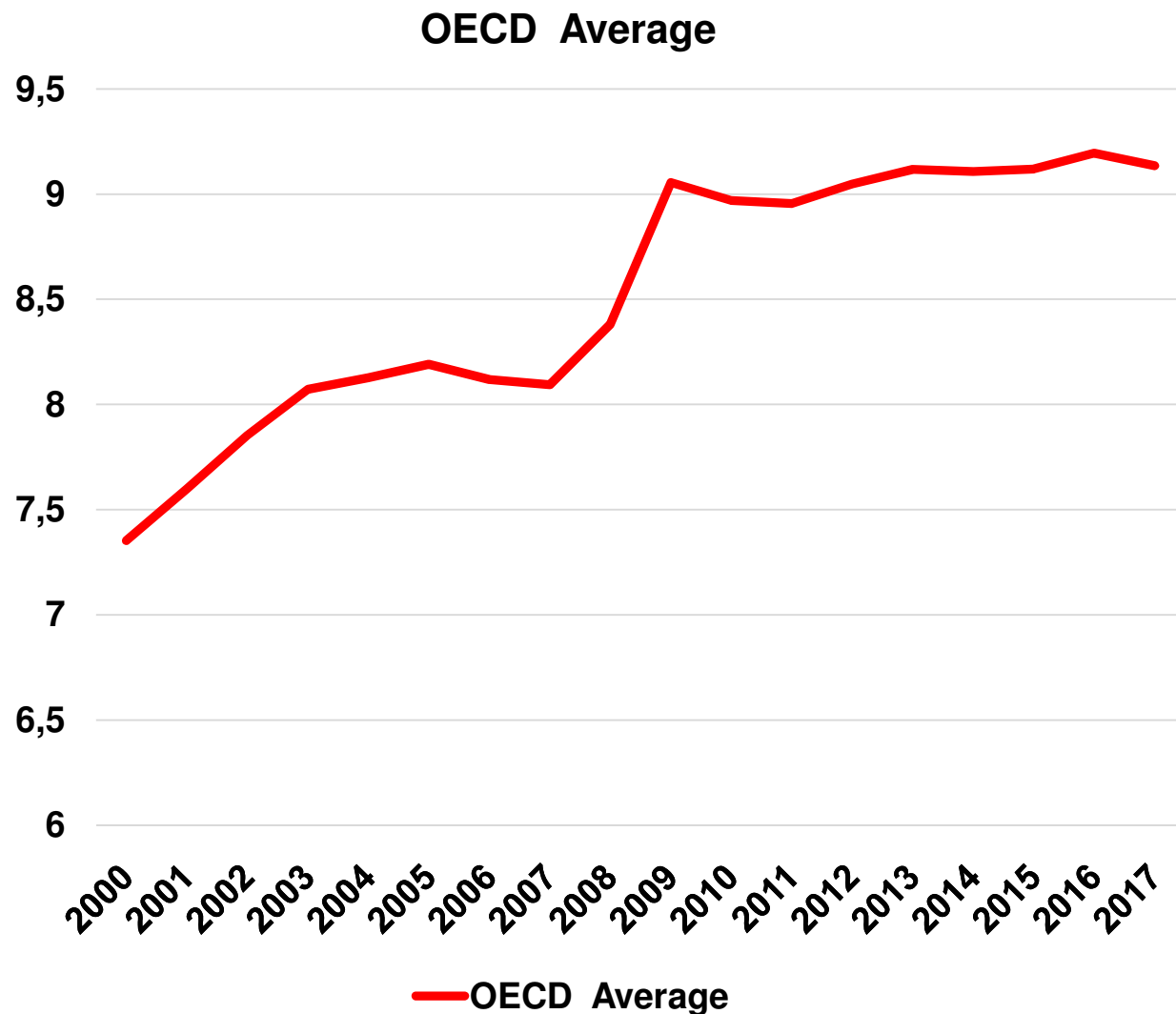


Fundamentals of a sustainable Health Sector

Athens, June 20th 2019

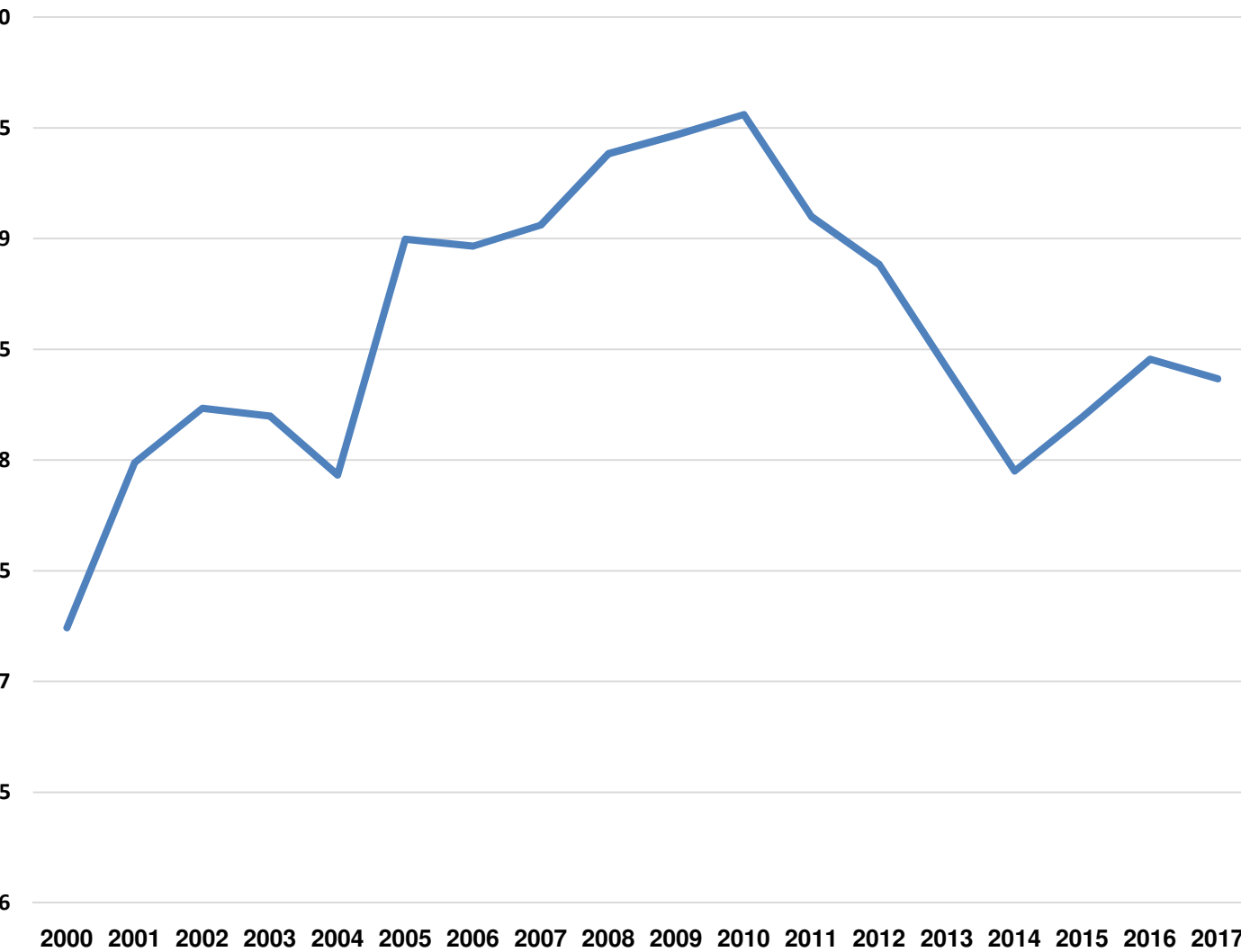
**George Veliotes, MD, MBA
Director INTERAMERICAN Life & Health
Chairman Eurapco Health Group
Chairman of Insurance Europe General Health Committee**

INTERAMERICAN | Cost Drivers



- Environmental
 - ⇒ Ageing populations
 - ⇒ Changing disease profile
 - ⇒ New illnesses
- Technological
 - ⇒ New technologies
 - ⇒ New treatment methods
 - ⇒ E-Health
- Organizational
 - ⇒ Outdated model – Hospital centric – Paper driven
 - ⇒ Fragmented
 - ⇒ Fee-for-service
- Financial

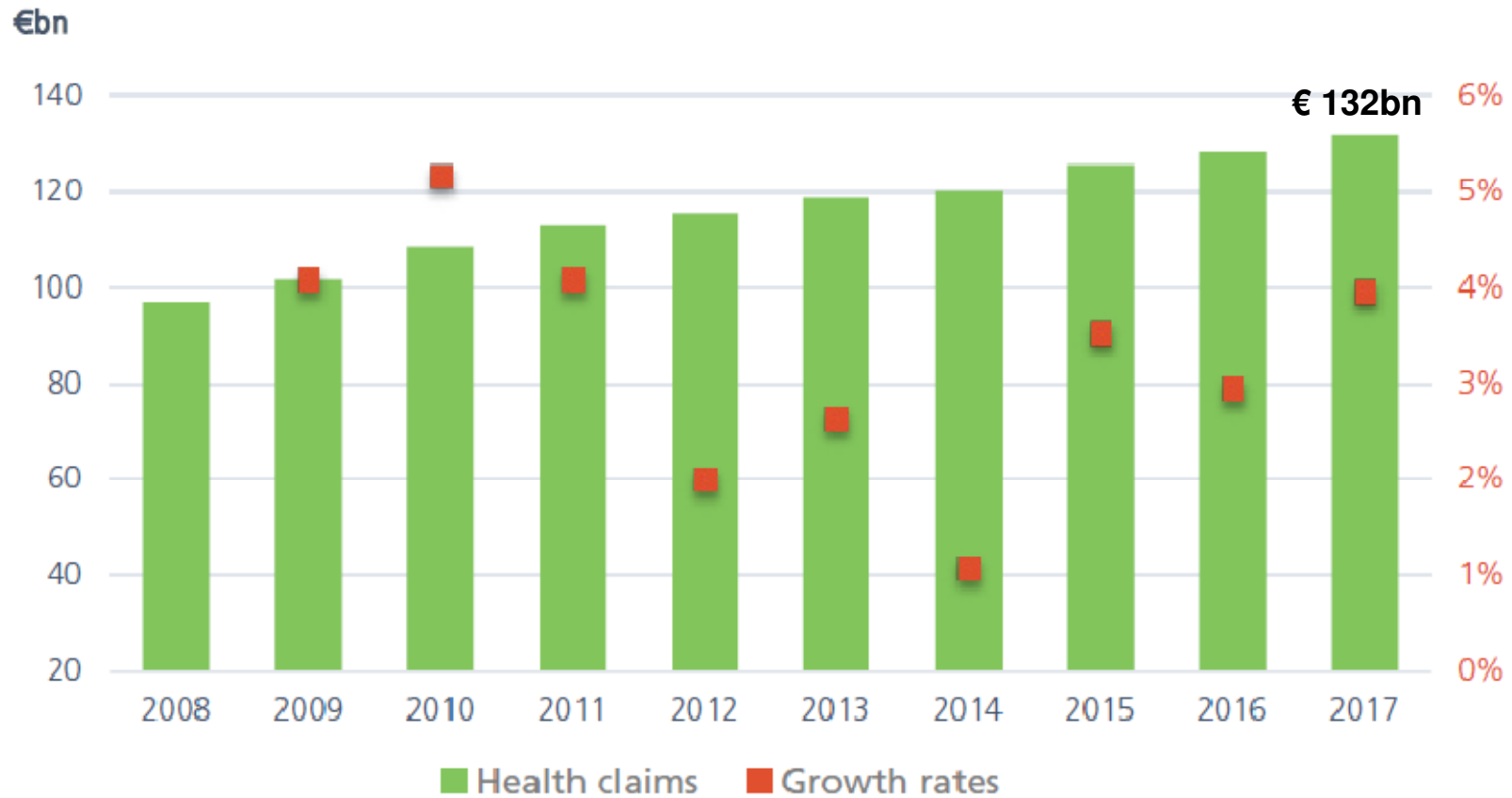
INTERAMERICAN | Health expenditure in Greece



Health expenditure: 8,4% of GDP
Public expenditure: 61,2% of total
Private expenditure: 38,8% of total
(≈5-6bn)
Insurance: 10% of private expenditure

Health Premiums in Europe increased 4% 2016 → 2017

Health premiums 2008 – 2017 (€bn)



Source: Insurance Europe, European Insurance in Figures 2017

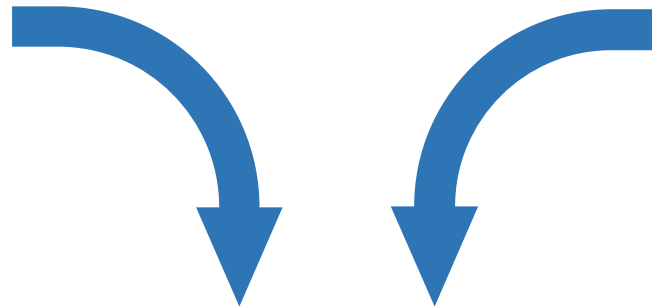
INTERAMERICAN | Welfare State Models

Bismarck

- Social protection rights awarded to those who work and their families
- Funded by employer and employee contributions

Beveridge

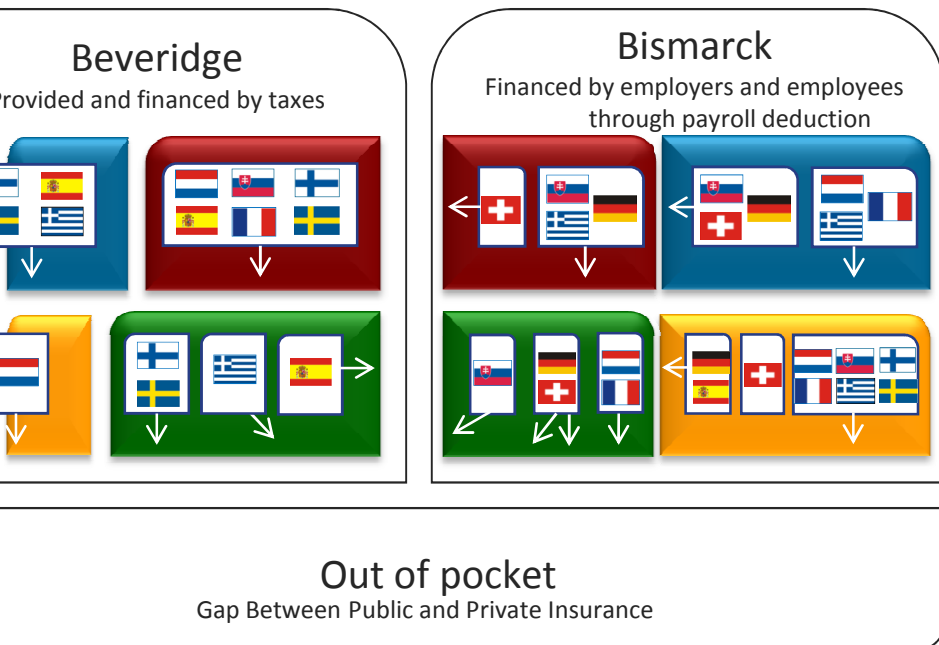
- Universal welfare rights
- Each individual has a right to social and health protection
- Funded by taxes
- Disconnected from professional status
















Designed for ages up to 60
Today people live up to 80+

**Different starting points,
but common problems**

The changing Welfare State Models



- Health Care   Long Term Care
- Pensions   General Welfare State
-  Finland
-  France
-  Germany
-  Greece
-  Netherlands
-  Slovakia
-  Sweden
-  Switzerland
-  Spain

Independent of the system, the welfare state is shifting to the private

Leaders in privatising welfare state

- High average income
- Decrease in public expenditures
- Big shift towards the private sector
- High scores on social factors

The 'nordic' beveridge countries

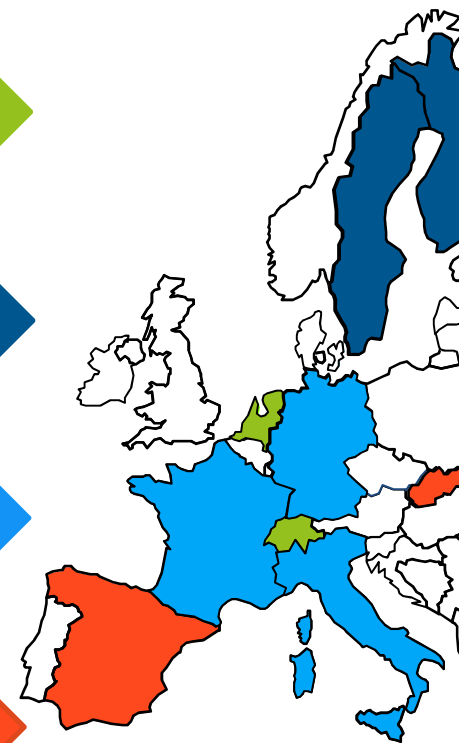
- Beveridge system, funded by taxes
- Relatively high public expenditures
- High average income
- High scores on social factors

The median Europe

- Average public expenditures
- Shifting slightly to private sector
- Average scores on income and social factors
- Italy is on the border with the danger zone

The danger zone

- Different reasons
- Low public expenditures – Slovak Republic and Greece
- Maastricht treaty – Spain and Greece
- Lowest wages in Europe



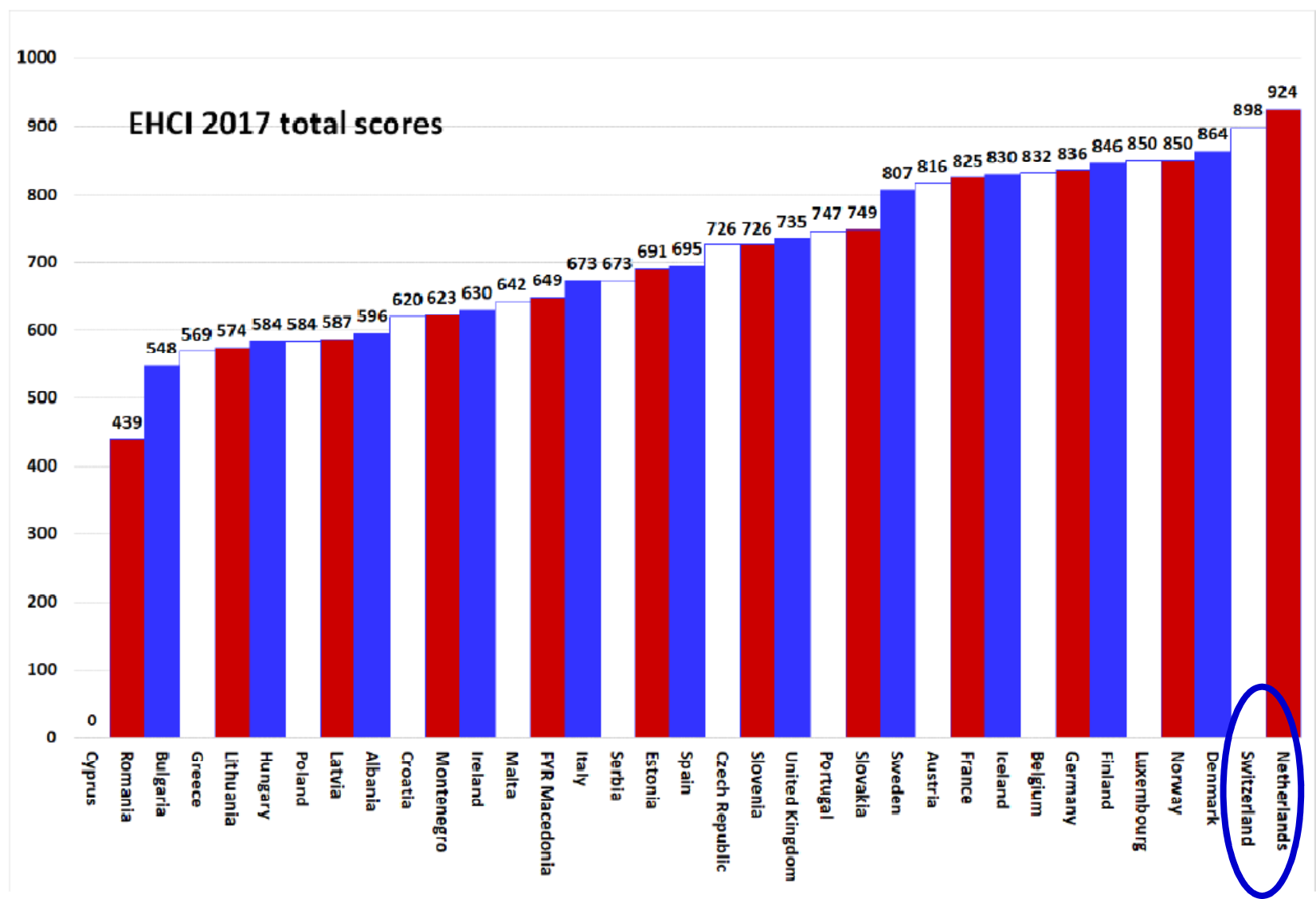


Figure 3.2 EHCI 2017 total scores¹⁴.

Source: Health Consumer Powerhouse, Euro Health Consumer Index 2018

INTERAMERICAN | Dutch and Swiss systems common characteristics

Universal coverage - Compulsory participation

Regulated by the state

Basic package & Complementary insurance

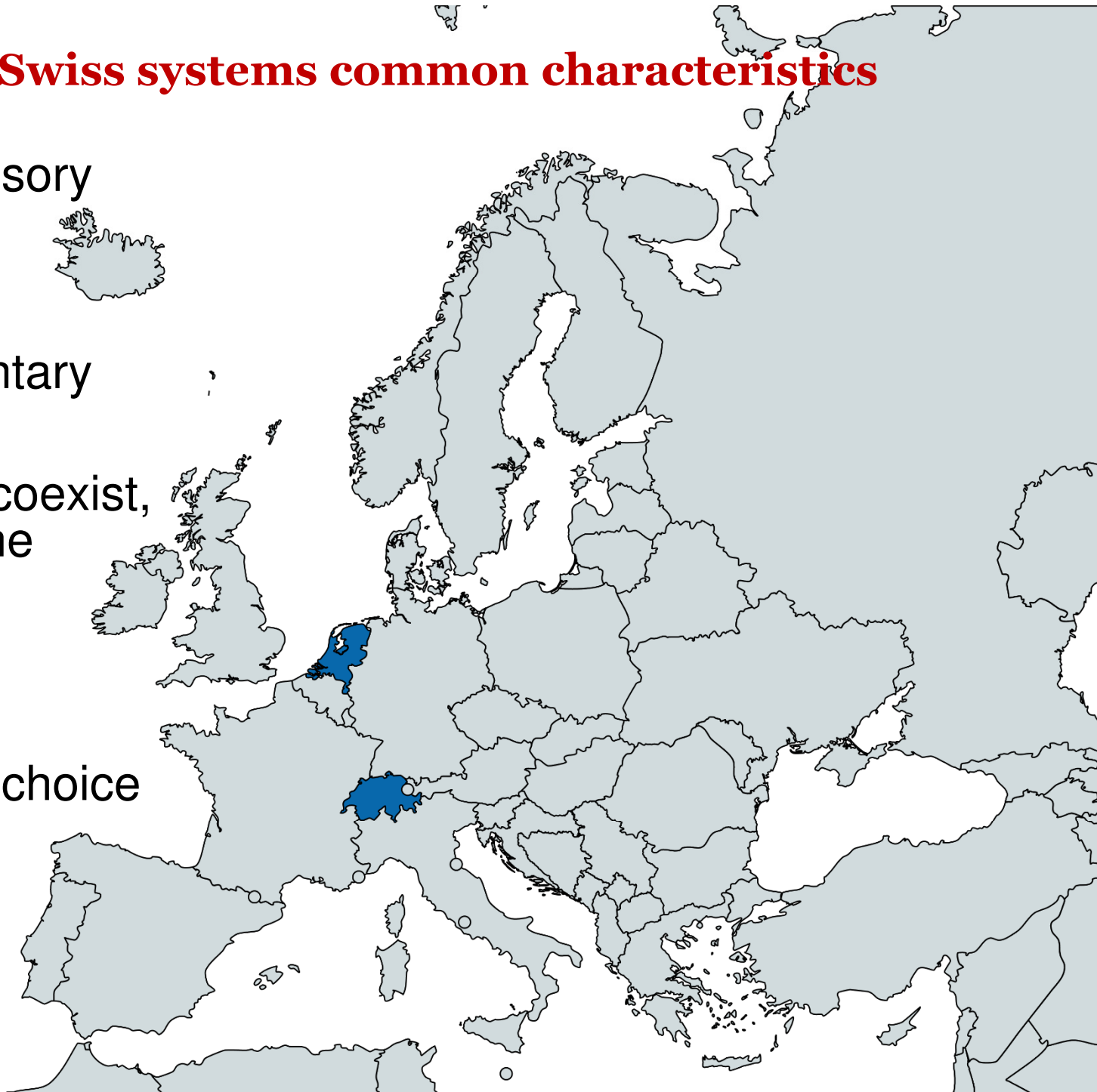
Public and private providers coexist, cooperate and compete on the quality of offered services

Healthcare cost financed by insurance companies

Citizens have full freedom of choice in selecting:

⇒ Insurance carrier

⇒ Healthcare services provider



INTERAMERICAN | Lessons Learned & Guiding Principles

Public – Private Partnerships

Definition of **basic package**

Easy access to well organized and coordinated **primary care**

New models / Digital health

Conversion of out-of-pocket expenses to structured financing



Thank you