

Pre-conference roundtable discussion “The response from the old guard”

By Peter Posch

The session started with the assumption that there is a structural difference between the EU and the US, where the former is highly regulated and the latter highly privatized. We continued to discuss the differences in these systems, highlighting that e.g. the German case is a mixture of private and public system and the private part behaves similarly to the US' system. People who are privately insured and know the costs of their treatment will naturally demand a better service than people whose flat rate is deducted from the gross salary.

Acknowledging this finding both system thus follow the same general trend and the differences are largely due to a time lag in the countries' individual development. The overall trend thus is consumer centric care in the sense that: consumers demand good services.

This trend has two components which we elucidate further: (1) demand and what drives the demand for consumer centric health-care provision and (2) what does “good” mean?

For the demand certainly demographics has the largest influence. A young healthy urban person drives a different demand than a chronically ill (possibly old) lady living in a rural environment. For the needs of the former there are options available on both sides of the Atlantic, with CityMD being the forum's prime (and physically present) example. As Philipp pointed out also providers in Germany react to the changed demand e.g. by offering extended consultation hours or walk-in clinics in Switzerland as remarked by Marina.

The second element is the assessment of a “good” service in light of the consumer. Here perceived service quality is certainly a strong candidate, which, as Liz points out, leads to the question on how to measure it. Furthermore once service quality is key this has implications for the consumers as they will demand transparency of costs to assess the received service quality relatively to the money spent (relative service quality).

Having explored the component of the trend “consumer demand good service” we turn to the different dimensions of the old guard. Szabi points out that providers are open to change and in the case of CityMD even facilitate it. However the regulators and the financing of the healthcare services do not. One reasons could be the usage of a payout-ratio as the insurers' KPI.

Concluding we find that in EU the system works, but people could be happier if they establish consumerism. The US is already much more consumer centric yet why do insurance companies here do not react faster to the new demand and stop guarding the old world and start working on a better future for the healthcare user.