



CONGRESS HIGHLIGHTS

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European Academy of Sciences and Arts launch the report „The European Lead Market in Health Care“

On October 8th and November 12th, 2008, Prof. Unger, the President of the European Academy of Sciences and Arts handed over the report on “The European Lead Market in Health Care” to Commissioner Günter Verheugen in presence of MEP Dr. Paul Rübzig, and to Commissioner Androulla Vassiliou.



Paul Rübzig MEP, Commissioner Günter Verheugen, Felix Unger

This contains opportunities for adapting modern health care in the whole of Europe, and proposes actions ensuring Health for All.

These proposed actions are aimed at accelerating the development of medicine and the quality of health care and provisions in a field of growing costs, as well as to overcome the big gap in quality of care in the different countries of Europe. At present there is no accepted concept for designing European medical care fit for the future.

The European Lead Market is different from other markets where the main endeavor is dedicated to life in a



Karl-Jürgen Schmitt, Ervin van Rij, Commissioner Androulla Vassiliou, Felix Unger

cultural environment. The future health status of each individual has intrinsic uncertainties, and no one – regardless of his or her current situation – knows when he or she will get sick in the future. This requires a col-

lective commitment to design a health care system for all. There are two parts: the citizens and patients on one side and medical arts, medical products and medical services on the other side.

This market has an enormous potential for growth. Sciences and industries in health care have a great opportunity to lead the international market. Medicine fulfills the criteria of Knowledge and Innovation Communities (KICs) of the European Institute of Technology. The driving factors behind a single European Health Care Market (EHCM) are changes in the demographic development, global market strategies and rapid growth opportunities in medicine, mobility of patients and the increase in identification of complex chronic diseases, as well as environmental burdens. National health care capabilities for a European setup are becoming limited and presently are subsidiary to Europe.

Most European countries complain of exploding costs while overlooking the great opportunities of investing in future health care. This single market has an overall volume of 25% of the GNP, including direct medical care, wellness, prevention and lifestyle changes. This market is supposed to be the largest single market, with huge job opportunities that are robust against outsourcing to other regions of the world.

The market volume will increase up to 30% of the GNP in 2020. Medicine is the largest entrepreneurial endeavor in our society. Besides the obvious benefits for patients, this industry provides income for thousands of families employed in all the auxiliary support organiza-

tions and industries. A study measuring the direct and indirect profitability of health care should be launched. The potential exists to save 10%–15 % of costs. Classification and reimbursement are the core elements in bringing medicine to a standard deserving of the 21st century.

The market allows competition, which promotes innovation and creativity, brings mobilization, standardizes quality in Europe, and at the end of the day reduces costs in a magnitude of 10%–15 % in total.

This is desirable for future innovations leading to a real Lead Market. The Aho Report has been an excellent stimulus for applying market criteria to health care, stimulating innovation and creativity and shaping the future. It contains two essential criteria, the Maastricht and Lisbon treaties, whereby “services of general interest” may have an impact in the treaty ratifica-

tion and entry into force. Three areas are challenged: the medical field, insurance companies, and the politics that shape medicine for all citizens.

The main prerequisite is an adequately clear path of reimbursement, which follows market mechanisms. This market deserves control mechanisms to ensure quality and give incentives for rational cost management and increased effectiveness.

Medicine can be shaped and reformed only via financing. The main core elements are guidelines and the classification of all medical provisions providing the proper basis for reimbursement.

An additional core element is the changing role of the public sector. We are all currently reimbursing this system through our taxes, premiums and copayments.



This provides the framework for solidarity based on community interests, objectives, and standards. In this context it can be seen as a paradigm change, where the public sector demands “Health for All” from the medical field in exchange for their financial contribution to the health care system via taxes. Medicine is no longer financed by charitable or religious orders, but is rather a request to the health care system, which is to be reimbursed.



Today, national structural barriers are blocking an integrative European health care concept. Some of these barriers include national interests, a lack or mismanagement of finances and misalignments of possibilities.



This report points out the positive impact to be expected, considering human, social and economic advances.

The report should act as a road map with recommendations directed to all stakeholders (patient, doctor, industry, universities, medical associations and national and European parliaments).

E U R O P E A N I N S T I T U T E O F H E A L T H

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