Series to the Summit

Part I – Paying for Health: A Global Perspective

Follow-up Q&A with Dr. Albert Wettstein, Geriatrician, Neurologist and former first public health official for the city of Zurich, Switzerland. Check out the event video here.

1. Given that the U.S. is much larger and much more culturally diverse and tax averse than Switzerland, how would you recommend policy advocates and policymakers go about shifting our tax systems in a way that offers more sustainable and equitable health care systems?

I would recommend a compulsory State and Federal Insurance for only very limited aspects of health (see below my answers to Question 4 for details). These should be financed in part by federal and states but also by the people themselves. To make it accessible for all, only households with an income above a certain level (e.g. 8000.-$/month) should pay it fully and below a regular minimal income of e.g. 4000.- $/month nothing by themselves. Optimal would be an income dependent fee with zero below a certain low income and a progression of the fee as a fixed part of the income without upper limit. The reason is: the rich profit from immunity of the majority of people for some dangerous infections and from good therapies, and case management of the mentally ill homeless living no more on the streets , which are goods which nobody can buy, not even by very high price by himself alone.

2. What percentage of their budgets do the state and the federal governments spend on premium subsidies and pension funding in Switzerland?

Of the Swiss federal Budget of 70 Billion SFR, 2.7 Billion or 3.9% are used for health insurance premium reductions and 19.3 Billion or 27% for social security systems of different kinds, mainly subsidies for the swiss social security and disabilities insurance programs, which both are to the largest part financed by a low percentage of all salaries (equally paid by the employers and the employed) .

Of the 26 States (= Cantons) Budget of 90 Billion, 2.0 Billion = 2.2% are used for these premium subsidies, and 19.7 Billion = 22% for social securities, mainly for welfare programs and additional payments for persons with no private pension plan and costs of living and housing higher than the Social securities program payments.

The total health costs are 81.9 billion SFR which is **12% of the Total National Income** (second largest of the world) (in the **US health costs are 17% of total national Income**). The compulsory Health Insurance pays only 36% of the total health costs, 27% are paid by the people, namely dentists, large parts of prices for nursing homes, most over the counter medications, aesthetic

surgery and 10% of the costs paid by the health insurance and the first 500.- of the costs each Year, which the health insurance would have to pay.

3. Do your hospitals and doctor offices have a fee-for-service scale, or do they operate on a universal budget, or is it a mix?

Both Swiss Hospitals and physician's offices have a fee for service scale which favors complex procedures. For this reason these are too often done and physicians often do not have time for good talks with the patient, but rather order X-rays, CTs MRIs etc.

4. What advice do you have for US leadership that is so hesitant to put in place subsidized universal health care coverage?

I would recommend a compulsory State and Federal Insurance for only very limited aspects of health care, namely all parts of preventive medicine including vaccination, health education programs and pandemics and other catastrophe preparation measures, including stockpiling of masks etc. and programs including necessary medication to reduce the well known risk factors (Hypercholesterinämia, Hypertension, Diabetes, Obesity, Substance abuse). Case management by community nurses for chronically diseased persons including the chronic, severely mentally ill persons e.g. chronic Schizophrenics. The private and employer financed Insurances should cover the other, fee for service care in hospitals and doctor's offices, including what they order.

5. When talking about quality for providers, what are the most important metrics to look at? Should provider payment be determined on these metrics?

I recommend a program like the British NICE Program where independent scientists examine all relevant therapies for its effect on Health Quality. What is not fond to increase health and quality of life substantially should not be paid by the usual health insurances but only by expensive, privately financed insurances or out of pocket.