

**‘ The end of the European welfare state ‘
German physician’s view**

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Presenter Disclosure Information

C. Piorkowski has the following disclosures

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A uniform European welfare state does not exist

- liberal welfare state private market, limited free care with strict entrance criteria (US)
- conservative welfare state free social care, but differences in social status (GE,AT,F)
- social democratic welfare state universally similar care for everyone (scandinavia)
- rudimental welfare state financially limited care, role of family/church (southern europe)
- post socialistic welfare state heterogeneous mix of the three classical systems (eastern europe)

Causes: philosophy/religion, society, economics, history

Insurance model (Bismarck)

working people are primarily insured

financed through salary dependent
subscriptions

organized by independent, partially
private, or self organized institutions

Welfare model (Beveridge)

everybody is primarily insured

financed through taxes

organized by the government

Evolution of the German welfare state

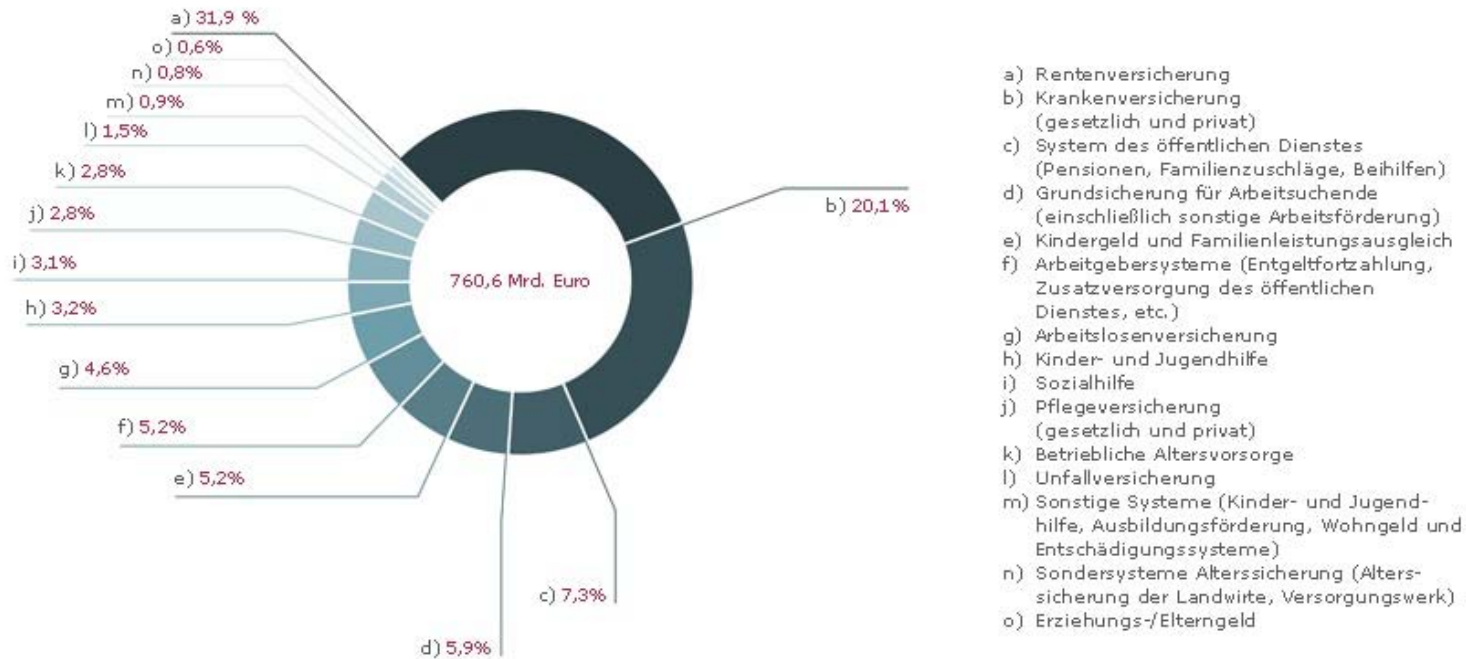
- 1883-1927 health care, retirement, unemployment insurance
- 1949 social security defined as a constitutional right
- 1951-1995 expansion of welfare and social benefits/budgets
 - focus on family politics & children
 - focus on (early) retirement solutions & elderly care
 - co-financing of the German re-unification
 - reduced focus on ‘classical’ social security

Evolution of the German welfare state

- 1998-2010 re-focusing and re-structuring of the welfare state
 - de-regulation of the job market
 - reduction of social benefits (eg. retirement with 67y)
 - introduction of market components into welfare services
 - substantial change in family politics

The German welfare state today

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- **Das Sozialbudget nach Sicherungszweigen:**
Anteile an den Gesamtausgaben von 760,4 Milliarden Euro einschließlich Beiträge des Staates
 2010; in Prozent



The German welfare state today

Unter dem Strich steigen die Reserven der Kassen auf 16,4 Milliarden Euro. Auch der Gesundheitsfonds, der die Beitragsgelder einsammelt und monatlich an die Kassen weiterleitet, sitzt auf einem Berg von Liquidität. Nach früheren Angaben des Gesundheitsministeriums sollten sie mindestens auf dem Vorjahresniveau von mehr als 13 Milliarden Euro liegen.

Damit besaß das System Ende Dezember Reserven von 30 Milliarden Euro – bei Ausgaben von gut 190 Milliarden Euro.

Summary

- due to stable finances the German welfare state functions
- pressure to change the system is currently limited
- focus is on **quality** and resource **allocation**

What does that mean for us electrophysiologists?

- quality (education, thorough certification, outcome control)
- influence on resource allocation

Economics meets medicine

