



Kevin Bürchler, SIP Medical Family Office

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Kevin Buerchler: «We're Much Behind in the Area of Health Management»



The global opportunities to actively manage one's health today make it inevitable that private organizations guide patients through the international health system. For an optimal outcome, a patient's health must be professionally managed, writes Health Advocate Kevin Bürchler in a guest article for *finews.com*.

Professional and personalized health management is a strongly growing development throughout Europe. It is a trend that has long been proven in the USA and is now gaining importance worldwide.

Properly applied, the professional management and planning of one's health and wellbeing leads to a win-win-win situation: for the patient, the society, and the health insurers.

Professionally Through the Health System

The patient receives the best possible treatment and is professionally guided through the health system. The economy and society benefit from the fact that medical costs and the associated medical inflation can be reduced. And health insurers can reduce their reimbursement costs.

This is all because professional health management can prevent misdiagnosis, reduce medical errors and avoid unnecessary (follow-up) treatment.

Great Information Asymmetry

While wealthy clients are highly engaged with wealth management, and the countless wealth managers strive to serve wealthy clients we are very much behind in the area of health management. Similar to how an independent wealth manager or a lawyer advises his client in financial or legal matters, a «health manager» or «health advocate» is there for his client in health matters. In the area of health and medicine, there is a great asymmetry of information, which in some respects is even more pronounced and thus more consequential for patients compared to the field of finance or legal.

Even today, many patients almost blindly trust the recommendations of their doctors. Often, this is a person with whom they have hardly any personal experience and whose work can barely be evaluated or questioned as a layperson. Despite the excellent reputation of its healthcare system, even in Switzerland, more than 120,000 people experience the consequences of medical errors every year – regularly with a massive influence on their future quality of life.

Essential Statistics Are Missing

These facts and figures tend to be forgotten and are often deliberately not made public. Essential statistics are partially or even completely missing, many things are glossed over, a pronounced positive error culture, as has been developed for decades in aviation, for example, is largely missing in the medical field.

Even simple precautionary measures can protect patients from these risks. However, these are often not applied because they are not recommended, overlooked, or ignored by the attending physician, who is often the patient's only health advisor.

The simplest and best-known precaution is undoubtedly to seek a second opinion from a specialist with the right work ethic and moral compass. But even this is often forgotten or neglected because the importance of it is greatly underestimated, and it is rarely ordered by the attending physician himself. Why? Because a patient may interpret the recommendation of a second opinion as an indication of uncertainty or incompetence.

Show Personal Greatness

However, experience shows that usually, only very experienced doctors have the personal greatness to admit that they cannot give a (clear) answer. In our view, as a matter of principle, no major treatments or interventions should be carried out without at least one-second opinion.

Further examples for how the current system lacks unbiased advocacy for and professional management of people's health are topics such as blood management in preparation for any surgery (essential to minimize complications, but very often over-looked), pharmacogenetic analysis (a must for any patient who is regularly taking medication), preventive testing as a precaution against cancer and other chronic diseases (highly recommended for everyone over a certain age). The possibilities to actively manage one's own health are very comprehensive today.

Expensive Treatments and Operations

However, a health system that lives and profits from sick people, unfortunately, offers its representatives very little incentive to recommend such preventive measures and control mechanisms.

Hospitals, private practices, and the pharmaceutical industry earn money with expensive treatments and operations, not with relatively inexpensive preventive measures. This is perhaps the most important approach of a Medical Family Office.

Health Management Through One's Health Insurance

Compared to Europe, the USA is far advanced in professional health management. This is mainly a function of health insurance companies, which are forced to actively guide patients because of the local system. In the USA, we have an almost

free healthcare market. Thus, doctors and hospitals are free to set the prices for their services without government regulation.

As a result, one can have price differences of factor 10 for the same service within a radius of one kilometer. For example, a blood test in a hospital can cost 5,000 dollars, while the same test in a smaller clinic costs only 500 dollars. Therefore, guidance and coordination are already a must from a financial perspective.

A concierge desk is therefore essential for any good international health insurance in and around the USA. Some insurance companies have access to an incredible volume of data and information on hospitals and doctors. Based on this, they can evaluate how suitable a hospital or doctor is for a particular treatment.

Large-Scale Registration System Missing

Due to the health care system in the USA, hospitals and especially insurers are forced to collect this data in order to be able to manage costs. In European countries, this data is often not available at all. In addition, there are different legal bases in each country, political differences, geographical borders, and other factors that make it almost impossible to develop a uniform and large-scale data collection system.

In our opinion, assigning patients systematically and based on experience is a must, leading to far better outcomes for patients and insurance companies.

Optimal Management and Monitoring

In the USA, an insurance company ensures that the applied treatment is actually necessary and appropriate. This prevents overtreatment which is always accompanied by additional costs and unnecessary risks for the patient. Because of the incentives in the healthcare system and the lack of self-responsibility and interest of patients, also because mostly all costs are covered by the insurance, over-treatment is something we often see in Switzerland and other wealthy countries in Europe.

With the right professional health management, the patient is optimally guided through the health system, and it can be sure that he or she is not taking on any avoidable risks due to unnecessary and wrong treatments. The alternative to an insurance company taking on that role, is a private medical family office that provides this coordination for the individual patient.

A Blessing and a Curse at the Same Time

In most cases, affluent and internationally insured persons benefit from a free choice of doctor and hospital worldwide. This has many advantages, as you are not tied to the local health system. Depending on the health condition, one often finds that the most suitable doctor and the best hospital for a particular treatment are not those available in the nearest city.

To get the best possible examination and treatment, one often has to expand the horizons nationally or even internationally. Especially in the case of complex and potentially long-term medical conditions, one should by no means forego the latest medical technology, infrastructure, and consultations with globally recognized specialists.

Fatal Long-Term Costs

Internationally insured and wealthy self-paying individuals can thus benefit greatly from a worldwide choice of doctors and hospitals. The pandemic recently demonstrated these advantages in an extreme situation. International patients were able to bypass the local bottlenecks by going abroad, while the treatments of less privileged patients were simply postponed – with sometimes fatal long-term consequences.

In oncology, for example, there are detailed statistics showing that the risk of death increases by up to 8 percent if a cancer operation is postponed by four weeks. Unfortunately, even in Switzerland, since the outbreak of the pandemic, we have postponed many operations, especially in the field of oncology, due to bottlenecks in the health system. It proves, the international free choice of doctor and hospital is essential.

Accelerated Development Desirable

Since it is impossible for the individual patient to make a professional and independent choice of the appropriate medical provider, it is inevitable that either health insurance companies or specialized organizations will take over this function. An acceleration of this development would be desirable so that patients can be treated better on national and international level, but also to relieve the financial and operational burden on patients and the healthcare systems.

Kevin Bürchler has been Head of Key Accounts and Operations Manager at **SIP Medical Family Office** in Zurich since August 2019. The company has been involved in the field of professional health management and strategic health planning for more than 25 years and has made it its mission to spread this approach in Switzerland and

Europe. Before joining SIP, Bürchler worked for Swiss Re.