

INSURERS AND THEIR ROLE IN TOMORROW'S HEALTHCARE SYSTEM

Speakers: **Didier BAZZOCCHI**, General Manager of MMA, Covéa Group | France, **François-Emmanuel BLANC**, General Manager of the CCMSA | France, **Lionel CORRE**, Deputy Director in charge of Insurance at the French Treasury | France, **Pierre FRANÇOIS**, Vice-Chair of the Life, Health and Protection Insurance Standing Committee of the Fédération Française de l'Assurance | France, **Gérard VUIDEPOT**, President of MNH - NEHS | France

Debate led by **Olivier MARIOTTE**, President of nile | France

The current role of health insurers is defined by its limitations

French insurers today have a mainly supplementary role to the compulsory health insurance. A substantial regulatory framework limits their ability to bring added value and innovation to the health system. Their current role consists mainly in mutualization of significant risks, to ensure access to healthcare for all, especially those with unusually high outstanding balance after compulsory health insurance (due to exceptional healthcare needs or long-term illness). The current fiscal and regulatory limits (Responsible Contracting, 100% Health reform, National Interprofessional Agreement, reimbursement of additional fees limited to two times the official public reimbursement basis, ...) are motivated by the defense of public health issues (collective control of national health expenditures, generalizing access to quality care at a moderated cost, including for the most modest, intergenerational solidarity, limiting selection bias, ...). Insurers have limited leeway to create and demonstrate their added value, beyond digitalization and customer service. Innovation, which is difficult to apply in the existing regulatory framework, also lacks legal protection. Moreover, the usual insurance business model, namely investing in prevention to reduce claims, is inapplicable due to regulations in the French private health insurance sector. Insurers thus suffer from an image of high and rising costs, without comprehension of their value, and they are rarely invited in reflections on patient pathways and social protection. This incomplete image of private health insurers as blind payers prevents them from being the partners of national solidarity and of the health stakeholders they could be, or already are in some instances (healthcare networks).

This raises the question of the legitimacy of the current juxtaposition of compulsory public health insurance and complementary private health insurance, whereas other models can be observed for some specific derogatory regimes in France or abroad (either entirely public management of health insurance for some professions, or private insurance from the first euro of health expenditure as in Holland).

The possibility of a disruption of French health insurance by the appearance of a new type of stakeholder

New stakeholders are already emerging around the digital simplification of the customer experience. Complexity and relatively low market-profitability are probably holding back the entry of foreign digital giants into the French health insurance market for the time being, though they could position themselves as insurance-comparators. Digital competition and the exploitation of connected healthcare data can drive innovation, but also risk-selection. This danger of risk-selection could be limited by the definition of specifications for innovation.

The development of a different role by some operators

Insurers seek to add value beyond the payment of health expenses. Some operators with a strong affinity with their historically insured category of professionals, or with a dual managing status of both compulsory public insurance and complementary private insurance, have already had the opportunity to develop extended social protection offers (with insurance packages including for example life and health, welfare, retirement, family and occupational health insurance), as well as important actions in prevention, or in services for health professionals and operators (notably telemedicine and territorial professional health communities), local authorities, and beneficiaries. The challenge is from now on to strengthen this dynamic and extend it to all complementary health insurers, especially by rethinking the economic model so that it becomes a driving force for added value creation, innovation, and efficiency. It is also necessary to involve them ahead of time in discussions regarding the evolution of the healthcare system if we want to give them the means to act on new roles such as prevention.

This transformation must be built collaboratively between insurers and the State (economy, finance, health), around this shared desire for better knowledge and trust, by relying on existing health-democracy systems and emerging social and local impact tools.