



# United States

**Potential business figures in 5 years:** US health is in transition. Spending continues to increase: 4.6% in 2017 and 5.3% in 2018 reaching USD 5.3 trillion. An aging population adding to the Medicare health insurance program for the elderly and disabled, increases in the prices of medical goods and services and a lack of competition, are all impacting costs.

**Typical buyer of health services:** Under the Affordable Care Act (ACA), all citizens gained access to health insurance. Healthcare insurance is a two-tiered, pre-paid insurance subscription model: government (Medicare and Medicaid) and private. Most people receive health insurance from their employers via a group insurance plans and pay a percentage of the cost. The average cost for health insurance for a family of 4 is now USD 22,000/year with high deductibles. Almost 80 million people are still either un- or under-insured. Access to and affording care remains a national problem.

**Governmental or legislative climate to support new services/innovations on health:** There are just under 5500 hospitals categorized several ways: for-profit/not-for-profit and government; or closed/ opened system (based on how they are insured). A health system is the formation of people, institutions, and resources proving healthcare to a specific population. Under the Affordable Care Act (ACA), all citizens gained access to health insurance. Healthcare insurance is a two-tiered, pre-paid insurance subscription model: government (Medicare and Medicaid) and private. Most people receive health insurance from their employers via a group insurance plans and pay a percentage of the cost. The average cost for health insurance for a family of 4 is now USD 27,000/year with high deductibles. Almost 80 million people are still either un- or under-insured and about 74 million are enrolled in Medicaid. Fifteen percent of the population is now on Medicare. Access to and affording care remains a national problem.

**Typical buying and/or acceptance process in the country for new solutions:** Spending and cost are key parameters. How money is spent is known and tracked. How to reduce cost is a critical success factor. Market needs are varied but are typically based on meeting the Quadruple Aim. Reducing costs, improving efficiencies, better quality of care and life for both patients and providers are key needs.

**Regulation & Reimbursement environment:** Regulatory processes (FDA) and reimbursement pathways are necessary. EU certification is a benefit. Entry and first sales will take 3-5 years.

**Trends & Strategy:** There is no standard process for US market entry. Entry is case by case and based on meeting a defined market need and having clinical proof of concept. Most hospitals and most all insurance companies are not buyers. The best way to enter is with a strategic partner who will co-develop and form a joint venture.

## Quick Facts about United States

**Population:** 329.3 million

**Life Expectancy:** 78.45 years

**GDP (PPP):** \$19.49trillion, per capita \$59,800

**Official Languages:** English

**Physicians density:** 2.59 / 1000 pop.

**Digitalizations Maturity:** 10th

**DEI Index:** 3.61/ Stall out

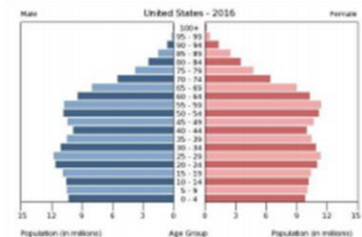
**Urbanization rate:** 82.3%

**Hospital Bed density:** 2.9

**Median age:** 37.4

**Health expenditure:** 17.1% of GDP

**Population Growth rate:** -0.8%



Source: World Fact Book

## National challenges:

Ischemic heart diseases, Alzheimer's disease, Stroke

## Link to opportunities:

<https://bit.ly/2z0yutE>

## Team Finland Contact:

Mr. Val Kratzman

[val.kratzman@businessfinland.fi](mailto:val.kratzman@businessfinland.fi)

Tel. +1 203 767 9676