

## KEN/SBRA Workshop on “Economics of Prevention and Improving Public Health”

European Parliament, Brussels, 30 June 2015

### Recommendations

No.	TOPIC AND TEXT OF RECOMMENDATION	E U I N T E R N A T I O N A L	N A T I O N A L  R E G I O N A L	S T A K E H O L D E R S
1.	<p><b>A New Healthcare Paradigm for 21<sup>st</sup> Century</b></p> <p>The entire human condition has changed so drastically that a new healthcare paradigm is needed. Our influence over quality and duration of life has never been as big as today, but we are using this unprecedented potential insufficiently and ineffectively, making the <b>current system financially unsustainable</b>.</p> <p>The new paradigm is to be based on the <b>following criteria</b>: inclusivity, shared responsibility and proactive participation by all involved, science and evidence-based approaches to policy formulation and implementation, stronger focus on health promotion and prevention, encouraging innovation, improved governance and business-like management, outcome focused, integrated policy approach, full use of available ICT.</p>	✓	✓	✓
2.	<p><b>Some stakeholders are excessively influential</b></p> <p>While NGOs representing public health domain and patients are still rather weak, <b>powerful business interests</b> (such as the pharmaceutical industry) and their <b>lobbies have far too much influence</b> on decisions in public health policies and regulatory framework. This has negative impact on accessibility and conditions under which people use health &amp; medical services, and consequently on health generally, specially for the weaker parts of society.</p> <p>Parliaments and governments should use their authority more decisively and effectively to act in more balanced way and in defence of strategic interests of the public in healthcare issues.</p>		✓	✓
3.	<p><b>Healthcare should be understood primarily as an investment</b></p> <p>EU institutions, national actors in public and private domain should contribute to better</p>	✓	✓	

	<p>understanding of health-related expenses as an investment into wellbeing, happiness and fitness needed for creativity and productive performance of members of society.</p> <p>Disease prevention, together with access to healthcare and social services should not be seen primarily as public and private spending. Actually, healthier people require less support from public budgets and healthcare systems, and create a more productive society and labour force. <b>Sustainable health systems</b> create the basis for a <b>healthier economy</b>, while helping to <b>reduce health inequalities, social exclusion and poverty</b>. This is an asset that must be valued.</p>			
4.	<p><b>Health prevention deserves surely more than 3% of public health spending</b></p> <p>Investing in health and resilience, and securing more resources for disease prevention and health promotion should entail a greater financial reallocation. Especially at a time when the cost of treatment and managing disease keep rising, it is unsustainable and illogical that only a fraction of public health expenditure is earmarked for <b>prevention (only 3% in 2009 and 2.6% in 2011)</b>. Health promotion and disease prevention are good value for money as they reduce long-term treatment costs and contribute to a healthier and more productive working population.</p>		✓	
5.	<p><b>Economic potential of health sector should not be underestimated</b></p> <p><b>The health sector is an important source of employment, innovation and growth potential.</b> For example, countries should share practices in using existing human resources – the unemployed, senior citizens and immigrants – to meet the sector's growing staff demand. Innovation in processes, products and services can contribute to meeting the challenges in the sector. An ageing population provides a great potential for deploying new solutions, for which there will also be a need outside the EU.</p> <p>The Commission should use EU funds and the internal market to <b>encourage investments in health innovation</b>: developing and deploying new solutions, medicines and technologies, but also finding ways to improve healthcare systems and delivery. It should encourage innovation which is evidence-based, responds to identified needs, and aims at improving patient outcomes, health systems' quality, productivity, and economic growth.</p>	✓	✓	
6.	<p><b>Viewing input-output in the healthcare system</b></p> <p><b>A better understanding of the cost-effective drivers for health, the relationship between inputs and outputs, and which measures provide the best return on investment</b> is needed. Encouraging discussion and sharing of best practices between countries should help to demonstrate that calculating the costs of healthcare systems and spending on hospitals, staff, hospital beds, pharmaceuticals and medical devices, is only <b>a story of inputs</b>.</p> <p>Use of <b>output-oriented indicators</b> is also needed, such as the <b>time and cost of achieving desired health outcomes</b>. The value of outputs, be it a healthier population and workforce, prevention of complications and diseases, or resulting savings in healthcare, social and employment costs, must be recognised. If health is not valued as an outcome and outcomes are not translated into economic terms, it is impossible to make smart decisions where money should be saved, costs cut, and efficiency increased.</p> <p>National authorities should be encouraged to <b>improve health data collection and monitoring of outcomes</b>, and use this information to <b>support quality policy making and necessary reforms within health systems</b>.</p>		✓	
7.	<p><b>Crisis-pushed reforms and savings not to undermine quality of care and affect outcomes</b></p> <p><b>Times of economic pressure</b> should be used as a <b>catalyst for long due reforms</b> of inefficient health systems, enabling decision makers to strike a reasonable balance between fiscal consolidation without compromising genuine interest of public health.</p>		✓	

	<p><b>Structural reforms of health systems should not endanger patient safety and quality of care by wasting the human capital</b> potential of health workers. Skills levels and quality of training systems are essential to ensure quality medical services.</p> <p>The tendency to lower expenditure through <b>cuts in health professionals' salaries and by reducing funds for training and retention purposes</b> is demonstrably counterproductive - they usually undermine quality and efficiency, while not achieving financial sustainability. The solution is <b>health workforce forecasting and planning</b>, including making use of the potential of emerging professions to meet new medical needs. Generally, cuts should be made reasonably, rationalizing costs without jeopardizing quality of performance.</p>			
8.	<p><b>Modern integrated healthcare requires a more holistic approach</b></p> <p><b>Integrated care</b> must bridge institutional <b>boundaries between primary care and the acute setting</b>, as well as between social and health care. Health systems need to shift away from a <b>reactive treatment model</b> of healthcare towards a more <b>pro-active, inclusive, planned and structured approach</b>, by adopting a <b>model that embraces prevention</b> (primary, secondary, tertiary). Providing health education and training in schools, community centres, and health centres will enhance health promotion and support efforts for better prevention.</p> <p>Countries should be encouraged to adopt a <b>society-wide approach, starting with joint budgeting across ministries, to ensure that all policies are in line with promoting health, and healthier lifestyles.</b></p>		✓	
9.	<p><b>Opening posts of Health counsellors and Promotion Managers</b></p> <p>The EU should support Member States in training of personnel to ensure they have the skills needed to implement <b>holistic, patient centred care, including better integration of prevention recommendations into the practical advice to patients and families.</b> There should be a shift of the provision of services towards communities, collaborations with community leaders, to generate and maintain health and prevent diseases.</p> <p><b>Health counsellors and community health generation/promotion managers</b> should be appointed, public health programmes should be integrated with disease treatment mechanisms resulting in a holistic approach to the persons concerned and their families. These can represent an important pillar of prevention effort.</p>		✓	✓
10.	<p><b>Modern healthcare needs personnel with new skills</b></p> <p>Growing complexity of medical treatment &amp; procedures, and sophisticated technological equipment requires additional skills, not included in the curricula of many profiles of medical staff.</p> <p>Therefore more attention should be paid by management of health institutions for their staff's <b>permanent education and training.</b></p> <p>Research projects aimed at <b>forecasting health professional needs</b> should be undertaken and funded by the European commission. To boost investment in the health workforce, the EU should consider future emerging professions to allow for innovation in health systems, the creation and development of new tools and skills.</p>		✓	✓
11.	<p><b>Health Systems could benefit from more innovation</b></p> <p>Like elsewhere, also in healthcare there is room for more innovation, particularly in ways services are delivered and monitored. The EU should engage research and innovation funding more strategically in order to encourage all forms of innovation for health, not just for research into new procedures and interventions, but equally, for <b>innovations in delivery of healthcare services.</b></p>		✓	✓

	It is advisable to reduce the risk of resistance against implementing change: efforts to revitalise and change health systems at national or regional level should be supported through <b>evidence, sharing of experience</b> and <b>innovative pilot programmes</b> .			
12.	<p><b>Finding an optimal system of healthcare financing</b></p> <p>Against the current trend of <b>cost shifting to patients</b> (share of private expenditure keeps rising) evidence suggests that compulsory prepaid sources (general taxation and payroll contributions for compulsory health insurance) tend to be more equitable options for health system financing. The studies indicate that <b>voluntary prepaid sources</b> (voluntary health insurance) are less equitable, and <b>out-of-pocket payments</b> are the most inequitable. In some European countries, current annual out-of-pocket ceilings per person mainly benefit those with higher incomes but do not adequately promote equity in financing.</p> <p>Applying <b>user charges</b> in primary or ambulatory specialist care may worsen health outcomes and lead to increased spending in other areas (e.g. emergency care). There seems to be a vicious circle: cuts to health budgets translate into more out-of-pocket payments for individuals, which will impact on people with low resources and increases their vulnerability. Less affordable and accessible health services will inevitably mean increased inequalities, which will in turn impact on its future social progress and development. It will finally also increase the cost of healthcare.</p> <p><b>Short-term cost-saving measures may bring health care costs down, however they should be complemented by careful long-term planning of structural reforms which address the real financing needs of the healthcare system.</b></p>		✓	
13.	<p><b>Expenditures on pharmaceuticals could be essentially reduced</b></p> <p>Reducing pharmaceutical spending is an easy target for rationalising healthcare costs, as these expenditures are known, and the results of cost containment are immediately visible under the budget line. In many countries the budget cuts are achieved by shifting the burden more on patients, who are the weakest link in the triangle: government – industry – patients.</p> <p>As variations in spending can be explained by differences in pharmaceutical pricing, reimbursement and prescribing behaviour, the aim should not be to simply cut costs, but to <b>improve spending</b>, while ensuring access to medications, and by <b>addressing the cost drivers</b>. In view of vast price differences great savings could be achieved through consultations among national institutions which are <b>negotiating prices with pharmaceutical companies</b>.</p>		✓	✓
14.	<p><b>Challenges in combining public and private healthcare services</b></p> <p><b>Transparency and accountability</b> are key to any reform of the health system, particularly when engaging with the private sector, which is interested primarily in generating financial gains from selling vaccines, and new drugs.</p> <p>Therefore <b>roles and boundaries must be clearly defined</b> for the transition of individuals moving from the public sector to private companies, where they may be involved in negotiating privatisation of service provision or reforms, should be monitored in order to protect the legitimate interests of patients.</p>		✓	✓
15.	<p><b>Advantages of E-health</b></p> <p>Undoubtedly E-Health offers numerous advantages, including some savings – particularly in time spent by doctors and nurses in administrative procedures. Therefore management of medical institutions should encourage its introduction, and provide adequate training to respective personnel.</p> <p>For example: in Sweden the use of eHealth allows for 42 % of all <b>prescriptions to be electronically transferred from the doctor to the pharmacy</b>. E-prescriptions increased the security and quality of prescriptions and reduced medication errors by 15%. However, the</p>	✓	✓	✓

	<p>increased use of eHealth technology may create new health inequalities when financial resources are allocated to high-tech solutions of unproven value rather than to improve access under resourced primary health care. It is important to recognise that not all sections of society have equal access to available ICT resources, such as computers and smart phones, and they also do not necessarily have the required literacy to become empowered and informed users of new eHealth technologies.</p>			
16.	<p><b>Rationalise and streamline data collection</b></p> <p>There is room to <b>improve information for decision-making</b> by shifting focus and resources towards prevention to improve population health and avoid more costly interventions later. At the same time collect quality, comparable data: <b>streamline</b> and <b>rationalise data collection</b>.</p> <p>Authorities at regional and national level should make <b>better links between data and policymaking</b>.</p>	✓	✓	✓
17.	<p><b>Prevention-oriented health management and education of professionals</b></p> <p>A more comprehensive approach to improving healthcare delivery is needed across the EU. This should <b>start by educating health professionals not just to treat sick people, but also to search for causes of unsatisfactory condition, timely and effective preventive treatment, as well as guiding patients in their own activities preventing the diseases</b>.</p> <p>Reform of healthcare systems requires addressing the imbedded inefficiencies, such as: lack of continuation of care, failure to computerise information, investment in technologies and solutions that are not cost-effective, and over-prescription of drugs that are not effective or may lead to further complications. It is vital to <b>improve coordination and integration between different parts of the healthcare system</b>, including primary, hospital, specialised and out-patient care, but also between healthcare and social care.</p>	✓	✓	✓
18.	<p><b>Improved health system needs a society-wide approach</b></p> <p><b>Making healthcare systems sustainable</b> requires a <b>wider societal approach</b>. It requires co-operation between all private and public organisations that can improve, maintain and restore the health of European citizens. It is essential that they focus not only on care but <b>on supporting the social, environmental and economic determinants of health</b>.</p> <p>Preventable health problems, leading to early retirement, sick leave and poor educational or work achievement, are costly for Europe. As the Commission recognises health promotion and disease prevention as a key priority, it should encourage countries to <b>compare notes on the direct and indirect costs of preventable diseases and benefits of health promotion for society</b>.</p>	✓	✓	✓
19.	<p><b>Health literacy</b></p> <p>Efforts to increase health literacy – a key factor of preventative culture -- are insufficient and often inadequate. While the US have adopted an Action Plan on this specific subject 5 years ago, the European strategic document “Health 2020” pay <b>very modest attention to the issue</b> of health literacy. This is against common sense, and should be changed as soon as possible. Probably the relevant NGOs could contribute with their initiatives, and request governments to act quickly. Undoubtedly the European Commission could help in achieving the desired results rather sooner than later.</p> <p>For a needed improvement a more <b>holistic approach</b> is required, and involvement of medical professionals, teachers and professors, authorities at all levels, as well as NGOs, in more coordinated fashion, is advisable.</p>	✓	✓	✓
20.	<p><b>Health system should reward citizens living responsibly</b></p> <p>The burden of health insurance should be divided among patients and potential patients more</p>	✓	✓	✓

	<p>fairly and proportionately: the system should be based on <b>higher solidarity with victims of health problems not caused by irresponsible living</b> (e.g.: intensive smoking, unhealthy diet, lack of physical exercise, delayed visits to doctors). Insurance agencies in some countries have started to give bonuses to the insured people who can prove responsible living. This contributes to prevention and reduced expenses for medical services, and <b>should be encouraged</b>.</p>			
21.	<p><b>Mobile applications – a great support to improved public health</b></p> <p>Applications like »24alife« contribute greatly to a healthier life style and encourage people to behave responsibly, which implies reduced cost of medical services. The application generates benefits for the user, and effectively contributes to preventive effort, and consequently saves private and public health-related expenditures.</p> <p>Doctors, clinics, nurseries, and many others – including insurance companies – should encourage people to benefit from these applications. They provide multiple benefits: people live responsibly, they can check and systematically monitor their basic health symptoms, doctors obtain access to exact and reliable information about the patient's status and history, and spend less time for diagnosis (which implies saving in medical personnel's time).</p>		✓	✓