

VALUE-BASED HEALTHCARE IN EUROPE ROUNDTABLE DISCUSSION

EVENT SUMMARY

Medtronic worked with Dr. Rifat Atun, Professor of Global Health Systems at Harvard University, and Dr. Annie Pannelay, Healthcare Principal, Economist Intelligence Unit, to organize a Roundtable debate with European healthcare policy experts and officials in Brussels.

Brussels, March 2016

INTRODUCTION AND CONTEXT

Do health systems in Europe need innovation? Should we move to value-based healthcare? If so, how can we pace the shift to value-based models and respond effectively to rapidly changing economic, social and epidemiological dynamics? How can we address the growing needs of an elderly population and increasing lifestyle-related risks?

PARTICIPANTS

- Eight leaders from European institutions, governments, and policy organisations
- Dr. Rifat Atun, Professor of Global Health Systems, Harvard University
- Dr. Annie Pannelay, Healthcare Principal, Economist Intelligence Unit
- Valeria Fagone, Senior Director, Government Affairs, Medtronic

DEFINING VALUE, MEASURING OUTCOMES

How value is constructed differs across countries, regions and even organisations. However, common components of the construct of value include an element of cost and outcome. While measuring costs might appear relatively straightforward, in reality this practice is fraught with difficulties. The same holds true for outcomes, whose measurement is arguably more challenging as the outcomes indicators vary across countries and organisations.

Attempts at measuring outcomes have occasionally led to contention of methods used and the results published (e.g. ranking outcomes for hip replacement centres in some areas of Belgium), and have discouraged health professionals from providing outcomes data or participating in benchmarking exercises. It is important therefore that outcomes measurement is used as a development tool, while simultaneously helping to identify needs for support.

TRANSITIONING CONTEXT, STATIC SYSTEMS

Trends showing rising healthcare costs and decreasing productivity in health systems make the need to shift to value-based healthcare even more critical. Today's world is marked by multiple transitions which countries are undergoing: demographic, epidemiologic, economic, political and technological changes. These changes are happening rapidly and simultaneously, and health systems are being challenged to address chronic illness and aging populations with rising morbidity and disability.

Yet, global systems are not evolving as quickly, if even at all. In many countries, health systems are still designed to cope with the problems of the past. They now need to be redesigned to respond to the challenges of today and tomorrow. Transition in health systems has been very challenging, which begs the question — why is it so difficult to enact change?

SUCCESSFUL EXAMPLES OF INITIATIVES TO DEVELOP VALUE-BASED HEALTHCARE

Successful initiatives in developing value-based healthcare already exist in Europe, and it is important to share these successes. For example, Meetbar Beter, a unique initiative in the Netherlands, aims to improve quality and transparency of care for patients with heart disease by measuring limited patient-relevant outcome measures. The initiative, which started with two Dutch heart centres in 2012, has grown to become a national foundation, including 12 of the 16 Dutch heart centres.

The starting point for Meetbar Beter is the selection of patient-relevant outcomes measured by physicians in a scientifically responsible way based on the value-based healthcare approaches developed by Michael Porter of Harvard Business School.

MEANINGFUL DATA

The importance of data quality, consistency and usability in measuring value and in transitioning to value-based healthcare is inarguable. The European Commission is actively working on approaches to ensure health systems are able to generate and use high quality data in order to measure performance and to benchmark achievements of Member States.

However, creating commonly defined and used datasets in health systems of EU countries has been a lengthy process, despite the major initiatives which have been put forward to allow development of comparable data and movement of data across EU countries (e.g. the EU healthcare cross-border directive, 'European free flow of data initiative', and the use of synonymised data). Notwithstanding challenges there is interest in EU Member States to better understand how value is created and which Member States have been successful in achieving better value in their health systems.

THE WAY FORWARD

Given the challenges faced by European health systems, there is an imperative to move towards value-based healthcare. A shared definition of value in healthcare, development of tools and commonly used indicators would favour this transition. In this respect, engaging health professionals at an institutional level is crucial to developing value-based healthcare approaches to improve efficiency and effectiveness of healthcare providers. In developing value-based healthcare, emphasis should be given to patient empowerment, integrated care and collaborative efforts across countries to enable benchmarking and learning from best practices. Payment models should also evolve to emphasize outcomes. New approaches such as bundled payments for specific therapies or disease areas are a move in the right direction.

It is important to ensure that available technologies and data collection methods do not encumber, but rather support the working environment for healthcare professionals like hospital clinicians, general practitioners and nurses who are critical for a successful shift to value-based healthcare.

The group agreed to reconvene after the publication of an upcoming Economist Intelligence Unit study on value-based healthcare to continue the dialogue and jointly explore how value-based healthcare can be implemented in Europe.

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