INNOVATION AND SUSTAINABILITY OF EUROPEAN HEALTHCARE SYSTEMS

27 January 2016, 12.30

Bruegel, Rue de la Charité 33, 1210 Brussels

Public event: This was an on-the-record event. The discussion was livestreamed and a video recording was uploaded to the Bruegel website.

Speakers

Sylvie Bove	**Chief Executive Officer, EIT Health**
Petra Keil	**Head Government & Public Affairs Europe, Novartis**
Xavier Prats-Monné	**Director General, DG Health and Food Safety, European Commission**
Nina Renshaw	**Secretary General, EPHA**
Karen E. Wilson	**Senior Fellow, Bruegel**

The EU health sector represents 10% of GDP, 15% of public expenditure and 8% of the workforce, and has high potential for innovation and growth. Healthcare systems are complex and require partnership between multiple stakeholders.

Xavier Prats Monné gave a presentation on innovation and sustainability in the European healthcare system. Life expectancies and the shape of population pyramids have changed dramatically over the past century. He highlighted the costs of bad health with examples of, among others, absenteeism, obesity and antimicrobial resistance (AMR). Without improvements, more people could die from drug-resistant infections (AMR) in 2050 than currently die from cancer. As regards European health systems, he suggested that three former models (von Bismarck, Semashko and Beveridge) are converging into a mixed one. There is no perfect correlation between outcomes of healthcare and the amount of money spent and he noted the inequality between and within countries. The social determinants of health matter. DG SANCO tries to assess how EU countries perform and how they could improve their healthcare systems. The 2014 EU agenda for effective health systems is built on three aspects: strengthening effectiveness, increasing accessibility and improving resilience (including health technology assessment). There is a focus on increasing the measurement of outcomes (he noted an OECD initiative to create the “PISA” of healthcare) and the need for stronger collaboration between industry, innovation and academia.

Sylvie Bove’s focus at EIT Health is on addressing the current issues (longer life expectancies, diseases) as opportunities for innovation, business and growth. Partnerships are needed across Europe to create new solutions. It should be clear that cost containment is not getting us there and we should be open to new ideas. She stressed that a paradigm shift is needed: moving away from the current model to a model in which the citizen has a more central/engaged position and a more active role. The consumer should be able to manage his/her overall health (not just an individual disease) and have access to data on different systems. Not only should data should be gathered but we should be able to learn from it. Therefore it is important to engage all parties involved.

A role for the EU would be to support citizens and systems. Another issue is prevention, which is limited. Who should pay for it? Data would allow us to learn from different regions. Initiatives should be taken – no more pilots, development and implementation in certain regions. Efficiency gains could be obtained from a continuum of the different elements in care, many of the costs we currently have seem to be related to inefficiency.

Petra Keil talked about the present and future of health care systems and what the EU can do. Today's healthcare systems are fragmented and input focused. Future healthcare systems should be flexible, well-connected, digital, patient oriented and result focused. We need to make sure that users are enabled to access and use their own data. The right incentives should be provided to all players. Focus should shift from the short term costs to the long term (investment). More should happen at prime minister or EU level, rather than at the health ministry level, due to the high importance of healthcare outcomes. Data should be made available for learning purposes as we can learn across institutions, different countries and disease areas. The EU should help Member States measure compare and learn from the data. Data is a key ingredient to understand what is going on. Sweden could be used as a best practice and outcomes should be rewarded.

Nina Renshaw highlighted that the active role of the EU is vital, but much more could be done to support member states. Among other actions, she mentions that it would be good to properly evaluate the EU innovation program on Active and Healthy Aging. It has been in place for a couple of years and it would be good to see if certain targets have been met and where it can take us going forward. Moreover, she mentioned AMR as a case where innovation has failed to deliver so far. We should see how to contend with this, certainly beyond the national level. The right incentives should be given to innovate in areas where new therapies are really most needed. Are we getting the kind of innovation we need, or duplicating work already done (eg. copy-cat drugs)? Is there a gap for certain diseases? Affordability is also important. Finally she stressed the facilitating and enabling role the EU should have. Examples we could learn from outside the EU could be Canada for example. She also noted that with all the different kinds of health care systems coexisting in Europe, we have a unique learning environment.

From the round of closing comments it follows that HTA, AMR, reaping the benefits of the use of data and cooperation between all stakeholders are important priorities.

Event notes by Nuria Boot, Research Assistant