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PATIENT-CENTRIC CARE

NEW PATHWAYS FOR SUSTAINABLE HEALTHCARE

REPORT



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A ROLE FOR THE HOME AS HEALTHCARE BECOMES PATIENT-CENTRIC

Home care is a sustainable way to deliver healthcare that provides patients with a better quality of life, panellists told a Friends of Europe Café Crossfire lunch debate on Wednesday 3 May.

The debate came at a time when the cost pressures of healthcare are rising, due to Europe's ageing population and the increase in chronic conditions. Long-term care for older people alone is projected to cost an additional one per cent of GDP in the coming decades.

Part of the problem is that current healthcare systems were designed to address acute needs, with the hospital as the focal point. But home care could lower costs for healthcare systems and form part of a more patient-centric model.

There are already many ways to provide healthcare effectively and sustainably to patients in their homes. Technology can offer patients with long-term conditions the possibility of receiving quality home-based healthcare from clinicians who monitor their health status remotely, track progress and optimise treatments. But such approaches have not yet become mainstream. That is why it is important to rethink healthcare with the patient at the centre.

"It implies a change in the mindset of everybody – that we start doing things in a different way," said **Santiago Delgado**, Vice-President of the Ribera Salud Group that developed the 'Alzira Model', a world-renowned model of vertical integration that provides incentives for out-of-hospital care in Valencia, Spain.

"A hospital is not a place to stay, but a place to do things. If you understand what your citizens need, you will be able to tailor solutions, and you will have the impression that being in hospital longer than necessary is not good. You will come to the conclusion that it is better to be at home," Delgado added.

If carried out well, home-based healthcare can be easier for patients than traditional outpatient care. "Patient-centred care delivered at home is more than apps and tech that tell you when to take your pill or when to check your blood pressure," said **Tamsin Rose**, Senior Fellow at Friends of Europe. "For people with long-term or life-threatening conditions, having to go to hospital several times a week is a huge burden – for them and their families. Enabling some of that to be delivered at home is what we are talking about when we talk about patient-centred care."

Even from a medical point of view, the results of home-based care are often better. Baxter, a leading healthcare and medical technology company, is trying to make its new products deliverable at home as far as possible. "This is important, first because home-based solutions are equivalent or superior to hospital-based ones," said **Frederic Hoffmann**, General Manager Benelux at Baxter. In addition to helping improve patients' quality of life by allowing them to stay surrounded by family, home-based therapies will be more affordable for healthcare providers. "They are an answer to the need for sustainable healthcare in future," he said. "Home-based care is more cost effective."

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HOME-BASED CARE STILL NOT COMMON

Hoffmann added that despite the advantages, home-based care has not been expanding as much as it could. Several measures could help fix this. One reason for the lack of change is that hospitals are where healthcare has been carried out – so that is where new doctors and nurses are trained and what they learn to see as the natural environment for treatment. “There’s a chicken-and-egg situation, because teaching by experienced healthcare professionals is hospital-based,” he said. “We need to make education more home-based.” Patients too share the assumption that treatment happens in hospitals – something that could be changed by education. “They often say they have not been made aware of home-based therapies.”

One way to trigger change might be to change the related incentives. “The financing systems are not fairly incentivising different options,” Hoffmann said. “Doctors, nurses, managers and patients need incentives to make choices in the fairest way.” Integrated care would help too: while silos can make sense for acute care, which is not the case for the kind of conditions that can be treated at home. Overall, he said, “we need a legislative framework, and we need to get people to know about this.”

EUROPEAN HEALTHCARE IS DIVERSE

Any discussion of European healthcare needs to consider the variety of different health systems. “Universal health coverage is not a fact for many patients across the European Union,” said **Nicola Bedlington**, Secretary-General of the European Patients’ Forum (EPF). “We need to be realistic about the diversity we have across the EU.” That is in spite of ‘Good Health and Well-being’ featuring as the third of the United Nations’ 17 Sustainable Development Goals (SDGs), a set of objectives that is supposed to be achieved globally by 2030. “If you don’t get it right on health, you are not going to get it right on other goals,” she said. “The SDGs provide a fantastic framework. It is not just SDGs: there are health aspects to all the others too. Patient empowerment is core to that. It is not a panacea, but there is a lot it can do towards sustainability.”

The European Commission has been trying to identify ways for member states to improve their healthcare. But doing that raises questions about how to measure the effectiveness of different systems. To answer that, the Expert Group on Health Systems Performance Assessment (HSPA) has, since 2014, focused each year on a particular policy area to identify tools and methodologies to support national policymakers.

The latest version reviewed experiences in implementing integrated care. “How can we measure what we are doing?” said **Andrzej Rys**, Director for Health Systems, Medical Products and Innovation at the European Commission Directorate-General for Health and Food Safety. “We are looking for common denominators for the 28 member states, which is tricky, because we are dealing with different systems. What is the link between primary care and outcomes? Country by country, there are different ways of measuring outcomes.”

The review identified 11 interrelated building blocks for the effective design and implementation of integrated care frameworks. These relate to political support and commitment, governance, stakeholder engagement, organisational change, leadership, collaboration and trust, workforce education and training, patient focus and empowerment, financing and incentives, information and communications technology infrastructure and solutions, and monitoring and evaluation systems.

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EU-DRIVEN SOLUTIONS

One role for the EU could be to contribute best practices and guidelines, said Hoffmann. “European authorities can help national authorities when it comes to education,” he said. “We have much mobility of healthcare professionals to other countries, so we could have a European curriculum approved.”

Home care and integrated care require a lot of EU collaboration, said Bedlington, in particular when it comes to patient empowerment, which depends on high degrees of health literacy and of self-management. “We could be a bit more ambitious in the EU context on patient empowerment to create the right backdrop,” she said. “We need to make sure patients are involved right at the beginning of the design of solutions.”

While technology will help provide solutions, the focus must be clearly on the patient – not on the new technology. “Some of the needs could be addressed using technology, but an important part of healthcare is the human factor – the chain of trust,” Bedlington said. “So we are looking at some of the factors that would help technology work in a home setting. The education of patients and their families is key for this, so that patients can rely on someone that they trust.”

An essential ingredient of a greater EU role in healthcare is a common image of the future. “We need a vision of where we want to end up 10 or 20 years from now,” said Hoffmann. “Take the move towards green energy. We don’t have all the answers today. But when policymakers say we are going to shut down this or that nuclear plant by a certain date, it provides direction.” Similarly, if policymakers say they need to reduce the number of hospital beds from 100,000 to 60,000, then that will generate ideas for alternative ways of dealing with the patients in question.

Forming visions for ten years into the future would be ideal, said Rys. “The best way to get all the actors working in the same direction is to give them a common goal,” he said. “You need to do everything together.” In reality, member states’ political cycles are far shorter, but there are some good examples, such as Scotland, where political leaders think hard about the needs of citizens and patients.

Healthcare should be one of the biggest contributions the EU makes to its citizens, said Delgado. The work involves classification and understanding the levels of risk for different patients, so that providers can identify what they need to do. “We may have to develop a vision of how to keep citizens as healthy as possible, and away from hospital as much as possible,” he said. “Maybe home care will not be fit for purpose for every individual, but in many cases home care will be a solution. We cannot expect hospitals to provide full range of tertiary services.”



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