

# RETINKING EU HEALTHCARE DELIVERY MODELS FOR CHRONIC PATIENTS

## DRAFT WORKING PAPER

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*This working paper is the outcome of the first Resilient Healthcare Working Group meeting and subsequent consultations, and is part of a series of activities launched by Friends of Europe, Baxter and UNITE to foster the successful and resilient transformation of health systems in Europe.*

*This solution-focused initiative involves two multi-stakeholder working group meetings which will produce recommendations due to be launched in a final report by Friends of Europe ahead of the June Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) meeting.*

*The first roundtable held on 26 January 'Rethinking EU healthcare delivery models for chronic patients', looked at the different care pathways, ideas for change and lessons to be learned from the COVID-19 emergency for chronic diseases. It explored what this means in practical terms for clinicians and patients, and lessons on how care pathways should be restructured.*

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The impact of the COVID-19 pandemic extends far beyond the death toll and has starkly revealed pain points in Europe's healthcare systems, as millions of patients suffering from conditions such as cancer and kidney diseases saw their care postponed or reduced and experienced increased risks of severe illness.

Digital tools such as video consultations and remote monitoring have surfaced, accelerating the adoption of new care delivery forms with the clear benefit of freeing up maximum capacity in hospitals and shielding vulnerable populations. In the long run, they may have the added benefit of cost-saving for healthcare systems.

Despite these efforts, hurdles remain. Endeavours to scale up digital health across Europe are still blocked by a mix of cultural, technical and legal challenges. Proposals for a European Health Union and Data Governance Act aim to tackle these roadblocks. However, urgent coordination between member states is still lacking, notably on the reinforcement of primary and home-based care, health infrastructures, patient and HCP education, as well as the preparedness for future health crises.

## Summary of the Working Group meeting

**Tamsin Rose**, Senior Fellow at Friends of Europe, opened the debate with a reminder of how much COVID-19 has changed the world over the past year. Part of the pandemic's impact was entirely predictable given clear weaknesses in health and social security systems, which have long been identified but not fixed. Despite setbacks, there has been an extraordinary response to the pandemic at various levels, such as the sharing of data and broader collaboration at the global level, the development of vaccines and treatments, the expansion of digital healthcare and the rise of genomics to the forefront of epidemiology and public health. Now, it is time to learn the lessons and move forward, building on the current political momentum and making full use of newly available resources to strengthen resilience and develop effective, lasting healthcare reform.

Opening speaker, **Brieuc Van Damme**, Director-General of Healthcare at Belgium's National Institute for Health and Disability Insurance (RIZIV-INAMI), reflected on his work as an advisor to the Belgian government during the pandemic's first wave. He called on policymakers to carry out a "proper exercise of introspection" to facilitate the correction of past mistakes. Van Damme agreed the pandemic has pushed forward telemedicine and other initiatives at a speed that would have previously been "unthinkable". In Belgium, new care pathways allow patient monitoring from home and alleviate pressure on hospitals. Looking more broadly at chronic patient care, there is a need to move from a pathology-based approach to more integrated approaches. New healthcare delivery models should aim to deliver the right care, in the right place at the right time. He acknowledged the difficulties in moving beyond buzzwords to secure an effective redesign of the system. It is paramount to develop a valid concept of what is needed and then try to implement that in a real-world situation. Financial incentives are needed to encourage integrated care.

### **The Technical Support Instrument (TSI) to support digitalisation of healthcare**

Recently adopted by the EU Parliament, the Technical Support Instrument (TSI) programme will assist national authorities in preparing, amending and implementing their national plans needed to access funding from the Recovery and Resilience Facility (RRF). With a budget of €864mn over the period from 2021 to 2027, the programme will follow a list of key actions to be carried out, such as digitalisation of administrative structures and public services, particularly in healthcare.

Next up came **Raymond Vanholder**, Chair of the European Chronic Disease Alliance (ECDA) and President of the European Kidney Health Alliance (EKHA). He recalled that chronic disease sufferers such as patients suffering from chronic kidney disease (CKD) have been hardest hit by COVID-19 and remain the biggest risk group. Even after the pandemic, COVID-19 may cause long-term organ damage that creates novel chronic diseases. Vanholder appealed for greater investment to prepare for future health disasters and protect vulnerable groups. The investment focus must shift from the curative to the preventative sector. Home

treatment should increase as part of the solution to protect chronic patients, particularly during COVID-19. Healthcare needs to break out of silos and take an integrated, multidisciplinary approach. Europe needs to develop reference networks that exchange expertise and best practices and encourage cross-border planning and organisation. A European data collection and sharing system that includes chronic disease is urgently needed to reduce dependence on US and Chinese data.

From the European Commission, **Maya Matthews**, Head of Unit Performance of Health Systems at the Directorate-General for Health and Food Safety (DG SANTE), said health “absolutely” needs to be part of the EU framework. The Health Union proposals presented by the Commission in November focus on preparedness and response, strengthening the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA). Addressing shortages is key. There is a need for greater collaboration among member states, including on data sharing. The digital agenda needs to be harnessed for healthcare in a way that does not exacerbate the digital divide. The Commission and member states should work in tandem; nations are in charge of their health systems, but the Commission can galvanise support on specific issues by proposing initiatives and leveraging key issues through funding. The debate needs to look at information and data, closer cooperation among stakeholders and addressing inequalities.

**Anna Odone**, Professor of Public Health at the University of Pavia, agreed that the pandemic has accelerated the rollout of digital healthcare, both in terms of the COVID-19 response and the delivery of non-COVID care. What is missing are tools to measure the impact of digital, as well as regulatory frameworks that support infrastructure development governance and financing of digital solutions. More evidence is needed to inform policy and practice. Digital has to be seen as an instrument to achieve better healthcare outcomes, not as an end in itself.

**Fabian Bolin**, CEO and Co-Founder of War on Cancer, explained how his tech company centres on the mental health of cancer sufferers and their loved ones. It tries to increase patient empowerment and raise industry awareness of cancer patients’ experience. That should involve giving the patient options to take a greater role in their treatment, or not. Instead of focusing on the patient as a product where survival is the required outcome, the patient should be seen as a customer with complex needs. There should be greater consideration of patient satisfaction and quality of life. Health delivery needs to shift from a product-based business towards a service-oriented business. Healthcare should be viewed a part of a wider ecosystem that meets patients’ different needs.

## Working group recommendations

The following recommendations were drawn from the ideas generated by the multi-stakeholder Working Group participants as well as their subsequent contributions:

### **1. Leverage the EU's reinforced mandate in health to foster new paradigms for chronic care management outside hospital settings**

Health should be at the centre of the new EU policy agenda, including the COVID recovery, resilience efforts and the green transition.

The EU Health Union should support a comprehensive EU framework on chronic diseases, from prevention to disease management. Harmonised data collection and disease registries would guide national health systems towards meeting common targets on NCDs.

Both a shift from hospital-centred to territory-centred healthcare and a shift from a pathology approach to an integrated care approach should also be encouraged across Europe. Primary care should play a central role in health planning with more options for delivery of care at home for patients.

It is time to consider a common health insurance scheme across Europe and ensure that data flows between health systems and is managed effectively. Patient passports could be an example.

In the context of the ongoing pandemic, the EU should coordinate COVID-19 data collection including for patients that were not hospitalised. Standardised templates for data collection will build a comprehensive picture of the impact of COVID and allow healthcare systems to be better targeted.

### **2. Build the new architecture of healthcare to be digital by default**

Financial incentives are needed to encourage telemedicine and home treatment. Administrative or regulatory barriers to the uptake of digital supported home-based care should be removed. Digital tools could be used to maintain real time connection between chronic disease patients, carers and the healthcare system. Germany's digital laws and the Belgian reimbursement scheme for digital apps could be seen as good examples.

Digital is a platform to improve healthcare delivery and performance. The rollout of digitalisation must be evidence- and results-based, with a focus on outcomes. Metrics and safety standards to evaluate the impact of digital tools are needed, perhaps in a way similar to the evaluation of medicines. Europe needs to define the overall goals of digitalisation before focusing on developing digital health tools.

Mind the digital gap! Implementation of digital healthcare must not exacerbate the digital divide. Special efforts are needed to include older people and vulnerable groups. Increased digital literacy is needed for patients and healthcare professionals and cultural obstacles to digitalisation must be addressed.

Digital technology should be leveraged to enable remote screening and monitoring of patients – particularly after hospital discharge, e.g. stroke.

### **3. Encourage European action to make patients the point of care, not healthcare institutions**

Patients should have greater involvement in decision-making on treatment options. Information platforms, governed by European and national regulation, would allow patients to access information to support choices of treatment options that meet their needs. The aim of healthcare should include quality of life, not just extending life. Patients should be treated as individuals (customers) with patient satisfaction with care received measured as a Key Performance Indicator. Greater efforts are needed to measure patient experience through real-time data.

COVID-19 has highlighted the critical importance of tackling ‘underlying health conditions’ which increased vulnerability to the virus. EU and national policy frameworks must invest in prevention, specifically core risk factors of alcohol use, poor nutrition, tobacco use, physical inactivity and stress. The EU policy agenda offers opportunity for a renewed focus on psychosocial determinants of health such as decent employment and housing, clean air, access to green space, etc.

## Participants

- **Fabian Bolin**, Co-Founder and CEO of War on Cancer
- **Ales Bourek**, Assistant Professor at Masaryk University
- **Diana-Anda Buzoianu**, Member of Romania Chamber of Deputies and Member of UNITE
- **Caroline Berchet**, Policy Analyst at the Organisation for Economic Co-operation and Development (OECD)
- **Lisa Cameron**, Member of United Kingdom House of Commons, Member of UNITE
- **Francesca Colombo**, Head of Health Division at the Organisation for Economic Co-operation and Development (OECD)
- **Jaime Espin**, Professor at the Andalusian School of Public Health (EASP), Campus Universitario de Cartuja
- **Alenka Forte**, State Secretary at Slovenian Ministry of Health
- **Cristiano Franzi**, President of EMEA and Senior Vice President at Baxter International
- **Irène Georgiopoulos**, Health Advisor at the Permanent Representation of France to the EU
- **Cristina Hernández-Quevedo**, Research Fellow at the European Observatory on Health Systems and Policies, LSE Health
- **Kalliopi Kalaitzi** Physician at Asklepieion Public Hospital and
- **Andrea Rappagliosi**, Vice President of Market Access and Public Affairs at Edwards Lifesciences
- **Valentina Piazza**, Deputy Head of Unit for Food Safety Programme, Emergency Funding at European Commission Directorate-General for Health and Food Safety (DG SANTE)
- **Nina Rawal**, Founder of Emerging Health Ventures and 2014 European Young Leader (EYL40)
- **Stefan Schreck**, Head of Unit for Public Health at European Commission Directorate-General for Health and Food Safety (DG SANTE)
- **Angela Spatharou**, Partner at McKinsey & Company
- **Diana Stoica**, Member of Romanian Chamber of Deputies and Member of UNITE
- **Marianne Takki**, Policy Coordinator for Health Programme and Chronic Diseases at European Commission Directorate-General for Health and Food Safety (DG SANTE)
- **Ceri Thompson**, Deputy Head of Unit for eHealth, Wellbeing and Ageing at European Commission Directorate-General for Communications Networks, Content and Technology (DG CNECT)
- **Brieuc Van Damme**, Director-General of Healthcare at the National Institute for Health and Disability Insurance (INAMI)

2015-2016 European Young Leader (EYL40)

- **Stelios Kypouropoulos**, Member of European Parliament Committee on Employment and Social Affairs (EMPL)
- **Amish Laxmidas**, Head of Strategic Partnerships at UNITE
- **Fiona Loud**, Policy Director at Kidney Care UK
- **Ramon Maspons**, Chief Innovation Officer (CINO) at the Agency for Health Quality and Assessment of Catalonia (AQuAS)
- **Maya Matthews**, Head of Unit for Performance of Health Systems at European Commission Directorate-General for Health and Food Safety (DG SANTE)
- **Liubove Murauskiene**, Member of the Expert Panel on Effective Ways of Investing in Health at European Commission
- **Anna Odone**, Professor of Public Health at the Faculty of Medicine, University of Pavia
- **Raymond Vanholder**, President of European Kidney Health Alliance (EKHA)
- **Erin Webb**, Research Fellow at the Department of Health Care Management, Technical University of Berlin and the European Observatory on Health Systems and Policies
- **Arlene Wilkie**, President of Stroke Alliance for Europe (SAFE)
- **Wendy Yared**, Director at Association of European Cancer Leagues (ECL)
- **Martin Wilkie**, Consultant Renal Physician and Honorary Professor at Sheffield Teaching Hospitals NHS Foundation Trust