

# **Input into Commission of the European Communities Green Paper: Improving the Mental Health of the Population. Towards a Strategy on Mental Health for the European Union**

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## **Summary**

An EU strategy and action plan to improve mental health in Europe has the potential to deliver significant added value in the quest to both improve individual patient outcomes and reduce the burden of mental ill health. A pan-European strategy should promote the unique needs of individual patients and include the following:

- 1) agreement that individual patient goals and outcomes need to be the primary focus, with different players and healthcare systems working to support these goals
- 2) comprehensive data collection and analysis across member states to identify gaps, best practices, and to provide a backdrop for informed analysis and decisions to achieve improved patient outcomes
- 3) collaboration and involvement of all stakeholders towards the goal of improved patient outcomes
- 4) balance between prevention of mental illness and treatment of mental illness, in particular the most debilitating conditions
- 5) analysis of examples of healthcare transformation in order implement change

## **Introduction**

The prospect of an EU level strategy and action plan for mental health is welcome given the very significant economic, health, and social impact of mental health conditions today. Furthermore, this impact is set to increase as the rate of incidence rises given the ageing population and changes in society. Much greater progress is possible and needed in mental health, including promotion, prevention, and recovery. Promoting improved patient outcomes should be a primary aim of an EU strategy, where patients' individual interests and goals play a central role. Realising change at a patient level can be achieved by better data to identify variability of outcomes, by decision-support networks to promote and implement best practice, and by enhanced co-operation between the various players relevant for recovery (including multiple healthcare professionals, patients, various elements within healthcare systems, social security systems, etc). A comprehensive, Pan-European approach such as this towards mental health, particularly for the most debilitating conditions, can bring new hope for patients, help meet the challenge of Europe's demographic profile, and make a meaningful contribution to the EU's economic and societal goals.

Lilly seeks to contribute to the EU strategy by sharing key learnings from various Lilly initiatives which have centered on co-operation and collaboration to improve patient outcomes. These successful strategies and activities have achieved significant improvements in terms of results for patients in a number of therapeutic areas. Lilly is interested to contribute input to the Commission to develop strategies and implement action plans that will result in optimum patient results. We respectfully submit this response to the Green Paper.

## **Need for Change**

Mental health issues are common and costly. Recent data show that approximately 27% of the EU population experience mental illness, with depression and anxiety being the most frequently reported problems. It is estimated that mental ill health costs the EU 3-4% of GDP, and mental health issues and costs are expected to rise. The impact of mental illness on patients and their families is troubling and it is recognized that it has been underestimated and under-addressed in the past. In addition, the effect of mental health issues on society, including employment, education, and justice systems is only now beginning to be better understood. There is a need to address promotion and prevention in mental health, while at the same time reinforcing efforts to address the needs of patients with mental illness, for whom treatment is vital and recovery is obtainable.

Transforming health care involves agreement that individual patient outcomes need to be the central goal. There also needs to be agreement on the metrics that will be collected to determine if these outcomes are being met and a system for sharing best practices and metrics. Metrics might include measurements such as suicide rates, return to work rates, independent living, etc.

In addition, local level changes are needed to facilitate and catalyze more collaboration towards the goal of patient outcomes. There needs to be more collaboration among all players within healthcare systems to create change. The lack of alignment and connectivity among therapeutic treatments, healthcare systems, and community support systems has reduced the effectiveness of many systems. Only in a synergistic environment can patients thrive and maximize the potential to reach individual goals. The best chance for recovery arises when all systems and stakeholders are working together to form a network of care, with individual patient goals at the centre of the network.

### **Examples of Health Care Transformation to Improve Patient Outcomes**

Lilly is working on how it can best contribute to the goal of patient outcomes. To this end, Lilly has a number of pilot projects and business units focusing on a transformed way to do business. These initiatives have developed new approaches to serving healthcare players and patients, starting by identifying and working towards relevant goals and metrics for patients. This has led to the creation of networks of excellence and dissemination of information to facilitate optimal decision support for the care of individual patients. In addition, Lilly has actively partnered and collaborated with various players and stakeholders in healthcare to overcome bottlenecks and obstacles negatively impact patient care and recovery. These projects could be considered for replication in an EU strategy.

Lilly is gaining experience with healthcare transformation. One specific example is a collaboration with mental health officials in the US state of Ohio, to implement three pilots focused on improving outcomes for people with mental illness. The patient outcome metric chosen for the pilots is return to work rates. Recognizing the high cost of mental illness and the fragmented mental health delivery system, Lilly and Ohio state mental health officials started to look at how they could become catalysts for transformation to improve the hitherto sub-optimal outcomes for people with mental illness in the United States.

Having agreed on the need for change, the first objective of the pilots was to elaborate individual treatment plans, as well as to identify and overcome issues which could compromise these plans. The pilots include a broad group of stakeholders and experts working collaboratively, including the patients themselves, their close carers, state mental health officials, county mental health officials, the state psychiatric hospital, community mental health providers, employment providers, vocational rehabilitation, social service providers, advocates, economic development experts, and employers. The pilots are thus mobilizing and aligning diverse stakeholders to focus on achieving patient recovery goals. This is providing individualized care to patients, including comprehensive treatment plans in which the patient and close carer have ownership of those plans.

A second example of Lilly's focus on patient outcomes is an internal business unit called Critical Care Europe (CCE), which has been operating for 6 years. With a fundamental mission and business metric of saving lives, CCE supports 24 countries in Europe and focuses on critical care products for sepsis and acute cardiac syndrome.

Helped by the fact that it is a pan-European organization, CCE observed significant variability in heart attack and sepsis patient survival rates in different regions of Europe. To meet its mission and metric, CCE sought to enhance its value proposition beyond just providing innovations for treatment of these conditions. CCE thus set out to identify and where possible address the factors influencing the pattern of variability of survival. A first step was to recognize that optimal treatment depends on the organization and network of care surrounding a patient suffering from sepsis or a heart attack. For example, once a patient suffering from a heart attack or sepsis is in hospital there are a vast number of treatment options, and emergency care physicians are under great pressure to choose the best treatment based on the individual patient. Having access to timely and relevant information and access to expert opinions can be vital to these physicians. However, historically there have not been many networks or automatic mechanisms to deliver this information. CCE has worked to fill this gap by listening to customer issues and in turn becoming a knowledge hub for critical care in Europe. Key elements in this hub include a call service center for physicians who need information or real-time advice about critical care procedures and products. These physicians can be immediately connected via teleconference with a fellow physician from the network of experts that Lilly has established, or a product specialist if relevant, who answers questions and can give expert advice based on experience. The customer service center also provides literature and product information.

In addition, Lilly has created many online resources, including a website that contains current sepsis and cardiology literature, case studies, interviews, and therapeutic guidelines. The content of the website was developed by an editorial board of European thought leaders. CCE has also brought European thought leaders together for shared learning experiences, both in person and online. By having a pan-European perspective, they have enabled care givers from many regions to come together to discuss best practices and treatment guidelines. CCE created and manages numerous web-based physician communities and offers online workshops for health-care providers that include results of recent research, upcoming clinical trials, and information on new procedures. As a result of this network, physicians have quicker and better access to the information they need to treat critical care patients and there is a more efficient and broad-view approach to developing care guidelines.

Other examples of where CCE has helped to identify issues and act as a catalyst for better co-ordination of services includes things like working to eliminate the practice in certain regions of patients being sent to hospitals based on decisions made by ambulance dispatchers, who used bed availability as the main criteria for choosing a hospital. Heart attack victims in these regions were therefore not necessarily being sent to hospitals with essential catheterization laboratories. This meant that patients would subsequently have to be transferred to specialist hospitals, which almost inevitably decreased their chances of limiting cardiovascular damage and/or of survival because treatment was delayed. Having identified issues such as this, CCE partnered with health providers in these areas to develop guidelines for emergency services personnel so that heart attack patients are triaged and sent to an appropriate hospital. They also worked to ensure ECG machines

were available in ambulances and that emergency medical technicians could contact hospital staff for appropriate care guidelines in order to begin administering time-critical treatment. As a result of this effort, more heart attack patients were automatically sent to hospitals with catheterization labs and were treated in ambulances where appropriate, which also resulted in a significant reduction in mortality and costs in these regions.

### **Proposals**

An EU strategy and action plan to improve mental health in Europe is supported and encouraged. Lilly's experience outlined above offers an example of the potential to effect change at a pan-European level. Great progress is possible in many aspects of mental health, including promotion, prevention, and recovery. Therefore, an EU strategy should promote the unique needs and outcomes of individual patients and include the following:

- 1) agreement that individual patient goals and outcomes need to be the primary focus, with different players and healthcare systems working to support these goals
- 2) comprehensive data collection and analysis across member states to identify gaps, best practices, and to provide a backdrop for informed analysis and decisions to achieve improved patient outcomes
- 3) collaboration and involvement of all stakeholders towards the goal of improved patient outcomes
- 4) balance between prevention of mental illness and treatment of mental illness, in particular the most debilitating conditions
- 5) analysis of examples of healthcare transformation in order implement change

Based on our experience with Critical Care Europe and mental health pilots, Lilly is interested to contribute to both the GP exercise and the EU strategy as it takes shape and is implemented. Lilly is ready to serve as a resource about mental health treatment options and a participant in discussions on evidence-based practices and outcomes. We would welcome the opportunity to share more information about our internal efforts to transform our business and to share our experiences of Critical Care Europe and the Ohio pilots.

### **Conclusion**

The experiences referred to above offer real-life examples of significantly improved patient outcomes due to a pan-European approach and pan-European collaboration. This also provides an example of our commitment to focus our efforts on patient outcomes .

To directly answer the questions posed in the Green Paper:

1. Mental health is an extremely important factor in moving the EU toward achieving its economic and societal goals. As such it should be accorded appropriate high priority status.
2. We agree that a comprehensive strategy is needed, covering promotion, prevention, and recovery. As outlined previously, significantly improved patient outcomes can be achieved if healthcare systems, social security systems and other systems relevant for recovery work together around individual patient goals. We propose that this focus is included in the priorities listed in Section 5 of the Green Paper, which should also be expanded to include comprehensive data sets and exchange of best practice on

diagnosis and treatment of mental illness. We recognize the importance of prevention of mental illness, but focusing solely on prevention ignores some of the most debilitating mental illnesses such as bipolar disorder, major depressive disorder, and schizophrenia where prevention strategies will have little effect.

3. We agree with the initiatives proposed in sections 6 and 7, but consider that these need to be complemented with greater focus on patients, treatment options - both therapeutic and non-therapeutic treatment - and recovery. The most debilitating illnesses, such as schizophrenia, do not occur frequently (approximately 1% of the population) but are chronic illnesses that account for a high proportion of cost to both the health care system, the patient, and to society. Comparable data and exchange of best practices can provide an essential backdrop for informed choices and a vehicle to realize change in this area. Based on our experience with Critical Care Europe and mental health pilots, we see a role for all stakeholders to serve as a resource about mental health treatment options and a participant in discussions on evidence-based practices and outcomes.

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