Health Consumer
Powerhouse

Response to European Commission Consultation regarding Community Health Strategy

February 2007-02-12

At the Helsinki conference on "Financing sustainable Healthcare in Europe" (Feb 7-8 2007) several European key opinion leaders within healthcare policy emphasized the need for care consumer perspectives and health market environments. The fact that European policy formers on healthcare now take such a standpoint indicates that a significant opinions shift is under way.

There has been a long journey to the present situation, from neglected victims and weak patients into the emerging health consumer of today. And this is only the start of an even larger and more complex transition. By the year of 2020 more and more people will not be perceived as "ill" though living with a maybe permanent condition, rather looked upon as having a natural need to consume healthcare from time to time.

Our wish is that the EU Health Strategy should embrace this vision of improved quality of life and health market environments and help it on its way to become reality.

So why do we need to update the European model?

The Health Consumer Powerhouse and Patient View global study of 2005 indicates that Europeans are more at ease with the power play around healthcare in the EU compared to the one in the US. So the EU might set the standard when it comes to developing policy for 2020.

Surprisingly, only one out of five North Americans finds it easy to get a doctor for a non-emergency appointment while every second Western European claims to be satisfied with the access. But we could improve: 3 out of 4 Europeans agree that **increased information** about their illness would improve the result of treatment. Timely access is another critical thing: 4 out of 5 find this a relevant parameter to judge the quality of care but only 1 out of 5 is satisfied with the waiting times.

So we very much welcome the opportunity to take part in this open consultation and hope our input will give some added value to the very important work that lays ahead for the European institutions in order to support this positive development.

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1. How should we prioritise between and within all these areas to focus on those which add real value at the EU level? In which areas is action at the EU level indispensable, and in which is it desirable? For example, is there a means to use the Healthy Life Years indicator or other outcome measurements to give weight to areas on which the EU should concentrate?

The EU should first of all concentrate on ensuring that the infrastructure for good healthcare exists for all its citizens. That would mean a long time sustainable and well defined legal framework with regards to healthcare services including information, for both patients and service providers with regards to cross boarder care, and a well defined and communicated set of European care consumer rights.

Further the EU should focus more on dealing with the purely criminal activities within of the healthcare sector to safeguard its citizens. The Jonathan Harper and Bertrand Gellie survey report on behalf of the European Council from 2006 is a start but more concrete actions need to be taken.

By establishing up-to-date, liberal and well-guarded regulations for pharmaceutical sales buying medicines could stop being a risk and pharmacy logistics could be modernized.

By focusing on these areas the EU would be focusing on its core issue – ensuring free movement of people and trade within the EU. This part has been sadly forgotten within the area of health.

2. What should we realistically aim to achieve in practice in these areas of work? What broad objectives should we set for the short term and long term – 5 years and 10 years?

If in five years time we have a set of European care consumer rights (drafted from the current rights established in various areas of EU legislation but not necessary aimed at healthcare) including a well implemented health service legislation and a modern regulation of pharmaceutical distribution logistics then its our conviction that in ten years time we would have in Europe the world leading healthcare service industry. That way we would safeguard that research on medical devices and pharmaceuticals takes place in Europe. We would be sure that we give our citizens the best possible care and we would create job opportunities - not the least for women. Our report the Great Paradigm Shift describes this more in details and can be found on our website www.healthpowerhouse.com.

3. Are there issues where legislation would be appropriate? What other non-legislative instruments should be used – for example, a process similar to the Open Method of Coordination? How can we make better use of Impact Assessment?

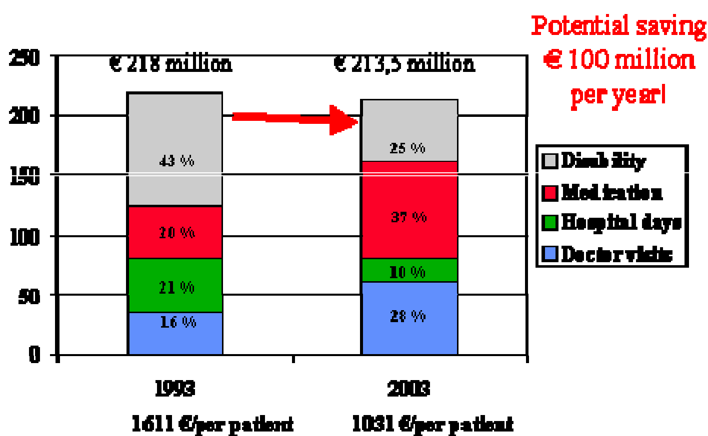
As described under point 1 and 2 there is a lot of legislation changes/co-ordination and clarification to be done. Impact Assessment is maybe the most important in order to really put together an overview of rights and regulations that concerns the citizens in one of the most important parts of life – health. But the EU of cause also has a role to play in the surveillance and measure of healthcare in all its components. Here the Open Method of Coordination would be essential in order to ensure that the same indicators and methods of data collection are used in order to really have statistics that could be compared. We find in our work with the European Health Consumer Index, EHCI, that it's very hard to really measure outcome – Europe lacks transparency in some areas and what's even worse is that in many areas there is no data collected at all. Often only input is measured – how much money is spent, how many hospital beds and GPs a country has etc. In the EHCI we try to show the way for a more consumer oriented approach. But true patient empowerment will not be possible unless the countries start to co-ordinate their measuring models better.

4. How can different approaches be used and combined, for example approaches to different health determinants, lifecycle approaches, and strategies on key settings (education, the workplace, health care settings)?

One way forward is to start measuring the full costs of healthcare and not only the care part. A new survey based on interviews with 500 health care consumers in the US (by PwC, Price Waterhouse Cooper, and quoted January 23 by the Financial Times) shows a lot of interesting facts and we are sure that the result would be quite similar had the survey been conducted within the EU. It reveals for example that 97 percent of the consumers significantly overestimate the total costs of pharmaceuticals as part of the full healthcare budget.

The latest OECD figures show that pharmaceuticals only stand for around 15 percent of the total healthcare budget in Europe. As the survey indicates, the common perception is that pharma takes a much bigger part of the budget and that cutting the spending on medicines would be a real solution for the growing healthcare bill.

But the solution it's not that easy. It's the whole set up of the healthcare systems as such that has to be changed. Recent Finnish research conducted on behalf of KELA (the social security agency of Finland) shows that maybe we ought to spend much more on pharmaceuticals and GPs in order to really save money. The KELA study has a design only too rare – it takes into account the disability costs among asthma patients! The outcomes clearly show that increased spending on curing consumers instead of keeping them waiting, getting sicker and sicker, actually pays off:



With a more dynamic view on medication and out-patient treatment you can, according to this study, reduce hospital stay and – most dramatically - disability costs. The EU should follow the Finnish lead and take an honest look at the healthcare systems, our social security systems, their spending habits and the outcomes. And then maybe even take into account the loss of tax revenues when people are not working but are on sick leave or similar.

In terms of the **implementation** of the Strategy:
5. How can we ensure that progress is made and that objectives are met? For example, should indicators or milestones be used? What measures or indicators could show real short term change, within the early years of the Strategy?

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We would make sure to put up milestones. Especially since we think the focus should be on legislative changes/implementations.

6. How do we ensure that the Strategy adds value to actions at Member State level? How can the responsibility for implementation be shared between the EU and Member States?

The amount of jobs that potentially could be created within this area must have a lure of attraction for the member states. Studies and support for new cost effective and outcome measured healthcare would also give a clear value to the member states.

7. How could methods for involving stakeholders be improved? How can we create innovative partnerships with stakeholders?

We think that the system would benefit form having, in addition to the one-on-one meetings, bigger Forums and conferences, more regular small roundtable discussions. If kept often and in different locations the attendances could vary over a more wide range of participants. We feel its essential to broader the EU input and view from as it is today mostly the professional Brussels crowd. The Commission basically needs to go to the member states and meet up with stakeholders.

Further comments:
8. Do you have any **further comments**?
Increased transparency between systems outcome and the citizen’s right to information must therefore be the primary policy concern. Hence it is important that the High Level Pharmaceutical Forum Working Group on Information to Patients finds a way to ensure that patients and consumers easily can access information from all parties involved in healthcare. In the UK a recent proposal has suggested to allow care providers to use the media to inform patients and consumers about their services. In Sweden such information is fully accepted.

We have commissioned a survey on the future of healthcare among patient associations all around Europe.

We received more than 120 answers from all EU member countries except Malta. Maybe the outcome was not so surprising – mostly it confirmed our theories; ie that we will have a more healthcare consumer based care in the future.

One of our questions was: “Do you believe that any of the following will have come true within your country´s healthcare system by 2020?”, and elicited some very interesting answers. One can clearly see that almost all patient organizations believe there will be a minimum level of healthcare services, that patients will be more actively engaged and at times pay more for the care they want to consume.

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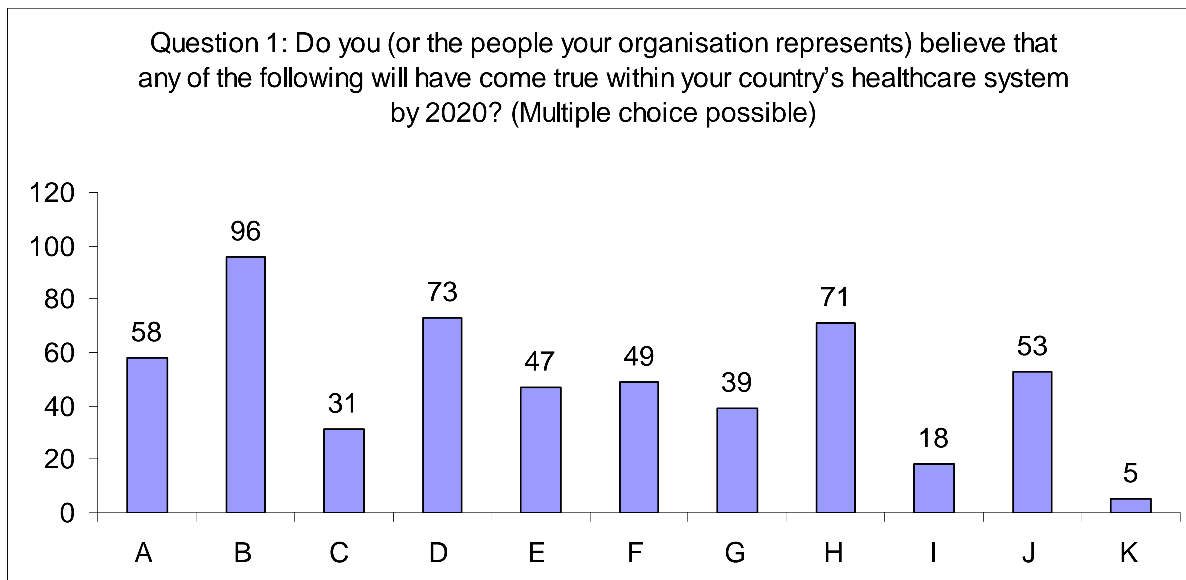

A.) Patients' rights are incorporated into national consumer rights' legislation.
B.) Patients are guaranteed a minimum level of healthcare services.
C.) Patients have the right to professional assistance if they want to end their lives.
D.) To keep personal, out-of-pocket healthcare costs to a minimum, patients are more actively engaged in the management of their own healthcare than they were back in 2005.
E.) Patients have access to a plentiful supply of homecare, telemedicine, and tests.
F.) Patients are obliged to maintain medical savings accounts to pay for their chronic care.
G.) If patients wish to be fully covered by insurance and/or national healthcare schemes, they must consent to exercise regularly, stop smoking, and be vaccinated (in accordance with government regulations).
H.) Patients can pay extra insurance/tax if they want to access top-up services not automatically available from the national healthcare system.
I.) Doctors and nurses have become merged into a single category of professional healthcare provider.
J.) Pharmacists act as treatment managers, helping patients understand and choose the best treatment (in close co-operation with professional caregivers).
K.) It depends.

More general comments where: "Patients, if given the skills, can do a great deal to look after themselves. Attitudes to healthcare need to change, both among healthcare practitioners and patients. Patients must understand that the NHS will support them in their care, but that they are primarily responsible for ensuring that they look after themselves, and self care to improve their outcome (especially with long-term conditions)."

When we get a more engaged healthcare citizen we believe things will start to happen quickly and the EU needs to be prepared in its strategy for this.

Thank you again for this opportunity to contribute to a more consumer friendly internal market for healthcare!

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