EUROPEAN INSTITUTE OF MEDICINE

„Health is Wealth“

STRATEGIC VISIONS FOR EUROPEAN HEALTH CARE

AT THE BEGINNING OF THE 21st CENTURY

Summary

by

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INTRODUCTION

Human life represents a fundamental force embedded in a dynamically changing world, driving and shaping the cultural and socio-economic development of our planet. A healthy population is, therefore, an indispensable prerequisite of a flourishing and wealthy society. **Sustainable improvement to health leads to an increase of human capital as a source of wealth. Effective health care is therefore essential to maintaining and improving the quality of life and economic growth.**

Medical progress and the creation of a healthy society has been an endeavour of human culture from its earliest beginnings. In the last century, however, remarkable changes to the basic theory of healthcare took place in Europe, the most important of which is that the provision of medical care evolved from dependence on charity or religious orders to today's national health-care insurance schemes serving the entire population. In this new century another basic change to healthcare is apparent in Europe. From the national schemes, a new model incorporating more personal responsibility and European wide flexibility is emerging as a probable development. Medical care no longer can adequately be covered solely by the distribution of national insurance. increased patient mobility A European Health Care Market (EHCM) is emerging as the result of the creation of the Single European market. It can also be appreciated as a global socio-economical phenomenon.

In the past, an individual's health was the concern of society which provided the infrastructure, systems and the medical staff to make decisions on his or her behalf. This so-called paternalistic approach, where the doctor knew what was best for a patient, has evolved into a shared decision-making process allowing

greater autonomy and a more active role by the patient. Today, most patients are better informed, due to modern communications facilities and the reach of the mass media. Individuals have become emancipated and feel empowered to play an active role in the choice of their healthcare systems.

The new approach to Health Care implies active involvement in prevention by the patient by undergoing an annual check-up, taking personal responsibility to avoid illness, and thus reducing reliance on institutional health care systems. Patients nowadays are generally involved in treatment decisions, because, except in emergencies, no intervention is allowed without prior and informed consent.

It is paramount that a European Health Care System remains patient-centred, needs-oriented and cost-efficient, since citizens will continue to pay directly, or more normally, via social security payments, insurance premiums and other taxes.

A key premise is the acceptance of "Health is Wealth" as a key European objective encompassing the whole spectrum of top quality health care for all people of all ages - (Health for all Europeans). The approach to healthcare must change from one of reactive response to one of active maintenance and promotion of good health. This implies a break with the traditional structures of health-care provision to allow the design of a new system, where a patient is accepted in his or her uniqueness and dignity, is the centre of all efforts but exercises a greater degree of active personal responsibility.

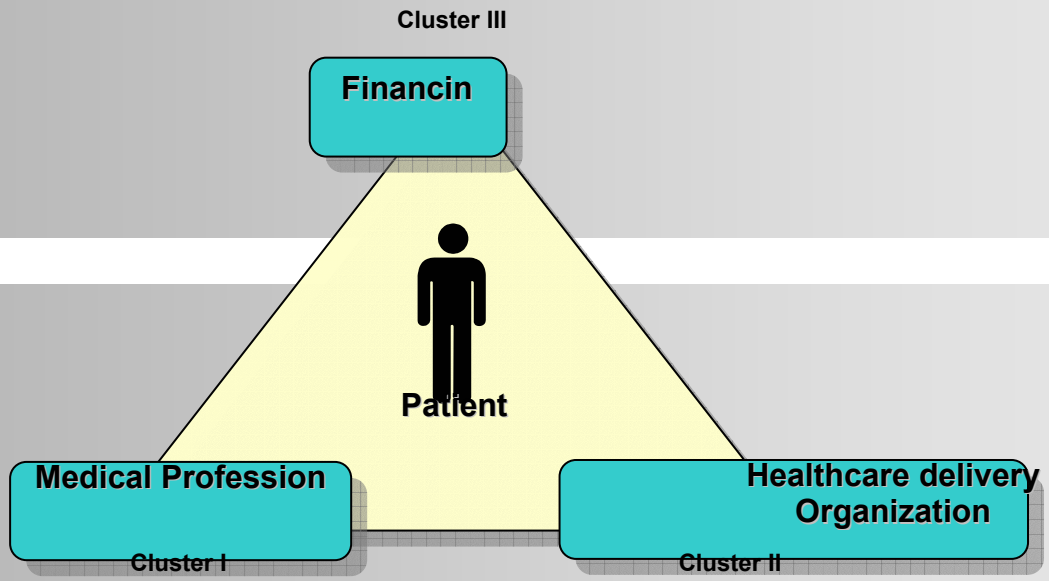
New efforts in medicine will concentrate on prediction resulting in prevention. Medical practitioners will remain indispensable by providing guidance and indicative rules in all healthcare maters, for patients of all ages from birth to the end of life. Prediction, Prevention and state-of-the-art Medical services are the three complementary components of a future vision for European Health Care.

Current European Health Care Systems are very complex. There are enormous differences in current practices for both provision and delivery. The reasons for this are traditional, for over the years systems have developed from a local to a national or even European wide basis. Nowadays National Health providers are able to provide highly efficient, effective and successful medical services, however, achieving effective delivery has become closely associated with problems arising from a drastically aging population. The effective coordination of health-care becomes an important task within the context of European enlargement processes, and will lead to the creation of the EHCM.

Overview of the European Health Care Market

National Tasks

- Funding the European Health Care Market
- Equal access, broad population coverage and high quality
- Reimbursement standards



European Tasks

- State-of-the-Art Medical Sciences
  - Prediction, prevention, diagnosis, therapy
- Development of medical standards
- Efficacy and volume monitoring
- Quality control
- Research and development

- Organization of medical service providers
- In- and out-patient services
- Addressing acute, chronic and long-term conditions
- Medical and paramedical education
- E-Health

The European Institute of Medicine proposes Strategic Visions for European Health Care which are structured around the patient in three clusters.

Cluster I Optimisation of Medical Services

Cluster II Alignment of access and quality within Europe

Cluster III Patient orientated and outcome-related financing by several instruments

The ultimate goal is to develop an improved Health Care System within Europe, centred on patients' needs. The provision of Health Care will be driven by popular demand and political motivations, based, wherever possible, on patients taking greater personal responsibility. However, the professional leadership of the medical profession remains indispensable to ensure sustainable reform.

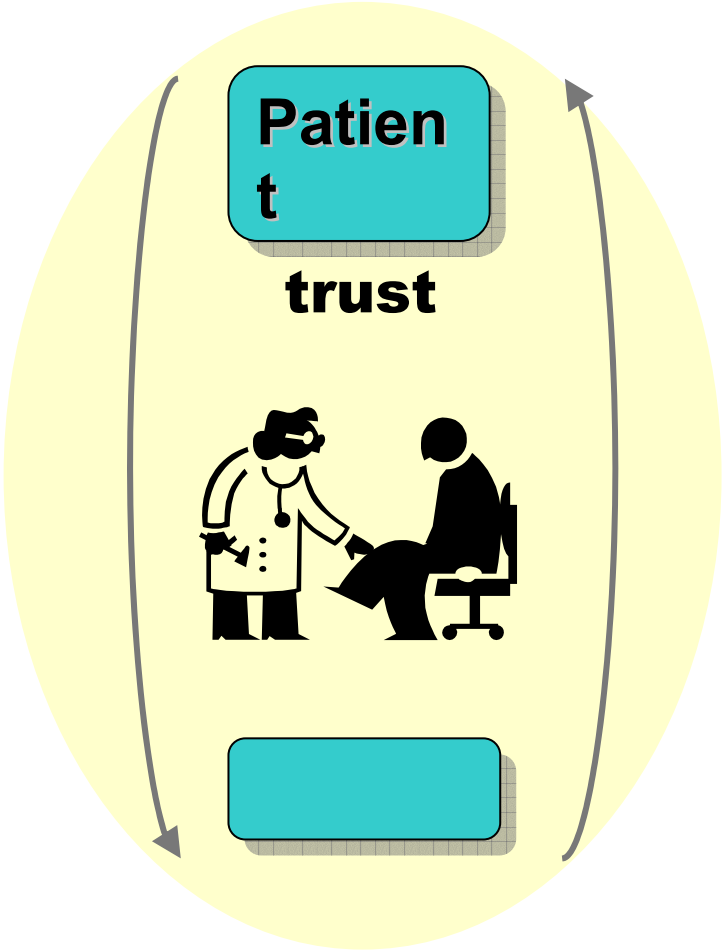
The Patient

Any healthcare system must be designed effectively to serve each individual patient.

Today's ideal patient is emancipated and well informed. He or she obtains information from health care providers and by using communication tools such as the internet, lay-press, and the growing market of patient information resources. The patient takes responsibility for self care, is active in decision making processes, and selects provisions based on his or her specific needs. Society provides Health Care services as a social and human right. (The European Convention on Human Rights guarantees (Art 2) the protection of life independent of any criteria). Recognising our aging society, special emphasis must be given to elderly patients.

Patient-Doctor Nucleus

- Responsible for own lifestyle and habits
- Assessment of medical needs
- Decides on therapy
- Gives informed consent
- Complies with medical recommendations
- Provides feedback
- Contributes financially



- Provides information

  Medical condition, treatment options and outcomes, cost of therapy, funding, patients‘ rights, patients‘ contribution to well-being and therapy, prevention, etc.

- Therapy choices

  Gatekeeper for access to medical services, specialist referral, guide to cost and funding, etc.

- Provides medical services

  Examination, diagnosis, therapeutic prescriptions, psychological help, health monitoring, health education, prevention, etc.

Cluster I

Medical Care

Optimisation of Medical Services

Throughout its history, the culture of western medicine has been based on the Hippocratic principles of curing illness, relieving pain and prolonging life. The 20th century saw fantastic progress in medical science. However, improvements in medical care are the result of much more than scientific development. The quality of medical care often reflects cultural and economic development, resulting in an aging and healthy society – a sign of wealth. Confidence in the efficacy of medicines has led people to believe that all disorders can be corrected immediately, a dream which cannot really be fulfilled. Genetic technology and other current innovations have entirely changed the popular image of medical care. Fresh process-oriented thinking has been generated within natural sciences. However, the patient has to be viewed as a whole personal entity, in his dignity and destiny. The outcome of a patient is not only determined by a genetic program, but also influenced by its environment (Education, nutrition, etc.). Improved knowledge of the causes of disease, supplemented by information from continued research into available predictors have engendered in patients a sense of personal responsibility for health care and prevention in order to achieve a long and healthy life.

Cluster I: Medical Services

Principles

- All procedures and therapies are classified according to effectiveness and evidence
- All interventions are tailored to the individual patient‘s needs
- Standardized indications, procedures and therapies are the basis for an informed choice of the patients
- Optimal use of resources avoids redundancy (key role of GP, E-Health)

Prediction

- Individual
- Genomic
- Environmental
- Social

Prevention

- Individual attempts for healthy life style
- Nutrition
- Social prevention
  - Vaccination
  - Health education
- Identifcation of environmental and natural hazards

Diagnosis

- Physical exam. & verbal exploration
- Non-invasive tools
- Invasive techniques
- Genetic testing

Therapy

- **Prefer non- or minimal invasive techniques**
- **Non-invasive:**
  Nursing, medication, self-therapy, psychotherapy,physical therapy, radiation/ionisation, etc.
- **Invasive:**
  Surgery, implants, devices, artificial organs, ventilation, transplantation, etc.
- **Gene-Therapy**
- **Alternative medicine**
  homeopathy, natural medicine,

Medical Outcomes Studies

Measure effectiveness and quality of medical procedures

Research

- Understand diseases and find new cures
- Process-oriented research to improve results and reduce costs

Prediction

Prediction plays an important role in influencing risk-adapted behaviour and in the prevention of diseases. This has become possible in the light of the enormous growth in knowledge. An individual can identify his or her own inherited risks by genomic investigation, and modern technologies provide promising indicators for new starting points in the fight against diseases such as diabetes or neurological disorders.

Predictors are inherited genetically or are acquired by lifestyle, environmental and social factors. Predictors can be identified by intensive studies in genetics, environmental hazards, social and life styles. Nutrition, smoking, alcohol, environmental pollution and a lack of exercise are already well-known risk factors. Further intensive research at the molecular level, supplemented by clinical studies with regard to patients' compliance and tolerance patterns is necessary to identify predictors for other specific diseases.

Based on predictors patients can be motivated towards:

Prevention

The concept of prevention is essential for maintaining the health of all individuals and society in general. General levels of health within a population are determined by social class and it has become desirable to increase the awareness of preventative measures amongst the poorer members of society. Individuals can be educated on life style related risk factors such as those resulting from poor nutrition. Better health can result from actively participating in preventative check-ups, by correcting life style habits, and by reducing known risk factors by other medical measures such as drugs.

Government services have the task to identify the environmental risks and hazards to our health. Air, water, soil, food, traffic and occupational risks are well known areas of interest in this respect. Another example of active prevention is vaccination, which has been and remains a major factor in limiting the spread of contagious diseases.

The primary goal of prevention is the avoidance of illness and the overall improvement in levels of public health. Central to the theme "Health is Wealth", prevention and later on, care, play a major role in increasing human capital resources and economic productivity.

Medical Care

It is our destiny to go through life and finally to die. People have always dreamt of conquering disease and remaining young and healthy throughout a long life. Medical care can never completely be replaced by prevention or alternative methods. Therefore a full range of services must be provided, and be available when needed. Diseases can appear acutely or evolve chronically; transitions are possible, even frequent. This requires a broad range of interventional and care facilities.

However, medical care should be provided only if indicated and to the extent needed. There is a wide range of patient care, starting at one end with a kindly word extending to organ replacement. All therapies should be tailored individually to the patient.

The basic requirement for therapy is an exact diagnosis starting with the patients history, and a physical examination to give the first indications. Additional procedures are then initiated on demand. Blood count, laboratory samples, endoscopies, ECG, EEG; X-Ray, CT, NMR, PET-scan and other investigative procedures are available. Non-invasive imaging procedures are in continuous development and progressing towards a perfect diagnosis with minimum discomfort for the patient. The medical technical industry plays an important role representing an interdisciplinary approach. The new MR-EEG gives new knowledge in understanding brain functions. In understanding the physiological mechanisms in our bodies, possibilities for improved prediction, prevention and therapy now exist. Invasive techniques too are important, for instance angiography, an essential tool in fighting life threatening cardiac conditions.

Exact diagnosis provides the basis for an individually tailored therapy.

Most therapy is provided by drugs, which are in use in all situations at home or in hospitals. The pharmaceutical industry aims to provide a wide range of specific and effective drugs with minimum side effects. The ultimate goal is to cure, provide relief, or to avoid invasive procedures. Drug therapy contributes to prevention and long term care. The industry contributes significantly to medical progress by developing new drugs in an interdisciplinary approach with the medical-scientific community. New drugs must be transferred from the laboratory bench to clinical use only after being tested in safely conducted trials. Provided an effective protection of intellectual property rights is in place, the use of generic drugs may contribute to medical progress by generating additional financial headroom for innovative therapies. The use of genetic medicine is rising and will play an important future role in diagnosis, therapy, drug response, prevention and prediction.

In some cases invasive therapy is necessary, from minor incisions to organ replacement. Minimal invasive surgery enhances ambulant day-surgery. The domain of surgery encompasses tumour surgery, reconstruction and revascularisation. Surgery often requires hospitalisation. Progress in surgery is supported by the biomedical industry, developing sutures, dressing, pads, disposables, implants, artificial organs and other devices. Electro-stimulation is very innovative, sometimes avoiding drug therapy for heart rhythm stimulation, Parkinson's disease, incontinence or pain. A powerful interdisciplinary approach by clinicians and biotechnologists to research, clinical studies and development give the basis for continuous medical progress.

Constant quality control and assessment of all medical advances is necessary. Good medicine is precise and focused which can save financial and other resources. and

cost! Appropriate education and guidelines have to be established in all medical fields. Such guidelines could classify all medical research based on evidence and experience. The classification of all medical procedures is to be established by the European Professional Societies.

The classification of medical procedures comprises three classes:

Class I: high evidence and highly effective

Class IIa: effective and evident

Class IIb: less effective and less evident

Class III: no effectiveness and no evidence.

The basis for classifications is the result of medical procedure outcome studies monitored by European Professional Societies and should be eligible for funding by a European grant. Health technology assessment and health outcome studies are essential prerequisites for future development. The classifications are characterised by standards and concepts and are the basis for financing: e.g.: Class I and IIa are always reimbursed.

In recent years there has been a significant trend toward natural, herbal and other alternative medicines. They are complementary to medicines provided by evidence based processes and should also be medically assessed.

The typical patient of the 21st century will be responsible for selecting appropriate and available health care options. There is already an important trend to self-therapy and self-medication. The provision of comprehensive information to patients and the education of pharmacists will avoid misuse of such treatments.

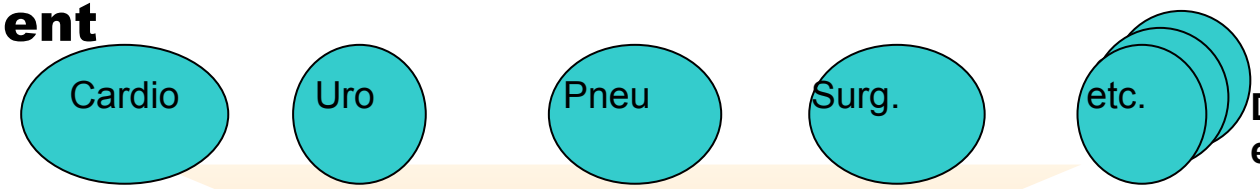
Classification of Medical Procedures

Standards

- Class I: Highly effective and evident
- Class IIa: Effective, limited evidence
- Class IIb: Effective, no evidence
- Class III: Ineffective, no evidence

Established for all medical procedures, therapeutic interventions incl. drug Rx, devices, etc.

Establishment



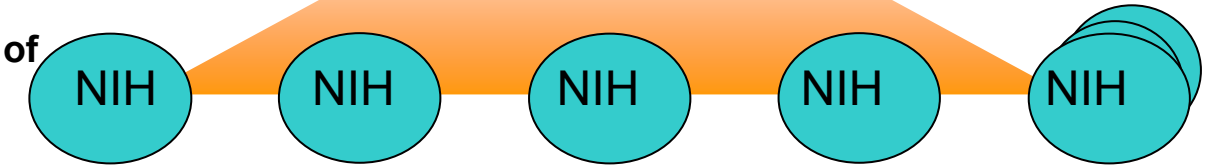
EU professional medical societies

Define & update outcomes- and evidence-based standards

European Institutes of Health

Coordinate and compile standards, forward to NIH

National Institutes of Health in Member States



Provide to local stakeholders, continuing medical education

Utility

Reimbursement

- Class I: Reimbursed
- Class IIa: Reimbursed
- Class IIb: Reimbursement questionable
- Class III: Not reimbursed

Control of HC system

- Medical quality control
- Cost and volume control
- Auditing, monitoring
- Planning, pricing, contracting

A significant new feature of healthcare and an important area of future development is E-Health - involving the electronic exchange of findings and reports. E-health is expected to exert a major impact on the effectiveness of healthcare systems and should result in reducing costs.

University medical faculties have the responsibility to educate the next generation of doctors in the new demands for their professional services and in the developing technologies. In particular, curricula of medical studies should emphasize the needs of both patients and society, as well as focusing on process-oriented approaches recognising that all diseases affect the whole patient.

More and better coordinated medical research is essential in Europe to assure a successful future for the provision of healthcare. Gene technology offers a wide field of new research opportunities and should be better supported. Psychosocial aspects too, should not be neglected. Psychotherapy and general psycho-education will play important roles in identifying risk factors, critical events, mal-adaptations etc. The pharmaceutical and biotechnology industries are interdisciplinary partners in developing better and more individualized medicine for the benefit of all.

Cluster II

Organization of Medical Services

Alignment of access and quality within Europe

A key element implementing healthcare in 21st century will be the transformation of hospitals into **Health Centres**. Today, hospitals are outdated in their structures, too costly and are ineffective. Furthermore, some hospitals operate without competition in a monopoly, resulting in rigid and inflexible structures. New concepts for hospitals will draw specific emphasis on reducing duplicate services and inefficiencies by designing a system that is both patient focused and efficient in the delivery of health care.

A stronger focus on patients and their families will lead to a paradigm shift from the current outdated model of medical procedures from curative to preventive. The most important tasks of compulsory social health insurance schemes will be to provide more information and greater transparency in the delivery of quality based medical treatment and care, based on a patient-orientated outcome.

A Health Centre is an integrated organization designed to serve the patient according to his or her needs for both prevention and therapy. It provides a spectrum of out-patient facilities and in-patient wards, supervised by specialists and shaped to the individual patient's needs. This will result in reduced length of stay and will avoid repeating medical tests, will deliver clear therapy and be the centre of continuous information, supported by E-Health to avoid duplication of effort.

A Health Centre will be designed around groups of specialists, who meet their patients in their surgeries but outside usual hospital structures. Hospitals will

concentrate on treating in-patients. The concept of medical practitioners operating in an open market place offering many services may lead to greater competition and hopefully cost reduction. However, the whole spectrum of treatment will be offered, including treatment in acute phases, special care for intermediate and long term patients, rehabilitation, nursing and hospices. To meet an increasing demand for medical facilities for elderly and disabled patients, any new systems must contain safeguards to prevent this group from becoming disadvantaged.

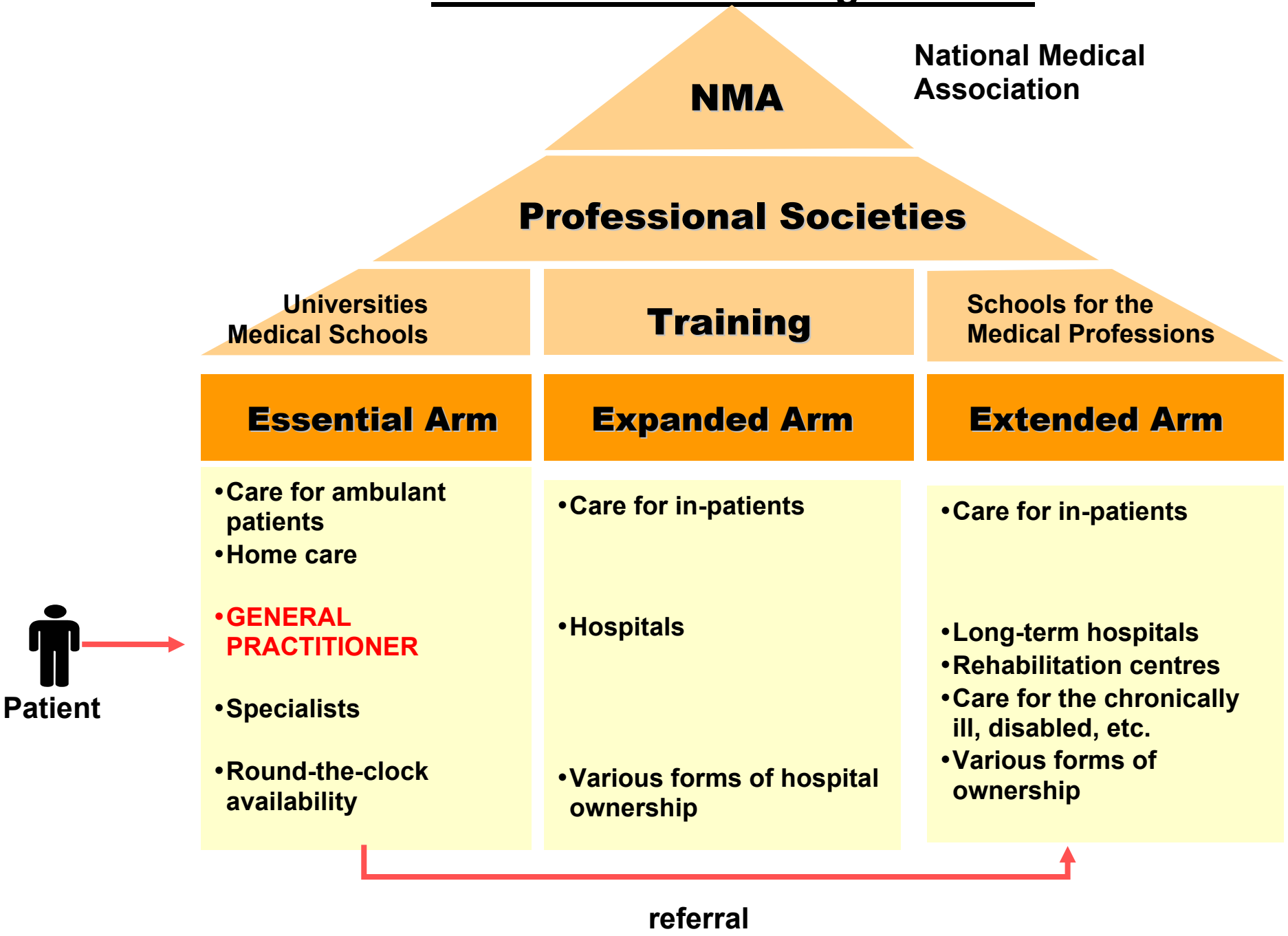
In Europe, too many hospitals with too many acute beds have been established. This is due to the historical model which dictated that hospitals should specialise in specific areas and offer clearly defined care facilities. These hospitals must be transformed into enterprises modelled on the basis of a market economy to offer patients competitive services. The patient will be expected to select these for him, or herself. They will be integrated operational units in the overall system and will also be a source of comprehensive information.

Not all hospitals will provide the same healthcare services. The specific services to be offered will be established according actual needs, and will have to meet all the quality criteria and standards which will be monitored by the national authorities, and will be adequately reimbursed.

General Practitioners will play an increasingly important role. They are the first point of contact by patients. They will deliver home care and interact with specialists located at the Health Centres. A first visit to a GP is generally less expensive than one to a specialist. Particular emphasis will be necessary to organise the necessary bridges between GPs, Specialists and Health Centres.

Aside from medical doctors, co-operation and teamwork between Nurses, Nurse Practitioners, technicians, Physicians' Assistants is most important in supporting effective medical care. These health care providers should be trained in special schools, with the opportunity for integration within universities. An important part of the concept is the effective administration of Health Centres, which will be monitored by the Medical Associations and Health authorities to assure required standards of quality, patient needs and care are met, and also the supervision of financial management.

Cluster II: Medical Organization



CLUSTER III

Financing

Patient oriented and related

For effective operation Health Care systems require a well defined financing system. In Europe there are currently three major financing systems:

a) national tax based systems (Beveridge-type),

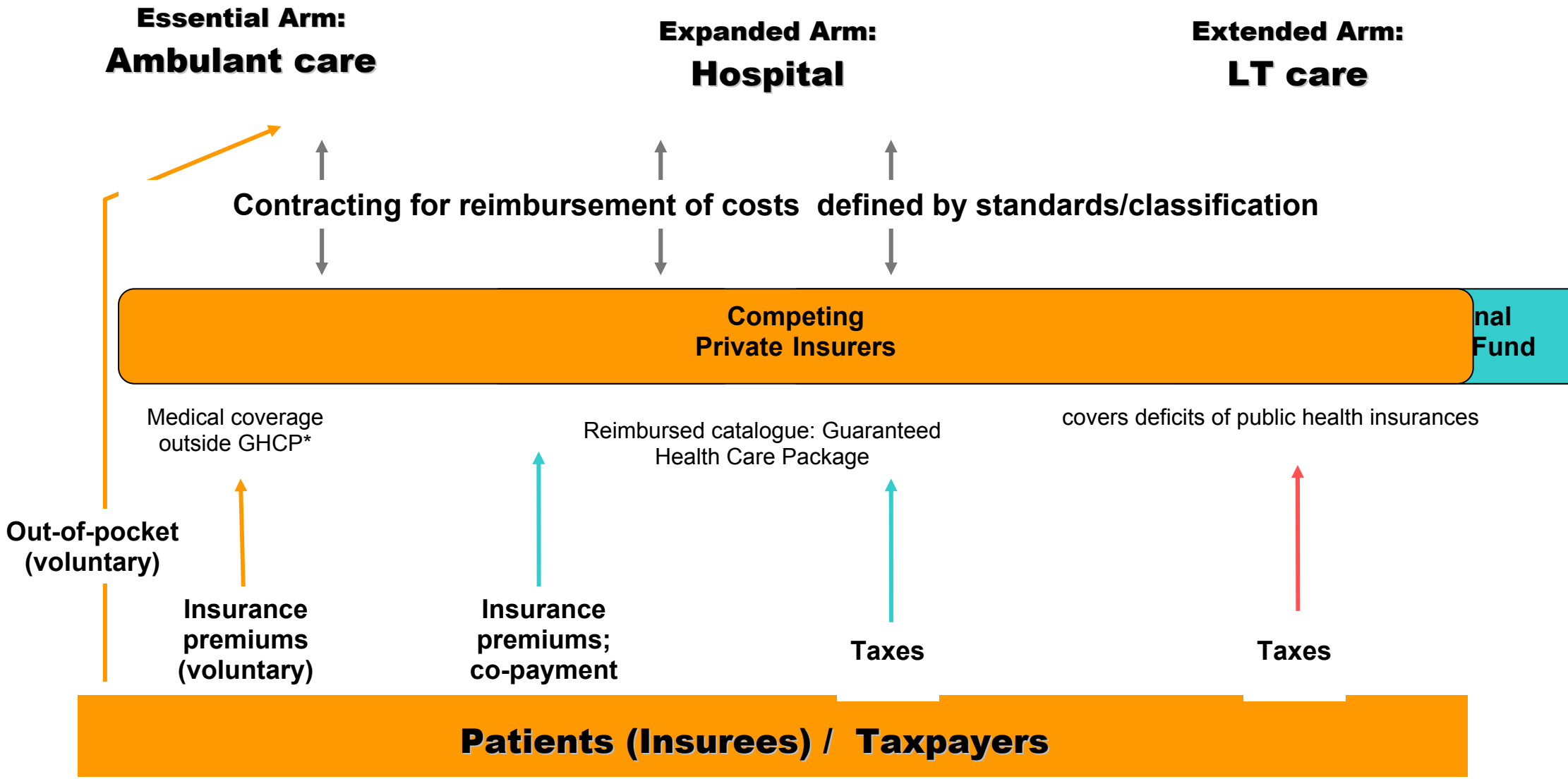
b) premium based systems paid by employers and employees (Bismark-type)

c) systems combining taxes and premiums.

Furthermore, the role of the private healthcare sector is increasing. In this context it is necessary to emphasize that expenditure on Health Care represent a direct investment in human resources and society.

It is evident that there is great potential for savings and cost reduction by concentrating on evidence based medicine, (according the general classification I, IIa,) reduction in length of stay in hospitals, reducing duplication of services within the system, eliminating ineffective services, identifying effective therapy for long-term care patients, or a total revision of the financing system. However, there must be a balance between competition and social needs by offering equal access, adequate financing and the availability of services conforming to minimum standard based on a Health Insurance scheme for all.

Cluster III: Financing and Reimbursement



* Ex: Leisure accidents, cosmetic surgery, natural medicine, special dental care, etc. that are not covered by Guaranteed Health Care Package

In systems based on compulsory insurance schemes, the level of patients' satisfaction (expectation?) is high. Everybody contributes to the system by paying health insurance premiums or taxes and receives professional help in case of illness. This is the part of "social medicine" where everyone expects to get the best the care according to evidence based medicine within the framework provided. In cases where patients desire treatment exceeding the options covered by the compulsory insurance schemes, they can purchase additional private insurance to cover special demands or to obtain healthcare services. This concept results in dividing the costs in two distinct areas and does not as such lead to first and second class systems of healthcare.

Within the EU national budgets must conform to the rules of the growth and stability pact (the so-called Maastricht criteria). Health Care expenditure represents a significant proportion of the national budgets of all Member States. Cost containment is an ongoing political goal. Therefore, a clear distinction has to be made in terms of which medical services are necessary and effective and those that are not. It is obvious, that the provision of medical care will not become cheaper, owing to the aging population and due to the advances in medical treatments which are constantly improving. Since the parameters for cost control are expanding due to patient related outcome, co-payment options are unavoidable in future financing models.

The involvement of the private sector is variable in Europe, but is gaining in importance. Private entrepreneurs can invest directly in, or operate Health Centres. Private Public Partnership is a model, where a combination of public and

private investment can be made in public hospitals. Identification of adequate financing models is essential for the maintenance of quality health care in the future.

The method of funding (both external and internal) have various influences on the level of distribution, access, coverage, costs control, quality, quantity of services provided and on overall economic priorities.

Nevertheless, at the macro-level European Health Care systems are facing the same problems: changes in spectrums of illnesses, demographic change, medical-technical progress, increasing demand by the population, rising health care costs with wider options of treatments, the use of genetic engineering, and so on. Hence, the sustainability of health care systems is in danger. One possible solution to a more sustainable future health care financing would be to shift to a system based on capital funding. The mode of funding would be different for each country. To accumulate savings provides a good safeguard for the future. The management of the funds should be controlled at national levels, but independent from state interference to secure their efficient use. Without such independence, it is possible that in times of poor economic conditions attempts could be to divert the funds to other priorities.

European integration will affect all national Health care systems, even though the responsibility of shaping the systems remains in national hands. The internal market influences all systems through the four freedoms (free movement of goods, persons, services and capital). Nevertheless, complete harmonization is not expected to happen, however, processes for increased co-ordination can be installed. Systems with social insurance contributions will evolve to include more

co-payments, and those based on a mixture of taxes and supplemental private insurances, together with those purely tax-based financing will need to adjust by greater separation of purchasers and providers.

Cost and Quality Control in the EHCM

Today in Europe:

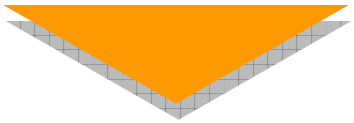
Budget Limits

Reimbursement limits

Volume limits

Price regulation

Service limits



- Ineffective instruments for costcontainment
- Discussion in deniing to part of the population

Future: European HC Market

- Patients‘ choice from competing offers
- Cost control via classification of procedures ➔ set up by professional medical societies and implemented by EIH / NIH
- Key role of GP to avoid redundancy and abuse ➔ leadership of National Medical Association
- Process optimization and specialization of hospitals
- Quality control, monitoring and audits:
  - Payors, i.e. public and private health insurers
  - National Insitutes of Health
  - National Medical Association

Summary

The strategic visions for European Health Care are derived from key principles of how to manage the various systems and stimulate a new European concept of healthcare. The main principles highlighted in the report are:

- The future of Health Care lies in a European Health Care Market, (which already exists in some fields);
- Health care is no longer a national issue, it is a European priority and is already heavily influenced and regulated by the EU;
- All Health Care systems must be centred on the patients' needs;
- All citizens are beneficiaries and potential patients. They finance health care systems via insurance premiums and /or taxes;
- Patient related outcome is the foundation for the provision of health care, demanding quality assurance and certification of health care facilities;
- All treatment processes, their prices and/or reimbursement levels must be transparent ;
- Greater self-responsibility of the patient in prediction, prevention and selection of medical services will be expected;
- Medical provision will always be comprehensive, complemented by prediction and prevention, based on state-of-the-art medical care;
- Progress in Medicine is the result of the constant interaction between all health-care-providers (doctors, nurses, social-workers, psychologists, therapists, physiotherapists etc.) Particular effort is needed to organize the effective co-operation between doctors, research and industry.

- Genomic medicine will play an important role and could help to differentiate between inherited and acquired risk factors.
- Psycho-social disciplines will become more significant due to the increasing impact of environment, education, critical life events and stress;
- Medical education must reflect the changed paradigm – away from a concept of repair medicine to one of health maintenance.
- The present hospital structure is costly and could be improved if transformed into Health Centres: adapted to the needs of in- and out-patients, combined with adequate modes of financing;
- Projects should be developed to promote alternative approaches to health care and modes of finance that cross sectoral boundaries and focus on outcomes (group practices, day clinics, gatekeeper model, office-based clinics etc.)
- General Practitioners provide the basic structure and first point of patient contact outside the Health Centres.
- E-Health will play an important role in exchange of information.

- Greater convergence of the financing of Health Care in Europe should be achieved on the basis of the Maastricht criteria.
- Present insurance premiums must be reshaped and redefined totally to fit into new healthcare models.
- Government finance will be provided on the basis of population and analysis of community needs;
- National healthcare budgets must be adequate to cover the primary, secondary and tertiary costs of health care to allow innovation, investment,

competition and mobility. Costs are paid based upon the classification of evidence based medical procedures.

- The private sector will expand.
- Identification of the cost components in all parts of Health Care Provision is necessary.
- The funding of community rating- based healthcare must be based on the needs of the patient.
- The present public and private sector health insurance providers and national authorities must bear the responsibility for controlling and monitoring the performance of the healthcare system and perform audits.
- The maintenance of good health is an essential prerequisite for a wealthy society, and should be seen as an investment to sustain economic growth.

In essence:

- The patient is the beneficiary
- Optimisation of Medical Services
- Alignment of access and quality within Europe
- Patient oriented and outcome related financing by several instruments.

The final report has been delivered to the European Parliament. In 2004 there will be hearings at the European Parliament with Members of the Parliament.

Structural Reform for European Health Care

Current: National monopolies	Future: European HC Market
Cost explosion **Rigid public structures** **Unequal HC access / coverage** **Resource mismanagement** **Patient dissatisfaction** **Unsatisfactory outcomes**	**National cost control and solidarity** **Health for all in an open EU market** **Market arbitration of resources** **Responsible patient = decider** **Evidence-based standards**
• No holistic view of the patients and their role in HC • Diverging funding systems (public/private) • Each country has specific, regulated HC organization • Different principles of HC regulation – State-run – Self-administration with national regulation – Mixed forms • Unclear distinction between HC and social welfare • Diverging medical usages	• The responsible and informed patient is at the centre and drives the European HC market • Funding systems aligned but maintained as national task • HC organized as a pan-European open market • European HC regulation standards – Standards for state participation – Standards for self-administration • Clear separation of HC and social welfare tasks • Common European medical classification based on efficacy and evidence

European Institute of Medicine (EOM)

The mission of the EOM is to improve the quality of health care in Europe based on evidence based medicine and state-of-the-art science within a philosophy of life where the sciences serves man in his existence.

European Institute of Medicine (EOM)

The European Institute of Medicine (EOM) as a part of the European Institute of Health (EIH) has been established by the European Academy of Sciences and Arts in 2001 to foster the discussion for an optimal Health Care System accessible to everybody. Eminent members of the medical professions in medicine and medical industry are concentrating on establishing a visionary Health Care Plan in the examination of policy matters pertaining the health of the public in Europe. The Institute acts under the responsibility of the European Academy of Sciences and Arts and purports to be an adviser to the Governments in Europe upon its own initiative to identify issues of Health Care and education.

Specific emphasis will be placed on those regions of Europe where severe deficits in health care delivery are evident. Interdisciplinary and inter-professional actions are necessary to improve the quality of Health Care. It will be necessary to identify the specific problems of deficits in access to healthcare and in other upcoming issues to address the European Governments, the EU and its institutions, as well as the WHO – Regional Office, the OECD, World Bank and all medical oriented professional associations.

Major differences have been reported in epidemiology, management strategies and outcome of diseases between the different geographic regions of Europe.

The causes of these differences are due to unequal social and political developments. In order to better understand and address these differences, there is a need for an independent investigation of European Health Care Delivery Systems. It should mirror the needs and address the future requirements of the patient, in relation to the management of therapy with its outcome, prognosis and prophylaxis.

Aims of the European Institute of Medicine

The purpose of the European Institute of Medicine is to establish a systematic concept of "Strategic Visions for European Health Care".

A: Establishing the concept as a first priority amongst the following communities:

- Medical Arts (all stakeholders in the provision of knowledge, services and research activities as inputs to healthcare systems - e.g. doctors, surgeons, therapists, clinicians, healthcare workers, pharmaceutical and medical equipment industry etc.)
- Medical Organization (all stakeholders in the organisation of delivering healthcare structures to the population e.g. governments, local authorities, private medical services etc.)

- Financing (all stakeholders in the organisation of financing healthcare systems - e.g. governments, local authorities, insurance companies etc.)

to:

- Encourage innovation with respect to all aspects of medical sciences, healthcare, its products and services
- Encourage "competitive" approaches in health care provision to promote integrated and efficient methods of delivery resulting in an effective allocation of scarce public health financial resources;
- Ensure increased competition among health insurance providers to ensure policies are better tailored to patients needs;.
- Avoidance of two tier healthcare systems via schemes which combine increased choice options with the notion of individual responsibility
- Empower patients through improved access to information and greater personal involvement in healthcare decisions.

B: Adapting the concept to each country's system in Europe ("feasibility")

C: Facilitating the implementation of the concept

D: Providing linkage to policies at national and European levels

E: Securing the involvement of all relevant stakeholders

F: Fostering the implementation of evidence based medical procedures

G: Establishing an European Institute of Health (EIH)

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TIME TABLE

Working Sessions in Salzburg

March 13, 2002	1st Session
October 7, 2002	2nd Session
March 13, 2003	3rd Session
October 17, 2003	4th Session
December 4th, 2003	Delivery of the report to the European Parliament

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