

EU REFLECTION ON CHRONIC DISEASE



This document has been prepared to request an initial input from stakeholders to the EU Reflection Process on Chronic Disease which is being carried out by EU Member States and the European Commission.

The intention is to launch a further, targeted discussion with key stakeholders involved in European work with the European Commission in the areas of chronic disease and related issues in due course.

European Commission Directorate General for Health and Consumers.
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Discussion paper – EU Reflection Process on Chronic Disease

This paper has been prepared to guide stakeholders in preparing an initial position as part of a reflection process on chronic disease being led by the European Commission and EU Member State governments. The aim is to identify issues, gaps and suggestions for action to improve current policies and activities on chronic diseases, both at National and EU levels.

What is chronic disease?

Chronic diseases are diseases of long duration and generally slow progression. Although there are a huge number of different chronic diseases there are a number of issues which many chronic diseases share. These include the type and organisation of health services, risk factors such as smoking, diet or alcohol related harm, socio-economic or environmental factors, as well as information and research.

The focus of the reflection process is on these common factors rather than on particular diseases.

What is the current situation on chronic diseases in the European Union. ?

Chronic diseases are the main reason for poor health and restrictions on activity. Effective prevention and treatment of chronic disease is essential to enable people to spend a greater proportion of their lives in good health. Chronic diseases are the greatest challenge to the goal that the EU has set itself of contributing to the achievement of an increase of 2 years in the number of years spent in good health by the EU population, by 2020.

Average EU death rates from many chronic diseases, including cardiovascular and respiratory diseases, have fallen over the last decade. However the number of people actually suffering from chronic diseases such as diabetes, depression, musculoskeletal disorders and some cancers is rising. This is contributing to increases in long term disability and reductions in the average number of years spent in good health in many parts of the EU.

Between 2007 and 2009 the estimated numbers of years spent in good health across the EU declined for men from 61.5 years to 60.9 years and also reduced slightly for women from 62.3 years to 62.0 years. These average figures mask huge differences both within countries and between countries.

Consultation questions:

What further information and evidence should be taken into account by National Governments and the EU regarding the chronic disease situation?

HEALTH PROMOTION AND DISEASE PREVENTION: WHAT MORE SHOULD BE DONE?

Together tobacco use, poor diet, low physical activity and harmful alcohol consumption are the major risk factors for chronic diseases. In addition there are many other risk factors including environmental pollution; certain infections; hazards in the home, leisure and work environment, and psychological stress. Socio-economic factors and the quality of living and working conditions also play an important role.

Much of the chronic disease burden in Europe, particularly at younger ages is preventable. In some parts of Europe, this is already happening to a great extent as a large proportion of people live into old age without experiencing chronic disease. In addition large numbers of people are able to cope with their health problems without significant interference with their daily activities. In fact if the number of healthy life years experienced by people in the regions of Europe with the healthiest populations were experienced everywhere, this would result in an increase in healthy life years by over 9 years for the average EU citizen.

So what more needs to be done to enable more people to live longer without chronic disease and to enable more people with chronic disease live better? One answer is better prevention to reduce exposure to key risk factors. The experience of tobacco has shown that effective action to reduce these factors requires a range of measures, including regulation, addressing the availability and marketing of products as well as public information and individualised support.

However, there is a well known tension regarding the degree to which government regulation and other actions to influence these factors should compromise the individual's freedom to choose for themselves. Similar tensions exist regarding regulation and role of business.

EU Member States have highlighted a number of actions that are important in this area including:

- to facilitate healthy choices in life for all citizens,
- to establish health promotion communication messages and interventions for all chronic diseases,
- to integrate health into education programmes;
- to further develop quantitative analysis of the cost effectiveness and health gains of health promotion and prevention;
- to explore, based on scientific evidence, the scope for early detection of relevant risk factors for chronic diseases;
- to strengthen prevention by applying the principles of health in all policies;

Consultation questions:

What additional actions and developments are needed to address key risk factors to prevent chronic diseases?

How can existing actions on primary prevention be better focussed and become more effective?

What potential is there for broad based early detection action?

In what areas is there a particular need for additional action at EU level?

In what areas is there a particular need for action at national level ?

What will you/your organisation contribute to address this challenge?

HEALTHCARE

The healthcare system is central to chronic disease prevention, treatment and care. Prevention includes screening and early detection and treatment of biological markers of risk for chronic disease such as hypertension, high blood lipids and raised blood sugar.

The extent to which the health care system proactively seeks out individuals, who may benefit from preventive treatment and follows patients actively to ensure that preventive care is maintained over long periods varies enormously between EU countries. In addition to the differences between countries in the occurrence of certain diseases and the level of risk factors, these differences may partly result from differences in the view of the balance of responsibility between individuals and the health care system and in perceived benefit of certain prevention policies.

Wide differences also exist in thresholds for treatment and treatment protocols for active chronic disease and to some extent these differences are reflected in differences in survival rates.

In nearly all EU Member States the cost of health care continues to rise driven by a combination of increasing chronic disease levels, rising expectations from patients and professionals and improved availability of treatments. Attempts to reduce costs by improving efficiency in health care have met with limited success. It has been suggested that with better prevention to prevent chronic diseases or delay their onset, that this could reduce health care costs. Others point out that the possibilities for treatment of chronic disease already far exceeds the amount that is currently delivered, implying that any reduction in demand from prevention will be made up from increased treatment of those with disease.

The role of the health care system as a supporter of patients to manage their own illness is one which is becoming increasingly important. In many parts of Europe this role has expanded rapidly with specialised health professionals carrying out this role and the possibility of providing patients with training, information and technology for their conditions.

Innovation in healthcare can be important to almost every aspect of prevention and treatment of chronic diseases. E-Health is a huge area for innovation. Applications include communication, screening systems, predictions of risk, follow up of prevention and treatment in primary care, the organisation and delivery of health care in hospitals, remote monitoring etc.

These aspects are linked to a broader debate on the future of health care in Europe. The Commission and the Member States have launched a specific reflection process on this.

EU Member States have highlighted the following issues in relation to identifying and sharing good practices in relation to health care:

- ways to enable patients with chronic diseases to maximize their autonomy and quality of life; effective, proactive early interventions;
- secondary prevention of chronic diseases by the health care sector;
- affordability and access of care for chronic diseases;
- implementation of innovative chronic care models, especially in primary and community health care,
- ways to reduce health inequalities in this field.

A specific reflection process on sustainable health systems is being undertaken in parallel to the Chronic disease process.

Consultation questions:

What changes could be made to enable health care systems to respond better to the challenges of prevention, treatment and care of chronic diseases?

What changes could be important to better address the chronic disease challenge in areas such as: financing and planning; training of the health workforce; nature and location of health infrastructure; better management of the care across chronic diseases?

How much emphasis should be given to further developments of innovations, including eHealth and Telemedicine in prevention and treatment of chronic disease such as remote monitoring, clinical decision support systems, e-health platforms and electronic health records?

In what areas is there a particular need for additional action at EU level?

In what areas is there a particular need for additional action at national level ?

What will you/your organisation contribute to address this challenge?

RESEARCH

Bio medical and public health research contributing directly or indirectly to chronic disease prevention and treatment are some of the most important research areas.

One important issue is how to ensure that the best research knowledge is actually used in practice.

Another is to identify existing gaps in research

There is also a need to enhance research cooperation in order to ensure that the research supported by the EU level and by national governments complements each other.

Some research could benefit from better use of existing initiatives, such as the Innovative Medicine Initiative (IMI) and the European Strategy Forum on Research Infrastructures (ESFRI), which includes research infrastructures for clinical trials and bio medical research which could pave the way for a more harmonised European framework.

Reflection questions:

How should research priorities change to better meet the challenges of chronic disease?

In what areas is there a particular need for additional action at EU level?

In what areas is there a particular need for additional action at national level?

What will you/your organisation contribute to address this challenge?

INFORMATION, AND INFORMATION TECHNOLOGY

Information systems on chronic diseases are important first of all to support individual patient care. Accurate information is also needed to plan and manage services and to develop and modernise policies for prevention.

There may be scope for additional action on comparable information at national and European levels on the incidence, the prevalence, the risk factors and the outcomes concerning chronic diseases. Such action needs to take into account the different circumstances in Member States as well as EU activities such as the European Health Interview Survey, the European Health Examination Survey, the development of morbidity statistics by Eurostat and other bodies, as well as registries and other sources, to enable benchmarking and evidence-based policy. EU actions in areas such as cross-border mobility, e-health and active ageing are also relevant in this context.

There may be also scope for improving information systems by identifying obstacles in the collection of data and indicators, including the accessibility of data and legislative obstacles.

Reflection questions:

What more needs to be done on the development of information and data on chronic disease?

In what areas is there a particular need for additional action at EU level?

In what areas is there a particular need for additional action at national level?

What will you/your organisation contribute to address this challenge?

ROLES OF MEMBER STATES, THE EU AND STAKEHOLDERS

EU Member States are responsible for the definition of their own health policy and for the organisation and delivery of health services and medical care. Although each Member State has different approaches because of their own unique situation, key aspects of the challenges of chronic disease, risk factors, treatments and policy options, are very similar. This provides good opportunities for working together to identify solutions.

EU level activities are particularly relevant for primary prevention of chronic disease in areas such as aspects of action on tobacco, alcohol, nutrition and physical activity as well as addressing underlying socio-economic and environmental factors. EU policies such as cohesion, agriculture and rural development, research and innovation are also highly relevant. In addition the EU has a role in supporting Member States through example exchange of information and good practice, the development of information systems and guidelines.

EU support can include the possibility of specific funding being made available for projects or joint actions supporting activities and actions in the area of chronic diseases. It can also provide support to stakeholders working on specific chronic disease areas/issues. EU support also includes independent, non-food Scientific Committees, managed by the Health and Consumers Directorate General, which provide scientific rationale for evidence-based policy making.

Stakeholders include patients and health professionals but also employers and businesses involved in activities which are directly or indirectly related to chronic disease. As chronic disease affects virtually every part of society this means that every part of society needs to be involved in the solutions. Doing this effectively is possibly the single biggest challenge.

Reflection questions:

What additional activities on chronic disease beyond the four areas described above should be considered at EU level?

How can the EU engage stakeholders more effectively in addressing chronic diseases?

How can EU Member States engage stakeholders more effectively in addressing chronic diseases?

Other areas

This paper has identified a few of the areas that are important when considering chronic disease. Many other issues are also relevant.

Reflection questions:

What additional areas for action should be considered? Which of these should be addressed by activities within EU Member States? Which should be addressed through activities involving cooperation at EU level?