

Value-based thinking to make health systems resilient and innovative

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DEPARTMENT OF PUBLIC HEALTH
AND PRIMARY CARE



WHO Collaborating Centre
Family Medicine and Primary Health Care



GHENT
UNIVERSITY



Expert Panel on Investing in Health

The Expert Panel on effective ways of investing in health is an **interdisciplinary and independent group established by the European Commission to provide non-binding independent advice** on matters related to effective, accessible and resilient health systems. The Expert Panel aims to support DG Health and Food Safety in its efforts towards **evidence-based policy-making**, to inform national policy making in improving the quality and sustainability of health systems and to foster EU level cooperation to improve information, expertise and the exchange of best practices.

Expert Panel members (2019-2022)

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Picture taken
in pre-
corona times



DEFINING VALUE IN "VALUE-BASED HEALTHCARE"

Report of the
**Expert Panel on effective ways of
investing in Health (EXPH)**



THE ORGANISATION OF RESILIENT HEALTH AND SOCIAL CARE FOLLOWING THE COVID-19 PANDEMIC

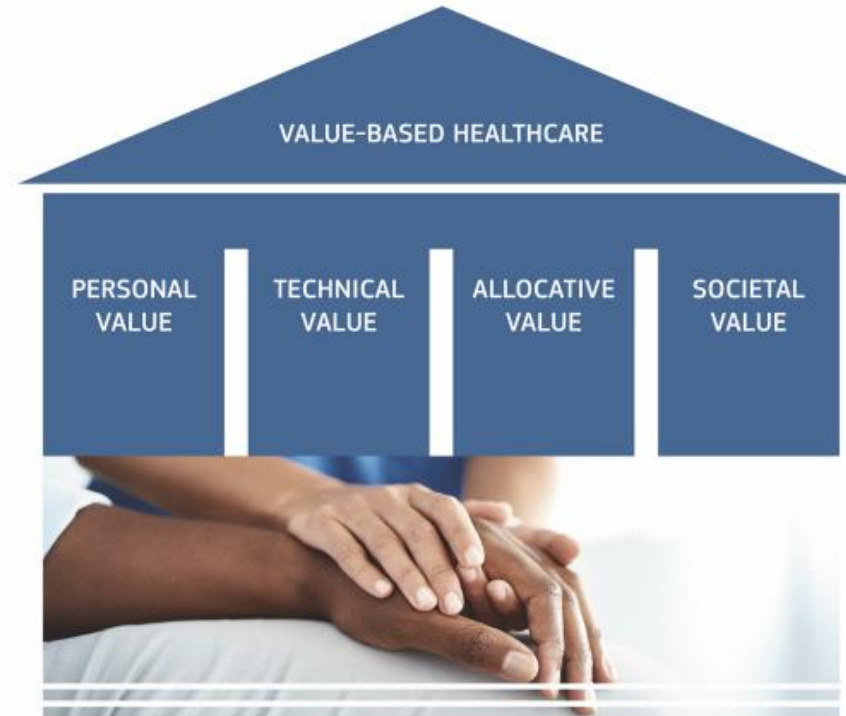
Opinion of the
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PUBLIC PROCUREMENT IN HEALTHCARE SYSTEMS

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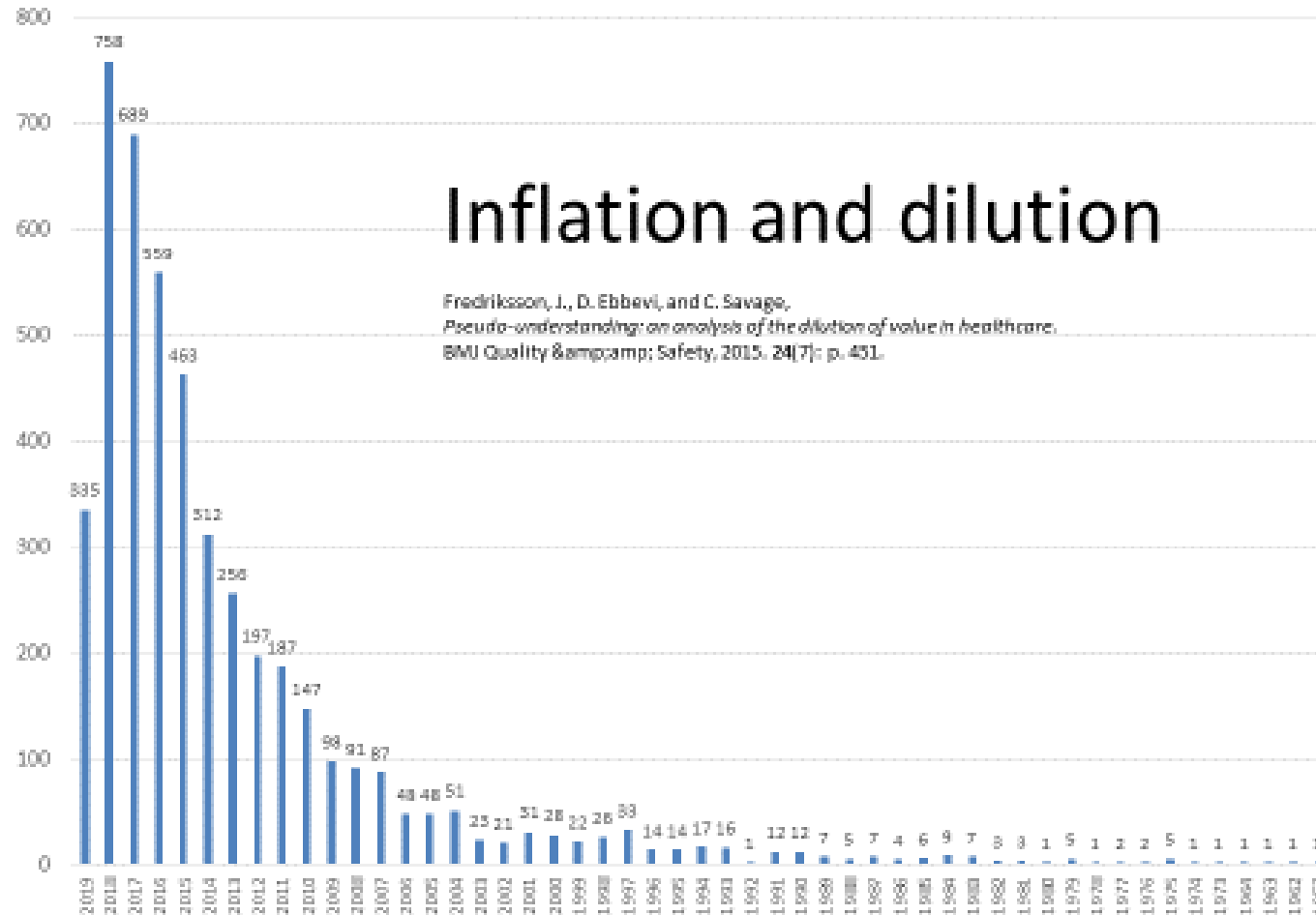
DEFINING VALUE IN "VALUE-BASED HEALTHCARE"

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European
Commission

Pubmed - results by year: "value-based" (healthcare, medicine,....)



Inflation and dilution

Fredriksson, J., D. Ebbevi, and C. Savage,
Pseudo-understanding: an analysis of the dilution of value in healthcare.
BMJ Quality & Safety, 2015, 24(7): p. 451.



European
Commission

Value vs. Values

<p>Generic definitions (Oxford Dictionary):</p> <p>Values vs. Value</p>	<p>Values: Beliefs and attitudes a person holds that lead to the judgement of what is important (in one's life).</p> <p>Value: the importance and worth or usefulness of something to a person.</p>
<p>Narrow (price-based) utilisation of "Value"</p> <p><i>Value-based healthcare</i></p> <p><i>Value-based pricing:</i></p>	<p>Value defined as the health outcomes achieved per dollar spent</p> <p>Value = $\frac{\text{Quality (outcomes + patient experience)}}{\text{Cost (direct + indirect costs of the intervention)}}$</p> <p>Process whereby pricing and reimbursement of a service (e.g. drug, medical device) are regulated according to its therapeutic value</p>
<p>Comprehensive (normative) utilisation of "Value"</p> <p><i>Value-based healthcare:</i></p>	<p>Allocative Value: ensuring that all available resources are taken into account and distributed in an equitable fashion. This concept is also referred to by economists as "allocative efficiency".</p> <p>Technical Value: ensuring that the allocated resources are used optimally (no waste).</p> <p>Personal Value: ensuring that each individual patient's values are used as a basis for decision-making in a way that will optimise the benefits for them.</p> <p>Societal Value: ensuring that the intervention in healthcare contributes to connectedness, social cohesion, solidarity, mutual respect, openness to diversity.</p>



Identification of key values in Europe: Solidarity

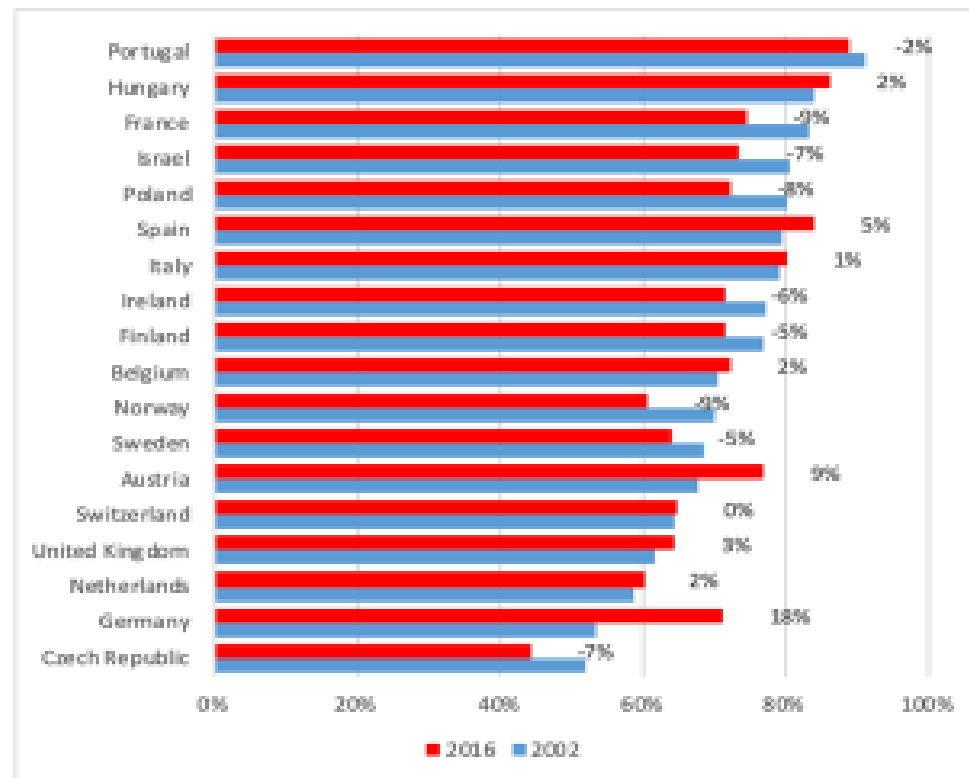
The concept of solidarity is enshrined in the **EU Treaties**, including the values and objectives of the Union, which include **solidarity “between generations”** and **“among Member States”**,

while Chapter IV of the **Charter of Fundamental Rights** is entitled **Solidarity** and covers rights at work, family life, welfare provision and **health**.

European Pillar of Social Rights states that “Everyone has the right to timely access to affordable, preventive and curative healthcare of good quality”, **universal healthcare** is one of the policy priorities of the European Union to build a more inclusive and fairer European Union and to ensure social cohesion within the EU.



Change in percentage in
“agreement to redistribution of income”
in rounds 1 (2002) and 8 (2016) of
European Social Survey (<https://www.europeansocialsurvey.org/>)



DEFINING VALUE IN 'VALUE-BASED HEALTHCARE'

Opinion by Expert Panel on effective ways of investing in health (EXPH)

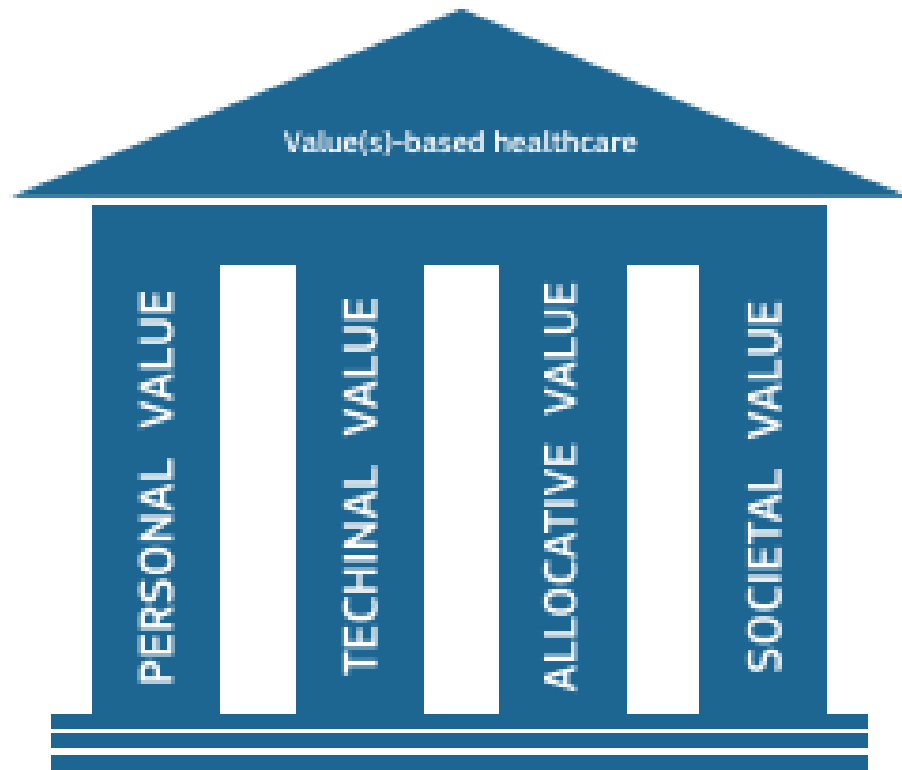
VALUE-BASED HEALTHCARE (VBHC)

Healthcare systems today are under pressure to optimise the use of limited resources, as they face rising costs associated with technological developments, more patients with multiple chronic conditions and changing clinical practice. The notion of 'value-based healthcare (VBHC)' is increasingly used in public discourse and 'value' is often discussed as 'health outcomes relative to monetized inputs'. However, **two important aspects must be considered:**

1. European healthcare systems are based on the concept of **solidarity**. The Charter of Fundamental Rights of the European Union and the European Pillar of Social Rights secure universal access to **affordable, preventive, curative and good quality healthcare in the EU**.
2. There is **no single definition** of 'value' within value-based healthcare. The definition of value is subjective and what is considered valuable can differ between patients, clinicians, healthcare providers, policy makers or industry stakeholders.

HOW TO DEFINE VALUE?

To meet the challenge to ensure the financial sustainability of universal healthcare and find resources to fund innovations it becomes essential to switch resources from lower value to higher value healthcare. The Expert Panel proposes a comprehensive concept built on four value-pillars to define 'value(s)-based healthcare' for conveying the guiding principles underlying solidarity-based healthcare systems:



ALLOCATIVE VALUE: Equitable distribution of resources across all patient groups.

TECHNICAL VALUE: Achievement of best possible outcomes with available resources.

PERSONAL VALUE: Appropriate care to achieve patients' personal goals.

SOCIETAL VALUE: Contribution of healthcare to social participation and connectedness.

This comprehensive meaning of 'value' offers a wider perspective than the interpretation of 'value' as purely monetary in the context of cost-effectiveness.

1

Creating greater **awareness** of health as an essential investment in an equal and fair European society and of the centrality of it as a European value to achieving universal health coverage. This process needs to provide clear narratives setting out how the financial sustainability of existing progress towards universal health coverage is endangered by waste and low value care.

2

Develop a **long-term strategy** for a step-by-step value-based approach towards change of culture. This strategy should encompass the definition of a series of goals that support the long-term objective of change, moving forward in small steps (work plans), including the implementation and monitoring of effects by use of existing data sources and methodologies as well as the creation of mechanisms to further guide the direction of change towards high value care.

3

Support Research & Development on/of **methodologies on appropriateness** and unwarranted variation by exchanging robust methodologies for measuring and monitoring patterns of clinical practice, regional variation, appropriateness research, by stimulating data collections (incl. real world evidence and big data) and by defining and aligning goal-oriented outcomes that matter to patients.

4

Encourage health professionals to take responsibility and feel accountable for increasing value in healthcare, which may require freeing resources from low-value care to reinvest in high-value care encompassing the training of “change agents” (leaders) that feel accountable for the health of the population, including equitable distribution of resources across diseases. Health professionals hold a key role in advocating a change of culture towards social cohesion and connectedness.



EUROPEAN SOLIDARITY IN PUBLIC HEALTH EMERGENCIES

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Support the creation of **Learning Communities**, including communities of health professionals, to bring together the best expertise, experiences and practices, contribute to change of attitudes and to learn from each other by measuring, benchmarking and implementing actions across the EU. Member States should take the lead in identifying and pinpointing the most important tasks, the EC should create a supportive and facilitating environment for the establishment of those Learning Communities that will contribute to a change of behaviour and a change in legislation.

5

Support initiatives for patients' engagement in shared decision-making, **recognising the importance of patients' goals, values and preferences**, informed by high quality information to implement empowering practices and goal-oriented person-centred care.

6

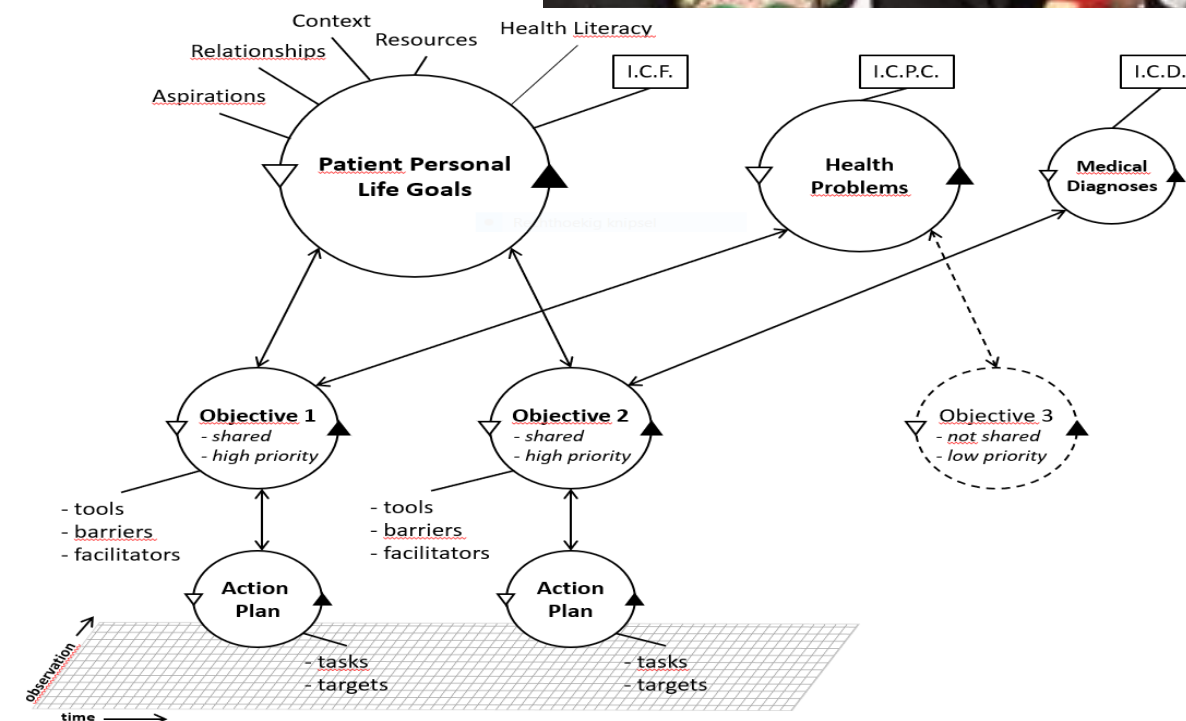
Debate & Analysis

James Mackenzie Lecture 2011:

multimorbidity, goal-oriented care, and equity



1. Goal oriented care shifts the focus from what's the matter with the patient to what matters to the patient
2. Goal oriented care asks for a paradigm shift
3. You can start tomorrow by being curious and by asking other questions to the patient
4. We should structure the EPR around the 'life-goals' of the person





EXPH Opinion

A reallocation of resources - the freeing of resources and accordingly the reinvestment - from low to high value care is perceived by the EXPH as the **utmost necessity for sustainable and resilient European healthcare systems.**



THE ORGANISATION OF RESILIENT HEALTH AND SOCIAL CARE FOLLOWING THE COVID-19 PANDEMIC

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Mandate: Questions for the Expert Panel

- How can **healthcare provision be sustained for vulnerable patient groups** with urgent needs for care/cure, like patients with rare conditions, cancer patients or patients on the transplant waiting list, frail elderly, disabled people, refugees, prison populations etc.?
- What would be the **criteria to resilience-test health systems** for unpredictable high-pressure scenarios, what methodologies and models can be used to carry out such resilience tests, and how can the results of these tests be translated into well-documented analytical approaches and practical guidelines?



Defining vulnerability and vulnerable groups in the current crisis

- The current crisis is better described as a **syndemic** (*Singer and Clair 2003*)
- According to a Lancet commentary, “**syndemics** are characterised by biological and social interactions between conditions and states, interactions that increase a person’s susceptibility to harm or worsen their health outcomes” (*Horton 2020*)
- **Vulnerable groups** include elderly individuals, those with ill health and comorbidities, individuals who are homeless or under-housed, and also people from various socioeconomic groups who may struggle to effectively cope physically, mentally, and/or financially with COVID-19 or with the societal impact of COVID-19 (*The Lancet 2020*)

Medically vulnerable, such as the elderly and those with underlying health conditions

- Elderly people
- People living with disabilities
- People with underlying chronic diseases and frailty
- People who are at risk due to a compromised immune system from a medical condition or treatment
- People with rare diseases

Socially marginalized, such as those residing or working in certain physical settings prone to high density and reduced ability to physical distance

- Homeless or under-housed people
- Migrants and refugees
- Residents in long-term care facilities
- Indigenous populations and geographically isolated people
- Prison population
- Sex workers
- LGBTBI people
- People with substance use disorders
- Children in low-income families

Mentally/psychologically vulnerable

The mentally/psychologically vulnerable includes people:

- with pre-existing mental health disorders and those who are more vulnerable because of the psychosocial effects of this syndemic
- with psychosocial and intellectual disabilities who live in care homes, psychiatric hospitals and other forms of residential institution (WHO, 2020)

Professions which entail closer proximity to confirmed or suspected COVID-19

- Essential workers
- Healthcare and social care workers

Economically vulnerable

This category includes:

- individuals with low incomes who may or may not belong to other vulnerable groups
- individuals will become even more vulnerable in the aftermath as a result of losing jobs



Actions areas to advance sustainable healthcare provision for vulnerable people

- Design and implement specific high density, low threshold **testing strategies for vulnerable groups** and settings
- Sharing **best practices** in supporting COVID-19 prevention, testing and care in socially and marginalized groups and medically vulnerable groups and settings
- Sharing of best practices and provision of **mental health and psychosocial support** to vulnerable groups to COVID-19
- Provision of specific **online trainings to frontline staff** working with vulnerable groups

(European Commission, 2020)

Operational Definition of “Resilience”

*“The capacity of a health system to (a) proactively **foresee**, (b) **absorb**, and (c) **adapt** to shocks and structural changes in a way that allows it to (i) **sustain** required operations, (ii) **resume** optimal performance as quickly as possible, (iii) **transform** its structure and functions to strengthen the system, and (possibly) (iv) **reduce its vulnerability** to similar shocks and structural changes in the future.”*

Source: The Expert Group on Health System Performance Assessment (HPSA), Opinion, to be published at https://ec.europa.eu/health/systems_performance_assessment/priority_areas_en

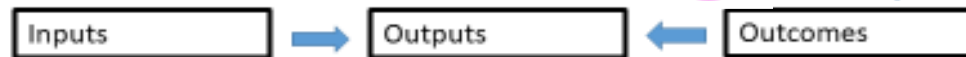
Operational Definition of “Resilience”

2

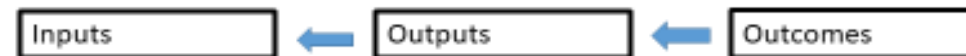
Response of a Health System to Shocks or Structural Change

1

a) Outbreak



b) Superbug



c) Shortage of workers

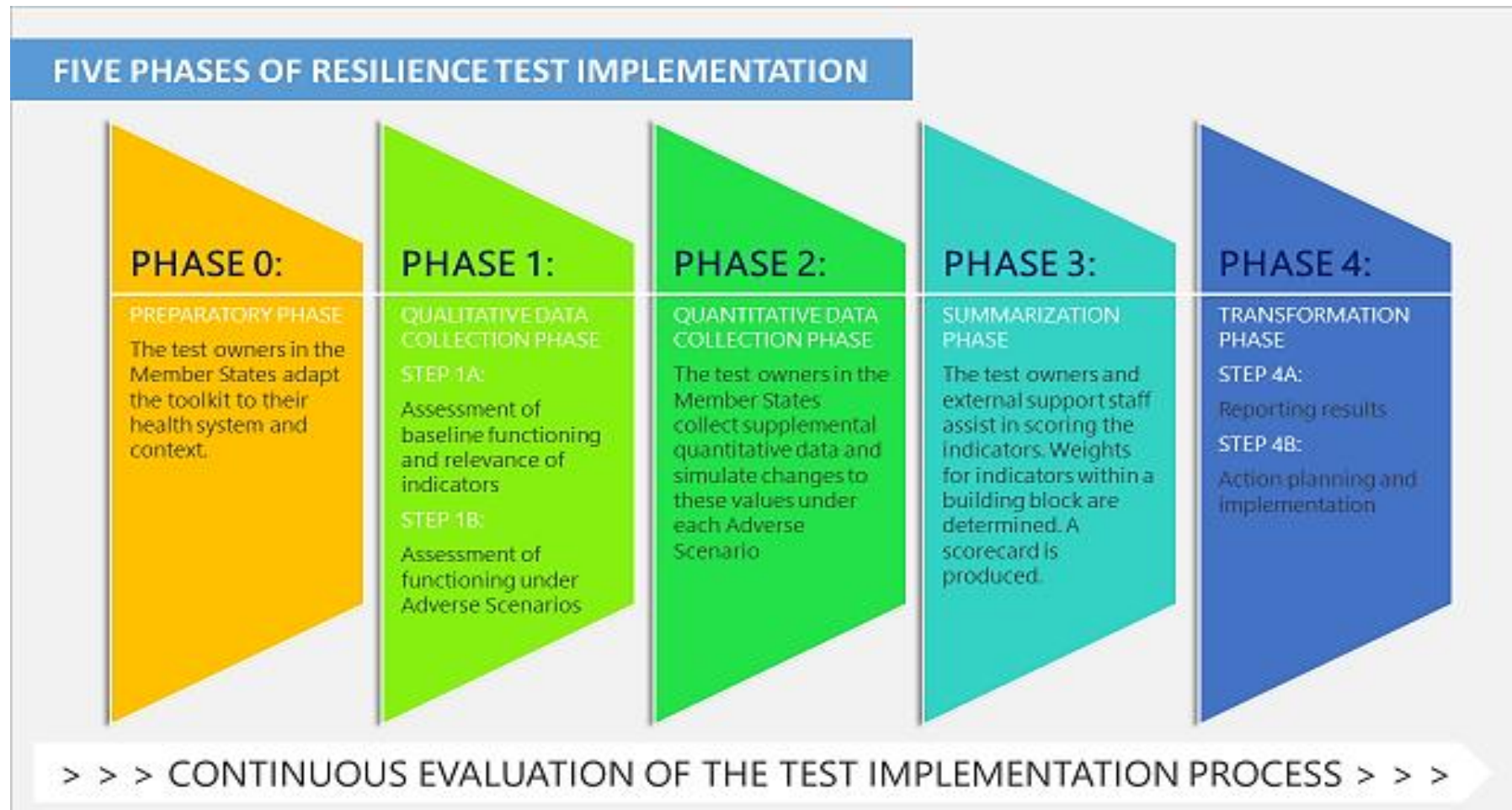


An Example Outcome of the Resilience Test

Sample Scorecard for a Resilience Test of a Health System

Health Workforce	Community Carers	Medicines	Infrastructure	Information Systems	Governance	Financing	Health Services	Health Promotion
CONDITION: Normal								
CONDITION: Scenario 1 – Super-bug								
CONDITION: Scenario 2 – Budget cut resulting from financial crisis								

Overview of the Resilience Test Process





Recommendations

- **Trainings focusing on vulnerable groups**
- **Investments in primary care and mental health and strengthen the integration of these systems**
- **Equity-driven decision-making**
- **Health promotion, lifestyle programs and inter-sectoral collaborative actions**
- **Resilience test toolkit and implementation methodology**
- **Creation of learning communities**



PUBLIC PROCUREMENT IN HEALTHCARE SYSTEMS

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Procurement for innovation

- Public procurement is an strategic instrument for achieving government policy goals:
 - Innovation, development of SMEs, sustainable green growth and social objectives (public health, inclusiveness)
- It requires defining long term needs, developing an innovation policy, and a procurement strategy
- Implementation of professional guidance, exchange of experiences, and data collection on its performance
- The EU's Horizon 2020 program has developed instruments to drive innovation public procurement



Green public procurement

- Sustainability requirements can be incorporated into procurement through inclusion and technical specifications, award criteria, and contract performance conditions
- Scope for increasing the use of green public procurement

Cross-cutting considerations

- Public procurement is a means to help to achieve improvement in health and responsiveness to the legitimate expectations of users at reasonable cost:
 - Need to measure patient reported outcome and experiences measures (PREMs, PROMs)
 - Co-produce with patients and frontline providers non-price measures of quality
 - The European Commission should support these activities, including the development of European guidelines



Better procurement

- Professionalise procurement:
 - Professionals with specialised skills and wider competencies; organizations with an strategic approach; e-procurement
- Building a knowledge base for health procurement:
 - Systematise existing knowledge; support a community of practice
- Reducing scope for corruption:
 - Synthesize evidence and experience in tackling corruption
- Improve transparency of procurement in a crisis

RECOMMENDATIONS

PURCHASING STRATEGY

Member States, together with public buyers and decision-makers, should develop purchasing strategies in the health sector to achieve a more innovative, efficient and sustainable health system, including digital technologies. These strategies should help to

- improve the quality of procurement of health technology;
- address the specificities that arise in the procurement of e-health products and develop appropriate responses;
- recognise explicitly that public procurement can contribute to or hinder reaching the goals of the sector, including equitable improvement in health and responding to the legitimate expectations of those who use it.

OTHER POLICY GOALS IN PROCUREMENT

Member States and the European Union should enhance the use of environmental and social criteria in procurement in healthcare.

COLLABORATION

Cooperative procurement, including joint procurement, should be encouraged at the appropriate level (regional, national, EU) whenever there is good evidence that its potential benefits can be realised.

PROFESSIONALISATION

Member States should take measures to professionalise procurement, and to recruit, retain, and continuously develop the necessary skills and expertise.

COVID-19 PROCUREMENT REVIEW

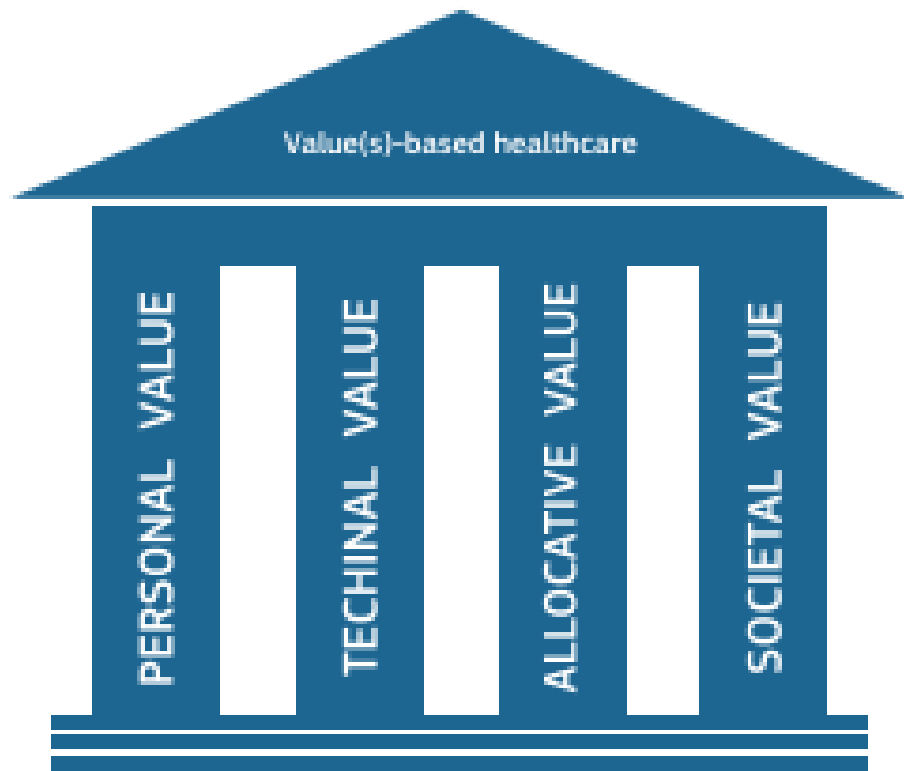
The European Commission should undertake a comprehensive review of public procurement during the COVID-19 pandemic.

CORRUPTION

Member States should ensure that there is repository of evidence, supported by a community of practice, on anti-corruption measures in health sector procurement.

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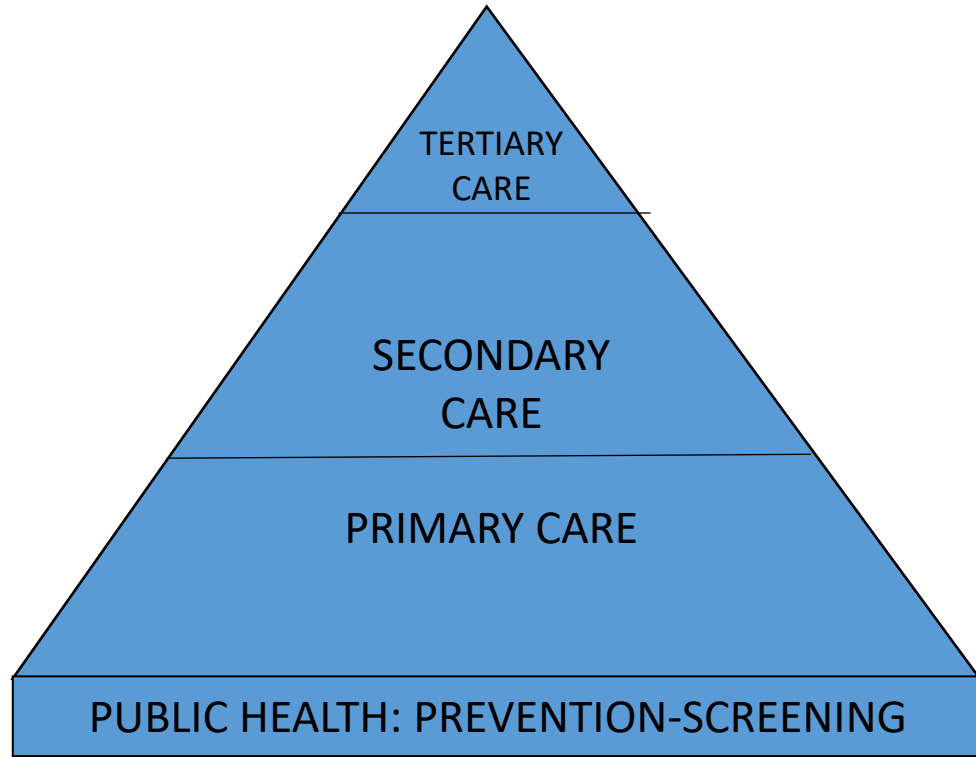
VBHC and EU : IMPROVE COOPERATION BETWEEN MS AND INVEST IN TRANSITIONS OF HEALTH SYSTEMS

◦SUPPORT OF PLANNING FOR IMPROVED PREPAREDNESS (e.g. between the neighbours) AVAILABILITY OF RESOURCES (facilities, equipment, supplies,) (e.g. HERA)

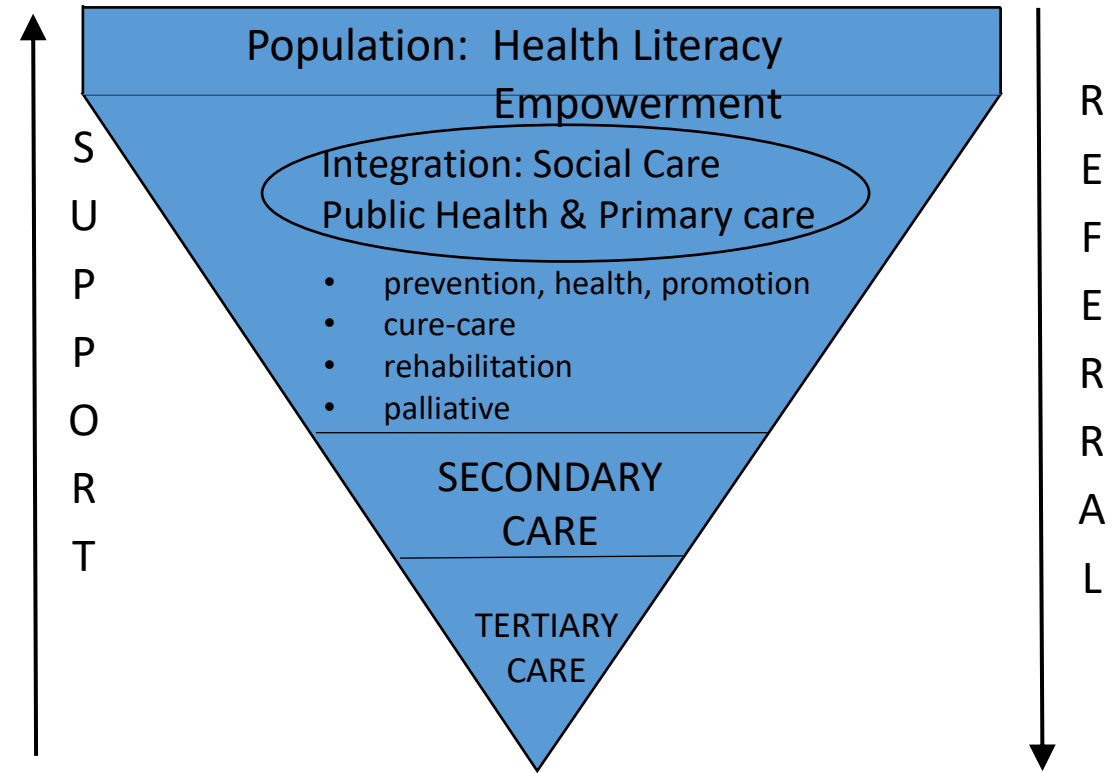
◦INCREASE RESEARCH CAPACITY THROUGH INTEGRATED INTERDISCIPLINARY DATA-SYSTEMS (e.g. European clinical trials,...)

◦STRENGTHENING SOLIDARITY AND EQUITY (e.g. EQUITABLE VACCINE-ALLOCATION, BEYOND EU-BORDERS) (e.g. Covax,...)

HEALTH SYSTEMS : turning the pyramid upside down (after H. Vuori).



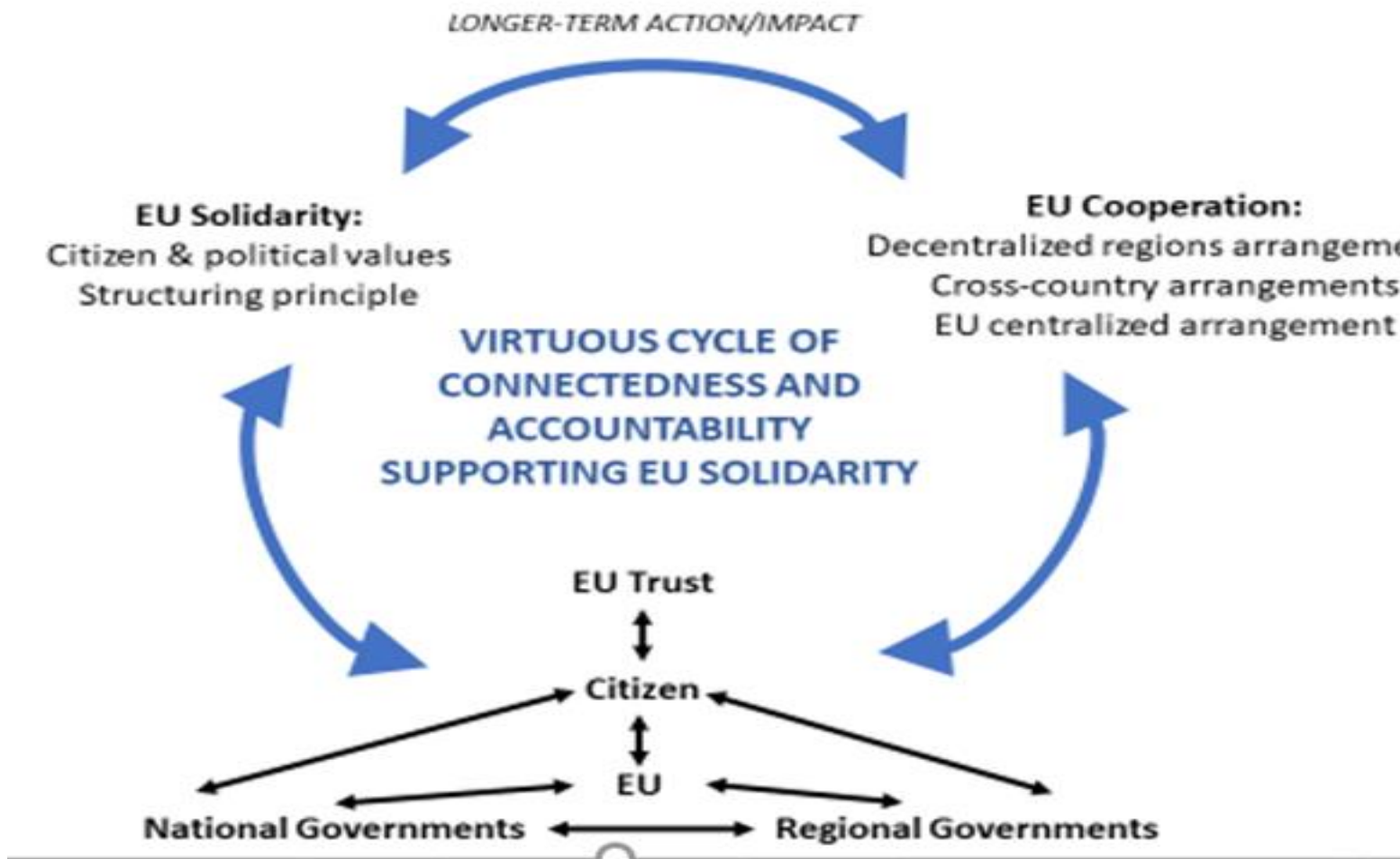
P A S T



F U T U R E

°COULD EU INVEST IN THE TRANSITION COSTS OF HEALTH SYSTEMS' SWITCH FROM HOSPITAL-CENTRED TOWARDS PRIMARY HEALTH CARE BASED AND COMMUNITY ORIENTED SYSTEMS ?

Trust, cooperation and solidarity: a virtuous circle of connectedness and accountability



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“Democracy depends on **solidarity and trust**, including the trust in facts.”

Angela Merkel, 02.12.2021



**Value(s)-based health care requires
value(s)-based politicians and citizens.**

