

## **EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH**

### **Request for an opinion: A new framework for the organisation of health and social care following the COVID-19 pandemic**

#### **Background - Rationale**

The COVID-19 pandemic has put national health systems in Europe and elsewhere under immense pressure. Health systems were largely unprepared for an outbreak of this magnitude. The crisis tested their resilience, i.e. the ability and capacity of health systems to absorb, effectively respond and adapt to shocks and structural changes while sustaining day-to-day operations.

Health system resilience has been consistently on the policy agenda since many years (Communication on effective, accessible and resilient health systems, COM(2014)215). Country specific recommendations on health systems resilience have been recently put forward for each Member State in the European Semester (Communication on 2020 European Semester: Country-specific recommendations, COM(2020)500). The 2019 State of Health in the EU country reports highlighted pre-existing concerns about resilience, and the EU Expert Group on Health Systems Performance Assessment (HSPA) will publish a report on tools and methods to assess this performance dimension in the coming weeks. The impact of the COVID-19 pandemic on health systems resilience will also be the subject of a Commission/OECD report, due by the end of this year. This report is expected to provide recommendations based on lessons learnt from the crisis.

A high volume of analyses (OECD, WHO, academic sources) has already been published on the impact of immediate crisis response measures that included securing medical supply chains, ensuring the availability of health workers, mobilising additional financing, reorganising non-COVID-19 related health services, using digital solutions to monitor and manage COVID-19 cases as well as to provide medical services online (e.g. teleconsultations).

Notwithstanding the above-mentioned literature, there is a need to look beyond the current pandemic and to trigger a new way of thinking about health care organisation in order to better prepare for future crises and other challenges that may affect health care delivery.

In response to suddenly increasing short-term demand, various dynamics in health care organisation have been at play in different EU countries during the pandemic. Health system design, coping strategies and management decisions influenced these dynamics. Even well organised, technologically advanced health systems with high levels of accessibility had difficulties to cope. Besides, if there has been an impression that health systems have ultimately 'coped', this is not because of having adequate capacity to absorb the surge in healthcare demand. It has been down to (a) the confinement measures, which of course have dire consequences for the economy, and (b) the postponement of other health services in order to

accommodate COVID-19 patients - including elective procedures, screenings, diagnostics tests, even cancer treatments.

Across health systems, we could witness some common challenges:

- Primary care providers reportedly struggled to ensure care continuity and found it difficult to switch swiftly to new methods of service delivery (e.g. telemedicine, tele-monitoring and other e-health solutions);
- Hospitals had to face a lot of strain due to insufficient capacity, unavailability of adequately trained health workers as well as lack of experience in managing an unprecedented emergency situation;
- Social care facilities, unaware of the implications and unprepared for protecting residents, recorded a surge in infections and mortality;
- Weak integration between primary care, outpatient specialist and hospital care and social care resulted in overburdened hospitals in some Member States and many elderly homes became hotspots of the pandemic;
- Clinical activities organised across different care settings, like transplant programmes, have come almost to a standstill due to resource and logistical problems;
- Increased risk to patients with rare or low prevalence and complex diseases or conditions, not only affecting the access to their usual doctors or medicines but – in case of COVID-19 related complications – also the access to ICU services, ventilators etc. due to their underlying diseases;
- Underdeveloped crisis preparedness resulted in resource and coordination problems at national and at EU level, which took time to resolve (e.g. low availability of personal protective equipment, limited laboratory and testing capacity etc.).
- The pandemic and the confinement measures created a psychosocial burden for the population and affected heavily the wellbeing of the health workforce.

Regardless of its unprecedented nature, COVID-19 is simply the latest manifestation of an unpredictable shock to the health system with a huge spill over effect on economic, social and government activity. As the first pandemic of this magnitude in a globalised world, it highlighted the dependence of many facets of life on healthcare and its interconnectedness to other systems like finance, industry and trade.

In order to ensure the good quality and accessibility of health care provision in the European Union despite disruptions like COVID-19, we need to go beyond the immediate lessons learnt from the pandemic, and to look at how we can improve structures and organisation of health care in the longer term. We need to use this opportunity to transform health systems so that they are stronger and less vulnerable to similar shocks as well as structural changes in the future.

The design of health care systems varies significantly across EU Members States, which makes it challenging to establish a single conceptual framework for health care systems transformation.

However, it would be useful to develop a conceptual framework to guide reforms of the organisation of health care, with particular attention to the organisation of primary, outpatient specialist and hospital care and social care and the connections among them. It would be important to reflect on the necessary elements and conditions for capacity building both at national and EU level.

This complex framework could consider a number of areas, including financing and investment needs, care coordination, crisis preparedness, health workforce planning, retention, working conditions and mobility, patient safety, patient management (including patient pathways and the management of chronic conditions). It would also be important to consider how to gather, process, use, protect and ensure the quality of health data and the deployment and security of novel digital solutions such as telemedicine and tele-monitoring.

How could we evaluate the service delivery capacity of primary care, outpatient specialist and hospital care and social care providers and their interaction with public health services? How can primary care, outpatient specialist and hospital care and social care improve preparedness to tackle unpredictable emergencies and high-pressure scenarios? What are the structures, mechanisms and interrelationships for strengthening health care provision? What would be the criteria for resilience-testing health systems across the EU?

### **Questions for the Expert Panel**

The Expert Panel is requested to provide a concise but meaningful document with analysis and recommendations on the following points:

- a.) What are the **building blocks to improve care organisation** (structures, processes, resources, interrelationships), and what **criteria** should be used for a **continuous evaluation** of the appropriateness of **service delivery capacity** of primary care, outpatient specialist and hospital care and social care?
- b.) What are the **elements and conditions for capacity building** in primary care, outpatient specialist and hospital care and in social care that would **strengthen their overall robustness** to unpredictable events and capacity to ensure access to care and treatment continuity?
- c.) 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.?
- d.) 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?

## **Timing**

- finalisation: November 2020