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Expert Panel on Effective Ways of Investing in Health (EXPH) Summary of Hearing on value-based healthcare

Brussels, 4 June 2019

Background

The Expert Panel on Health is currently working towards an Opinion on ‘Value-based Healthcare’ to support the Commission by providing the views of the Panel, informed by evidence, on issues that can make a real change to health systems reforms and investments within the EU. The aim of the hearing was to provide stakeholders with an opportunity to share their views on the draft Opinion of the Expert Panel on the above-mentioned subject.

Panel members present: Prof. Claudia Wild (presenter/rapporteur), Prof. Jan De Maeseneer, Prof. Lasse Lehtonen, Prof. Luigi Siciliani, Dr Dionne Kringos, Dr Aleš Bourek, Prof. Walter Ricciardi, Assoc. Prof. Liubove Murauskiene

Presentation of the Opinion

The European Commission tasked the Panel with evaluating what is the ‘value’ in ‘value-based healthcare’ and how the concept can be precisely defined and put to use for Member States and policies towards improving the resilience of healthcare systems. The working group’s proposed definition for the term ‘value-based healthcare’ (VBHC) is: *a comprehensive concept built on four value-pillars: appropriate care to achieve EACH patient’s personal goals (personal value); achievement of best possible outcomes with available resources (technical value); equitable resource distribution across all patient groups (allocative value) and contribution of healthcare to social participation and connectedness (societal value).*

The EXPH has thus far identified key points for action as follows: **improve awareness of health as an essential investment**; for tackling the issue of inequity by disease, the working group’s proposal is **program budgeting by disease** to close the gap on different funding by disease; **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.

While the instruments in place may deliver on cost, they are falling short in terms of a wider definition of VBHC. The literature has two broad streams of definitions, which fall either under the narrow, price-based ‘value’ or ‘values’ (allocative, technical or personal). The working group added the ‘societal value’ dimension to this stream of definitions. The EXPH therefore proposes defining **valueS-based healthcare** (VBHC) as a **comprehensive concept** built on four value pillars, and has also developed **recommendations for implementing valueS-based healthcare.**

The main finding of the work carried out by the EXPH: there is a need for a **reallocation of resources** – the freeing of resources and accordingly the reinvestment – from low to high value care. This is perceived by the EXPH as the **utmost necessity for sustainable and resilient European healthcare systems.**

Main issues raised by stakeholders

Definitions and conceptualising ‘value(S)’

- Correct definition should be health outcomes that matter to patients, divided by the cost of the full cycle of care. The command from this report should focus on patient reported outcomes.
- Clear distinction needed between PROM and PREM, and clear priorities between the two.
- Values should be well defined. VBHC is similar to methods such as Total Quality Management. Micro, macro and mezzo levels values should be looked at and defined differently.
- Values should be ranked in terms of priority, since there are some that potentially conflict (e.g. personal v. allocative values).
- Expectations from industries?

Transparency and alignment

- Closer look should be taken at the standards from a point of view of adherence by hospital staff. Making the outcomes transparent is extremely important. Measured outcomes have to be made public.

Focus on patient, patient inclusion

- The recommendations could be more concrete on how to make healthcare delivery more centred on patients, how to implement outcomes and measurements.
- Call for initiatives that involve the patients from the very beginning.
- Economic values cannot be prime drivers in healthcare systems, which should be emphasised in the report.

Multi-stakeholder approach

- VBHC requires multi-stakeholder implementation.

Societal value

- The added societal value dimension is of utmost importance.

Practical tools and data/information

- Europe has to transform governance and management in healthcare to be valueS-based.
- Access to high quality information is a key issue.

Other raised issues

- Medicine is science, and the spread of valid and useful information is of utmost importance.
- Credit to the inclusion of shared decision-making and the social circumstances.

Next steps

All comments will be considered and a finalised opinion will be presented to the Panel on 26 June for adoption.