



Expert Panel on Effective Ways of Investing in Health (EXPH)

**Session 3 Panel Experience:
Measuring performance of health systems**

The Challenges and Issues across Opinions

Dr. Dionne Kringos-Pereira Martins on behalf of the EXPH
Brussels, November 8th, 2019



What we aim to achieve

- Developing frameworks and concepts applicable to the EU to address pressing policy issues
- Shared understanding of the policy question
- Clarify concepts and terminology (use of the same words that have different meaning) across health systems
- Investigate policy options



Disruptive innovations for health and health care in Europe: Considerations for health and health care in Europe (2016)

Typology of health policy reforms and framework for evaluating reform effects (2016)

Tools and methodologies for assessing the performance of primary care (2017)

Assessing the impact of digital transformation of health services (2018)

Defining value in “value-based healthcare” (2019)

Task shifting and health system design (2019)



Report of the
EXPERT PANEL ON
OF INVESTING
Typology of health policy reforms and framework for evaluating reform effects (2016)



EXPERT PANEL ON INVESTING

Disruptive innovations for health and health care in Europe: Considerations for health and health care in Europe (2016)

TOOLS AND METHODOLOGIES FOR ASSESSING THE PERFORMANCE OF PRIMARY CARE (2017)



ASSESSING THE IMPACT OF DIGITAL TRANSFORMATION OF HEALTH SERVICES (2018)



DEFINING VALUE IN “VALUE-BASED HEALTHCARE” (2019)



TASK SHIFTING AND HEALTH SYSTEM DESIGN (2019)

Opinions



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.

HOW TO USE 'VALUE-BASED' HEALTHCARE?

It is possible to use 'value-based healthcare' to inform decision making and contribute to making healthcare systems more effective, accessible and resilient. Currently, initiatives have been taken to address areas such as:

- **Reallocation of resources:** Disinvestment for reinvestment
- **Unwarranted variation** defined as 'variation in the utilization of healthcare services that cannot be explained by variation in patient illness or patient goals'.
- **Fighting corruption, fraud and misuse of public resources**
- **Increase public value in biomedical and health research**
- **Regulatory policies** for better access to high-value (but costly) medicines
- Incentives for **fairer distribution** and more optimal use of resources

Health and Food Safety

EXPERT PANEL'S RECOMMENDATIONS

A reallocation from low to high value care is perceived by the Expert Panel as the utmost necessity for sustainable and resilient European healthcare systems. A long-term strategy to achieve a cultural shift that enables the freeing of resources for reinvestment in high-value care and for the effective reallocation towards value-based healthcare, with a strong governance system is recommended.

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.

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.

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.

5 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.

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.

6 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.

About the Expert Panel on Effective Ways of Investing in Health

The Expert Panel's mission is to provide sound and independent advice in the form of opinions in response to questions (mandates) submitted by the Commission on matters related to health care. The opinions of the Expert Panel present the views of the independent scientists who are members of the Expert Panel. They do not necessarily reflect the views of the European Commission. For more information and to read the opinions in full: https://ec.europa.eu/health/expert_panel/home_en



Guiding values and goals across Opinions

- Awareness to equal achievement of health as essential investment
- Universal healthcare
- Social cohesive European societies
- **Solidarity:** - Access and Equity: social justice, fairness
 - Quality and Performance: responsive, appropriate & safe care
 - Value, Efficiency, Productivity: optimization and distribution of resources
- Learning Communities

Coherence of the Opinions

- Balancing expertise
- Involving external experts
- Dedicated working group
- Organising public hearings
- Reflect on/adapt opinion after public hearing

Mandates



Definitions

(key concepts,
conceptual frameworks)

Challenges

- Shared understanding of policy question
- Clarify use of same words with different meanings
- De-contextualising to clarify concepts
- Integrating different perspectives: Personal, institutional, societal values and goals



Mandate ‘Value-based healthcare’

- How do you define value in “value based healthcare”? What aspects of health systems could the different definitions cover?
- How can “value based healthcare” inform decision-making, contribute to health system transformation, and help health systems across the European Union become more effective, accessible and resilient?

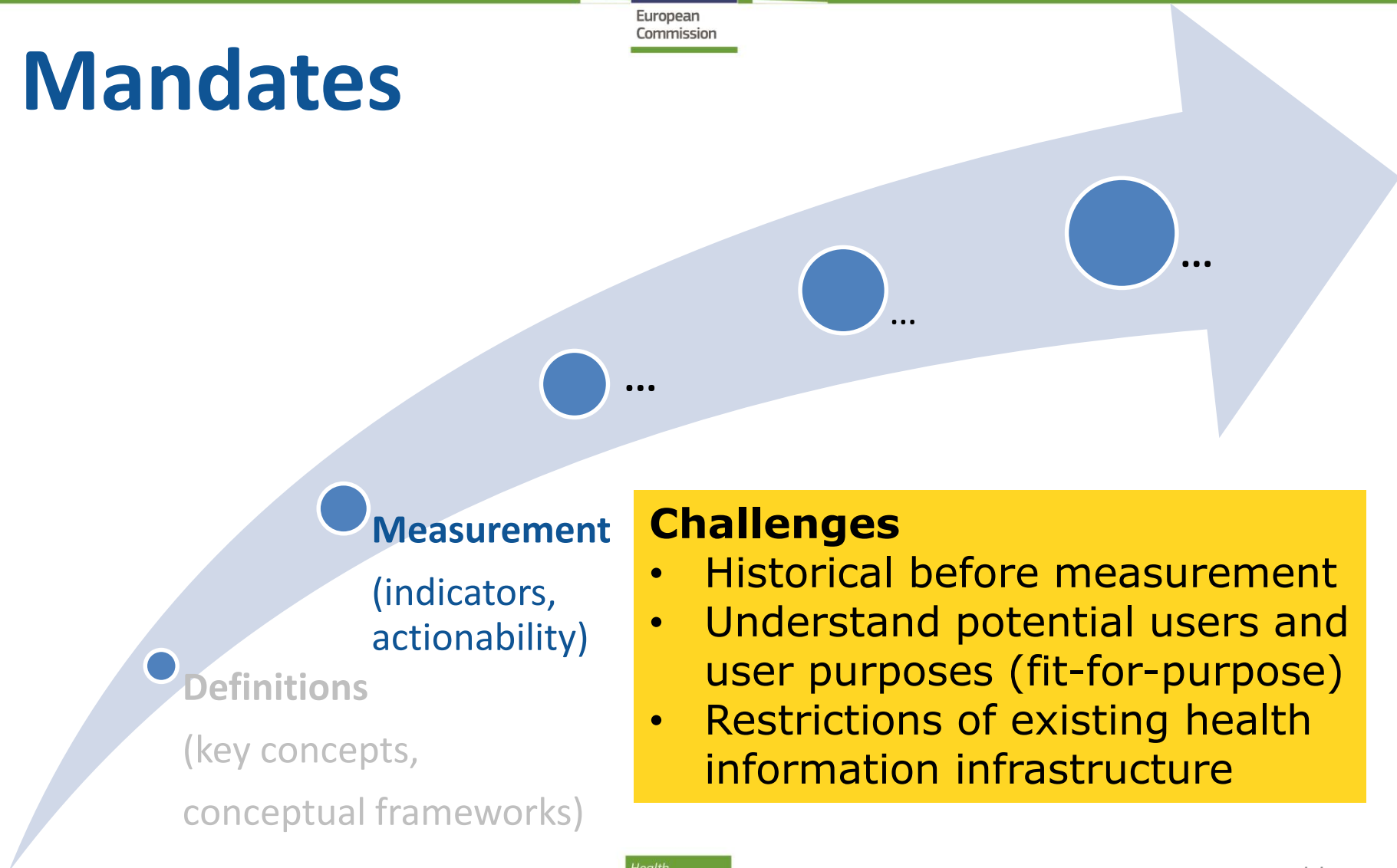
Methodology

1. Analysis of current situation
2. Identification of initiatives to increase value
3. Appraisal of established instruments and methods
4. Identification of key values
5. Propositions for principles for implementation (& recommendations)

Resulting definition

The EXPH therefore proposes to “*value-based healthcare (VBHC)*” as 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**.*

Mandates



Definitions
(key concepts,
conceptual frameworks)

Measurement
(indicators,
actionability)

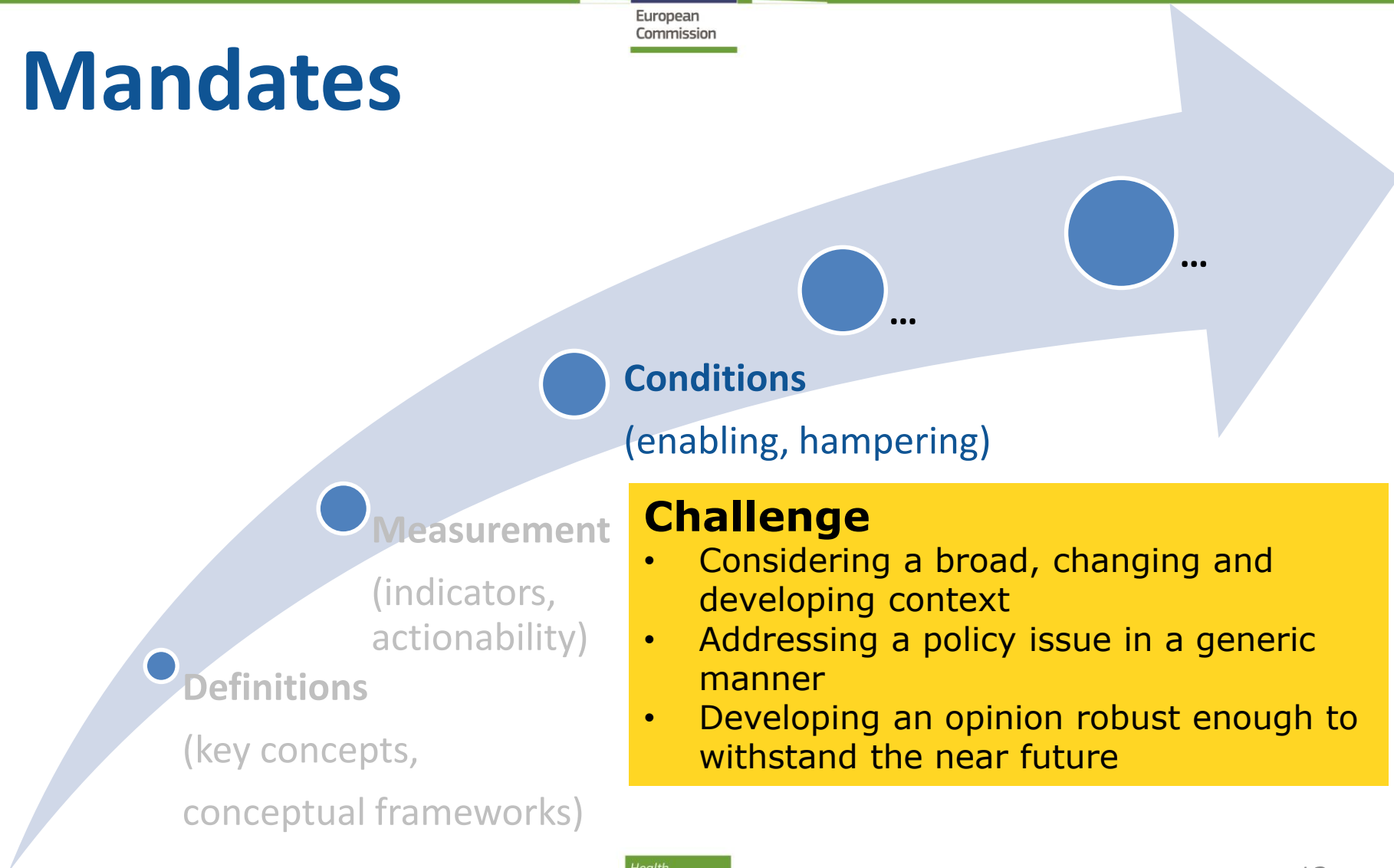
Challenges

- Historical before measurement
- Understand potential users and user purposes (fit-for-purpose)
- Restrictions of existing health information infrastructure

Primary care measurement challenges

- Indicators often not PHC specific
- Outcomes require contextualisation
- Attention needed for patient goals
- ‘Influence ‘ of e.g. payment systems on data-collection
- Balancing breadth and depth of indicators and targets and risk of reductionism

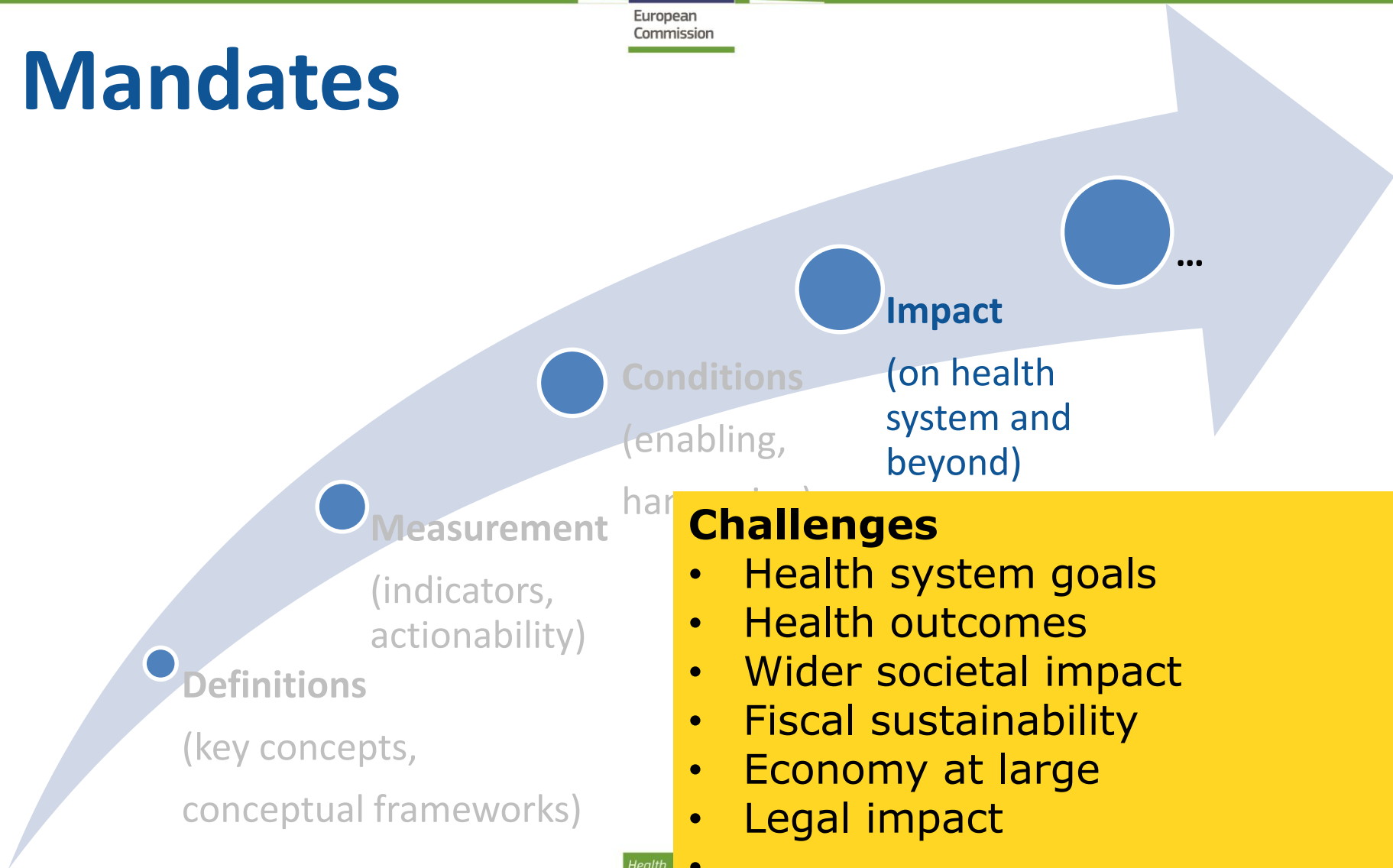
Mandates



Task shifting: Factors driving change

- Changing patterns of disease
 - Multimorbidity, frailty, antimicrobial resistance
- Technology
 - Minimally invasive surgery, intravenous anaesthetics, diagnostic kits, artificial intelligence for image processing, telemedicine
- Professional norms
 - Rejection of traditional hierarchies, growing autonomy of non-physician staff (but still very variable in EU)
- Shortage of health workers
- (Cost containment)
- Decentralisation of organisational structures

Mandates



Definitions

(key concepts,
conceptual frameworks)

Measurement

(indicators,
actionability)

Conditions

(enabling,
har...)

Impact

(on health
system and
beyond)

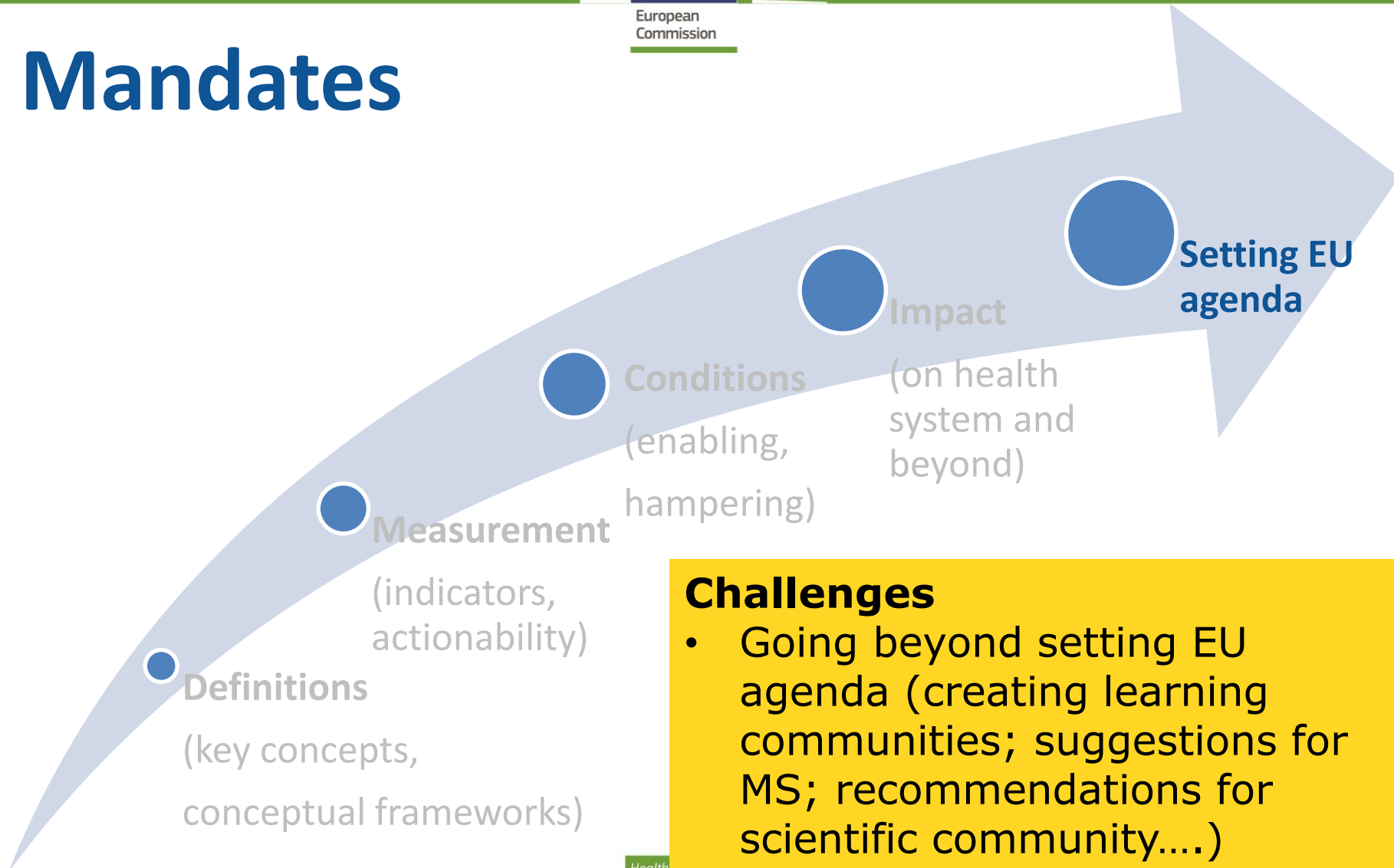
Challenges

- Health system goals
- Health outcomes
- Wider societal impact
- Fiscal sustainability
- Economy at large
- Legal impact
-

Mandate digitalisation: what impacts to be measured systematically?

- Most relevant (un/intended) outcomes in relation health system objectives.
- Taking a societal perspective and including distributional aspects.
- Impact on wider fiscal and social policies may include e.g. productivity gains through healthy citizens (economy), fiscal sustainability (budget or cost savings),

Mandates



Challenges

- Going beyond setting EU agenda (creating learning communities; suggestions for MS; recommendations for scientific community....)

In our Opinion....

- The identified characteristics and criteria for development of a **primary care** performance assessment system provides a starting point for strengthening the coherence of assessment frameworks across countries and exchanging best practices
- **Value-based health care** now has a comprehensive (new) definition moving discourse away from narrowing on health outcomes and value-based pricing towards incl. personal, technical, allocative and societal value
- **Digital transformation** will be measured by the health system objectives achieved not by the use of technology in itself
- **Task shifting** has the potential to contribute to health systems strengthening when accompanied by adequate planning, resources, education, training and transparency.