

Lessons from the crisis: how a value-based approach can make health systems more resilient

Event Report

Thursday 17 June, 16.00 – 17.30 CET



**European
Alliance for
Value in Health**

Welcoming remarks

This European Alliance for Value in Healthcare (EAVH) event was the first public event of the Alliance since its founding in November 2020 and was moderated by Tamsin Rose.

Valentina Polylas, in her capacity as co-chair of the EAVH, welcomed the attendees and introduced the mission and vision of the Alliance, as well as its six key principles for value-based, sustainable and people-centred health systems.

1. Outcomes that matter to people and patients, as well as benefits valued by health systems and societies, are at the centre of decision-making.
2. Interventions and services addressing prevention, social care and healthcare are organised in an integrated way around people and patients.
3. Resources are allocated towards high value care and prevention, with outcomes and costs of care measured holistically.
4. Innovative ways of care delivery are fostered.
5. Continuous learning, education and healthcare improvement is based on evidence, and supported by data and insights.
6. Financing models and payments reward value and outcomes.

Thomas Allvin, in his capacity as co-Chair of the EAVH, introduced the discussion paper, setting the scene for the ensuing discussion. According to the discussion paper, the performance and resilience of health systems should be looked at through a long-term, dynamic and outcomes-based lens, and several examples were presented showing how a value-based and person-centred approach could strengthen health system resilience. The paper also included a number of recommendations for EU-level, national and regional policy makers.

Guest remarks

Aldo Patriciello, Member of the European Parliament for the EPP group, unfortunately could not attend the event, but contributed with a letter that commended the discussion paper and the commitment towards more value-based and person-centred health systems, as a path that will allow Europe to build back better after COVID-19. As noted in his letter, this will be achieved through supporting more integrated care pathways and financing schemes, including directing EU funding instruments towards investments that support value-based models. Mr. Patriciello also affirmed his support for some of the discussion paper recommendations, such as developing digital health and telehealth capacities or prioritizing collection of high-quality, comparable data on patient outcomes.

Anna Sagan, from the European Observatory on Health Systems and Policies, underscored the link between value-based health systems and improved system resilience to shocks. The holistic approach to value was a point of shared commitment with the Observatory, making clearer the evolution from value-based healthcare to value-based healthcare systems. Finally, Anna noted that equitable health systems respond better to health emergencies, as disadvantaged socioeconomic groups are often



the most severely affected. The discussion paper addresses that issue, making policy proposals in the direction of increased equity.

Sabrina Montante, from the Istituto Superiore di Sanita and the TO-REACH programme, welcomed the paper's contributions and highlighted the need for evidence-based policy actions in that direction. The need for further research on the sustainability and resilience of health systems was underscored, while integrated and person-centred care was also recognized as a key to system resilience. Sabrina concluded by outlining how cross-country comparison should be done with a focus on overcoming the looming challenges of successful transferability/scalability. This holds especially true for the European context, which is defined by different health systems across the Member States.

Antonella Cardone, from the European Cancer Patients Coalition (a partner of the Alliance), affirmed support for the discussion paper's value-based and person-centred view, while contributing with further inputs on much-needed elements of health systems. Flexibility of financial mechanisms and regulatory frameworks is one of the necessary adaptations identified through the COVID-19 pandemic. Breaking down budget silos and adopting a more integrated funding approach is crucial in order to increase efficiency and respond to external shocks. Patient empowerment must also be prioritized, through reduced disruptions in the care pathways, but also through the potential presented by digital health. Resilience can be built through increased health literacy and greater patient participation in shared decision making.

Mathias Goyen, from COCIR, documented how COVID-19 has been a wake-up call for the health systems, and how it has catalysed organizational advancements and the embracing of new technologies. Data privacy and patient confidence issues were addressed, with the new digital health era requiring a modern, effective strategy to succeed. Change agents will be necessary in each organization in order to promote and enable it, ensuring that new technologies are seamlessly integrated in the workflow and take place mostly in the background. In line with the discussion paper recommendations, the digital paradigm shift that is taking place promises greater productivity, increased accessibility and allows for spatial separation between medical professionals and patients when needed.

Grace O Malley from the European Association for the Study of Obesity, spoke on the importance of integrated care, especially for people with complex conditions such as obesity that require co-ordinated care. Through sharing the personal story of someone with obesity, she reflected on the challenges of those who had to live through the COVID-19 pandemic while managing the many challenges of disrupted or inaccessible care and continuous task-shifting inside the system.

Panel Discussion

During the Panel Discussion, the speakers also offered their thoughts on questions asked by attendees. The first issue to be raised was the ethics and privacy concerns over digital health, which could be addressed by proper regulatory clearance of all adopted technologies and a solid scientific case for the clear, direct and positive impact on the user. Regulatory and safety guidelines, along with continuous monitoring should be part of the framework to enable the digital transition.



When asked about examples of value-based health systems that succeeded during the pandemic, the panel reflected on the various proposed policy levers and the broader strategies on enhancing value and resilience, which are currently reflected in successful elements of pandemic response across the world. These elements cannot be traced back to a single country and are highly dependent on the political leadership available in order to utilize them to their full potential.

The evolution from patient engagement to patient-centred care was also discussed, as patients have become important partners of the processes, not simple participants. As advocated in the paper, tools, pathways and responsibilities are increasingly available to put them in the centre of the system, ensuring greater adherence to guidelines or medication.

The last important concept to be highlighted was the concept of learning, dynamic health systems, that are ready to adapt and become better equipped to deal with the challenges as hand. COVID-19 demonstrated this dynamic nature, encouraging further efforts on a path to system-wide improvement and reforms. As outlined in the paper recommendations, this will require further stakeholder coalitions and Alliances, such as the EAVH, to become the new normal.

Concluding remarks

Giovanni Gorgoni from the European Regional and Local Health Authorities, offered some concluding remarks, starting by bringing up the four basic dimensions of value, technical, personalized, allocative and societal. He echoed previously stated remarks about the value of the meso level of governance, specifically regional and local authorities, in implementing successful health system reforms. Additionally, outcomes-based payment systems were identified as the key enabler for value-based health systems, as they represent a critical balance point between patients, providers, payers, industry, and policy makers. Best practices will need to be identified and tested across the EU. Finally, value according to patients must be credibly recorded, through well-known PROMs and PREMs, along with appropriate investments in technology that provides the outcomes patients need.

Shifting the focus back on the discussion paper, Mr Gorgoni concluded that **the real danger is a return to the status quo, not the emergence of a new pandemic**. This historic opportunity to reform and improve care through a holistic system approach cannot be missed.



Key takeaways from the EAVH Event

- The approach put forward in the discussion paper was broadly supported by speakers.
- The **connection between value and resilience** is strong and needs to guide system transformation towards value-based and person-centred health systems.
- **Cooperation on outcomes measurement between different Members States** and, crucially, with regions and local governments (meso level) is of paramount importance in order to succeed in this paradigm shift.
- **Integrated care pathways and funding mechanisms** are necessary in order to increase the value produced by the health system. **Breaking down budget silos and introducing novel payment methods** can deliver improved value and outcomes for the patients.
- **Patients are at the centre of this value-based approach**, both as contributors to policy making and through capturing the outcomes and value that matter to them with the use of PROMs and PREMs.
- Collaboration and partnership between all stakeholders in health systems are necessary in order to successfully bring about change.

The EAVH would like to thank all participants for their attendance and active participation in the webinar.

