REPORT — SUMMER 2021

EU health systems post-pandemic: delivering care to patients at the right place and time

friends of europe

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Table of contents

Introduction 2

3 key recommendations to achieve that objective 5

Recommendation 1: make the patient the point of care 6
Recommendation 2: promote integrated care pathways through community and home-based care 9
Recommendation 3: make the architecture of healthcare digital by default to support integrated care 12

Working group summaries 16

Rethinking EU healthcare delivery models for chronic patients 16
A European prescription for smart, resilient health systems 18

Acknowledgments 23

Introduction

Tamsin Rose
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The COVID-19 pandemic unfolded at lightning speed. All health systems in Europe came under relentless pressure as overwhelmed hospitals buckled under the challenge and routine care was dropped. The health crisis has made it clear that our health systems no longer function effectively to benefit patients, staff or society as a whole.

Health systems throughout the European Union have long operated within different cycles of change. Elections bring in new political leadership with their own set of priorities with little continuity as mandates for health ministers are short. Change may be abrupt or slow and incremental but the direction of travel shifts with the political winds. The pandemic forced health systems to respond, adjust and adapt immediately, and while the current rate of change is unsustainable in the long term, the pandemic has left us in a unique position to use this momentum to build back better. There is now a window of opportunity to completely rethink the organisation and delivery of health care across the board – from square one. With everything up for questioning, we can be more radical in the transformation of our healthcare systems.

The starting point for the future organisation of health must be patient-centredness. Health needs to support patients outside of traditional healthcare settings; be integrated with social welfare services; and digitalised. Patients need greater say in healthcare, with more involvement and choices in their treatment options.

This vision certainly does not come without its set of challenges – simultaneously tackling the backlog of undelivered care, restoring normal patient care and the need to futureproof services against novel threats. The COVID-19 pandemic has highlighted the value –

and scarcity – of healthcare workers. The new wave of tech-savvy young people attracted to enter the caring professions need to be trained and integrated into a workforce, while senior, experienced staff are burnt out and likely to leave in the coming months. We can ill afford to lose this expertise, so big investments are needed in staff training and development.

Past health reforms have sought to improve cost effectiveness and productivity by cutting out all slack in the system. This paring down in the name of efficiency meant insufficient surge capacity at the height of the pandemic. We need health systems that are flexible and maintain spare capacity, so that in a crisis, responses can be mobilised at the earliest possible stage, while routine care is delivered in parallel without interruption or alternatively in a community setting.

This will require a massive paradigm shift in the culture of care towards holistic support for patients in their everyday routines through the provision of integrated care. Going forward, patients – not healthcare institutions – must be the point of care. This means reviewing and completely rewriting the role of hospitals and healthcare institutions in health systems. The transition from a transaction-based approach to a quality service orientation paves the way for the leap from disease management to supporting well-being. Currently less than 5% of Europe's health spending goes to prevention, but it should be a cornerstone of our health systems. Championed by the scientific and healthcare communities for decades, this ambition may become realised as the pandemic proved how critical it is to reduce underlying conditions that leave the population vulnerable to new pathogens.

The use of digital technologies will be instrumental in supporting integrated care models. Used effectively, digital tools can lift the administrative and bureaucratic burden from healthcare professionals, freeing them up to spend more time in direct contact with patients and improving the quality of care. Digital health platforms allow the patient to manage access to their own records. It would also provide seamless interaction between health and

social care and other wellbeing services, such as mental health, life coaching and spiritual well-being.

The transformation and modernisation of European health systems in a post-pandemic world will require significant reform at all levels of governance. The European level has an important role to play, especially through central funding, such as the EU4Health programme, funds for scientific research and resilience and recovery funding mechanisms. It can also provide technical guidelines that help member states set benchmarks, as well as facilitate shared learning, coordination and the cross-border movement of data. But the vast majority of reform and its implementation needs to take place at the national and local levels – with EU support.

Reform will need to bring on board diverse perspectives, from traditional healthcare institutions and industry to healthcare workers and, most importantly, patients themselves. A whole-of-society, whole-of-economy approach needs to be adopted to ensure that health systems provide the right care at the right place and at the right time. Eighteen months after the outbreak of the COVID-19 pandemic, we are at a pivotal crossroads. It is obvious that our health systems cannot continue as they are. The construction of new integrated care systems gives us the opportunity to break free from silos and deliver care differently to achieve a better health outcome for all.

3 key recommendations to achieve that objective

The aim of this report is to set out recommendations on how the European Union can support the transformation and modernisation of healthcare through concrete action at the European, national and local levels.

The recommendations draw on the ideas debated in two online working group sessions organised by Friends of Europe in early 2021 and the views of the authors of articles, originally published in 'Critical Thinking' in 2020:

1. make the patient the point of care,
2. promote integrated care pathways through community and home-based care, and
3. make the architecture of healthcare digital by default to support integrated care.

Recommendation 1

Make the patient the point of care

By making patients the point of care, we can ensure that they receive the right care – at the right place and at the right time. Patients, whenever it is medically feasible, should be empowered to choose the treatment that works best for them. Their choices should be made on a basis of shared decision-making together with their healthcare professionals, carers and family members.

Achieving that goal requires empowering patients, providing them with the information they need about their condition, the range of available treatment options and their implications. This information needs to be combined with health literacy, the knowledge on how to use information to improve their own health, as well as digital, scientific and civic literacy. Connecting patients through community support will permit exchanges of experiences and peer consultation, giving patients a stronger voice to advocate for their needs.

Offering patients greater opportunities to play an active role in their care plan will improve trust with healthcare professionals. This care strategy is based on the belief that patients' views, input and experience can lead to improved levels of care and better health outcomes, as well as promote efficiencies in healthcare systems. As yet, this is an underdeveloped area but the OECD Patient-Reported Indicators Surveys (PaRIS) will generate evidence on patient experiences and outcomes.

At the EU level:

- Chronic care patients must be empowered to be more involved in decision-making on treatment choices. Policy should ensure that they are fully informed about all available treatment options. That will permit them to make informed choices on which treatment pathways suit them best as they live with the disease on a daily basis. Patients' charters should be implemented to uphold patients' rights and defend their needs.

- As reforms are underway to enable digital technologies and allow their integration in health systems through a political focus on digital transformation and support through EU funding (such as the new European Health and Digital Executive Agency (HaDEA) agency and the EU4Health and Digital Europe programmes), it will be crucial to prioritise activities that support hospitals' digital readiness (such as access to Wi-Fi or electronic medical records (EMRs)) but also to develop policies that enable access and availability of digital tools for chronic disease management, including chronic kidney disease.

- To ensure patients have access to the widest possible knowledge relating to their condition, a transparent data collection and storage system should be set up, backed by investment in the latest technical infrastructure. Patients should be able to choose which information

is shared through trusted information platforms guaranteed by national and European authorities.

- The mandate of the European Centre for Disease Control (ECDC) should be expanded to take into account non-communicable diseases. Done correctly, this would overcome difficulties such as the lack of EU data on the impact of the COVID-19 pandemic on patients suffering from chronic conditions, which had negative impacts on both policy and medical decision-making.

At the national level:

- Patient satisfaction should be made a key metric for evaluating health systems, guiding changes based on patient needs and expectations. Patients' views could be gathered through regular surveys and post-consultation questionnaires following hospital and GP visits or home treatments. Health system incentives should facilitate this, for example, by making reimbursement dependent on patient-oriented outcomes.

- The Patient-Reported Indicator Surveys (PaRIS) provide a valuable pathway on how this could work and national governments are coming together to develop a new generation of health statistics. Patients' rights ombudsmen and patient organisations are also key monitors of patient experience of healthcare. Carers and family members are part of the support environment for patients and their views need to be taken into account in shared decision-making.

- Increased health literacy should be a priority. Campaigns to increase health literacy among the general public must be developed and implemented within education systems and through both traditional and social media. Health literacy fits within the broader context of literacy in scientific concepts, digital skills and civic literacy. Support and resources should be directed towards helping medical professionals, especially physicians and nurses, to develop patients' health literacy. Special programmes should be targeted at children and underserved communities. Patients suffering from chronic diseases also need special support to increase literacy about their conditions. Literacy campaigns should pay particular attention to raising digital knowledge, instructing patients on technology use and increasing trust in digital tools.

- Additionally, healthcare providers need training to keep them up to date with the latest digital developments so they can fully embrace the opportunities they provide. The European Skills Agenda mobilises funds to modernise and upgrade training curricula and this mechanism could be a powerful accelerator for the upskilling of the health workforce. COVID-19 has increased the number of workers who need to change

occupations by up to 25%. Jobs will grow in healthcare, ranging from medical staff to data specialists, but this will require different skills and a huge training effort.

At the local level:

- It is essential to promote and support the rollout of digital tools to enhance the patient experience. Digital health tools that have been reviewed by assessors as safe and beneficial to patients, for example, can embed disease management into a more comprehensive approach to meeting patients' overall needs. There is a need to provide increased access to digital tools to all patients and their close relatives, particularly in the case of elderly patients and those with poor digital skills.

- Local authorities often have responsibility for the organisation of health and social care. They should integrate the expectations and experience of patients into the way that services are organised and funded. For example, incentives could facilitate patient centricity and satisfaction by linking reimbursement levels to patient-oriented outcomes.

Recommendation 2

Promote integrated care[1] pathways through community and home-based care

Integrated care delivery can only happen through a renewed collaboration between all health stakeholders. To this end, the delivery and organisation of healthcare should be adapted to reflect changing needs and the availability of new technologies, particularly in light of the current public health emergency and the imperative of preparing for future crises. COVID-19 underlined the urgency of connecting different parts of health and social care systems in order to provide coordinated and seamless care for citizens. The pandemic proved the need for better integration between health service delivery, particularly primary and community care, and public health functions and services. Integrated care requires a new mindset, enabling a whole-of-society, whole-of-economy approach to underpin genuine, broad-based collaboration among health stakeholders.

Several European countries are already taking steps towards integrated care delivery. While these reforms have to be carried out mainly at the national level, the EU has an important role to play, guiding and advising countries on the path to change. Some of the important tools at the Union's disposal to support this process include the European Semester[2] process of economic and social policy coordination, the EU expert panel on investment in health[3] and the Health at a Glance[4] report series gauging progress towards effective, accessible and resilient health systems across the EU.

Member states will have to set health priorities that foster integrated care approaches and enhance community and home care. They should include appropriate reimbursement structures, indicators that measure the performance of integrated care delivery and specific targets on implementation. Defining clear evidence requirements, as well as innovative payment and access models, focused on added value and better outcomes will be key to setting up effective integrated and home care models.

Integrated care will allow an increasing number of patients to live independent lives, preferably in their own homes. Providing effective alternatives to hospital care will avoid unnecessary admissions and reduce prolonged hospital stays.

At the EU level:

- Europe can be a laboratory for doing things differently, ensuring the implementation of innovation within local contexts. Within the framework of the European Health Union, financial means should be dedicated to supporting the transition to integrated care. This can be furthered by the real-time promotion and sharing of regional and national best practices; supporting evidence gathering across countries; and funding regional and local pilot projects that enhance

integrated community and home care.[5]

- The EU needs a common framework for chronic disease prevention and management, with targets on non-communicable diseases using harmonised data collection and shared disease registries.

- Leadership and responsibility for health at the EU level should be streamlined, with more cross-directorates general (DGs) coordination and inter-agency connection. The EU-funded INTEGRATE[6] project drew lessons on experiences of different countries in delivering integrated care, concluding that the focus should be on excellent care and facilitating disruptive innovation. The project found that good leadership and multi-faceted intervention strategies could support a broader understanding of well-being.

- Work with EU stakeholders to support the development and implementation of guidelines that help choice of treatment, particularly for chronic diseases where there are still high unmet needs such as chronic kidney disease. Such guidelines would address delivery of services, focused on ensuring better outcomes and quality of life for chronic care patients, such as home dialysis, in addition to in-centre dialysis.

At the national level:

- Current access and reimbursement models are not designed to reward integrated care solutions. Existing financial incentive structures at the provider level, among hospitals and healthcare professionals, must be changed to support a shift from hospital- and pathology-centred approaches towards more integrated care. To that end, home care should be reimbursed at the same rate as hospital-based care so that treatment choice is based on what is best option for the patient. Payment methods that provide incentives for hospitals to keep patients longer should be eliminated. A clear example illustrating the need for change can be seen in the failure to fairly reimburse pulmonology teams, who found more efficient methods of triage and treatment for critical patients outside intensive care units during the COVID-19 pandemic.

- The development of dual pathways for acute and chronic care would allow routine health services to continue in parallel to services focused on emergency care. Shared decision-making and patient choice should be supported by providing patients with options on where they want to be treated. Home consultation and treatment should be favoured over hospitals, where possible, by scaling up telemedicine and other tools, such as home dialysis. A review of treatment protocols could enable routine care,

monitoring and adjustment using digital tools. Europe should turn hospitals into centres of excellence, dealing with complex cases and undertaking cutting-edge research. They should be provided with the human and financial means to manage regular workloads and maintain surge capacity for health emergencies.

- Care must be taken to ensure that a shift towards general therapy at home and a greater hospital focus on tertiary care does not erode hospitals' capacity to deal with exceptional events like pandemics. This implies continued professional education and training, as well as staff turnover in a number of therapeutic areas.

- Authorities should draw lessons from the way multi-disciplinary teams were organised during the pandemic to ensure continued care provision and support better outcomes for patients. The development of multidisciplinary care teams for oncology and other chronic patients would be a major step forward.

At the local level:

- Better workforce management and training between health and social work forces is needed to foster interprofessional collaboration and ensure the success of integrated care policies. Expanding the role of community primary care workers would ease workloads for hospital-based healthcare professionals.

- The organisation of care needs to be modernised to enable community and home care delivery, for example, by enabling home assisted structures.

- Resources and skills could be embedded in the community through the provision of financing, capacity and human resources to offer regular care for chronic patients. Belgium's *maisons de santé* could serve as an example. They provide teams of general practitioners, physiotherapists, midwives, occupational health experts and other professionals, offering patients more holistic responses. Scaling up the use of digital tools can support such community initiatives and be deployed to fill gaps where physical resources are scarce.

Recommendation 3

Make the architecture of healthcare digital by default to support integrated care

At the national level, health data is still fragmented and does not give a comprehensive picture of the care provided to individuals. This is detrimental to the quality and efficiency of both care and research. COVID-19 demonstrated the importance of integrated data on treatments, outcomes and health determinants. The pandemic highlighted the capacity of health providers at regional and national levels to craft digital solutions for care delivery in communities and homes in order to shield vulnerable patients and ensure continuity of care. Remote monitoring, video consultations and other digital tools enabled the delivery of care to chronic patients, including those on dialysis, while allowing healthcare providers to supervise and support patients without risky and time-consuming face-to-face visits.

Virtual healthcare visits increased tenfold in Germany and fiftyfold in France during the pandemic. Whether that continues will depend on the extent to which regulators and insurers are prepared to make temporary relaxations in rules around that kind of appointment permanent. Digital tools will change the way that care is organised and delivered, as well as the way that medicine is practiced. The aim is to deliver better quality care that results in improved health outcomes for patients.

Investment in infrastructure and improved digital literacy for both patients and healthcare providers is key to ensuring an accelerated uptake of digital health solutions. Information platforms will need to be designed to facilitate the sharing of data between countries and providers of care, whether they provide digital or face-to-face services. This should be facilitated by rewarding innovation in health systems and promoting a whole-of-society and whole-of-economy approach.

At the EU level:

- A robust legislative framework needs to cover collection, storage, access, use and reuse of healthcare data while maintaining public trust. The proposed European Health Data Space can help provide the necessary infrastructure, but a number of points need to be comprehensively addressed so data can be used to its full potential. This includes alignment with the EU's General Data Protection Regulation (GDPR) to strengthen public trust in enhanced data use. Harmonised rules for interoperability within and among member states will be fundamental to creating the right environment for secure and efficient data exchange.

- Setting up an EU health information agency could provide guidelines on health innovation and digitalisation, including on non-communicable diseases. It could support interoperability for data coding, messaging and processing through alignment with the GDPR on data processing.

- A broader uptake of existing digital tools is also needed. Public trust in digital health should be boosted through public information campaigns and guidelines for national and local authorities, in addition to support for initiatives that raise digital and health literacy at the European level. Authorities should support the compilation of clinical data on regulated digital tools that are safe and effective and ensure dissemination of evidence, which measures the impact of digital medical devices in health prevention and care. This could build on initiatives such as the assignment of quality labels for health apps. Catalogues of safe and effective digital tools have already been developed by some EU member states and they should be circulated more widely. Equal reimbursement for telemedicine should also be encouraged.

- The EU could lower barriers and de-risk the adoption of digital tools for member states through financial incentives, particularly in countries where health systems are strapped for cash. Grant pools should be developed to provide digital tools to health systems that have the wherewithal to integrate them but lack funding to procure them. If providing a medical intervention, such digital tools should be CE marked as software as a medical device (SaMD) and positively reviewed by at least one EU country. Another category that could be considered for funding are those health apps that have received an A+ status under the new ISO/IEC 82304-2 standard that will be published in June 2021.

- Regulatory authorities should streamline their work, aligning assessment processes among member states to avoid having 27 separate assessments, especially for individual products like digital therapeutics, digital diagnostics and artificial intelligence tools. Mutual recognition of assessments should be promoted with external partners, such as United States Food and Drug Administration. Countries such as Germany, France, Belgium, Portugal, Finland, Spain and Sweden that already have digital assessment frameworks in place should be invited to share knowledge with others. A more harmonised approach should be developed on evidence requirements that demonstrate the value of digital tools.

At the national level:

- Work is needed here too to increase public trust in digital tools, with careful consideration of cultural and generational divides. Information and awareness-raising efforts should partner with healthcare professionals and frontline care providers as closely as possible to help transition patients from the traditional care context towards greater use of digital health.

- Europe's post-pandemic recovery funds should prioritise digitalisation of

healthcare and provide targeted spending that promotes digital literacy among healthcare professionals, elderly patients and their caregivers to build trust in digital technologies.

- Regulatory, financial and cultural barriers to the uptake of digital tools can be removed through incentives to support the human dimension of the digital transition, for example, through a wider rollout of digital tools and improved digital literacy.

- To create an environment where digital tools can flourish, member states should move towards novel value assessment frameworks which are better equipped to assess digital health interventions. Mechanisms enabling improved testing and assessment of digital health products, as well as innovative solutions for pricing and reimbursement, will support increased uptake by individuals and facilitate integration within health systems.

- Authorities should support new partnership models that value innovation and facilitate access, incentivise investments made by the health industry, and offer clear pathways for the continuous collection of additional evidence once new technologies are in use.

At the local level:

- Upskilling and reskilling healthcare professionals is essential. Digitalisation needs the endorsement of healthcare professionals. It is therefore crucial that they receive the skills and training needed to realise the full potential of technological developments. Instruction on latest innovations should be integrated into educational curricula and professional training throughout career pathways, from students to seasoned professionals. This could be leveraged at the EU level by promoting educational programmes through EU funds. The European Agenda for Skills is a key mechanism to support this process and the Recovery Fund for Europe earmarks money for skills development. This could provide the capacity for scale-up of reskilling and upskilling the health workforce for the digital era of healthcare.

- Beyond training and education, it is important to also facilitate change in the organisation of care and medical practice. Health care professionals must be supported by hospitals and authorities to adopt new tools and ways of working through clear targets and incentives, for example, in the provision of home care.

- Specific measures are needed to overcome the impact of low digital literacy, especially among older people, vulnerable groups and healthcare professionals. Local authorities, in partnership with

health professionals and social workers, should support patients to transition from traditional to blended digital and physical care to shift the point of care into homes and communities.

- Physicians ought to be freed from administrative, data-processing and research tasks through the deployment of additional human resources.

ENDNOTES

1"Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve the services in relation to access, quality, user satisfaction and efficiency," as defined by the World Health Organization.

2 https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline/spring-package_en

3 https://ec.europa.eu/health/exph/overview_en

4 https://ec.europa.eu/health/state/glance_en

5 The European Commission Expert Panel on effective ways of investing in health (EXPH), October 2020: https://ec.europa.eu/health/sites/default/files/expert_panel/docs/ev_20201020_co01_en.pdf

6 https://www.projectintegrate.eu.com/

Working group summaries

The Resilient Healthcare working groups focused on how the collaboration forged in crisis can become a new normal to deliver integrated care models; how to prioritise reforms that will ensure the right care is delivered in the right place and at the right time; and how the surge in data use and digital solutions during the coronavirus emergency should be leveraged post-pandemic to underpin community care outcomes with a renewed focus on patient well-being.

Rethinking EU healthcare delivery models for chronic patients

This working paper is the outcome of the first Resilient Healthcare Working Group, held on 26 January 2021, which looked at the different care pathways, ideas for change and lessons to be learned from the COVID-19 emergency for chronic diseases. It explored what this means in practical terms for clinicians and patients, as well as lessons on how care pathways should be restructured.

The impact of the COVID-19 pandemic extends far beyond the death toll and has starkly revealed pain points in Europe's healthcare systems, as millions of patients suffering from conditions such as cancer and kidney diseases saw their care postponed or reduced and experienced increased risks of severe illness.

Digital tools such as video consultations and remote monitoring have surfaced, accelerating the adoption of new care delivery forms with the clear benefit of freeing up maximum capacity in hospitals and shielding vulnerable populations. In the long run, they may have the added benefit of cost saving for healthcare systems.

Despite these efforts, hurdles remain. Endeavours to scale up digital health across Europe are still blocked by a mix of cultural, technical and legal challenges. Proposals for a European Health Union and Data Governance Act aim to tackle these roadblocks. However, urgent coordination between member states is still lacking, notably on the reinforcement of primary and home-based care, health infrastructures, patient and healthcare professional (HCP) education, as well as the preparedness for future health crises.

Summary of the Working Group meeting

Tamsin Rose, Senior Fellow at Friends of Europe, opened the debate with a reminder of how much COVID-19 has changed the world over the past year. Part of the pandemic's impact was entirely predictable

given clear weaknesses in health and social security systems, which have long been identified but not fixed. Despite setbacks, there has been an extraordinary response to the pandemic at various levels, such as the sharing of data and broader collaboration at the global level, the development of vaccines and treatments, the expansion of digital healthcare and the rise of genomics to the forefront of epidemiology and public health. Now, it is time to learn the lessons and move forward, building on the current political momentum and making full use of newly available resources to strengthen resilience and develop effective, lasting healthcare reform.

Opening speaker, Brieuc Van Damme, Director-General of Healthcare at Belgium's National Institute for Health and Disability Insurance (INAMI-RIZIV), reflected on his work as an advisor to the Belgian government during the pandemic's first wave. He called on policymakers to carry out a "proper exercise of introspection" to facilitate the correction of past mistakes. Van Damme agreed the pandemic has pushed forward telemedicine and other initiatives at a speed that would have previously been "unthinkable". In Belgium, new care pathways allow patient monitoring from home and alleviate pressure on hospitals. Looking more broadly at chronic patient care, there is a need to move from a pathology-based approach to more integrated approaches. New healthcare delivery models should aim to deliver the right care, in the right place and at the right time. He acknowledged the difficulties in moving beyond buzzwords to secure an effective redesign of the system. It is paramount to develop a valid concept of what is needed and then try to implement that in a real-world situation. Financial incentives are needed to encourage integrated care.

Next up came Raymond Vanholder, Chair of the European Chronic Disease Alliance (ECDA) and President of the European Kidney Health Alliance (EKHA). He recalled that chronic disease sufferers such as patients suffering from chronic kidney disease (CKD) have been hardest hit by COVID-19 and remain the biggest risk group. Even after the pandemic, COVID-19 may cause long-term organ damage that creates novel chronic diseases. Vanholder appealed for greater investment to prepare for future health disasters and protect vulnerable groups. The investment focus must shift from the curative to the preventative sector. Home treatment should increase as part of the solution to protect chronic patients, particularly during COVID-19. Healthcare needs to break out of silos and take an integrated, multidisciplinary approach. Europe needs to develop reference networks that exchange expertise and best practices and encourage cross-border planning and organisation. A European data collection and sharing system that includes chronic disease is urgently needed to reduce dependence on United States and Chinese data.

From the European Commission, Maya Matthews, Head of Unit Performance of Health Systems at the Directorate-General for Health and Food Safety (DG SANTE), said health "absolutely" needs to be part of the EU framework. The EU Health Union proposals presented by the Commission in November 2020 focus on preparedness

and response, strengthening the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA). Addressing shortages is key. There is a need for greater collaboration among member states, including on data sharing. The digital agenda needs to be harnessed for healthcare in a way that does not exacerbate the digital divide. The Commission and member states should work in tandem; nations are in charge of their health systems, but the Commission can galvanise support on specific issues by proposing initiatives and leveraging key issues through funding. The debate needs to look at information and data, closer cooperation among stakeholders and addressing inequalities.

Anna Odone, Professor of Public Health at the University of Pavia, agreed that the pandemic has accelerated the rollout of digital healthcare, both in terms of the COVID-19 response and the delivery of non-COVID care. What is missing are tools to measure the impact of digital, as well as regulatory frameworks that support infrastructure development governance and financing of digital solutions. More evidence is needed to inform policy and practice. Digital has to be seen as an instrument to achieve better healthcare outcomes, not as an end in itself.

Fabian Bolin, CEO and Co-Founder of War on Cancer, explained how his tech company centres on the mental health of cancer sufferers and their loved ones. It tries to increase patient empowerment and raise industry awareness of cancer patients' experience. That should involve giving the patient options to take a greater role in their treatment, or not. Instead of focusing on the patient as a product where survival is the required outcome, the patient should be seen as a customer with complex needs. There should be greater consideration of patient satisfaction and quality of life. Health delivery needs to shift from a product-based business towards a service-oriented business. Healthcare should be viewed a part of a wider ecosystem that meets patients' different needs.

A European prescription for smart, resilient health systems

This working paper is the outcome of the second Resilient Healthcare Working Group meeting held on 22 March 2021, which looked at how to learn the lessons of the COVID-19 emergency to ensure long-term healthcare improvements that build on the new levels of collaboration, political will and funding that have been generated by the pandemic.

COVID-19 has been a wakeup call on the need to fix healthcare systems but many of the problems were well-known before the virus struck. Controlling the pandemic's latest waves is the immediate priority. However, it is time to look ahead, learning from the experience of the past year to build added resilience and smart solutions into our health systems.

The pandemic has pushed health to the top of every agenda. There is political will and public support for reforms that strengthen systems at the local, national and European levels. Unprecedented levels

of cooperation and coordination between governments and international bodies, as well as policymakers, industry, academia and healthcare professionals, must be sustained.

The European Union health budget has expanded to €5.1bn. Mandates for EU health agencies have been reinforced and new legislation offers paths to progress on areas like health data. The new EU Health Union must assist member states to support smarter, more resilient healthcare systems.

Summary of the Working Group meeting

Tamsin Rose, Senior Fellow at Friends of Europe, opened the debate by stating that the stakes have never been higher for healthcare reform as Europe struggles to contain the current coronavirus wave, while simultaneously looking for pathways for transformation in the post-pandemic era.

Lack of funding and political will held up solutions to fix fracture points in health systems before the pandemic. Now, those excuses have to fall by the wayside and new pathways must be found to transform legacy systems. The EU is in a good place to lead the transformation, she said. There is significant political support at the highest level, the largest-ever health budget and European collaboration on an unprecedented scale.

Rose urged stakeholders within the working group to focus on practical, concrete recommendations for what needs to happen at the European, national and local levels to achieve the required changes.

Opening speaker Pierre Delsaux, Deputy Director-General at the European Commission Directorate-General for Health and Food Safety (DG SANTE), agreed on the need to focus on practical questions leading to concrete proposals that can generate greater healthcare resilience and smart solutions.

He acknowledged that COVID-19 has revealed insufficient resilience in Europe. Improvements are needed that go beyond the current pandemic to prepare for future crises. Building up European resilience does not equate with closing doors to the outside world in a “fortress Europe”, he insisted. The growing digital dimension to health is a clear reality. Europe needs to move fast to invest in smart health and digital solutions to avoid falling behind. The Commission is open to taking expert advice and to working with member states, industry and patients. Moving forward with the EU Health Union is crucial, not to replace member states but to support them through the introduction of greater efficiency and effectiveness at the European level. Increased use of data in the EU health space is fundamental. That requires clear rules on data protection. Europe needs to make better use of its additional health funding to demonstrate it can bring added value. To do that, it should focus on a few targeted issues, not a “Christmas tree” of wide-ranging initiatives. EU4Health is a starting point. If it succeeds, it will generate more funding and make an even bigger difference. It is only by working together that Europe can make a difference, Delsaux concluded, and the challenge of the next four or five years will be to maintain the spirit of unity that emerged from the crisis.

Speaking next, Romania's State Secretary for Health, Ioana Mihăilă explained how, from her country's perspective, a greater role for Europe brings clear advantages. Common medical standards upgrade patient care and collaboration strengthens the Romanian medical corps. Beyond healthcare, she pointed to the EU's role in upholding the rule of law and protecting the justice system. In concrete terms, the Commission's recommendations have helped the poorest and those who have less access to healthcare, she said, for example, by suggesting targeted investments in rural areas and guidelines on health innovation and digitalisation.

Maria-Manuel Leitão-Marques, MEP and Vice-Chair of the European Parliament Committee on the Internal Market and Consumer Protection (IMCO), said improved use of data was crucial. The COVID-19 crisis revealed shortfalls in the level of data use at the national level and a lack of data interoperability at the European level. With better data use, authorities could have managed the COVID-19 crisis differently. She gave examples of how data and new technology could be used to better predict and deliver improved healthcare. They included using mobile data tools to reduce the burden which non-communicable diseases such as diabetes pose for health services, enabling distance monitoring and early detection. There should be more use of phone consultations, as has been the case during the pandemic. Systems should be upgraded to improve use of mobile phone-generated data. We need to assist those who are less digitally literate.

Joining the debate, Ricardo Baptista Leite, Member of the Portuguese National Assembly and Founder and President of UNITE, agreed that digital and data are of critical importance on the path to transition. He argued for a shift away from the "industrialised vision" of disease-focused health systems and towards outcome-based community health delivery. That would lower the disease burden for health systems. Sustainable health systems need a greater focus on well-being and quality of life rather than purely on disease management. Europe can play an important role setting standards and allowing countries to avoid others' mistakes. Europe's social model gives it an advantage compared to other health models around the world. It should be used to drive reforms.

We are at a critical moment said Cristiano Franzi, Senior Vice President and President, EMEA at Baxter. The pandemic had opened a door to rethink the way we deliver health, he stated. Governments, industry, academia and patients' associations need to work together to advance the transition to a different type of environment. He too agreed that digital is key, and that there should be a shift in focus towards outcomes for patients within integrated care models. This is particularly important given the aging population. To achieve that, more care measures should be moved out of hospitals, which will make it easier for systems to continue to provide care. Franzi called for a rethink of how health systems are financed to match the vision of reform, including an urgent look at incentives to enable the transition.

Jessica Shull, European Lead at Digital Therapeutics Alliance, agreed that COVID-19 presented an opportunity for Europe to move faster towards integrated care. However, she warned current market access and funding conditions do not match that vision. As an example, she pointed to the lack of funding for digital health tools such as digital therapeutics and telemedicine. In her hospital in Spain, she said, digital tools used in the early months of the pandemic are no longer funded. Although those problems are national, the EU could provide incentives and a framework for greater use of digital tools, particularly where health systems are strapped for cash. Instead of providing rewards for intensive care units, she urged the use of rewards for a healthy population and value-based care.

The question is no longer resilience, it is building back better, argued Josep Figueras, Director of the European Observatory on Health Systems and Policies. The key issue is harnessing and sustaining the kind of change – such as the increased use of digital and data or greater incentives for telemedicine – that have emerged during the COVID-19 crisis. The EU should support member states with financing, but also in making a cultural transformation and introducing innovation. Figueras said the joint procurement that has been seen at the European level for vaccines should be harnessed for other areas. At the same time, member states should look at how to deregulate and procure more rapidly, while respecting rules of transparency and accountability.

Other participants cautioned that joint procurement has offered great advantages but needs to redesigned carefully. They said it needs a clear legal framework that commits countries who order through the EU mechanism to use the supplies. Most Economically Advantageous Tender (MEAT) criteria and value-based principles should be enshrined in such joint approaches because going for the lowest price is unsustainable and contradicts the push towards greater strategic European autonomy and investment in local manufacturing. Suppliers should be more involved in the early design of the joint procurement concepts to be able to guide on feasibility and potential supply constraints. As an example of the drawbacks, one participant pointed to member state orders of large numbers of devices that were never paid for or collected, leaving manufacturers holding stock without the ability to offer them to other countries.

The European Commission is working very closely at the member state and regional levels to set up a new partnership under Horizon Europe, the EU's research and innovation framework programme running from 2021 through 2027, said Irene Norstedt, Acting Director of People Directorate at the European Commission Directorate-General for Research and Innovation (DG RTD). The co-funded partnership to transform healthcare systems is due to start in 2022. It aims to build an evidence base that can inform health policies and facilitate uptake of innovation. The partnership also aims to work on upscaling and transferring innovative solutions among countries and regions, she explained.

After the work in breakout rooms, Fabrizio Carinci, Principal Epidemiologist of the National Observatory of Patient Safety at the National Agency for Regional Health Services (AGENAS), gave his views from the European country first hard hit by the pandemic. He mentioned that Italy is still learning the lessons from the early days of the crisis. Being first made a huge difference, as the country had little guidance or experience with how to deal with the sudden impact and rapid spread of the outbreak. That underscores the need for greater coordination in Europe to ensure preparedness from the very start of a crisis. Some services are still difficult to organise, he noted, particularly in community and primary sectors. Fundamental areas of Italian society have had to be rethought, from schooling to care for the elderly and family life.

Carinci pointed to three areas where Italy's lessons could provide guidance for Europe: the need for strong leadership and coordination to ensure an effective response across different regions; integration among the primary, secondary and tertiary levels of healthcare; and, most importantly, the need to facilitate effective, prompt and integrated flows of health information. He also had three recommendations at the European level: a European health strategy to avoid mistakes like the closure of borders which isolated Italy at the start of the pandemic; a stronger DG SANTE with more powers to coordinate the work of EU agencies and other departments; and finally, a specific EU agency on health information to ensure that up-to-date data is available to authorities that need it.

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