A Roadmap for Sustainable Healthcare

"Future generations deserve high-quality healthcare. In recognition of the huge challenges policy makers across Europe face, the European Steering Group for Sustainable Healthcare's purpose is to devise and propose practical solutions to support governments in providing high quality care for their populations."

Esteban Plata, President, International Western Europe and Canada, AbbVie
Mary Harney, Chair, European Steering Group and former Minister of Health in Ireland

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Foreword

37% of the European population is expected to be aged 60 or over by 2050. Combined with the rise in chronic diseases, the current constraints on public finances and variation in the capacity and skillset of workforce, European healthcare systems are being required to deliver more – and better – care with limited resources.

Traditional healthcare systems – which revolve around acute care – can no longer cope with these challenges without a fundamental transformation which will support sustainable healthcare. Established in March 2014 - and initiated by AbbVie - the European Steering Group (ESG) on Sustainable Healthcare, under the chairpersonship of former Health Minister of Ireland Mary Harney, brings together expertise from the policy community, civil society, healthcare professionals, scientific societies, academics and industry.

The ESG has taken a unique and proactive approach to address the sustainability of European healthcare systems. Rather than create another “think tank”, the ESG has created a “do tank” across 21 European countries. In each country, strong multi-stakeholder partnerships and working groups have been formed to reflect on and devise solutions to the key challenges facing national or regional healthcare systems. Concrete pilot projects are being implemented at a local level across Europe, with a view to scaling these up for the benefit of patients and healthcare systems at a broader level. This joint effort has seen more than 30 pilots launched under three main work streams: investing in prevention and early intervention; fostering empowered and responsible citizens; and recognising care delivery. By assessing concrete evidence and best practice examples across Europe (and beyond), the ESG formulated 18 policy recommendation. These were launched in the pan-European White Paper ‘Acting Together A Roadmap for Sustainable Healthcare’ at the EU level in 2015.

Going forward, the ESG will focus on one of its key policy recommendations - cross-ministry or cross-sectoral collaborations and joint projects. The ESG believes that given the close interaction between different sectors - such as health, social welfare, and employment – cross-ministry and cross-sectoral collaborations will become essential for the achievement of various policy goals, as well as for the maximisation of value.

Successful pilot project ‘Early Intervention in Musculoskeletal Work Disability (for full details, please see page 8) showcases how one euro of investment generated eleven euro of return via the prompt referral and expert management of people with recent onset in work disability. The ESG will be working with experts and partners to develop practical tools and frameworks for different countries and regions to replicate and implement early intervention as best practice via cross-ministry and cross-sectoral joint projects and collaboration.
Ensuring sustainable healthcare for citizens in Europe

**Sustainable Healthcare**

European healthcare systems are being required to deliver more and better care with reduced resources. Traditional healthcare systems set up for acute care can no longer cope with these challenges without fundamental transformation.

In response to this environmental challenge, a Sustainable Healthcare Strategy was established in 2014. This is a pan-European initiative which aims to provide real world solutions to the sustainability of healthcare. The project is led by the ESG which is chaired by Mary Harney, former Health Minister of Ireland, and brings together expertise from the policy community and civil society, healthcare professionals and scientific societies, academics and industry.

**Challenge 1**  
**Ageing population**

![Graph showing European population over 80 years of age projected to rise to 7% by 2030.](image)

European population over 80 years of age is projected to rise to 7% by 2030.¹

**Challenge 2**  
**The rising costs**

![Graph showing spending on long-term care across OECD countries rose by 4.8% between 2005 and 2011.](image)

By 2050, over 1/3 of the EU population will be over 60 years old.²

Spending on long-term care across OECD countries rose by 4.8% between 2005 and 2011.³
**Challenge 3**
The burden of chronic diseases

- Chronic diseases account for 80% of healthcare costs. This corresponds to €700 billion in the EU health budget.⁴

**Challenge 4**
The impact of poor health on sickness absence

- Cost to the EU in loss of productivity due to sickness absence equivalent of 2% of GDP.⁵

- 10% of people leave jobs for health reasons.⁷
In response to the challenges facing European healthcare systems, the Sustainable Healthcare Strategy identified the need to establish pilot projects which could seek to address sustainability challenges at country level.

During 2014 and 2015, the Sustainable Healthcare Strategy implemented over 30 pilot projects across Europe to generate evidence testing ideas at a regional and national level.

These pilot projects have focused on three key work streams:

— **Implementing prevention and early intervention:** Smart health expenditure can be an investment, rather than a cost. Investment in prevention and early intervention is essential for healthcare sustainability and socioeconomic development and stability.

— **Fostering empowered citizens:** Empowered and responsible citizens are the main players when it comes to contributing to healthcare sustainability.

— **Reorganising healthcare delivery:** Integrated care based on patient pathways as well as shifting care delivery from hospitals to communities, to foster greater efficiencies and better health outcomes.

Following a series of stakeholder roundtables with high-level European and national policy makers, patient groups and healthcare professionals, a pan-European White Paper was developed summarising key learnings from the pilot projects and setting out 18 actionable policy recommendations.

The White Paper was launched in Brussels in March 2015. The Commissioner for Health, Vytenis Andriukaitis delivered the keynote address.
European Steering Group - Calls to Action

Acting at EU level, the ESG calls upon the European Commission:

— In the context of the European Semester, to systematically include Country Specific Recommendations (CSRs) targets for transition investment from treatment to prevention and/or early intervention, and the development of a European scorecard to monitor the progress of investments and outcomes in prevention and/or early interventions across EU member states

— In conjunction with the Council of Health Ministers, to develop a pan-European platform to exchange information, expertise and best practices on data surveillance and the analysis of health and epidemic trends of the European population, in order to inform the development of effective policy frameworks

Acting at national level, the ESG calls on:

— Governments to consider health aspects in all policies by “health-proofing” all their policies, following the example of some EU Member States (e.g. Ireland)

— Government ministries to develop joint budgeting mechanisms between ministries, thus addressing the current silo approach (e.g. health and social affairs, education, and economic and budget ministries)

— Member States to develop policies and incentive mechanisms to mobilise employers and occupational health professionals to incorporate prevention and early intervention in the workplace, and to foster the involvement of pharmacists and nurses in routine prevention practices, such as vaccination, regular health monitoring and reporting

— Member States, with the support of the European Commission through the pan-European platform of data exchange, to establish comparable chronic diseases registries, and develop practice guidelines on systematic data collection and surveillance, so as to better inform national prevention and treatment strategies
Case studies from pilot projects in Sweden, Spain, Germany and Italy are detailed here.

**Consultative Neurology - Sweden**

**Context:** The Swedish Government has forecast an increase in healthcare costs of 30% up to 2050. Digital technology is being considered as one method for healthcare systems to improve efficiency and address cost-savings.

**Programme:** The Neurology Clinic and Innovation Centre at Karolinska University Hospital, together with AbbVie Sweden, has launched an innovative project called ‘Consultative Neurology’. Using video technology to beam consultations across the country, Parkinson’s specialists are connected with their general neurologist counterparts to get a second expert opinion on their patients. This allows busy neurologists to see more patients in a shorter space of time, regardless of where they live in the country.

**Outcomes:** The programme improved health outcomes by reducing initial assessments for patients from 60 minutes to 15 minutes. For patients, the programme delivered shorter waiting times and faster assessments. Focusing on the economic outcomes, the initiative established more efficient healthcare services, which enabled the clinic to maximise its return on investment.

**Early Intervention Clinics in musculoskeletal related work disability – Spain**

**Context:** Smart investment in prevention and early intervention to minimise disability and restore health can lead to tangible savings in health, social welfare and reduce absenteeism.

**Programme:** The Early Intervention Clinic (EIC) is an innovative care programme founded by Prof. Jover, Chair of the Fit for Work Coalition in Spain. Early intervention consists of: rapid referral, diagnosis and clinical management by specialists in the first week of work disability; patient education; early mobilisation; recommendations for physical activity; and support for returning to work.

**Outcomes:** The EIC has demonstrated that €1 spent can generate total savings of €11 in health and social welfare. The EIC model is currently being adapted to other European countries such as the UK. The approach reduces the time of diagnosis, treatment and recovery, improves patient outcomes and labour market participation, as well as creating savings for health care and welfare systems.
A micro-simulation model to inform health policy - Italy

**Context:** Obesity rates have doubled worldwide in the last 30 years. In Italy, one in three children are classed as overweight. Policymakers need an effective response to meet this growing public health challenge.

**Programme:** AbbVie Italy worked with the Centre for Economic and International Studies (CEIS) of University of Rome Tor Vergata, duly represented by Professor Vincenzo Atella, to implement in Italy a ‘micro-simulation model’ that helps policymakers decide on the most cost-effective approach to obesity. The model has been developed by CEIS together with the Organisation for Economic Co-operation and Development (OECD) and University of Southern California, to adapt the US model to the Italian context.

**Outcomes:** The model will provide estimates on the costs and benefits that potential healthcare prevention policies can determine on the Italian population. It will enable EU policymakers to make informed decisions, and lead to huge economic, social and health benefits. The results of the first simulation on obesity have been published in 2015 in the Italian White Paper, “The health system at the test of sustainability”.

The “Simply Irreplaceable!” Initiative - Germany

**Context:** The role of the company doctor is changing, with a shift towards preventive healthcare in the workplace. Germany is at the forefront of that change, exploring the role of workplace health in keeping staff fit and healthy until retirement.

**Programme:** The pilot project in Germany, “Simply Irreplaceable!”, aims to improve the therapy of chronically ill employees by implementing the principles of early intervention and prevention. It also seeks to inform policy recommendations by liaising with policymakers at both the national and EU level. The initiative included several actions, such as identifying key partners and organised roundtable discussions.

**Outcomes:** The shift to prevention is reinforced by Germany’s new Preventive Healthcare Act, which came into force in January 2016.
The mission of Chapter 2 of the Sustainable Healthcare Strategy is to build on some of the successful pilot projects to facilitate the scaling-up and implementation of good practices across EU member states and beyond.

Seeking insights from the experts

The Sustainable Healthcare Strategy commissioned an in-depth literature review from the renowned UK think tank, The King’s Fund, and spoke to experts from all over Europe and in the US to identify how sustainable healthcare practices could be scaled up across regions and countries.

The following clear themes emerged from the research and conversations, including:

- **Approaches must be tailored geographically**
  A one-size fits all approach will not work across Member States. Any toolkit developed will need to be tailored-nationally, regionally and locally

- **Demonstrate savings**
  New approaches must demonstrate a strong economic case if it is to be considered by policy makers and payers

- **Evidence health improvements**
  Health outcomes must be evidenced clearly to gain clinical approval and buy in

- **Cultural barriers can often block implementation**
  Cultural and mindset changes present the main barriers to the implementation of new approaches

- **System architecture needs to be adapted**
  System infrastructure can prevent the implementation of new approaches involving technologies

- **Clinical and patient advocates are essential**
  To get traction at Member State level, it is important to have local clinical and patient leaders advocating the new approach.
In order to effectively assess the adoption of pilot projects, the assessment must also consider how ready the organisation is for change. Change management principles must be considered at this stage, as some organisations may not be ready to adopt new models of care due to culture, people or timing.

Mark Solazzo, Executive Vice President and Chief Operating Officer, Northwell Health (USA)

"I believe that there should be public awareness of the subject of disease prevention. In Germany, we have been focusing for far too long on the subject of therapy. Medicine in general and the whole structure of our healthcare system is geared toward therapy. The aim is to establish a public awareness of disease prevention playing a major role in our society. It will have to be put into practice in all reaches of life: in families, in childcare establishments, at school, in working life and so forth. Establishing this kind of public awareness is a prerequisite for successful prevention."

Dr Wolfgang Panter, President, Verband Deutscher Betriebs- und Werksarzte (VDBW), Germany

"The economic benefits of new approaches to healthcare should be central to messaging, so that governments and healthcare systems understand the return on investment from a particular project."

Nicola Bedlington, Secretary General, European Patient’s Forum

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Mark Solazzo, Executive Vice President and Chief Operating Officer, Northwell Health (USA)
Cross-ministry Joint Projects

Many of the successful sustainable healthcare approaches in the literature review and raised during expert interviews were initiatives that sought to bring together different sectors such as social care and health, environment and health, and social welfare and health to deliver more sustainable healthcare systems. These joint projects between ministries and at a regional/local level have helped to integrate services, plan around the needs of the patient, improve outcomes and create cost savings by reducing duplication and taking a preventative approach to healthcare.

As one of the successful examples mentioned earlier, the Early Intervention Clinic not only serves as a perfect example of cross-ministry collaboration, but also showcases value across different sectors including health, employment, and social welfare.

Sustainable Healthcare Chapter 2 therefore aims to develop a tool framework which can support governments, healthcare providers, insurers, employers and other cross-ministry and cross-sectoral decision makers to set up and implement early intervention system. This will not only enable our citizens to remain active and healthy, but also maximise the value of health beyond the health sector and into other areas, such as employment, social welfare and economic growth.
CHAPTER 2

Tool Framework for Cross-Ministry Joint Projects

Critical success factors: Core components of the Early Intervention Tool Framework

The Sustainable Healthcare Strategy identified the following critical success factors for the successful implementation and scaling up of cross-ministry and cross-sectoral joint projects.

- Economic outcomes
- Health outcomes
- Patient outcomes
- Behavioural change
- System change
- Financial Change
- Roadmap for implementation
- Ambassador network activated
- Mapping decision-makers and engaging
Cross-ministry Early Intervention System - Implementation and Scaling Up

The ESG is now working in partnership with the Work Foundation / FitforWork Global Alliance, as well as many experts in the subject, to develop an Early Intervention toolkit, aiming to address sick leave absence due to musculoskeletal-related disability at work.

The Early Intervention toolkit is now undergoing the process of public consultation process, and will be launched in early 2017. From there on, the ESG will provide support to selected pilot country to implement the Early Intervention System.

Patient-centric Integrated Care

The ESG is also exploring how integrated care can be encouraged and spread throughout healthcare systems to improve the outcome of patients and the efficiency of services.

For more information, please visit our website www.sustainable-healthcare.abbvie.com.
The European Steering Group for Sustainable Healthcare

The European Steering Group (ESG) on Sustainable Healthcare was initiated in March 2014, in the framework of the initiative “Recipes for Sustainable Healthcare”, created in May 2013 under the leadership of the biopharmaceutical company AbbVie, and in close partnership with Philips and the European Public Health Association (EPHA). As of today, this multi-stakeholder partnership has extended to include the European Patients Forum (EPF).

With representatives from the policy environment, and civil society, healthcare professionals and scientific societies, academics and industry, the ESG provide insight and expertise based on evidence and tested examples which can help address the challenges posed to European healthcare systems.

The group, chaired by Mary Harney, former Health Minister of Ireland, meets regularly and organises roundtable meetings with high-level policy stakeholders at EU level, including the European Commission, the Council of the EU and the European Parliament. The group also has close exchanges with key policy stakeholders from Member States.

The objective of ESG is to advocate, through concrete actions and projects, the means to transform our healthcare systems to be more sustainable.

References

For more information about the Sustainable Healthcare Strategy or to provide your thoughts on the project, please contact: Sustainablehealthcare@hanovercomms.com