

ROADMAP FOR
SUSTAINABLE
HEALTHCARE

THE EARLY
INTERVENTION
TOOLKIT

AN INTRODUCTION

November 2017

abbvie



CHALLENGES POSED BY AN AGEING POPULATION, CHRONIC CONDITIONS AND DISABILITY

Healthcare systems across Europe face two significant and interrelated pressures: tightening financial resources and increasing demands for access to health and social care due to the fact that people in Europe are living longer than ever before. This trend is common across the continent, **where the proportion of people aged 65+ across the total population of the EU is projected to increase from 18.4% (93.9 million) in 2014 to 28.4% (149.1 million) by 2080.**¹

The problems associated with ageing populations are being intensified by the growing number of people living with chronic conditions, with diseases like diabetes, depression and musculoskeletal (MSK) conditions steadily increasing over the last 20 years in Europe²: **an estimated 50 million EU citizens suffer from two or more chronic diseases**³ and, increasingly, the 'disease burden' is defined by disability rather than premature mortality.



Age 65+
2013 18.4% – 2060 28.4%



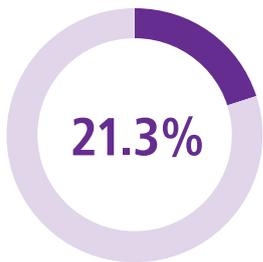
EU citizens
with 2+ chronic conditions



To meet demand...
...GDP must rise 25% by 2050

This is placing unprecedented demand on services, leading to significant funding gaps in areas where resources were, until recently, required to a much lesser extent⁴. Across the EU, it is estimated that, on average, **healthcare spending as a proportion of GDP will have to increase by 25% by 2050 in order to meet rising demand**⁵.

Increasing prevalence of chronic conditions and disability also represents a broader cost to society that will have to be addressed by healthcare systems. According to Fit for Work Europe, **lost productivity and sickness absence due to MSK conditions alone costs the EU approximately €300bn each year (2% of GDP)**. These costs are expected to increase given that ageing workers report more work-related health problems than younger workers – especially MSK conditions⁶.



Of disabilities worldwide are due to MSKs



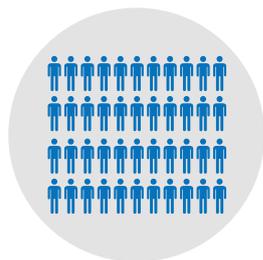
3rd globally in impact on the health of populations⁷



Greatest cause of disability across the EU⁸



Increase in number of **sick days** per worker since 2005 (from 5 to 6)⁹



Across the EU **44M Workers** (1 in 6) **have MSKs** which are caused by their work



Cost to the EU each year in lost productivity and sickness absence (**2% of GDP**)



These conditions account for **half of all absences** from work...



... And for **60%** of permanent work incapacity¹⁰

EARLY INTERVENTION IN WORK DISABILITY AS PART OF THE SOLUTION

Closer integration of health and social care has been proposed as a solution to simultaneously reduce expenditure, relieve pressure on key services and improve the outcomes and experience of system users¹¹. To turn this theory into practice, AbbVie – together with the European Steering Group (ESG) on Sustainable Healthcare – launched over 30 pilot projects across Europe to gather evidence and scale-up new and effective sustainable healthcare practices.

The most pioneering programme to date is the pilot project, the **‘Early Intervention Clinic’ (EIC) at the Hospital Clinico San Carlos in Madrid**¹², which focuses on early intervention in MSK-related work disability with the aim of getting people back to work. Over 13,000 patients were randomized to early intervention or usual care. **Temporary work disability (TWD) was 39% lower for early intervention patients and permanent work disability was 50% lower.**

Also: patient satisfaction was high and analysis of cost-effectiveness showed that for every €1 of expenditure, €11 was saved in lost productivity and healthcare costs. If these results were applied across Spain, modelling suggests that the equivalent of over 81,000 additional Spanish workers would be available for work each day rather than taking sick leave.

Early intervention typically requires little in terms of additional resources (but they can be difficult to obtain) and facilities – rather, it enables more effective use of existing organisational and infrastructure resources in order to improve efficiency and value for money while establishing greater patient involvement in the development of care pathways and optimal health outcomes¹³. In practice, this means uniting government ministries, either officially as one department or by promoting collaboration at the system level (i.e. cross-sectoral working), regional level and provider level.

46M

Working days lost to MSK conditions each year in Spain

39%

Reduction in temporary work disability

50%

Reduction in permanent work absence in study

81,000

Additional Spanish workers would be available for work each day in Spain

€11

Savings made in societal costs for every €1 of expenditure

THE BENEFITS OF EARLY INTERVENTION IN WORK DISABILITY

A system-wide focus on early intervention should be considered an investment, rather than simply a cost; properly integrated services, where primary and secondary, specialist, care work together efficiently makes for timely, effective interventions, reducing the long-term economic and clinical burden of delayed and ineffective interventions in many conditions including physical disabilities and chronic diseases.

In addition to the obvious clinical benefits to patients and their families, **the economic benefits of early intervention**, felt by a range of stakeholders, are three-fold:



Employees can remain in or return to work early, thus maintaining their **functional capacity, productivity**, and contribution to socioeconomic stability and growth



Early intervention can reduce **healthcare costs** by up to two-thirds by preventing chronic conditions from deteriorating further¹⁴



Savings are generated beyond healthcare: **disability benefit costs** can be reduced by up to 80% and the risk of permanent **work disability** and **job loss** can up to 50%¹⁵

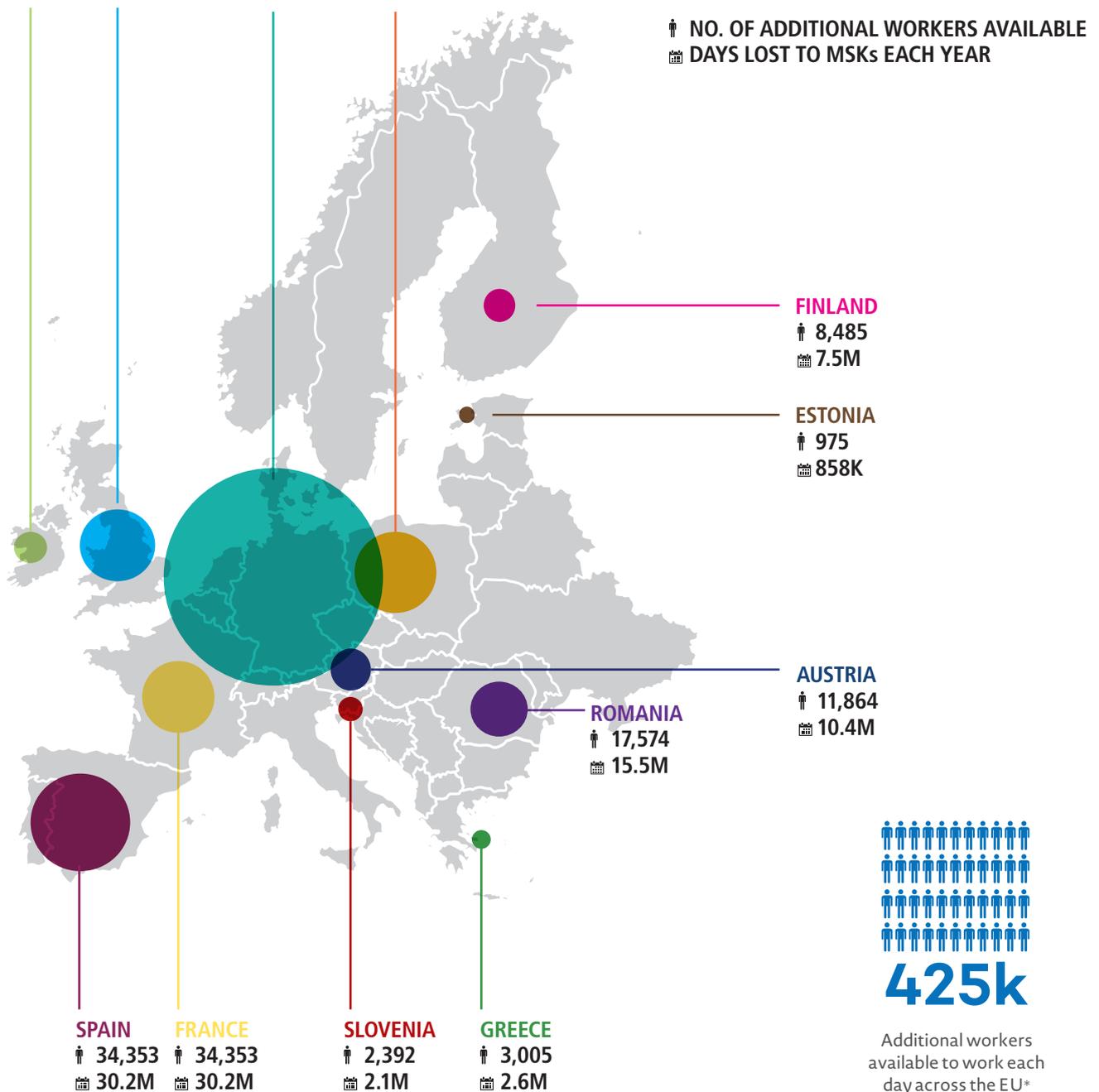
POTENTIAL BENEFITS TO THE EU

This infographic shows the number of days lost to MSK conditions each year and provides estimates, based on modelling, of the effect of repeating the results of the Madrid clinic¹⁶ across 12 EU Member States where comparable data exists. The available data only cover 70% of the EU workforce. These estimates show that, if temporary work disability was reduced by **25%**, the equivalent number of additional EU workers available for work each day would be **425,000**.*

The equivalent number of additional workers available to work each day if the Madrid results were replicated uniformly across the EU (i.e. a **39%** reduction in temporary work disability) would be **660,000**.*

IRELAND UK
 👤 7,955 👤 35,521
 🏠 7M 🏠 31.3M

GERMANY POLAND
 👤 43,649 👤 43,649
 🏠 38.4M 🏠 38.4M



*These data assume a lower success in reducing temporary work disability than the Madrid clinic – 25% rather than 39% – as the way patients are referred to early intervention services, such as the Madrid clinic, will vary considerably between countries. The data is therefore based in a more cautious scenario. Nonetheless, the number of lost working days avoided, even in this scenario, is still substantial, and shows the potential impact that wider access to early intervention may have across the EU

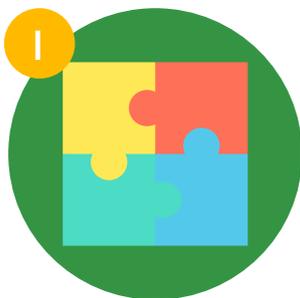
MAKING EARLY INTERVENTION A REALITY

As spending on prevention accounts for only 3% of healthcare expenditure in Europe¹⁷, there is enormous potential – and good reason – for further spending to be allocated to early intervention programmes. In collaboration with the Work Foundation and associated partners and experts, the European Steering Group (ESG) on Sustainable Healthcare and AbbVie have developed this Toolkit to enable the scaling-up of the Madrid Early Intervention Clinic (EIC) project across Europe – and beyond.

HOW TO IMPLEMENT THE EARLY INTERVENTION TOOLKIT IN YOUR COUNTRY/REGION

There can be no ‘one-size-fits-all’ approach to developing and implementing the Toolkit. Different healthcare systems, countries and regions need to adapt the Toolkit, using a ‘bottom-up’ approach, taking account of local needs and requirements, and ensure ownership of clinical and system leaders.

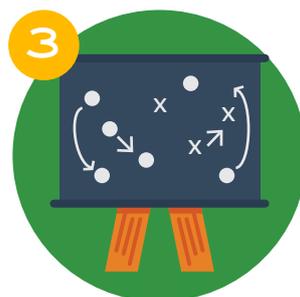
Successful implementation of a bottom-up approach depends on the following four ‘critical success factors’, which are elaborated on in the next section on:



The establishment of a **cross-sectoral platform** for collaborative working and **robust policy leadership** underpinned by a clear and effective **value proposition**



The identification of a clear **common goal** among cross-sectoral stakeholders

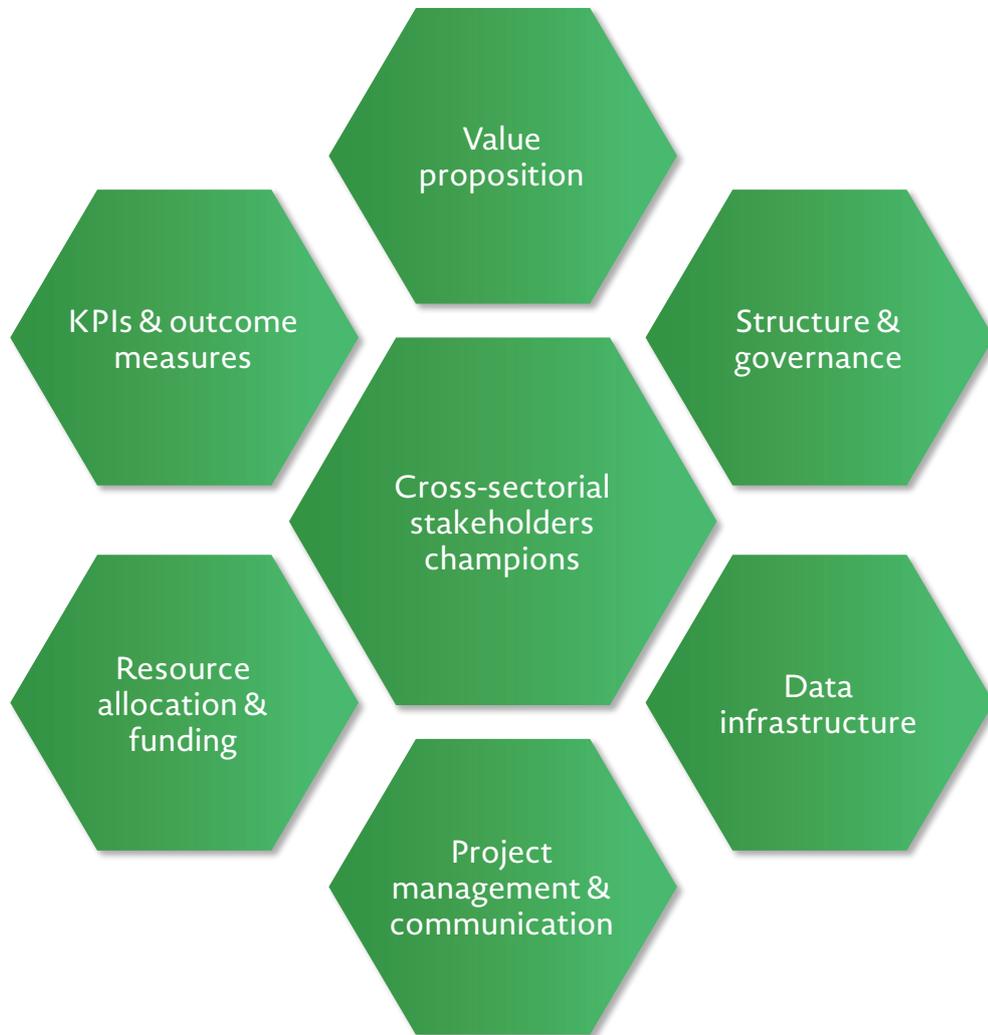


The presence of a clear and feasible **implementation strategy**



Overcoming barriers through the application of appropriate **incentives** within the system

Building on these four critical success factors, a framework for the implementation of **early intervention** can be outlined as the following:



Achieving **healthcare sustainability requires collaboration** among all players in – and beyond – the healthcare system. To make this possible, the ESG on for Sustainable Healthcare, the Work Foundation and AbbVie can be called upon to share best-practice examples and further insights.

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DRIVING BETTER OUTCOMES FOR BETTER VALUE: LAUNCH OF THE EARLY INTERVENTION TOOLKIT

Visit the website at: [earlyinterventiontoolkit.com/](https://www.earlyinterventiontoolkit.com/)

For more details on the Sustainable Healthcare programme, please visit:
<https://www.sustainable-healthcare.com/>

EUROPEAN STEERING GROUP ON SUSTAINABLE HEALTHCARE

Under the chairpersonship of former Health Minister of Ireland, Mary Harney, the Sustainable Healthcare initiative is led by the European Steering Group on Sustainable Healthcare. The Group brings together expertise from the policy community, civil society, healthcare professionals, scientific societies, academics and industry. Current members include:

MARY HARNEY {CHAIR}

Chair, European Steering Group on Sustainable Healthcare and Former Minister of Health for Ireland

ESTEBAN PLATA

President International, Western Europe and Canada, AbbVie

NICOLA BEDLINGTON

Secretary General, European Patients' Forum

DR MARY BAKER MBE

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