A HEALTHY DOSE OF DISRUPTION? TRANSFORMATIVE CHANGE FOR HEALTH AND SOCIETAL WELL-BEING

EUROPEAN HEALTH FORUM GASTEIN

A healthy dose of disruption?

A healthy dose of disruption was delivered in both form and content at this year's EHFG. The scene was set by EHFG President Clemens Auer, who challenged all attendees to form a community of "healthy disruptors, to accelerate change, reform, and evolution." It is important to be clear what disruption is and what it is not, however: technical innovations are not inherently disruptive, stressed Martin Seychell, Deputy Director-General, European Commission Directorate-General for Health and Food Safety. Disruption is painful but necessary, and for true disruption, the delivery system of healthcare needs to change as well as what is delivered. As aptly summed up by Stephen Klasko, President, Thomas Jefferson University, Philadelphia and CEO, Jefferson Health: "We're delivering Star Wars technology in a Fred Flintstone delivery system." So, what is disruption in this context? In the organisations under Klasko's watch, medical training and development has been substantially redesigned to focus on ongoing skills appraisal and personal judgement, while the work of Rachel Melsom, Director UK and Europe, Tobacco Free Portfolios, has led to a multi-trillion-dollar partnership of tobacco free finance, achieved by engaging the finance industry in language that made sense to them. Stella Auer, an activist from Extinction Rebellion Austria, argued that disruption of the status quo through movements employing tactics of non-violent civil disobedience are urgently needed to open up the space for change and ensure the climate crisis is at the forefront of public awareness and policy discussions.

Disruption, then, can be critical to precipitating necessary changes to further health and well-being, and requires robust leadership given that it can be a lonely path to take with society being inherently risk-averse. Across sessions at the EHFG 2019, participants were encouraged to rethink approaches to known challenges in European healthcare, such as shifting from an individual behaviouralist approach to obesity to systemically addressing it as an NCD, or questioning whether we need a radically new European approach to cancer. Others advocated going even further: when discussing medical education that was fit for the future, Batool Al-Wahdani, Youth Advocate and former President of the International Federation of Medical Students Associations called for a complete reformation: "We need to disrupt medical education – in fact not just disrupt, we need to destroy and rebuild it." Other voices suggested disruption was all well and good, but "non-disruptive disruption" – something akin to disruptive thinking and transformative action - is the desired goal, and this must start outside health systems and link health systems to societal transformation through tools like health literacy, prevention measures and patient and citizen empowerment.

How can the public health community work together to bring about such transformative change? Participants agreed that the capacity of systems and organisations and

"I ask you to be a health disruptor - to accelerate change, reform, evolution."

**Clemens Auer, President, European Health Forum Gastein**

"For the last 40 years we have signed petitions and gone on marches, but nothing has changed - every other form of climate change protest has not worked. So come and join some form of rebellion!"

**Stella Indira Auer,
Extinction Rebellion Austria**

the human dimension for change must be considered – we need to be aware of the space available for disruption. Considering scale in the context of disruption was also identified as important, with place and geography being key: small places and organisations potentially have greater disruptive energies, some thought, while what is considered disruptive in one place may be normal practice in another. Whether a transformative initiative can be implemented slowly over time or whether a

rapid, overarching change in a short period is necessary for true disruption was debated by participants. "It won't happen a step at a time", opined Klasko, "It has to be a category five disruption." "Healthy disruptors" were encouraged to become powerful role models in their communities - and to learn "inter-disciplinary languages" that will help to build bridges between different policy areas and perspectives.
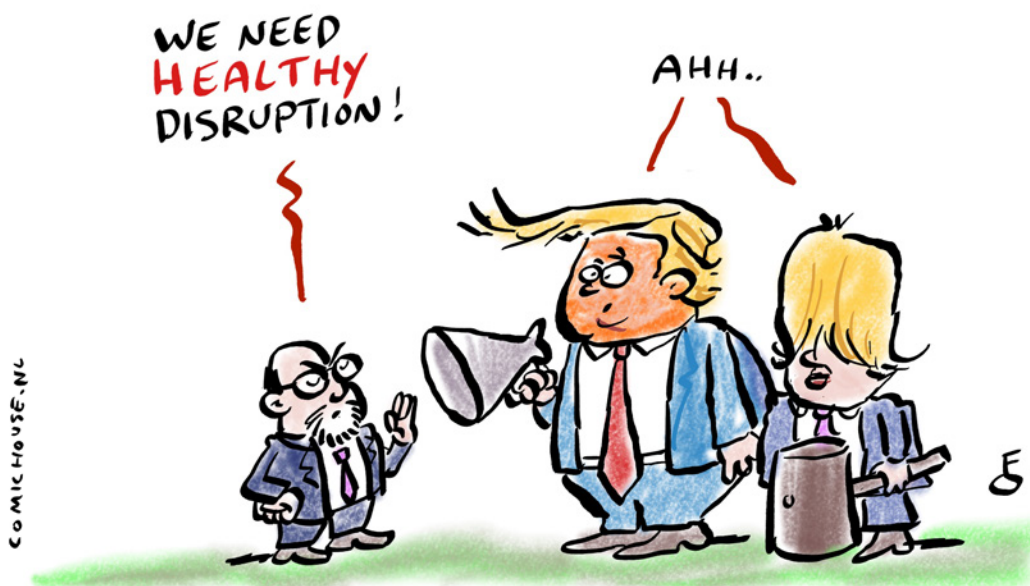
1 Need for disruption
What are our priority areas for change?

Determinants of health

- We need to address all of them – social, behavioural, commercial, environmental.

Health in all policies

- We still need more collaboration across sectors.

Mental health

- The direct and indirect costs of mental ill health in Europe are €600 billion - we can't afford not to invest in prevention!
- Health systems need to prioritise and invest in mental well-being, also as a pre-requisite for enjoying physical health.

People-centred care

- Move healthcare from hospitals to primary healthcare settings.
- Focus on people and empower them in their own (health) goals in life – health literacy!
- Improve health by focusing on social justice and social cohesion.

Carbon neutral healthcare by 2020

- Invest in social and environmental outcomes and principles.
- Implement leaner care pathways to reduce medical waste.
- Focus on upstream illness prevention.

Health inequalities

- It is striking how little awareness there is of the needs of marginalised communities.
- We have a choice between a more inclusive future for health in Europe or the continuous vicious circle that increases health inequalities, bringing loss of economic efficiency and political turmoil.

Health workforce and education

- Destroy the current medical education system and re-design it, based on equality, human rights and quality.
- Deliver improved training on e-skills, health literacy and AI enabled technologies.
- Improve knowledge, skills and values in the workforce for a triple bottom line (better quality of care, lower carbon, lower cost).
- Invest in the changing roles of healthcare professionals – in particular into those that foster interprofessional collaboration.

Digital health

- Facilitate cross-border patient information and e-prescriptions.
- Establish a fair and trustworthy data-based economy. Because if we do not write the rules, someone else will.

Shift to an economy of well-being approach

- Measuring well-being requires looking beyond GDP. Introduce national level well-being budgets focused on the "3Ps" of prosperity, planet and people.
- Intersectoral cooperation and involving the Whole of Society are crucial.
- Demographic change entails multiple opportunities, if we learn to understand and integrate factors of well-being.

Medicine shortages

- Europe needs incentives and sanctions for businesses to prevent shortages.
- EU bodies may need to show regulatory flexibility at times of shortages.

Not really our responsibility?!

Food Industry

Pharma Industry

HELP! We need to do more to prevent diseases!

Health in all policies

Health Literacy

…Anti-coagulation therapy using clopidogrel & aspirin…higher % bleed…single-agent treatment…x…y..What do you think?

4 mins later…

Si?

Determinants of health

Medicine shortages

People-centred care

Health inequalities

Disruption is joining up services around the patient – bringing multidisciplinary teams together. It is valuing the life experience of our patients and embedding them in our team as care navigators.

Pathway, homeless healthcare charity, UK

Mental health

Need for disruption
What are our priority areas for change?

Shift to an economy of well-being approach

Digital health

Carbon neutral healthcare by 2020

Health workforce and education

Investment in economy of wellbeing, social and environmental outcomes

I didn't study medicine to focus on papers…

Which uncomfortable questions should we be asking?

- Are we on track to address the looming threat of antimicrobial resistance?
- Are we ready for the arrival in Europe of dangerous mosquito transmitted infections such as Malaria, Dengue, West Nile Virus, Chikungunya?
- Should we replace the market economy with a commons-based economy = ECOMMONY? This is a change of our conception of human beings and society.
- Is it time to revise the legislative framework for pharmaceuticals at EU level?
- Are health conferences the right place to formulate solutions? How can we do this better?

"Most conversations between Member States, buyers and pharmaceutical companies are held in secret. We need to break the web of secrecy. Many people don´t know what other people in other countries pay for the same medicine."

Chris Fearne, Deputy Prime Minister and Minister for Health, Malta

"We would like to see corporate harm being costed into the bottom line. If companies rather than society had to bear the real costs of their products - if they had to pay for the harm they caused - their products and behaviour would change."

Anna Gilmore, Director, Tobacco Control Research Group, University of Bath

Which establishments and practices need to be challenged?

- We need to challenge the role of industry in health(care).
- The fossil fuel industry and those that continue to invest in them need to be disrupted.
- Lack of meaningful stakeholder engagement – sometimes it is just a tick the box exercise that does not consider contributions.

2 Disrupting for the future we want
What actions should we take now to shape our future?

People-centred care

Throughout the conference, participants echoed appeals to make healthcare truly patient-centred – and beyond that, ensure that citizen empowerment helps to break down silos and hierarchical structures within health systems and put peoples' needs above economic and political interests. In this vein, some participants suggested stakeholder consultations needed serious disruption too, in order to move to the co-production of health and well-being with both patients and the public, based on trust and a common language between all stakeholders involved. This co-design process should involve broad interdisciplinary partnerships to formulate common aims and joint objectives and address the most important issues in different localities, making preventive approaches more effective and in the process democratising health. A switch to more home-based healthcare and enabling greater autonomy and preventive approaches by empowering citizens to obtain access to their personal health data were also highlighted as important.

> "If user needs remain at the forefront of strategies and processes to effect change, smart digitalisation could even restore the human touch in healthcare and empower people globally."
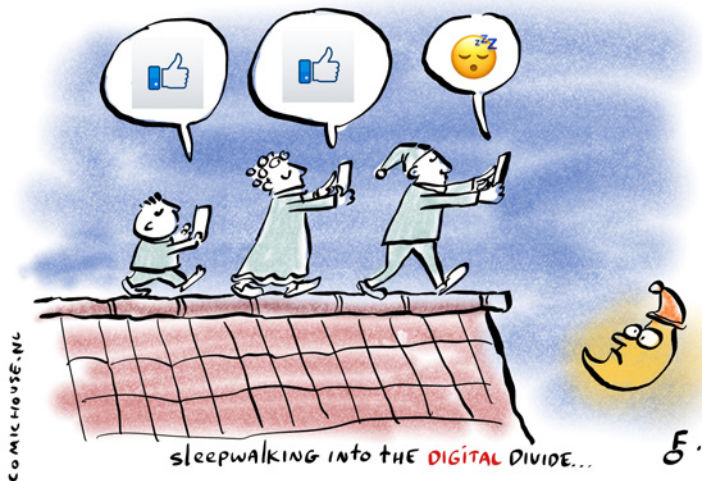
Ran Balicer, Chief Innovation Officer, Clalit and Founding Director, Clalit Research Institute and BGU Public Health Professor, Israel

AN ENEMY?   A SLAVE?

A COLLEAGUE?   A FRIEND?

HOW DO YOU SEE A.I.?

COMICHOUSE.NL
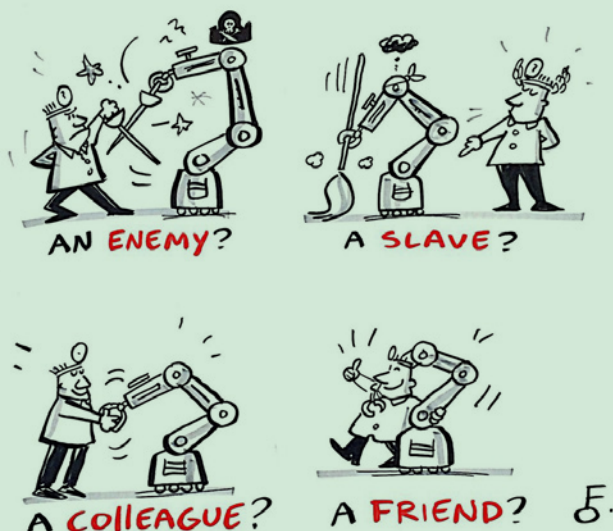
The human touch in a digital world

Are we on the cusp of digital disruption in the health sector - and what does that mean for the human touch in healthcare? Among the discussions of our digital future at the EHFG 2019, there was general agreement that technology should never replace human judgement: "Algorithms aren't value-based, only people are value-driven", affirmed Anna Stavdal, President-Elect, WONCA World. Stephen Klasko reminded us that while humans have the benefit of wisdom, we cannot outsmart computers. However, humans stand out in their ability to ask the

sleepwalking into the DIGITAL DIVIDE...

right questions. Many experts stressed that digitising poor processes won´t cure them. "If you take a broken clinical process and digitalise it, then you get a costly, broken, digitalised process, said Ran Balicer, Chief Innovation Officer, Clalit and Founding Director, Clalit Research Institute and BGU Public Health Professor, Israel. He took a more pragmatic approach: "To move towards modern predictive, proactive population health, which can change the current paradigm of care, we should reimagine health processes and support them with technology. If user needs remain at the forefront of strategies and processes to effect change, smart digitalisation could even restore the human touch in healthcare and empower people globally."

Participants recognised challenges, including interoperability of systems, how to encourage greater inter-professional data sharing, the ever-present issue of standards, security, frameworks and collaborations, and how to ensure a fair and trustworthy data-based economy. Indra Joshi, Head of Digital Health and AI at NHSX, England, reminded us that the wider healthcare workforce also needs to become digitally savvy. Those working in care and community practice may also need support to understand new tools and explain these to their patients, some of whom may otherwise struggle in a digital future. Cautionary notes were also sounded regarding the misperceptions or the as yet unfulfilled promises of what AI and digital health can deliver in terms of transformative practices or processes. Hans

Kluge, Regional Director-elect, World Health Organization Regional Office for Europe, warned that we are sleepwalking into a worsening digital divide and leveraging digital technologies urgently requires new models of governance and effective political leadership, safety codes and standards. Yet, these barriers should not be used as excuses for halting further digitalisation in health, and we should always consider the risk of not acting: Ran Balicer pointed out that human medical errors are the third leading cause of death. There were promising examples of connecting digital data solutions to previously rather analogue processes in public health. Tyra Grove Krause, Head of Department of Infectious Disease Epidemiology and Prevention, Statens Serum Institute, demonstrated how Danish citizens profit from public registers on the effectiveness and safety of vaccines. However, she pointed to the pitfalls of data-driven information systems too – concluding that in order to avail ourselves of digital advantages, we also "need to embrace imperfect data." Yet others suggested the focus on digital health diverts from the discussion of universal healthcare access, with which Europe is still struggling, particularly for marginalised groups.

> "Algorithms are not value based – people's choices are value-based."

> **Anna Stavdal, President-Elect of WONCA World, Lecturer and Associate Professor, University of Oslo**

Health inequalities

Disrupting the phenomenon of widening health inequalities was also a central theme of the EHFG 2019, with calls to balance health systems and address all health determinants

(including social and economic, physical, environmental, commercial factors) and relationships that contribute to health and well-being in all policy decisions. Marginalised communities including the homeless, sex workers, prisoners, drug users and LGBTI community are all too frequently excluded from healthcare systems, and measures to improve access and equity were discussed, supported by stories from those communities in the form of a powerful and moving photo exhibition. Vytenis Andriukaitis, European Commissioner for Health and Food Safety, praised the difficult but excellent work of the Nobody Left Outside (NLO) Network, while Jeffrey Lazarus, Associate Research Professor, Barcelona Institute for Global Health, presented the initiative's co-created service design checklist, shaped to support the delivery of care to marginalised communities. We have a choice between a more inclusive future for health in Europe or a continuous vicious circle that increases health inequalities, resulting in reduced economic efficiency and potentially increased political instability, some suggested. Others highlighted that it was striking how little awareness there is of the needs of marginalised communities - groups living in poverty, people struggling, stigmatised and often disconnected. One

way of addressing this is by promoting and engaging with community initiatives, said Dinah Bons, Strategic Director of Transgender Europe and an activist for the rights of sex workers. Actions beyond the health sector remain crucial to address these inequalities.

Economy of well-being

While well-being is cherished as a value in and of itself, the Economy of Well-being recognises the virtuous cycle of sustainable economies and well-being in the EU and should be advocated across policy silos including the economy, environment, employment, education, social and health policies. "Such partnerships are not goodwill, they are a societal duty" implored Päivi Sillanaukee, Director General, Ministry of Social Affairs and Health, Finland. The Finns have made this topic a focus of their 2019 Presidency of the Council of the European Union, urging EU decision-makers to recognise that people's well-being is a prerequisite for economic growth and social and economic stability, and a cornerstone of the EU as a common European value. "Decision-makers need to understand the link between the economy and well-being to make the right investments" said Eila Mäkipää, State Secretary, Ministry of Social Affairs and Health, Finland. Measuring well-being requires looking beyond the traditional measurement of GDP, fostering intersectoral cooperation and taking a "whole of society" approach. Using well-being as a lens to foster economic and societal stability in the EU gained support and evoked disruptive ideas from participants, such as national level well-being budgets focused on the "3Ps" of prosperity, planet and people, with a Well-being Index across all policies as a measure of a successful society. Questions addressed how to improve measurement, ensure sensitivity to inequalities, strengthen communication between sectors, and what practical steps could be taken to integrate an economy of well-being approach into EU policy. The Finnish Presidency aims to

create continuity and promote further action on this topic through forthcoming European Council conclusions. Mate Car, Assistant Minister, Ministry of Health, Croatia, added that Croatia's upcoming presidency of the Council of the European Union would carry the legacy around well-being forward, too – healthy ageing will be high on the Croatian Presidency's agenda, Car confirmed, and after all "a pre-condition for healthy ageing is healthy living - and care for health throughout people's lives."

> "Saving the world has to become good business."
>
> **Esko Aho, CEO, Verbatum and former Prime Minister, Finland**

Transforming health systems

Discussing priorities for European health research, participants called for an examination of the health research life-cycle in all its stages and sensitivities, as well as the way funding is allocated. For areas of high unmet need (e.g. antibiotics), more funding or new economic models such as separating research in new pharmaceuticals from marketing and production may be needed, some thought. There were also calls for the disruption of current health financing mechanisms to promote affordability and sustainability, e.g. looking at clinical pathways from a treatment point of view rather than focusing on diseases, or multi-year budgeting of health expenditures to integrate the value of new technologies across silo budgets. New WHO evidence, presented by Tamás Evetovits, Head of the WHO Barcelona Office for Health Systems Strengthening

and Jonathan Cylus, Economist and London Hub Coordinator, European Observatory on Health Systems and Policies, revealed that financial hardship due to healthcare costs and unmet needs exist in all countries of the European Region to varying degrees, with the poorest households suffering most from user charges and outpatient prescriptions. Together with Sarah Thomson, Senior Health Financing Specialist, WHO Barcelona Office for Health Systems Strengthening, participants discussed avenues to increase financial protection, including co-payment exemptions for poorer people, regular users and social beneficiaries; implementing protective caps; avoiding percentage payments and keeping rules simple as well as reducing bureaucracy. Strengthening governance to precipitate better health system performance was also a topic on the agenda, with speakers reflecting on lessons learned from health system reform in Ireland and Finland, such as willingness and openness to reform, the ability to make mistakes, adopt learnings and then try again, and the importance of strong leadership. With a clear vision and political will, an appropriate window of opportunity, transparency and trust, change in healthcare governance is possible, speakers concluded.

The climate crisis is a public health emergency

The EHFG 2019 framed the climate crisis, collapse of biodiversity and the widespread pollution of air, water and soil as the biggest health threat that humankind has ever faced. The scientific evidence is clear, and the stakes have never been higher: the implications of global heating for human health and well-being are catastrophic. Time is short, with the UN IPCC suggesting we have just a decade to limit heating to 1.5ºC, beyond which hundreds of millions of people will be severely affected by extreme heat, drought, crop failure, mass starvation, flooding and poverty, potentially leading to the collapse of many urban civilisations. "As politicians we can march on the streets or we

> "We have ten years to change the way we are living, producing and consuming."

Veronica Manfredi, Director, Quality of Life, European Commission Directorate-General for the Environment

can join forces and work on a new paradigm where climate change is addressed in all our policies", stated Vytenis Andriukaitis. With the healthcare sector accounting for over 4% of global greenhouse gas emissions, it is clearly part of the problem - existing medical infrastructure and equipment and pharmaceuticals comprise a major part of these emissions. Carbon neutral hospitals and energy systems are therefore required, with participants advocating for carbon foot-printing of medical products, procedures and specialties and leaner care pathways. However, a more upstream solution was also highlighted: "The best thing we can do to keep people healthy is to keep them away from hospitals. Prevention is the superpower and public health is the sector that can drive it," advocated Stefi Barna, Co-Director of the Sustainable Healthcare Education Network, Centre for Sustainable Healthcare. Participants highlighted necessary steps towards this goal, including investing in social and environmental outcomes and principles, effective use of regulatory measures including taxes, addressing vaccine hesitancy and promoting easier access to vaccines and consistently implementing proven best-buys (for example in the case of alcohol policy).

At a global level there were calls for immediate legislation – and follow-through on implementing existing legislation - to fulfil the terms of the Paris Agreement, which contains measures aimed at limiting temperature rise to below two degrees Celsius above pre-industrial levels and to strengthen mitigation efforts to deal with the impact of rising temperatures. At a European level, Veronica Manfredi, Director, Quality of Life, European Commission Directorate-General for the Environment, stressed how the new EC under President-Elect Ursula von der Leyen is prioritising the European Green deal aimed at tackling the root causes of the climate crisis in tandem with pollution, as well as their impacts. "We have ten years to change the way we are living, producing and consuming", she stated, acknowledging that in order to reach the goal of carbon neutrality in Europe "we have the tools, we have the technology - we simply need better political will."

> "The real concern is that we may be moving towards catastrophic effects post 2050 if we exceed the temperature threshold of 1.5 degrees."

Sir Andrew Haines, Professor of Environmental Change and Public Health, London School of Hygiene & Tropical Medicine
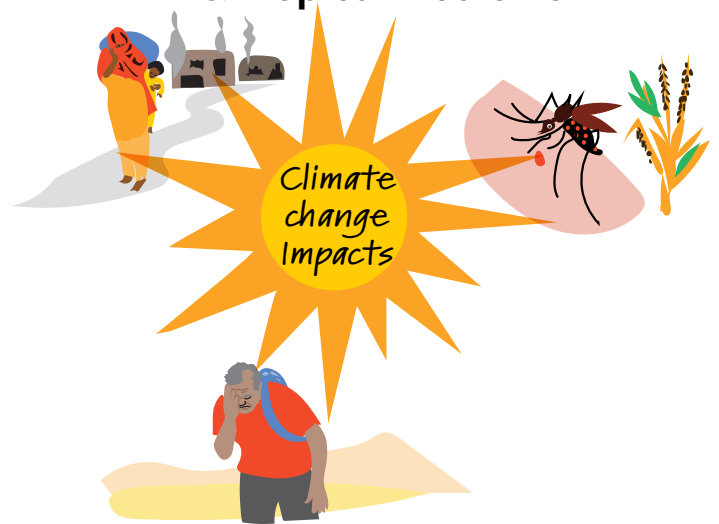
3 Faces of disruption
Who are the agents of change?

Spotlight Actors

True healthcare disruptors who are the sparks of positive changes:

"We need to move resources from reactive to proactive actions. We spend more than 90% of resources on curing people, while spending less than 5% on the root causes of what makes people sick."

Walter Ricciardi, Catholic University of the Sacred Heart, Rome, Italy

"Disruption is creating micro to macro impact and focusing on prevention. Disruption comes from repeatedly and sustainably applying effort to facilitate change."

Mariana Dolores, President, Mundo a Sorrir, Portugal

"We have to move the paradigm regarding data – it's no longer about data ownership, it's the flow of data: who's controlling the data, who is processing the data, what is the impact of that data."

Indra Joshi, Head of Digital Health and AI, NHSX, England

"We would like more attention paid to the mental health of patients throughout their illness."

Melanie Kennedy, Founder, Northern Ireland Cancer Advocacy Movement, UK

"We need to disrupt medical education – in fact not just disrupt, we need to destroy and rebuild it."

Batool Al-Wahdani, Youth Advocate and former President of the International Federation of Medical Students Associations

"Disruption is to bring about a change that addresses, fundamentally, the root causes of a problem - using a participatory process. Disruptive innovation is only possible with the ownership of those involved."

Jan De Maeseneer, Ghent University & Former Chairman, European Forum for Primary Care, Belgium

Patients are the agents of change in the health system

Partnership between experts

Meaningful involvement of *marginalised communities*

Marginalised Communities

Faces of Disruption
Who are the agents of change?

Patients

Medical Professionals

Young People

Psychologists

Nurses

Family Doctor

Dentists

"Young people, Go for it!"

THEN...

GIVE US TOOLS FOR DISRUPTION!

> "We need to raise our voices now and unite progressive agendas in every country, every city, every community, every village."

Vytenis Andriukaitis, European Commissioner for Health and Food Safety

Conclusion

A healthy dose of disruption?

Across sessions and topics at the EHFG 2019, a call for solidarity, transparency and courage in tackling health and well-being, and by extension societal stability and prosperity, prevailed. Chris Fearne, Deputy Prime Minister and Minister for Health, Malta, reminded us that health is a political choice and requires the highest political commitment. He called for health to assume greater importance by falling under the direct responsibility of Prime Ministers. "If we are to overcome the many challenges society faces", summarised Vytenis Andriukaitis, "we need to see much more honesty from people who govern and much more disruption in terms of how we think about health. This is a joint responsibility for all of us – policymakers, industry, NGOs, patients - on the things that really matter."

FIRESIDE CHATS ..

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IDENTIFYING THE ELEPHANT IN THE ROOM ..
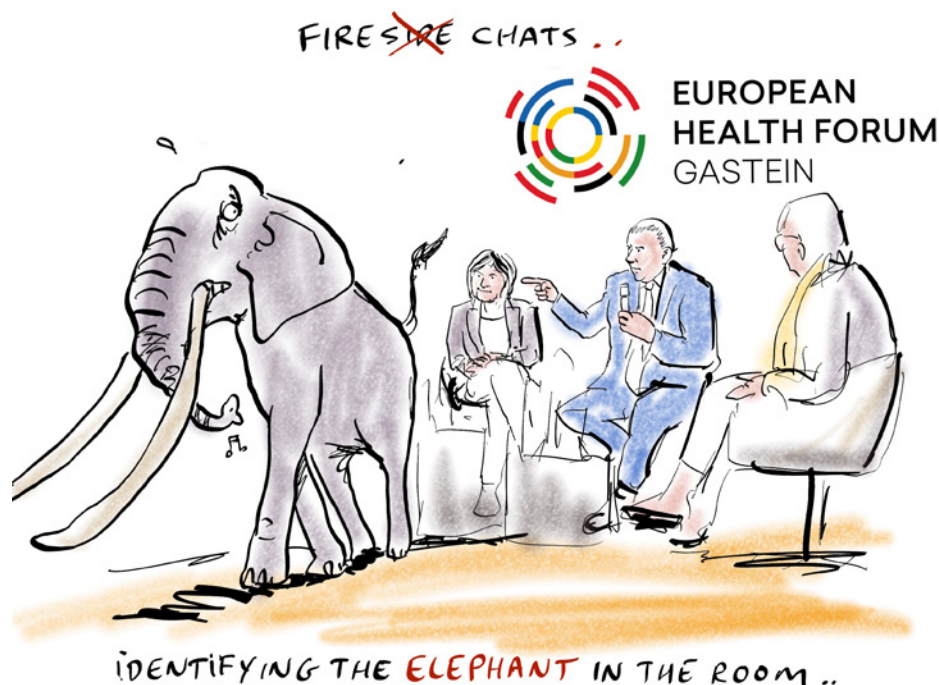
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