

16th European Health Forum GASTEIN

Resilient and Innovative Health Systems for Europe

*What are the lessons
for & from Austria?*

Josep Figueras
**European Observatory
on Health Systems and Policies**



www.ehfg.org



Forum der forschenden
pharmazeutischen Industrie
in Österreich

FOPI



Health Systems in Transition

Vol. 15 No. 7 2013

Austria

Health system review

Maria M. Hofmarcher

But..... What is resilience?

- Resilience is the intrinsic ability of a system to adapt and respond to **unexpected** internal and external **pressures and shocks**.
- Not only surviving but **coming back stronger**
- From Physics, Biology and Psychology but also applied to **Social Systems**
- Resilience rests on **strong governance** including accountability, transparency, participation and policy capacity

The Questions

1. What are the key **strategies** to make health system resilient?
2. What are the most important **innovations** to promote health system performance and resilience?
3. How can decision makers best introduce and **implement** those innovations?



Voices from Europe



Forum 1 | Mental health

Forum 2 | Investing in health

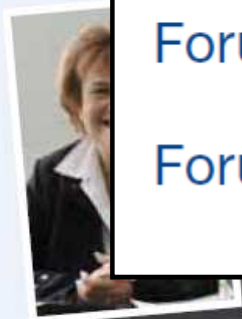
Forum 3 | Free-Trade Zone EU-US

Forum 4 | Building resilient healthcare systems

Forum 5 | mHealth for innovation

Forum 6 | Non-communicable diseases

Zsuzsanna
Regional D
World Hea
Organizati
Office for





Voices from Europe



Zsuzsanna Jakab,
Regional Director,
World Health
Organization Regional
Office for Europe

Tonio Borg,
EU Commissioner
for Health

Helmut Brand,
Jean Monnet Professor
of European Public
Health and Head of
the Department of
International Health,
Maastricht University
(EHFG President)

**Vytenis Povilas
Andruikaitis**,
Minister of Health,
Republic of Lithuania
(holding the EU
Presidency in
July-December 2013)

... inska,
General,
Public Health
(HA)



1. Strategies



2. Innovations



3. Implementation



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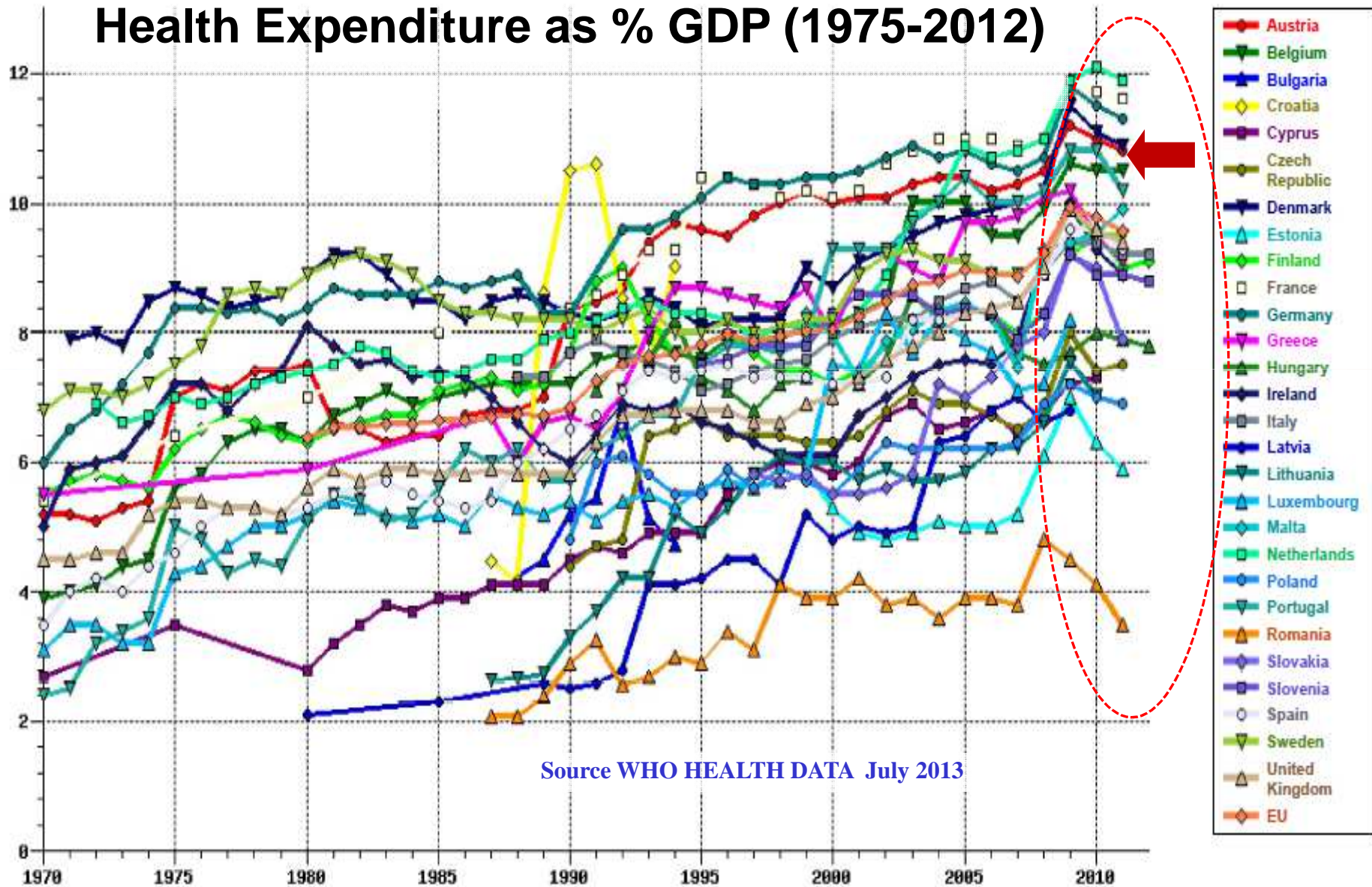


1. Key Strategies for HS Resilience

1. Making the case for health as an investment
2. Maintaining stable funding & population coverage
3. Generating savings / enhancing efficiency
 - Rationalising hospital services
 - Strengthening Primary Health Care
 - Enhancing integrated care
 - Linking provider payment to performance
 - Optimal human resource level and skill mix
 - Increasing prevention / Health in All Policies

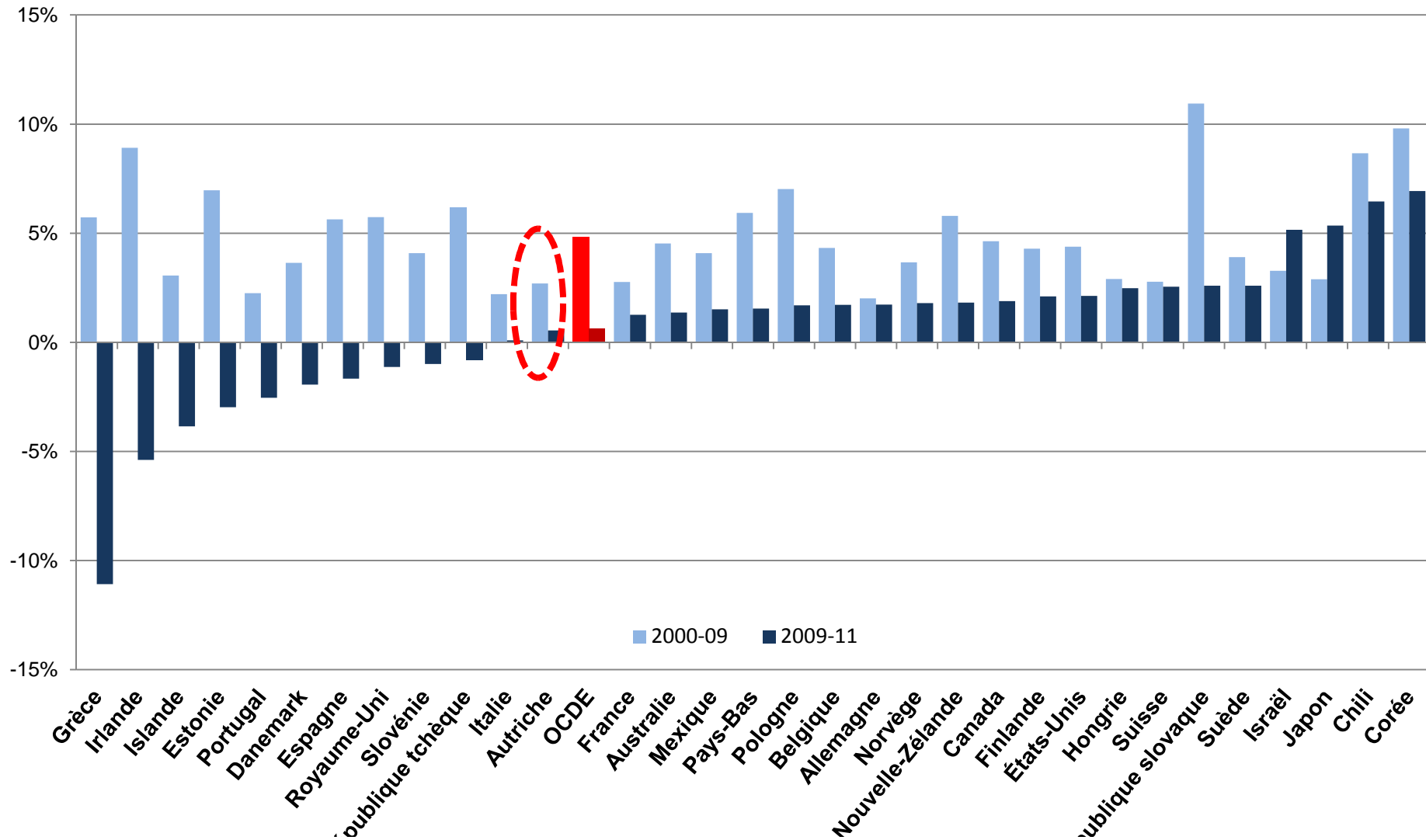
An ever increasing curve...?

Health Expenditure as % GDP (1975-2012)



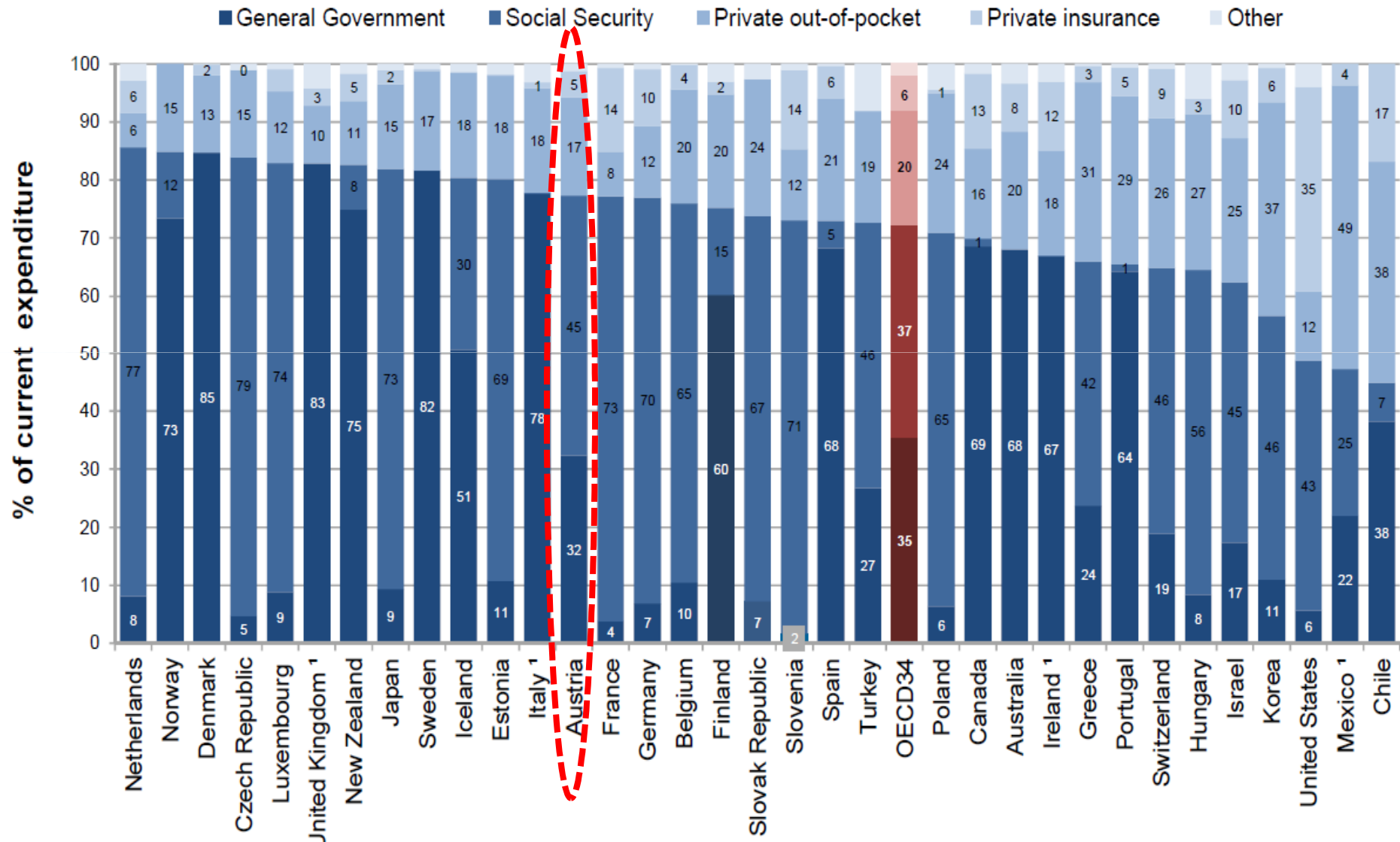
Source WHO HEALTH DATA July 2013

Health expenditure growth rates 2000 -09 & 2009-11, by OECD country



Source: OECD Health Data, 2013 – Preliminary. From V Paris

Public / Private funding in the OECD



Source: OECD 2013

Response to the Financial Crisis, 2012

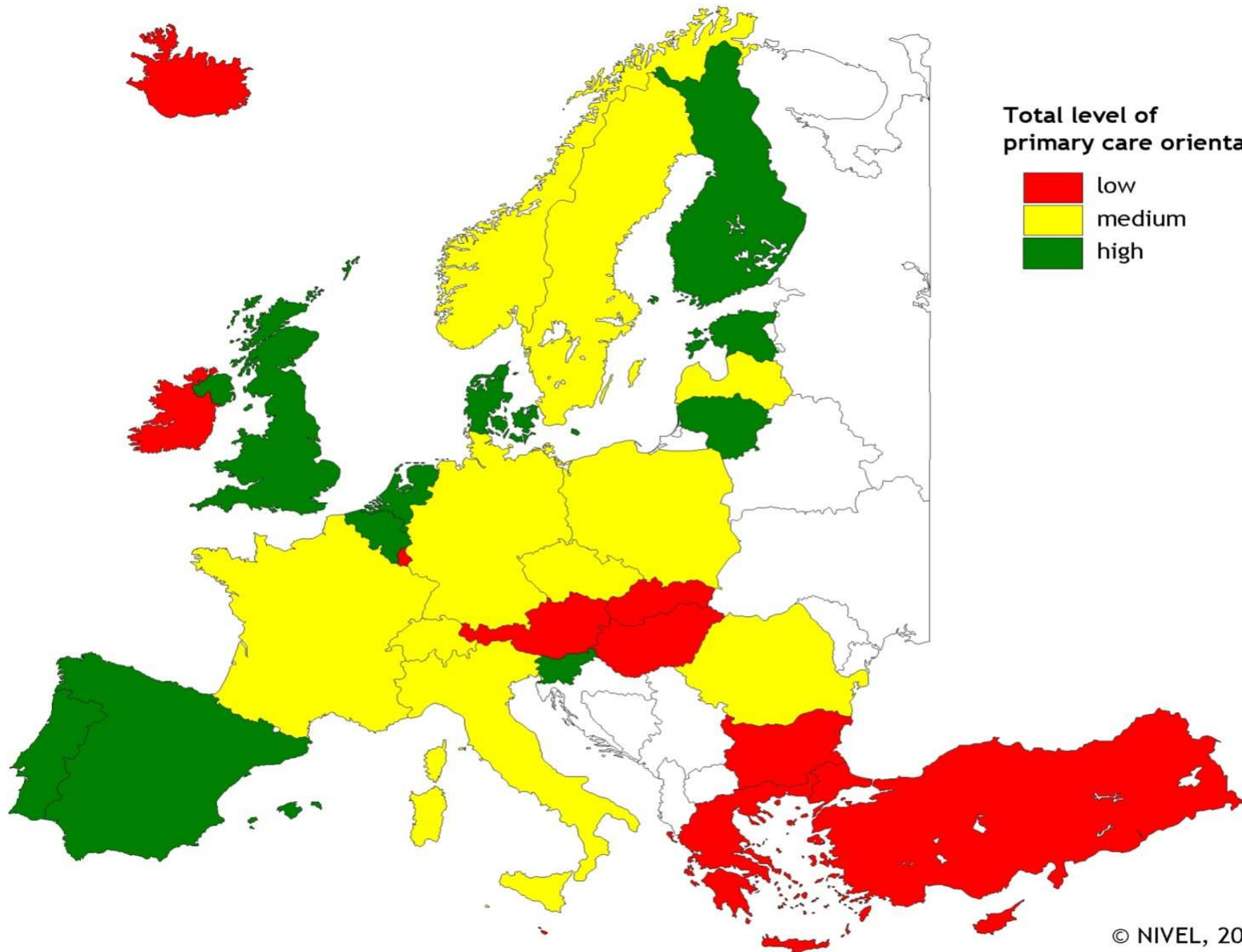
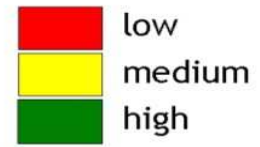
Dimensions

COVERAGE	Population	Benefits	User Charges
No change	BG HR DE DK EE FI HU IT NL PT RO SK UK	DE DK FI LT SK SE SI UK	
Increase	AT BE FR LT SE	AT BG BE FR IT	AT BE DE DK HU SK
Decrease	CY CZ ES IE	CY CZ EE EL ES HU IE LV NL PT RO	BG CY CZ IE RO SI
Mixed	LV SI		EE EL ES FI FR IT LT LV NL PT UK

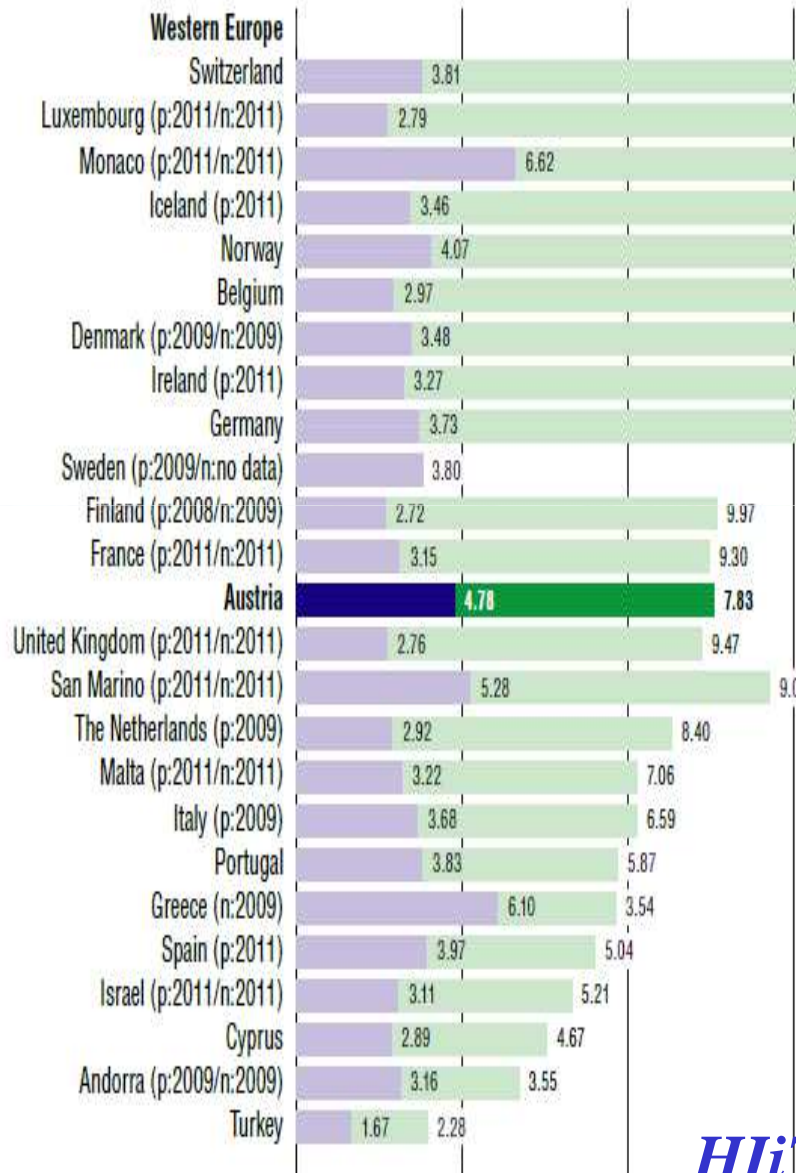
1. Key Strategies for HS Resilience

1. Making the case for health as investment
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 - Rationalising hospital services
 - Strengthening **Primary Health Care**
 - Enhancing **integrated care**
 - Linking provider payment to performance
 - Aligning incentives
 - Optimal human resource level and **skill mix**
 - Increasing prevention / **Health in All Policies**

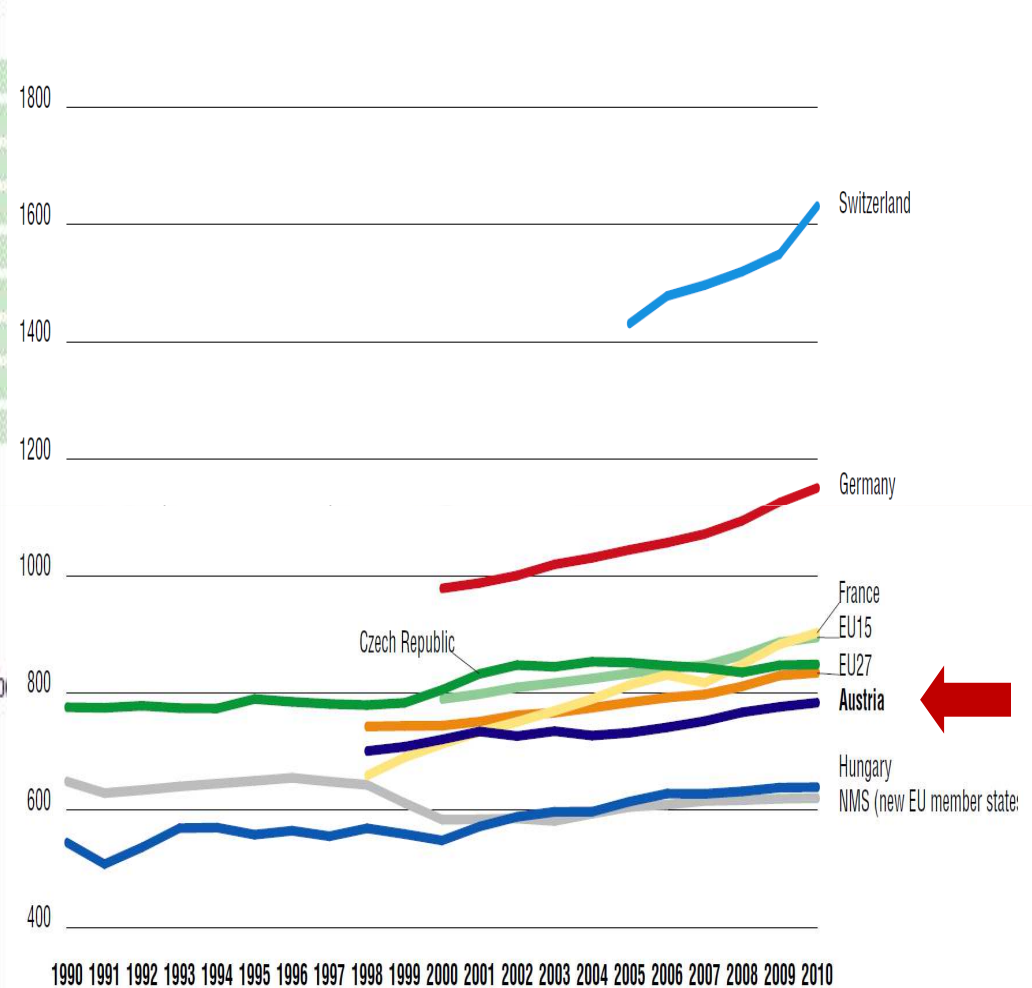
**Total level of
primary care orientation**



Number of physicians and nursing staff per 1 000 inhabitants, 2010 or latest available year



Nursing staff numbers per 100 000 inhabitants, 1990–2010

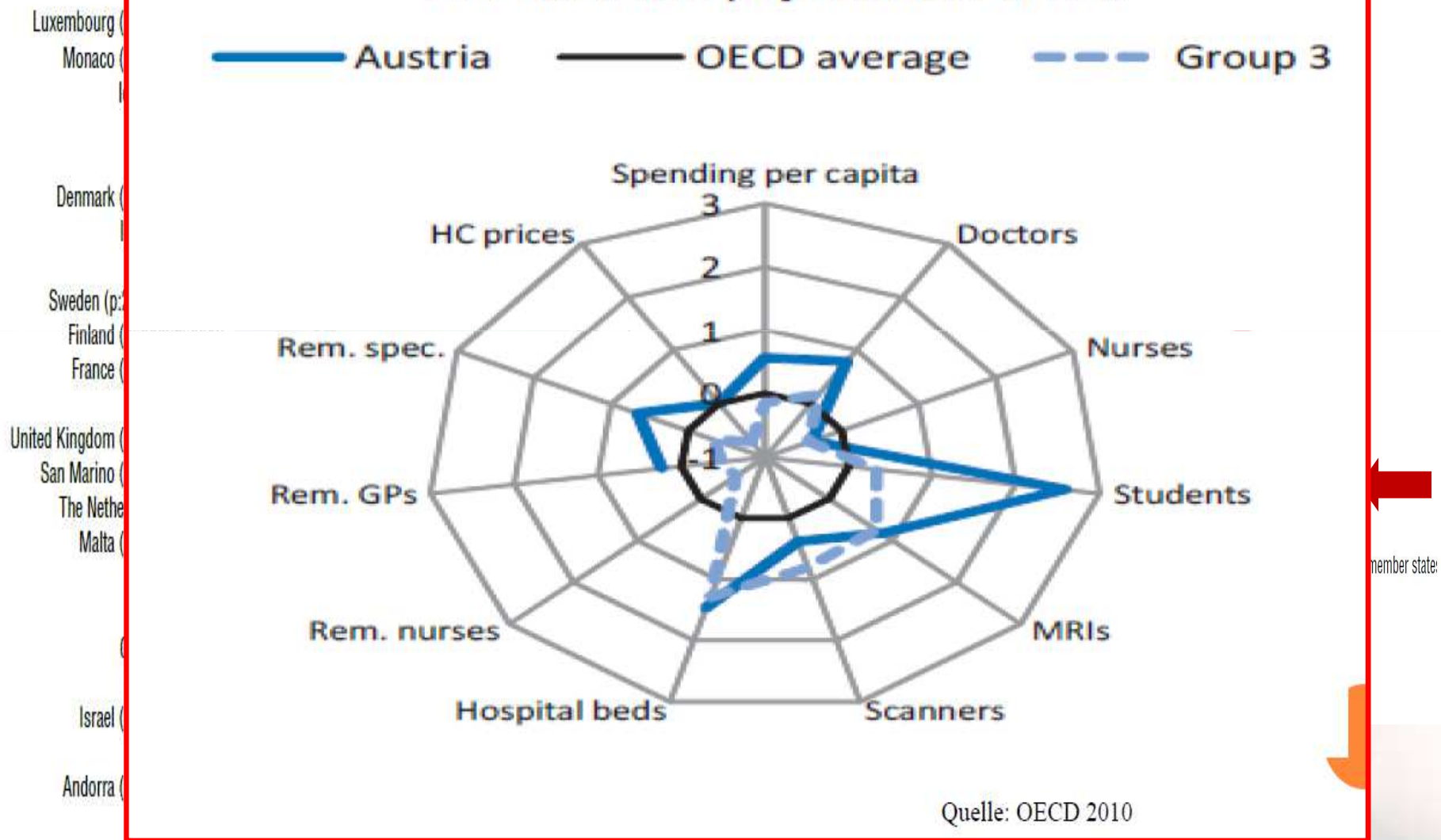


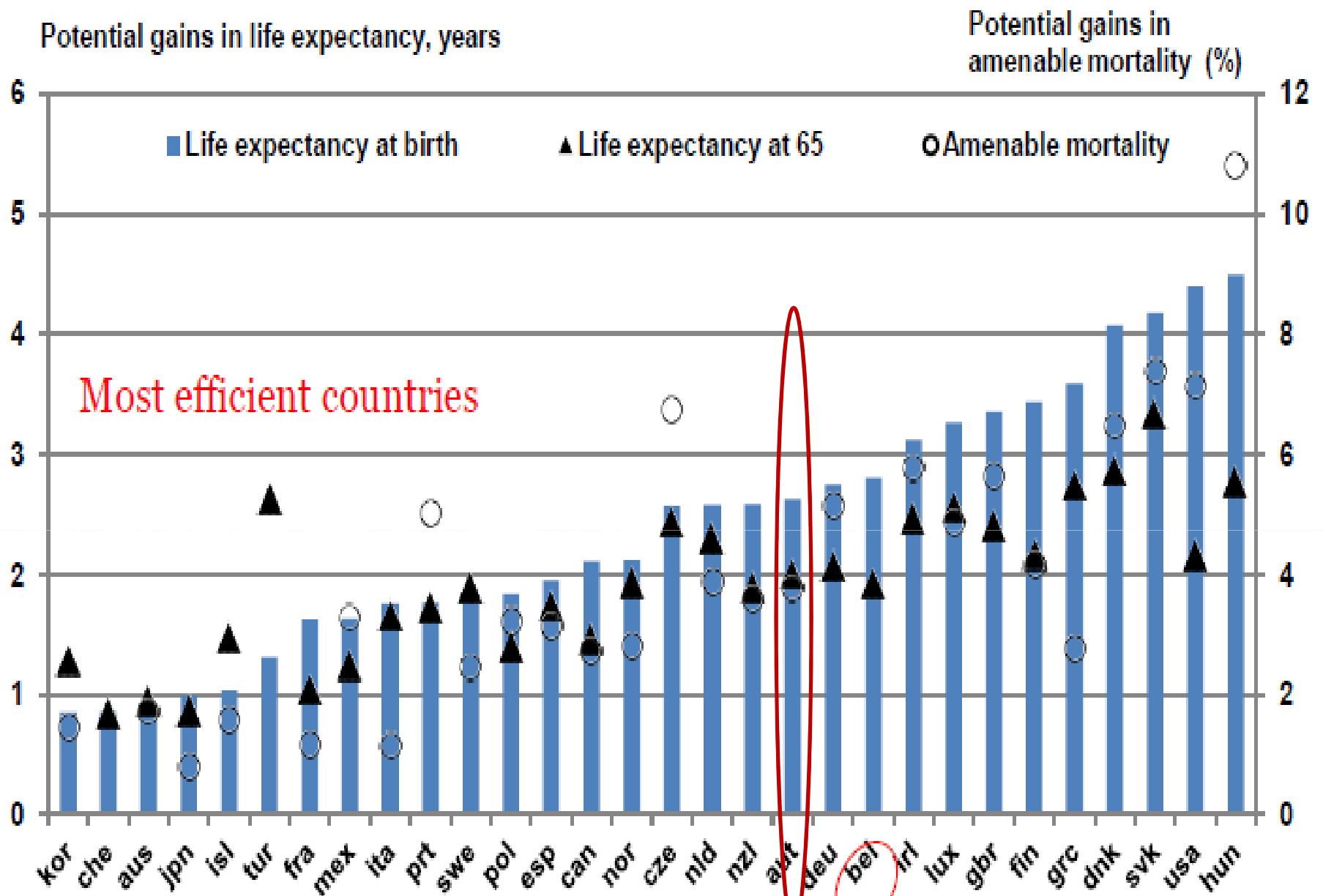
Number of physicians and nursing staff per 1 000 inhabitants, 2010 or latest available year

Austria: health care indicators
 Group 3: Austria, Czech Republic, Greece, Japan, Korea, Luxembourg

C. Prices and physical resources

— Austria — OECD average - - - Group 3





Source: Joumard , André & Nicq (2010), «Health Care Systems: Efficiency and Institutions», OECD Economics Department Working Paper No. 769

Economics of Prevention

Table 3.3 Dominant (cost-saving) preventive interventions for non-communicable disease, ACE-Prevention

Topic area	Intervention	Lifetime health impact*	Annual intervention cost*	Strength of evidence
		++	+	Likely
		+++	+	Likely
		+	+	Limited
	Drinking age to 21 (with or without indexation)	+	+	Limited
		+++	+	Likely
		++	++	Sufficient
		++	++	Inconclusive
	Metabolic intake promotion	+	++	May be effective
		+	+	Likely
		+++	+	Likely
		+++	+	May be effective
	Program	++	+	May be effective
	Risk	+++	+++	Likely
	and alendronate	++	++	Sufficient
	ulin to infants born to	+	+	Sufficient
		+	+	Sufficient
	ants with mothers from	+	+	Sufficient
	inhibitors for diabetics	++	+	Sufficient
	attempt	+	+	Sufficient
	Individuals at ultra-high risk for	+	+	Likely
	Fluoridation drinking water, non-remote	+	+	Limited

ACE, angiotensin-converting enzyme; CVD, cardiovascular disease

Cost saving interventions – Vos et al 2010

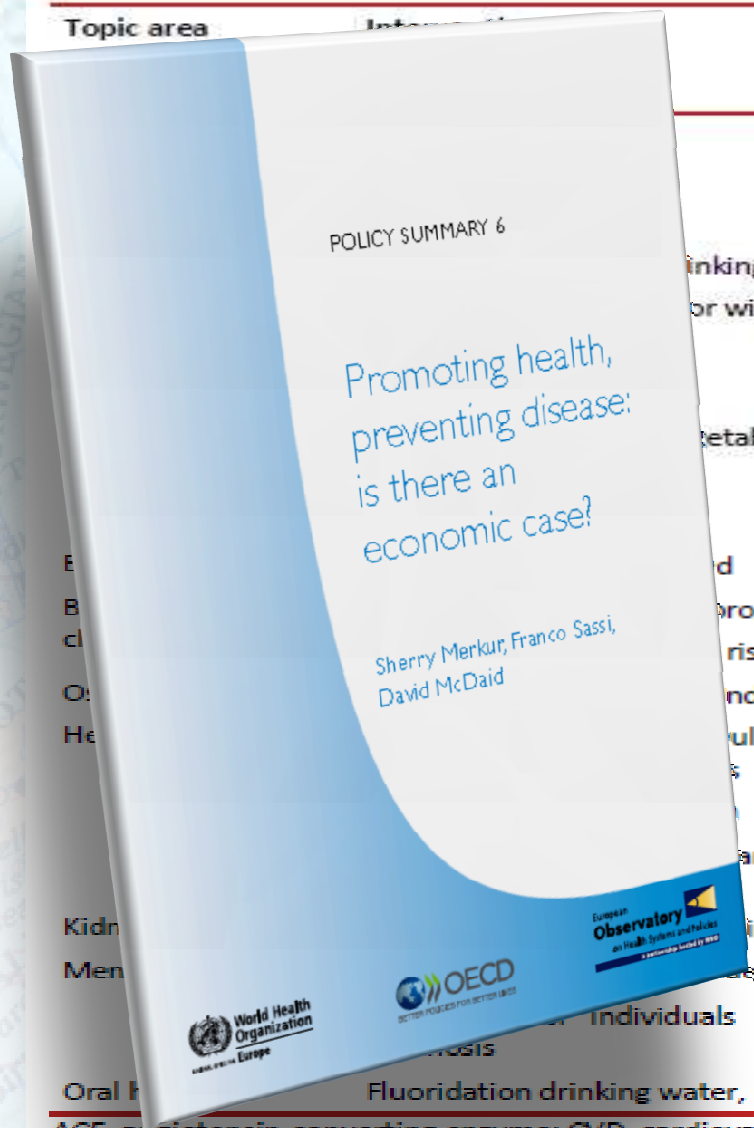
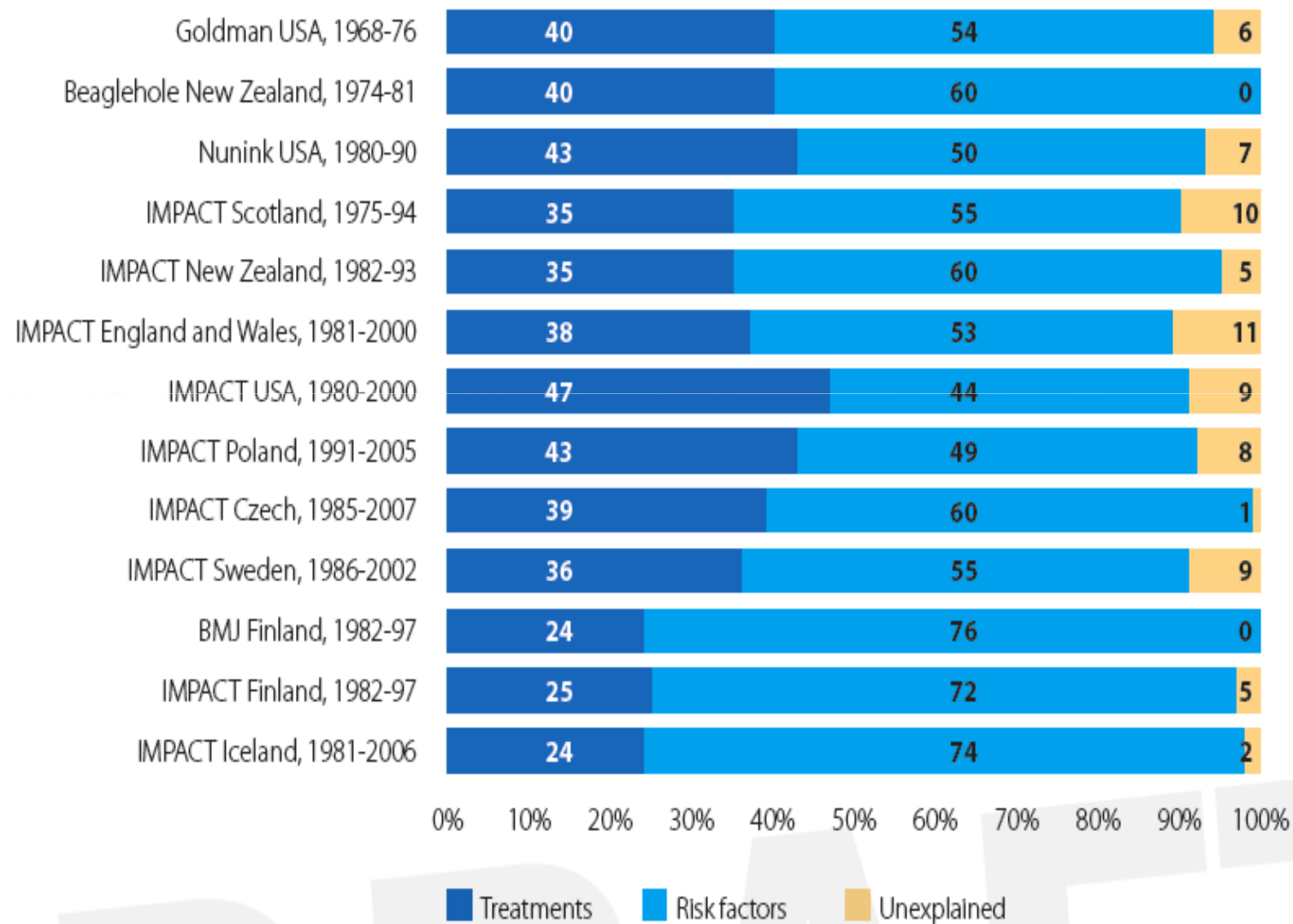


Fig. 2. Contribution of treatment and risk factor reduction to the decline in global coronary heart disease mortality



Source: Ford et al. (11).

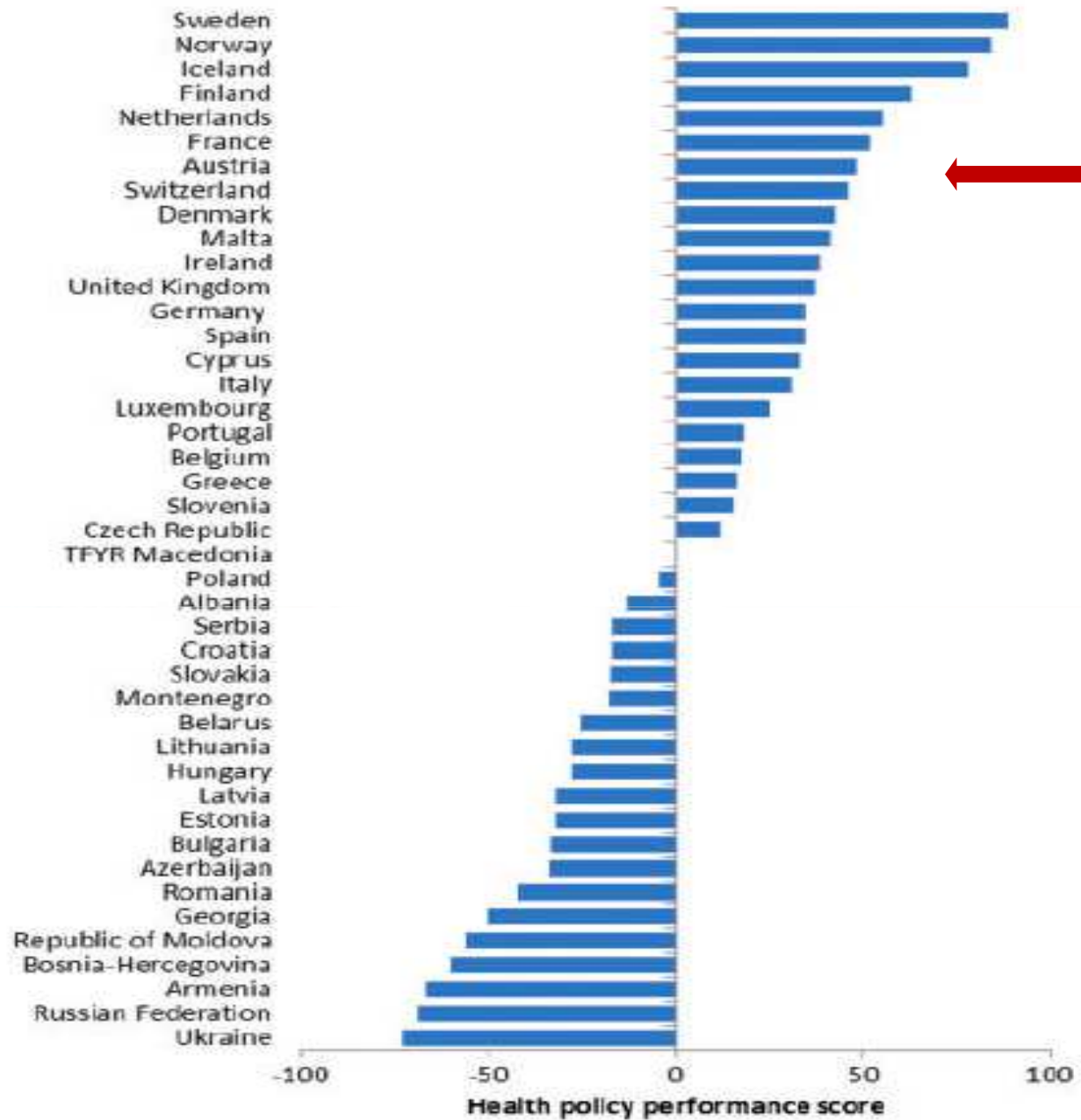
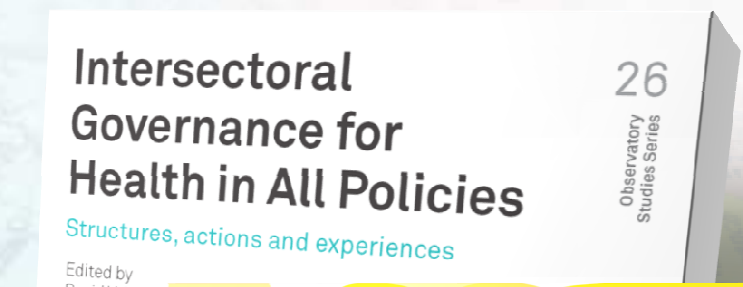
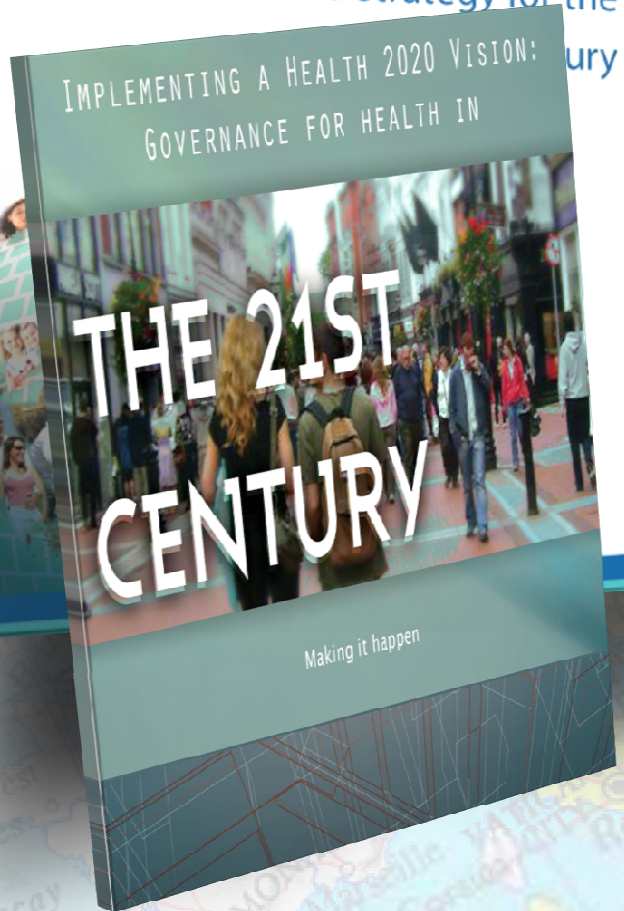


Figure 1 Summary scores for health policy performance, by country

2. Innovations to promote HS resilience

1. Technological, organizational and social
2. **Skill mix** and task shifting
3. Translating **HIAP into practice**
4. Ensuring **health behavior change**
5. **Patient centeredness in practice**
6. Technological (IT, Ehealth,...) **innovation:**
 - ***Will it save the day?***
7. Strengthening **HTA & regulation**



Edited by
David V. McQuinn
Matthias Wiseman
Vivian Lin
Catherine M. J. ...
Maggie Davies



Government

*Cabinet Committees
and Secretariats*

Parliament

*Parliamentary
Committees*

Civil service

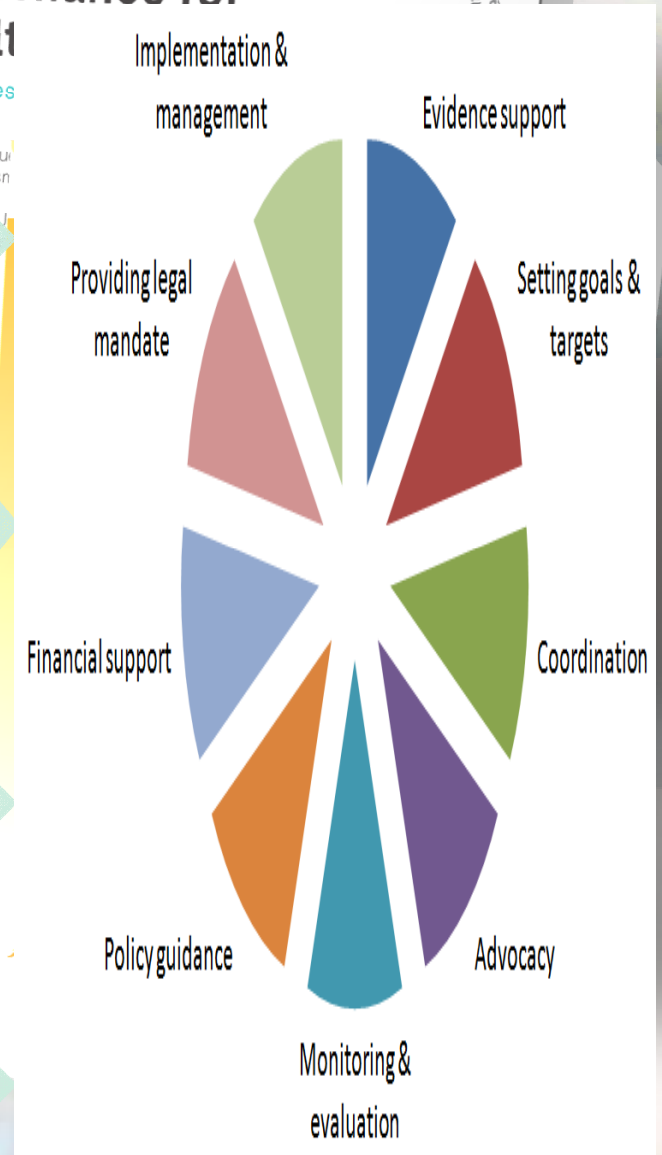
*Interdepartmental
Committees & Units
Mega-ministries /
Mergers*

*Funding
arrangements*

*Joint Budgeting
Delegated
Financing*

*Engagement
beyond
government*

*Public
Stakeholder
Industry*



Innovation: will it save the day?

THE "VALUE" PROPOSITION OF INNOVATION IN HEALTH CARE

Impact of the innovation on outcome:

Impact of innovation on total treatment cost:

DECREASE

NO CHANGE

INCREASE

OUTCOME
IMPROVES

Adds value

Adds value

**Calls for
benefit-cost
analysis**

NO CHANGE
IN OUTCOME

Adds value

Does nothing

Lowers value
and should be
rejected

OUTCOME IS
WORSE

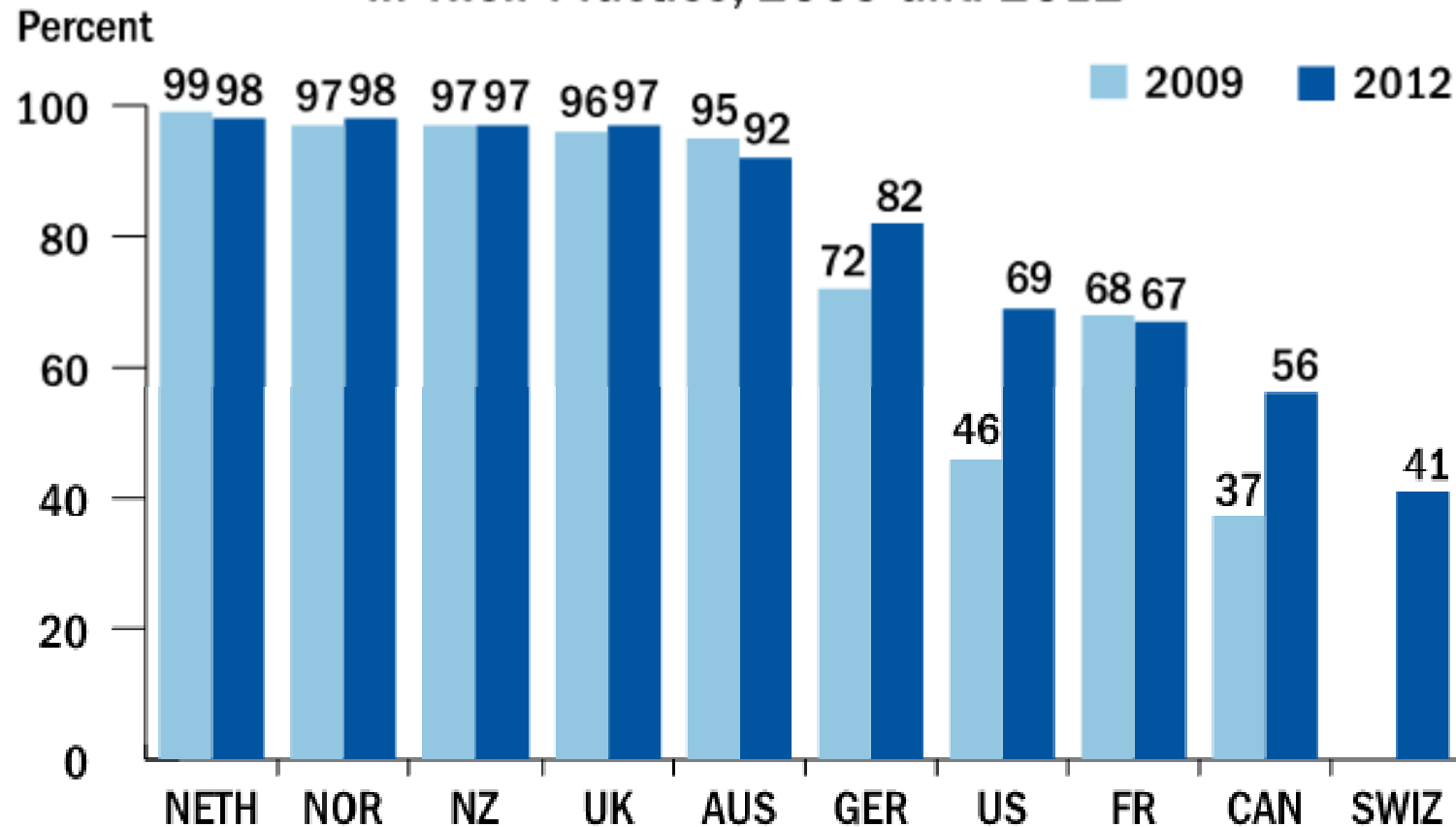
**Calls for
benefit-cost
analysis**

Lowers value
and should be
rejected

Lowers value
and should be
rejected

Innovation: will it save the day?

Primary Care Doctors' Use of Electronic Medical Records
in Their Practice, 2009 and 2012



Data: 2009 and 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
Source: Adapted from C. Schoen, R. Osborn, D. Squires et al., "A Survey of Primary Care Doctors in Ten Countries Shows Progress in Use of Health Information Technology, Less in Other Areas," *Health Affairs* Web First, published online Nov. 15, 2012.

3. Implementing / introducing innovations for performance / resilience

- **Governance**
- **Vision and leadership**
- **Policy capacity**
- **Transparency (performance measurement)**
 - Provider (e.g. hospitals) benchmarking
- **Participation of and communication with**
 - Health Professionals e.g. to identify & address waste
 - Consumers e.g. to increase acceptability of reform





























3. Implementing / introducing innovations for performance / resilience

- **Governance**
- **Vision and leadership**
- **Policy capacity**
- **Transparency**
- **Devolution / Decentralization challenges**
 - **Performance measurement** (e.g. hospitals) **Performance measurement**
 - **Performance measurement** (e.g. hospitals) **Performance measurement**
- **Participation of and communication with**
 - **Governance / funding fragmentation**
 - **Health Professionals** e.g. to identify & address waste
 - **Regulation complexities**
 - **Consumers** e.g. to increase acceptability of reform

AUSTRIA LOVES IT'S HEALTH SYSTEM

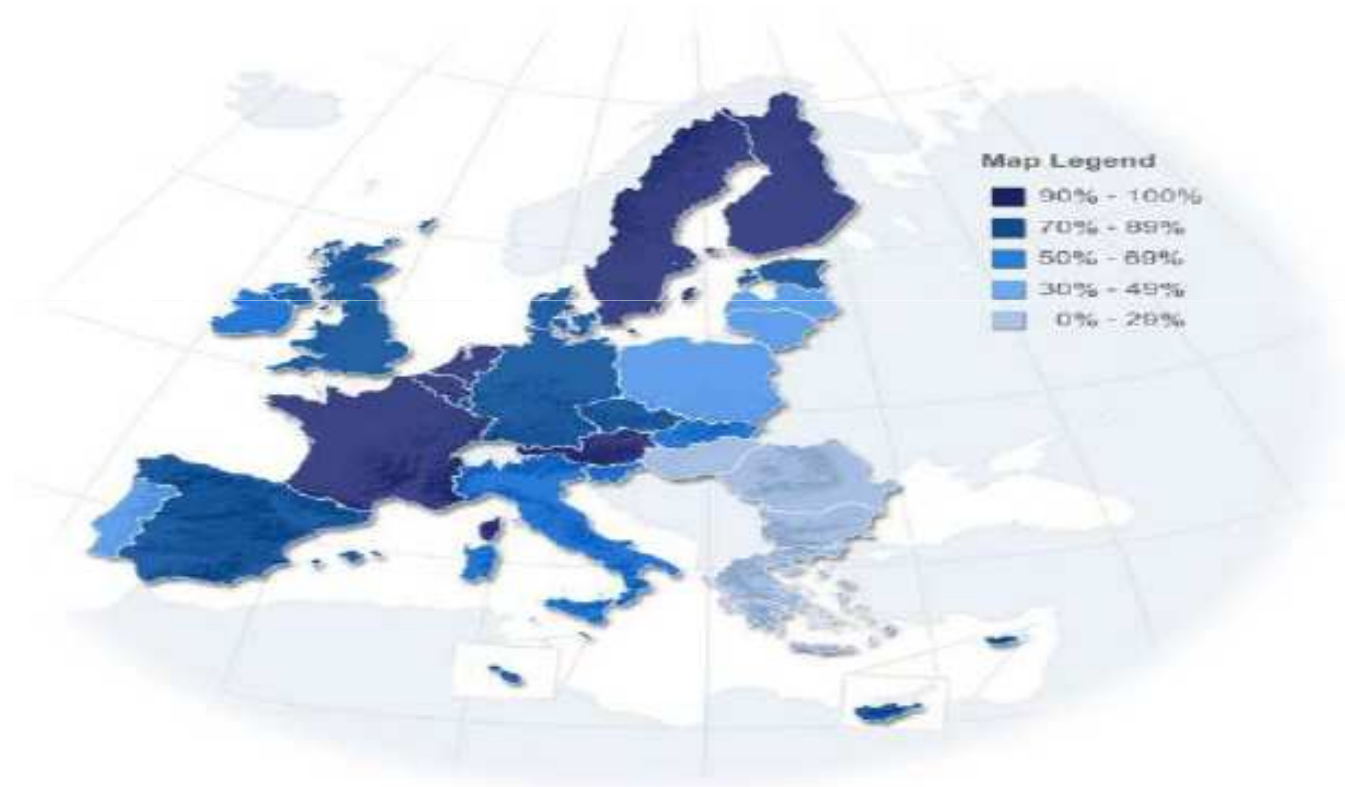
Special EUROBAROMETER 72.2

PATIENT SAFETY

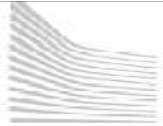
 BE	97%
 AT	95%
 FI	94%
 NL	91%
 FR	81%
 SE	90%
 LU	88%
 DK	87%
 DE	86%
 UK	86%
 ES	81%
 MT	81%
 CZ	78%
 CY	73%
 EE	70%
 EU27	70%
 SI	69%
 IT	64%
 IE	63%
 SK	53%
 PT	42%
 LT	40%
 LV	37%
 PL	30%
 HU	28%
 BG	28%
 RO	25%
 EL	25%

Question: QD2: How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?

Answers: Good



Quelle: Eurobarometer 72.2



EUROPEAN
COMMISSION

Brussels, 4.4.2014
COM(2014) 215 final

COMMUNICATION FROM THE COMMISSION

On effective, accessible and resilient health systems

