to-reach
transferring innovation in health systems

Innovations in Health and Social Care – Enhancing Health and Well-being in Europe

an official side event under the auspices of the Finnish Presidency of the European Union

Brussels, 3 December 2019

Report

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 733274.

Innovations in Health and Social Care
Enhancing Health and Well-being in Europe

an official side event under the auspices of the Finnish Presidency of the European Union

3 December 2019 09:00–16:00
Stanhope Hotel, Rue du Commerce 9, 1000 Brussels

The economy of wellbeing is one of the umbrella themes for the health and social sector during the Finnish Presidency. The event, which is organized by the Finnish Institute for Health and Welfare and the Academy of Finland in collaboration with the EC funded TO-REACH initiative, focuses on enhancing a structured cooperation across Member States to generate evidence for policy making that will support European health and social care systems to meet the challenges of a rapidly changing environment.

Programme

9.00–9.30 Registration

9.30–10.30 Plenary Session

Chair: Nick Fahy, University of Oxford / European Observatory on Health Systems and Policies

- Liisa-Maria Voipio-Pulkki, Director General of Strategic Affairs, Ministry of Social Affairs and Health, Finland
- Pekka Rissanen, Deputy Director General, Knowledge and Data, Finnish Institute for Health and Welfare
- Martin Seychell, Deputy Director General for Health and Food Safety, European Commission
- Pilar Aguar Fernandez, Head of Unit, Health Innovations, Research and Innovation, European Commission
- Walter Ricciardi, Public Health Professor, Università Cattolica del Sacro Cuore, TO-REACH Project Coordinating Team and Chair of the Mission Board on Cancer

10.30–11.00 Coffee break

11.00–13.00 Parallel Working Groups

First round at 11.00–12.00, second round at 12.00–13.00; participants can attend two working groups.

- Working Group 1: Implementing patient-centered integrated care from health to well-being
- Working Group 2: Paying for value and innovation
- Working Group 3: Digitalisation of European health systems
- Working Group 4: European health and care workforce for the future

13.00–14.00 Lunch buffet

14.00–14.45 Wrap up from chairs and rapporteurs of Working Groups

14.45–15.15 Coffee break

15.15–16.00 Open discussion and closing remarks

- Markus Perola, Vice Chair of the Research Council for Biosciences, Health and the Environment, Academy of Finland
- Silvio Brusaferro, President of the Italian National Institute of Health, TO-REACH Project Coordinating team
- Usman Khan, Executive Director, European Patients Forum

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Introduction

The economy of wellbeing is one of the umbrella themes for the health and social sector during the Finnish Presidency. Under the umbrella of the Finnish Presidency, the Finnish Institute for Health and Welfare (THL), Academy of Finland (AKA) and the National Institute of Health of Italy (ISS), in cooperation with the TO-REACH Project, promoted and organized the event: "Innovations in Health and Social Care – Enhancing Health and Well-Being In Europe".

The ultimate goal of the event was to enhance the current dialogue and structured cooperation across Member States to generate evidence for policy making that will support European health and social care systems to meet the challenges of a rapidly changing environment.

The Workshop saw the participation of a wide spectrum of stakeholders representing the healthcare ecosystem, representatives of the research community, members of the TO REACH Project, members of the European Commission and other speakers and discussants for a total of about 100 participants.

The event was chaired by Nick Fahy from Oxford University and the European Observatory on health Systems and Policies.

The first part of the event was characterized by a plenary session where high level representatives shared their opinion on the challenges by the health systems across Europe.
In the second part of the morning session participants attended two of the following four Working Groups to discuss some of the priorities highlighted by the TO-REACH Strategic Research Agenda:

- Implementing patient-centered integrated care from health to well-being
- Paying for value and innovation
- Digitalization of European health systems
- European health and care workforce for the future

In the afternoon, Chairs and Rapporteurs of each Working Group shared the most relevant recommendations that came out during the discussion.

The closing remarks were made by Prof. Silvio Brusaferro, Prof. Markus Perola and Mr. Usman Khan. Ms Sabrina Montante shared a summary of the most relevant steps related to the project TO REACH and its follow discussion at EU level.

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1 Morning plenary Session

Nick Fahy made a first welcome introduction speech highlighting both background and focus of the event. In particular, he spoke about the importance of innovations in healthcare, focusing on the following 4 key points:

- The concept of "health" is new in policy, but not for citizens
- Sometimes we forget how huge healthcare innovation is
- Healthcare innovation also brings the challenge of constant change
- Systems should learn from each other--we should push not just for medical, but also for organizational innovation.

Liisa-Maria Voipio-Pulkki, Director General of Strategic Affairs, Ministry of Social Affairs and Health, Finland, focused on the importance of speaking a common language for all actors involved in the healthcare systems (policy makers, healthcare workers, citizens and patients). Thus, she spoke about the need for healthcare workers to learn how to speak in financial terms, because it is fundamental to know about economy and finance. Nowadays to invest in people and involve more and more patients and citizens represent key points. Facts, evidence and data are the keys to inform policy makers and drive their choices.

Pekka Rissanen, Deputy Director General, Knowledge and Data, Finnish Institute for Health and Welfare, affirmed that health systems are very slow to adopt innovations and so we need to change our approach and we need to understand and choose which kind of innovation, data and knowledge we need; this is possible only with cooperation and comparison between different healthcare systems of different States. Work together is the only way we have to adopt innovation in an adequate time.

Martin Seychell, Deputy Director General for Health and Food Safety, European Commission, spoke about innovation. In particular, health sector is full of possible innovations and it is a sector with high potential for growth. Needs of the population are still largely unmet, so implementing innovation in the healthcare sector can provide an answer, but we must have a systematic approach to do this. We need new care models and we have to redesign care pathways that should be patient centered. Key issues are to give the right task to the right people and to understand how to use data and to optimize the delivery of innovations. The European Commission can play an important role in this: it should help Member States to take good decisions and then support Member States to carry on the work (for example with financial help), make sure that legislation should not be an obstacle, make sure that technologies can be used quickly and easily. Moreover, it is important to invest in long-term care and primary care that represent two important fields where it is possible to introduce new technologies.

Pilar Aguar Fernandez, Head of Unit, Health Innovations, Research and Innovation, European Commission, said that we should focus on how to reduce the spending and economize our investments. It is difficult to transfer change and innovations but if we work together involving all the actors (policy makers, healthcare workers, citizens and patients), even in different States, it is possible. We need to engage healthcare workers upfront to foster change and innovation.
There are several instruments promoted at EU level. For example, precommercial procurements allow member states at local and regional level to decide what they need and steer the change needed. Already in Horizon 2020 the European Commission supported health care research and innovation. The European Commission is now supporting member states to design a partnership to conduct the research really needed and able to support the necessary changes in the healthcare systems.

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Walter Ricciardi, Public Health Professor, Università Cattolica del Sacro Cuore of Rome, TO-REACH Project Coordinating Team and Chair of the Mission Board on Cancer, used a popular sentence highlighting the work that still we have to do in making our services and systems able to exploit the potential of innovation: “we have Star Wars technologies with Flintstone deliveries”. Member States face common challenges in Europe but don’t equally share solutions. This problem has to be fixed by sharing knowledge, advance communication techniques between the research community and the policy makers. It is fundamental to protect the universal healthcare coverage that cannot be taken for granted. It is therefore important to share the vision, work together, find and test common solutions and share data, innovation and knowledge.

2 Main points highlighted by Working Groups

2.1 Working Group 1. Implementing patient-centered integrated care from health to well-being

In this Working Group participants highlighted the importance of putting people at the center of health care improving their proactivity and involvement. In particular, we should focus on people empowerment: patients are co-producers of health and involving them is fundamental. Proactivity, autonomy and empowerment of the patients/persons are “sine qua non” conditions.

Moreover, when talking about integrated care system there are innovative examples across Europe and it is important to explore and use this richness and diversity, making comparative analysis based on knowledge. It could be useful to create a structure supporting this process. In particular:

- We have to avoid duplicating efforts in research and funding
- We know what needs to be done; we just don't know how to do it.
- Capacity-building on the ground and support implementation at local level are fundamental
- We have to use the knowledge combine with the engagement for optimal results
- We could look into what other countries have done wrong and focus on what not to
- We need to help mitigate risks collectively

About research priorities, Working Group 1 found these main concepts:

- We need to improve policy research collaboration
- EU welcomed to support strengthening this area
- What and how works? Tools exist, but actual research is underdeveloped.
- We need to make tools and pilots visible.
- It is useful to increase funding for research on value created by services: PROMS & PREMS measurement represent an example of tools being utilized which we need to improve
- We need to exceed the concept of “silos” and find a way to define a common strategic goal, with a shared vision

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2.2 Working Group 2. Paying for value and innovation

Much emphasis has been placed on technological innovation because it has the potential to address key threats to human health, such as the rising burden of chronic diseases or antimicrobial resistance. However, we have little knowledge on whether they provide a real solution for our problems and questions, are they useful in practice? (and not only in lab-situations).

The working Group 2 discussion focused on the need to look more into communalities rather than into differences of health systems and on the needs for innovation both at regional and municipal level. Regions sometimes are more open to listen to fellow regions from other countries than in their own country. Moreover, it is crucial to explore successful health care delivery models in countries/regions and focus on understanding the "WHY" and the "HOW". We still need to work further on a common shared language. It is important to develop a shared concept of value and person-centered care and encourage participatory approaches in health systems research (and e.g. even in value-based procurement). It is also important to optimize and harmonize the key performance indicators in service delivery systems including outcome measurement.

2.3 Digitalization of European Health Systems

In this Working Group participants highlighted that digitalization of health and care systems requires a systemic approach and this process should be action driven, involving multiple stakeholders at EU, national, regional and local level. Moreover, adaptation and acceleration do not happen overnight and thus, we should distinguish between shorter- and longer-term ambitions. Furthermore, both health professionals, patients and citizens play a pivotal role as end users and they should be engaged from the start in a coproduction/joint ownership model, as they face a number of common elements and interactions. It is important to highlight that there can be a poor fit between business models in digitalization vs social models in health care.

Considering this, the members of Working Group 3 invite all relevant actors to address:

- The support that all stakeholders involved need in practice (e.g. the digital literacy of health professionals)
- The accessibility and affordability of digital innovations within and between MS
- Strategies to enhance patient empowerment and guidance to right information
- The changing relations and information (as)symmetry between health professionals and patients
- Tailoring and personalizing the assistance pathways to take into account differences in frailty, ethnicity, digital literacy
- Solutions that are supported well by educational programmes or are simply more intuitive to use

2.4 European health and care workforce for the future

Participants of this Working Group focused on how it is possible to transfer innovation between countries and the need for health and care workforce of the future to speak the same language of policy makers.

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Moreover, to involve citizens and patients it is important to focus on these four key words:

- Trust
- Transparency
- Credibility
- Evidence

Even to transfer knowledge among MS transparency is needed and we have to build trust between all MS in order to find similarities, acknowledging differences and share all this information. It is also important to understand the context where we are working.

Technologies and organizational innovation in healthcare should go hand-to-hand with socioeconomic development and to do this it is important for healthcare workers to acquire knowledge and skills also in these fields.

3 Closing remarks

Markus Perola, Vice Chair of the Research Council for Biosciences, Health and the Environment, Academy of Finland, spoke about the importance of building common strengths in health area, increasing the impact of interventions. We need to generate evidence for action, putting all our knowledges into the real care setting. To really understand if we are working well, we need to assess our work: we need more effective analysis and measurement of social innovation, considering also the context in which these innovations are developed. It is also important to involve cross-sector stakeholders, because we need the participation of all to improve our healthcare systems.

Silvio Brusaferro, President of the Italian National Institute of Health, TO REACH Project Coordinating Team, focused on these main concepts:

1. Perception. People have different perception of reality: we have to better inform people on the real state of our health systems.
2. Trust. We are losing trust among citizens, patients, colleagues. We need to regain this trust.
3. Integration. We need to foster integration of care, social and technological
4. Perspective. Involve more and more patients. Work for and with people. Citizens are not alone.

Usman Khan, Executive Director, European Patients Forum spoke about the importance of engaging patients. It is important to know patients' perspectives and expectative and we have to educate patients, involving them in their care pathway. Healthcare workers need to consider patients' culture, ethnic and socioeconomic factors to better involve them. It is also important to consider patients' opinions. Meaningful lived experience from patients in decision-making should be considered.
We need to work with existing social networks, encouraging the patient's use of these tools to share experience, opinions and knowledges. At the same time, we need to control the use social networks, pay attention on misinformation and fighting fake news.

Sabrina Montante closed the event. She confirmed that TO-REACH project has been extended for another 1 year. It is now time to further engage with all the stakeholders to move from "what" to "how".

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