

FOREVER HEALTHY

The 2020 Healthcare Consumer



SPEAKING FOR AMERICAN BUSINESS IN EUROPE

Executive Summary

The future of healthcare in Europe faces many challenges. What is the best way to reverse the increase of chronic disease; how will we meet the needs of an ageing population and will we have enough healthcare professionals given that the workforce is ageing? These challenges also come at a time when there are increasing numbers of new technologies and treatments available, such as eHealth and personalised medicines, which if applied correctly, could help fill the gap and meet growing healthcare needs.

The American Chamber of Commerce to the EU (AmCham EU) believes that if today's healthcare model continues unchanged, there will be an unprecedented escalation in costs and demand. Given this anticipated growing demand and the shortages of resources, there has never been a greater need to re-prioritise and rebuild health systems that can drive healthcare efficiencies and improve the well-being of our citizens. Studies have shown there is a direct link between healthcare investment and the overall economic health of a country as well.

To contribute to the on-going debate around the future of healthcare in Europe, AmCham EU interviewed 28 leading experts in healthcare

including politicians, policy-makers, academics and representatives of patient associations and the industry to ascertain their opinions on what needs to change in the healthcare delivery system and where opportunities lie. AmCham EU also compared these views against the attitudes of 1,500 people across Europe and what follows is a report that highlights the many ideas that were generated. The findings were also used to develop a list of priorities which AmCham EU believes should guide European and national policy-makers in order to provide consumers with affordable, sustainable and innovative healthcare systems in Europe in 2020.

Key findings of this report are listed overleaf.

Key recommendations

Taking stock of where we are... and where we can expect to be

- Great strides have been made in treatment and care of Europeans over the past two decades.
- At the end of 2013 though, healthcare is under significant financial and capacity pressures and these are expected to increase further by 2020.
- Fundamental changes in the way healthcare is delivered are required for Europe to meet this growing demand.

The changing role of the healthcare consumer

- Consumers will need to play a much more active part in monitoring, seeking information and making decisions about their healthcare.
- This will be aided by the ability to readily access accurate, clear and timely information available electronically.
- Healthcare consumers will be expected to manage their own health to a far greater extent than ever before and take responsibility for their own well-being.

Healthcare professionals – changing roles

- Healthcare professionals will increasingly need to serve as mentors to healthcare consumers, helping them interpret the best available information to make the best decisions about their healthcare.
- There is a growing shortage of healthcare professionals in Europe, which is expected to become more serious by 2020. This will require new roles for healthcare

professionals to meet the evolving needs of consumers. It will require appropriate training, an increase in the number of generalists and an expansion of the responsibilities of existing roles to combat this.

- Doctors and other health professionals will need to continually keep abreast of technological innovations and become more IT literate to enhance consumer access to information and treatment.
- Healthcare systems should not only try to build relationships with private providers but also adopt the best practices from the private sector to enhance efficiencies, capitalise on innovation and redesign healthcare delivery.

The financial challenge

- The financial downturn and Eurozone crisis has made the need to curb healthcare expenditures even more pressing.
- Current healthcare funding models are not sustainable. Citizens will need to make a greater financial contribution towards their treatment.
- Efficiency and systemic improvements will not solve the problem alone. Governments must invest in healthcare and treat it as an opportunity to enhance the well-being of its citizens and its economy rather than simply a cost.

A new healthcare system paradigm is needed

- As 2020 approaches, healthcare will become more decentralised - less care will be delivered in hospitals and more will be delivered on an outpatient basis or even at home.
- Developing technology, including

eHealth and mHealth, needs to be prioritised to support this change. Given that the healthcare sector is traditionally slow to change, more will need to be done to educate consumers, policy-makers and practitioners about the need for change, what to expect from a new healthcare system and how best to respond to those changes.

- The concept of healthcare innovation will change. No longer will the focus be on blockbuster medicines but rather on improving the delivery of highly personalised care.

Recommended priority areas

- Healthcare systems need to change their focus from treatment after an illness has occurred to health promotion and disease prevention. This requires an emphasis on education on the importance of healthy lifestyles.
- Investment in innovation is needed to drive efficiencies, improve productivity and create more patient-centric care.
- Policies and resources need to be directed toward improving health and IT literacy of citizens and healthcare professionals alike to empower consumers to take more responsibility of their own health.
- Healthcare provider roles need to adapt to changes in the delivery system, and healthcare insurers also need to change their remuneration schemes to adapt to this change in focus.
- Health has to be seen as an asset rather than a cost. That requires education and investment to create a healthcare system that can respond to the realities we are now facing.

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Foreword

John Bowis

Chair of the European Alliance for Personalised Medicine

When I imagine what 2020 will be like for health policy and healthcare, the key word is responsibility. As the next decade approaches, Europe's citizens should expect far more to rest on their shoulders when it comes to healthcare. We shall be asked to keep ourselves well for longer through healthier lifestyles and, when we do fall ill, be expected to take on more of the managing of our condition. We shall expect to be briefed on how to do this and we shall expect to be monitored to ensure we are coping; but a real partnership between patients and professionals is what we want and expect.

This report details why such a shift is both necessary and desirable. Our demographics are changing, with a rapidly ageing population, an explosion in chronic diseases and continuing scientific research and development. That places an ever-greater demand on our healthcare systems and means they will become increasingly unaffordable unless we encourage innovation and a better understanding among our citizens.

I know from my own experience of living with diabetes and a triple bypass that, with initial support, I now take for granted my own role in their management, from drugs and injections to testing and distance monitoring. By making citizens more responsible for their own well-being, we can hope to reduce pressure on our at-capacity systems. We can also

hope to keep more of our citizens out of hospitals, which could lead to a much better patient experience and enable them to return to a physically and financially active life. That is why health spending by individuals and governments is an investment and not just a burden.

Even with such changes, I believe we also need to look at funding. Free healthcare is a cherished principle in much of Europe but I believe we will have to find new sources of revenue for our healthcare provision. That might mean asking our citizens to contribute more to its cost. It will require governments and employers to look at how they can contribute to not only healthcare but also health promotion. Policy-makers will need to understand that healthy people mean healthy economies and healthy environments.

These however, require major changes. If citizens are to take on the new roles we expect of them, there is a major educational mission to undertake. If we want patients to manage their conditions, we need to teach them how. That may also require that they become digitally literate.

Healthcare professionals are already under pressure and are in roles that are rapidly evolving and will continue to evolve. The demands we place on them will be different. We will see them as mentors, steering us to better health and the best treatment.

None of these changes will be easy. This report suggests many ways we can address what is needed. If we succeed, the prize will be the improved and sustained health and well-being of our citizens and our national economies.

Introduction

Susan Danger

Managing Director of AmCham EU

WHAT KIND OF
HEALTHCARE
DELIVERY SYSTEM
SHOULD BE IN
PLACE IN 2020?

WHAT NEEDS
TO BE DONE TO
MAKE IT HAPPEN?

WHAT WILL
CONSUMERS EXPECT
FROM HEALTHCARE
IN THE FUTURE?

At AmCham EU we believe that one of the most serious challenges we face in Europe today is how to make the health and social care systems sustainable and more responsive to the healthcare needs we face in the 21st century. There have been many significant scientific and technological advances in healthcare in the last 20 years. We have witnessed the development of new medicines, improved diagnostics, better access to data and improved computer capabilities. However, the pressures of ageing populations and the increasing burden of chronic diseases still mean that there are some serious challenges ahead.

In this report we have gathered the views of policy-makers, influential thinkers, healthcare and patient associations and industry representatives through a series of 28 one-to-one interviews to collect their thoughts on how we can help address these future challenges to deliver healthcare in Europe. In addition, we also polled the views of the European public on the subject. This allowed us to compare the aspirations of our experts with the expectations of the public. Further details of the report's methodology can be found in Appendix I.

The results of this polling as well as findings from our experts have helped us address some of the big strategic questions around healthcare delivery: **What kind of healthcare delivery system should be in place in 2020?**

What needs to be done to make it happen? What will consumers expect from healthcare in the future?

Throughout this report, we use the term 'healthcare consumer' to reflect a new understanding of healthcare and the fact that consumers include those that are healthy as well as those who are ill. BEUC, the European Consumer's Organisation stated that consumers are the key players in the economy and should be the centrepiece of markets. In healthcare, consumers have expectations, can steer demand and are active, rather than passive in their treatment and care. While in the past, healthcare systems may not have recognised the power of the healthcare market and the consumer; this has changed in recent years as this report demonstrates. We believe that the term 'consumer' better reflects the changing role of those who use healthcare services.

Finally, I would like to thank all the experts who participated in this project, as well as members of the public who took part in our polling. Healthcare delivery across Europe has changed dramatically in the last two decades and while there are still many challenges that lie ahead, this is an exciting time of change. We believe the recommendations in this report could drive improvements in healthcare systems across Europe to better meet consumer needs in 2020.


 CHAPTER 1

Taking stock of where we are... and where we can expect to be

Europe is facing increasing pressure on its healthcare services. Demographic changes including lower birth rates and mortality combined with higher life expectancy are leading to a rapidly ageing population.¹ Increasingly sedentary lifestyles are leaving citizens at higher risk of ill health.² These factors are leading to an increase in the prevalence of chronic diseases such as diabetes and hypertension.³ Having such conditions over prolonged periods of time is known to increase a person's risk of suffering from a number of cardiovascular diseases, which are now responsible for 77%

of the disease burden in Europe according to the World Health Organization (WHO).⁴ In addition, while Europe comprises only one eighth of the total world population, it has around one quarter of all cancer cases globally⁵, and an estimated six million people with dementia.⁶

On the other hand, life expectancy has increased. For men it has increased by nearly five years between 2002 and 2011.⁷

On average, life expectancy for men in Europe today is 77 years of age, and for women it is more than 83 years of age.

77
AVERAGE LIFE
EXPECTANCY
FOR MEN

“ By 2020, we will still be living out the consequences of the lifestyles that we have had in the last decade, which has led to the increasing rise of non-communicable diseases. ”

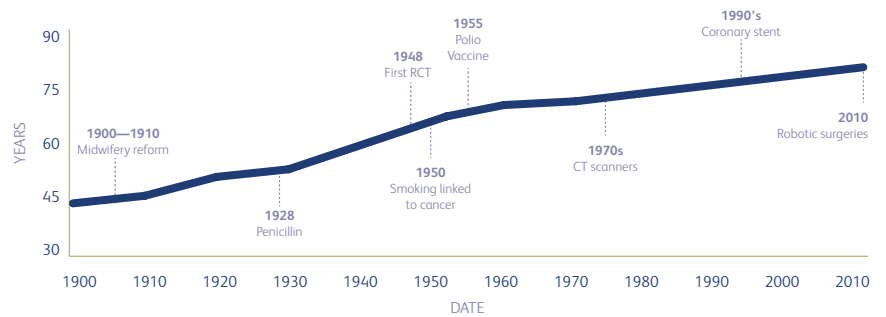
Mike Farrar
Former Chief Executive of NHS
Confederation



19
YEAR DIFFERENCE IN LIFE EXPECTANCY

Healthcare success over the 20th century⁸

Life expectancy in EU-5 (Germany, UK, France, Italy & Spain) and US



Health systems have contributed to an unprecedented increase in longevity and quality of life becoming a key enabler of economic growth

Job Creation

Healthcare is a major source of skilled and local jobs, expected to create 3-5 million jobs in the US alone by 2020, potentially more than any other sector

Labour Productivity

Better health can reduce absenteeism, early retirement and school drop-out rates, leading to more productive workers

Sector Growth

Worldwide, healthcare is now a US\$ 7 trillion industry, and a hotbed of research and innovation

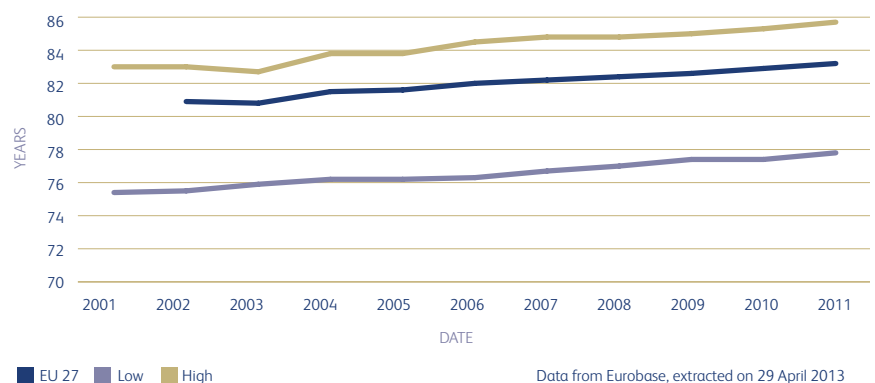
Development

Over the past 30 years, the annual incidence of 5 major vaccine-preventable diseases* has plummeted by over 90%

*Diphtheria, polio, measles, pertussis and tetanus

Today less people die of HIV/AIDS than ever before, and new treatments have made it possible for cancer patients to live longer. However, as the recent 'Report on Health Inequalities in the European Union' indicates, a great disparity in life expectancy remains among Member States. In 2011, there was a 19 year difference in life expectancy between the Member States with the lowest and highest values!

Life expectancy at birth for females, 2001–2011, lowest and highest Member State values and EU average⁹



Data from Eurobase, extracted on 29 April 2013

Facing the challenges

How can we meet the challenges we face? How can Europe successfully care for an older, more chronically ill population on limited resources? The 28 experts interviewed for this report – drawn from the European Parliament, European Commission, Member State policy-makers, academia, non-governmental organisations, patient groups as well as industry – all agree that answering such questions will involve not only making changes to our healthcare systems but also changing attitudes toward healthcare.

None of these problems will go away by 2020. In fact, they will become more serious, more complex and more pressing. Furthermore, they will increasingly create urgent fiscal pressures. By 2020, if the current era of financial austerity is over, healthcare providers, professionals and leaders can still expect to be asked to do much more for much less. This was demonstrated in the European Commission's 2012 Ageing Report¹⁰ which found that ageing and non-demographic drivers of healthcare expenditures, such as wages, medical products, and healthcare infrastructure will continue to put pressure on the long-term sustainability of public finances. In particular, it found that age-related public expenditures are projected to increase by 4.1% to around 29% of GDP between 2010 and 2060.¹¹

Changing attitudes to drive change

“ Health is always seen as a major cost item rather than as an investment. There is a shift in perception that needs to happen. ”

Professor Margaret Barry

Head of World Health Organization
Collaborating Centre for Health Promotion
Research, National University of Ireland, Galway

“ Doctors and pharmacists are looking at the disease of the patient and how they can cure the disease and are less looking at the issue of how to maintain health. They think that curing disease is creating health and I think that is wrong. ”

Dr Roberto Frontini

President, European Association of Hospital
Pharmacists

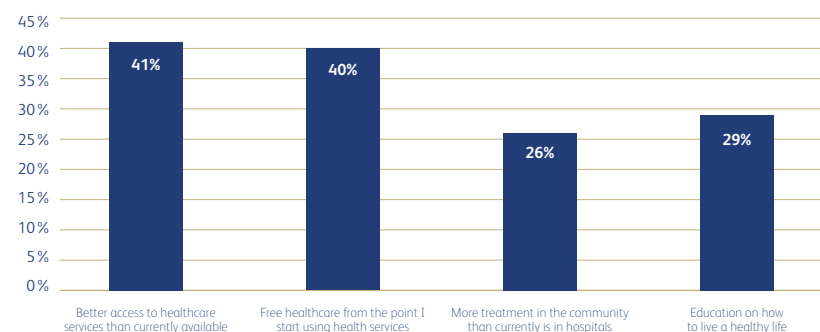
Our interviewees shared ideas and visions, which reveal the need for fundamental changes in the way healthcare is understood. This goes to the very core of how healthcare is delivered in Europe. They are changes, which will impact governments that shape the systems, the organisations and staff providing care, and – significantly – every healthcare consumer.



QUESTION 1 OF THE CONSUMER SURVEY:

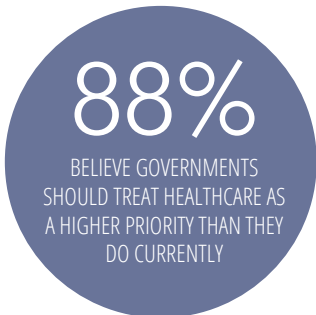
When thinking about healthcare services in the year 2020 how important do you consider each of the following?¹²

Key Healthcare services in 2020



% of the interviewees who replied "extremely important"

As part of our research for this report, we spoke to citizens across Europe about their beliefs about healthcare and 88 % said that in 2020, governments should treat healthcare as a higher priority than they do currently.



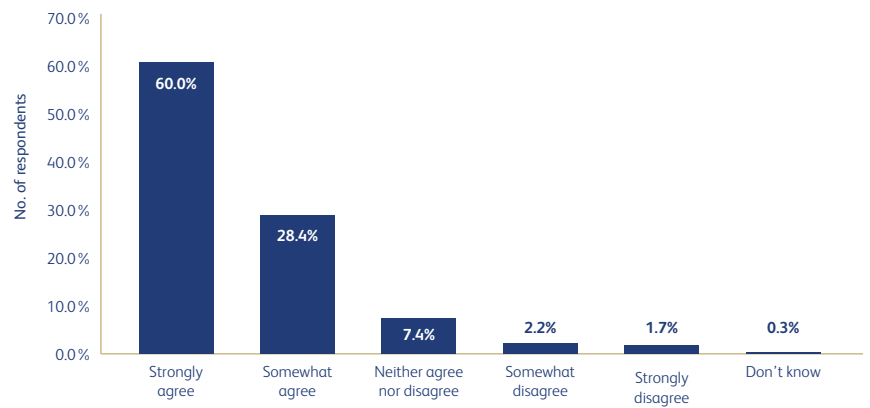
A number of our experts indicated that governments will have to view healthcare as a much higher priority, and start to view it as an investment rather than as a cost. It is not only our expert interviewees who suggested this, but the general public as well.



QUESTION 2 OF THE CONSUMER SURVEY:

In the year 2020, governments should treat healthcare as a higher priority than they do currently.¹³

Extent of Agreement or Disagreement with the statement in question



Wherever you are in the world, people regard good health as one of life’s most important assets. But as we move toward 2020, it is becoming increasingly clear that good health is also essential to the economic well-being of a country. As José Manuel Barroso, President of the European Commission, said in his speech at the fifth World Health Summit: ‘Health systems are the cornerstones of Europe’s welfare. We must cherish their success and guarantee their future’.¹⁴

Healthy individuals lead to a healthy society¹⁵, which in turn leads to higher productivity, an increased supply of labour, and sustainable long-term growth. The European Commission’s Health for Growth strategy¹⁶ recognises that countries which have a sound healthcare infrastructure,

the necessary processes and skills to improve health and the objectives of prosperity and solidarity; will benefit from higher productivity, increased labour supply and better education. All of these elements contribute to sustainable long-term economic growth. The Council of the European Union also echoed this when it stated in June 2011 that: ‘Investments in health should be acknowledged as a contributor to economic growth. While health is a value in itself, it is also a pre-condition to achieve economic growth.’¹⁷ Similarly a recent Commission’s working document mirrored the Council’s conclusions: ‘Health is a value in itself. It is also a precondition for economic prosperity. People’s health influences economic outcomes in terms of productivity, labour supply, human capital and public spending.’¹⁸

Debates and resistance

EUROPE WILL
NEED TO FIND NEW WAYS
TO CARE FOR THE HEALTH
OF OUR CITIZENS BY

2020

“ We already know today that our healthcare systems are unsustainable under the current trends and in their current designs. ”

Bruno Strigini

President, Global Human Health Europe
& Canada, MSD

The healthcare sector has traditionally been a conservative market and, as such, change can often be seen as controversial. It will undoubtedly create questions and drive debates. Some individuals and organisations will resist change – whether a doctor who refuses to engage with an important new technology, a healthcare system which moves slowly to confront the new realities, or a citizen who is unwilling to manage his or her health.

What is clear, however, is that most of our experts consider the current state of affairs unsustainable. As President Barroso said, ‘we must accept that the time has come for structural reforms in health systems. If we

don’t reform, we will compromise the universality and quality of care, which form the cornerstone of Europe’s welfare state. If a health system is not performing well, it will not be able to provide the highest-quality healthcare to all in the future. And we must not allow that to happen.’¹⁹

By 2020, Europe will need to find new ways to care for the health of our citizens and our citizens will have to find new ways to manage their health. In the following chapters, we will share the views of our expert interviewees on what they perceive is needed and the positive steps they believe can be taken to help ensure healthcare consumers in 2020 receive the sustainable and appropriate healthcare they expect.



CHAPTER 1 — SUMMARY

- Great strides have been made in treatment and care of Europeans over the past two decades.
- At the end of 2013 though, healthcare is under significant pressures and these are expected to have increased further still by 2020.
- Fundamental changes are required to ensure healthcare systems in Europe can meet growing demand.

A close-up photograph of a person's hand holding a black smartphone. The background is a soft, out-of-focus blue, suggesting a person's shirt. The lighting is natural, highlighting the texture of the skin and the sleek surface of the phone.

CHAPTER

2

The changing role of the healthcare consumer

“ I would expect by 2020 that as a consumer I will have much more of a role in shaping decisions about my healthcare. There will be more opportunities to manage my own conditions and take a more active part in the management of any condition I have and not just be a passive consumer of healthcare. ”

Professor Stephen Bevan

Director, Centre for Workforce Effectiveness, The Work Foundation

“ [There] will be a more empowered patient in two senses. More empowered in that he will insist much more on the kind of choices that are to be made, which means his opinion, his participation in decision-making, will be important. Secondly, in the context of autonomy, self-decision and self-management of chronic diseases. ”

Ri De Ridder

Director-General, National Institute for Health and Disability Insurance (RIZIV-INAMI)

“ The influence of the consumer/patient will increase; more and more information about good health will be available. ”

Professor Klaus-Dirk Henke

Chair of the disciplines of Public Finance and Health Economics, Technical University of Berlin

At this point, ‘healthcare consumer’ is an increasingly common phrase. This illustrates the extent to which the role of the patient has evolved in recent years. The exponential growth of the internet, most recently on mobile computing platforms, has put an immense quantity of healthcare information at the fingertips of citizens. This includes everything from academic papers to complex data on mortality rates, to details of hospitals’ car parking charges. It has also served to connect people from all over the world through social media and healthcare blogs, such as www.patientslikeme.org and www.healthunlocked.com. This has resulted in an upsurge in support and advocacy groups for those suffering similar conditions.

The move toward a more consumer-based healthcare market is already being introduced in Europe. The Cross-Border Healthcare Directive²⁰ is looking at how to make healthcare available across borders within Europe. The Directive acknowledges openly that ‘the majority of the provisions of this Directive aim to improve the functioning of the internal market and the free movement of goods, persons and services.’²¹ Although what this eventually means for healthcare systems may only become clear years later.

The increasing rise of consumer demand

“ Citizens will be less deferential to health professionals – for example we will have alternative information sources against which we can benchmark the advice we get from professionals. We will be more choosy about the way we look for healthcare. ”

John Chave

Secretary General, Pharmaceutical Group of the European Union

While we are already beginning to see a rise in the influence of the healthcare consumer, our interviewees said that they envisage a healthcare system in 2020 where consumers are even more involved in their own healthcare. They believe consumers can no longer be passive

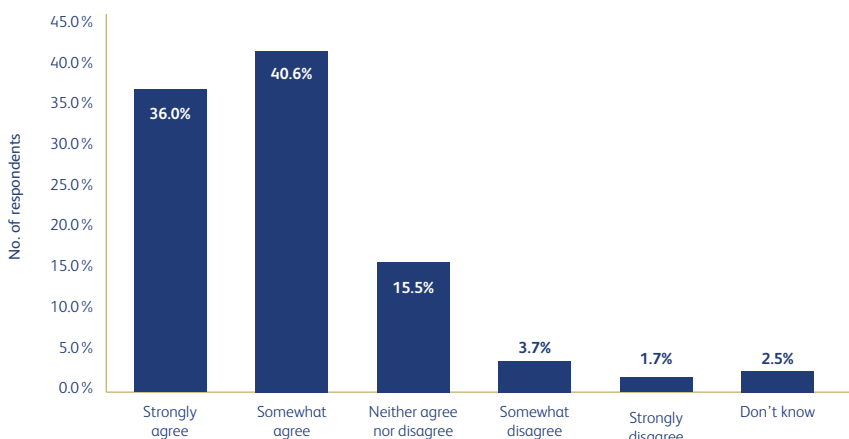
recipients of treatment. Instead they will be asked to take charge of their own healthcare, with professional support to help them. Given that responsibility, consumers will also expect to be far more involved in decisions about their health and how it is provided.²²

Q4

QUESTION 4 OF THE CONSUMER SURVEY:

In the year 2020 the public will be more actively pushing for high quality healthcare than now?²³

Extent of Agreement or Disagreement with the statement in question



77%

PUBLIC WILL BE MORE
ACTIVELY PUSHING FOR
HIGH QUALITY HEALTHCARE
IN 2020

Again, these are beliefs backed by our consumer polling. 77 % of those we surveyed believe the public will be more actively pushing for high quality healthcare in 2020 than they are today.

Rights...

“ I think it is important that there will be more access to information and knowledge on health, healthcare choices, the range of options that are available to put the consumer more firmly in the driving seat about the decisions regarding their healthcare. ”

Professor Margaret Barry

Head of World Health Organization
Collaborating Centre for Health Promotion
Research, National University of Ireland Galway

The experts interviewed for this report say that the healthcare consumer's role has significantly changed and there is no going back. These changes have been driven not only by the move from healthcare geared toward the masses to a more personalised approach, but also by the broader trends toward transparency and accountability. As a result, our experts envisage that by 2020 consumers will demand to be more involved in shaping decisions about their healthcare. But consumers will want those decisions to be informed ones, and will expect greater access to information than ever.

There is not only information to compare the quality of health services, or treatment detail; there is also information about condition and care. There will be an expectation that consumers will have greater rights to this information, and that it is accurate and timely.

...and responsibilities

“ Consumers want and need to take more responsibility for their own health and well-being. ”

Jean-Michel Marlbrancq

Chief Executive Officer Europe, GE Healthcare

Given our experts' belief that consumers will need to be more involved in shaping their own healthcare, they suggest that the European citizens of 2020 will be asked to take responsibility for their own well-being to a greater extent than ever before. The reason? There is unprecedented pressure on healthcare services without the capacity to provide care in the traditional way. This is why they believe the concept of self-care will be a necessity. Those interviewed for this report suggest the solution is primary care²⁴ which is healthcare at home or in the community where the person lives. When that is not an option, secondary care²⁵, or hospitalisation should be considered. This will not simply save resources²⁶, but our experts also believe that it should provide for a better patient experience.

Remote control

“ It is an open question whether patients will grow to like relying on mobile apps or internet delivery, or non-physical face-to-face sources of advice and care. Or whether, even if they have the tools for more remote forms of healthcare delivery, they will still stick with more traditional forms. ”

John Chave

Secretary General, Pharmaceutical Group of the European Union

Our interviewees believed that technology will be important to the healthcare consumer of 2020. That is in large part because it will support the emphasis on self-management and keeping consumers out of hospital. It may be that consultations with doctors take place over videoconference or computer rather than face-to-face (see Chapter 5: Healthcare systems – of primary importance).

But will healthcare consumers be ready to move from a 10-minute appointment at their doctor's office to a consultation via computer? More importantly, will all consumers be able to? And even more importantly, are our healthcare professionals ready for this major change? Although by 2020 a generation will have grown up with the internet, smartphones and tablets, the fact remains that older people may be significantly less comfortable with newer technology – and have little or no access to it.

The importance of self-management

“ Tools for the self-management of chronic disease will become much more important for patients. Self-management will also be important for the system itself, because there will be a lack of professional staff to address all aspects of care, so patients will have to do quite a lot of things themselves. The system will rely on patients, but I strongly believe they will be willing to take on these tasks – under the condition that they have access both to the information and to the tools that are necessary. ”

Ri De Ridder

Director-General, National Institute for Health and Disability Insurance (RIZIV-INAMI)

Over 100 million citizens or 40% of the population in Europe above the age of 15 are reported to have a chronic disease, and two out of three people, who have reached retirement age, have had at least two chronic conditions.²⁷ Unfortunately the current European medical models are focused on acute and short-term treatments. Helping those to manage their chronic disease will significantly reduce the need for professional resources.

The need for education

“ Digital literacy is imperative for health professionals and for citizens. People cannot be expected to manage their own health without the availability and assistance to become digitally literate if they need it. ”

Peteris Zilgalvis

Head of Health and Well-being Unit, DG CONNECT, European Commission

“ We need to be preventing illness and promoting good health rather than just treating illness. We essentially have a sickness system rather than a healthcare system. ”

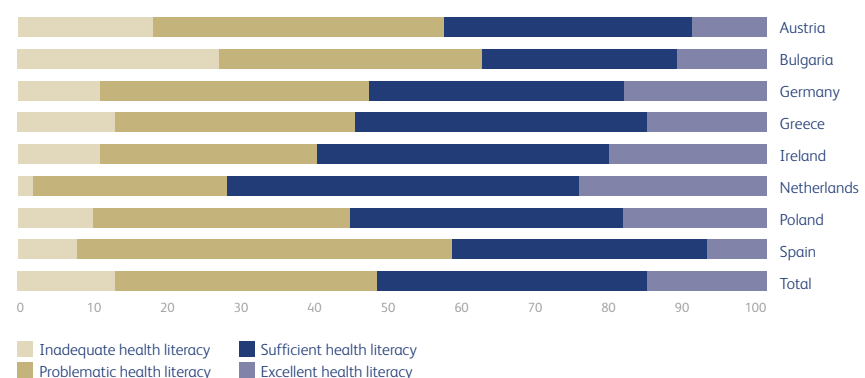
Rebecca Taylor

Member of the European Parliament

Some of our experts pointed out that healthcare consumers will need help and education to adapt to the increasing use of technology and data. While younger consumers may be at ease – and, indeed, demand that the latest advances in communication technology are employed in healthcare – the older generation may be less comfortable with the change.

The same can be applied to healthcare information. Our experts suggested that availability of data will not be enough. That data will need to be interpreted so that consumers can use it, therefore health literacy will play a crucial role in 2020. When consumers are better informed and aware, there is a greater chance that many illnesses can be prevented.

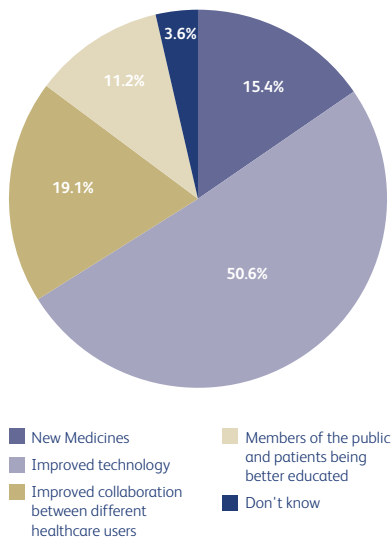
General health literacy by country²⁸



Interestingly, the public seem less certain that education on ‘how to live a healthy life’ will be important in 2020. When asked which of a list of four options would make the greatest impact on healthcare in 2020, citizens classed education as the least important.

Q5 QUESTION 5 OF THE CONSUMER SURVEY:
Which of the four options would provide the greatest impact on healthcare in 2020?

Greatest impact on health in 2020²⁹



A greater health awareness focus has already begun. Governments are looking into more fiscal policies, which centre on health promotion and disease prevention such as taxing alcohol and tobacco.³⁰ Simultaneously they are looking at providing tax incentives for certain healthcare products. Some of those we interviewed said they would like to see such initiatives go further still.

CHAPTER 2 — SUMMARY

- Given that consumers will need to play a much more active part in decisions about their healthcare they will have to take on greater responsibilities to prevent illness and ensure their own well-being.
- This will require a greater investment in education and health literacy for consumers. They will need to know more about healthy lifestyle choices and how to interpret information about their own health.

Healthcare professionals – changing roles

“ The role of the doctor will be to guide the patient through the different existing market opportunities to make the best choice. This will be difficult, as it means that the doctor will not be a decision maker as he is right now, but will be more of a counsellor with the highest possible level of expertise. ”

Antonyia Parvanova
Member of the European Parliament

“ I hear from my members that physicians and GPs are playing more and more of an advisor role. ”

Birgit Beger
Secretary General, Standing Committee
of European Doctors (CPME)

“ Society has changed – they [doctors] are actors in a system. ”

Pascal Garel
Chief Executive, European Health
and Hospital Federation

A changing relationship

“ The role of the doctor will change dramatically, because on one hand we have a different understanding of what a doctor should do and what a patient should know. The doctor will be more of a guide, than a decision-maker. ”

Professor Helmut Brand

Jean Monnet Professor of European Public Health, Head of Department of International Health at Maastricht University

As the role of the healthcare consumer changes, so does the role of the healthcare professional. Today's consumers are more willing to question their doctors and ask about different treatments based on the information gathered from their own research through social media, healthcare blogs and online patient groups. The opinions of doctors are no longer automatically accepted by the patients for whom they are caring.

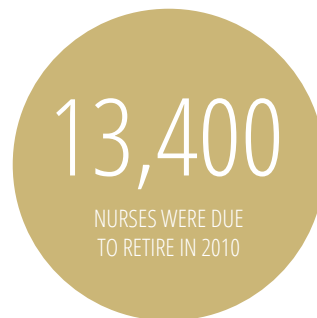
Combined with the increasing focus on prevention, our interviewees expect that by 2020 healthcare workers will be seen as mentors and guides. Rather than being expected to offer a definitive answer, doctors will be asked to offer advice. They will help healthcare consumers navigate the system, and make sense of the wealth of information available.

Ageing population affects the workforce too

“ It has been estimated that by 2020 we will be missing around 700,000 medical professionals. Which means that right now, today, we have to put in the medical universities 700,000 doctors and nurses so they will be ready for 2020 to jump into the system. This will not happen of course. There is no such capacity for the universities. For nurses it will be even worse, because there is even less capacity in the nurses' schools. ”

Antonyia Parvanova

Member of the European Parliament



While Europe's ageing population is creating more demand than ever before for the services of healthcare professionals, many healthcare professionals are approaching retirement age. This is compounded by the fact that not enough young people are coming into the system to replace them.

The sheer scale of the problem was detailed in the 2012 European Commission action plan for the European Union health workforce.³¹ It stated that if the 'retirement bulge' was not addressed, there will be a potential shortfall of around one

million healthcare workers by 2020, rising to two million if long term care and ancillary professions are taken into account. This means around 15% of total care will not be covered compared to 2010. It also revealed that in 2009, about 30% of all doctors in the European Union were over 55 years of age and that, by 2020, more than 60,000 – 3.2% of all European doctors – are expected to retire annually. In Italy alone, 13,400 nurses were due to retire in 2010 but only 8,500 nurses graduated in 2008/09.

The emergence of new roles

“ We should see the emergence of new health professionals, such as case managers, health coaches, etc. who will take on additional services that require less medical expertise and training. These additional services will improve the quality and efficiency of the whole system. In particular, these new health professionals should free up time for doctors to focus on more difficult and expensive care. ”

Bruno Strigini

President, Global Human Health Europe & Canada, MSD

Some of those interviewed argued that the creation of new roles will be required to deal with the shortfall and that existing healthcare professionals – nurses, pharmacists, allied health professionals – will also have to take on more responsibilities. Our interviewees also felt that this move would be motivated by the fact that physicians will be expected to take on new tasks beyond patient care. As the use of technology in healthcare increases, they will have to become far more IT literate. In an age of limited resources, they can also expect to have to take on new budgetary responsibilities.

Working with the private sector

“ The EC does not aim to move the healthcare system solely into the private sector or consumerist delivery, but the work of the private sector will remain important. Private sector investment will continue to be welcomed. ”

Peteris Zilgalvis

Head of Health and Well-being Unit, DG CONNECT, European Commission

Many of our experts felt that private sector involvement in European healthcare had traditionally been frowned upon, despite the belief that industry had a valuable role to play. For example, private companies will supply the IT systems and technology for eHealth, including innovations related to mobile health (mHealth) and cloud IT solutions. So it will be important for healthcare professionals to be prepared to forge relationships with private partners.

To overcome these negative attitudes toward the private sector, our experts feel it will be important to distinguish between the privatisation of healthcare which is not generally

supported in Europe (even though private clinics already provide a large share of hospital care in some European countries) and the involvement of for-profit enterprise. Some of our experts felt that there were valuable lessons, which the public sector could learn from the private sector, particularly around delivering efficiencies and streamlined service. Already we are seeing business management methods, such as ‘Lean Six Sigma’³² that have been used now for decades in the manufacturing industry, increasingly finding their way in healthcare settings to improve quality and efficiency.³³

CHAPTER 3 — SUMMARY

- Healthcare professionals will increasingly serve as mentors to healthcare consumers, helping them make the best decisions and interpret the available information.
- There is a growing shortage of healthcare professionals in Europe, which is expected to become more serious by 2020. Creating new healthcare roles, training more generalists and expanding the responsibilities of existing roles, will be necessary to address this problem.
- Doctors will be expected to embrace change and become more IT-literate as the use of technology to deliver healthcare grows.
- Healthcare systems should not only try to build relationships with private providers but also take best practice from the private sector and incorporate it into the public sector.

The financial challenge

“ If we do not prioritise health promotion and prevention, we will face an unpayable or unfinanceable demand for healthcare services in 2020. ”

Antonyia Parvanova
Member of the European Parliament

“ All the stakeholders, both private and public, need to work collectively to make the sector more efficient, to deliver good quality, for everybody, at lower cost. ”

Jean-Michel Marlbrancq
Chief Executive Officer Europe,
GE Healthcare

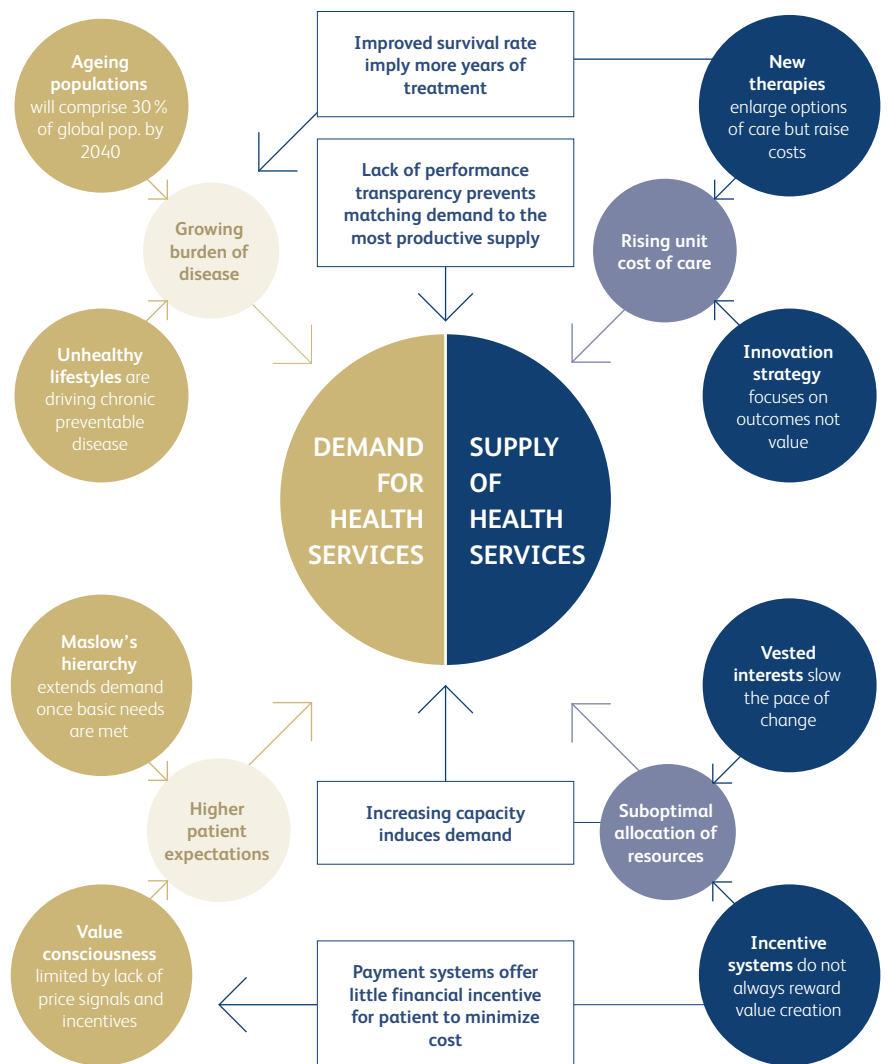


A substantial expenditure

Healthcare represents one of the most expensive areas of public spending in the EU. A significant proportion of gross domestic product (GDP) is dedicated to healthcare in Member States and it is the second largest social expenditure item after pensions.³⁴

In the past few decades, the amount being spent has grown. In 1980, 5.7% of the European Union's GDP was devoted to healthcare. By 2010, the 27 EU Member States were spending about 8% of GDP on healthcare.³⁵

Key drivers and dynamics of health expenditure growth³⁶



Increasing pressures

The rising costs of healthcare in Europe and the consequent need of finding ways to drive efficiencies in healthcare and increase productivity has been on European government agendas for some time. It is a mission that has been made more urgent, however, by the recent worldwide financial downturn and more specifically by the Eurozone crisis. One third of governments in Europe – including those of Austria, Czech Republic, Greece, Slovenia and Spain – have adopted explicit cuts to health budgets as part of wider austerity measures.³⁷ Meanwhile, some European nations are trying to lower public spending on healthcare by shifting costs to individual citizens or by changing the scope of public health systems.³⁸ We have already seen that while health spending as a percentage of the European Union's GDP grew on average by close to 5% year-on-year from 2000 to 2009, this has since been followed by a sluggish growth of around 0.5% in 2010 and 2011³⁹ since the Eurozone crisis hit. In addition, in its annual growth survey for 2013, the European Commission stated that 'reforms of healthcare systems should be undertaken to ensure cost-effectiveness and sustainability, assessing the performance of these systems against the twin aim of a more efficient use of public resources and access to high quality healthcare.'⁴⁰

Longer-term solution needed

“ I regard care as a form of economic activity. I don't see it as a burden; I see it as wealth creation of the purest type. As societies get richer they can afford more of it; it is not a burden. ”

Stephen Dorrell MP

Chair, House of Commons Health Select Committee

Increasing demand for healthcare services means that the need for increased funding will remain. As such, many of the experts interviewed emphasised the importance of greater efficiency. However, while focus on efficiency gains may reduce waste and improving quality, it will not address the immediate financial crisis. Likewise it is unlikely to be a comprehensive, long-term solution to increasing healthcare demand. Finally, there is a certain risk of 'false savings' as the impact of policy changes is not always immediately apparent due to the time lag.⁴¹ In fact, the way forward is not that obvious, as the OECD notes, 'it is not clear yet whether the recent slowdown reflects mainly cyclical factors and may therefore not have lasting effect when economy growth picks up, or whether it reflects more structural changes such as a slower diffusion of new technologies and pharmaceuticals, and changes in provider payments resulting in greater efficiency.'⁴² Indeed, slower diffusion of innovation might be counterproductive in the long run and fiscal tightening fails to address the design flaws of our healthcare systems in addressing societal needs.

“ I see health as wealth and without a healthy population, there would be economic drawbacks because a healthy population is important for a healthy workforce, which in consequence is important for the economy. ”

Birgit Beger

Secretary General, Standing Committee of European Doctors (CPME)

This is why our experts speak about the need to fundamentally refocus the sector. Many of those interviewed argued that healthcare must no longer be looked at as a cost, but as an investment, just like education. This seems to echo the recent Commission paper 'Investing in Health' which states that health expenditure is recognised as growth-friendly expenditure. Cost-effective and efficient health expenditure can increase the quantity and the productivity of labour by increasing healthy life expectancy.⁴³

This will have to be borne in mind when looking at some of the tools to transform services. Pharmaceutical innovation has been and will continue to be a major contributor to efficiency gains in healthcare, in particular as they push back and help reduce expensive hospitalisation and rehabilitation costs.⁴⁴ Technology and innovation – particularly eHealth – were also cited as having significant potential to deliver greater efficiencies and better health outcomes. But neither is cheap and their funding can be challenging for policy-makers.

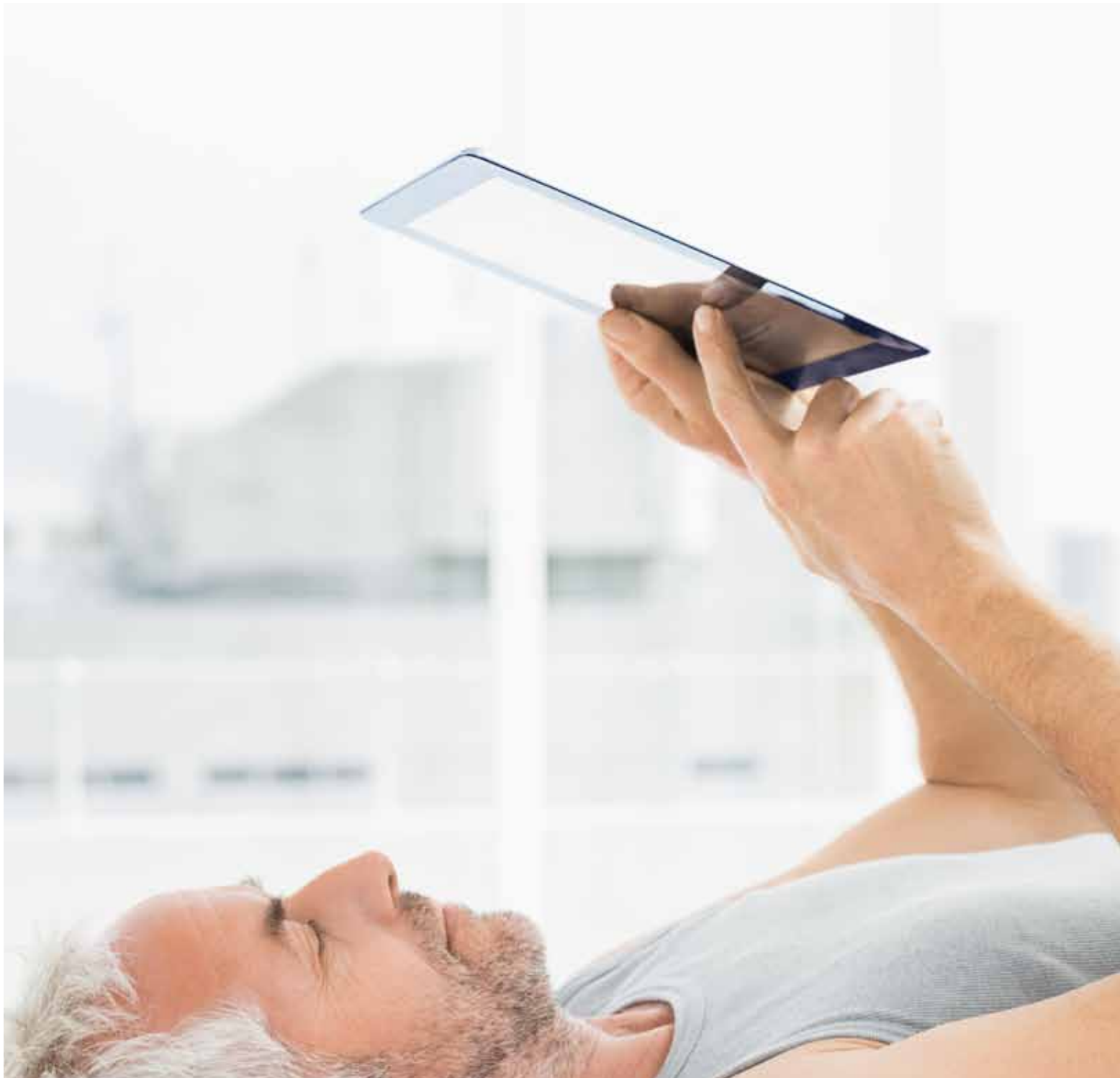


New funding methods

The growing demand for healthcare funding – coupled with the austerity measures and population changes leads some of our experts to believe that the current healthcare funding model used by many Member States will need to change by 2020. They point to a trend that has already started. While universal, government-funded, healthcare is widely regarded as a right in

European Union countries, some nations are reducing coverage and increasing co-payments.

In Spain, for instance, legislation was passed in April 2012,⁴⁵ which restricts free healthcare to those with residence permits, unless emergency care is required.^{46,47} In addition, for the first time, Spain's pensioners are expected to contribute to the cost of their medicine.⁴⁸



“ Advanced societies are defined by their welfare systems and the access to the services provided by it. Our societies need to advance in the access to those services. Healthcare is a right and we cannot trade with it. We need to improve the efficiency of the system but this cannot be an excuse to deny the access to healthcare services based on the arguments of austerity measures. ”

Andrés Perelló Rodríguez
Member of the European Parliament

“ Generally speaking, if you are a European government with a socialised healthcare system, it is very challenging to focus on new funding methods. On the other hand, from a long-term sustainability point of view, I don't think that they will be able to ignore it. ”

Dr Timothy Garnett
Chief Medical Officer and Senior Vice President, Eli Lilly

“ There will be a dilemma in the sense that there will be more and more sophisticated treatments available also for smaller patient populations at a higher and higher cost. Governments will increasingly have to prioritize whether they will make these treatments available and deprioritise other things. ”

Dr Flemming Ornskov
Chief Executive Officer, Shire

Just 53% of those we surveyed agreed that people will have to contribute more financially to ensure the sustainability of healthcare systems in 2020. Furthermore, 73% of those surveyed said they considered free healthcare services to be 'very important'.

53%
AGREED THAT PEOPLE WILL HAVE TO CONTRIBUTE MORE FINANCIALLY

A sensitive issue

Changes to national health systems have often been hugely controversial, with protests from healthcare professionals and citizens alike.⁴⁹ Changes to healthcare coverage and payments have already started in the United Kingdom, Cyprus, Ireland, Italy and Greece and have proven contentious.

Such sensitivities reveal the extent to which universal healthcare, largely free at the point of care, is still seen as desirable in Europe.

Those interviewed for this report suggested that the commitment to provide healthcare to everyone will be very difficult to reverse; nor would many want to. But at the same time most acknowledge the public will have to contribute more; whether financially, or in taking better care of their own health.

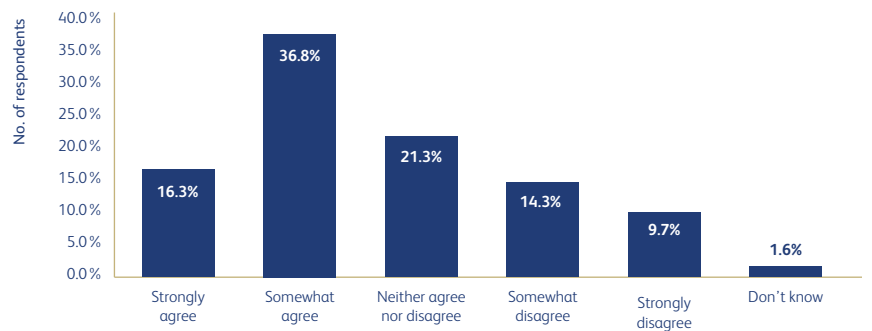
Our consumer polling suggests that, when it comes to the financial side, healthcare consumers may not yet be ready for such a change.



QUESTION 3 OF THE CONSUMER SURVEY:

In the year 2020 people will have to contribute more financially, in order to ensure the sustainability of healthcare systems?⁵⁰

Extent of Agreement or Disagreement with the statement



Another particularly sensitive area some of our experts identified was investment decisions in new technologies and innovations. Many acknowledged that it is more difficult to introduce innovation into the healthcare sector because of its conservative nature. Some also noted that this fact is not helped by the initial upfront cost of new innovation, which creates specific budgeting challenges. Because of the complexity of healthcare,

governments often do not have the flexibility to fully capture potential savings in parts of the healthcare sector that new technologies can deliver. Our experts said that governments will increasingly need to develop plans for funding healthcare innovation as they will increasingly face consumer demand for the latest medicines, diagnostics and technologies which can all help deliver better results and greater patient convenience.

Social care relevant too

“ There is sense in merging health and social care budgets but I think it will require a good deal of thought to get it right. ”

Mike Farrar

Former Chief Executive of UK National Health Service Confederation

Just as there are significant pressures on health funding, so too is social care funding under strain. Social care covers a wide range of services to support the elderly, those recovering from illnesses and other vulnerable populations. Could budgets for these two areas be merged by 2020? There are clear arguments for doing so: greater efficiencies and better patient care, with the individual having a seamless journey from doctor to hospital to home.

Our experts had diverging views on whether these are winning arguments, however. Some felt it was helpful that health and social care continued to be viewed as quite separate sectors and funded accordingly. Others saw benefits to a combining of budgets but most were sceptical that this could take place in the next six years.

Regardless of their views on whether the money should be divided into separate pots, many of those interviewed hoped that policies in health and social care would be much more closely coordinated.

Breaking down the boundaries between health and social care may also assist with the shift from cure to prevention. The idea that health services will have to move from treating ill health to maintaining good health was frequently raised by our interviewees. By promoting healthy lifestyles – and helping people with conditions to manage them better at home – the burden of caring for the ageing population will be significantly reduced.

Prevention is better than cure

“ One of the shocking statistics is that the European Union only spends 3% of the healthcare budget on prevention. ”

Professor Stephen Bevan

Director, Centre for Workforce Effectiveness, The Work Foundation

Our interviewees agree that the funding priority should be long-term prevention to help reduce pressures on health systems. Healthcare spending will move from being a cost to an investment in the future well-being of populations across Europe.

How countries approach changing their healthcare model from one that focuses on treating late-stage disease to prevention and earlier detection and intervention may vary. In fact, OECD data unveiled that the potential benefits of investment in prevention is not that well recognised: ‘In many countries, governments have also decided to cut their spending on prevention and public health, although these typically represent only a small share of their overall health budgets.’⁵¹ In fact, with a growth rate of minus 3.2%, prevention and public health was impacted by the financial crisis the most, followed by pharmaceuticals (-2.4%).⁵² Our experts felt that investment in public health and preventative measures needs to be better prioritised by governments.

A photograph of a hand holding a red apple next to two green apples on a wooden surface. The background is blurred, showing a kitchen setting with a window and some items on a counter.

CHAPTER 4 — SUMMARY

- The financial downturn and Eurozone crisis has exacerbated the need to curb healthcare expenditures.
- New models of funding healthcare coverage must be assessed. Consumers can expect to make a greater financial contribution toward their treatment.
- The need for healthcare services to operate more efficiently has been emphasized, but efficiency improvement will not solve the challenge on its own. Governments must see investment in healthcare as an opportunity rather than simply a cost – an asset in the governmental balance sheet.

Healthcare systems – of primary importance

“ Healthcare systems will have to adapt and whether we like it or not healthcare is going to become more of a market place where only the efficient will survive. ”

Dr Fleming Ornskov
Chief Executive Officer, Shire

“ Health isn't created in hospitals and clinics. You have to look at where health is created and where it's damaged: it's where people live their everyday lives. ”

Professor Margaret Barry
Head of World Health Organization
Collaborating Centre for Health Promotion
Research, National University of Ireland
Galway

“ Primary care will be the most important level in the context of chronic disease and ageing ”

Ri De Ridder
Director-General, National Institute
for Health and Disability Insurance
(RIZIV-INAMI)

“ In all the public health ‘big books’ it is written that the biggest amount of money should go to primary care, then to secondary, then to tertiary. Since developing public health science, this has not happened. There is no single Member State which has this kind of pyramid, and we constantly conclude that the pyramid is upside down. ”

Antonya Parvanova
Member of the European Parliament

Across Europe, healthcare systems are being restructured. Some countries are changing the groups eligible for state-funded health coverage; others are asking citizens to pay more toward their treatments. There is however one common theme across the board, and that is the importance of primary care.

Time and again the people interviewed for this report said that, by 2020, the focus on primary healthcare will increase. The reasons are multiple, complex and interrelated. There is of course a clear financial impetus for supporting more extensive use of primary care: treating someone in hospital is far more expensive than treating that someone in a general practitioner’s office or in their own home. A literature review by the World Health Organization (WHO) demonstrated that increased availability of primary healthcare is associated with reduced aggregate healthcare spending.⁵³

Yet the same review also revealed clear quality of care implications. It reported: ‘International studies show that the strength of a country’s primary care system is associated with improved population health outcomes for all-cause mortality, all-cause premature mortality, and cause-specific premature mortality from major respiratory and cardiovascular diseases. This relationship is significant after controlling for determinants of population health at the macro-level and micro-level.’⁵⁴



Fewer hospitals

“ With the ageing population, diseases will become much more chronic. If you take people into hospital, they will be obliged to stay there for months in a row, or maybe years in a row. This is very expensive of course. It’s also not the best solution from the consumer point of view. I think the time that you can put people together in hospitals for months in a row is over. ”

Philippe De Backer

Member of the European Parliament

As well as reduced mortality and reduced costs, countries with well-developed primary care systems have higher levels of patient satisfaction.⁵⁵ Most healthcare consumers want to stay at home and not spend time in a hospital.

Given that our expert interviewees agree, many argued that healthcare professionals will need to focus on how to support care closer to home.

Many leading hospitals are already recognising this changing landscape and are adapting. Our experts discussed how some are using IT to virtually break out of their structural confines, to forge better connections with healthcare consumers, physicians and clinics and to invest in medical technologies that enable earlier diagnosis and better-targeted treatment. In short they are transforming, and connectivity is the key.

The growth of technology

“ I think technology will help patients to be more in control. They will have more knowledge but also there will be better technology that supports them to manage their own healthcare. ”

Professor Stephen Bevan

Director, Centre for Workforce Effectiveness,
The Work Foundation

“ The economic and social benefits of implemented eHealth solutions will grow. ”

Professor Klaus-Dirk Henke

Chair of the disciplines of Public Finance and Health Economics, Technical University of Berlin

Our experts felt that there are opportunities for healthcare IT to assist in improving the quality of medical care. In particular, as the delivery of appropriate healthcare to those with non-communicable diseases becomes more complex requiring greater collaboration between a variety of institutions, professionals and healthcare consumers, the issue of whether healthcare systems can operate sustainably without more investment in healthcare IT has become a critical focus.

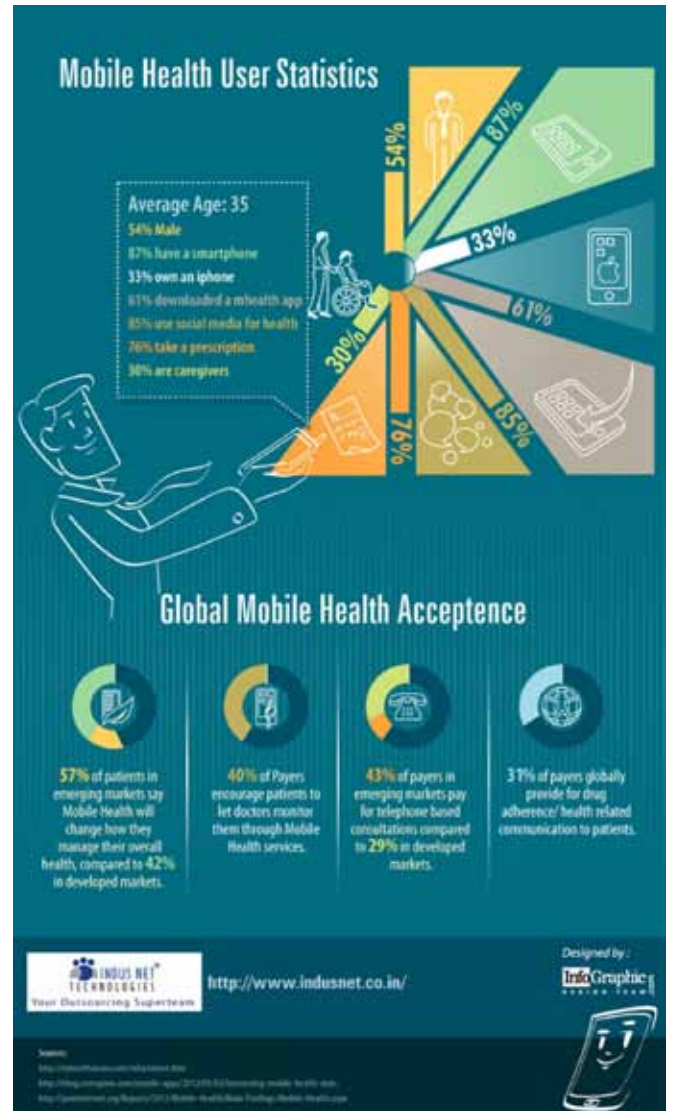
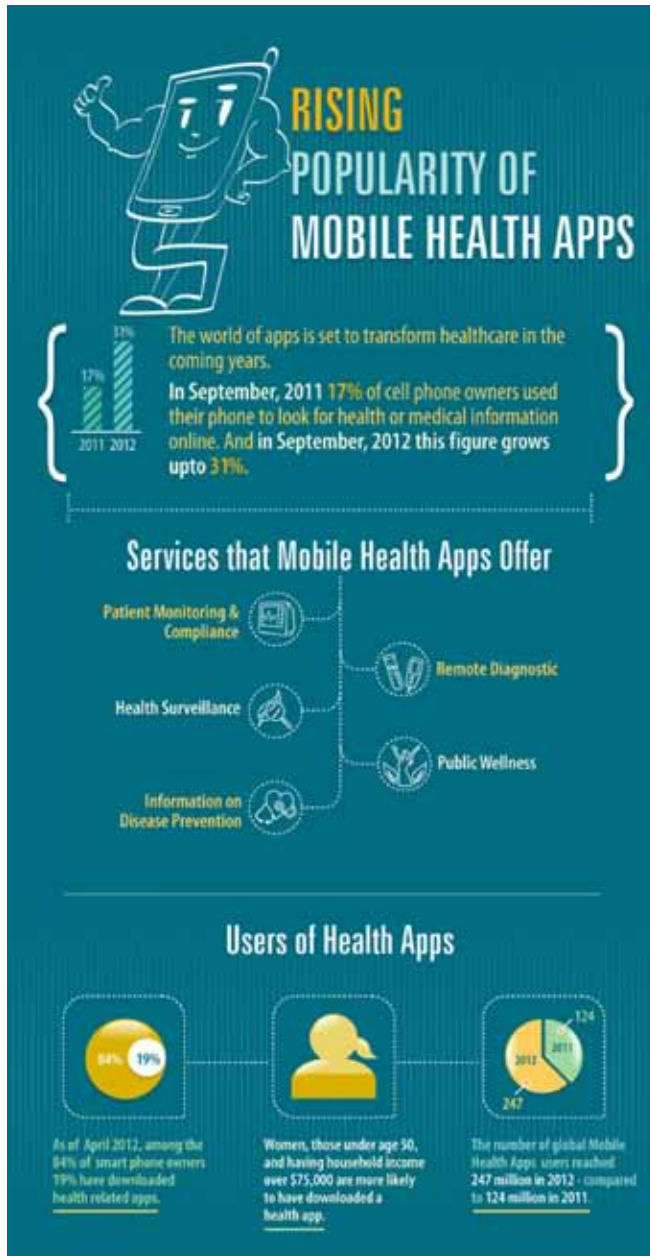
Those interviewed for this report expect technology to be one important way that care in non-traditional health settings will be supported. When a visit to a healthcare professional is required, it may not always be in the form of a traditional, in-person, consultation. In fact healthcare consumers will be able to be monitored, tested and prescribed treatment remotely. Many of those interviewed see enormous potential in eHealth in the widest sense of that term, including the most recent developments in mHealth.

61%

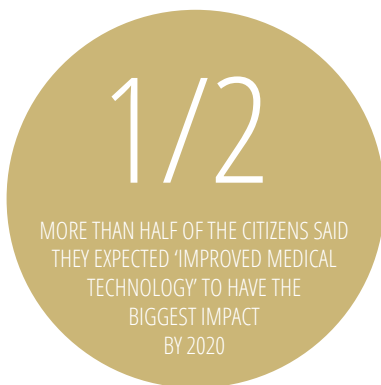
SAID MORE TREATMENT IN
THE COMMUNITY WAS VERY
IMPORTANT

Revealingly, 61 % of the consumers we polled as part of our research for this report said that more treatment in the community was ‘very important’ when thinking about healthcare services in 2020.

Rising Popularity of Mobile Health Apps



Caring and sharing



Some resistance can be expected from consumers as well (see Chapter 2: The Citizens). Even so, it is to be expected that 2020's healthcare consumers will demand their providers use data and technology more efficiently.

Our experts also believe technology will be important in sharing information. Again, that is in the widest sense. On the one hand, healthcare consumers will expect information about their health to follow them whether they change location or doctors. On the other, they will expect information to keep them informed about their health and the choices available to them.

There is likely to be resistance from the sector itself, as addressed earlier in this report. As such, some interviewees suggested that it may be valuable for the sector to look to the private sector for examples of change.

The potential of eHealth...

“ Interoperability of the new ways of communication or eHealth will be an issue. Because there will be some countries and some regions which will have them, some others not as much, and there will be a problem with the development of the eHealth network or the IT network more in general. ”

Antonyia Parvanova

Member of the European Parliament

The European Commission defines eHealth as tools and services using information and communication technologies (ICTs) that can improve prevention, diagnosis, treatment, monitoring and management.⁵⁶

Good information sharing and use of technology does not just improve healthcare consumers' experience, also leads to a significantly more efficient health service, with less duplication of effort. However, our interviewees fear that developing these systems will be far from straightforward. A wealth of healthcare IT systems are used across Europe, not all of them are interoperable. In fact, in the UK – where many healthcare organisations are merging; single providers may use multiple systems.

The European Commission has recognised the importance and challenges of so-called eHealth through a directive on the application of patient rights in cross-border healthcare. Directive 2011/24/EU, passed in March 2011, calls on Member States to increase the interoperability of their healthcare ICT systems.⁵⁷ To this end, it created a voluntary eHealth network to which almost all Member States now belong.⁵⁸ The network has drawn up guidelines which will enhance interoperability, ensuring continued access to high quality healthcare.⁵⁹

Redefining innovation

“ When it comes to pharmaceutical innovation, most of the low hanging fruit has already been picked. We are now moving toward an era of developing more personalised treatments, which do not target large groups of patients as the big blockbusters have done. ”

Rebecca Taylor

Member of the European Parliament

Interviewees suggested that what is viewed as innovation in healthcare today will not be the same in 2020. There will be less focus on blockbuster medications and more on developing effective treatment delivery systems for consumers and tailoring their treatment.

The personalisation of healthcare and treatments through greater use of genetic profiling is something



“ I believe that it will be perfectly possible and reasonable to be able to give people more personalised care in 2020. ”

Mike Farrar

Former Chief Executive of NHS Confederation

that the EU Commissioner for Health and Consumers Tonio Borg has praised in the past. He has described personalised medicine as ‘an innovative, efficient and patient-centred alternative to a one size fits all medicine.’ Notably, he continued: ‘It also yields a maximum return on healthcare investment – a valuable argument for decision makers in times of austerity.’⁶⁰

CHAPTER 5 — SUMMARY

— As 2020 approaches, the emphasis on healthcare will increasingly move from secondary to primary care. Less care will be delivered in hospitals: the aim will be for healthcare consumers to receive care closer to home or even at home.

— Developing technology, including eHealth and mHealth, will support this move, though it will present some challenges, as the healthcare sector is traditionally slow to change. More will need to be done to break down conservative attitudes within healthcare systems.

— What is meant by innovation will change. No longer will the focus be on blockbuster medicines but rather on improving the delivery of highly personalised care.



CHAPTER

6

Healthy expectations – looking beyond 2020

“ We really do need to evolve a much more long term view of healthcare and recognise the interventions that we may take now may not pay off in the next 30 years. ”

Dr Timothy Garnett

Chief Medical Officer and Senior Vice President, Eli Lilly



What we can expect

“ I really believe that there are new paradigms coming up which might completely change the view on healthcare. I really believe that healthy life will be a much more important issue in the near future, much more than just healthcare. ”

Ri De Ridder

Director-General, National Institute for Health and Disability Insurance (RIZIV-INAMI)

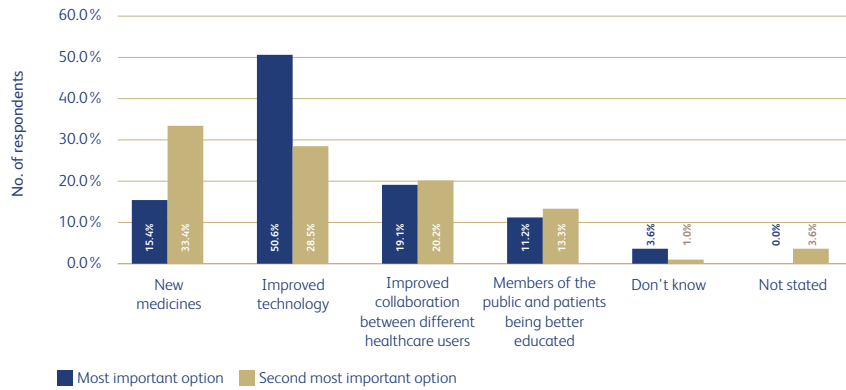
Given that change can be slow in the healthcare sector, many of our experts felt that the fundamental changes that they believe are needed will not be completed by 2020. Moving from a focus on treatment to prevention, ensuring citizens are fully empowered, developing proper information sharing – all of these are significant and lengthy tasks. It is therefore unsurprising that, when asked to focus on the picture beyond 2020, most of our interviewees stated that the biggest priority is to implement these changes. It is clear that a long term view is needed when looking at Europe’s healthcare systems; but that is easier said than done.



QUESTION 5 OF THE CONSUMER SURVEY:

To the best of your knowledge, which of the following will provide the greatest impact on healthcare in the year 2020?⁶¹

Greatest impact on health in 2020



“ My wish is that we invest the funds for the genetic testing of individuals. We can then better diagnose and prescribe more appropriate drugs and treatments for individuals or clusters of people. At the moment we live by a scattergun approach that says; if you have got a disease, then you should take drug A, even if it does you no good at all or has adverse side effects. It is necessary to invest, but ultimately you will improve health outcomes and save money by avoiding waste. ”

John Bowis

Chair, European Alliance for Personalised Medicine

“ Something we need urgently, and it is really a hard task, is to have good tools to assess treatment outcome. I don’t think the tools we have currently are very good. They are not creating the knowledge we need to improve. ”

Dr Roberto Frontini

President, European Association of Hospital Pharmacists

The importance of research and measurement

A long-term view needs to apply to research as well. While personalised medicines and treatments are frequent headline grabbers, our interviewees emphasised that much work is still needed before they are to become day-to-day reality.

Just as new scientific discoveries will be important, so too will be assessing their impact. The true value of apparent breakthroughs in healthcare can only be judged if powerful assessments tools are in place. Some of our experts saw this as an important area in which healthcare can develop post-2020.

Everyone has a responsibility and contribution to make

Resolving the growing burden of health-related issues is as much about promoting policies that encourage behavioural change, and the detection and treatment of diseases earlier, as it is about treating late-stage disease. These are major challenges. However with today's advances, we already have many tools at our disposal including technology to support such efforts. Clearly this is a much broader topic than can be adequately summarised here, but at its core is the belief that there should be more attention diverted from the intervention in disease at the late stage, to the conditions leading to

the disease and earlier detection and treatment. Cost-effective healthcare is about reducing risk factors, maintaining a healthy lifestyle and leveraging technology and data early, not once the disease is well established

The work needs to start now. It cannot be done by any one entity but requires the collaboration of healthcare providers, governments, industry, and consumers to work together to ensure that Europe is ready to make the necessary changes required to deliver cost-effective, quality healthcare to its citizens.

CHAPTER 6 — SUMMARY

— With 2020 now just a few years away, some of our experts suggest that only limited changes will be implemented by then.

— Changes to attitudes will be slow to implement, but it will be vital to shift the conversation around healthcare to one around creating health not just treating illness.

— A longer-term perspective will need to be adopted on healthcare – by all parties.

AmCham EU recommendations

AmCham EU believes the following recommendations are required to bring about affordable, sustainable, innovative healthcare in Europe in 2020:

Health systems need a stronger focus on keeping people healthy (health promotion, prevention), while investing in innovation that can drive efficiencies, improve productivity and facilitate patient-centric care.

- While the current era of financial austerity may be over by 2020, healthcare providers, professionals and leaders can still expect to be asked to do much more with less.
- Challenges such as ageing and chronic diseases will increase the financial pressure on health systems. Interviewees believe health services will have to evolve from treating illness to maintaining good health.
- Promoting healthy lifestyles and helping people with chronic conditions to manage them better at home, will significantly reduce the burden of caring for an ageing population. Maintaining health becomes therefore an imperative and a primary objective for health systems.
- Research and innovation will continue to be vital to the future of healthcare; the focus needs to be on targeted innovation such as personalised medicine. This includes diagnostics and treatment, process innovation such as better integrated care pathways, improving health literacy and empowering patients to drive efficiencies in healthcare. More efficient healthcare has a positive impact on productivity and healthcare resource use.
- The EU must safeguard innovation by implementing policies that provide incentives to drive creative solutions by 2020 and beyond.

Policies and resources need to be directed toward improving health and IT literacy of citizens to empower them to take more responsibility for their own health.

- Our interviewees believe a healthcare system in 2020 should help consumers help themselves and practice self-care. They believe that consumers can no longer be passive recipients of treatment.
- EU policies need to facilitate citizens taking charge of their own healthcare. This is even more relevant as chronically ill patients are on their own for the most part of their daily life and interacting only infrequently with the healthcare system.
- This will require the European Commission to develop a strategy with a strong focus on citizen empowerment, health literacy/education and self-care. This will also help achieve the European Innovation Partnership on Active and Healthy Ageing's goal to increase the average number of healthy life years for EU citizens by two years by 2020. Health and IT literacy should be promoted in the framework of this Partnership.
- The EU Chronic Conditions Strategy must include self-management as a standard of care across the EU. Many suffering chronic illnesses are frequently left on their own without assistance, so self-management is really needed.
- Healthcare systems should also focus on providing more and better information for patients and healthcare professionals, in particular safety information for medical products and devices. This requires strong health education programmes, eHealth solutions, and healthcare systems that are more consumer friendly.

Healthcare providers need to re-think their roles, and insurance companies need to re-think their remuneration schemes.

- With the help of technology there needs to be a shift in the roles of healthcare professionals. In particular primary care needs to focus further on prevention with the general practitioner becoming more of a mentor to the healthcare consumer.
- Similarly the roles of other healthcare providers such as pharmacists or nurses will shift to help support patients in self-management.
- The European Commission should revise its 2012 Action Plan for the EU Health Workforce to respond to current challenges. It should strongly encourage Member States to implement its main provisions. This includes improving health workforce planning and forecasting, anticipating future skills needs and improving training, recruitment and retention of health professionals.
- These changes will also have implications for the remuneration of healthcare professionals and their services. The role of mentoring patients to self-manage their healthcare needs should be recognised as a key healthcare service and be reimbursed just like surgery. Insurance providers need to re-think their incentive schemes to facilitate better coordination and collaboration.

Health has to be seen as an asset rather than a cost.

- A change in how healthcare is perceived is needed. Health is important for the well-being of individuals and society, but a healthy population is also a prerequisite for economic productivity and prosperity. Good health is essential to the well-being of a country's economy.
- Investing in areas like health literacy, eHealth, innovative technologies, and medicines can lead to savings in many other areas of society. In particular EU financing schemes need to ensure that we raise health standards and bridge the gap across the region.
- Investing in healthcare innovation creates jobs and growth. The European Commission's Health for Growth Strategy⁶² recognises that countries with sound healthcare infrastructure, processes and skills benefit from higher productivity, increased labour supply and better education. This in turn contributes to sustainable long-term economic growth.
- AmCham EU calls for a much greater level of investment in healthcare, in particular through EU financing schemes to ensure that we raise health standards across the region.

Health consumer survey 2020

APPENDIX 1

Introduction

BRYTER is a market research agency specialising in healthcare and pharmaceutical research. We are conducting research on behalf of a public relations company.

The survey will take approximately 5 minutes to complete and will include topics such as your attitudes toward the future of healthcare, as well as some profiling information about you and your lifestyle.

Before you begin, let us assure you that BRYTER complies with the MRS Code of Conduct and is registered in accordance with the Data Protection Act. Your name remains confidential to BRYTER, and will not be passed on to any third parties without your permission. All information that you provide will be aggregated with that from other respondents before being passed on to our client, and thus no individual response can be identified.

Conducted by Bryter Research⁶³ between Monday 23 and Wednesday 25 September 2013. For the detailed results of the consumer survey, please contact the AmCham EU secretariat.

Mode: Quantitative online survey

Target timing: 5 minutes

Sample size: 1500 (200 each in UK, France, Germany, Italy, Spain; 100 each in Belgium, Hungary, Bulgaria, Czech Republic, Poland)

Quotas: Mixed by age (18 and over), gender, region

Main questionnaire

For this section of the survey we'd like you to think about what healthcare will be like in the year 2020.

Q1 When thinking about healthcare services in the year 2020 how important do you consider each of the following? (Please use the 1-10 scale to rate how important each option is, where 1 is not important at all and 10 is extremely important)

- Better access to healthcare services than currently available
- Free healthcare from the point I start using health services
- More treatment in the community than currently is in hospitals
- Education on how to live a healthy life

Q2 To what extent do you agree or disagree with the following statement? (Please select one answer) In the year 2020 governments should treat healthcare as a higher priority than they do currently.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

Q3 To what extent do you agree or disagree with the following statement? (Please select one answer) In the year 2020 people will have to contribute more financially, in order to ensure the sustainability of healthcare systems.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

Q4 To what extent do you agree or disagree with the following statement? (Please select one answer) In the year 2020 the public will be more actively pushing for high quality healthcare than now.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

Q5 To the best of your knowledge, which of the following will provide the greatest impact on healthcare in the year 2020? (Please select the next most important option. Please select one answer.)

- New medicines
- Improved medical technology
- Improved collaboration between different healthcare providers
- Members of the public and patients being better educated



List of participants

AmCham EU would like to thank the following experts (listed alphabetically by organisation name) who participated in the project:

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About the research

To research this report, the project team conducted 28 in-depth interviews between May and October 2013 with leading experts in the healthcare sector, including policy-makers, academics, as well as healthcare, patient association and industry representatives. A list of participants who took part in the interview programme is detailed in Appendix II.

Our experts were questioned on the following topics:

- Their main expectations regarding health and healthcare.
- The impact of a more active, empowered and educated patient cohort.
- The future relationship between healthcare consumers and doctors.
- The potential of new healthcare innovations, including ehealth, and the resulting changes it could bring.
- The management and integrated of healthcare.
- The future payment models and financial pressures for healthcare systems.

The project team also reviewed the literature and data available on Europe's healthcare systems. A list of the data sources consulted for this research is in Appendix II.

To gather the views of the general public, the project team commissioned a pan-European sampling of public opinion by polling company Bryter. The total sample size was 1,500 with 100 participants each in Belgium, Hungary, Bulgaria, Czech Republic and Poland, and 200 each in Germany, France, Italy, United Kingdom and Spain.

The project team was led by Emanuele Degortes, Pierre Bouygues and the AmCham EU Healthcare Committee. Hanover Communications was commissioned to carry out the interviews and write the report.

The findings and views of the report do not necessarily reflect the opinions of individual member companies of AmCham EU.

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