



17th European Health Forum Gastein

Electing Health - The Europe We Want!

01-03 October 2014, Bad Hofgastein, Austria

THE EHFG 2014 IN A NUTSHELL

The political context in Europe is changing, for health and for healthcare funding, and the time is right for the healthcare community to influence the direction of travel.

- ◆ Among the priorities in seeking to influence the future of healthcare is a renewed attachment to health for all, health in all policies and a better coordination between social and health policy.
- ◆ Collaboration among a wide range of stakeholders and the identification of powerful common themes are essential if the opportunities for constructive change are to be realised by a new Health Strategy.
- ◆ Chief among the objectives is a shift from short-term to long-term thinking about health - embracing the real potential of prevention as part of a holistic approach.
- ◆ The person - and the patient - must be given priority in policies related to health.
- ◆ Better balance must be found between competing objectives, such as supporting innovation while keeping

health spending under control and offering real choice within healthcare systems.

- ◆ The future of health and healthcare requires new workforce approaches and the development of the right sort of leadership for a new age.
- ◆ Health system performance must be raised, which requires the optimum use of new tools for delivery and outcomes measurement.
- ◆ The European semester puts a new onus on the public health community to effectively argue for investment in health and highlight how health makes a measurable contribution to growth.
- ◆ Europe does not exist in a vacuum: health issues are by definition international, and Europe has a duty to extend solidarity to the wider world population, in strategy and in delivery.
- ◆ The Commissioner designate for Health and Food Safety, Vytenis Andriukaitis, expressed his strong commitment to the prevention, promotion and protection of people's health.

THE GASTEIN HEALTH OUTCOMES 2014

The EHFG 2014 deliberately grasped the opportunity offered by the changing political context - with a new European Parliament, a new European Commission a new urgency in the WHO European Region, at a time of international discussions on new global health goals.

A combination of thought leaders and practitioners analysed how it might be possible to forge the health policy that citizens deserve in this new political space. Newly-elected MEPs, WHO and EU officials, and the European Commissioner-designate for health not only came, and spoke, but stayed to listen, and to engage in discussions of "the Europe we want".

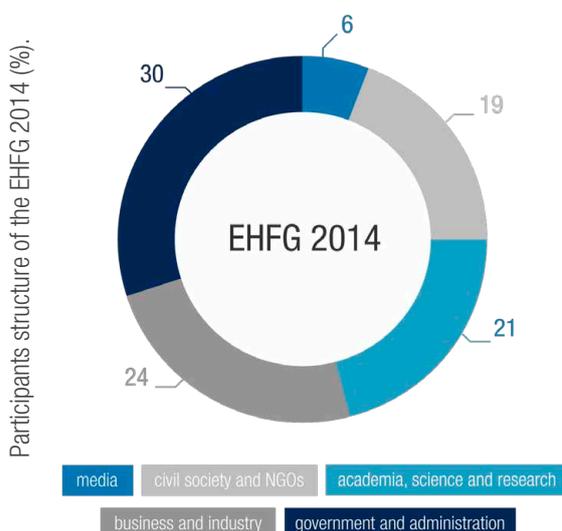
The priority tasks that the President of the European Commission has assigned to the new Health Commissioner include rapid responses to crises associated with food safety and pandemics, and a prompt evaluation of the decision-making process for genetically modified organisms - signalling to citizens a readiness to tackle issues that affect them directly and provoke their anxiety. A further priority is to help maximise the efficiency and performance of health care systems, by building up expertise for assessing performance and the outcomes from public health spending, and making the findings available. The link that the Commission is now explicitly making with the activities of the European semester, the mechanism for coordinating Member States' economic

and budgetary policies, demonstrates the decisive role of the health system as a factor for the economy and for stability and growth.

...a defining moment...

The awareness that health policy is at a turning point, for Europe and for the wider world, was a constant stimulus throughout this year's EHFG.

Whether discussing the prospects for personalised medicine or the scope for integrating technology into healthcare, or reflecting on the inequalities of opportunity or the surging costs of social provision, participants confronted the gaps between aspirations and reality, between potential and achievement. But the evidence served only to reinforce the common determination to seek better health for all. The Forum focused on formulating remedies, improvements, and solutions, and on seeking synergies among distinct interpretations, rival ambitions or conflicting pressures.



...radical approaches...

The search for solutions ran through virtually every aspect of health and healthcare, from the impact of the environment or the importance of good nutrition through to spotlights on specific diseases, workshops on workforce planning, and reviews of regulatory systems. And the discussions were marked by a readiness to suggest radical approaches and to entertain courageous options for breaking out of routine pathways. The leitmotif of the EHFG 2014 was that business as usual is no longer an option, and that consideration must be given to dramatic changes of course and to the involvement of a wider range of stakeholders.

How, for instance, it was repeatedly asked, is it possible to persuade policy-makers to move away from their habitual short-term fixes to meet immediate political imperatives and electoral timetables, and to take instead a longer-term view that is based on evidence - and even on conviction. Without such a shift, it was argued, prevention will not receive the attention it merits, since population-based measures deliver tangible benefits only in a longer timeframe. In addition, health systems must also shift their current focus from expensive and ineffective late-stage disease response towards more results-based and cost-effective prevention measures and early intervention strategies. A clear change in trends is needed, since health promotion and disease prevention are key factors for the long-term sustainability of health systems.

If traditional thought-processes are not modified, the infrastructure required for effective healthcare systems will not be created - most conspicuously leaving poorer countries, in Europe as well as in the developing world, vulnerable to epidemics and condemned to little more than crisis responses, it was argued.

The Forum sessions raised questions of solidarity, of core values, and of tackling “unacceptable inequalities” - and in so doing, debates extended into the hinterland of health policy, across issues of social provision, development policy, and poverty eradication.

...investing in health...

Against the sombre background of austerity, the Forum reflected on how to convince senior policy-makers that health is a political priority and a political choice, and how to influence them to see health budgets as an investment rather than a cost. Although that battle may already be won among much of the health policy-community, the harsh reality is that finance ministers and prime ministers are yet to be won over. A number of sessions examined aspects of financing - of health, of healthcare, and of political economics. The current widespread preoccupation with competitiveness and growth cannot be at the cost of society's health, it was fiercely maintained in the course of discussions about securing health with good growth, and about the interdependence of social and economic models. Proposed remedies ranged from the simplest - such as reducing societal costs of specific conditions like hearing loss or sight impairment - to the most adventurous, with calls for budgetary targets to be set for prevention.



The new foothold that the EU has gained in national policies on healthcare was highlighted in discussions of the European semester - the EU's recently-acquired and still-evolving guide to public-spending priorities in the Member States. This extension of EU fiscal powers into the health domain is now generating instructions to Member States over their health and social spending as part of the struggle to ensure sustainable public finances. The consequence is to confer influence as a health policy-maker on the EU, going far beyond its limited authority for health under the EU treaty. This, the EHFG concluded, puts a new onus on the public health community to argue its case more effectively, and at the highest levels of government, to prevent economic interests taking precedence over health. The Commission's specific recommendations for health system reform are frequently derived from European advisory gatherings or committees that formulate lists of desirable policies. Such meetings offer a real opportunity to bring public health expertise and values into the detailed mechanisms of fiscal governance and policy - especially by making a serious evidence-based case for investment in health.

...people at the centre...

Another of the concepts that won unconditional support at Gastein was an attachment to bringing the patient effectively into the centre of healthcare provision. The multiple implications of a person-centred approach were addressed, and old assumptions about top-down healthcare were rigorously questioned. The new emphasis on giving priority and power to patients in healthcare scenarios was warmly welcomed by seasoned health campaigners. This strategy has to be linked with strengthened approaches to health-in-all-policies and good governance, with particular emphasis on taking the implications for health into account in all areas of policy -



"I pledge to co-create health by..." at the 17th EHFG 2014.

and particularly in economic and budgetary affairs.

One of the drivers for greater attention to the patient - personalised medicine - was examined not only in terms of its scientific and medical potential, but also in the light of the changing relationship between the patient and the health professional. The new paradigms of shared decision-making that personalised medicine implies are consistent with the holistic approach of treating the person rather than just the disease. At the same time, there was intense discussion of how to ensure that the opportunities are matched with adequate capacity-building among patients - and adequate safeguards against possible discrimination and the risks to privacy.

Real empowerment was deemed necessary for patients and citizens to play a fuller role right across the range of health maintenance, prevention and care. The role - and resource limitations - of patient associations as well as healthcare authorities came under scrutiny. There were ample illustrations of the need for better provision - and even definition - of health information, promotion of health literacy, and delivery of health education.

Stress was placed on creating communications that

commanded trust, and on constructively responding to the uneven distribution of lexical and digital skills in distinct population groups. The rights of patients - and the need to respect them - were also repeatedly evoked in discussions of data access, of the revolution created by information technology, and in the context of the widening options for cross-border healthcare.

...tools for boosting health system performance...

The full benefit of investments in health and closer attention to patients can be realised only if the performance of countries' health systems is also improved - and the EHFG 2014 homed in on how that could be done. Part of the discussion related to the tools and mechanisms which will increasingly be needed for reconfiguring services to improve delivery, for measuring outcomes, and for educating citizens to be more health-conscious.

In that context, the part that ICT can play received close attention, as a channel that can both deliver care and also investigate the level of care that patients actually receive - insights considered fundamental for improving performance. The EHFG 2014 considered ICT-based opportunities and assets for health conditions such as the management of chronic disease to treatment for depression. Discussion ranged over the advantages of e-health, telemedicine, integrated health management and other ways that technology can cut costs, improve the "patients' journey", or prevent unnecessary duplication of clinical examinations.

There was hopeful talk of a new generation of health data, and of new scope for linkage between medical records, biological data, and administrative information.

But the hurdles facing technology also received attention - the still-insufficient interoperability and incomplete standardisation, the persistent legal uncertainty, the unresolved issues of privacy for citizens, and of acceptance among healthcare professionals. There was insistence on the dangers of merely trying to bolt new technology onto systems that were themselves in need of reform, and on the dilemma of whether to realise new services piecemeal, or to delay action until comprehensive solutions emerge. Strong arguments were presented that it is better to realise individual e-health services step-by-step than to delay implementation because of its complexity. And reservations were clearly expressed: there were strong sentiments that it should be for technology to adapt to patients rather than patients having to adapt, and there were unanswered questions about



how far the benefits of some technologies are measurably apparent. e-health opportunities could contribute to the quality and efficiency of health care, but widespread usage still faces hurdles. A rapid deployment of available solutions and increased standardisation at the European level is required.

The Forum also covered more controversial aspects of health systems. Against the background of the need to constrain healthcare budget increases, discussions reviewed how innovation could be funded without disrupting public spending - and inevitably assessed the role of pricing and reimbursement systems in the supply of medicines and medical devices. While there was strong support for keeping costs down through the wider use of generic medicines, joint procurement, and external reference pricing, the argument was made by representatives of the research-based industry - and by some economists present - that a radically updated approach was needed in decisions about maintaining innovation in therapy, both on the economics and in terms of more flexible regulatory frameworks. Health technology assessment is starting to offer some more considered input to decision-making, but is not yet a panacea. And the recognition was widely shared - even if differences remain over what the solutions might be - of evident market failures in the current approaches, as demonstrated by gulfs in some therapeutic categories, such as vaccines or antibiotics, and notably in relation to Ebola.

...guiding modified performance...

But the discussion of performance went deeper than evaluating the tools, and touched on the very design of healthcare systems - how far they plan for an ageing population, how they tackle health-related behaviour in

the general population, how they coordinate efficient continuity of care across sectors. The EHFG 2014 explored how primary-care services can play the role of health broker rather than gatekeeper in balancing patient choice against effectiveness. Primary health care was described as a key to optimising health care systems, rather than as standing in the way of patients' freedom of choice: well planned and properly implemented primary care could lead to more efficient supply structures and continuity in patient care. The potential of strong primary healthcare with a pilot function will help to optimise health promotion, prevention, and the care of chronically ill patients, it was argued.

The Forum reflected on the balance that has to be found in a changing world between top-down regulation, that can, for instance, counter undue outside influence - as in intensive industry lobbying that might be inimical to health interests - and a cooperative approach in which policy-makers are enablers encouraging desirable behaviour among partners. And to really improve the performance of health systems, countries need to get both 'macro' and 'micro' factors right: from sharper competition among healthcare providers to better organisation of hospitals, and from wider use of generic drugs to creating more health-awareness among citizens. Analysing the numerous factors is becoming increasingly feasible as the next 'data revolution' appears in the shape of data linkage. This could help in assessing whether horizontal health-maintenance goals offer more sustainability than vertical disease-specific goals, or to what extent national systems favour expensive late-stage disease response over prevention or early intervention.

Unsurprisingly, these discussions elicited views on how health systems are managed, and how they can be guided. Under the theme of leadership, it was argued that

good leaders are needed at all levels of organisations, across all sectors, and throughout every level of society. Being a leader is a skill, and the meeting looked at the characteristics required of a new generation of public health leaders, so that they not only have public health knowledge, but the skills to communicate and lead the fight to support, promote and improve health. They will also have to be able to adapt to a rapidly changing environment of uncertainty and ambiguity, and capable of planning for resilience in the face of climate change, demographics, increased prevalence of chronic diseases, rising costs, and variations in resources.

Leadership was also urged in meeting the pressing challenges of workforce planning in the face of rising demand, the emergence of new professions for new patterns of care and new specialisations, and the delicate and closely-linked issues of workforce brain-drains in both developed and developing countries.

Countries cannot develop effective workforce policies solely at the national level, particularly in tackling all the social and economic implications of decisions in this field, it was contended. Europe's growing demand for care as its population ages is coinciding with the increasing age of the health workforce. East-west and south-north migration has helped to ease the problem for some western and northern European countries, but patterns of health professional mobility are changing and are often unpredictable. Governments of outward migration countries need to implement strategies to keep their health service personnel at home. These countries may not always be able to compete with destination countries in terms of offering the same levels of pay, but they can look at improving the overall package they would offer to workers and so improve retention (offering better career prospects, better education for children, political stability). Bilateral agreements between outward migration and destination countries are another policy option recommended to tackle the issues raised by health professional mobility.



Public Health Leadership Competency Framework, from the article by Czabanowska K, et al. In search for a public health leadership competency framework to support leadership curriculum—a consensus study. *Eur J Public Health*. doi:10.1093/eurpub/ckt158

...EU role in guidance...

Alongside the influence the EU is now exerting on healthcare funding through the European semester, the Forum sessions examined other areas in which the EU may be able to contribute to improving health delivery by Member States. Health remains predominantly a national competence, but that boundary is becoming blurred, not least by the development of cross-border health care and social security coordination, and by the increasing impact of global events and decision-making. So the opportunities are there for the EU to play an increasing role in facilitating coordination and, where it is of benefit, collaboration. Dialogue at EU level between the purchasers of care and the healthcare providers can help

to identify common challenges, and to evaluate possible mechanisms to improve outcomes or obtain better value for money. The EU can also play a major role in developing and pooling the data that is needed in order to make robust comparisons and to ensure health services make best use of resources.

In research and innovation too, the potential of the EU was acknowledged, since the scale and complexity of scientific advances - and the regulatory demands they create - are increasingly beyond the capacity of individual countries. There was wide support for stepping up European approaches that could bring benefits in synergies, in the avoidance of duplication, or in the design of regulatory systems that support innovation or that can overcome the current handicaps that result from fragmentation or the lack of a common vision.

...an interconnected world...

The theme of collaboration resonated throughout the EHFG's reflections on solidarity and health in the broader context of an interconnected world.

The discussions on the Ebola crisis highlighted the lack of effective collaborative strategies, and displayed, it was argued, the systemic failure of the global healthcare model. There was sharp criticism of what was seen as inadequate international development assistance and the striking absence of joint work to provide an immediate response. The crisis was also depicted as an expression of long-standing and growing inequalities in access to health care services. The EU should from now on be more energetic in raising the underlying global governance issues that have been so long neglected, and in focusing on the promotion of sustainable health system structures rather than relying on short-term crisis responses.



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The lack of available vaccines or treatments was also evoked as a demonstration of the deep market failure of research models.

Discussions of health in an interconnected world also ranged across the impending decisions on new global development strategies, and on how to ensure that international cooperation in global health is embedded in foreign policy, and that attention is devoted to the particular difficulties faced by migrant populations. The post-2015 development goals currently under discussion within the international community should, it was argued, embrace universality and equity at their core. They should go beyond specific disease targets and adopt horizontal approaches tied closely into poverty eradication and tackling inequalities. That, it was maintained, would permit the emergence of functional health systems that address problems holistically rather than vertically. Similarly, Europe should be contributing to setting standards in global health through emphasising solidarity in its discussions of trade or development. And as an example closer to home, the precarious situation of undocumented third-country nationals and the barriers to medical care they face - even in Europe - were highlighted as contrary to the principles and objectives of public health, medical ethics and social cohesion.

...working together...

The dominant theme of the EHFG 2014 was collaboration. The consensus was that only by working more closely together, across a wide spectrum of stakeholders, with new partnerships, and by learning together, would it be possible to construct a health system that Europeans could be proud of. But it was recognised that there was nothing automatic about achieving such a degree of collaboration. Existing healthcare structures are often a barrier for reforms, diverse and divergent interests would have to find reconciliations, and the necessary changes in governance and accountability will require breaking down much of that silo mentality - at national and local level, within health sectors, and among institutions and stakeholders. The shift towards a more comprehensive care continuum will not be easy.

Nonetheless, delegates exhibited a confident determination to overcome the obstacles, and ambitions were high, with repeated suggestions that Europe should aim for a 'health union' to equal its commitment to energy union or currency union. The MEPs who came to Gastein expressly invited input from Forum participants to feed into the European Parliament's incipient reflections on health policy. And European Commissioner-designate for Health and Food Safety Vytenis Andriukaitis, while under no illusions about the political will needed to break down silos, spoke of a new spirit ushering in a new era



Vytenis Andriukaitis at the 17th European Health Forum Gastein.

of promotion, prevention, and protection, so that health is genuinely reflected in all policies. He too urged the widest collaboration, and promised he would seek input from all stakeholders for a round table that could make a start within weeks on a new agenda.

At a time of widespread public scepticism about the benefits of Europe, better delivery by the health sector could offer a demonstration - in an area of such intimate concern to all Europeans - of the concrete advantages of a strong Europe. But better delivery still has to be achieved. So it is not just a question of electing a Europe of health. As ever in European integration, the best results emerge only from assiduous engagement in the process of making better EU policies. If the health community wants to secure the ambitions it outlined at the EHFG 2014, it will now have to work for them. That is the only way to get "the Europe we want".

THE EHFG 2014: BACKGROUND

Across three days in early October, the European Health Forum Gastein 2014 hosted animated discussions between the 600 health professionals that took part. The Forum's review of the underlying issues - demographic, social, scientific, economic, ethical, environmental - was based squarely on the four pillars that support health policy: the EHFG drew on the worlds of research and practice, on the community of patients and civil society, on governmental organisations, and on the healthcare industries - and all of them were encouraged to challenge the status quo.

The discussions extended across some of the immediate pressures in the wider world. The EHFG 2014 hosted an International Forum Gastein sponsored NGO workshop on undocumented migrants, provided expert frontline insights into the Ebola crisis (a last-minute addition to the programme), and focused on collaboration as a force for advancing the common interest. And input from the next generation was assured by the engagement of the Young Gasteiners, enthusiasts drawn from professions and studies linked to health, who contributed with recurrent provocation in the content.

We are pleased to share with you the recordings of this year's conference. To access more webcasts of selected sessions please follow this link:

<http://www.streamdis.eu/EHFG2014/>, register and use this passcode: EHFG172014.

Further we invite you to watch the EHFG 2014 Movie and view the photographs from this year's event, which will give you you a feeling of the Gastein experience. We would also appreciate it if you could take the time to complete our evaluation survey.



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