SNS Jornadas Hospitalares 2018

BOAS PRÁTICAS EM SAÚDE

Euro Health Consumer Index 2017

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The Endemic Condition affecting European public heathcare

₩DD″

Management Deficiency Disorder

If (the late) Ingvar Kamprad of IKEA, or Mick O'Leary of Ryanair, would have learned in detail how a typical European hospital is being run, they would have had to be admitted acutely!



About **Health Consumer Powerhouse**

- Comparing healthcare systems performance in 35 countries from a 9 consumer/patient view.
- Since 2004, more than 40 index editions, available for free. **Y**
- Index projects financed through unconditional development grants, **Y** similar to medical faculty sponsored research.

Europe

Health Cons

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Health Consumer Powerhouse	Health Consumer Index Diabetes Care Index Breast Cancer Index Vaccination Index Renal Care Index Smoke Cessation Index COPD Index Advanced Home Care Index Euro-Canada Health Consumer Index Provincial Health Consumer Index All Hospitals Index	Sweden 2004, 2005, 2006 Sweden 2006, 2007, 2008 Sweden 2007, 2008 Sweden 2007, 2008 Sweden 2007, 2008 Sweden 2008 Sweden 2009, Nordic 2010 Sweden 2010 Canada 2008, 2009 Canada 2008, 2009, 2010 Sweden 2011

EuroHealth Consumer Index 2017

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Indicator	Albania	Austria	Belgium	Bulgaria	Croatia

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 | Estonia | Finland | France | FYR Macedonia | Germany | Greece | Hungary
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| .4 Right to second opinion | Ð | Ð | P | 9 | P

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| .9 Provider catalogue with quality ranking | Ð | P | P | 7 | P

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| .12 e-prescriptions | </td <td>P</td> <td>P</td> <td>5</td> <td>Ð</td> <td></td> <td>9</td> <td>\$</td> <td>\$</td> <td>Ð</td> <td>5</td> <td>P</td> <td>P</td> <td>5</td> <td>P</td> <td>\$</td> <td>P</td> <td>P</td> <td>Ð</td> <td>Ð</td> <td>57</td> | P | P | 5 | Ð

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| Subdiscipline weighted score | 88 | 113 | 104 | 67 | 96

 | 0 | 79 | 117
 | 113 | 108 | 104 | 108 | 108 | 58 | 79
 | 117 | 75 | 88 | 104
 | 104 | 104 |
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| .4 Cancer therapy < 21 days | P | Ð | Ð | P | P

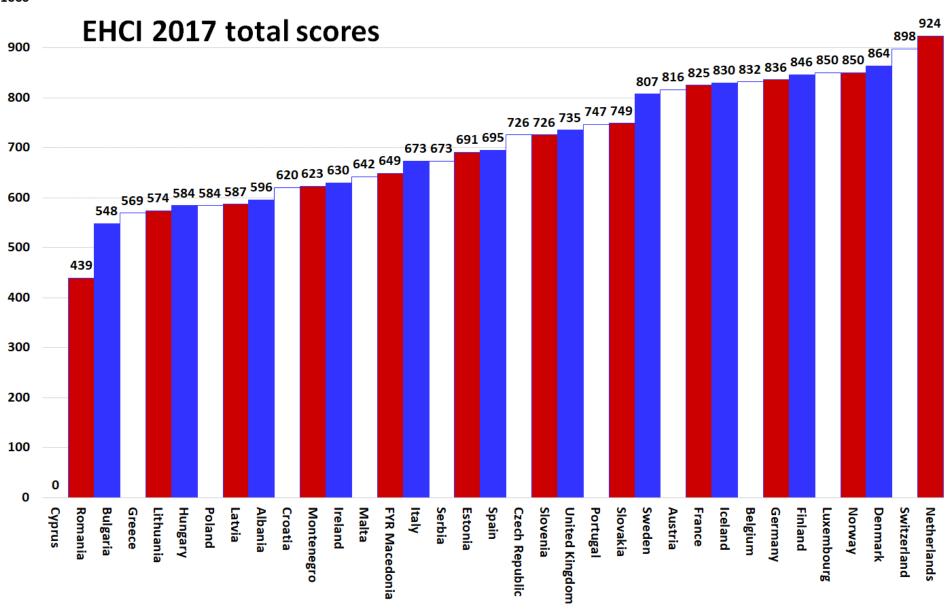
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| .5 CT scan < 7days | Ð | P | Ð | P | 9

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| .6 A&E waiting times | Ð | P | P | ₽ | Ð

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| ubdiscipline weighted score | 213 | 188 | 213 | 175 | 138

 | 0 | 188 | 188
 | 163 | 150 | 188 | 200 | 188 | 125 | 138
 | 175 | 88 | 150 | 138
 | 138 | 213 |
| | 2 Patient org:s involved decision making
4 Right to second opinion
5 Access to own medical record
6 Registry of <i>bona fide</i> doctors
7 Web or 24/7 telephone HC info
8 Cross-border care financed from home
9 Provider catalogue with quality ranking
10 Patient records e-accessible
11 On-line booking of appointments?
12 e-prescriptions
ubdiscipline weighted score
1 Family doctor same day access
2 Direct access to specialist
3 Major elective surgery <90 days
4 Cancer therapy < 21 days
5 CT scan < 7days
6 A&E waiting times | 2 Patient org:s involved decision making Image: Second opinion 4 Right to second opinion Image: Second opinion 5 Access to own medical record Image: Second opinion 6 Registry of bona fide doctors Image: Second opinion 7 Web or 24/7 telephone HC info Image: Second opinion 8 Cross-border care financed from home Image: New York of Second opinion 9 Provider catalogue with quality ranking Image: Second opinion 10 Patient records e-accessible Image: Second opinion 11 On-line booking of appointments? 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1000

Total scores in the EHCI 2017.

Green: The "800 Club". The tightening of particularly Outcomes scores does reward more affluent countries.





EHCI 2017 sub-disciplines

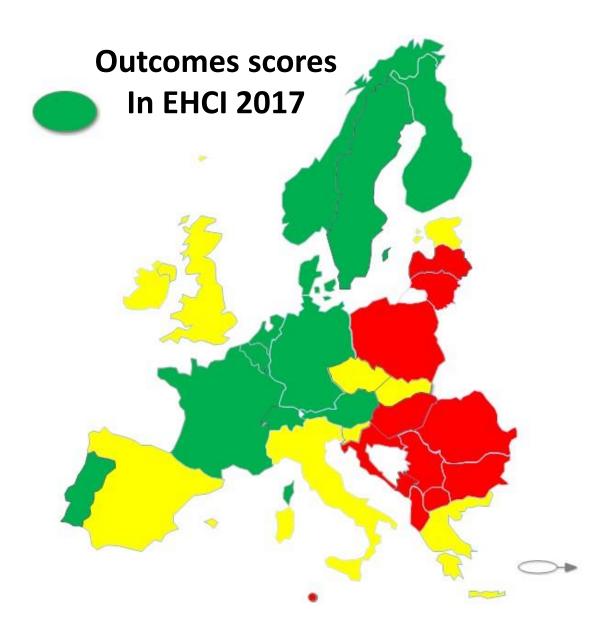
Sub-discipline	Weight (Red = full score)	Doing well
Patient rights, information and e-Health	125	Netherlands, Norway
Waiting times / Access	225	Switzerland, Slovakia
Outcomes	289	Finland, Norway
Range & Reach of services provided	125	Netherlands, Sweden
Prevention	119	Norway
Pharmaceuticals deployment	89	Germany, Netherlands



EHCI 2017 Important trends

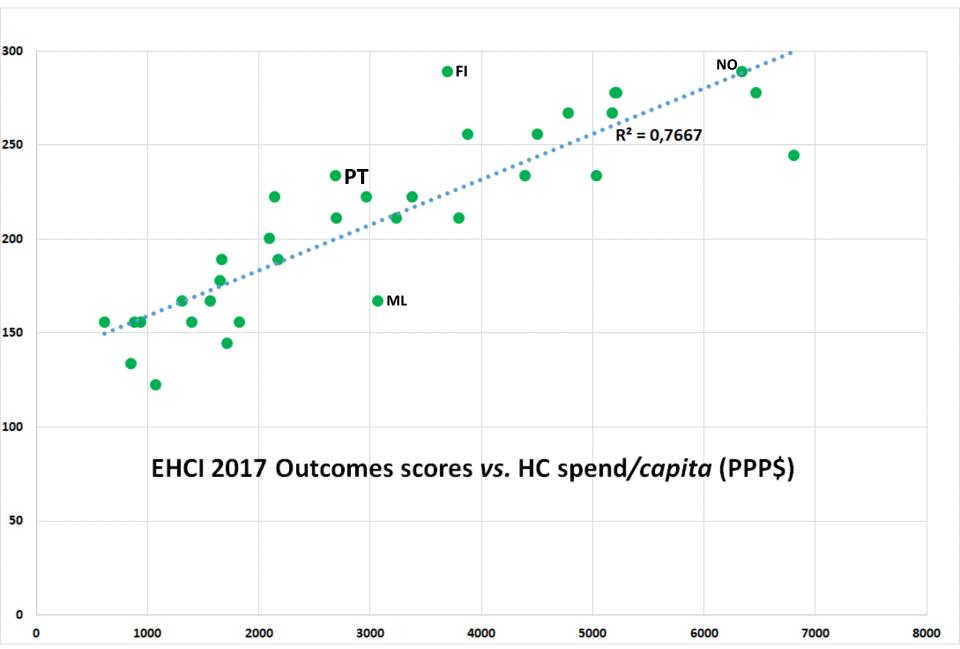
- Treatment results in European healthcare keep improving essentially everywhere!
- EHCI 2017 was overhauled, to become more challenging less opportunity for longitudinal analysis!
- Savings on pharmaceuticals the most obvious effect of austerity
- Some patterns remarkably stable over time waiting lists a mental condition?
 - Accessibility has no correlation with finances, mainly because operating a healthcare system without waiting lists is inherently *cheaper* than having them



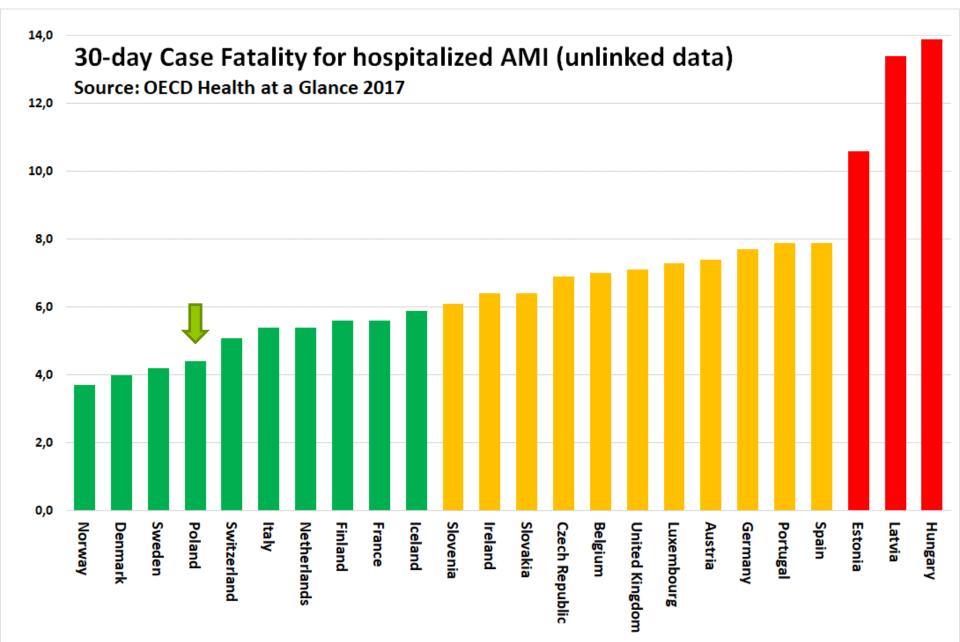




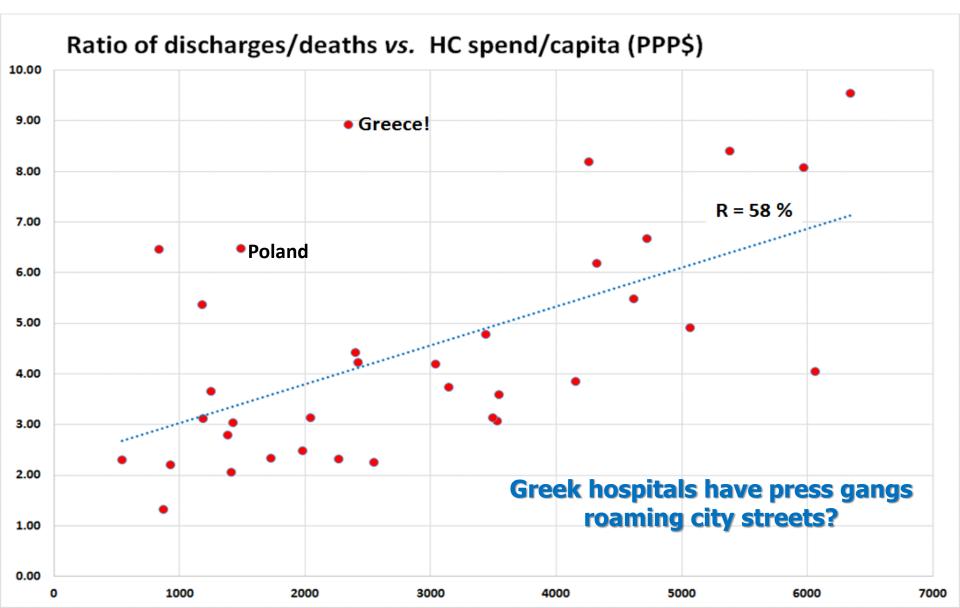
Money does buy better Treatment Results



Poland a center of excellence in cardiac care Shows also in the crude number for heart disease SDR's



An example of a LAP Indicator; "Level of Attention to the Problem". Wealthy countries can afford admitting patients on weaker indications, but there are deviations!



What can Europe learn from The Netherlands?

- "Chaos" systems, where patients can choose where to seek care, do better than "planned" systems;
 - but "chaos" needs to be managed, and the NL does that very well!
- Choice and competition! (and remember that this has to have a "grandfather" function managing the system!)



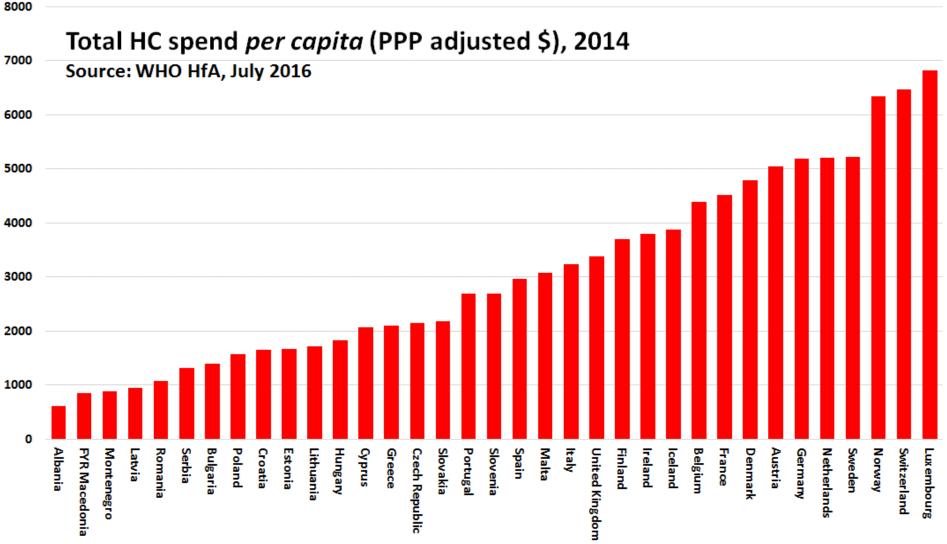
So what could be the improvement potential for the European Champions?

Sub- discipline	Netherlands	Switzerland	Denmark	Norway	Luxembourg	Finland	Germany	Belgium	Iceland	France	Austria	Sweden	Slovakia	Portugal	United Kingdom	Slovenia	Czech Republic	Spain	Estonia	Serbia	Italy	FYR Macedonia	Malta	Ireland	Montenegro	Croatia	Albania	Latvia	Poland	Hungary	Lithuania	Greece	Bulgaria	Romania	Cyprus
1. Patient rights & Information	125	117	117	125	104	108	108	104	117	104	113	113	113	108	113	108	79	88	113	104	88	108	88	75	88	96	88	104	79	79	104	58	67	71	xx
2. Accessibility (waiting times)	200	225	188	125	213	150	188	213	175	188	188	113	225	137	100	163	188	113	163	200	150	200	150	88	200	138	213	138	125	138	138	125	175	113	xx
3. Outcomes	278	278	267	289	244	289	267	233	256	256	233	278	189	233	222	211	222	222	189	167	211	133	167	211	156	178	156	156	167	156	144	200	156	122	xx
4. Range and reach of services provided	125	94	120	115	109	120	83	115	115	99	104	125	73	89	109	89	104	94	89	57	73	63	104	78	52	94	42	68	63	78	78	52	47	52	xx
5. Prevention	107	101	95	119	107	101	101	95	113	95	101	101	83	107	113	83	77	107	77	89	101	89	95	95	77	65	65	77	95	89	65	83	65	48	xx
6. Pharmaceuticals	89	83	78	78	72	78	89	72	56	83	78	78	67	72	78	72	56	72	61	56	50	56	39	83	50	50	33	44	56	44	44	50	39	33	xx
Total score	924	898	864	850	850	846	836	832	830	825	816	807	749	747	735	726	726	695	691	673	673	649	642	630	623	620	596	587	584	584	574	569	548	439	XX

The Netherlands tops 3 sub-disciplines, and has really no weak points

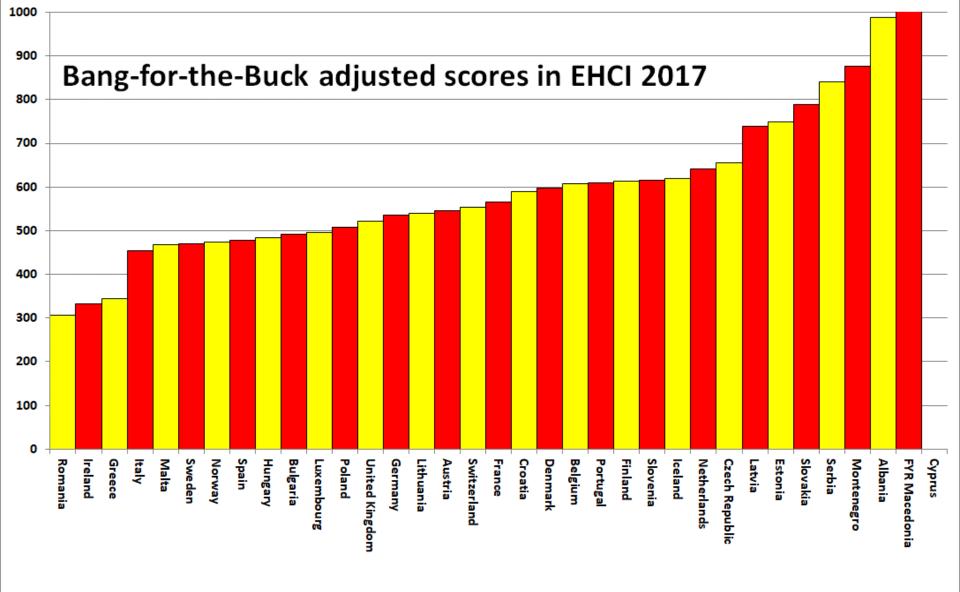
v historic waiting time problems largely rectified



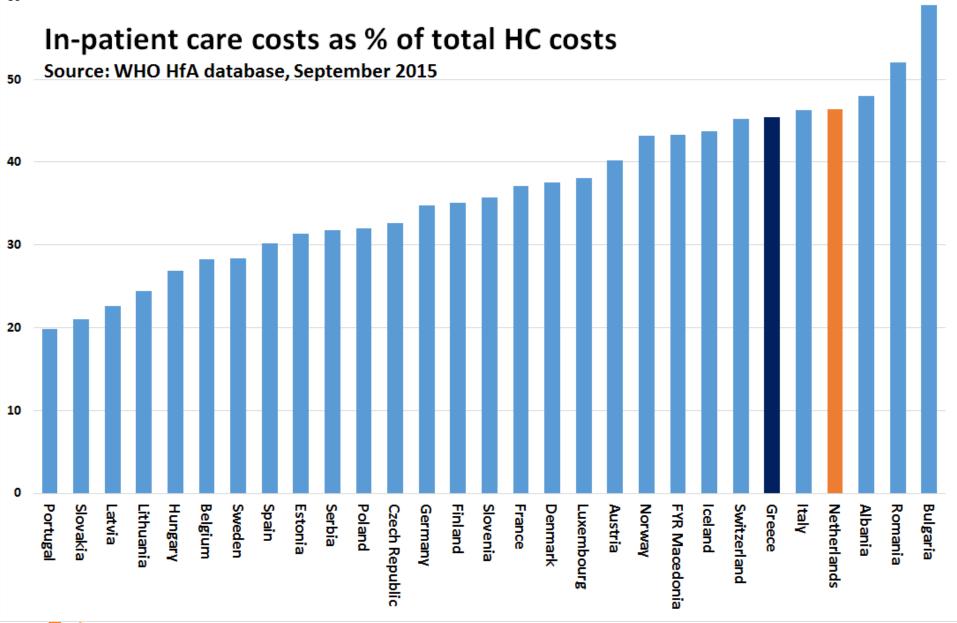


Other countries, particularly Germany and Sweden, have caught up!

Health Consumer Powerhouse



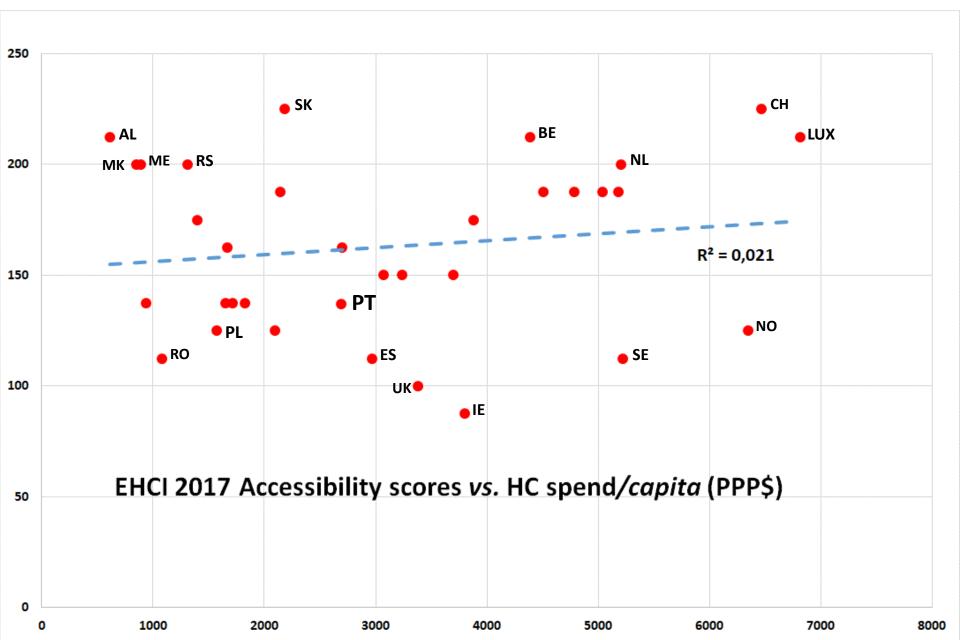
Macedonia no longer winning only because of limited finances! Albania, Montenegro, Serbia, (and Slovakia; could be an effect of the model) seem to give good value for money in healthcare!



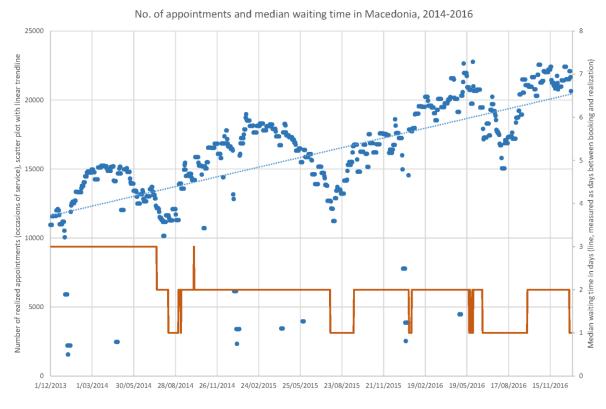
Costs are not *model*-dependent – they depend on how a country manages and operates its healthcare services!



There is no correlation between finances and accessibility!



FYR Macedonia – the first country in Europe to entirely eliminate waiting times!



This is a solution giving Real Time overview of where clinical resources are available – not just moving referrals from pigeon holes to cyberspace!

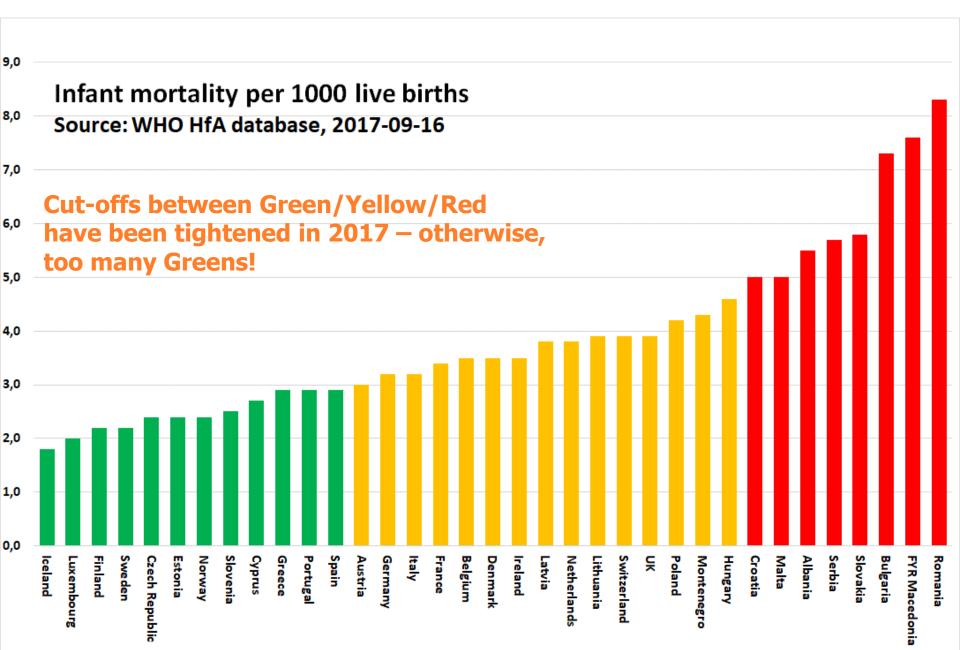
Brown line:

Waiting times, and yes, the scale is 1 – 2 *days*!

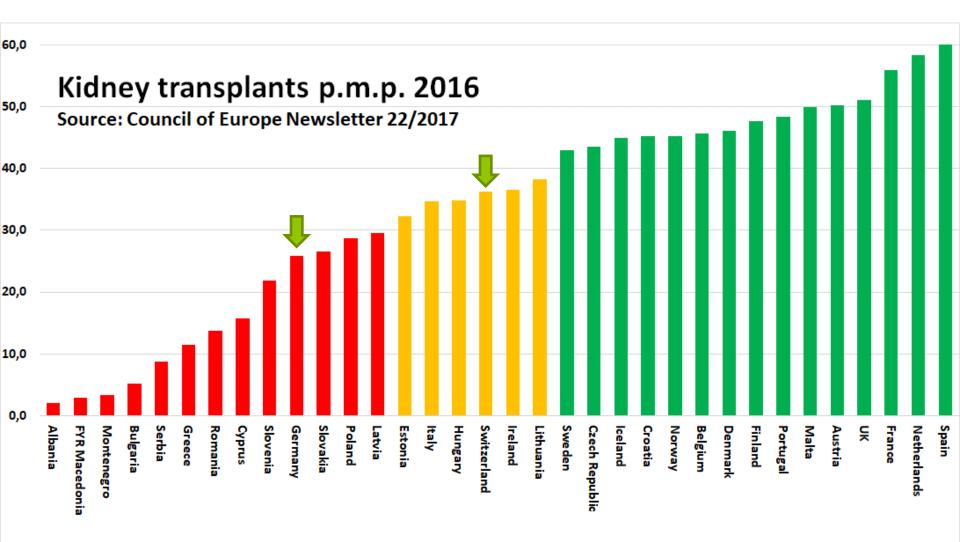
Macedonia: You are looking at an actual 70 %(!) productivity gain in three years after IT-enabling referral system!



Treatment results keep improving!



Sometimes money buys worse healthcare

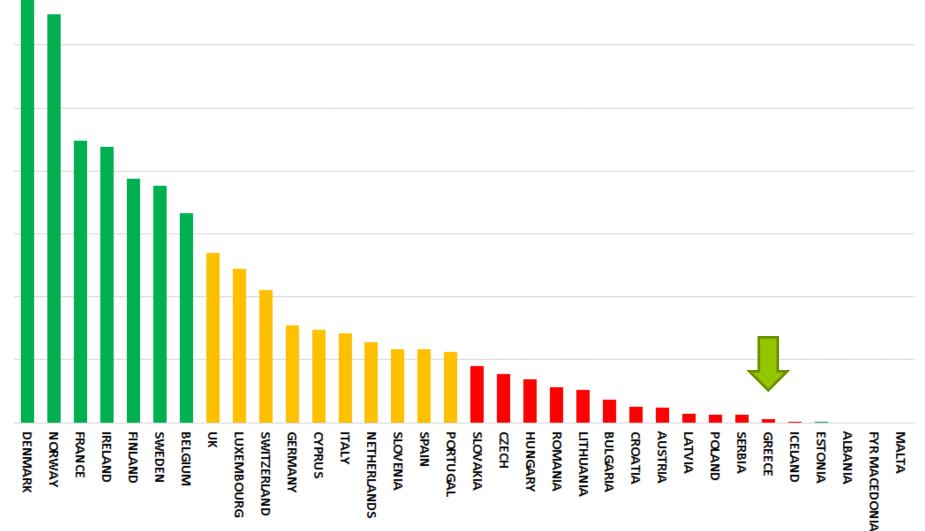




Restrictivity with new drugs



SU:s per 1000 prevalent population 15+; IMS MIDAS database



"Bismarck Beats Beveridge"

- Bismarck systems dominate the top of EHCI ranking
 - Beveridge systems offer conflicts between loyalty to citizens and loyalty to healthcare system/organisation ("politician home town job preservation")
 - Iack of business acumen in Beveridge systems; efficiency gains and cutbacks frequently not differentiated!
 - Hospitals still budgeted for having beds and staff!
 - small Beveridge systems (the Nordic countries) can compete



 100's of thousands of professionals take better decisions and drive development better than central bodies

Health Consumer Powerhouse

 The essential characteristic of Bismarck systems is the separation of financing decisions and operative decisions – finansors should not micro-manage hospitals!

THANK YOU -

SEE IT ALL ON www.healthpowerhouse.com

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