Towards a healthcare system ready for the future

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Cornerstones of the current and the future health care system
The future is bright?

Human interaction?
Exponential cost?
Labour market impact?
Privileged use?
How to build a healthcare system ready for the future?

Don’t ask “what will the future bring?” But shape the future
1. Keep investing in health

Total public health and long-term care spending ratio to GDP As a % of GDP

>2% annual growth needed!

Government Agreement

Set clear societal limits: what are we – society – willing to pay for health gains?

https://nolledz.com/product/health-economics-for-non-economists/
Highly innovative? Disruptive? → Managed entry in **selected centres with outcomes based agreement**

1. Coverage upon evidence development
   - *Temporary approval, then final decision*

2. Performance Linked Reimbursement (outcomes guarantee)
   - *Not as good as promised → industry pays back*
Priority for High Medical Need
(Scitovsky)

Low need → no funding

High need → more solidarity → invest more

Best possible health

Acceptable health

Worst possible health
3. Perfect health information system

From a single input (usually in the care form), the recorded data will be processed by all modules where they will be needed.

For example, when you enter a procedure in a patient record, it will be used to: calculate fees, manage traceability, edit documents for health insurances, upload information to health insurances, update statistics, update the ledgers, etc...

If you don’t have all information for all the patients all the time you are wasting your money (G. Halvorson)
4. Integrated healthcare

Health and care zones

Multi-organizational Network

"Join"

Result

- GP, pharmacist, dentist, nurse, psychologist, physiotherapist, osteopath, dietician, occupational therapist
- Home adaptation, family help, …
- Specialist, Hospital Network
- New functions and professions!

CORTEXS project www.cortexs.org

Integration of activities
We have to embrace digital, but we have to embrace each other even more.

Health care professionals of the future will become more psychologists and philosophers.
Networks between hospitals

Accord gouvernemental 2014

Pour le traitement d’affections complexes ou rares ou en cas de technologie ou d’infrastructure très coûteuse nous évoluerons vers des soins hospitaliers spécialisés, intégrés dans un réseau clinique entre hôpitaux.
Reduce supply induced demand

Improve Quality of care

Less hospital beds
Shift to home care & ‘homespitals’
Set objectives!

NOW 2030

-15%
-20%

<table>
<thead>
<tr>
<th>NOW</th>
<th>2030</th>
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<tbody>
<tr>
<td>hospital budget</td>
<td>hospital beds</td>
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Introduce more episodic payments

Fixed amount per patient/insured per time period:
- pay to maintain health
  - decreased risk for overconsumption
  - improved access
  - more focus on prevention
- improved quality of life health professional
Possible examples

• Cardiologist: telemonitoring in cardio

• Oncologist: app for early reporting of adverse events
Blended payment “cappuccino 2.0”

Episodic payments
Fee for Service
P4Q
PRACTICE FEE
COSTS

(adapted from Guus Schrijvers)
HOSPITALS: incentives to avoid complications

I. Bundle hospital and physician services

II. Bundled payments that only pay for part of Potentially Avoidable Complications (PACs) → reward those with lower PAC rates

III. Bundled payments include all costs in the 30 days post an inpatient stay, including any return to the hospital
6. Invest much more in health promotion

Health is in all policies

- Education
- Work
- Family
- Local community
- Leisure
- Healthcare

VAGZ dec 2016
Lowest vs Highest 20% income category

- 20% less screening
- One third less dental care
- More smoking
- More sedentary behaviour
- 2 x more disabled
- Psychiatric admission x 3
- ...

Avalosse at al. 2015
How to tackle inequity

• No co-payment in case of
  – essential care AND
  – no risk for overconsumption

• Everyone a GP, a pharmacist and a dentist, part of a health and care network
The future healthcare system is EQO

Equity and

Quality of care
Quality of life citizens
Quality of life health professionals

Optimizing
Features of an EQO health system

1. Annual growth rate for public health expenditure >2%/yr
2. Societal thresholds for willingness to pay for new technologies
3. A perfect health information system: all information all the time
4. Integrated digital-based health and care networks with citizen/patient as co-producer of health
5. Payment system for healthcare providers that rewards good practice and health maintenance
6. Extra-proportional investment in health promotion
7. Tackles health inequalities: everyone is subscribed to a health care practice, and essential care is free of charge
Last point:

*it is difficult to create a just health care system in an unjust society* (Loewy, 1998)

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