Vitalize future health systems

Long-term challenges for the health systems of Europe

Patients in Europe normally have free access to medical care. The range of services is provided by means of a comprehensive legal health insurance system and thereby ensuring high quality care. This promotes an above-average and rising life expectancy and an overall very high quality of life. In light of this, the existing system needs to be stabilized in almost all countries – particularly in regard to the financing situation.

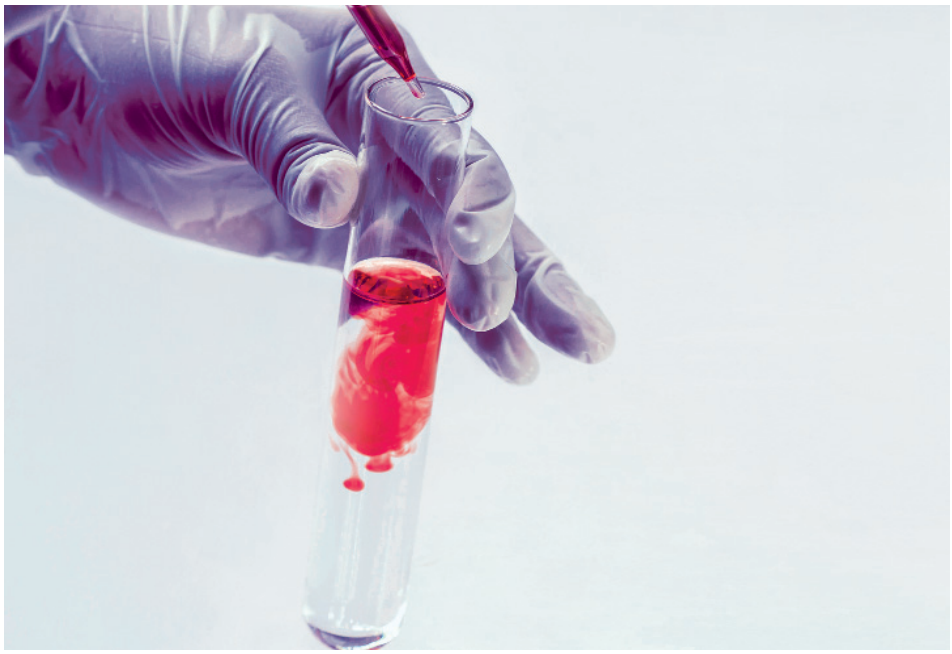
by Günter Kradischnig and Nonno Breuss

Work is in progress in many European countries to further develop their health systems and try to keep up with international developments and standards. But what are the major challenges and action areas for highly developed health systems?

The health challenge

Based on the current developments, ICG has discerned the following trends and challenges for the European health sector:

— Increasing age of the population in relation to the number of healthy life years.
— Increasingly chronic illnesses and »diseases of modern society« (metabolic, cardiac/circulatory diseases, mental illness), which can often be treated only by increasingly costly methods.
— The increases in costs push the already strained public budgets to the limits of affordability and this creates the risk of a two-tier health care provision.
— A (too) heavy focus of health systems on acute care and inpatient care means that disease treatment dominates over disease prevention.
— Health systems are often difficult to manage and there is a lack of transparency.
— A shortage of medical specialists, especially outside the major conurbations. ►



Continued reforms are vital to keep European health systems alive.

Healthy choices

These trends give various areas of action in which work must be done in order to achieve sustainable improvements to the health systems.

One important aspect is health promotion and prevention, above all for mental illness and chronic illnesses. The self-responsibility and health competence of the general public must thereby be increased. To ensure this for vulnerable groups such as migrants, children and young people as well, patient rights must also be further developed and fully established accordingly. Above all, the whole system should be made more transparent and simpler for citizens in order to make access easier. At the same time the aim is also to increase the efficiency of the system. This can be through flat-rate compensation instead of fee-for-service compensation, pay-for-performance models but also by means of a focus on highly specialized medicine. In some EU countries, e-health and telemedical care are already utilized – and a further expansion of these services is essential. Rural areas need appropriate or additional well-trained health personnel. In this context, issues of access restrictions to training, specialization or generalist competence and performance requirements for certain service providers need to be clarified. Improved integration, cooperation and coordination of service providers (e. g. by models such as group practices, health centers, gate-keeper functions) is absolutely essential.

The cure

Experts believe that medical services could be provided 20 per cent more cheaply without compromising quality even in the more efficient health care systems in Europe (see also for example Health 2020 – the health priorities of the Swiss Federal Council). It should be noted that the really major budget reductions can only be achieved at the level of effectiveness, i. e. the effectiveness of the health system – that is to say if the total range of services undergoes a change. All this shows that even highly developed health systems will be subject in the coming years and decades to permanent change in order that it will still be possible to finance the health of the entire population. ●

Current health reforms

Austria

by Günter Kradischnig

Work has been in progress for one year on the reform of the Austrian Health Service. The ambitious goals of the national objectives management agreement have been broken down into regional objectives management agreements and the first success has already been achieved (e. g. the decision to introduce a telephone and web-based health service in three pilot regions, or a concept for Primary Health Care), albeit stronger at the conceptual level. A scorecard-based goal and controlling system has been established as the basic framework and a professional program management has been introduced. The appearance, at least, is that all the service funders are constructively pulling on the same rope. In terms of actual goals, 133 measurement objectives have been formulated in the care service structure, care service process and results fields. The first monitoring report of April 2014 indicates a thoroughly positive result – some of the goals have already been attained, planned progress is being achieved practically everywhere and the attainment of the goals is only at risk in a few areas.

Romania

by Laura Dumitraşcu

Similar to other EU countries, the Romanian health system has been in a continuous reform process for the last two decades. Currently, there are efforts to replace a system based on paper documents with one that is based on electronic documents. Also, working procedures are being revised and standardized, KPIs and statistic indicators are being adjusted, while the overall information and communication flow is being redesigned in order to support the introduction of IT and controlling systems. It is rather difficult to turn a huge system created in a state-owned/communist economy into one that is able to meet the needs of a free market economy. However, there are big challenges ahead in this reform, which is also supported by the EU post-accession funds.

Finland

by Kai Laamanen

One of the efforts in Finland has been to develop faster and leaner healthcare processes. Minor operations are now done in one day instead of admitting patients to the hospital for several days. Furthermore, digital technology is used to decrease the need for visits to the doctor: healthcare call center units for medical advice, virtual medical coaching, transfer of blood sugar levels via telephone, electronic prescriptions, etc. An attempt was also made to develop a unified patient document system, but these efforts have not been successful as of yet.

One source of the high cost and uneven healthcare services in Finland is the very fragmented organizational structure, which originates in the large number of towns and municipalities that administer and finance their healthcare locally. The Ministry of Health agreed to centralize the administration in five areas of responsibility. These areas do not only cover healthcare, but also social services, because many problems such as depression or alcoholism have social consequences. It is believed that healthcare services can be produced cheaper through bigger, centralized organizational structures. Thereby, higher quality and fairer distribution of services among the population should also be guaranteed. This has been the biggest reform in the Finnish healthcare system in 30 years.