Interview: Mary Harney – Chairperson of the European Steering Group (ESG) on Sustainable Healthcare, Ireland



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29.12.2016

Tags: Ireland, European Steering Group (ESG) on Sustainable Healthcare, Pharma, Healthcare

Mary Harney, Chairperson of the European Steering Group (ESG) on Sustainable Healthcare, outlines the mandate and activities of the Group, the financial tsunami that European healthcare systems face and the fundamental challenges behind building a new sustainable healthcare system; and exhorts all stakeholders to get involved.

Mary, you chair the European Steering Group (ESG) on Sustainable Healthcare. What exactly is the mandate of ESG?

In the context of the rapidly changing challenges facing healthcare systems, the European Steering Group on Sustainable Healthcare (ESG) was established in early 2014. Sponsored by AbbVie, it is a group of stakeholders comprising thought leaders in academia, health economists, patient representatives as well as experts from a policy and political background.

The purpose of the group is to work in a partnership and multi-stakeholder way to brainstorm, develop and promote practical solutions for the challenges facing the healthcare system in Europe. We emphasize the urgent need for sustainable healthcare solutions because we believe that there is an imminent financial tsunami in terms of the funding and resources available for healthcare in Europe.

The good news is that people are living longer but the bad news is that more and more people are suffering from chronic illnesses. 70 percent of healthcare budgets in Europe is currently consumed by chronic illnesses. 70 percent of the future cost of aging will comprise healthcare and long-term care. Continuing to operate with a ‘business as usual’ mentality is simply not sustainable, be it from a resource or a healthcare perspective. We readily acknowledge that reform cannot happen overnight and much work needs to be done. This initiative aims to formulate an integrated set of solutions to begin to tackle current challenges.

The Group was put together and is supported by AbbVie, but our work is quite independent. Operationally, we are managed by a Secretariat. Most of the work is done by subcommittees and through partnerships with thought leaders and with input from healthcare experts across Europe.

We have explicitly positioned ourselves as a ‘Do Tank’, as opposed to a think tank. We want to develop practical solutions that can help deliver healthcare in ways that make sense. As a result, our activities are rooted in some 30 pilot projects run with many stakeholders in different countries.

Since ESG was set up in 2014, what have been the key milestones of the Group?

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In March 2015, we published a White Paper, outlining a number of recommendations and “Calls for Action” centering on three tenets: prevention and early intervention; reorganization of care; patient empowerment.

Fundamentally, we need to find ways of helping citizens take more control over their own health, because inevitably they will increasingly be managing it themselves.

I am very pleased with the overwhelmingly positive reception of the ESG and the White Paper. We engage extensively with many stakeholders, including the European Commission and various parliamentarians and institutions at both national and European levels. We also participate in conferences and healthcare summits, where we engage with different stakeholders, including patient groups and representatives from the various healthcare professions. For instance, I recently attended the World Innovation Summit for Health (WISH) in Doha and an OECD Health Policy Forum in Paris.

We have also been fortunate enough to work with a number of thought leaders within the healthcare sphere. For instance, Lord Darzi, who heads the Institute of Global Health Innovation at Imperial College London, is on the committee, along with Nicola Bedlington, Secretary General of the European Patients’ Forum. One of the cofounders of the group is Professor Walter Ricciardi,

who has since left to head the Italian National Institute of Health (Istituto Superiore di Sanita').

What is next on the ESG's agenda?

We are now proceeding with phase II of our work: scaling up the pilot projects in terms of both size and geography. We are focused on two areas in particular, Early Intervention and Integrated Care.

What has impressed me most about some of the pilot projects is their ingenious simplicity. A simple action like upskilling nurses to provide more healthcare information or triaging the patients that need to see specialists can have significant impact on reducing waiting lists and speeding up access times.

A particularly notable one is an early intervention project started in Spain by one of our members, Dr. Juan Jover, a rheumatologist. For patients with musculoskeletal disorders (MSDs), seeing the specialist early reduces the level of health intervention subsequently required. This also has impact on the level of welfare payments, because the patient can return to work earlier. His pilot project demonstrated spectacular results: for every EUR 1 invested, there was a return of EUR 11! Even more impressively, this return was realized after just 18 to 24 months. A common difficulty with early intervention programs is the length of time it often takes to see a return, so a quick turnaround like this is very striking.

This approach is also now being piloted in the UK. Based on this work, we are now devising an Early Intervention Toolkit with the help of The Work Foundation and the Fit-for-Work Coalition. The official launch is set for early 2017. The toolkit will hopefully be very useful in promoting the diffusion and adoption of Early Intervention Clinics in European countries.

What are some of the difficulties that countries will have to face as they grapple with the challenge of building a sustainable healthcare system?

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Our work on the early intervention pilot project highlighted the need for cross-ministerial budgets, which is a huge issue. The current system assigns the healthcare system and expenditure solely to the health minister. To illustrate, if the health minister invests money into early intervention clinics, it not only reduces healthcare spending in other parts of the system but also reduces the burden on the welfare system and improves productivity, which benefits the welfare ministry and the industry ministry. At the moment, this is not recognized. Healthcare is seen as a cost and increasingly the healthcare budget is seen as sinking money into a black hole.

We need to understand that healthcare is an investment that benefits society; every minister should effectively be a health minister. We are hoping our toolkits will demonstrate how savings can be captured for Welfare and Industry in addition to Health Ministries.

We are also working on models of integrated care. Much of our current health systems are siloed; care is not organized around the patient but rather, the patient journey is organized around the system. To this end, Phillips' involvement with the ESG has been invaluable; they are themselves an interesting example of the convergence between technology and healthcare.

The aim is to have an integrated approach between community, primary, secondary and tertiary healthcare – having the right care in the right place at the right time

It is definitely a challenge bringing all these different stakeholders together in the pursuit of the delivery of multidisciplinary care. The convergence of technology and healthcare brings its own set of issues surrounding the use and analysis of data. Healthcare systems currently possess a lot of data that could drive innovation but there remain constraints and obstacles to be overcome.. I would say that we have a lot of data at the moment but not much usable information, which is understandable, because it is still a nascent field.

How aware is the public of the challenges facing healthcare systems in Europe?

I would say the European public generally has very limited knowledge of the challenges facing the healthcare system. They are not sufficiently aware of the financial tsunami that is on the way. There are sometimes criticisms of poor healthcare delivery but people may not fully understand the complexity and challenges and costs of providing high quality healthcare and the wonderful innovations feeding into it.

In the first instance, I think patients need to be better educated on how to manage their own health. A number of rigorous reviews have found that, in developed countries, adherence to regimens among patients suffering from chronic diseases like asthma, hypertension, diabetes and HIV/AIDS averages only 50 percent – and even lower in developing countries. Poor adherence causes medical and psycho-social complications, reduces quality of life and wastes healthcare resources. Ultimately, it is about patient empowerment and making patients more knowledgeable and therefore more responsible for their own health.

You have extensive experience in the Irish political scene, including seven years as Minister of Health. What lessons can you share from those experiences?

Speaking in my personal capacity now, when I became Minister of Health in 2004, a decision had been made to reorganize the Irish health system and to unify and create a single responsible entity ensuring consistency in standards of treatment and care across the system It had previously been organized around different health boards in different parts of the country. As a small country with around 4.5 million people, that was not very efficient so it was a sensible decision..

There is still value in doing this – and recently, we reorganized cancer services from 32 hospitals to eight specialist centers with well-organized multi-disciplinary teams, a change already yielding positive outcomes for patients. But I do think we now need to shift our focus away from further structural reforms and on to the delivery of services. The emphasis should be on the quality of healthcare delivered

Healthcare in Ireland is very political. Even though we are a small country, people sometimes want their local hospitals to provide a complete package of specialist services, which may be understandable but simply not realistic. This is of course not unique to Ireland. We often think that perfect healthcare systems operate in other countries, and criticize the local systems based on the myth of these perfect systems. No such perfect system exists, but we do certainly do need to learn from best practices, whether in Ireland or elsewhere.

Within this broader conversation, what role do you think the pharmaceutical industry can play?

I am a strong believer that all stakeholders should play an important role in helping to improve delivery of healthcare. We all have ‘skin in the game’. The pharma industry needs to recognize that it is not all about producing products and selling them into the system but developing good partnership arrangements with the healthcare system as a whole – for example, by developing appropriate risk-sharing and value-based reimbursement mechanisms.

I have been very impressed by AbbVie’s commitment to ESG. I speak to senior AbbVie executives every week regarding ESG’s progress and they are very committed to the project and its outcomes.

In my personal capacity, I would also like to comment that having good relationships and working on a partnership basis should be the approach pharma companies take. All good companies need to understand their customers – and in Europe, the customers, usually the single payer, or the government, face huge financial challenges. This may mean that the industry has to consider different payment models and moving more into the risk-sharing and value space, whereby payers pay for results.

Industry and government need to work together, not against each other, because both parties need each other. Innovation is sorely needed and patient access to that innovation needs to be sped up. Regulatory systems need to keep pace with innovation, as well. A big issue on this front is the need for more harmonization between US and European regulatory bodies.

A final message for our international audience?

On behalf of ESG, we are a multi-stakeholder group that are open to learning from and adopting best practices from everywhere. We are accessible to anyone that would like to engage with us. We do not have all the answers ourselves but we want to make a contribution to the ongoing debate.

I urge all stakeholders to work together as partners to transform our healthcare system to ensure it becomes more sustainable and deliver better health outcomes. Change will not happen if we bury our heads in the sand. Europe has a track record of providing high-quality healthcare but all European healthcare systems are facing increasing strain from healthcare expenditures. Unless we start changing the way we provide healthcare, we will not be able to continue to produce the universally accessible, high-quality healthcare that is the hallmark of our European values.

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