European Commission

What is the future of our Health and Social Care Systems after the Covid-19 Pandemic ?

Prof. Jan De Maeseneer, MD, PHD

Expert Panel on Effective Ways of Investing in Health (EXPH)

Euregha's Annual Conference

9 December 2020

DEPARTMENT OF PUBLIC HEALTH AND PRIMARY CARE

WHO Collaborating Centre
Family Medicine and Primary Health Care

GHENT UNIVERSITY

Expert Panel on Investing in Health

The Expert Panel on effective ways of investing in health is an **interdisciplinary and independent group established by the European Commission to provide non-binding independent advice** on matters related to effective, accessible and resilient health systems. The Expert Panel aims to support DG Health and Food Safety in its efforts towards **evidence-based policy-making**, to inform national policy making in improving the quality and sustainability of health systems and to foster EU level cooperation to improve information, expertise and the exchange of best practices.

Expert Panel members (2019-2022)

Prof. Jan De MAESENEER (Chair)
Dr Anna GARCIA-ALTES (Vice-Chair)
Prof. Damien GRUSON
Dr Dionne KRINGOS
Prof. Lasse LEHTONEN
Prof. Christos LIONIS
Prof. Martin McKEE
Dr Liubove MURAUSKIENE
Prof. Sabina NUTI
Prof. Pedro PITA BARROS
Dr Heather ROGERS
Prof. Luigi SICILIANI
Dr Dorothea STAHL
Prof. Katarzyna WIECZOROWSKA-TOBIS
Dr Sergej ZACHAROV
Dr Jelka ZALETEL

Picture taken in pre-corona times

Drafting group

Chair: Prof. Jan DE MAESENEER

Rapporteurs: Dr Dionne KRINGOS, Prof. Christos LIONIS, Dr Heather ROGERS

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The views in this presentation are those of the independent scientists who are members of the Expert Panel and do not necessarily reflect the opinion of the European Commission nor its services.

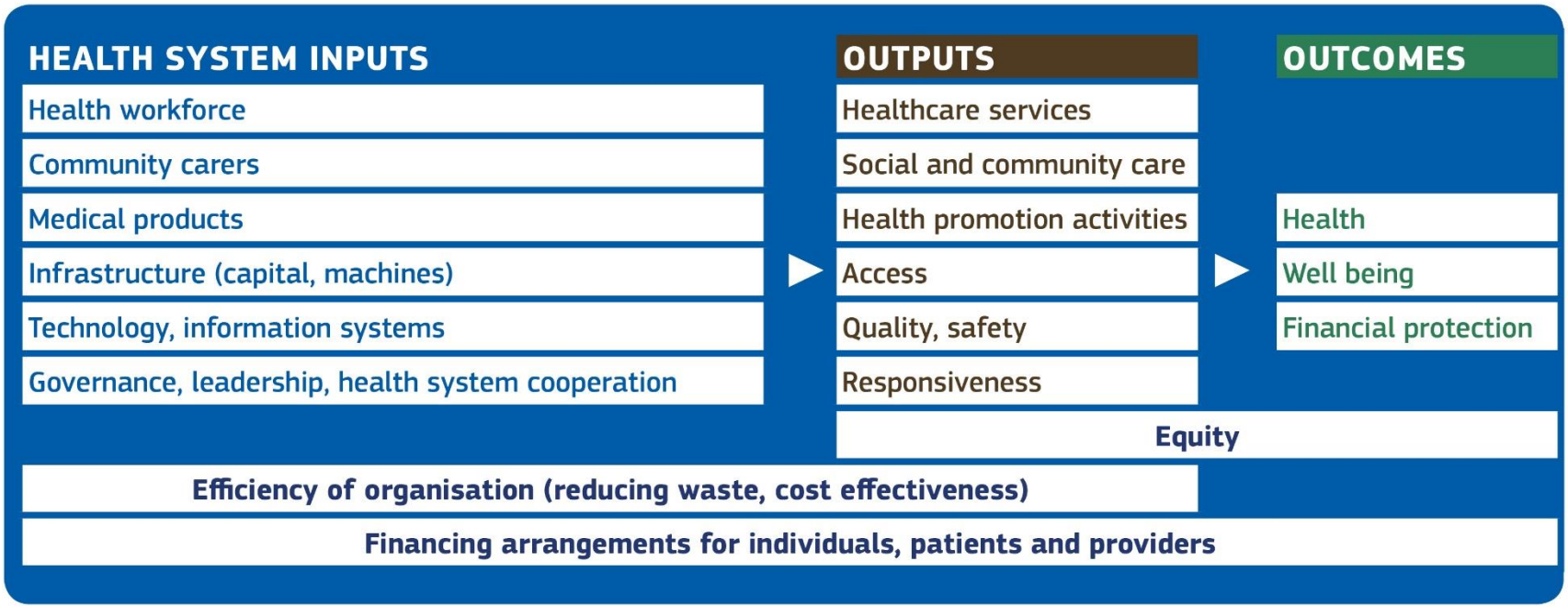
THE ORGANISATION OF RESILIENT HEALTH AND SOCIAL CARE FOLLOWING THE COVID-19 PANDEMIC

Opinion of the

Expert Panel on effective ways of investing in Health (EXPH)

Health system framework and building blocks

Framework and building blocks



Conditions for capacity building of resilient health and social care

Integrating and using different forms of information for actionable decision-making

- Access to appropriate data (measurement capacity)
  - *Data on health determinants and vulnerable populations*
  - *Information on and beyond the health system*
  - *Cross-country standardized information*
  - *Public and patient reported data*
- The system to manage information (information governance capacity)
- The ability to deliver knowledge for its use (data use capacity)
  - *Need for independent trusted advisory structures*
  - *Actionable public-facing information platforms*

Disseminating knowledge and good practice

- Newly emerging evidence on reducing transmission risk, treatment infected patients, addressing psycho-social context of COVID-19 at individual and community level
- Translation evidence from research into clinical practice
- Lack of international mechanism to exchange scientific knowledge among all relevant disciplines
- Insight in process of evidence translation and sharing between specialities and across countries

Anticipating, coping with uncertainties/unplanned events

- Capacity and ability to **anticipate and cope** with uncertainties and unplanned events is part of the adaptive resilience of the system
- Determined by the degree system has **necessary resources** and can organize itself both prior to and during times of need
- Strong **primary care** systems form the foundation of any emergency response
- **Strategic planning**, maintaining a degree of redundancy of key resources in the public health response chain, ability to deploy resources and staff rapidly, and effective coordination of responses

Managing interdependence and cooperation of actors

- Response to an emergency requires a **wide range of actors** to undertake a complex mix of functions, working in a coordinated manner: soft systems approach
- Each sub-system (within a system) should be connected by **clear lines of communication and accountability**, as well as data flows
- **Close working** with those who must deliver within the different subsystems, drawing on principles of:
  - coproduction
  - scenario analyses
  - tracing critical pathways

Legitimate, socially accepted institutions, measures & norms

- Partnership between government and the public
- Most measures seek to bring behavioural changes
- Political leaders must earn and work to retain trust
- The public has right to expect decisions based on best available evidence: decisions need to be logically coherent
- Information should be given by those who are trusted
- Application of policies needs to be consistent

Protecting mental health of population and health workers

- Emergency response measures may profoundly impact mental health
- Public health priority requiring behavioural strategies
- Health workers affected are at significant risk of long-term mental illness, especially if they are unable to obtain appropriate support
- (personalised) Recovery plans:
  - written and verbal thanks with psychological support info
  - supervisors speaking about mental health
  - monitoring those exposed, proactive case finding at risk for mental illness
  - mechanisms for mutual support (E.g. group discussions)

Retain, prepare, distribute and flexibly increase staff capacity

- **Invest** in adequate (level and distribution), locally trained, motivated and well-supported health and care work force
- **Strong primary care** is central in addressing a population crisis
- Needed to respond to sudden events while buying time to increase capacity and providing the necessary flexibility, and **to avoid disruptions** in access to and continuity of regular care
- Short-term and long-term strategies to **increase workforce capacity** that require a supporting legal framework

Spreading the load across facilities

- Recent efforts to exploit the potential in spreading the load across different types of facilities
- Concerted European action needed to stimulate novel forms of public-private partnerships to respond to nationwide demand in case of crisis and trigger solutions involving both primary care and hospital players

Separating patients at risk and infected from other patients while assuring care continuity

- Facility design
- Telemedicine

Healthcare provision for vulnerable people

Defining vulnerability and vulnerable groups in the current crisis

- The current crisis is better described as **a syndemic** (*Singer and Clair 2003*)
- According to a Lancet commentary, "***syndemics*** *are characterised by biological and social interactions between conditions and states, interactions that increase a person's susceptibility to harm or worsen their health outcomes*" (*Horton 2020*)
- **Vulnerable groups** include elderly individuals, those with ill health and comorbidities, individuals who are homeless or under-housed, and also people from various socioeconomic groups who may struggle to effectively cope physically, mentally, and/or financially with COVID-19 or with the societal impact of COVID-19 (*The Lancet 2020*)

Categories of vulnerable people

- **Medically vulnerable**, such as the elderly and those with underlying health conditions
- **Socially marginalized**, such as those residing or working in certain physical settings prone to high density and reduced ability to physical distance or a reduced financial budget for protective measures (such as people in poverty)
- **Professions** which entail closer proximity to confirmed or suspected COVID-19
- **Mentally / psychologically vulnerable**
- **Economically vulnerable**

(*European Union 2020, modified*)

Actions areas to advance sustainable healthcare provision for vulnerable people

- Design and implement specific high density, low threshold **testing strategies for vulnerable groups** and settings
- Sharing **best practices** in supporting COVID-19 prevention, testing and health and social care in socially and marginalized groups and medically vulnerable groups and settings
- Sharing of best practices and provision of **mental health and psychosocial support** to vulnerable groups to COVID-19
- Provision of specific **online trainings to frontline staff** working with vulnerable groups

(*European Commission, 2020*)

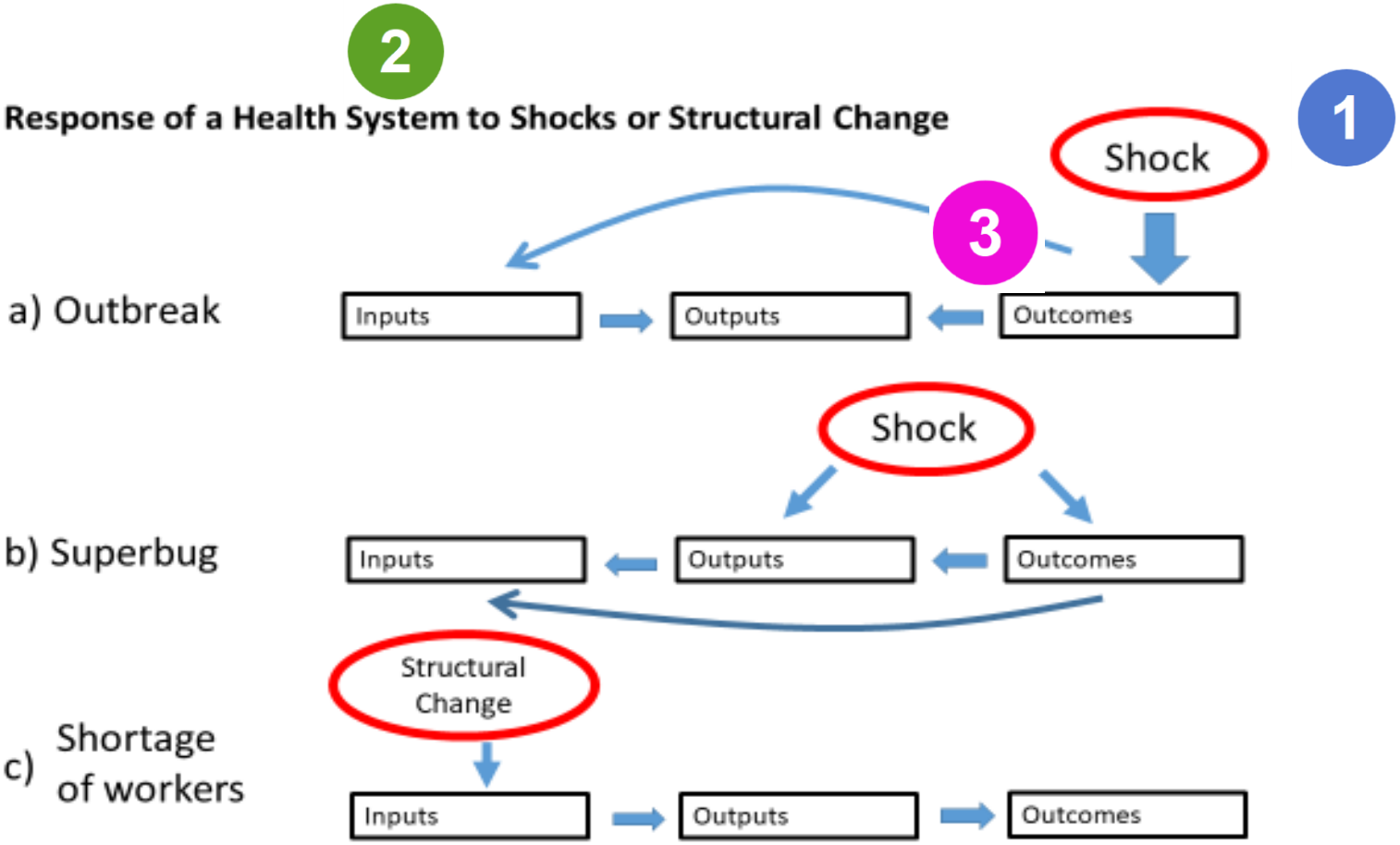
Resilience Testing of Health Care Systems

Operational Definition of "Resilience"

*"The capacity of a health system to (a) proactively **foresee**, (b) **absorb**, and (c) **adapt** to shocks and structural changes in a way that allows it to (i) **sustain** required operations, (ii) **resume** optimal performance as quickly as possible, (iii) **transform** its structure and functions to strengthen the system, and (possibly) (iv) **reduce its vulnerability** to similar shocks and structural changes in the future."*

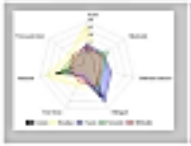
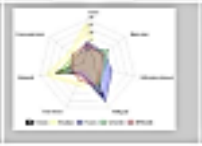
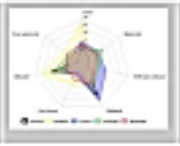
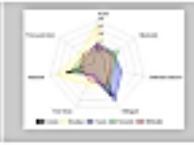
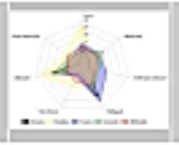
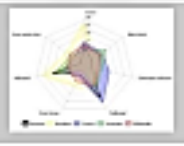
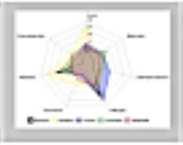
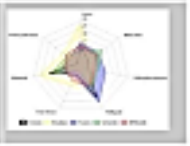
Source: The Expert Group on Health System Performance Assessment (HPSA), Opinion, to be published at https://ec.europa.eu/health/systems_performance_assessment/priority_areas_en

Operational Definition of "Resilience"



An Example Outcome of the Resilience Test

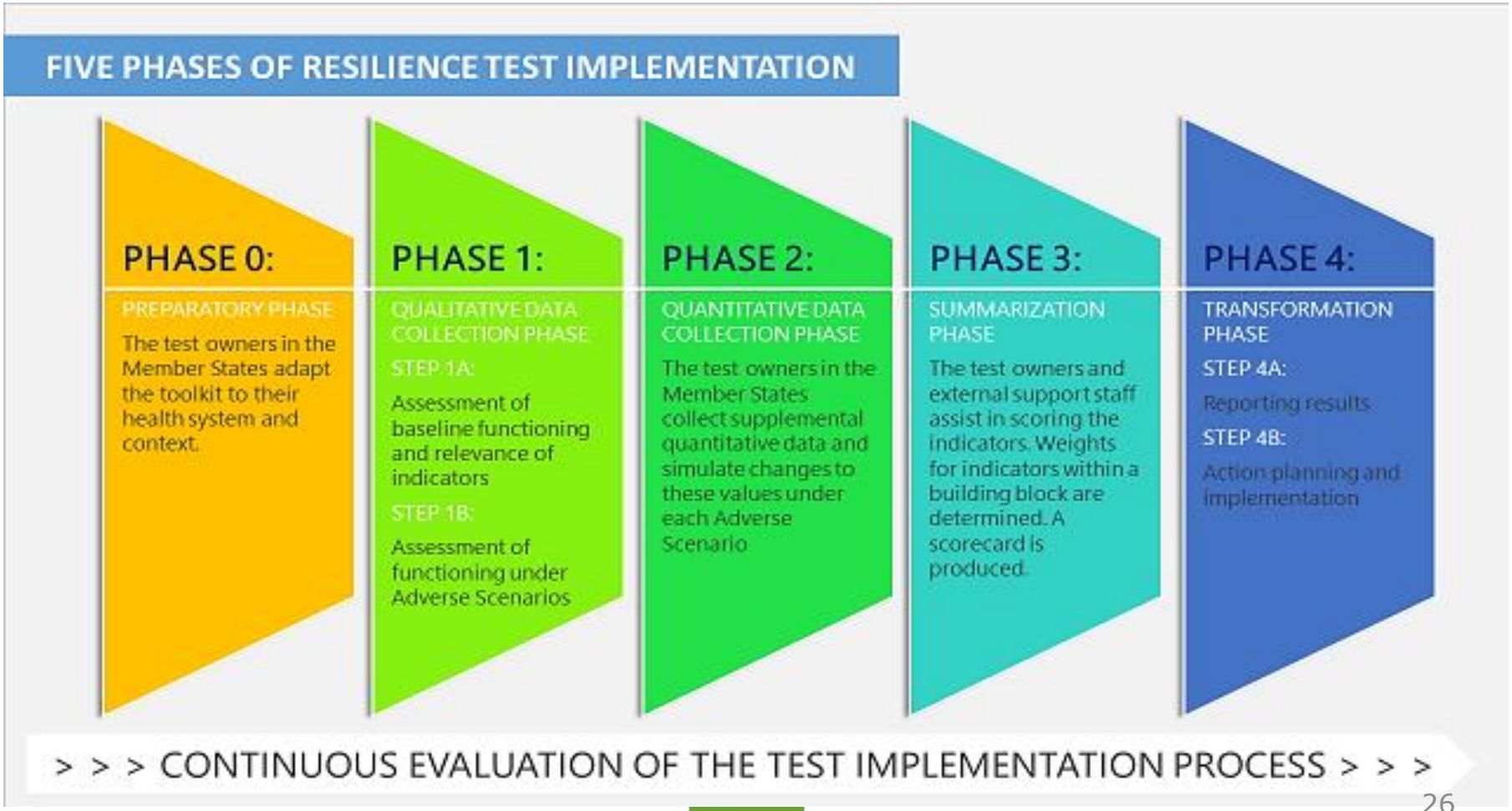
Sample Scorecard for a Resilience Test of a Health System

Health Workforce	Community Carers	Medicines	Infrastructure	Information Systems	Governance	Financing	Health Services	Health Promotion
CONDITION: Normal								
								
CONDITION: Scenario 1 – Super-bug								
								
CONDITION: Scenario 2 – Budget cut resulting from financial crisis								
								
								

Toolkit Components and Methodology Roadmap

- Toolkit of standardized materials to be developed
  1. Elaboration of adverse scenarios
  2. Identification and classification of shocks and their potential mechanisms of action
  3. Specification of key indicators and corresponding discussion questions
- Methodological principles to generate relevant, actionable results
  - Assessment of system-wide effects
  - Inclusiveness and collaborative process engaging all stakeholders
  - Qualitative data collection via facilitator-led discussion (TableTop Exercises)
  - Weighting of indicators according to Member State context and values
  - Support from international implementation team and external peer advisors
  - Process as important as “outcome”
  - Formation of inter-regional and cross-border learning communities

Overview of the Resilience Test Process



Recommendations

- Adaptive surge capacity and resilience of local health workforce
- Research and development for innovative medicines
- Tackling disinformation
- Linking databases across systems and sectors
- Investments in primary care, social care and mental health and strengthen the integration of these systems

European Commission

Recommendations

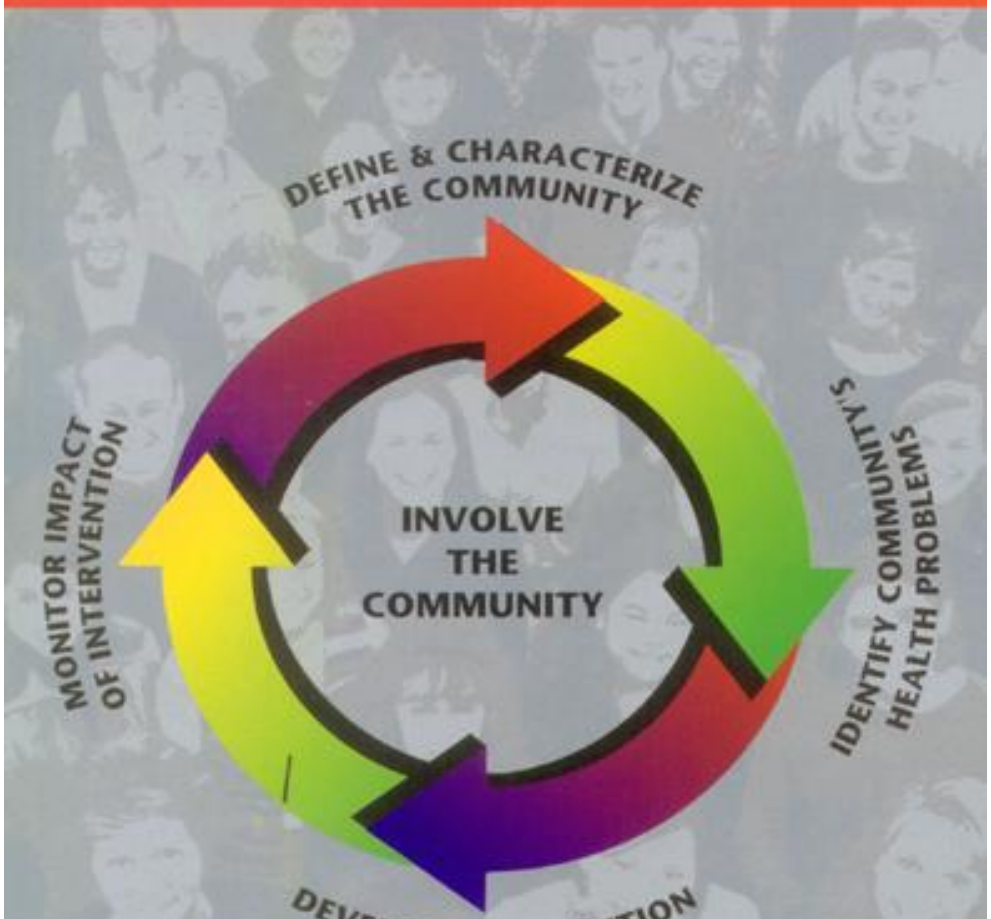
- Equity-driven decision-making
- Health promotion, lifestyle programs and inter-sectoral collaborative actions
- Trainings focusing on vulnerable groups
- Resilience test toolkit and implementation methodology
- Creation of learning communities

What could Regions do to make a difference ?

°Invest in strengthening Primary Care e.g. through establishing Primary Care Zones, where health care workers, social care workers, patients' and informal care givers' representatives work together with local authorities for accessible quality Primary Care;

°Integrate Public Health Services and Primary Care and Social Care Services to address challenges and use a 'Community Oriented Primary Care' (COPC) approach, focussing the 'Community Diagnosis' on Social Determinants of Health;

Community-Oriented Primary Care: Health Care for the 21st Century



Edited by Robert Rhyne, M.D., Richard Bogue, Ph.D., Gary Kukulka, Ph.D., Hugh Fulmer, M.D.

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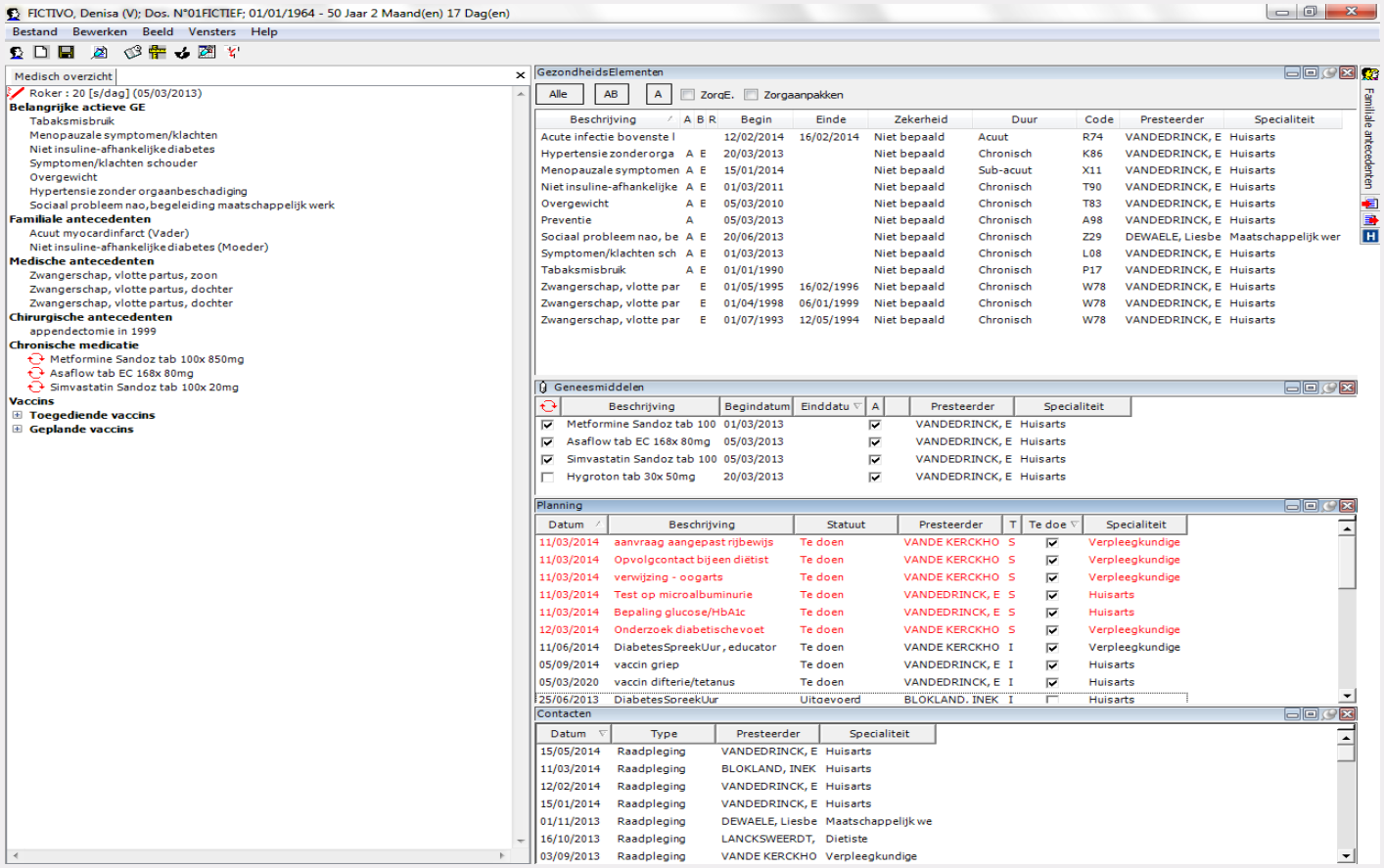
Botermarkt

wijkgezondheidscentrum vzw

Shared Electronic Patient Record



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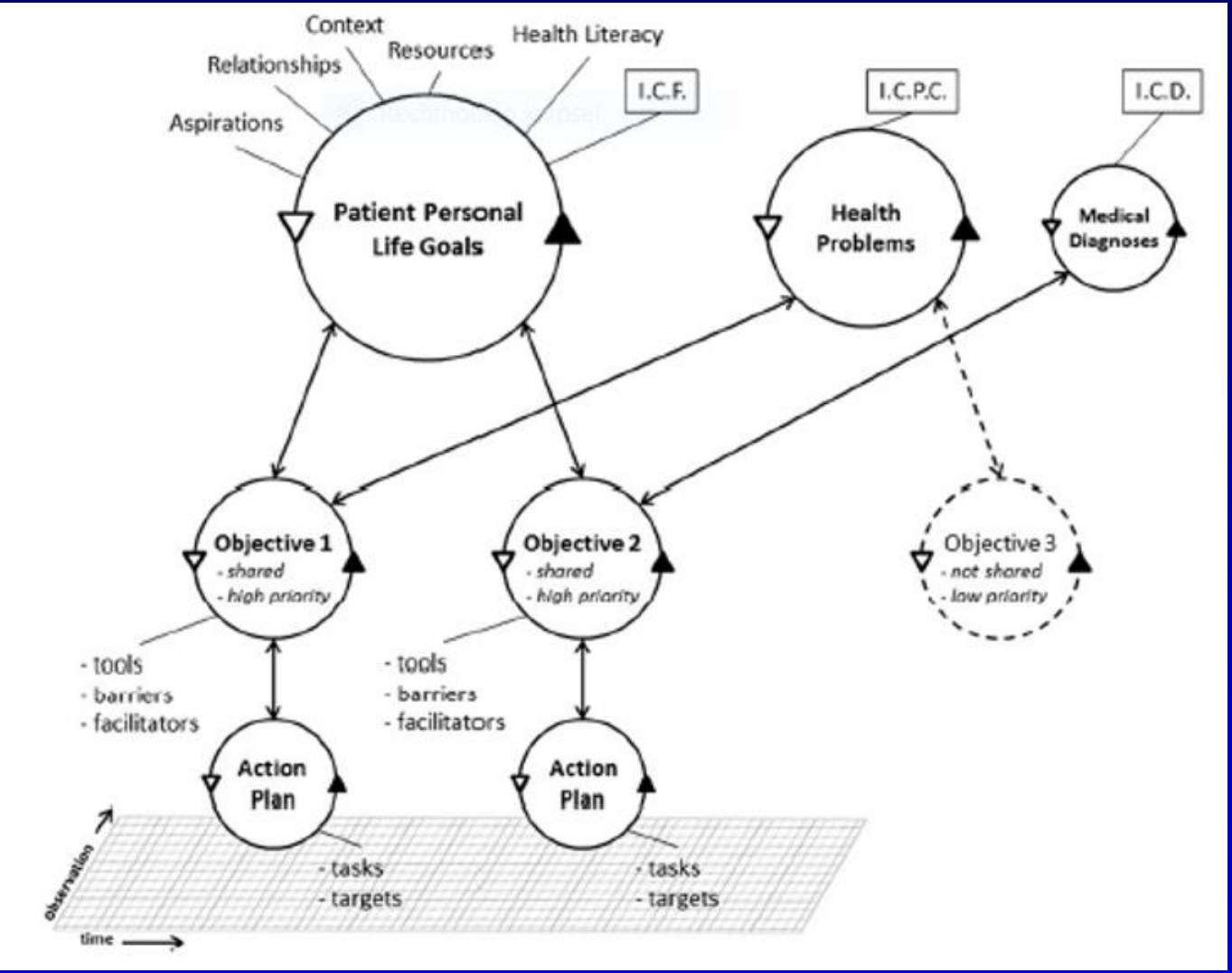
Towards an overarching model for electronic medical-record systems, including problem-oriented, goal-oriented, and other approaches

Huibert Tange, Zsolt Nagykaldi & Jan De Maeseneer

To cite this article: Huibert Tange, Zsolt Nagykaldi & Jan De Maeseneer (2017) Towards an overarching model for electronic medical-record systems, including problem-oriented, goal-oriented, and other approaches, European Journal of General Practice, 23:1, 257-260, DOI: 10.1080/13814788.2017.1374367

To link to this article: https://doi.org/10.1080/13814788.2017.1374367


Context
Relationships
Resources
Health Literacy
Aspirations
I.C.F.
I.C.P.C.
I.C.D.
Patient Personal Life Goals
Health Problems
Medical Diagnoses
Objective 1
- shared
- high priority
Objective 2
- shared
- high priority
Objective 3
- not shared
- low priority
- tools
- barriers
- facilitators
- tools
- barriers
- facilitators
Action Plan
Action Plan
- tasks
- targets
- tasks
- targets
observation
time

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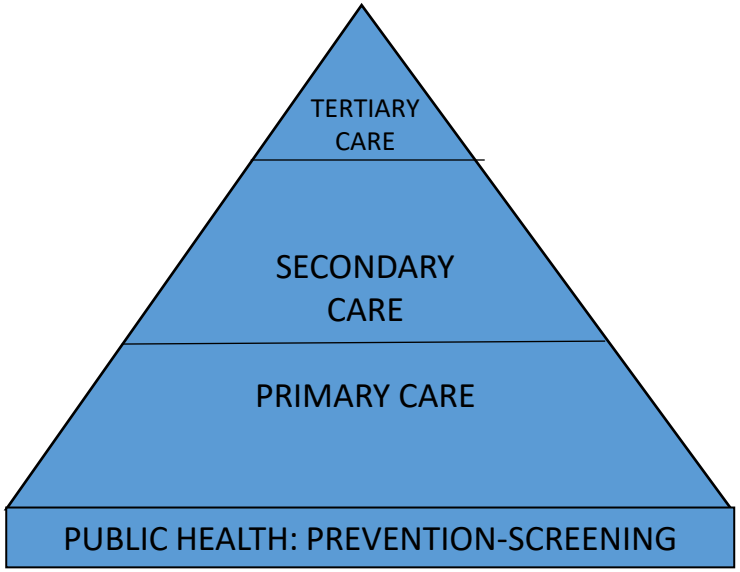
°Develop 'goal-oriented care', starting from the life goals of the people and adapt Electronic Health Records accordingly;

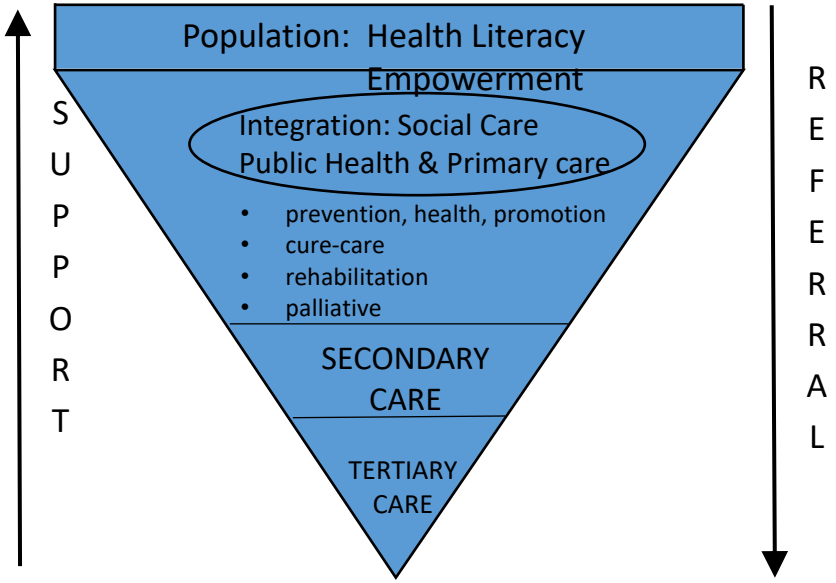
°Strengthen the 'generalist component' in education of providers in health and social care and increase their exposure to community-based training;

°Turn the care-pyramid upside down;

Primary Care : turning the pyramid upside down (after H. Vuori).



PAST



FUTURE

What could Regions do to make a difference ?

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°Turn the care-pyramid upside down;

°Invest in increased health litteracy, empowerent and social capital, with special attention for the most vulnerable groups;

°In Regions "Health in All Policies" and "Intersectoral action for Health" are key to achieve the Sustainable Development Goals: "Everybody counts, no one should be left behind" (WHO UHC 2030)

"Saving lives by European solidarity and cooperation in response to COVID-19".

"These are truly exceptional times. A united response underpinned by the solidarity and human values that are at the heart of the European project will build a stronger European identity, one that could inspire and help other regions across the world. Local initiatives by citizens, the heroic efforts of health care staff, and the commitment of volunteers illustrate the centrality of solidarity in the European project.

By demonstrating solidarity in the ways that Member States cope with infectious disease outbreaks, Europe will provide an enduring example and a precedent for addressing future pandemics. However, solidarity must extend to vulnerable regions outside the European Union – particularly, but not necessarily limited to, low and middle income countries, and especially the most vulnerable within them.

Pathogens do not respect national borders. COVID-19 will not be the last pandemic. The Member States and regions of the European Union (EU) must act to protect populations and to save the democratic and humanitarian values the Union stands for."

Blog in BMJ Global Health (March 27, 2020)

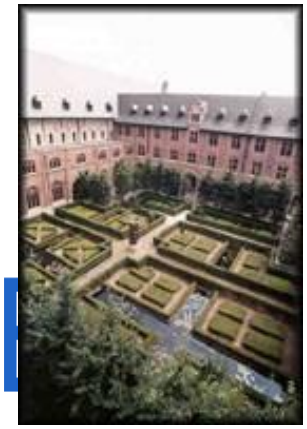
Jan De Maeseneer

Family Medicine and Primary Care

At the Crossroads of Societal Change

LANNOO CAMPUS

Thank you….



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Jan.DeMaeseneer@ugent.be Twitter @JanDeMaeseneer