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Challenges within the area of chronic conditions European perspective

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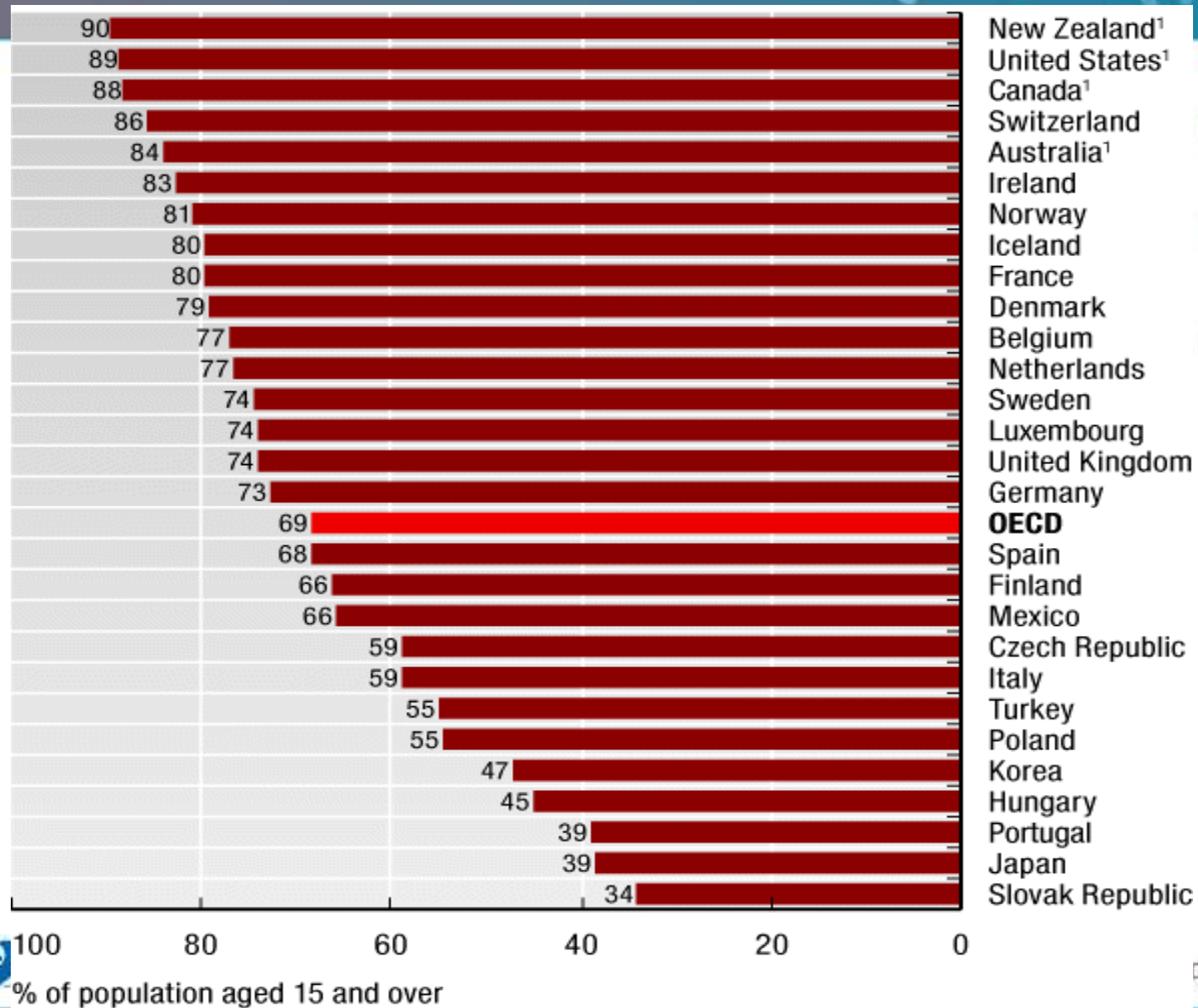
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Outline

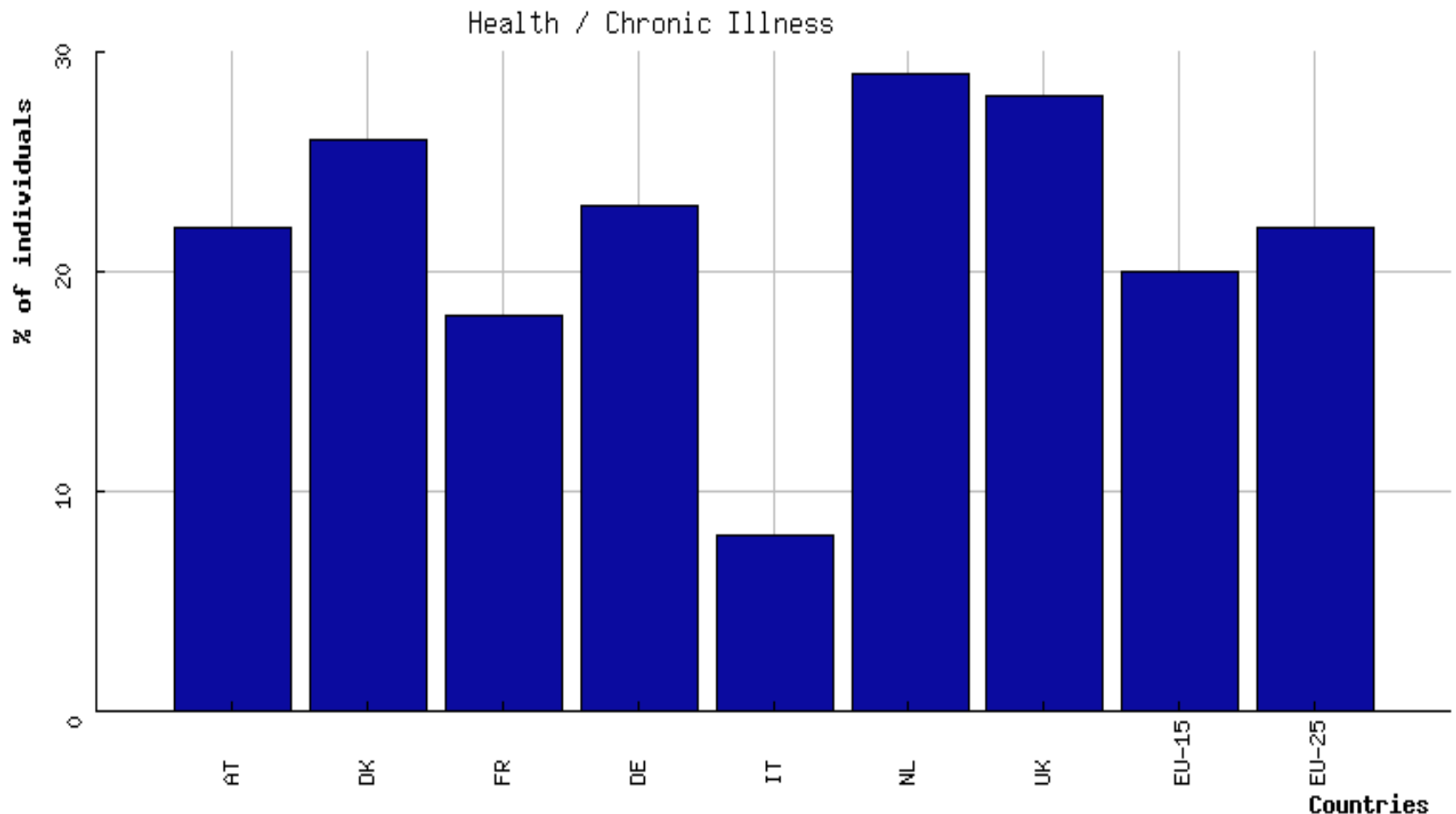
- ➔ The epidemic
- ➔ Challenge for healthcare budgets
- ➔ Policy challenge: the missing link with prevention
- ➔ Challenge for the delivery of healthcare
- ➔ Trends in current reforms
- ➔ References
 - WHO European observatory 'responding to the epidemic of chronic diseases'
 - EuroHealth, 2009 vol 15 ; 1 Chronic disease management and remote patient monitoring

Population reporting good health OECD 2007



chronic illness in Europe

source: Eurofound 2007



The epidemiology

<http://www.euro.who.int/Document/RC56/edoc08.pdf>

- The greatest disease burden in Europe comes from :
- cardiovascular
 - cancer,
 - mental health
 - diabetes mellitus,
 - chronic respiratory disease
 - musculoskeletal conditions

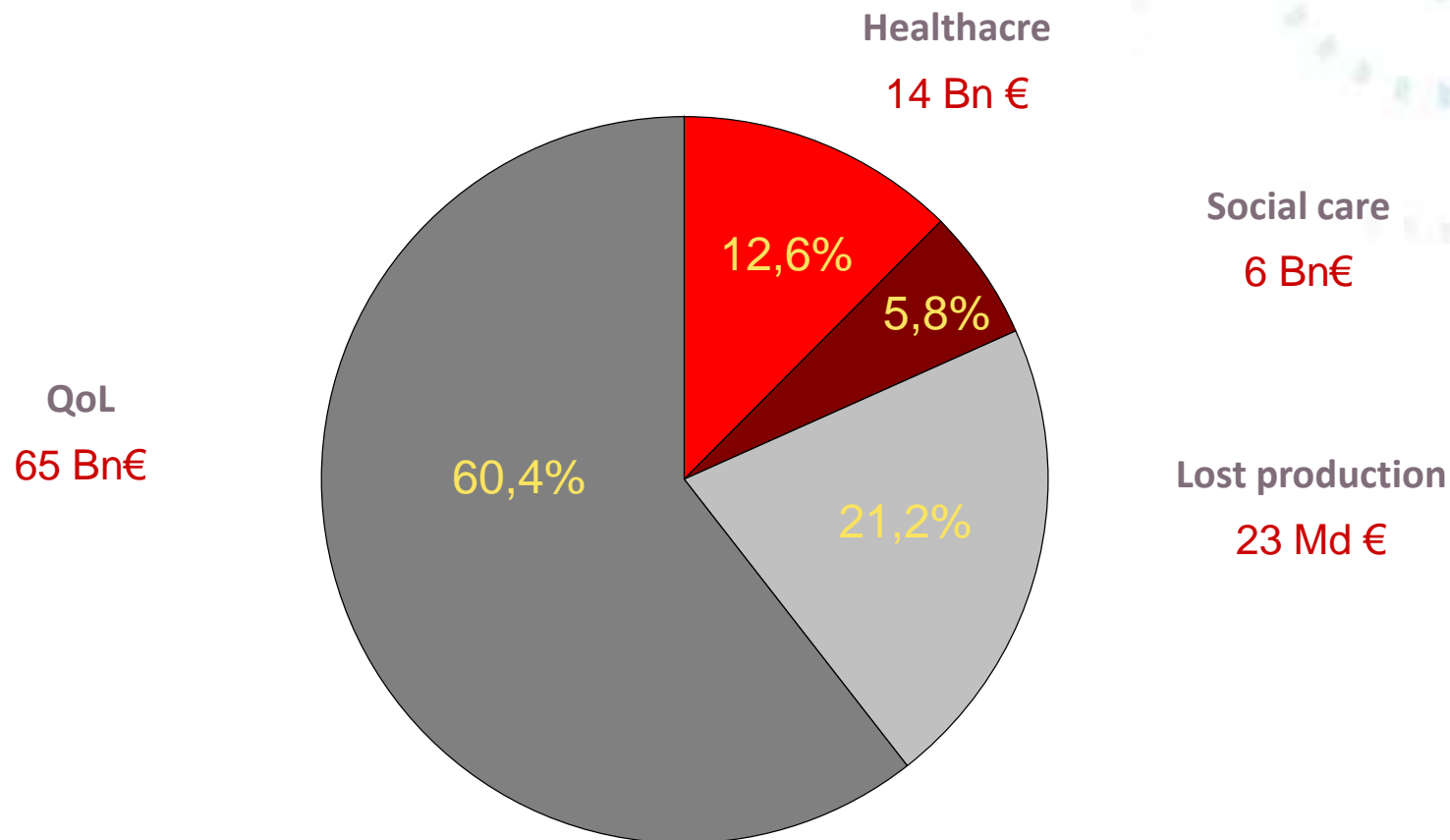
- Almost 60% of DALYs:
- high blood pressure(13%)
 - tobacco (12%)
 - alcohol (10%)
 - high blood cholesterol (9%);
 - overweight (8%)
 - low fruit and vegetable intake (4%)
 - physical inactivity (4%).

Challenge for healthcare budgets

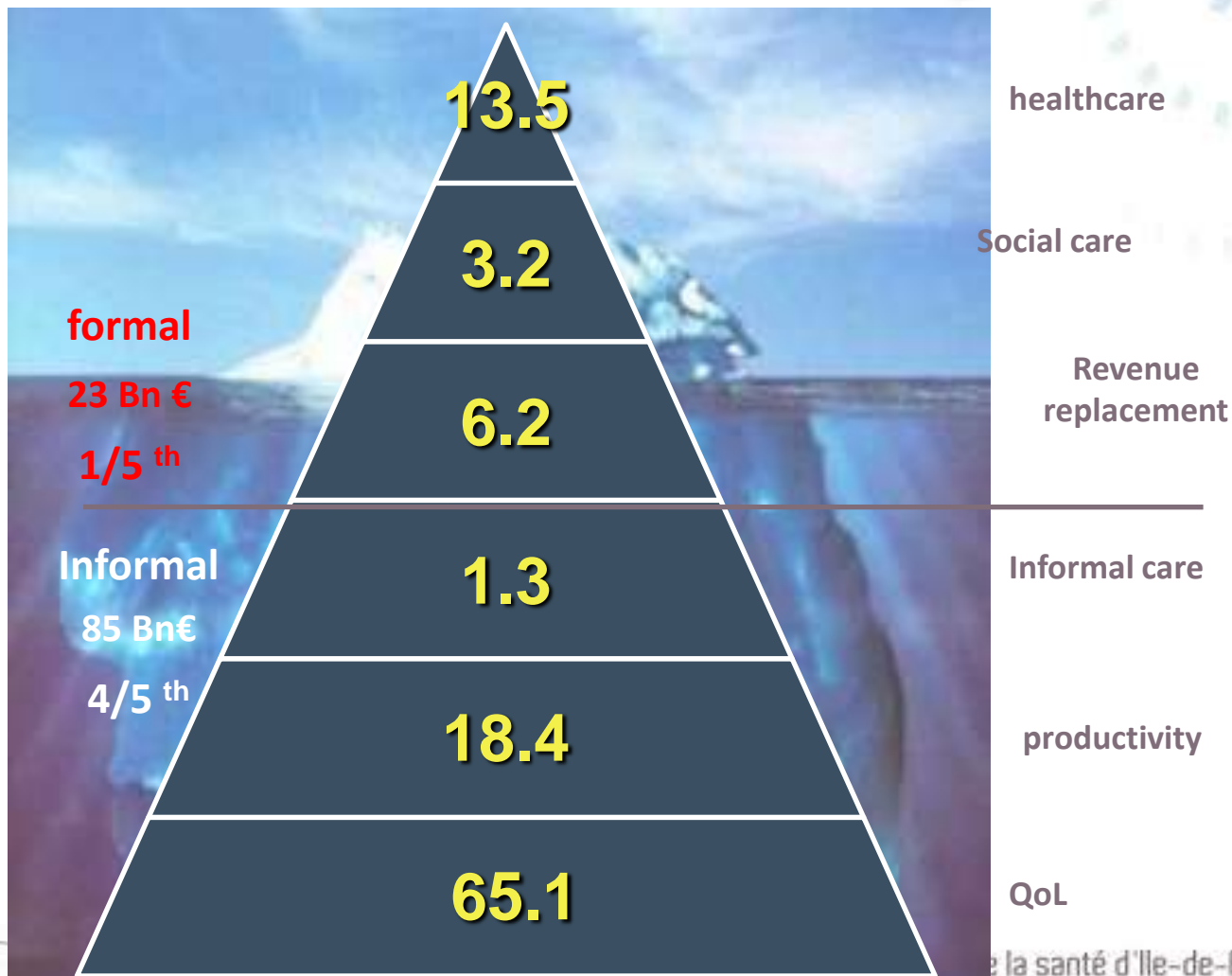
- ➔ In France 2/3 of healthcare expenditures and $\frac{3}{4}$ of the growth result from chronic diseases
- ➔ EU 15: up to $\approx 7\%$ of a country's GDP
- ➔ Also affects the economy beyond the healthcare system

Cost of mental disorders in France

→ 108 Bn €



Cost of mental disorders in France

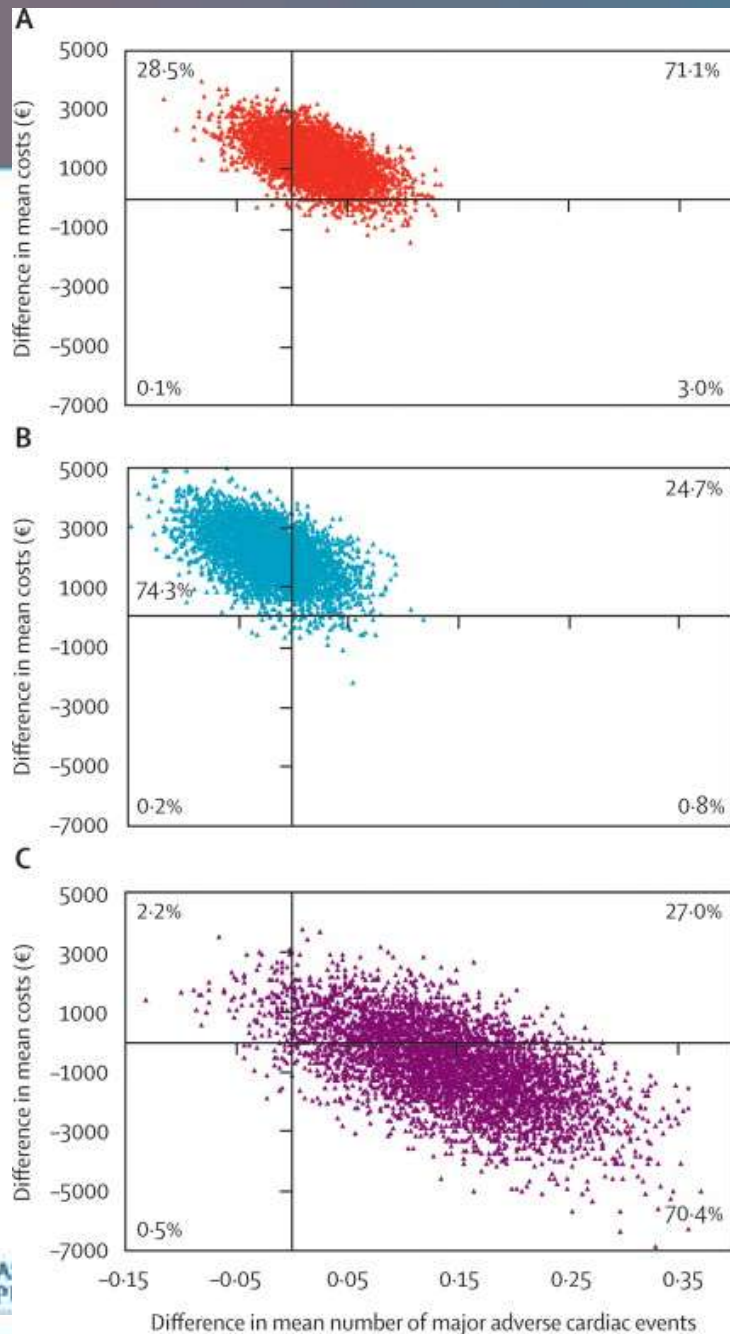


Cost of care for chronic conditions

- ➔ The effect of innovation explains the rising costs
- ➔ Innovations are cost-effective in elderly patients

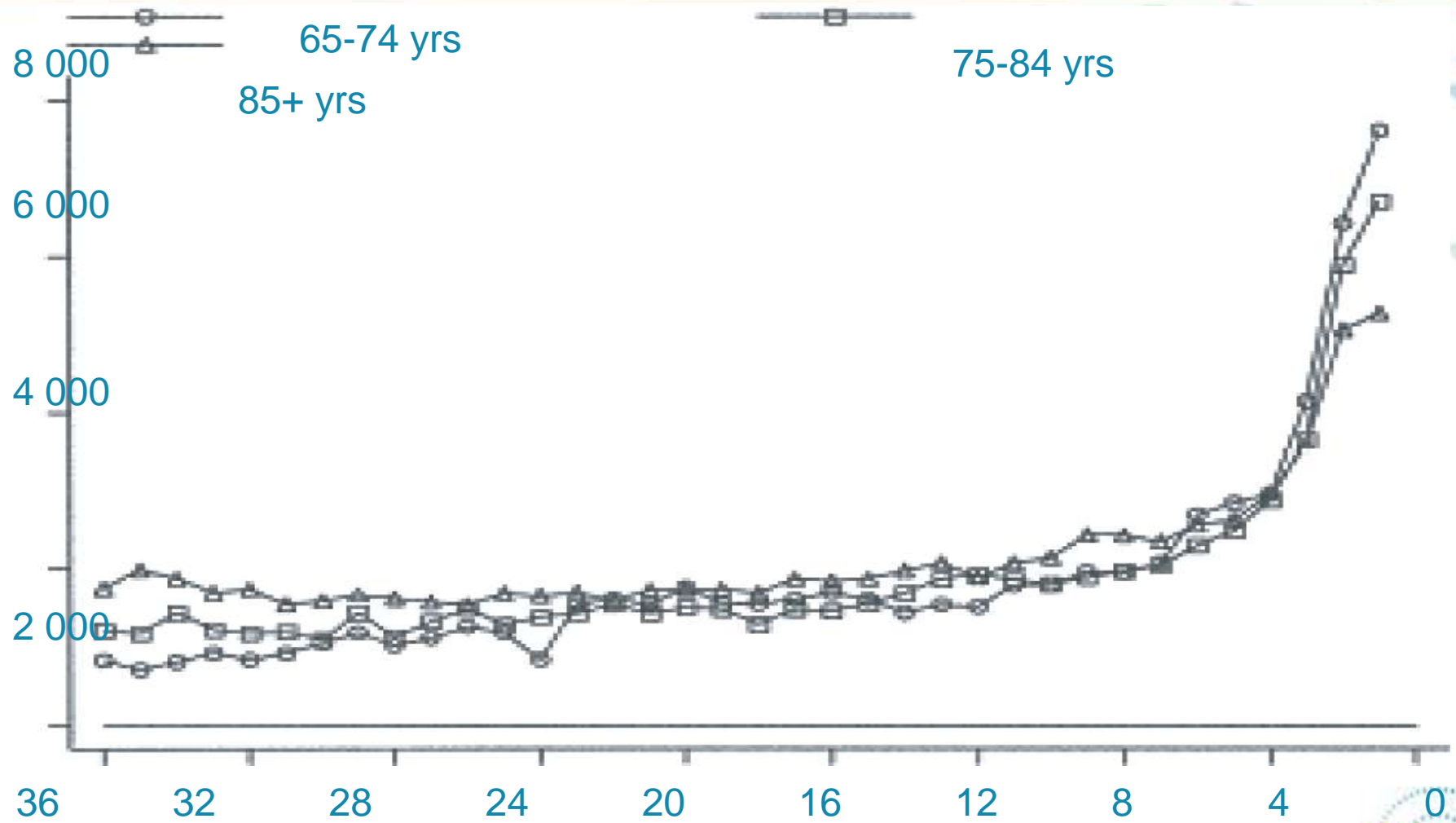
Cost-effectiveness of drug-eluting stents in patients at high or low risk of major cardiac events in the BASKET

[2007, 370: 1552-1559](#)



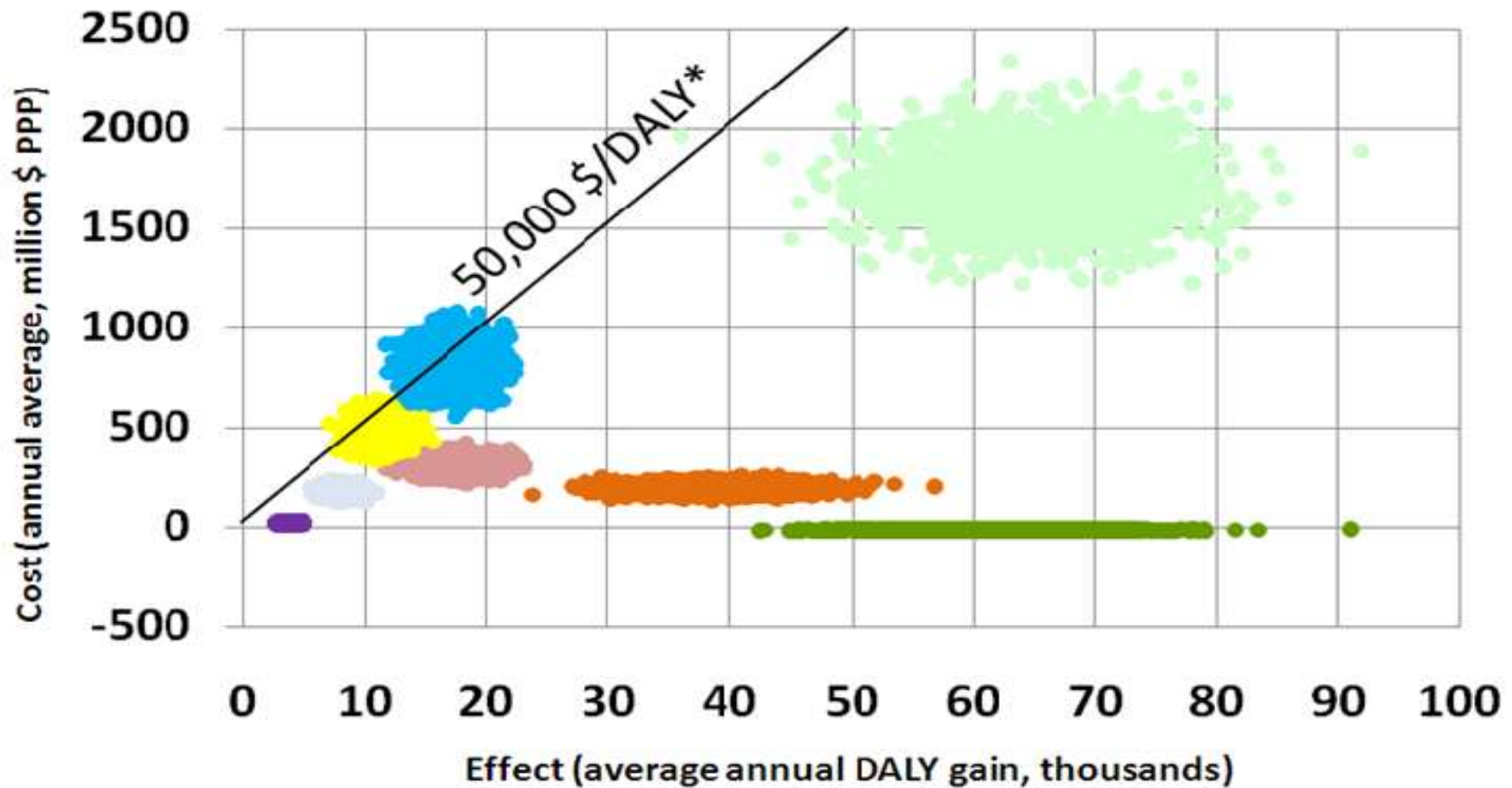
- ➔ Incremental cost-effectiveness of drug-eluting and bare-metal stents
- ➔ Incremental cost-effectiveness in the whole study sample (A),
- ➔ low-risk patients (B),
- ➔ and high-risk (including elderly) patients (C).

Healthcare expenditures and time to death: no effect of age



Source: B.Dormont

Policy challenge PREVENTING LIFESTYLE-RELATED CHRONIC DISEASES OECD 2009



- school-based interventions
- mass media campaigns
- physician counselling
- regulation advertising
- worksite interventions
- fiscal measures
- physician-dietician counselling
- self-regulation advertising

* This value is often referred to as a possible threshold to discriminate between efficient and inefficient interventions

Challenge for the delivery of healthcare: What role for hospitals?

- treatment of acute complications of chronic conditions
- prevention and education have been limited so far
- payment mechanisms do not favour integration

- Availability of a large variety of trained professionals
- Culture of equity
- Teaching/ CME/ CE for other professionals

Hospitals need to change

- ➔ population-based model (treating the individual vs serving the population)
- ➔ Bismarkian /Beveridgian countries: risk adjustment, competition, bargaining, payment of professionals
- ➔ 'managed care' or 'integrated care' experiments undertaken throughout Europe

UK Integrated cancer care programme

- ➔ Pilot sites w/ 'Care trackers' as single point of contact for patients 1/150 patients
- ➔ Supplemented by a specialized nurse for high risk patients
- ➔ Multidisciplinary teams, cancer pathways
- ➔ Decrease in ER visits and hospital admissions
- ➔ Increase GPs knowledge & confidence



France: Cancer plan



- ➔ Coordination: cancer coordination centres (hospital-based)
- ➔ Multidisciplinary teams in and out hospitals
- ➔ 'breaking the news': guidelines for consultations
- ➔ Individualised care plan
- ➔ 100% coverage (exists for all chronic diseases) within a pre defined benefit package
- ➔ Thresholds (surgery, radiotherapy, chemotherapy)
- ➔ Contractual agreements for innovative drugs

Cancer plan & research

- ➔ Regional hospital-led cancer research centers
- ➔ Target % of cancer patients included in clinical trials
- ➔ Tissue banks
- ➔ Molecular biology

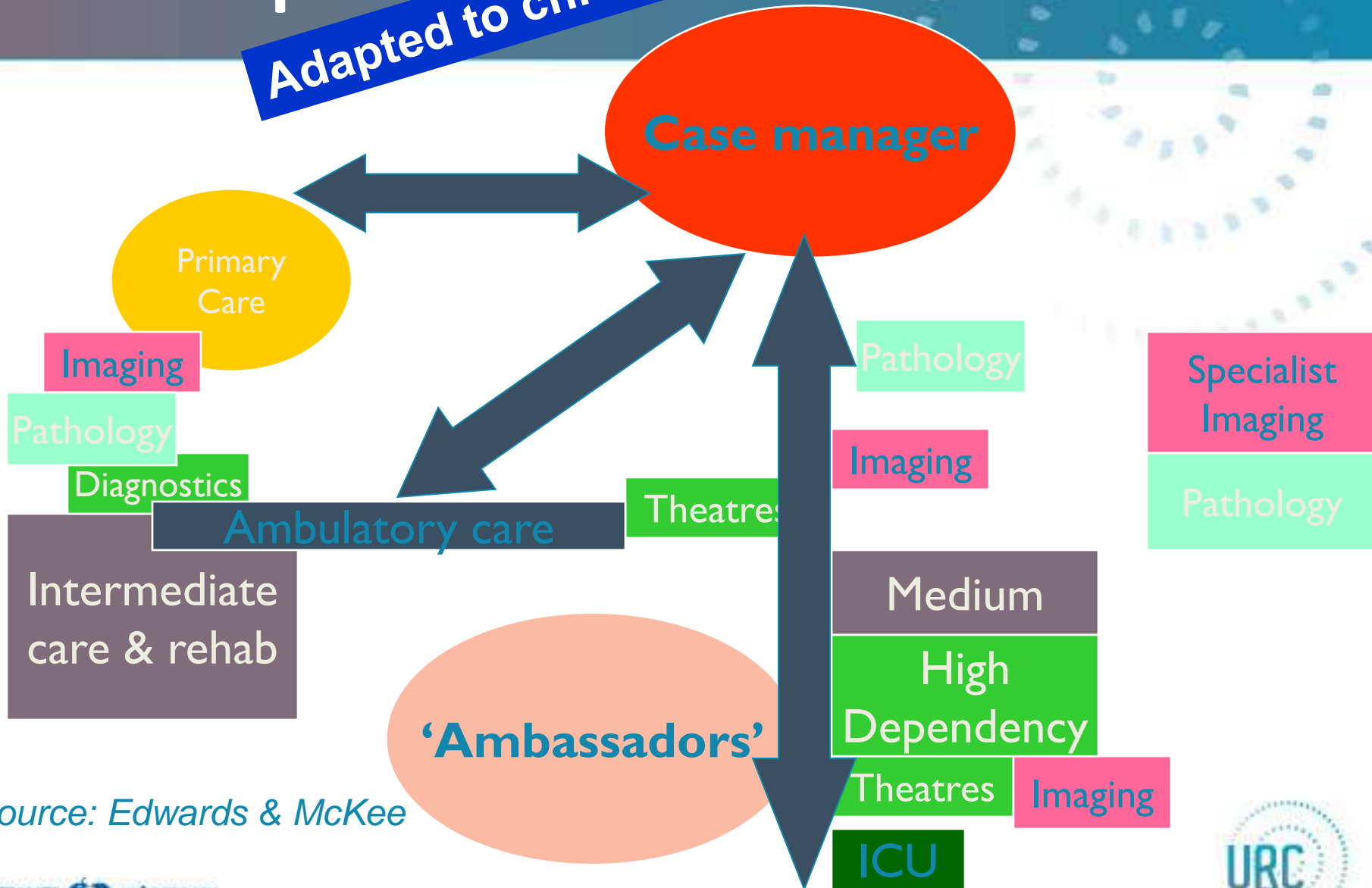


Cancer plan & teaching hospitals

- ➔ Training professionals (e.g. 24 different professionals involved in cancer care)
 - Level of expertise
 - Geographic
 - All aspects of cancer management (diagnosis, treatment, prevention)

The hospital of the future?

Adapted to chronic care



Source: Edwards & McKee

French ministerial plan 2007 to improve the QoL of patients with chronic illness

- ➔ 727 million € over 5 years
- ➔ 15 measures
 - Help patients understand their condition
 - Promote education and prevention
 - Improve daily life (consistent benefits for chronic conditions/ handicap)
 - Improve knowledge about the needs of patients

Support for organizational innovations

- ➔ **Telemedicine**
- ➔ **Providers' networks**
- ➔ **Focus on organization rather than on inputs (runs contrary to the current ways of the financing administration)**
- ➔ **Sophia program for diabetic patients**
- ➔ **Increased involvement of patient/patients groups**

Managing chronic illness in Europe – a comparative analysis

*8th Annual Integrated Care Conference
Gothenburg, 6–7 March 2008*

Ellen Nolte

London School of Hygiene & Tropical Medicine

Linkage/Coordination /Integration

- Approaches vary between and within countries
- Focus tends to be disease-specific, few generic 'models'
- Use of financial incentive system physician-oriented in many settings (AUS, CAN, DK, FRA, GER, England)
- Role of nurses
 - Strong: England, Sweden, NL (nurse-led clinics, specialist-liaison; community matron)
 - Growing: Australia, Canada
 - Weak: France, Germany
- Self-management support (systems) vary; profession-led (AUS, FRA, GER, SWE) vs. patient-led (CAN, DK, England)

Responses, 1

- Countries are developing new models of health care delivery to achieve better coordination of services across the entire continuum of care
- Evidence on the value of different forms of coordination remains uncertain
- Approaches in place reflect individual countries' features of health system governance and particular sets of relationships between and responsibilities of different stakeholders in the regulation, funding and delivery of health care

Responses, 2

- ➔ Bismarckian systems face greatest challenges in implementing system-wide strategies to provide care for patients with chronic illness
- ➔ European health care systems are diverse: there are no universal solutions to the challenges of chronic disease
- ➔ Each system must find its own solution, although it can also draw on the lessons learned by others