

HFE's view on the future of healthcare for patients

Introduction:

The patient is at the epicentre of all things health-related. As such they are in a position to determine the fate of healthcare models, consumption trends and overall needs for future clinical and out patient treatment and continuity of care. Therefore it is incumbent upon governments and stakeholders to assess and make the priority of patient satisfaction (responsibility, ownership) as the underlying factor in policy-making and decision-making processes. HFE strongly encourages health decision-makers to subscribe to a higher level of resolve to meet patient needs. For too long, the limitations of patient satisfaction (involvement - ownership) have been driven by factors such as cost containment and outdated methodologies for assessing value. Long term views on wealth creation from a healthy population are often ignored for the short term excuse of managing budgets. HFE implores that priority be given to increased availability, access and treatment sourced from the most modern and innovative of treatment options. HFE would like to address these concerns in three key areas.

Patient Access

Patient access means many things, but there is surely a common view that it means access to the best possible treatment and care that allows the patient to resolve their health problems and re-enter the productive cycle of their life. EU decision-makers need to have on their policy checklist a category for patient access and no policy should pass inspection if this item has not been reviewed, assessed and determined to better improve patient access.

The first component regards the simple question of whether the patient has access to a treatment or care process. That treatments are simply not available should not occur at this time in health development in the EU. While governments may be reluctant to recognise a "right" to any treatment for a condition or injury, such a de facto right should exist. For instance, access should not only be reserved to patients who suffer from "common diseases". Too often, patients suffering from rare diseases lack the treatment for their condition because of a lack of availability. Access for every patient, regardless of their disease or condition should be made available. Research and clinical trials in collaboration with patients need to be encouraged in order to develop accessible treatments for patients with rare diseases. The long tail of disease should not be arbitrarily cut, thus denying access to patient treatment.

The second component is that we should be moving from a treatment to the treatment and the continuity of care (such as elderly care). The rule should be that patients, regardless of their condition and country of origin, are entitled to the best medical treatment. The future of healthcare lies in better patient access as prevention has proven to be life saving and cost effective. Studies have consistently shown that advanced technologies and treatments reduce recovery time and enrich society by allowing patients to re-enter active life.

The third component is that patient access should be in response to demand, much of which is locally stimulated. There is a view that a market in healthcare, determined from the top down, will involve structural change that is out of touch with local patient requirements. Centres of excellence are excellent projects for garnering expertise which in turn drives learning. There are necessary, particularly for specialist procedures where expertise and experience is required in order to ensure patients' safety. However, common procedures should be available locally. The problem of capacity in healthcare systems should not be the patients' problem. Waiting lists should be avoided in order to treat the patient as soon as possible and as close as possible to his residence when the procedure does not require special expertise.



Patient Information

One of the other main obstacles to quality healthcare services from a patient perspective is patient information. There has been some serious debate concerning the extent to which governments and stakeholders empower citizens to become consumers of healthcare, not simply patients. This paper will not examine the market dynamics dimension of such a debate, but will instead concentrate on patient empowerment through increased availability of information.

Reliable information on healthcare facilities and on available treatments needs to be developed. There is a growing demand for patient education from patients themselves who now, more than ever, feel the need to know what they are facing and which facility or treatment will provide the best cure and care. They should be able to take informed decisions about healthcare treatment.

The first component of patient information should be the scope of information. Full transparency of information from clinical trials to usage data should be made available to the public. As consumers digest such information, the rise of, for instance, filtering and kite marks will help manage information and consolidate key facts for patients. Patients being the epicentre of healthcare systems should also be able to give their inputs in the information given so to facilitate health literacy.

The second component of patient information should be social sharing. This concept is about delivering strictly local information to a broader audience. The rise of eHealth is delivering this information to some extent along relationship lines (patient – GP/nurse/pharmacists/... – specialist), but increasing the availability of information, which leads to best practice, advice and education, should be encouraged.

Finally, we must understand the limitations of patient information. Patients should understand that such information should be regarded as informative and educational but that it cannot replace physician and nursing consultation. Healthcare workers' expertise and advice is non-replaceable, will continue to be the main source of information (face-to-face) and is the only resource which leads to adequate treatments and care.

Patient Safety

The final consideration of this paper is probably the most topical. It would not matter if the finest access and the best treatment and care made available if the patient is exposed to harm, often lethal, from unsafe environments in which they are to be treated. It destroys recovery time, exposes healthcare workers to potentially dangerous situations and can effectively disable critical health infrastructure.

The first component required to ensure patient safety is the enhancement of quality standards and guidelines in all (hospitals and other) healthcare delivery facilities to ensure that patients and practitioners are safe. The European Union should develop and agree European guidelines for care and quality control, and develop and recommend mutual sensitive quality indicators. These guidelines could be improved by identifying and communicating best practice identified by Member States.

The second component concerns quality marks already developed in certain Member States. These should be made more transparent and available to patients in order to make patient safety an objective for healthcare facilities.

The third component is that the EU should raise standards of care. It should not concentrate solely on pushing patients across borders to seek the cheapest treatment, but should ensure that such treatments are delivered to recognised standards of care.

Conclusion:

Patients form the very basis of the healthcare sector. In the top down, government imposed, systems that stretch across the EU, it is often forgotten that patients ultimately bear the consequences of the political decisions taken by these very same governments. Therefore HFE strongly encourages the EU, Member States and stakeholders to:

- Make the availability of treatments and care for all patient needs a de facto condition across the EU
- Extend this mandate to the best treatment
- Guarantee that such treatment is available locally when feasible or in centres of reference when expertise and experience is required to ensure patients' safety.
- Encourage more information for patients
- Encourage the sharing of information
- Understand the health professionals' role of "discerner of information" and "determinant of best advice"
- Develop guidelines of care
- Develop standards of care
- Label quality of care

HFE has a firm commitment to encouraging equitable access to modern, innovative and reliable medical treatment to every patient. Increasing patient access, information and safety are the key challenges to developing the EU's health and wealth. HFE shall continue the struggle to highlight and draw attention to these important matters.