



## HFE's view on the future of healthcare in the field of medical technology

### Introduction

Medical technology is an important variable in the debate around the quality of healthcare services enabling better conditions for healthcare workers' and improving patients' lives. Therefore it is critical that Member State and EU policy ensure the vitality of medical innovation so that all patients can enjoy the benefits that medical technology can bring to their care and long life utility. Public policy should also consider healthcare professionals and workers who rely on health technologies to diagnose, cure and care a large number of diseases and patients. Public policy has a role in improving health for the benefit of the wider economy. Spending on health is not a cost, it is an investment. HFE would, therefore, like to encourage access for all to medical innovation and highlight how public policy could contribute to better viability for this life-enhancing innovative sector.

### Innovation and the future of health

The main objective of medical innovation is to develop new technologies that will not only help diagnose and improve patients' conditions but also help, cure and care patients' chronic and acute conditions. Therefore, medical innovation is driven by response to historic and new patient conditions requiring innovative solutions. The incentives of such innovation are growing daily as shifts in demographics, lifestyle and risks are accelerating the demand for new technology. For instance, the ageing population has created a fundamental need to address chronic conditions and quality care.

To begin, medical innovation is required across the health spectrum, regardless of the actual condition of the patient. Preventive screening and diagnostic testing are two examples where medical innovation is being called upon to do more than address acute needs. HFE has often called on the EU to encourage Member States to put in place population-based screening programmes in order to catch discrepancies in health at an early stage. HFE believes that such programmes will reduce health expenditure by preventing major and costly medical intervention, not to mention the benefit for the patient of less productivity downtime. Prevention programmes have been proven effective by a number of Member States in some areas, but more can be done, especially for older patients. The recent call by the UK for a health check for people aged 40 and older shows the new thinking in this area. The EU should therefore encourage the exchange of best practices within Member States in areas where specific disease screening programmes could be extended. Diagnostics and screening are not just ends in themselves – they highlight areas for healthcare intervention. In addition, they also provide a raft of information concerning trends in overall health across demographic groups and along the categories of disease, conditions and other leading health problems. Such information is critical if innovative development is to take place.

One of the areas of greatest concern is the ageing European population. The projected explosion in elderly and long term care require-

ments will put pressure on healthcare systems. In these areas innovation really proves its value: where cost considerations meet unduly demanding patient requirements. In this cauldron of healthcare innovation, EU and Member State policies must act as enablers for such innovation instead of being a short-term rationing response that dilutes the innovation process. Therefore, as the cost of treatment, for example for chronic diseases, becomes more and more important in budgetary terms for healthcare systems, innovative and flexible modes of healthcare need to be envisaged to reduce the financial and voluminous pressure on healthcare systems and healthcare workers' capacity. This also includes the need for comprehensive training programs for healthcare professionals. Healthcare professionals need to be informed about and trained in the use of new medical technologies. Only this can assure the fast adoption and safe use of medical innovations and prevent additional workload and new strains being imposed on healthcare professionals.

Finally, healthcare systems can gain in efficiency by developing eHealth procedures. Devices no longer simply assist in providing a healthcare solution; they provide evidence long after they are used. For instance, medical innovation products lead to an exchange of information which, in turn, leads to a more correct diagnosis and provides the data for further innovation. There is also the need to take innovation out of the laboratory and make sure that innovation is driven by the requirements of patients and healthcare workers. This implies that the industry applies a stakeholder approach so technologies do not end up on "book shelves". The one-way training model must become a two-way path of innovation excellence. For example, telemedicine and telenursing can improve patients' day-to-day conditions, notably the conditions of chronically ill patients and elderly people living at home. Patients and their carers are best placed to highlight the deficiencies of innovation and, therefore, provide a positive feedback loop for innovators in the healthcare market. Finally, in order to continue developing innovative tools for patients and healthcare workers, education of biomedical engineers should be further encouraged.

### Research & Development and investment

The EU's Lisbon agenda clearly states that innovation is key to ensuring that the EU remains competitive. EU efforts in areas like the Lead Market Initiatives for eHealth are a step in the right direction. However, not every jurisdiction seeks to leverage this innovation advantage. Investment is not just a one-way street from company to market; it is complemented by leadership policies in these Member States which facilitate such innovation in the first place. This is the reason why HFE calls on EU decision-makers to encourage Member States to invest in healthcare systems and innovation. At a time where financial deficits are pressuring national social and health budgets, the EU needs to promote long-term investment that will lead to considerable savings for national health security systems as well as strong EU exports. However, HFE realises that the burden cannot be undertaken by public authorities alone. Every stakeholder needs to continue investing in R&D

to provide the latest technology for patients at the best value. By 2037, up to 1,400 billion euros in direct and indirect costs will be saved in Germany through innovations in healthcare. A constriction of medical innovation can have a deep multiplier effect on healthcare outcomes. Therefore, the inverse is also true, in that the more medical innovation available, the greater the effect on costs and the better the chance for patients to recover or to be cured. However, HFE recognises that the human aspect of care is essential to achieve the best outcomes.

The contribution of medical innovation to savings in European healthcare systems is often underestimated by national governments. As such, HFE would advocate the creation of a high-level group on medical innovation competitiveness and the resulting deliberations to set the stage for full-scale investment amongst all stakeholders in this area. This would serve as a major signal to encourage national governments to invest in healthcare technology as a way to make treatment and care more effective and underpin innovation. HFE would also encourage that the deliberations of this group be made available for feedback from other key constituencies such as patient groups and healthcare professionals and workers. As stated previously, innovation is not made in a vacuum but through the interdependent links between politicians, researchers, patients, healthcare professionals and industry. Fundamental research is needed in universities and research centres, which can then be transferred to industry-academia consortia and then finally to the patient.

One area in which medical innovation is dependent is the risk and reward system that underpins the current Intellectual Property Rights (IPR) system. There has been a lot of discussion on whether such IPR's are a deterrent to access, but without such IPR's, innovation would slow to a trickle. Suggestions that the IPR system would respond well to less IPR protection, similar to the growth of open source software, are misleading. Such beliefs fail to take into account that investment is required to take ideas to reality and, therefore, the investment to bring to market relies on the IPR-innovation nexus. HFE welcomes the European Commission's position on safeguarding the general framework of the IPR system, a system which works well to promote and reward innovation in R&D. However, HFE supports fully access to health care treatment and care across all conditions. Neglected or orphan diseases require an additional push to make access to innovative technology available. This is where EU policy can bring added value, e.g. in the form of funding requirements.

However, R&D results could be further enhanced by coordinated action at the European level. By gathering data and exchanging best practice and treatments, the EU could define priorities that public-private partnerships could then address with joint resources. The EU's role in developing healthcare systems should not be undermined by its limited competencies. Coordinating R&D could result in major outcomes and lead to innovation in every Member State's healthcare system and reduce overlapping research. To this extent, the EU should lead the way in creating partnerships and frameworks which eliminate policies which dilute medical innovation and, as such, a full study on these bottlenecks would take that step forward.

## Health Technology Assessment

In an environment of increasingly scarce resources to be dedicated to healthcare, and with European governments struggling to maintain current levels of comprehensiveness of their healthcare systems, it is legitimate for decision-makers to use Health Technology Assessment (HTA) to prioritise technologies that will be available to patients throughout Europe. HFE therefore believes that HTA is a valid instrument to guide public investments where it is worthier doing so to ensure cost-effective technology to all citizens across Europe.

Whilst recognising the political priority given to HTA, healthcare decision-makers are predominantly interested in the impact of new technologies on healthcare budgets; it recommends therefore that HTA should adopt a broad, societal perspective, capturing the impact of new technologies on patients, carers, the health service and society as a whole (e.g. productivity and social care costs). Patient need should drive HTA approvals, not budget restrictions.

Moreover, HTA processes need to be handled with care and its developments and methodological innovations in HTA should be endorsed by all stakeholders in order not to hinder patient's access to innovative technology and procedures that are clinically and cost-effective. It is critical to develop robust processes and methodologies with regard to the assessment, particularly in regard to clinical aspects, before HTA can be confidently used to inform decision-making in European member states. Moreover, HTA processes should not only encourage the involvement of all relevant stakeholders (e.g. healthcare practitioners, healthcare planners/payers, patients and technology manufacturers) but also be transparent and give these involved stakeholders an opportunity to appeal against an HTA decision.

HFE also welcomes the path taken by the EUnetHTA project and supports the principle to which all partners are committed, in particular contributing to improving the health of European citizens. Moreover, HFE encourages EUnetHTA's mission to add value by facilitating the efficient use of HTA across Europe and creating a sustainable system for knowledge sharing and the provision of tools to assist HTA and ensure that HTA systematically cover a wide range of perspectives in their scope, development and dissemination in Europe.

## Conclusion

The future of health depends on increased cooperation between industry, the academic community, healthcare workers, patients, national governments, and healthcare systems managers in the EU. In order to develop high-quality sustainable health systems, HFE strongly encourages decision-makers at European and national levels to:

- Develop population-based screening and diagnostic programmes;
- Invest commitment, time and leadership in the medical innovation sector;
- Safeguard incentives for industry to invest in R&D;
- Ensure EU coordination in R&D efforts;
- Speed-up and reassess the HTA process;
- Ensure patients and healthcare professionals are able to contribute to innovation.



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