

Empowering patients across Europe: an economic perspective



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EPF, Brussels, March 07

Structure

- European and national context
- Is there an economic case?
- Current challenges and potential pitfalls
- Way forward

European Context

- Ensuring a high level of health protection and promoting public health
- Safeguarding patients from misleading information
- Common European Values on Health
- Promoting choice for consumers
- Improving the operation of the Single European Market

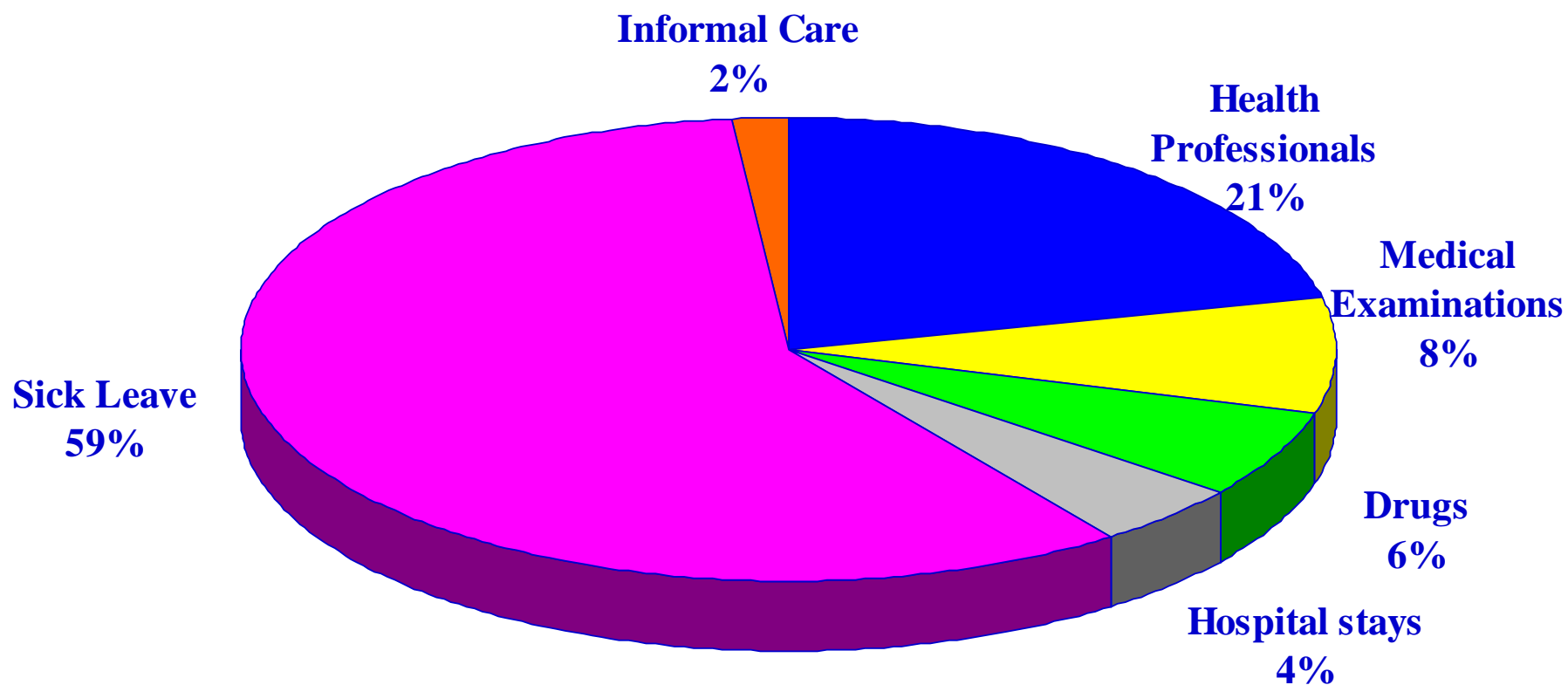
National Context

- Greater access/demand for info on disease and treatments
- Increasing emphasis on patient choice
- Recognition of potential benefits of better informed individuals
- Increasing use of **cost-effectiveness** info when considering health care interventions

Impact

The economic impacts of poor health range far and wide.....

Costs of OA in Liege City Council

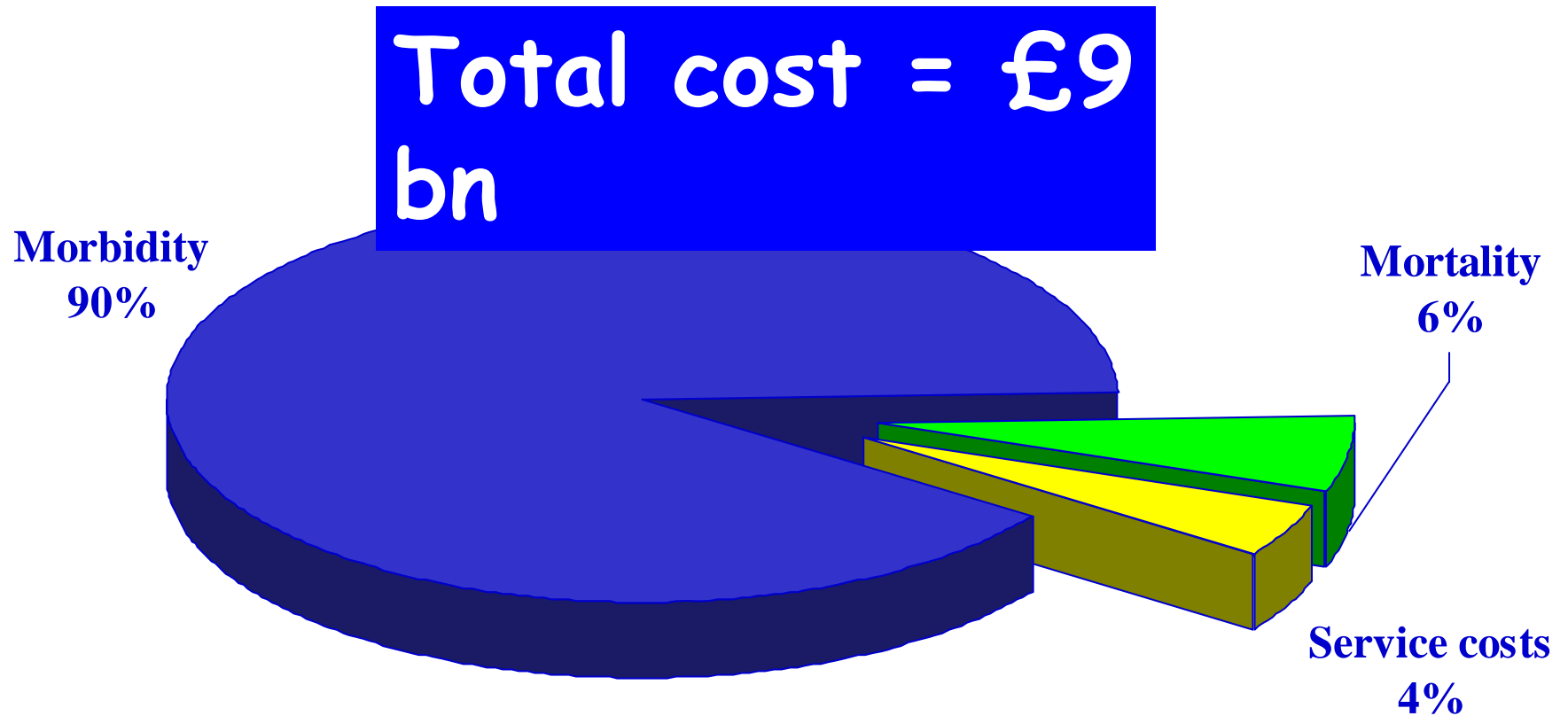


1,811 Employees

34% reported OA

Monthly costs per person with OA at Council €11

Costs of depression (adults) in England, 2000



Thomas & Morris *Brit J Psychiatry*
2003

Empowerment

So can some of these costs be avoided through greater patient empowerment?

Empowerment: many dimensions

- Improved access to and use of information related to health
- Greater say over choice of treatments and location where treatment delivered
- Greater financial control over health care budgets
- Increased involvement in delivery of services
- Increased (Public) involvement in process of determining effectiveness and cost effectiveness of interventions

Information and Choice

- Potentially significant quality of life and economic benefits - Wanless 'Fully Engaged'
- Help encourage use of interventions that best meet patient needs.
- Improved concordance with treatment can potentially help improve long term outcomes
- Potentially can help to reduce chance of harmful events
- Potentially help to reduce waste from unused medications/interventions

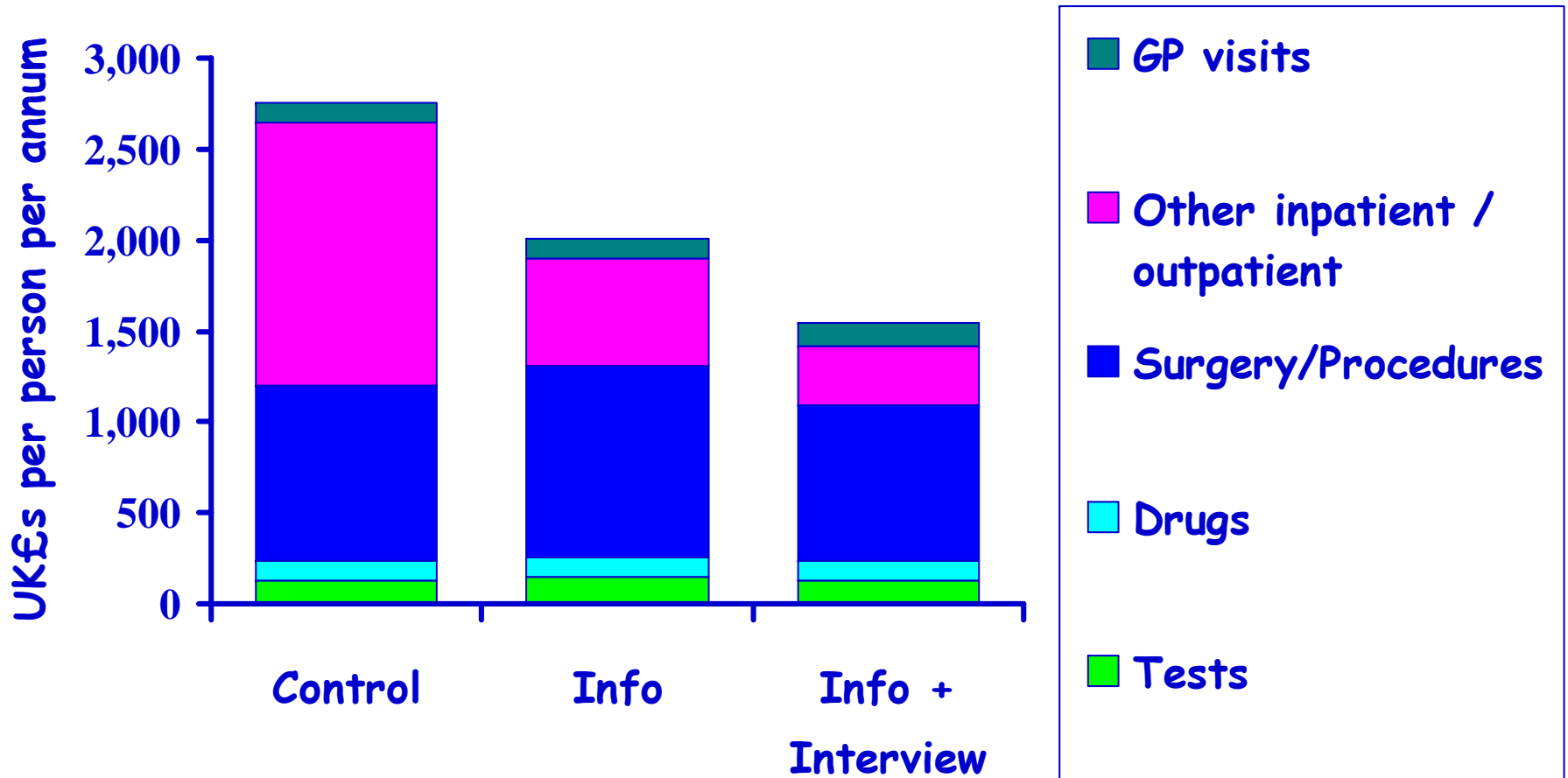
Drug Wastage

- In the UK alone cost of wasted medications **€290 million per annum**
- Rising - **65% increase over four years**
- In primary care **60%** of these medications for cardiovascular, central nervous system and respiratory disorders
- Primary reason because medication changed by prescriber - not suitable for individual - **could this be avoided?**

Decision Aids

- Decision aids - leaflets, DVDs, decision boards, websites, phone support etc
- Some (limited) evidence on cost effectiveness
- Use of blood chart to aid patients in treatment decisions on menstrual blood loss. €2110 per QALY gained compared with €2773 per QALY without chart (Van der Wilt et al 2004)
- But Finnish study reported information prior to first consultation had no impact on costs or outcomes (Vuorma et al 2004)

Impact of decision aids on health service costs (England, 2001)



Kennedy et al , JAMA, 2002

Concordance

- Poor concordance has health and economic consequence
 - e.g. essential heart transplant patients' maintain immunosuppressive therapy
 - Impact of quality of life of poor concordance with treatment for mild asthma may be negligible
- Adaptation of treatment may however fit better with individual lifestyles
- Costs of additional treatment/diagnosis but may be offset by under use of some treatments

Concordance

- Evidence on effectiveness and cost effectiveness of interventions to improve concordance surprisingly limited
- One review (Elliot et al 2005) found
 - 45 comparative studies; 14 asthma; 12 psychiatric
 - 33 educational interventions; 18 multi-intervention
 - Methods often poor especially for costs
 - Unable to reach definitive conclusions
- One large scale 36 month economic study underway on statin use in Germany (ORBITAL)

Choice

Reforms to
financing can
promote patient
empowerment

Consumer directed health care

- Consumer directed health care
- Patients receive **individual budgets** to buy (some) services that best meet their needs:
 - Promotes independence and inclusion.
 - Offers opportunities for rehabilitation, education, leisure and employment ...
 - ... but consumers may need support to make choices.
- Some experimentation with budgets across Europe for a range of client groups - older people, people with disabilities, mental health problems etc. Satisfaction levels good but **little known about long term outcomes and costs**

Inappropriate demand

- Will greater levels of empowerment generate inappropriate demand for some interventions? (Avian Flu and Influenza Vaccines) (Health Security Issue)
- Media stories are a key driver of such events - fuelled further by more patient empowerment?

Flu vaccine supply to be reviewed

The government is to consider again how best to guarantee seasonal flu vaccines for those at risk after stocks run low.

It blames the shortage on demand outstripping supply, most likely fuelled by public concerns about the threat of a possible bird flu pandemic.



The vaccine does not protect against bird flu

But Health Secretary Patricia Hewitt said GPs may have been giving the vaccine to the worried well rather than those most at risk as recommended.

She said she would review the ordering situation as a matter of urgency.

In the meantime, the Department of Health is advising GPs in England to use remaining stocks only on those at highest risk.

They include the over-65s and people with health problems such as heart disease, asthma and diabetes.

The vaccine does not protect against avian flu, but offers some protection against common winter influenza.

BBC NEWS:VIDEO AND AUDIO

[MPs react to the vaccine shortage](#)

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- ▶ [Q&A: Flu jabs](#)
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19 Sep 05 | Merseyside

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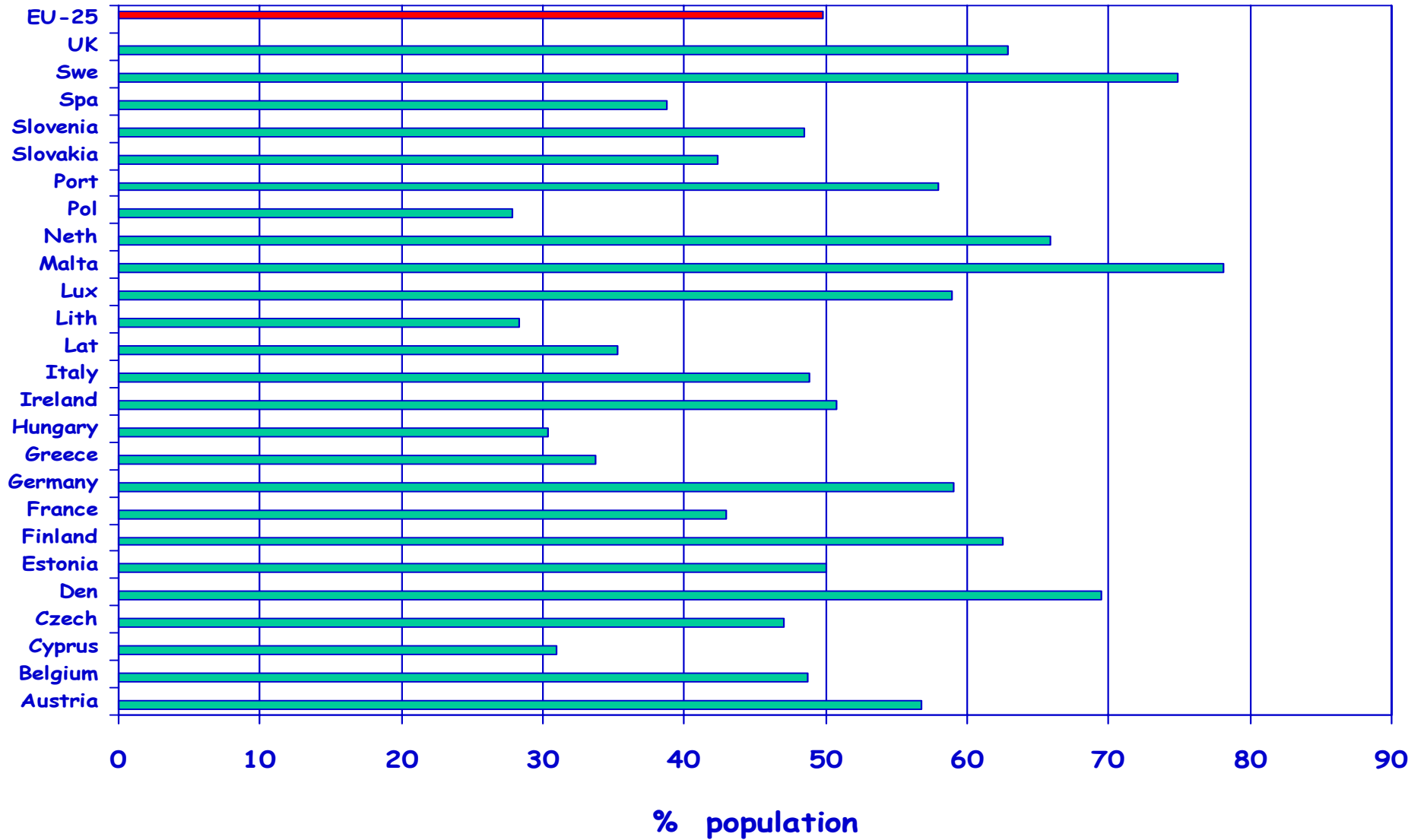
He who shouts loudest

- What if product is not considered to be cost effective at national level? (Beta interferon)
- This may lead to both an inefficient and inequitable allocation of resources.
- Some groups more vocal than others - some issues more 'attractive'
- Every decision to provide access to a treatment potentially means that resources are not available to treat someone else


Empowerment for all?

- Capacity to assess information - health literacy
- How is information presented? Who funds this? - Information or Advertising?
- Are all reasonable alternatives (drug, technology, health promotion etc) provided etc
- How to overcome information inequities?

Use of Internet in Europe



How to identify bogus information?



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Operated by [Stephen Barrett, M.D.](#)

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Hot Topics

Patient Groups

What can
patient groups
do?

Actions

- Information on how to make best use of existing health care treatments
- Help communicate understanding of risks and benefits of alternative drug and non drug treatment options
- Look at impacts and consequences beyond health care systems
- Make careful use of evidence base when presenting case - don't oversell
- Be aware decisions not made in vacuum - decisions have consequences for rest of health service

Messages for other groups

→ General Public:

→ Messages on preventive actions

→ Greater awareness and early identification of health risks

→ Better understanding of potential treatment options and their risks/benefits for future patients

→ Role of doctors/pharmacists vital

→ National and European level information systems - e.g. EU Health Portal; NHS Direct

Info Gap

What
information
gaps do we
need to plug?

Substantial information deficit

- Remarkably the evidence base on the value for money of empowerment and access to information limited
- Need for careful controlled prospective and long term monitoring of of different interventions - context
- Including analysis of resource use and consequences both within and outside the health sector

To sum up....

- There are potential health and economic gains to be made by improving access to information
- But much is still unknown - careful evaluation is required
- Enhanced access to information alone is insufficient - requires multiple interventions
- Important to think about minimise negative consequences/ inappropriate demand?
- Think about **cost effectiveness** - not just effectiveness!