

European Parliamentary Working Group on Innovation on Health and Social Care Innovative Health Systems Reform: Meeting the Needs of Patients, Carers and Professionals

How do we define innovation and in what context should it be placed in the development of policy on health systems reform?

This was the question at the heart of the discussions during the 1st meeting of the European Parliamentary Interest Group on Innovation in Health and Social Care.

With the support of Co-Chairs Marian Harkin, (ALDE, IE) and Karin Kadenbach (S&D, AT), the meeting focused on the work at EU level aimed to improve the responsiveness and sustainability of health systems in Europe with a clear focus on the role of innovation in driving more patient-centered care. Concentrated on the European Commission work on health systems performance assessment, speakers included Dirk Van Den Steen, Team Leader in the Healthcare System at DG Santé, and Christoph Schwierz, Policy Analyst at DG ECFIN.

Discussions amongst the Co-Chairs, speakers and stakeholders raised a variety of questions with regards to facilitating change in health systems for the benefit of patients. Mr. Van Den Steen spoke about the strong tension between health policy objectives when it comes to managing innovation in public health. He reiterated the “tools” the European Commission provides for Member States as part of the European Semester to achieve budgetary sustainability and accessibility such as broadening integration of care.

To facilitate innovation in health systems (in its broadest sense), there is a need to look at the economics of public health expenditure, particularly how to reduce waste in health spending. Mr. Schwierz emphasized that while we would like to see truly patient-centered care, this is still a “promised land” and we aren’t there yet and, in fact, still trying to understand how to get there. He reiterated that expenditure is a reflection of both affordability and preferences - which makes measuring innovation very difficult.

Yet, it was clear that prevention should be a key driver of innovation in health systems reform. MEP Kadenbach suggested that investment in prevention could support greater innovation in public health, particularly when residual costs (institutional, technologies, waste) are very high. MEP Harkin stated that the costs associated with informal carers and lost income and/or pension rights for them should also be considered when discussing investing in health. However, data on long-term cost savings is still needed in both areas.

Stakeholders have a crucial role to play towards ensuring innovation sits at the heart of health systems reform, particularly by providing comments on country reports and country specific recommendations as part of the European Semester process. As the work of the European Commission and Member States continues, the Interest Group and Health First Europe will concentrate our work towards assuring assessments take account of innovation for the benefit of patients, carers and professionals.

