



HFE

On the occasion of its third anniversary, Health First Europe (HFE) is pleased to present the "HFE health survey – 77 EU opinion leaders' views on the future of health".

health survey 2007

77 EU opinion leaders'
views on the future of health

THE KEY FINDINGS OF THE SURVEY INCLUDE:

97% OF ALL RESPONDENTS ADVOCATE THAT MORE RESEARCH NEEDS TO BE DONE IN THE FIELD OF CHRONIC DISEASES (E.G. DIABETES, CARDIOVASCULAR DISEASES).

89% OF ALL RESPONDENTS ADVOCATE INVESTMENT IN MEDICAL TECHNOLOGY INNOVATION AS A WAY TO IMPROVE HEALTHCARE EFFICIENCY AND LIMIT HEALTHCARE DEFICITS.

88% OF ALL RESPONDENTS BELIEVE THAT PUBLIC HEALTH AUTHORITIES IN ALL MEMBER STATES SHOULD PROVIDE INFORMATION, IN A SIMPLE FORMAT, ON HOW TO APPLY FOR HEALTHCARE ACROSS BORDERS.

86% OF ALL RESPONDENTS BELIEVE THAT INCREASED PREVENTATIVE SCREENING PROGRAMMES (E.G. CANCER SCREENING, PREGNANCY AND NEO-NATAL HEALTH SCREENING) ARE AN EFFICIENT WAY TO LIMIT HEALTHCARE DEFICITS.

86% OF ALL RESPONDENTS AGREE THAT THE EU SHOULD BE COMPETENT FOR THE COORDINATION OF TECHNICAL RESOURCES (E.G. E-HEALTH, PATIENT RECORDS), TECHNOLOGICAL ADVANCES (E.G. MEDICAL EQUIPMENT AND DIAGNOSTICS), KNOWLEDGE, BEST PRACTICE AND STANDARDS.

65% OF ALL RESPONDENTS SUPPORT A COORDINATING ROLE FOR THE EU IN MARKET APPROVAL OF ALL HEALTH TECHNOLOGIES THROUGH A REGULATORY AGENCY (LIKE THE US FOOD AND DRUGS ADMINISTRATION).

41% OF ALL RESPONDENTS FAVOUR THE LONG TERM OBJECTIVE OF HAVING A UNIQUE EUROPEAN HEALTHCARE SYSTEM COMMON TO ALL STATES WITH A FEW SPECIFIC RULES TO MEET LOCAL NEEDS.



HEALTH FIRST EUROPE SURVEY ON HEALTHCARE AND PATIENT PRIORITIES

On the occasion of its third anniversary, Health First Europe (HFE) is pleased to present the “HFE health survey – 77 EU opinion leaders’ views on the future of health”.

In October 2006, HFE launched a survey of EU healthcare decision-makers and stakeholders on healthcare and patient priorities. The survey was composed of 10 questions (the questionnaire can be found on page 26). Questions 1-3 and 5-9 were multiple choice questions. Several answer options were provided to these questions and for each of these answer options respondents could choose between yes or no. Respondents were not limited to selecting one answer option for each question. Question 4 and 10 were open-ended questions where survey participants could provide further comments on how to improve healthcare in Europe. The answers received to questions 1-9 were analysed and graphs were created illustrating the percentages of yes, no, or no answer responses given by all respondents for each of the possible answer options (for each question) in percentage terms.

The survey was sent to a selected, limited group of EU healthcare decision-makers and stakeholders with a view to gauging their opinions and providing a snapshot of their perceptions on ways to tackle key health challenges facing Europe.

77 responses were received of which:

36 were from the European Parliament (including answers from the following MEPs):

Liam Aylward MEP (UEN, Ireland), John Bowis MEP (EPP-ED, UK), Milan Cabrnoc MEP (EPP-ED, Czech Republic), Alejandro Cercas MEP (PES, Spain), Dorette Corbey MEP (PES, the Netherlands), Brian Crowley MEP (UEN, Ireland), Avril Doyle MEP (EPP-ED, Ireland), Eduard Raul Hellvig MEP (ALDE, Romania), Lilli Gruber MEP (PES, Italy), Umberto Guidoni MEP (GUE/NGL, Italy), Cristina Gutierrez Cortines MEP (EPP-ED, Spain), Angelika Niebler MEP (EPP-ED, Germany), Gitte Seeberg MEP (EPP-ED, Denmark).

13 were from European Commission officials, mainly from DG Health and Consumer Protection and DG Employment, Social Affairs and Equal Opportunities.

7 were from health attachés from Member States Permanent Representations to the EU

21 were from other interested parties, including NGOs and health industry representatives, including: Manfred Beeres (Aktion Meditech), Bert van Caelenbergh (European Federation of Public Services Employees), Judy Birch (Pelvic Pain Support Network), Vincenzo Costigliola (European Medical Association), Timothy Hancox (International Organization for Standardisation), Amy Hoang-Kim and Professor Antonio Moroni (International Society for Fracture Repair), Thomas Meyer (Head of Department of Infectious Diseases), Alberta Sciachi (European Union of Private Hospitals), and Gabriella Skala (European Federation of Orthopaedics and Traumatology).

Disclaimer

The findings of the survey **do not constitute an HFE position** but provide a snapshot of Brussels based decision-makers’ opinions on some of the most pressing health-related issues faced by European society today.



HEALTHCARE FUNDING

Question 1: I would recommend the following strategies to national governments to limit healthcare funding deficits -

OF THE OPTIONS OUTLINED:

89% OF ALL RESPONDENTS ADVOCATE INVESTMENT IN MEDICAL TECHNOLOGY INNOVATION TO IMPROVE EFFICIENCY OF HEALTHCARE AND LIMIT HEALTHCARE DEFICITS.

87% OF ALL RESPONDENTS ADVOCATE INCREASED EMPHASIS ON PATIENTS TO LOOK AFTER THEIR OWN HEALTH (E.G. HEALTHY LIFESTYLE, SELF MONITORING FOR CHRONIC CONDITIONS).

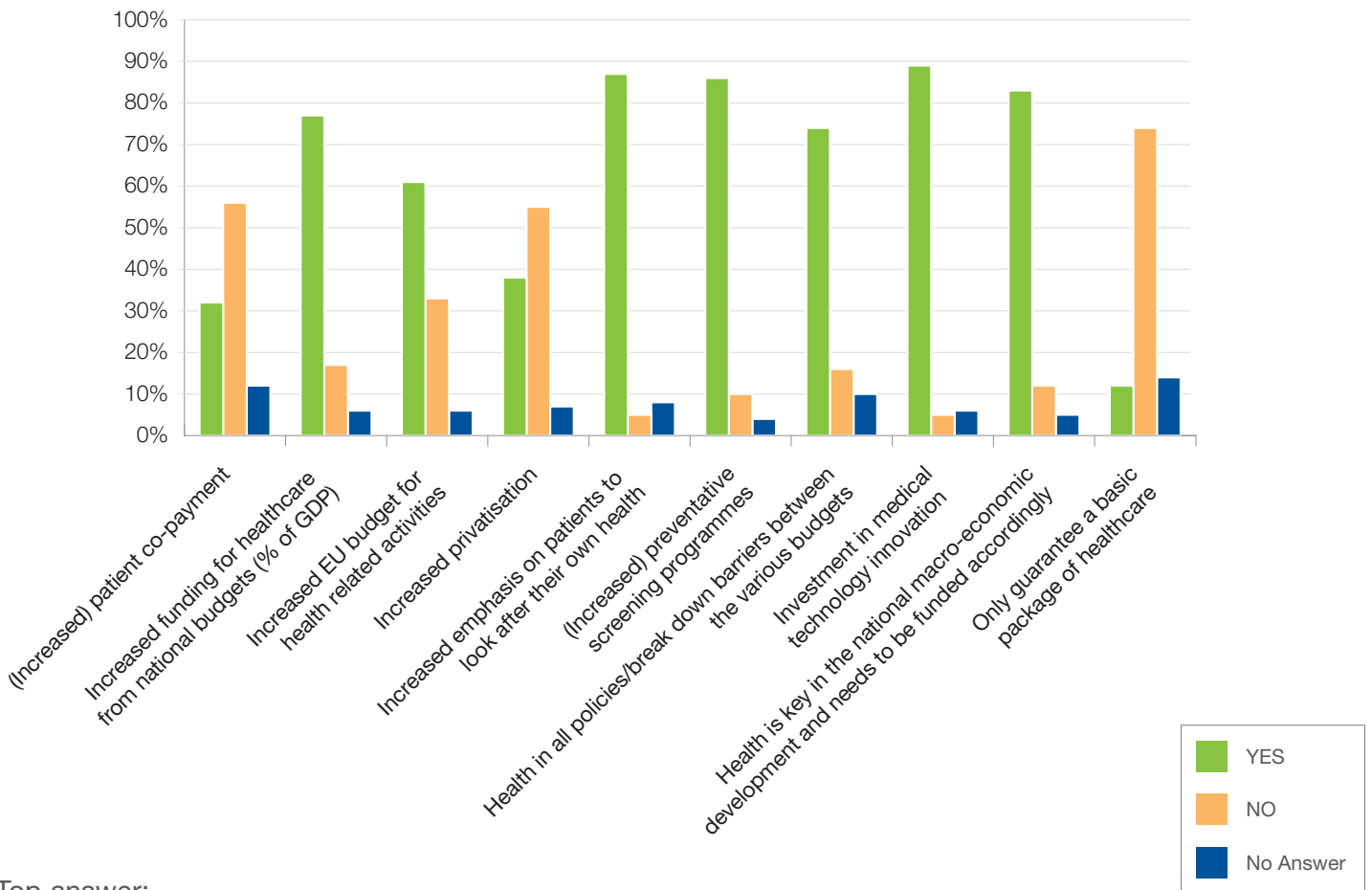
86% OF ALL RESPONDENTS SUPPORT INCREASED PREVENTATIVE SCREENING PROGRAMMES (E.G. CANCER SCREENING, PREGNANCY AND NEO-NATAL HEALTH SCREENING).

32% OF ALL RESPONDENTS ADVOCATE INCREASED PATIENT CO-PAYMENT (I.E. PATIENTS PAY A PERCENTAGE OF THEIR DOCTOR'S FEE OR LAB-TEST EVEN IN PUBLIC HEALTHCARE).

12% OF ALL RESPONDENTS ADVANCE GUARANTEEING A MINIMUM PACKAGE OF HEALTHCARE FOR CITIZENS.

Commentary

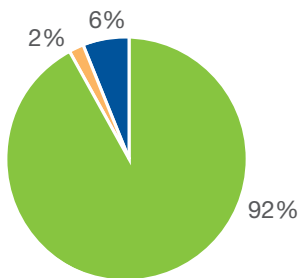
Responses show a high commitment to investment in healthcare by both governments and individuals is necessary. They acknowledge that, increasingly, while individuals must be proactive in looking after their own health – investment in innovative medical technologies and screening programmes are considered vital in limiting national health deficits.



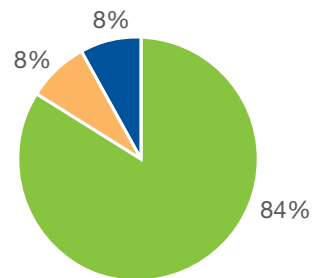
Top answer:

89% of all respondents advocate investment in medical technology innovation to improve efficiency of healthcare and limit healthcare deficits. This figure can be broken down as follows:

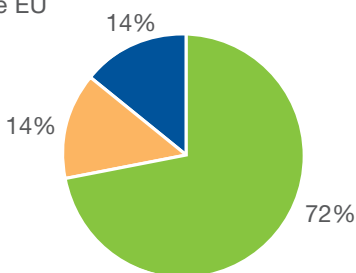
European Parliament



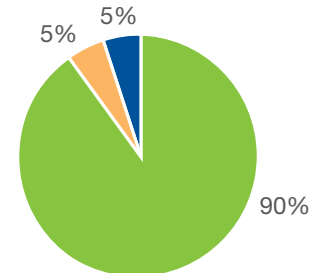
European Commission



Permanent Representations to the EU



Other interested parties





TACKLING CHALLENGES IN HEALTHCARE SYSTEMS TODAY

Question 2: Which of the following will, in your view, contribute to tackling the challenges in healthcare systems today?

OF THE OPTIONS OUTLINED:

86% OF ALL RESPONDENTS BELIEVE THAT INNOVATION - MORE WIDE SPREAD USE OF INNOVATIVE MEDICAL TECHNOLOGY, SUCH AS NEW SCREENING, DIAGNOSTICS, AND SURGICAL TECHNIQUES CAN CONTRIBUTE TO TACKLING THE CHALLENGES IN HEALTHCARE SYSTEMS TODAY.

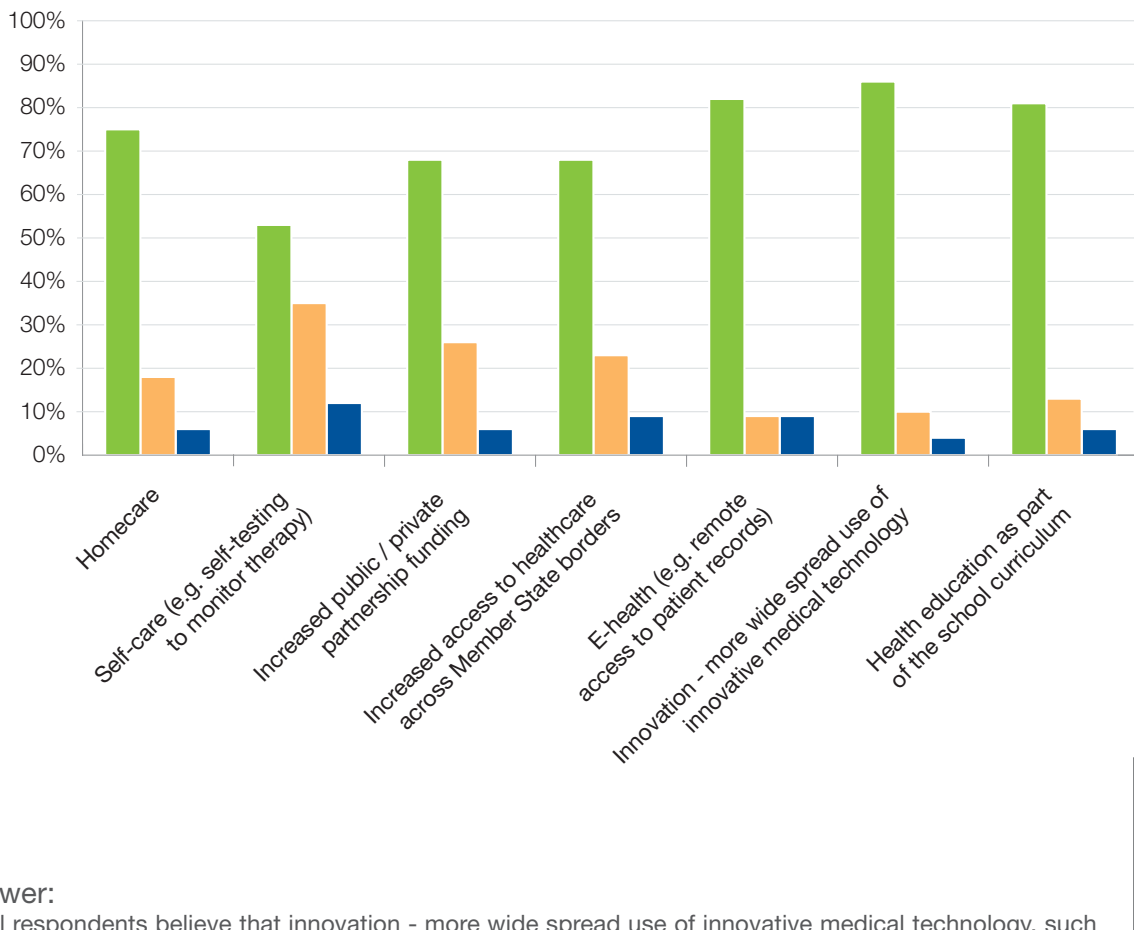
82% OF ALL RESPONDENTS CALL FOR USE OF E-HEALTH (E.G. SUCH AS REMOTE ACCESS TO PATIENT RECORDS, SHARING OF DIAGNOSTIC IMAGES IN DIFFERENT LOCATIONS BY DIFFERENT HEALTH PROVIDERS).

81% OF ALL RESPONDENTS BELIEVE THAT HEALTH EDUCATION SHOULD BE PART OF THE SCHOOL CURRICULUM.

68% OF ALL RESPONDENTS REGARD INCREASED ACCESS TO HEALTHCARE ACROSS MEMBER STATE BORDERS AS CRUCIAL TO TACKLING CHALLENGES IN HEALTHCARE SYSTEMS TODAY.

Commentary

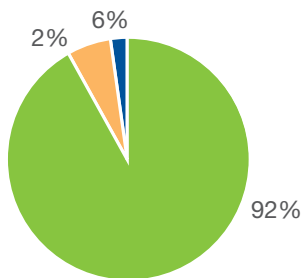
Responses emphasise that while it is essential that health education must start at a very early age and so that individuals can take responsibility for their own health, new areas of health innovation such as e-health also have an essential role to play if Europe is going to have a “healthy” future. Furthermore, it is clear to respondents that the phenomenon of patient mobility is here to stay and as such cross-border treatment should be facilitated.



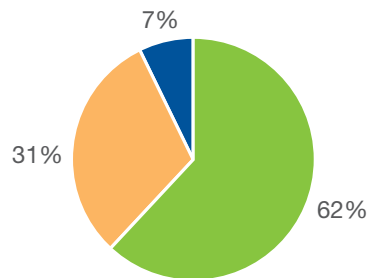
Top answer:

86% of all respondents believe that innovation - more wide spread use of innovative medical technology, such as new screening, diagnostics, and surgical techniques can contribute to tackling the challenges in healthcare systems today. This figure can be broken down as follows:

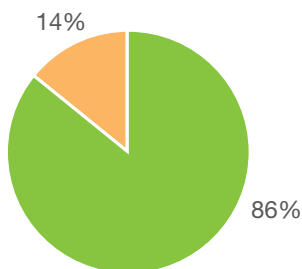
European Parliament



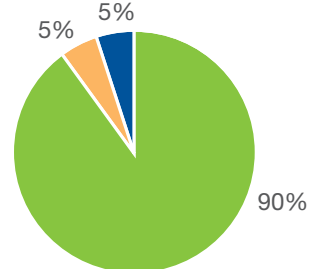
European Commission



Permanent Representations to the EU



Other interested parties





EU COMPETENCE IN THE FIELD OF HEALTH

Question 3: Should the EU competence in health be extended to -

OF THE OPTIONS OUTLINED:

91% OF ALL RESPONDENTS BELIEVE THAT THE EU COMPETENCE IN THE FIELD OF HEALTH SHOULD BE EXTENDED TO THE COORDINATION OF HEALTH RESEARCH AND RESULTS DISSEMINATION.

86% OF ALL RESPONDENTS AGREE THAT THE EU SHOULD BE COMPETENT FOR THE COORDINATION OF TECHNICAL RESOURCES (E.G. E-HEALTH, PATIENT RECORDS), TECHNOLOGICAL ADVANCES (E.G. MEDICAL EQUIPMENT AND DIAGNOSTICS), KNOWLEDGE, BEST PRACTICE AND STANDARDS.

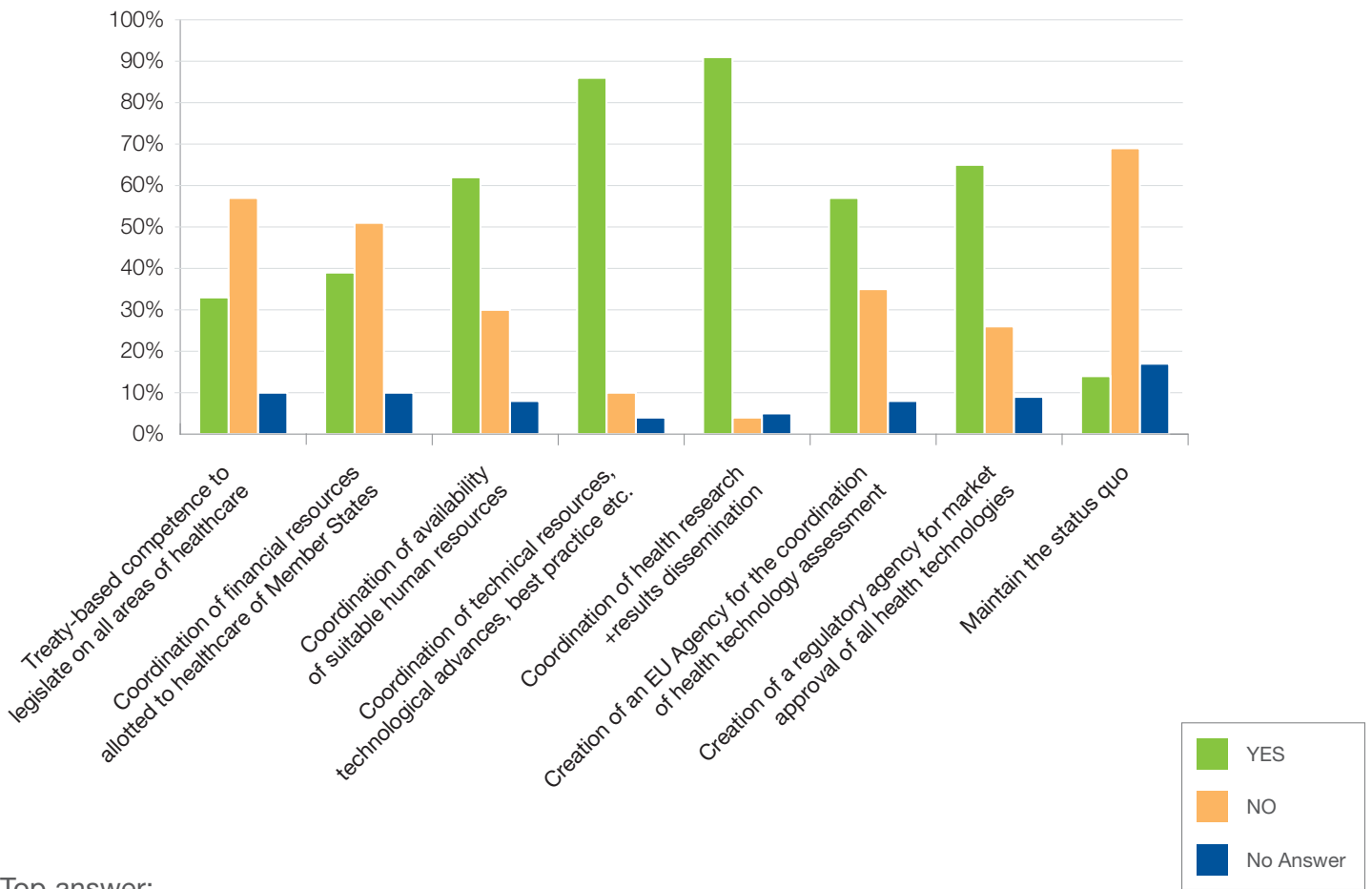
65% OF ALL RESPONDENTS SUPPORT THE COORDINATION OF MARKET APPROVAL OF ALL HEALTH TECHNOLOGIES THROUGH A REGULATORY AGENCY (LIKE THE US FOOD AND DRUGS ADMINISTRATION).

33% OF ALL RESPONDENTS SUPPORT THE EXTENSION OF THE EU COMPETENCE TO A TREATY-BASED ONE TO LEGISLATE IN ALL AREAS OF HEALTH.

14% OF RESPONDENTS BELIEVE THAT THE CURRENT STATUS QUO CAN BE MAINTAINED.

Commentary

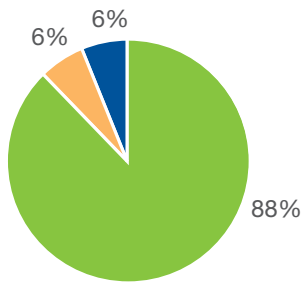
Respondents are enthusiastic for the EU to assume powers in relation to coordinating health research and results dissemination as well as coordinating technical resources, technological advances, knowledge, best practice and standards. Some would even go as far as to propose a regulatory agency comparable to the US Food and Drugs Administration. However, there is little support for measures that would reduce the power of Member States in the field of health and give the EU overall competence.



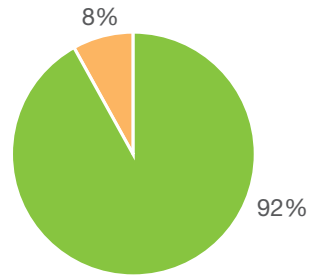
Top answer:

91% of all respondents believe that the EU competence in the field of health should be extended to the coordination of health research and results dissemination. This figure can be broken down as follows:

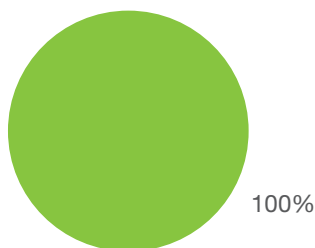
European Parliament



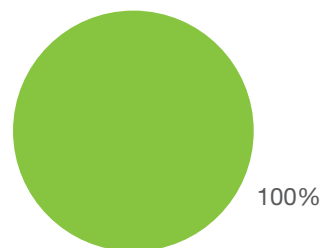
European Commission



Permanent Representations to the EU



Other interested parties





A UNIQUE EUROPEAN HEALTHCARE SYSTEM COMMON TO ALL MEMBER STATES

Question 4: Should the EU drive the harmonisation of Member States' healthcare systems with the longer term objective of reaching one unique European healthcare system common to all states with few state specific rules to meet local needs?

58% OF RESPONDENTS DO NOT BELIEVE THAT A UNIQUE EUROPEAN HEALTHCARE SYSTEM COMMON TO ALL STATES SHOULD BE CREATED.

Reasons given by individuals include:

- Different healthcare systems in the EU make harmonisation impossible due to questions regarding the financing of one unique system;
- Demands in Member States differ widely and a unique system would not meet the needs of the various countries;
- A large degree of flexibility at the local level should be ensured (in line with the subsidiarity principle);
- Only more competition and private structures will improve healthcare systems;
- There is no reason to suppose EU legislators would be better equipped to evaluate national healthcare needs than national legislators and governments themselves.

41% OF ALL RESPONDENTS FAVOUR THE LONG TERM OBJECTIVE OF HAVING A UNIQUE EUROPEAN HEALTHCARE SYSTEM COMMON TO ALL STATES.

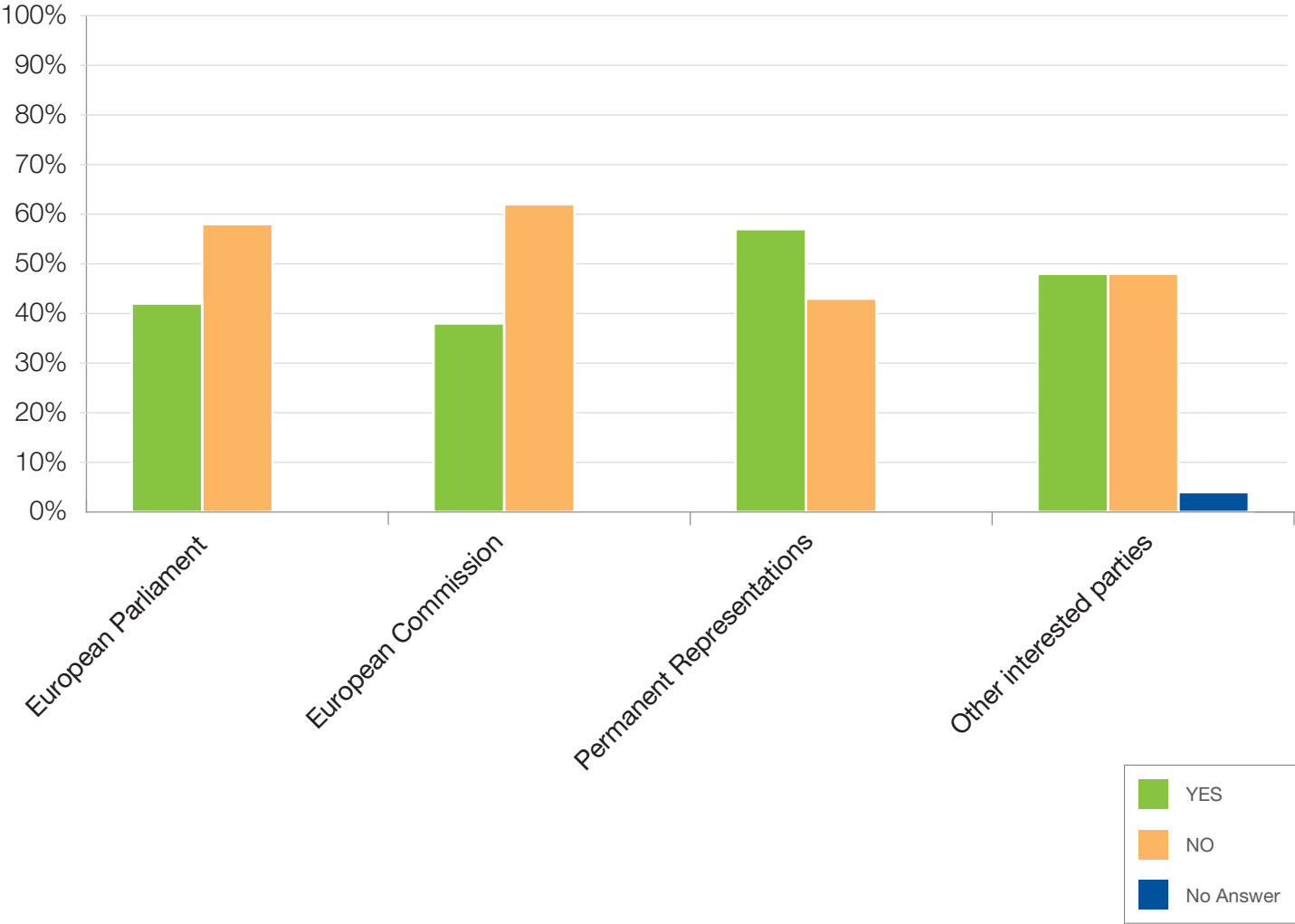
Reasons given by individuals include:

- Harmonisation of healthcare systems is crucial in order to ensure freedom of choice of healthcare providers;
- With increased patient mobility the need to have a more uniform system will increase;
- Similar healthcare systems are necessary in order to avoid movement of people from Member States with lower standards travelling to Member States with higher standards;
- A unique system is needed in order to ensure the free movement of patients among Member States, equal rights for European patients, and equal chances and similar working conditions for healthcare workers.

Commentary

A surprisingly large number of respondents (nearly half) came out in favour of a unique European healthcare system common to all Member States in the long-term. This demonstrates a substantial shift in attitude over recent years in towards considering health from a European perspective and tackling current challenges on a cross-border basis.

41% of all respondents favour the long term objective of having a unique common to all Member States European healthcare system. This figure can be broken down as follows:





OBJECTIVE OF INCREASED PATIENT MOBILITY

Question 5: Should future EU patient mobility policy lead to -

OF THE OPTIONS OUTLINED:

62% OF ALL RESPONDENTS ADVOCATE TOTAL FREEDOM OF INFORMED CHOICE BY THE PATIENT OF ALL TYPES OF THERAPY AND TREATMENT.

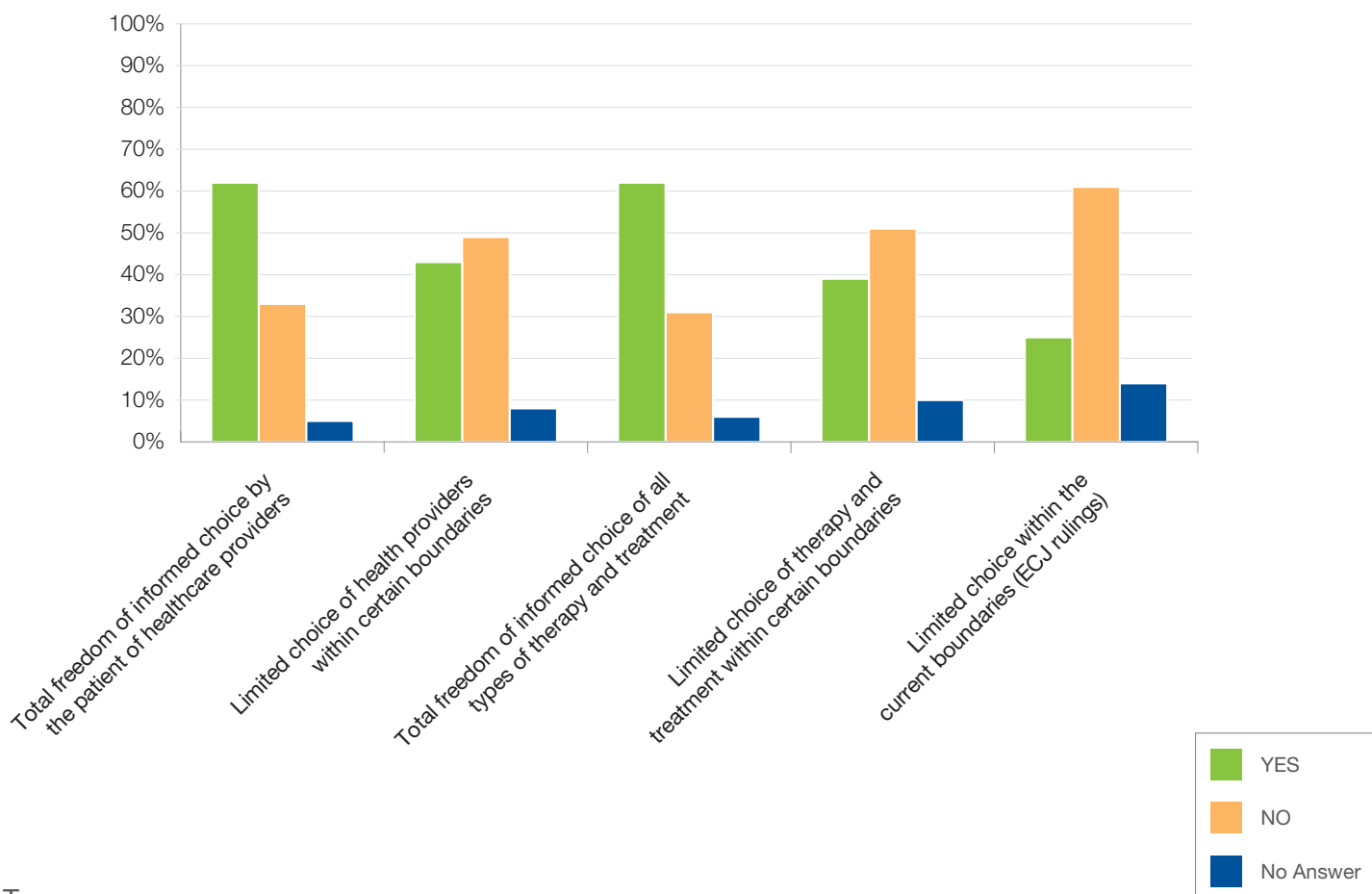
62% OF ALL PARTICIPANTS ARE IN FAVOUR OF TOTAL FREEDOM OF INFORMED CHOICE BY THE PATIENT OF HEALTHCARE PROVIDERS (E.G. HOSPITALS, DOCTORS, ETC).

39% OF RESPONDENTS ADVOCATE LIMITED CHOICE OF THERAPY AND TREATMENT WITHIN CERTAIN BOUNDARIES.

25% OF RESPONDENTS SUPPORT A LIMITED CHOICE WITHIN THE CURRENT BOUNDARIES (AS LAID DOWN BY EUROPEAN COURT OF JUSTICE (ECJ) RULINGS).

Commentary

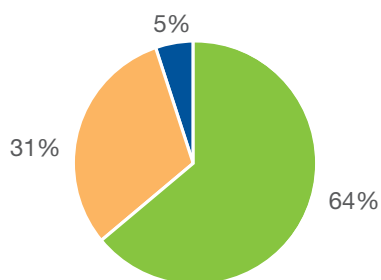
With patient mobility a reality that Member State governments have to contend with, respondents indicate that national healthcare systems now have to rise to the challenge and offer not only high quality care, but also choice.



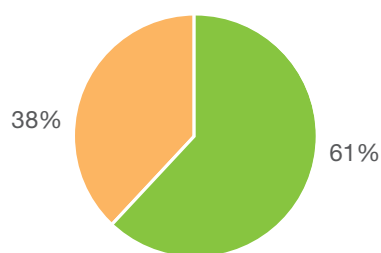
Top answer:

62% of all respondents advocate total freedom of informed choice by the patient of all types of therapy and treatment. This figure can be broken down as follows:

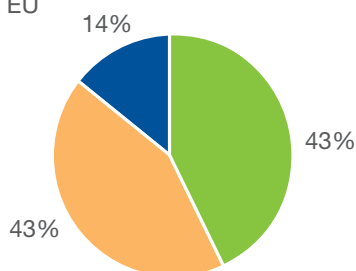
European Parliament



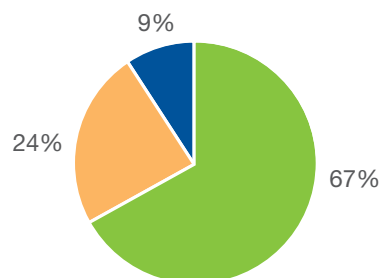
European Commission



Permanent Representations to the EU



Other interested parties





PATIENT INFORMATION

Question 6: In order to ensure that patients have enough information to make informed decisions -

OF THE OPTIONS OUTLINED:

88% OF ALL RESPONDENTS BELIEVE THAT PUBLIC HEALTH AUTHORITIES IN ALL MEMBER STATES SHOULD PROVIDE INFORMATION, IN A SIMPLE FORMAT, ON HOW TO APPLY FOR HEALTHCARE ACROSS BORDERS.

84% OF ALL PARTICIPANTS ARE IN FAVOUR OF HOSPITALS AND OTHER HEALTHCARE PROVIDERS BEING ALLOWED TO MAKE PUBLIC THE SERVICES AND PERFORMANCE.

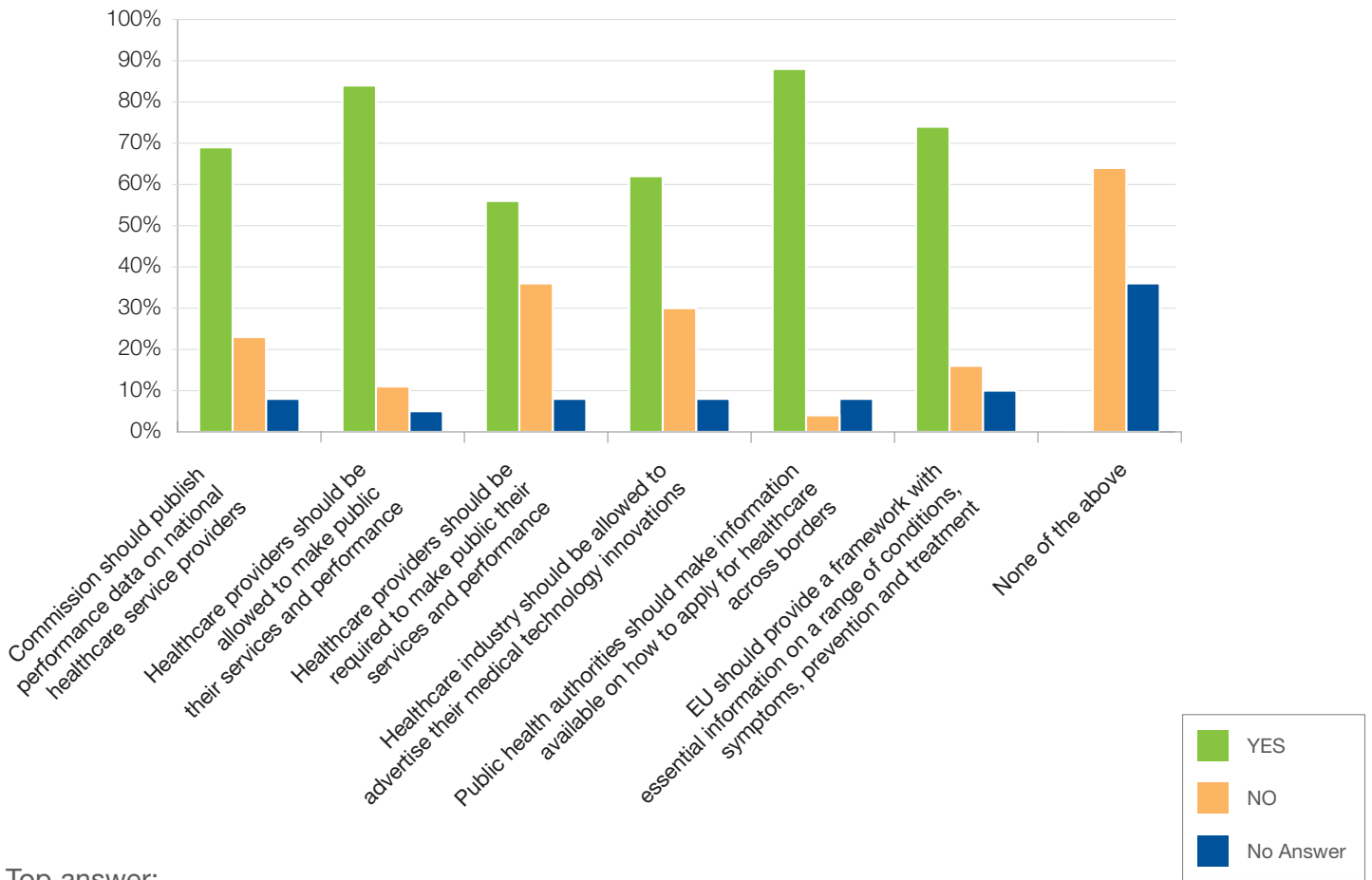
74% OF ALL RESPONDENTS SUPPORT THAT THE EU SHOULD PROVIDE A FRAMEWORK, BEYOND THE EU HEALTH PORTAL, WITHIN WHICH ESSENTIAL INFORMATION ON A RANGE OF CONDITIONS, SYMPTOMS, PREVENTION AND TREATMENT (E.G. CARDIOVASCULAR DISEASE, DIABETES) CAN BE ACCESSED.

69% BELIEVE THAT THE EUROPEAN COMMISSION SHOULD PUBLISH DATA ON THE PERFORMANCE OF NATIONAL HEALTHCARE SERVICE PROVIDERS (COMPARABLE ON A YEAR TO YEAR AND CROSS-BORDER BASIS INCLUDING QUALITY OUTCOMES, ETC.).

56% OF RESPONDENTS BELIEVE THAT HOSPITALS AND OTHER HEALTHCARE PROVIDERS SHOULD BE REQUIRED TO PUBLICISE THEIR SERVICES AND PERFORMANCE.

Commentary

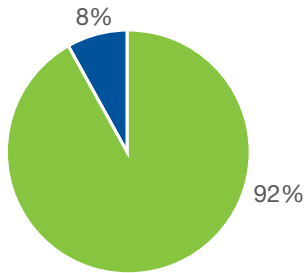
Answers reveal an urgent need for reliable information on healthcare services available to patients. Where respondents differ is on who exactly should have the right or the obligation to provide this information to patients. It would appear that respondents would prefer to be advised on health services in other Member States by their own public health authority, however, there would also seem to be a role for the European Commission in realising such a service.



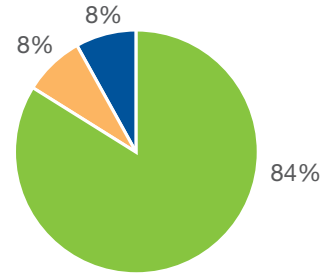
Top answer:

88% of all respondents believe that Public health authorities should provide information on how to apply for healthcare across border. This figure can be broken down as follows:

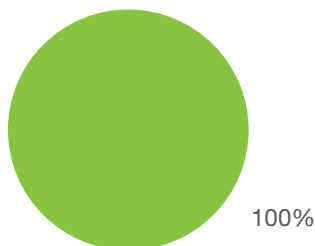
European Parliament



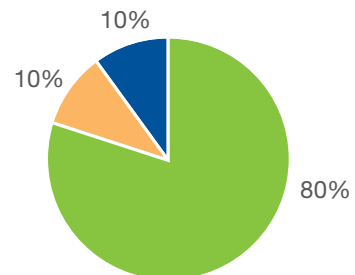
European Commission



Permanent Representations to the EU



Other interested parties





HEALTH EQUALS WEALTH

Question 7: I understand the phrase “health equals wealth” to mean that -

OF THE OPTIONS OUTLINED:

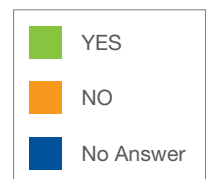
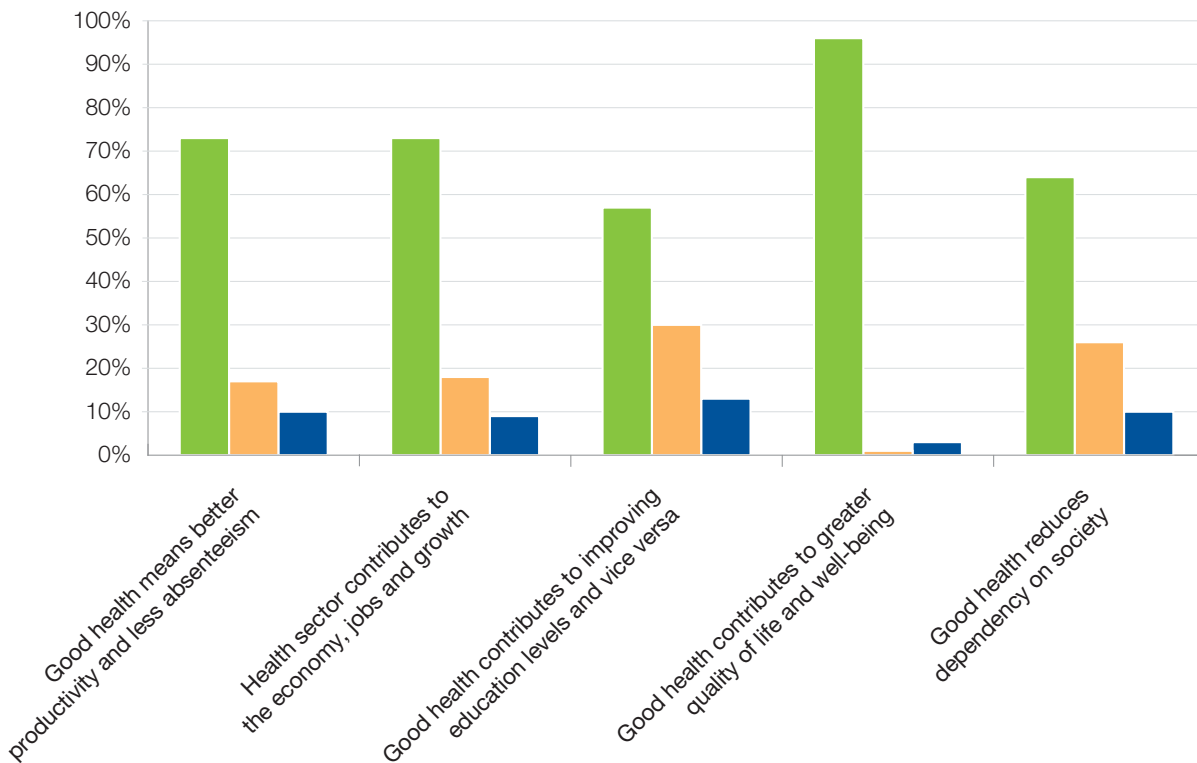
96% OF ALL RESPONDENTS BELIEVE THAT GOOD HEALTH CONTRIBUTES TO GREATER QUALITY OF LIFE AND WELL-BEING.

73% OF ALL PARTICIPANTS AGREE THAT THE HEALTH SECTOR CONTRIBUTES TO THE ECONOMY, JOBS AND GROWTH AND THAT GOOD HEALTH MEANS BETTER PRODUCTIVITY AND LESS ABSENTEEISM.

57% ADVOCATE THAT GOOD HEALTH CONTRIBUTES TO IMPROVING EDUCATION LEVELS AND VICE VERSA.

Commentary

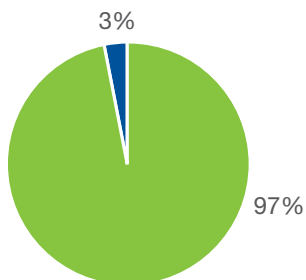
For a number of reasons, most significantly greater quality of life and well-being and better productivity respondents believe that health equals wealth. As such, health must be considered an integral part of all public policy (as stated by the recent Finnish Presidency “health in all policies”) and must be regarded a priority at EU and Member State level.



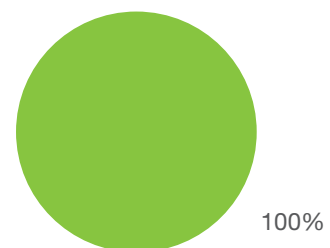
Top answer:

96% of all respondents believe that good health contributes to greater quality of life and well-being. This figure can be broken down as follows:

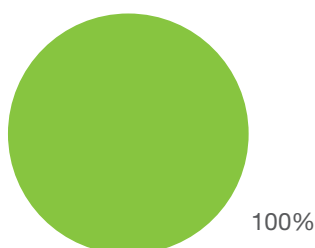
European Parliament



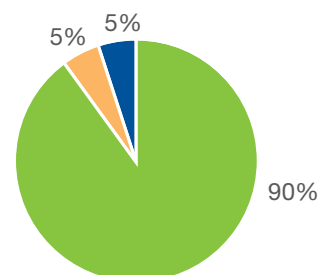
European Commission



Permanent Representations to the EU



Other interested parties





HEALTHCARE WORKERS

Question 8: Given the essential role that medical / healthcare workers play in providing care to patients, I believe the EU should focus on -

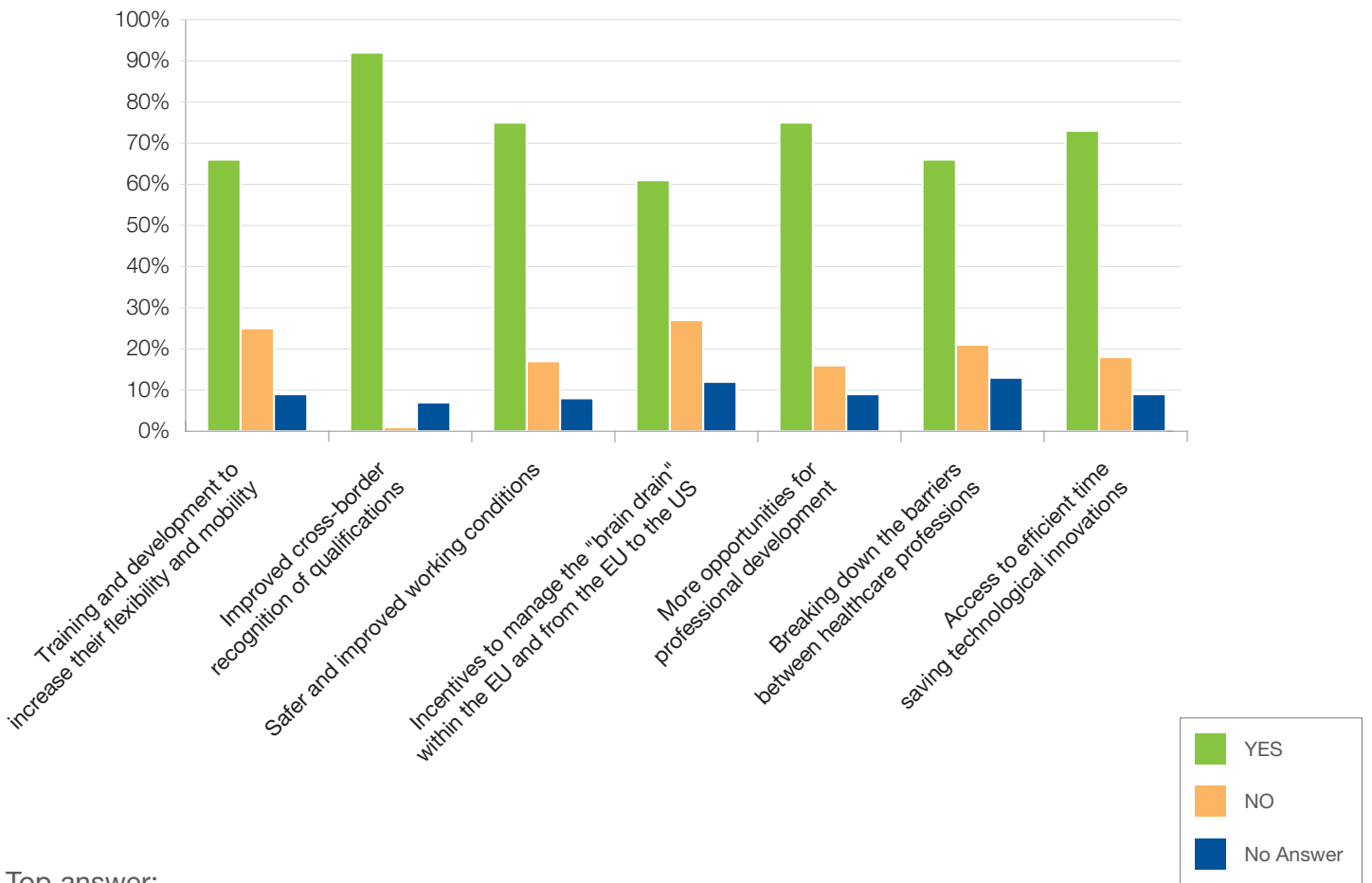
OF THE OPTIONS OUTLINED:

92% OF ALL RESPONDENTS SUPPORT IMPROVED CROSS-BORDER RECOGNITION OF QUALIFICATIONS.

75% OF ALL PARTICIPANTS BELIEVE THAT SAFER AND IMPROVED WORKING CONDITIONS ARE NEEDED.

Commentary

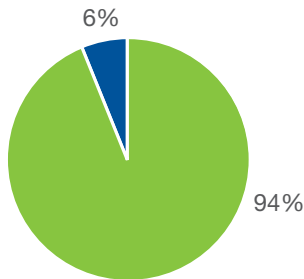
Healthcare workers are the backbone of every national healthcare system. Respondents acknowledge the need to tackle a number of important challenges facing healthcare workers, specifically regarding cross-border recognition of qualifications and working conditions. There is increasing concern that serious occupational safety risks are a major disincentive to a career in healthcare.



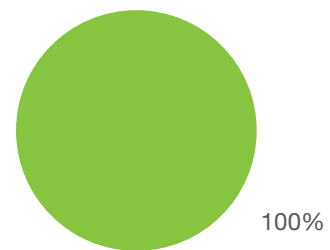
Top answer:

92% of all respondents support improved cross-border recognition of qualifications. This figure can be broken down as follows:

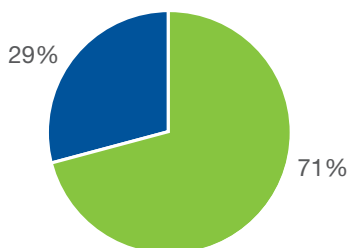
European Parliament



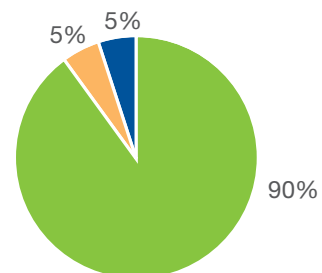
European Commission



Permanent Representations to the EU



Other interested parties





RESEARCH

Question 9: In which fields do you see the need for further investment and research?

OF THE OPTIONS OUTLINED:

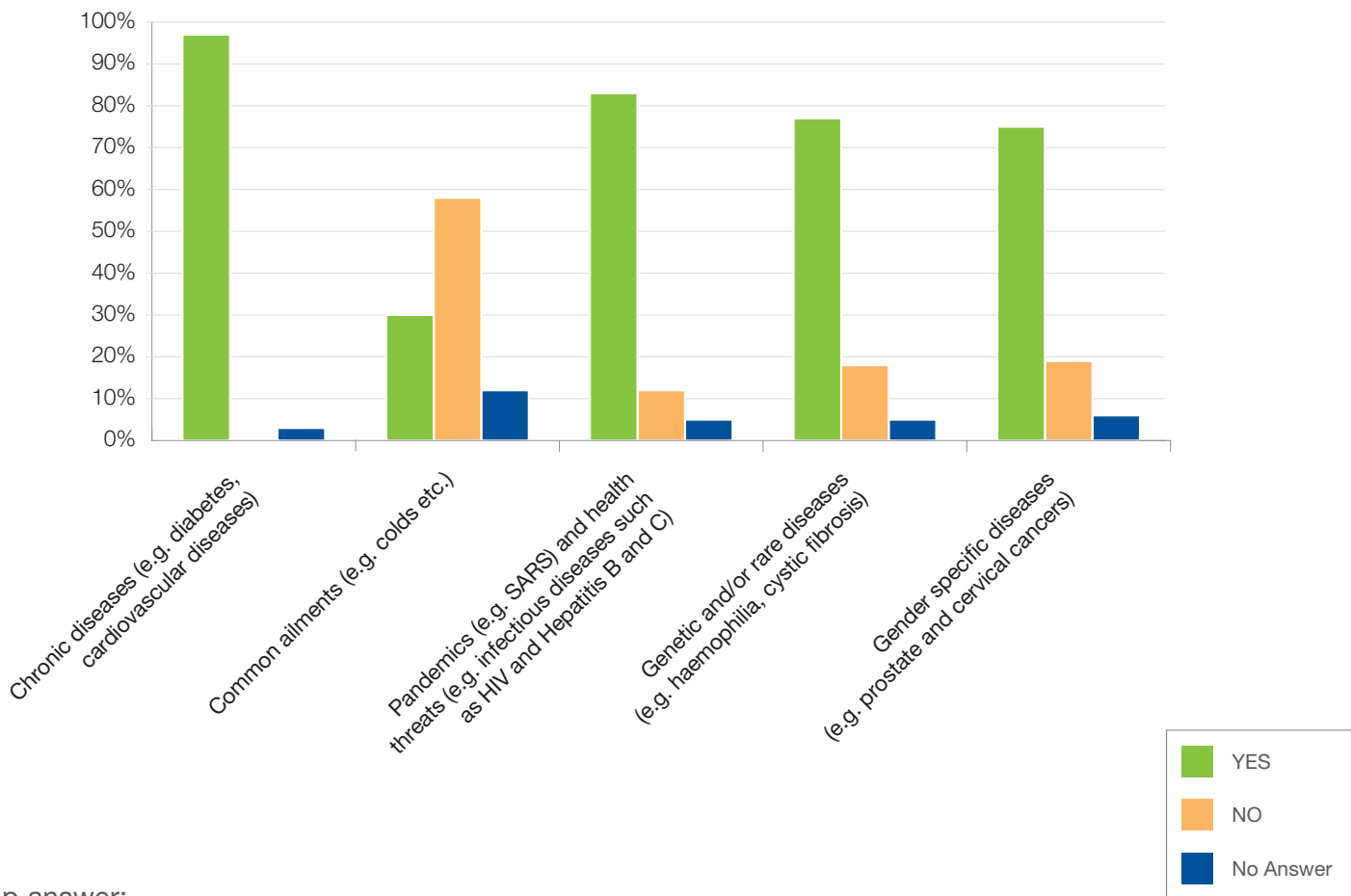
97% OF ALL RESPONDENTS ADVOCATE THAT MORE RESEARCH NEEDS TO BE DONE IN THE FIELD OF CHRONIC DISEASES (E.G. DIABETES, CARDIOVASCULAR DISEASES).

83% OF ALL PARTICIPANTS BELIEVE THAT FURTHER INVESTMENT AND RESEARCH IS NEEDED FOR PANDEMICS (E.G. SARS) AND HEALTH THREATS (E.G. INFECTIOUS DISEASES SUCH AS HIV AND HEPATITIS B AND C).

30% OF ALL RESPONDENTS BELIEVE THAT MORE RESEARCH IS REQUIRED ON COMMON AILMENTS (E.G. COLDS ETC.).

Commentary

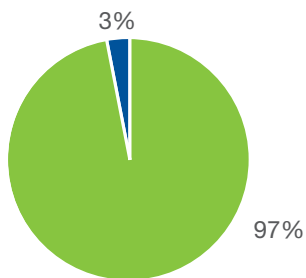
Respondents acknowledge that in an ageing society the burden of chronic disease will be ever increasing and as such investment in research targeted at these ailments is vital.



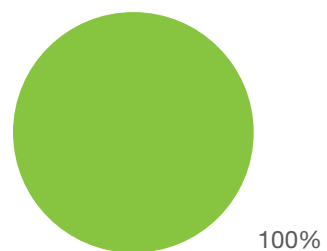
Top answer:

97% of all respondents advocate that more research needs to be done in the field of chronic diseases (e.g. diabetes, cardiovascular diseases). This figure can be broken down as follows:

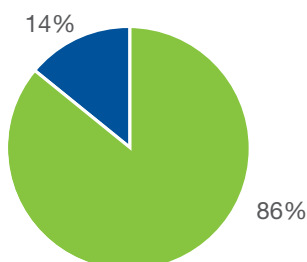
European Parliament



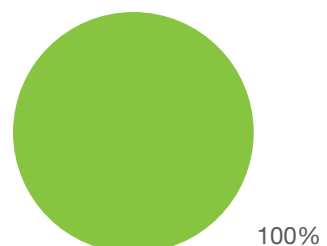
European Commission



Permanent Representations to the EU



Other interested parties



FURTHER COMMENTS BY RESPONDENTS

Question 10: Any further comments?

The comments received have been grouped in accordance with the four core Health First Europe messages and include:

1. THERE ARE WEAKNESSES IN EUROPEAN HEALTHCARE SYSTEMS; A RETHINK IS REQUIRED IN ORDER TO MEET CURRENT AND FUTURE HEALTH CHALLENGES.

Disease specific

- The European Commission should put in place a Europe wide information campaign on depression, highlighting the effects of depression, as well as causes and cures available in Europe;
- The EU must acknowledge and address controversial issues, opposed to ignoring them which can give the impression that there is no problem;
- There should be more emphasis on prevention and as such improved screening programmes for cancer or chronic diseases.

Cooperation / efficiency

- Integration of health into all policy planning, legislation, financial and political agendas should be increased, in Member States and at the EU level;
- A form of inter-sectoral “task force/high level group” should be developed at EU level involving Finance, Competition, Industry, Social and Health Ministers and Commissioners;
- Co-operation of cross-border services for patients and for health professionals should be improved;
- Co-ordination between healthcare systems should be improved to avoid duplication of work / costs;
- Exchange of good (and bad) experience amongst Member States should be promoted;
- Strengthen co-operation on communicable diseases and health emergencies;
- Increase co-operation on the prevention, treatment and research of chronic diseases, particularly diabetes, stroke and heart disease;
- Increase co-operation between agencies at all levels, particularly in relation to health and social care;
- Encourage better co-ordination between health and social services at national level;
- Streamline all administrative processes;
- Better and actual implementation of existing EU rules and regulations within Member States.

Funding

- Review insurance systems and attempt some degree of compatibility across the EU;
- Provide universal access for all citizens irrespective of their ability to pay, or insurance;
- Use public taxes/contributions as the main source of funding and add some private financing in a properly designed way;
- Increase investment in healthcare;
- Facilitate more competition, more outcome driven research and more focus on quality rather than a focus on price alone.

Look after your own health / patient information

- Empower people - more education and focused information for citizens, thereby making them responsible for their own health;
- Increase access to accurate and reliable information for patients and professionals;
- Encourage every citizen to take care of their health;
- Make information easily available by making it compulsory for hospitals to publish their services and research results;
- There should be a wholly integrated patient-centred healthcare system whereby citizens and patients have a degree of responsibility for the management of their health and treatment through diet, exercise, sensible life styles and adherence to medication.

Research

- Facilitate more research in the public health field as well as in medical research;
- Invest in research and especially dissemination of the results;
- Increase investment in the treatment of diseases;
- Pool resources in research (where appropriate);
- In areas of medicine where there is limited expertise such as pelvic pain, centres of excellence should be established. These should be recognised as having the resources and expertise and patients should have easy access to them based on needs. The country of origin of the patient should cover the cost.



Healthcare workers

- Facilitate the free movement of healthcare workers;
- Improve of the working conditions of healthcare workers.

2. PATIENTS AND CLINICIANS SHOULD HAVE EQUITABLE ACCESS TO MODERN, INNOVATIVE AND RELIABLE MEDICAL TECHNOLOGY.

- Put patients at the heart of service and policy planning;
- The Commission should propose a patient mobility Directive;
- Patient mobility should be promoted when the availability of specialist treatment locally is poor;
- Increase availability of efficient pharmaceutical treatments.

3. THE DEVELOPMENT OF NEW AND FLEXIBLE MODES OF HEALTHCARE DELIVERY WILL BENEFIT BOTH PATIENTS AND HEALTHCARE PROVIDERS.

- An increased role for e-health in Europe;
- Promote the use of technology intelligently in a cost-effective way;
- Better information on health and parenting should be available in each Member State;
- Introduce free annual check-ups for citizens.

4. “HEALTH EQUALS WEALTH”. HEALTH IS A PRODUCTIVE ECONOMIC FACTOR IN TERMS OF EMPLOYMENT, INNOVATION AND ECONOMIC GROWTH.

- Invest in physical and mental wellbeing.

CONCLUSIONS

With this survey, HFE hopes to initiate an open discussion on challenges to healthcare in Europe. Responses to this survey provide a frank picture of the perceptions of opinion leaders in 2007. HFE believes that this report provides a basis for further discussion on pressing issues facing European society.

ON BEHALF OF HFE, I PERSONALLY WOULD LIKE TO THANK ALL PARTICIPANTS WHO CONTRIBUTED TO THIS SURVEY!

YOU WILL BE PLEASED TO KNOW THAT BY TAKING PART YOU HELPED TO RAISE €770 FOR MÉDECINS SANS FRONTIÈRES.

Having read this report, if you would like to be part of this valuable ongoing project, please either visit our website: www.healthfirsteurope.org where the survey can be completed online or complete the questionnaire on the following pages and fax it back to us (+32 2 626 95 01).



Mel Read

*Honorary President of Health First Europe,
Former Member of the European Parliament (1989 - 2004)*



HFE SURVEY ON HEALTHCARE AND PATIENT PRIORITIES IN THE EU

Please identify yourself (not mandatory):

Name:.....

Position:.....

What is your country of residence?

Do you agree to have your name listed as a participant in the survey?

Yes

No

If you wish to remain anonymous, please can you indicate if you are:

A Member of the European Parliament

A Commission official

An official from a Member State Permanent Representation to the EU

Other (please specify)

10 questions on healthcare and patient priorities in the EU follow. Please mark your answers in the boxes provided. Thank you for taking the time to complete this short survey.

Please complete and return it to Health First Europe by fax (00 32 2 626 95 01).

1) I WOULD RECOMMEND THE FOLLOWING STRATEGIES TO NATIONAL GOVERNMENTS TO LIMIT HEALTHCARE FUNDING DEFICITS:

	Yes	No
(A) (Increased) patient co-payment (i.e. patients pay a percentage of their doctors fee or their lab-test even in public healthcare)	<input type="checkbox"/>	<input type="checkbox"/>
(B) Increased funding for healthcare from national budgets as a percentage of GDP	<input type="checkbox"/>	<input type="checkbox"/>
(C) Increased EU budget for health related activities	<input type="checkbox"/>	<input type="checkbox"/>
(D) Increased privatisation	<input type="checkbox"/>	<input type="checkbox"/>
(E) Increased emphasis on patients to look after their own health (e.g. healthy lifestyle, self-monitoring for chronic conditions)	<input type="checkbox"/>	<input type="checkbox"/>
(F) (Increased) preventative screening programmes (e.g. cancer screening, pregnancy and neo-natal health screening)	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
(G) In line with the Finnish Presidency's initiative put "health in all policies" - breakdown the barriers between the various budgets (social security, employment, healthcare, etc) and assume a more holistic approach to health within the national economy	<input type="checkbox"/>	<input type="checkbox"/>
(H) Investment in medical technology innovation to improve efficiency of healthcare	<input type="checkbox"/>	<input type="checkbox"/>
(I) Health is key in the national macro-economic development and needs to be funded accordingly	<input type="checkbox"/>	<input type="checkbox"/>
(J) Only guarantee a basic package of healthcare	<input type="checkbox"/>	<input type="checkbox"/>

I rank letter as my highest priority.

Any other comments?

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2) WHICH OF THE FOLLOWING WILL, IN YOUR VIEW, CONTRIBUTE TO TACKLING THE CHALLENGES IN HEALTHCARE SYSTEMS TODAY?

	Yes	No
(A) Homecare (e.g. medical equipment for remote patient monitoring, home therapy for chronic conditions)	<input type="checkbox"/>	<input type="checkbox"/>
(B) Self-care (e.g. self-testing to monitor therapy)	<input type="checkbox"/>	<input type="checkbox"/>
(C) Increased public / private partnership funding	<input type="checkbox"/>	<input type="checkbox"/>
(D) Increased access to healthcare across Member State borders	<input type="checkbox"/>	<input type="checkbox"/>
(E) E-health (e.g. remote access to patient records, sharing of diagnostic images in different locations by different health providers)	<input type="checkbox"/>	<input type="checkbox"/>
(F) Innovation - more wide spread use of innovative medical technology, such as new screening, diagnostics, and surgical techniques	<input type="checkbox"/>	<input type="checkbox"/>
(G) Health education as part of the school curriculum	<input type="checkbox"/>	<input type="checkbox"/>

I rank letter as my highest priority.

Any other comments?

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3) SHOULD THE EU COMPETENCE IN HEALTH BE EXTENDED TO:

	Yes	No
(A) A treaty-based competence to legislate on all areas of healthcare	<input type="checkbox"/>	<input type="checkbox"/>
(B) Coordination of financial resources allotted to healthcare of Member States	<input type="checkbox"/>	<input type="checkbox"/>
(C) Coordination of availability of suitable human resources (i.e. organisation of staff, their mobility, and deployment)	<input type="checkbox"/>	<input type="checkbox"/>
(D) Coordination of technical resources (e.g. e-health, patient records), technological advances (e.g. medical equipment and diagnostics), knowledge, best practice and standards	<input type="checkbox"/>	<input type="checkbox"/>
(E) Coordination of health research and results dissemination	<input type="checkbox"/>	<input type="checkbox"/>
(F) The creation of an EU Agency for the coordination of health technology assessment	<input type="checkbox"/>	<input type="checkbox"/>
(G) Coordination of market approval of all health technologies through a regulatory agency (like the US Food and Drugs Administration)	<input type="checkbox"/>	<input type="checkbox"/>
(H) Maintain the status quo	<input type="checkbox"/>	<input type="checkbox"/>

I rank letter as my highest priority.

Any other comments?

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4) SHOULD THE EU DRIVE THE HARMONISATION OF MEMBER STATES' HEALTHCARE SYSTEMS WITH THE LONGER TERM OBJECTIVE OF REACHING ONE UNIQUE EUROPEAN HEALTHCARE SYSTEM COMMON TO ALL STATES WITH FEW STATE SPECIFIC RULES TO MEET LOCAL NEEDS?

Yes,
because.....

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No,
because.....

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Any other comments?

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5) SHOULD FUTURE EU PATIENT MOBILITY POLICY LEAD TO:

	Yes	No
(A) Total freedom of informed choice by the patient of healthcare providers (e.g. of hospitals, doctors, etc.) for all citizens of the Europe Union	<input type="checkbox"/>	<input type="checkbox"/>
(B) A limited choice of health provider within certain boundaries (geographical, availability, reputation, specialisation, quality standards)	<input type="checkbox"/>	<input type="checkbox"/>
(C) Total freedom of informed choice by the patient of all types of therapy and treatment	<input type="checkbox"/>	<input type="checkbox"/>
(D) A limited choice of therapy and treatment within certain boundaries (geographical, availability)	<input type="checkbox"/>	<input type="checkbox"/>
(E) A limited choice within the current boundaries as laid down by European Court of Justice rulings ¹	<input type="checkbox"/>	<input type="checkbox"/>

I rank letter as my highest priority.

Any other comments?

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6) IN ORDER TO ENSURE THAT PATIENTS HAVE ENOUGH INFORMATION TO MAKE INFORMED DECISIONS:

	Yes	No
(A) The European Commission should publish data on the performance of national healthcare service providers (comparable on a year to year and cross-border basis including quality outcomes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
(B) Hospitals and other healthcare providers should be <u>allowed</u> to make public their services and performance	<input type="checkbox"/>	<input type="checkbox"/>
(C) Hospitals and other healthcare providers should be <u>required</u> to make public their services and performance	<input type="checkbox"/>	<input type="checkbox"/>
(D) The healthcare industry should be allowed to advertise their medical technology innovations (such as a new device enabling minimally invasive surgery or a new diagnostic test)	<input type="checkbox"/>	<input type="checkbox"/>



- | | Yes | No |
|---|--------------------------|--------------------------|
| (E) All Member States public health authorities should make information available, in a simple format, on how to apply for healthcare across Member State borders | <input type="checkbox"/> | <input type="checkbox"/> |
| (F) The EU should provide a framework, beyond the EU health portal, within which essential information on a range of conditions, symptoms, prevention and treatment (e.g. cardiovascular disease, diabetes) can be accessed | <input type="checkbox"/> | <input type="checkbox"/> |
| (G) None of the above | <input type="checkbox"/> | <input type="checkbox"/> |

I rank letter as my highest priority.

Any other comments?

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7) I UNDERSTAND THE PHRASE “HEALTH EQUALS WEALTH” TO MEAN THAT:

- | | Yes | No |
|---|--------------------------|--------------------------|
| (A) Good health means better productivity and less absenteeism | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) The health sector contributes to the economy, jobs and growth (opportunity to make an economic contribution to society) | <input type="checkbox"/> | <input type="checkbox"/> |
| (C) Good health contributes to improving education levels and vice versa ⁱⁱ | <input type="checkbox"/> | <input type="checkbox"/> |
| (D) Good health contributes to greater quality of life and well-being | <input type="checkbox"/> | <input type="checkbox"/> |
| (E) Good health reduces dependency on society (e.g. greater autonomy) | <input type="checkbox"/> | <input type="checkbox"/> |

I rank letter as my highest priority.

Any other comments?

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8) GIVEN THE ESSENTIAL ROLE THAT MEDICAL / HEALTHCARE WORKERS PLAY IN PROVIDING CARE TO PATIENTS, I BELIEVE THE EU SHOULD FOCUS ON:

- | | Yes | No |
|--|--------------------------|--------------------------|
| (A) Training and development to increase their flexibility and mobility (e.g. language skills) | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) Improved cross-border recognition of qualifications | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
(C) Safer and improved working conditions	<input type="checkbox"/>	<input type="checkbox"/>
(D) Incentives to manage the “brain drain” within the EU and from the EU to the US	<input type="checkbox"/>	<input type="checkbox"/>
(E) More opportunities for professional development, including recognising and supporting the education and training programmes provided by the healthcare industry	<input type="checkbox"/>	<input type="checkbox"/>
(F) Breaking down the barriers between healthcare professions for example through simplification of regulations (for greater adaptability, for responding to new requirements and/or opportunities)	<input type="checkbox"/>	<input type="checkbox"/>
(G) Access to efficient time saving technological innovations	<input type="checkbox"/>	<input type="checkbox"/>

I rank letter as my highest priority.

Any other comments?

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9) IN WHICH FIELDS DO YOU SEE THE NEED FOR FURTHER INVESTMENT AND RESEARCH?

	Yes	No
(A) Chronic diseases (e.g. diabetes, cardiovascular diseases)	<input type="checkbox"/>	<input type="checkbox"/>
(B) Common ailments (e.g. colds etc.)	<input type="checkbox"/>	<input type="checkbox"/>
(C) Pandemics (e.g. SARS) and health threats (e.g. infectious diseases such as HIV and Hepatitis B and C)	<input type="checkbox"/>	<input type="checkbox"/>
(D) Genetic and/or rare diseases (e.g. haemophilia, cystic fibrosis)	<input type="checkbox"/>	<input type="checkbox"/>
(E) Gender specific diseases (e.g. prostate and cervical cancers)	<input type="checkbox"/>	<input type="checkbox"/>

I rank letter as my highest priority.

Any other comments?

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ABOUT HEALTH FIRST EUROPE

Health First Europe (HFE) is an alliance of patients, doctors, nurses, academics, experts and industry that aims to ensure that equitable access to modern, innovative and reliable medical technology and healthcare, is regarded as a vital investment in the future of Europe.

The core messages of HFE are the following:

- There are weaknesses in European healthcare systems; a rethink is required in order to meet current and future health challenges.
- Patients and clinicians should have equitable access to modern, innovative and reliable medical technology.
- The development of new and flexible modes of healthcare delivery will benefit both patients and healthcare providers.
- Health equals wealth. Health is a productive economic factor in terms of employment, innovation and economic growth.

Since our launch in March 2004, HFE has been involved in numerous activities (awareness-raising events, position papers, press releases, etc.) aimed at encouraging Europe to lead the way in developing a truly patient-centred healthcare, where every European citizen is able to benefit from the best medical treatments available. For full details of our activities, please see our website: www.healthfirsteurope.org

HFE MEMBER ORGANISATIONS

Aktion Meditech
European Academy of Science and Arts / EOM - European Institute of Medicine
European Alliance for Medical and Biological Engineering and Science (EAMBES)
European Brain Injury Society (EBIS)
European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA)
European Federation of Public Service Employees Unions (EUROFEDOP)
European Federation of National Associations of Orthopaedics and Traumatology (EFORT)
European Federation of Nurses Associations (EFN)
European Health Telematics Association (EHTEL)
European Institute for Women's Health (EIWH)
European Medical Association (EMA)
European Patients Forum (EPF)
European Society of Cardiology (ESC)
European Federation of Private Hospitals (UEHP)
European Medical Technology Industry Association (Eucomed)
International Alliance of Patients Organizations (IAPO)
International Diabetes Federation – Europe Region (IDF-Europe)
International Organization for Standardisation (ISO)

International Society for Fracture Repair (ISFR)
Medical Technology Group (MTG)

HFE MEP SUPPORTERS

Dr. Adamos Adamou, Cyprus
Dr. Irena Belohorská, Slovakia
John Bowis, UK
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Karl von Wogau, Germany
Marie Panayotopoulos-Cassiotou, Greece

HFE PATRONS

David Byrne – Former European Health and Consumer Protection Commissioner

Professor Dr. Dietrich Grönemeyer – Institute for Microtherapy

HFE INDIVIDUAL MEMBERS

Judy Birch, patient
Prof. Dr. Martin Fried, Professor of Bariatric Surgery at the Charles University, Prague (Czech Republic)
Michael Holman, patient
Dr. Thomas Meyer, Head of the Department for Infectious Diseases at Laboratory Prof. Arndt & Partners, Hamburg (Germany)
Prof. Elias Mossialos, Professor of Health Policy at the London School of Economics (UK)
Prof. Dr. Günter Neubauer, Professor of Economics and Social Policy, University of the Bundeswehr Munich (Germany)
Joseph Putzeys, advisor to the European Commission
Sebastian Rohde, advisor
Prof. Dr. David Williams, Professor of Tissue Engineering and Head of the Department of Clinical Engineering, University of Liverpool (UK)

Honorary President of HFE is Mel Read, former Member of the European Parliament (1989 - 2004).

Health First Europe

Chaussée de Wavre 214d
1050 Brussels, Belgium

Tel: +32 (0)2 62 61 999

Fax: +32 (0)2 62 69 501

www.healthfirsteurope.org

Email: info@healthfirsteurope.org

