

Health (care) systems and Personalised Medicine

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European Observatory on Health Systems and Policies



What is a health system?

- A combination of resources, organisation, financing and management that culminate in the **delivery of health services to the population** (Roemer, 1991)
- consists of all organizations, people and actions whose **primary intent** is to **promote, restore or maintain health**. (World Health Report 2000)
 - Personal healthcare services
 - Population-based health interventions
 - It incorporates selected intersectoral actions in which the stewards of the health system take responsibility to advocate for improvements in areas outside their direct control, such as legislation to reduce fatalities from traffic accidents

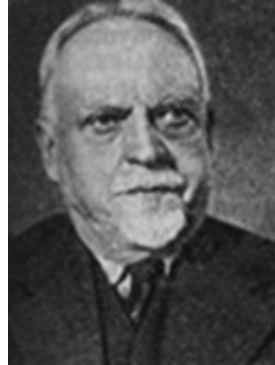
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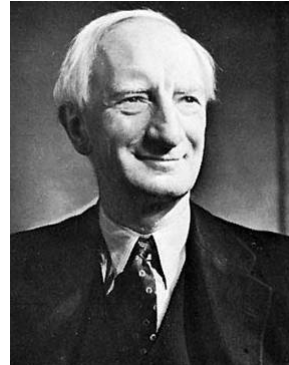
The founding fathers of European health systems



**Otto von
Bismarck**
1815-1898



**Nikolai
Alexandrovich
Semashko**
1874-1949



**William Henry
Beveridge**
1879-1963



Health systems in the EU – common values but different health priorities and backgrounds

- A model or approach to healthcare provision based on social solidarity and universal coverage based on a complex system of cross-subsidies
 - It distinguishes healthcare from a normal traded good or service
- EU Member States have chosen different ways to organize their health systems reflecting different social and economic backgrounds as well as varying health policy goals
 - Differing interpretations about the legitimacy of regulation, incentives and other levers (i.e. market forces) to bring about change
- EU Member States explicitly stated that **equitable, effective** and **high quality** healthcare systems are a means of promoting both economic growth and social cohesion in the EU





Learning to translate

PUSH



PULL





- Dream or nightmare?
 - Another claim on the budget
 - A way to increase cost-effectiveness and achieve health systems objectives
- Speaking the language of policy makers
 - Link to their priorities and concerns
- Practical examples: it is not new!

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Personalised medicine What does it mean? How is it perceived?

“It’s All About Me”: The Personalization of Health Systems

February 2014



International Centre for Health Innovation, Richard Ivey School of Business Western University

- It is no longer “one size fits all”, but rather “**what size fits me?**”
- Personalization of healthcare implies a change in mindset from primarily diagnosing and treating illness to determining what health solutions will enable and empower people to achieve their health goals in a manner that fits with **their lifestyles and cultures**.
- At its core, the structure of personalized systems shift from an authoritarian, command and conquer, decision-making structure to a collaborative model that empowers individuals to design and manage the care that is needed to meet their personal health, **wellness and quality of life goals and expectations**.

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Implications for key features

	Current	Personalised
Equity and access	Universality and equality	May vary with the unique needs and profile of population sub-sectors
Mandate	Focus on cure and disease management	Support quality of life, health and wellness
Decision-making	Health professionals Evidence-based	People as experts and professionals as coaches
Health provider dialogue	Disease-focused	Person-focused
Health service structure	Downstream	Upstream
Outcome measures	Clinical	Population priorities
Infrastructure	Hospital dominant	Community dominant
Information	provider-led	open
Funding	Linked to volume of services	Linked to measurable targets (e.g. patient experience)

European Observatory on Health Systems and Policies From “It’s all about me. The personalisation of health systems”



Priority areas

1. **Communication/dissemination**
 - Public debate on PM: part of the problem or part of the solution?
 - Stakeholder participation: early in the process
2. **Define PM: proof of concept**
3. **Address legal and ethical issues**
 - Data protection: sensitive issue! It can kill the whole discussion.
 - Inequalities in access: happy few?
4. **Improve information and health literacy**
 - Supporting the patients/citizens to navigate the system
 - Personal patient records
 - Data to support decision-making by clinicians and purchasers (DMP)
5. **Adapt payment mechanisms**
 - Budgetary silos: cost/benefit for whom?
 - Evaluation international but attributing value national