

Gastein 2019: A healthy dose of disruption

Written by Martin Banks and Brian Johnson on 22 October 2019 in Event Coverage
Event Coverage

Participants at this year's European Health Forum Gastein (EHFG) were urged to embrace the challenge of integrating "disruption" into Europe's healthcare systems. The Parliament Magazine's Martin Banks and Brian Johnson were on hand to report.



Photo credit: *The Parliament Magazine*

Opening the forum in the Austrian Alps, EHFG president Clemens Martin Auer warned that although "disruption" will be "unsettling for us all", he wanted those attending, "to become healthy disruptors for your community", arguing that "Change needs you as a disruptor."

Auer was speaking at the opening session of the annual healthcare event, where the conference theme - "a healthy dose of disruption" - was widely addressed.

He spoke of the need for "actions that need to happen now", adding, "even if this may mean disrupting the mechanics of our current systems as we know them."

Calling for “transformative change,” Auer, also a special representative for health in Austria, told the packed audience it was “time to be outspoken” and face “uncomfortable truths.”

EUROPEAN HEALTH FORUM GASTEIN EVENT COVERAGE

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Speculating on how those attending the conference might help change the “DNA of health systems for the better”, Auer said, “The era of disruption is upon us and provocative action can catalyse change in areas where we are lacking momentum and leadership.”

Another keynote speaker at the opening plenary session, Stephen Klasko of Thomas Jefferson University in the United States, also posed a question for those attending, asking, “Is there an avatar in the house?”

He argued that, after many years, the same question was still being asked: “how can we change healthcare for the better and reduce health inequalities?”

Klasko attempted to answer his own question about changing the health industry, saying, “In Year one, we change. In Year two, we change the industry, and in Year three we change the world.”

Stressing the benefits of relatively new developments in the health world such as tele-health and tele-neuroscience, the American said, “A new educational paradigm is needed, in other words, transplanting medical advances and knowledge into improved patient care.”

Klasko said, “We need to free the dark side from non-creative healthcare.” He said health systems, in some ways, lagged behind other industries which had undergone far-reaching changes.

“It means,” he said, “that patients are often not as demanding of their quality of care as customers in other industries are. Why, for example, should anyone accept that it may take up to two weeks for a GP appointment?”

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Another speaker, Ran Balicer, from Israel, cautioned that digital health was often viewed as a cure but might become a “serious part of the disease”.

Balicer, chief innovation officer at the Clalit Research Institute in Israel, said, “We gravely need digital transformation.”

“Transformation is the critical part, not digital. Tech is also part of the future but not the sole

solution.”

Dr Batoool Al-Wahdani, taking part in the final part of the discussion, said that while there was nothing wrong with disruption generally, what he called “critical disruption” was also required in the workforce.

The former president of the International Federation of Medical Students’ Associations told the debate that healthcare jobs are numerically dominated by women but women still remain underrepresented in senior roles and are often underpaid relative to their male counterparts.

The opening plenary was also accompanied by a lively performance by the Conflicted Theatre Company.

The so-called “disruptive theatre-play” was, it was explained, designed to provoke different views on health-care systems of the future.

The European Health Forum Gastein is an independent, non-partisan organisation, founded in 1998 which aims is to provide a platform for discussion on health policy in the EU and beyond.

Over 500 leading health experts and stakeholder participated in the annual three-day policy-focused conference held in the Gastein Valley in the Austrian Alps.

The issue of Europe’s health systems in need of a disruptive rethink was also addressed by Deputy Director General for health at the European Commission Martin Seychell who said, “Many now think the health systems in place need to change and adapt to be fit for the future.”

He explained, “The first disruption about health systems is the amount of challenges that are disrupting the way systems have lived, developed and benefited the European population for decades.”

It must be noted that most member states are very aware of the challenges and many important transformative reforms are ongoing.”

“The era of disruption is upon us and provocative action can catalyse change in areas where we are lacking momentum and leadership” **EHFG president Clemens Martin Auer**

He explained that populations are aging rapidly but are not “necessarily in good health,” while the burden of chronic diseases is also rising.

“New technologies give rise to the digital transformation of health and care sometimes with high transitional cost.”

“All of these are also disruptive because they have serious repercussions for health budgets, which have already been under pressure for years now.”

He warned that, “A rethink is needed of the health systems in order to keep them fit-for-purpose. It will not be sufficient to focus on budget consolidation. It is necessary to transform systems more fundamentally.”

Reducing pressures on health systems also involves disease prevention and keeping people in good health “as long as possible,” he argued.

“It must be noted that most member states are very aware of the challenges and the many important transformative reforms that are ongoing.

Disruptive thinking might also be needed to further push the instruments that allow us to measure and assess the cost effectiveness of treatments, devices and technologies in a way that truly serve health objectives not yet met.”

Disruptive thinking, he explained, can also bring “that are affordable for the patients and sustainable for the systems.”

Another speaker, Christopher Fearne, the Maltese deputy Prime Minister, also supported the concept of disruptive thinking, saying he also wanted to see the cost of new medicines reduced.

He said, “They are incredibly high and there is not much transparency about medicine pricing. This web of secrecy has to change. These are some of the ‘disruptive’ things we should strive for.”

Speaking separately at the forum, Vytenis Andriukaitis, European commissioner for Health and Food Safety, said, “We have made significant strikes in improving health in Europe and we have seen some major accomplishments over the last few years.”

Andriukaitis said, “At the same time, we continue to face health challenges that require EU-level leadership.”

“I have no doubt that the next mandate of the European Commission will demonstrate continued commitment to health promotion, prevention and protection.”

The commissioner told attendees, “Especially important in this regard is to be disruptive in our thinking, by breaking silos and addressing health challenges holistically making ‘health in all policies’ work not only on paper but also on the ground.”

“The increasingly visible effects of climate change on public health illustrate that we should go forward being more courageous, knocking at doors that hide behind them the solutions for environmental, commercial, economic, behavioural, as well as the social determinants of health.”

Another highlight from the forum was a discussion on strengthening the governance of health systems.

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Lack of money or human resources are not the only factors that can frustrate reform efforts as even well-resourced health systems can be held back by disappointing reform, participants were told.

One way to address this is to strengthen governance, in other words, the way decisions are made and implemented.

The question of strengthening governance for health system performance was addressed in session called “Steering, not rowing”, organised by the Austrian ministry of Labour, Social Affairs, Health and Consumer Protection and the European Observatory on Health Systems and Policies.

Clemens Martin Auer, president of the European Health Forum Gastein, explained how Austria has improved its healthcare system in recent years explaining that he started working in the Austrian health ministry in 2003 and recalled that the ministry soon found itself having to slash €3bn from the country's health budget.

In a keynote speech he conceded that the country had found itself in a “totally unsatisfactory” situation when it came to financing primary healthcare.

Auer, also a special representative for health in Austria, argued that in order to deal with healthcare costs it is necessary first to agree on a set of targets.

As part of the radical changes it pushed through, Austria formalised shared targets for health reform. He said, “We had to overcome a lot of hurdles but in the end we prevailed.”

Looking back, he said, “The lesson is that if you don't find solutions for the population you are betraying the citizens. We have done this, and healthcare costs are now below the set targets.”

He added, “To achieve such things I believe you have to give up sovereignty and, yes, some rights. This needs trust and you must do it voluntarily - that's the trick. It means a lot of work, but I think we in Austria have achieved this.”

Auer told the audience of healthcare professionals and experts, “This is the Austrian situation and the situation in, say Germany, will be very different, of course. But, I stress, the only way of reforming healthcare systems is by building trust.”

Another speaker was Professor Scott L Greer, of Health Management and Policy at the University of Michigan and the European Observatory on Health Systems and Policies.

"A rethink is needed of the health systems in order to keep them fit-for-purpose" Deputy Director General for health at the European Commission, Martin Seychell

He said, “When you have a governance problem there are certain steps you should take, including focusing on the exact governance problem, what domain it is in and what can be learned in order to improve things.”

Noora Heinone, a ministerial adviser at the department for insurance and social security in the Finnish ministry of social affairs and health, said the people of her country were getting older and this was putting its healthcare system “under real stress.”

While Finland had been successful under previous governments in “costs containment” she said the “primary” aim of the current government is now healthcare reform.

She told participants, “We learned a lot from the previous reform process, including the lack of parliamentary consensus and law drafting and an unwillingness to renew and distribute decision-making powers.”

Speakers also included Laura Casey, of the health systems and structures unit at the Irish health department, who said that in 2016 a new ten-year “vision” for healthcare was drafted by the Irish government.

The programme, she said, is multi-faceted with one main prong involving moving the system to one

which is more “population-based”.

Casey added, “Managing expectations and showing some sign of success is hard not least as no-one wants to wait ten years.”

“It is also not always easy finding the ‘space’ for reform and delivering on reform. We are conscious of all this, but this is a challenge for the health ministry.”

She added, “We are also looking to introduce a more de-centralised system in Ireland. This will still need some central steering but also local and regional innovation.”

“We will therefore put in place six new regional bodies responsible for delivering healthcare. Ireland is a small country and does not have some of the challenges facing other countries, but we still have to grapple with how to deal with such healthcare issues.”

For further information on EHFG 2019 go to www.ehfg.org [6]

About the author

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