



Health Consumer
Powerhouse

Euro Health Consumer Index 2016

“The Main challenges in Serbian Healthcare”

Zlatibor

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About Health Consumer Powerhouse

- ☺ Comparing healthcare systems performance in 35 countries from a consumer/patient view.
- ☺ Since 2004, more than 40 index editions, available for free.
- ☺ Index projects financed through unconditional development grants, similar to medical faculty sponsored research.

Europe

☺ Euro Health Consumer Index	2005, 2006, 2007, 2008, 2009, 2012 – 2017
☺ Euro Consumer Heart Index	2008, 2016-2017
☺ Euro Diabetes Care Index	2008, 2014
☺ Euro HIV Index	2009
☺ Euro Patient Empowerment Index	2009
☺ Nordic COPD Index	2010
☺ Tobacco Harm Prevention Index	2011
☺ Euro Headache Index	2011
☺ Euro Hepatitis Index	2012
☺ Euro Vision Scorecard	2013
☺ Euro Pancreatic Cancer Index	2014

Sweden, others

☺ Health Consumer Index	Sweden 2004, 2005, 2006
☺ Diabetes Care Index	Sweden 2006, 2007, 2008
☺ Breast Cancer Index	Sweden 2006
☺ Vaccination Index	Sweden 2007, 2008
☺ Renal Care Index	Sweden 2007, 2008
☺ Smoke Cessation Index	Sweden 2008
☺ COPD Index	Sweden 2009, Nordic 2010
☺ Advanced Home Care Index	Sweden 2010
☺ Euro-Canada Health Consumer Index	Canada 2008, 2009
☺ Provincial Health Consumer Index	Canada 2008, 2009, 2010
☺ All Hospitals Index	Sweden 2011



EuroHealth Consumer Index 2016

Sub-discipline	Indicator	Albania	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	FYR Macedonia	Germany	Greece	Hungary	Iceland	Ireland	Italy	Latvia	Lithuania	Luxembourg
1. Patient rights and information	1.1 Healthcare law based on Patients' Rights	👍	👍	👍	👎	👍	👍	👍	👍	👍	👍	👍	👍	👍	👍	👍	👍	👎	👍	👍	👍	👍
	1.2 Patient organisations involved in decision making	👎	👍	👎	👍	👍	👎	👎	👎	👎	👍	👍	👍	👍	👍	👎	👍	👎	👎	👍	👍	👍
	1.3 No-fault malpractice insurance	👎	👍	👍	👎	👎	👎	👎	👍	👍	👍	👎	👎	👎	👎	👎	👍	👎	👍	👍	👎	👎
	1.4 Right to second opinion	👍	👍	👍	👎	👍	👎	👎	👍	👍	👎	👎	👍	👍	👍	👎	👎	👍	👎	👎	👎	👍
	1.5 Access to own medical record	👍	👍	👍	👍	👎	👎	👍	👍	👍	👍	👎	👍	👍	👍	👎	👎	👎	👎	👍	👎	👍
	1.6 Registry of <i>bona fide</i> doctors	👍	👍	👍	👎	👍	👍	👍	👍	👎	👍	👍	👍	👍	👍	👎	👎	👍	👍	👎	👍	👍
	1.7 Web or 24/7 telephone HC info with interactivity	👎	👎	👎	👎	👍	👎	👎	👍	👍	👍	👍	👍	👍	👎	👎	👎	👍	👎	👎	👍	👍
	1.8 Cross-border care seeking financed from home	n.ap.	👍	👍	👎	👎	👎	👎	👍	👍	👎	👍	n.a.	n.ap.	👍	👎	👎	👍	👎	👎	n.a.	n.a.
	1.9 Provider catalogue with quality ranking	👎	👎	👍	👎	👍	👎	👎	👎	👎	👍	👍	👍	👍	👍	👎	👎	n.ap.	👍	👎	👎	👎
	1.10 EPR penetration	👎	👍	👍	👍	👍	👍	👎	👎	👍	👍	👍	👎	👍	👍	👎	👍	👍	👍	👎	👎	👎
	1.11 Patients' access to on-line booking of appointments?	👎	👎	👍	👎	👍	👎	👎	👎	👍	👍	👎	👍	👍	👎	👎	👎	👍	👎	👎	👎	👍
	1.12 e-prescriptions	👎	👎	👎	👎	👍	👎	👎	👎	👍	👍	👍	👍	👍	👎	👎	👎	👍	👎	👎	👎	👍
Subdiscipline weighted score		73	108	104	66	108	73	87	111	108	108	90	118	104	63	73	115	80	83	87	97	101
2. Accessibility (waiting times for treatment)	2.1 Family doctor same day access	👍	👍	👍	👍	👍	👎	👍	👎	👎	👎	👍	👍	👍	👎	👍	👎	👎	👍	👎	👎	👍
	2.2 Direct access to specialist	👎	👍	👍	👎	👍	👎	👎	👎	👎	👎	👍	👍	👍	👍	👎	👍	👎	👎	👎	👎	👍
	2.3 Major elective surgery <90 days	👍	👎	👍	👍	👎	👎	👍	👍	👍	👎	👍	👍	👍	👎	👎	👎	👎	👎	👎	👎	👍
	2.4 Cancer therapy < 21 days	👎	👍	👍	👎	👍	👎	👍	👍	👍	👎	👍	👍	👍	👍	👎	👎	👎	👎	👎	👎	👍
	2.5 CT scan < 7days	👎	👎	👍	👎	👎	👎	👍	👍	👎	👍	👍	👍	👍	👎	👎	👍	👍	👎	👎	👎	👎
	2.6 A&E waiting times	👍	👍	👍	👎	👍	👎	👍	👍	👎	👍	👎	👍	👍	👎	👎	👍	👎	👎	👎	👍	👍
	Subdiscipline weighted score		163	200	225	150	175	125	213	150	163	150	188	225	188	125	125	163	100	138	113	175

EHCI 2016 sub-disciplines

Sub-discipline	Weight (points out of 1000 for full score)	Doing well
Patient rights, information and e-Health	125	Norway
Waiting times / Access	225	Belgium, FYR Macedonia, Switzerland
Outcomes	300	Finland, Iceland, Germany, Netherlands, Norway, Switzerland
Range & Reach of services provided	125	Netherlands, Sweden
Prevention	125	Norway
Pharmaceuticals deployment	100	France, Germany, Ireland, Netherlands, Switzerland

A total of 48 indicators in six sub-disciplines

And we have really tried to be inventive and make the Index more challenging, but there is no stopping The Netherlands!



EHCI

Beveridge vs. Bismarck systems

- ☺ **Beveridge: Financing and running healthcare institutions under the same hat(s):**
 - ☺ Centralized Beveridge: UK, Ireland, Portugal, many CEE countries (incl. all of ex-Yugoslavia)
 - ☺ De-centralized Beveridge: Spain, Italy, the Nordics
- ☺ **Bismarck: Financing from separate insurers, normally remunerating healthcare institutions on an equal basis for *what they do for patients***
 - ☺ Much less micro-managing based on costs
 - ☺ Germany, Austria, Belgium, Netherlands, France, Switzerland, Slovakia(!)
- ☺ **Out-of-pocket: Cyprus, Malta**
 - ☺ Welcome back to the stone age!



EHCI 2016

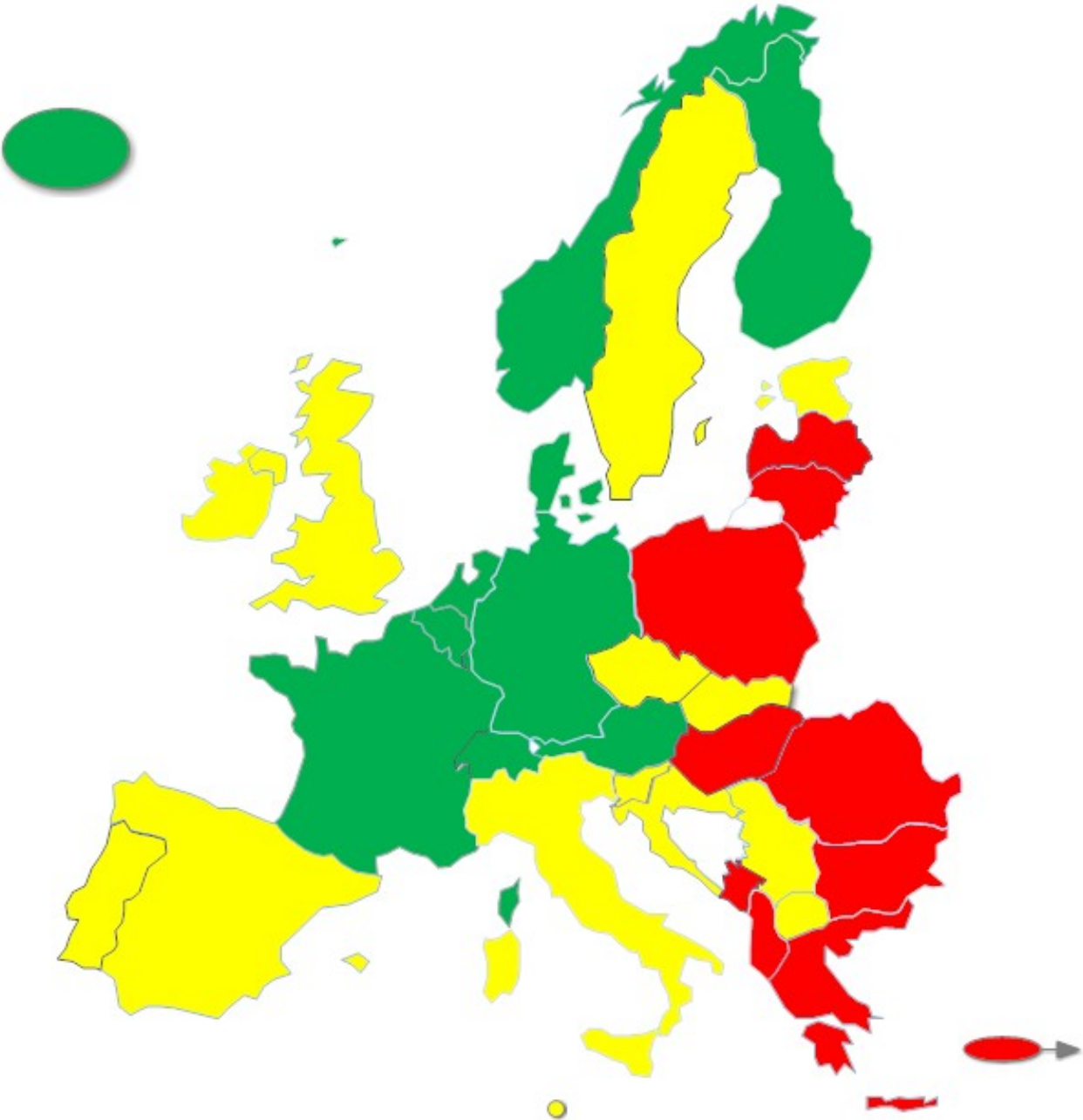
Important trends

- ✔ **Treatment results in European healthcare keep improving essentially everywhere!**
- ✔ **Some indicators in the EHCI are becoming less distinctive; "too many Green scores"!**
 - ✔ **EHCI 2017 will be overhauled, to become more challenging – less opportunity for longitudinal analysis!**
- ✔ **Savings on pharmaceuticals the most obvious effect of austerity**
- ✔ **Some patterns remarkably stable over time – waiting lists a mental condition?**
 - ✔ **Accessibility has no correlation with finances, mainly because operating a healthcare system without waiting lists is inherently *cheaper* than having them**

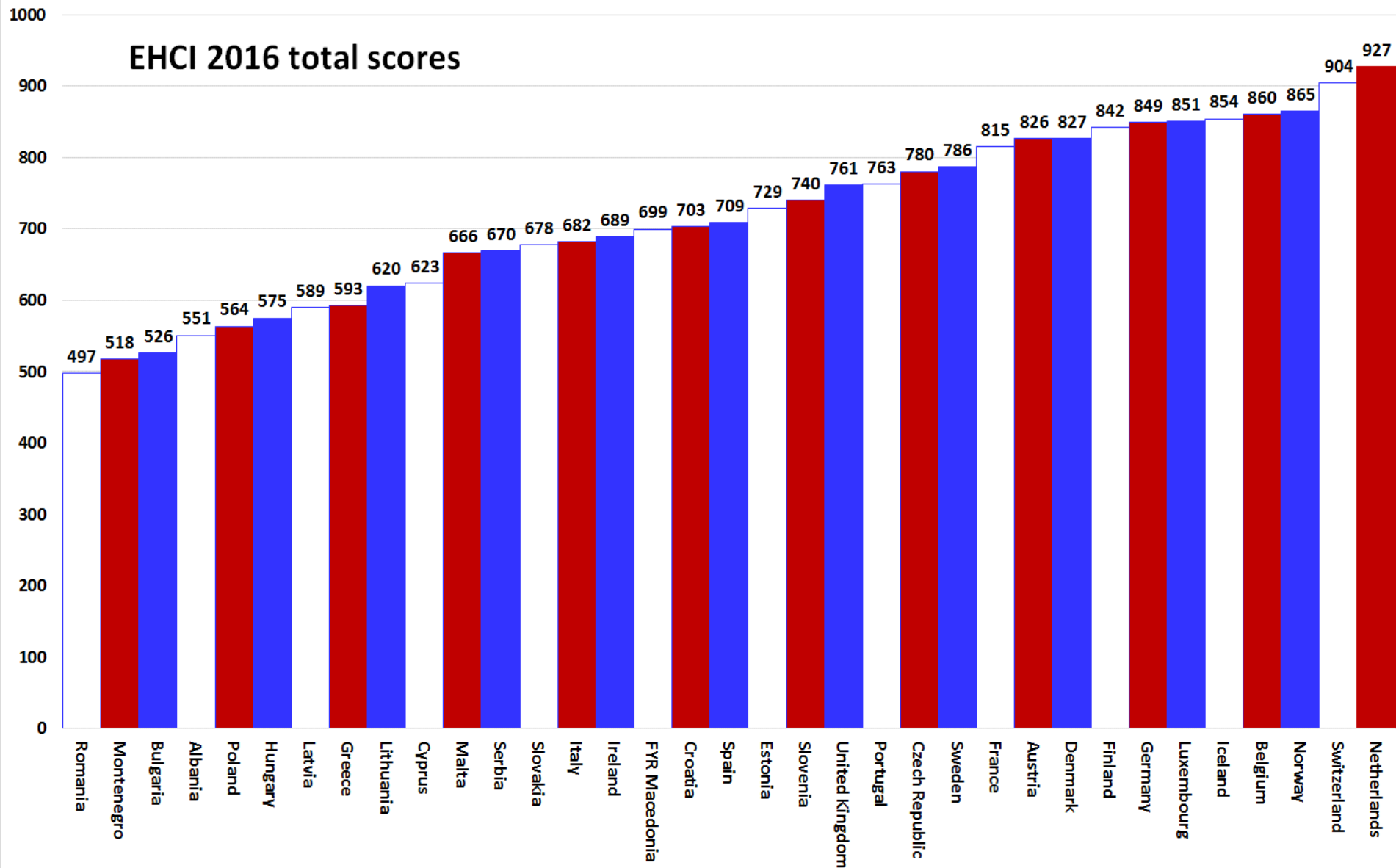


Total scores in EHCI 2016

Green; countries scoring >800 points out of a maximum 1000 ("all Green" on the 38 indicators)!



EHCI 2016 total scores



What can Europe learn from The Netherlands?

- ☺ "Chaos" systems, where patients can choose where to seek care, do better than "planned" systems;
- ☺ but "chaos" needs to be managed, and the NL does that very well:
- ☺ Amateurs at a safe distance from operative decision-making in healthcare institutions
- ☺ **Choice and competition!** (and remember that this has to have a "grandfather" function managing the system!)



So what could be the improvement potential for the European Champions?

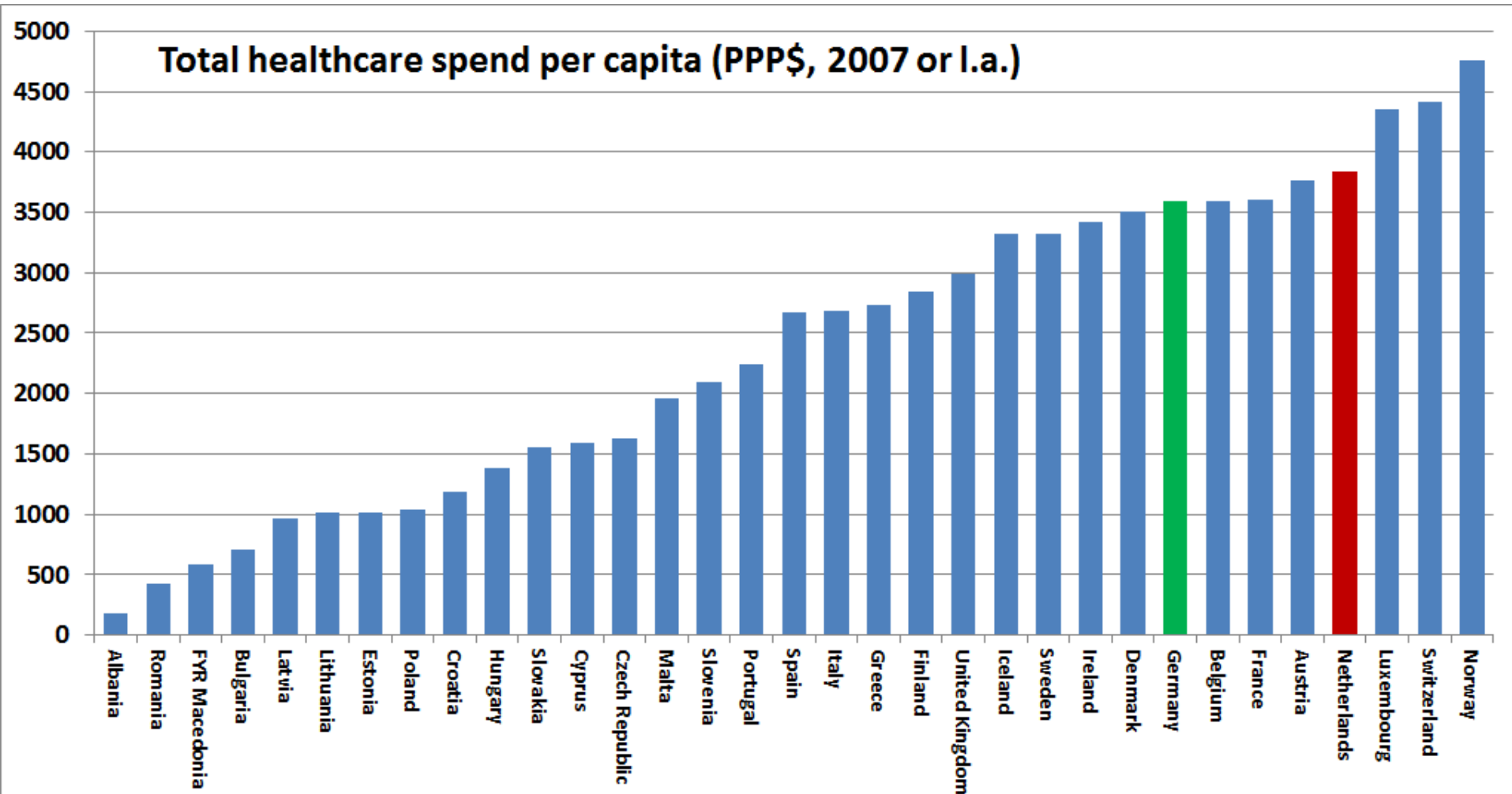
Sub-discipline	Netherlands	Switzerland	Norway	Belgium	Iceland	Luxembourg	Germany	Finland	Denmark	Austria	France	Sweden	Czech Republic	Portugal	United Kingdom	Slovenia	Estonia	Spain	Croatia	FYR Macedonia	Ireland	Italy	Slovakia	Serbia	Malta	Cyprus	Lithuania	Greece	Latvia	Hungary	Poland	Albania	Bulgaria	Montenegro	Romania
1. Patient rights and information	122	111	125	104	115	101	104	108	111	108	90	104	87	108	108	104	108	87	108	118	80	83	97	111	80	73	97	63	87	73	66	73	66	63	80
2. Accessibility (waiting times for treatment)	200	225	138	225	163	200	188	150	150	200	188	100	213	150	100	125	163	113	175	225	100	138	163	188	163	125	175	125	113	125	100	163	150	113	150
3. Outcomes	288	288	288	250	288	263	288	288	275	238	263	275	238	250	250	263	238	238	188	138	250	225	175	163	188	213	163	213	188	163	188	175	150	175	125
4. Range and reach of services	125	94	115	109	115	104	83	115	115	99	94	125	104	78	109	89	94	94	104	68	78	78	89	57	94	68	68	52	73	73	63	42	47	57	52
5. Prevention	107	101	119	95	113	107	101	101	95	101	95	101	77	101	113	83	65	107	71	89	95	101	83	89	95	83	65	83	77	89	95	65	65	77	48
6. Pharmaceuticals	86	86	81	76	62	76	86	81	81	81	86	81	62	76	81	76	62	71	57	62	86	57	71	62	48	62	52	57	52	52	52	33	48	33	43
Total score	927	904	865	860	854	851	849	842	827	826	815	786	780	763	761	740	729	709	703	699	689	682	678	670	666	623	620	593	589	575	564	551	526	518	497
Rank	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35

☺ The Netherlands tops 3 sub-disciplines, and has really no weak points

☺ historic waiting time problems largely rectified



Total healthcare spend per capita (PPP\$, 2007 or l.a.)



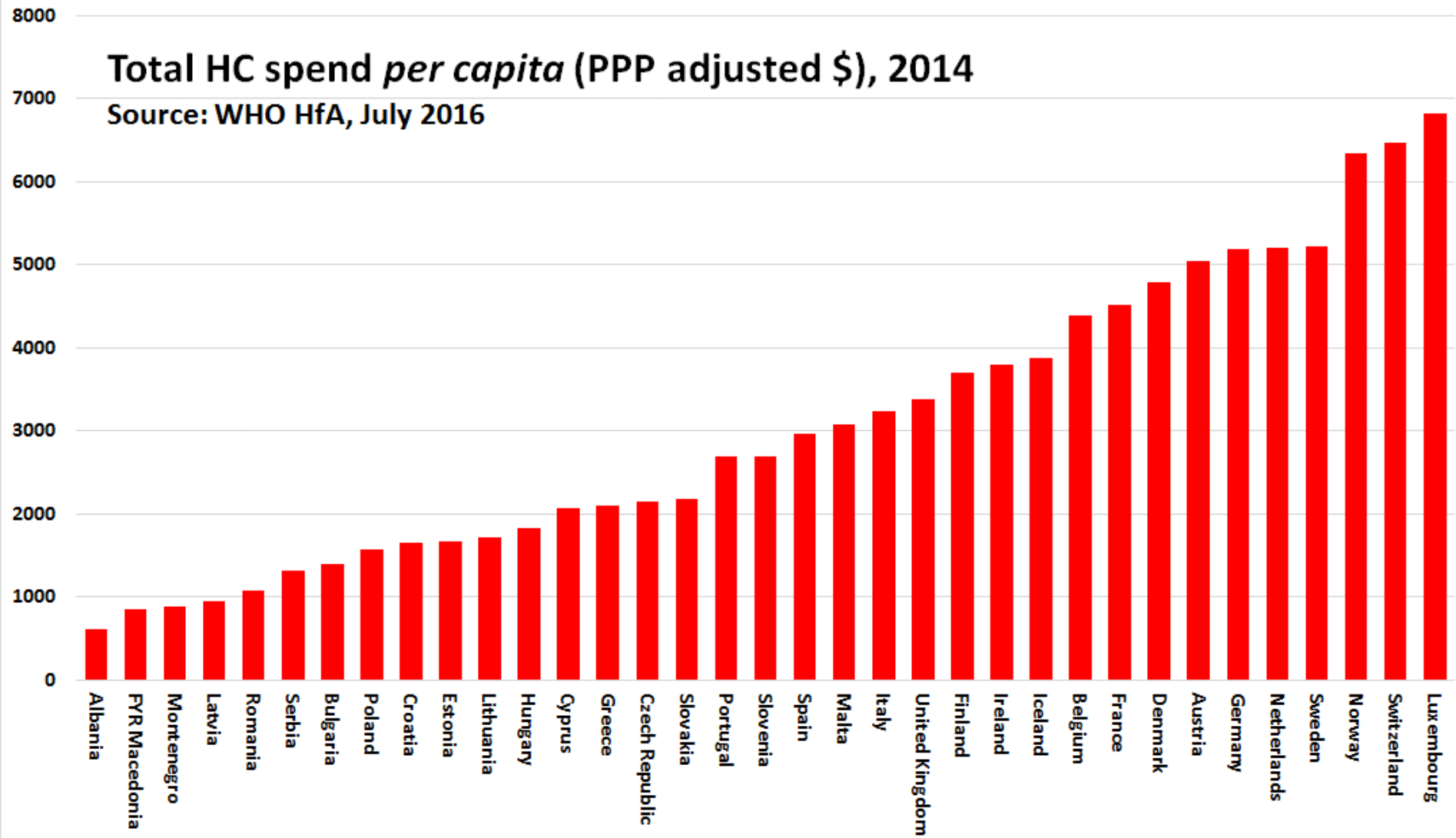
PPP: Purchasing Power Parity adjusted dollars; an unadjusted dollar goes much farther to buy Healthcare services in a country where a nurse is paid €400/month (CEE) than where she is paid > €4000 (e.g. Norway, Switzerland)



The Netherlands used to have significantly higher healthcare costs than comparable countries.

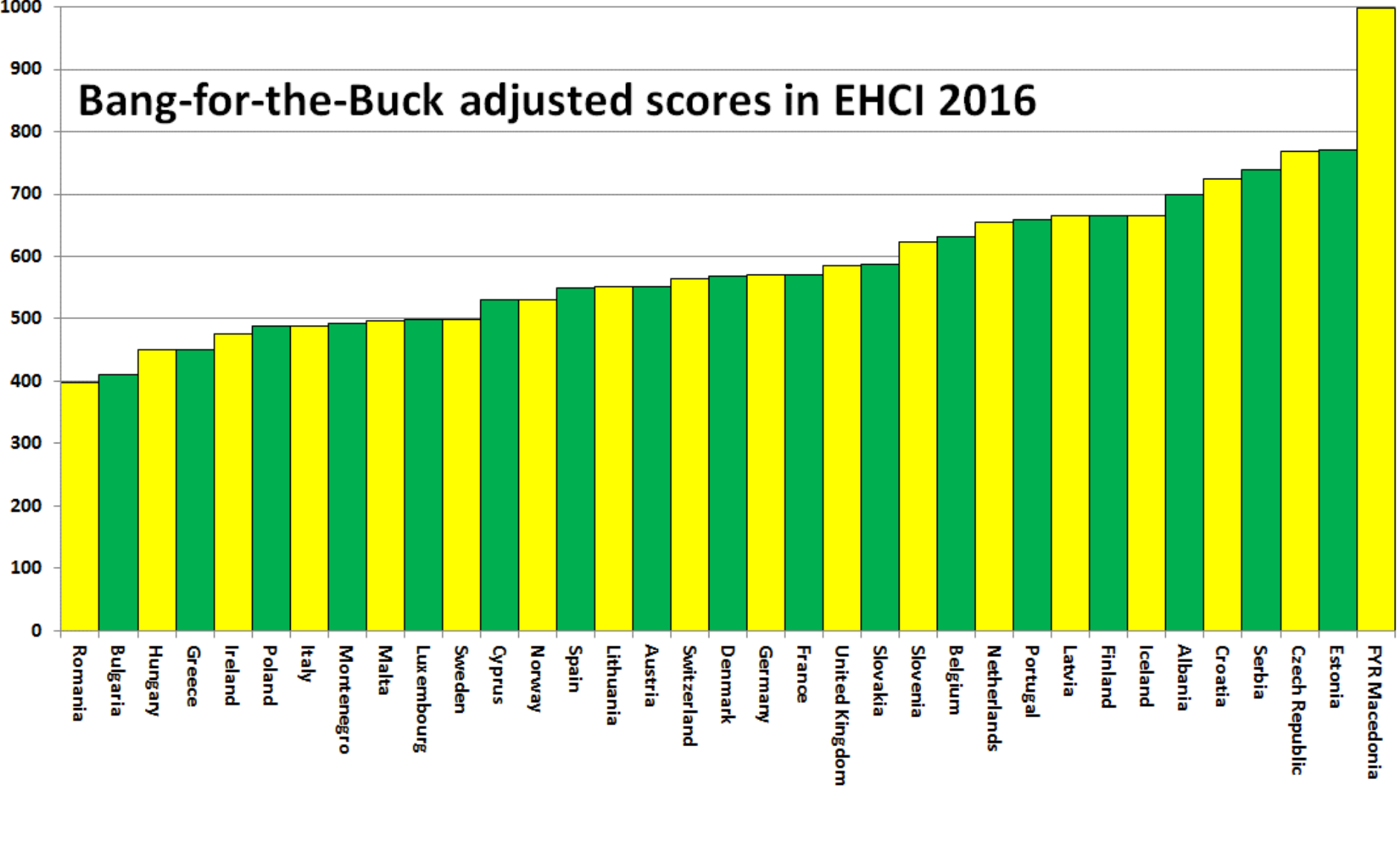
Total HC spend *per capita* (PPP adjusted \$), 2014

Source: WHO HfA, July 2016



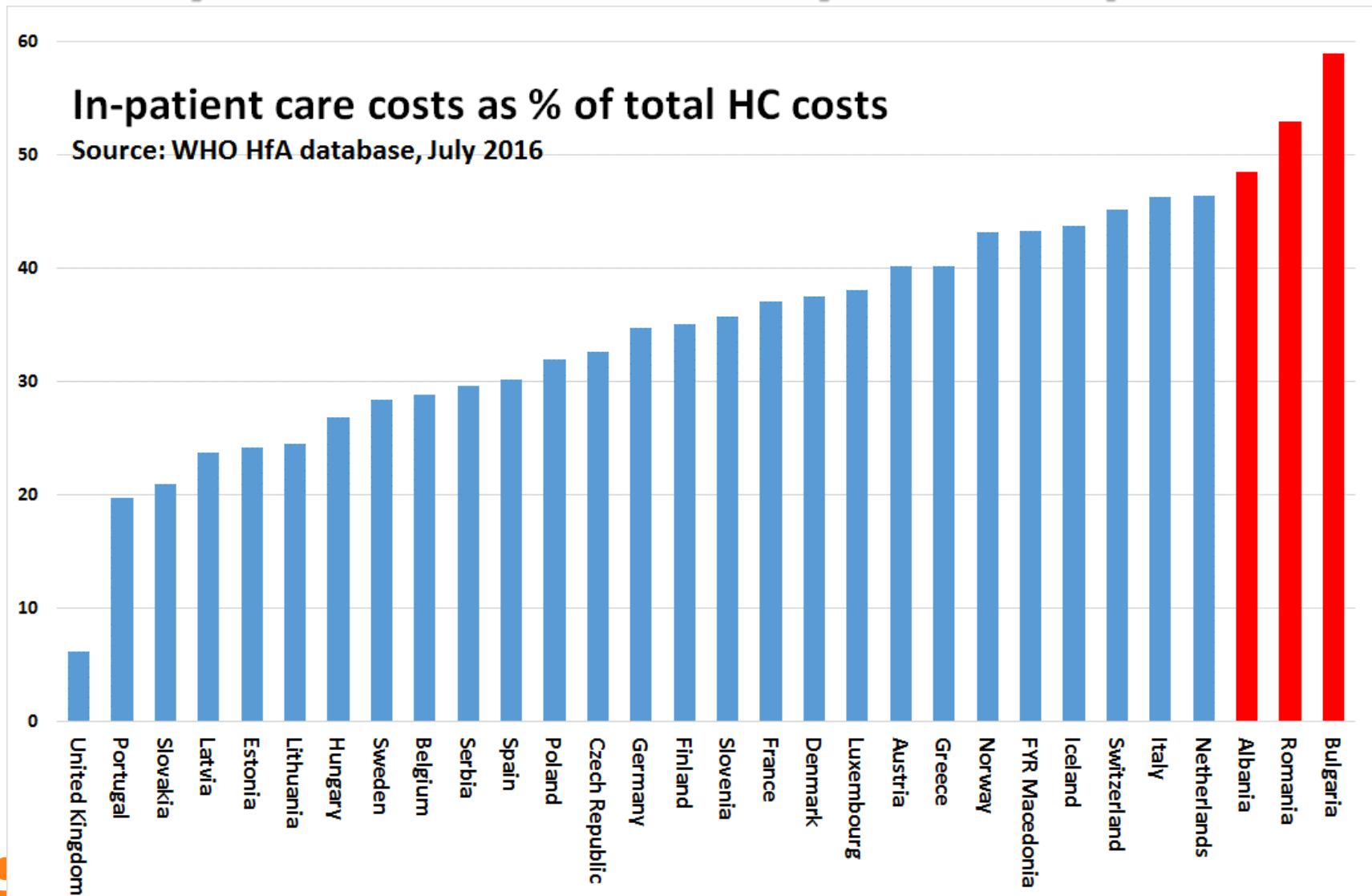
Other countries, particularly Germany and Sweden, have caught up!

Bang-for-the-Buck adjusted scores in EHCI 2016



**Macedonia no longer winning only because limited finances!
 Estonia, Czech Republic, Serbia, (and Albania; could be an effect of
 the model) seem to give good value for money in healthcare!**

MDD (22): "Structural Antiquity Index" or why the Dutch healthcare system is expensive



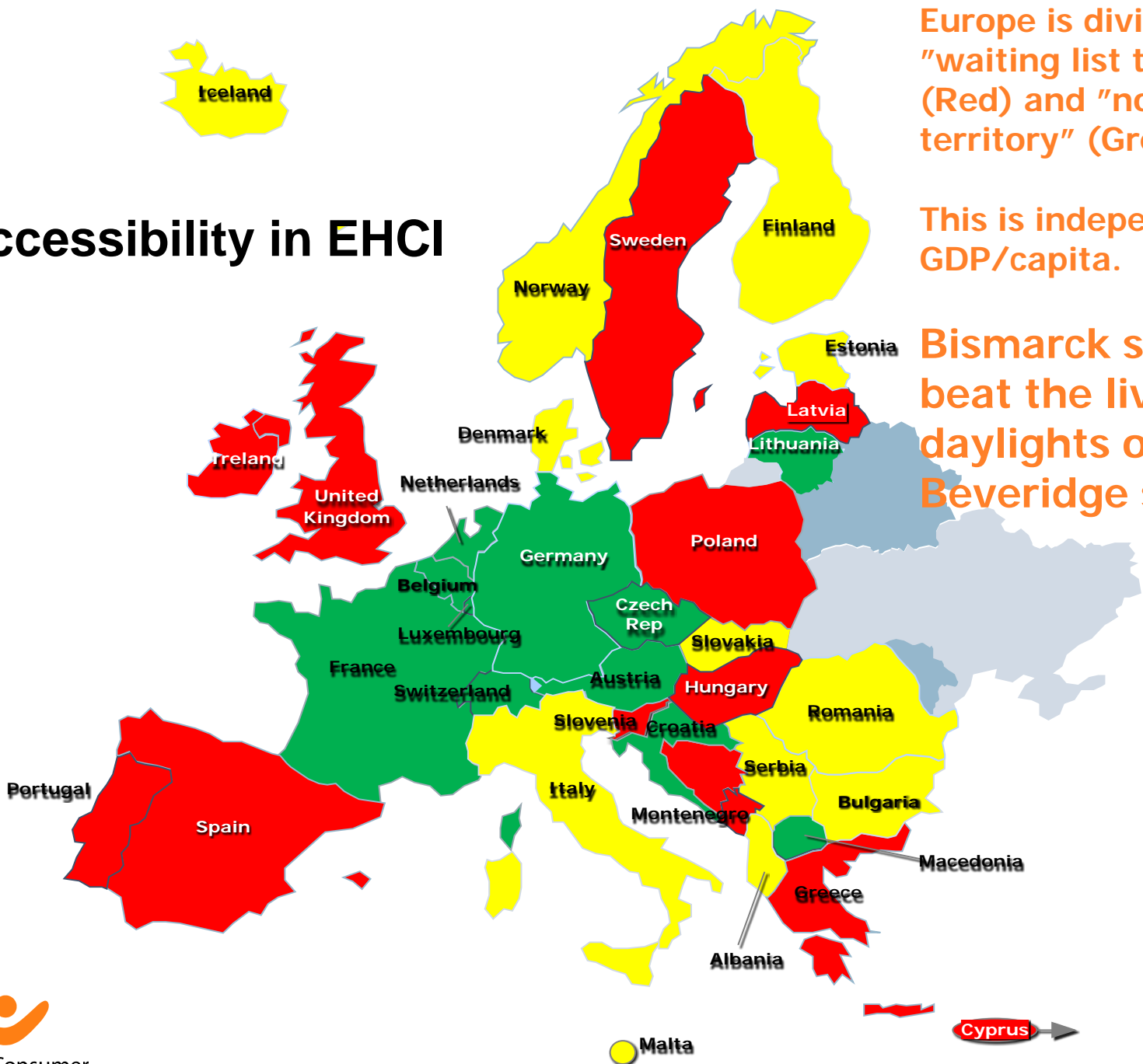
Savings potential if Dutch healthcare would approach the in/out-patient mix of Sweden

☺ **EUR 8 *billion/year?***

- ☺ **At the Future Health Summit, Dublin 2016, Prof. Nico van Meeteren, referring to the EHCI, presented that the Netherlands is launching a new cost reduction scheme to save EUR 12 billion through care restructuring!**



Accessibility in EHCI

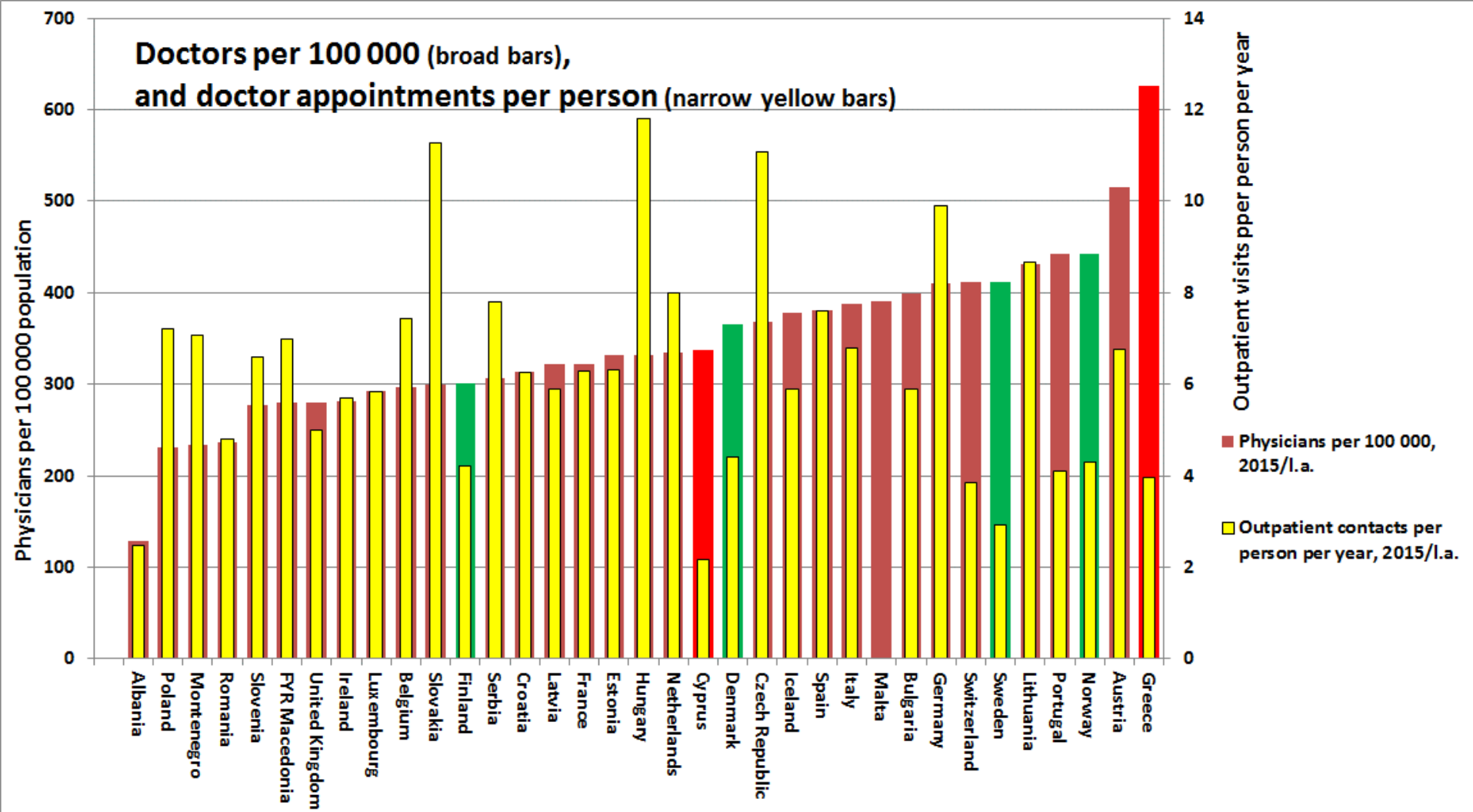


Europe is divided into "waiting list territory" (Red) and "non-waiting list territory" (Green).

This is independent of GDP/capita.

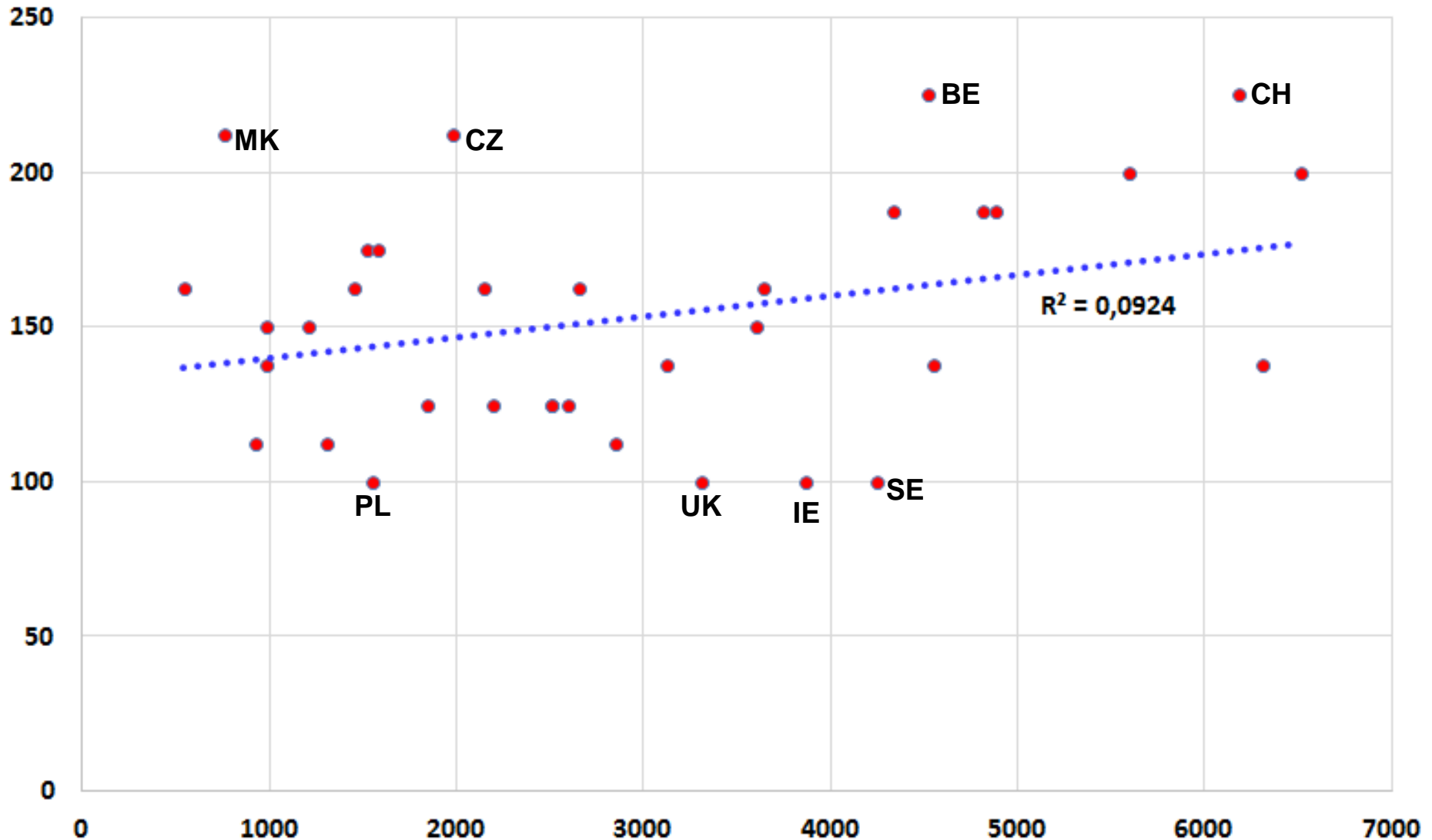
Bismarck systems beat the living daylights out of Beveridge systems!

Accessibility not really related to number of doctors!

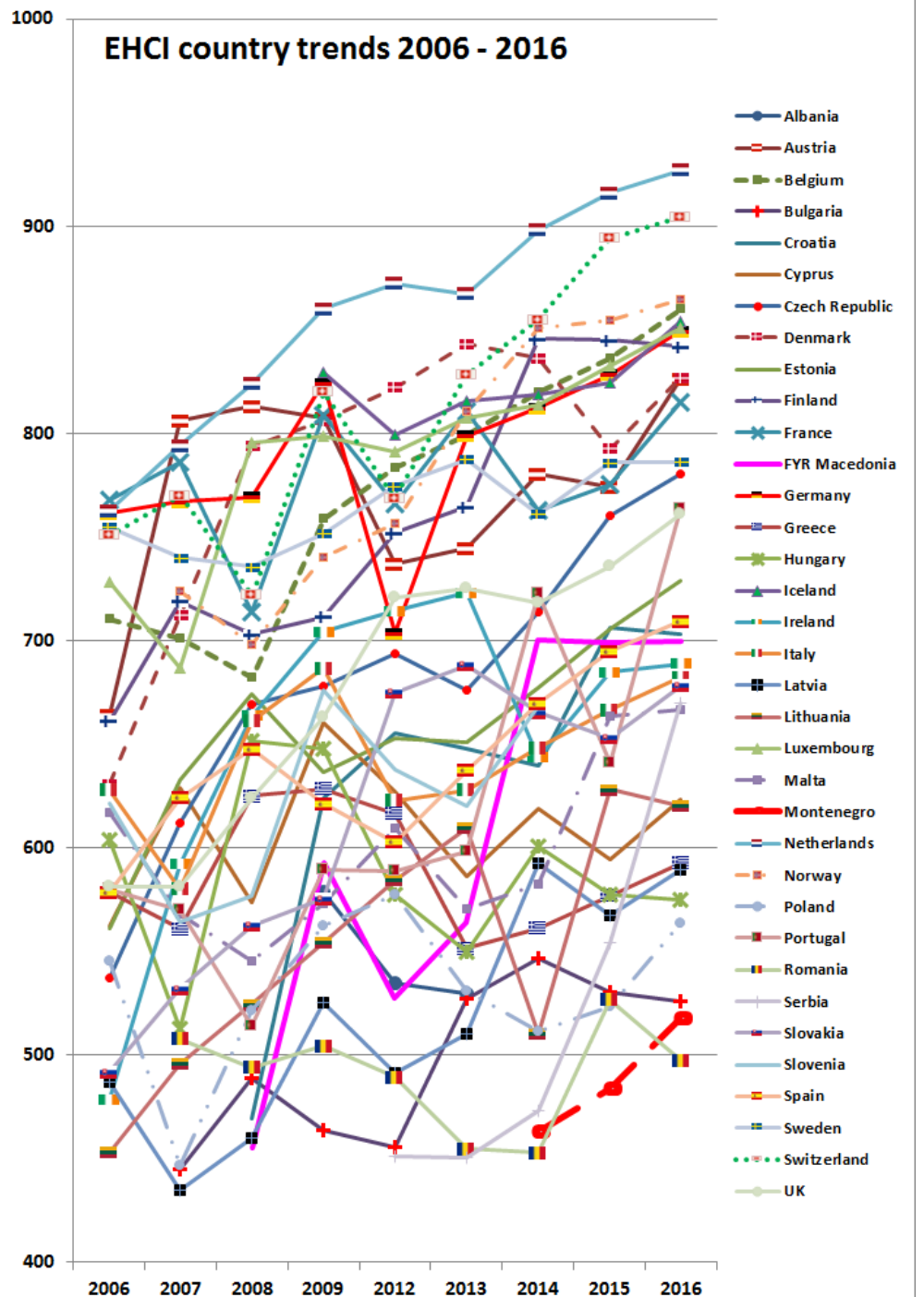


Money does not necessarily buy better access to healthcare!

Accessibility scores in EHCI 2015 vs. HC spend *per capita* (PPP\$)



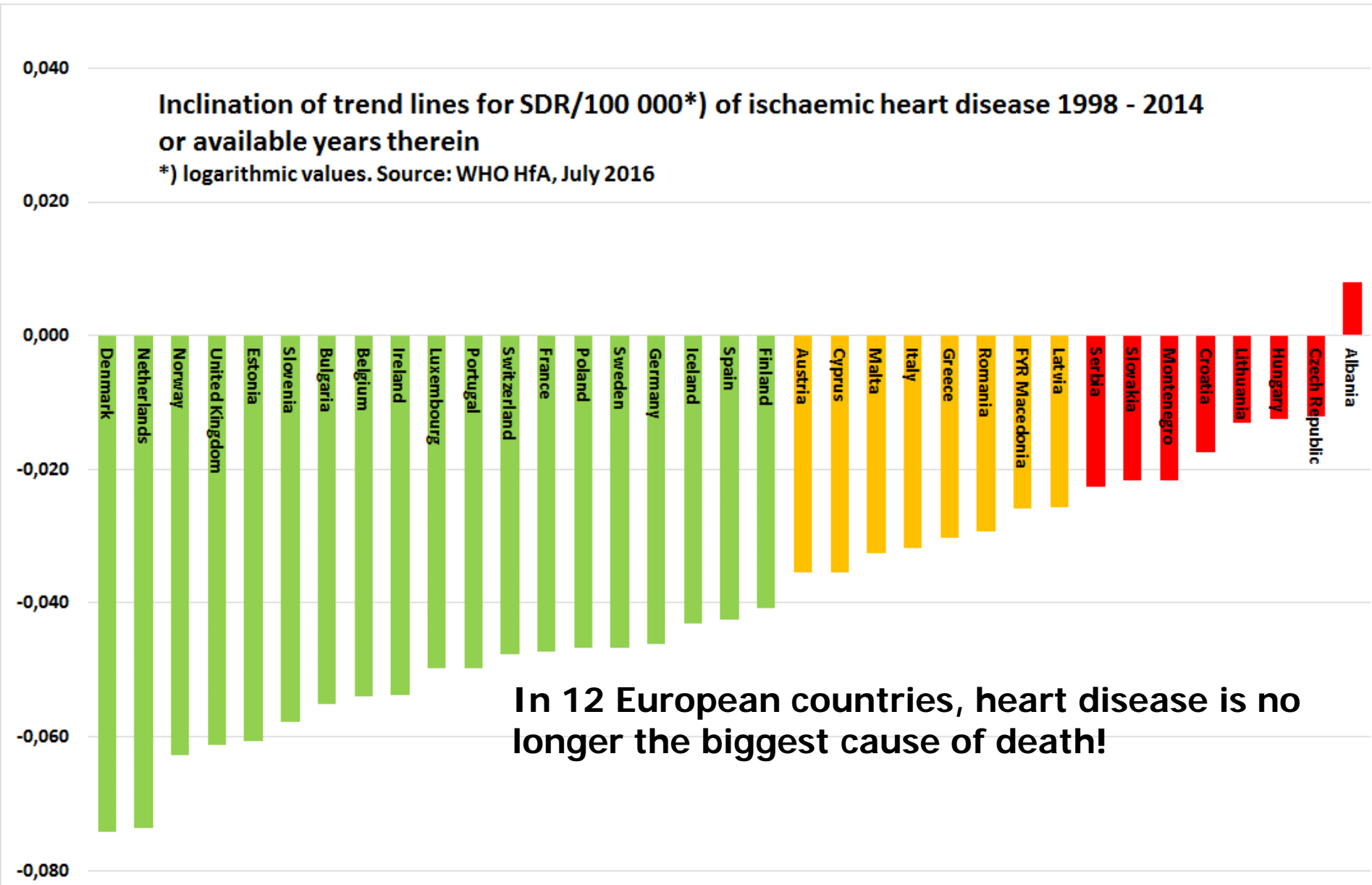
Almost all countries show a positive EHCI scores trend over time – exceptions are Sweden and Romania.



Treatment results keep improving!

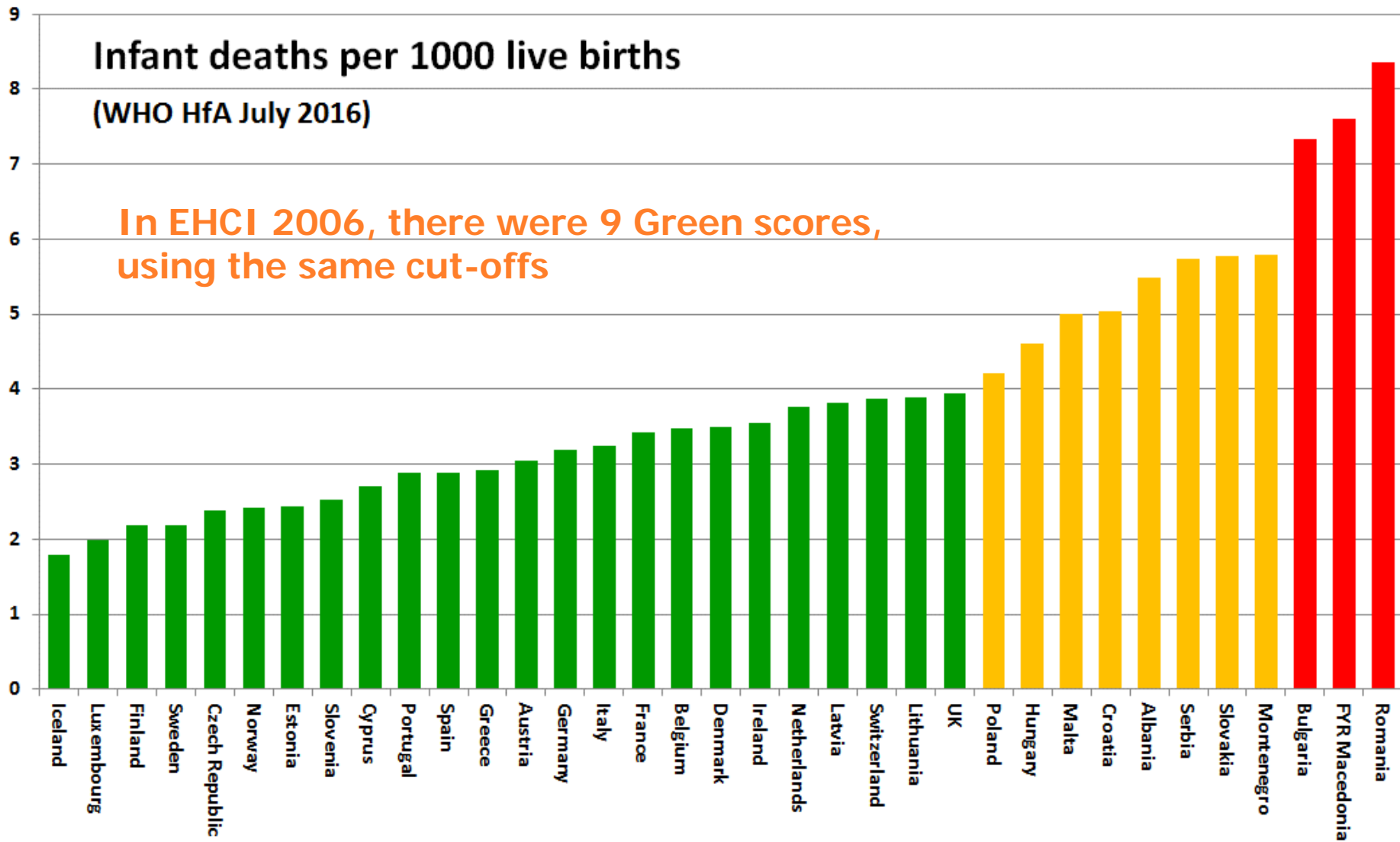
Inclination of trend lines for SDR/100 000*) of ischaemic heart disease 1998 - 2014
or available years therein

*) logarithmic values. Source: WHO HfA, July 2016



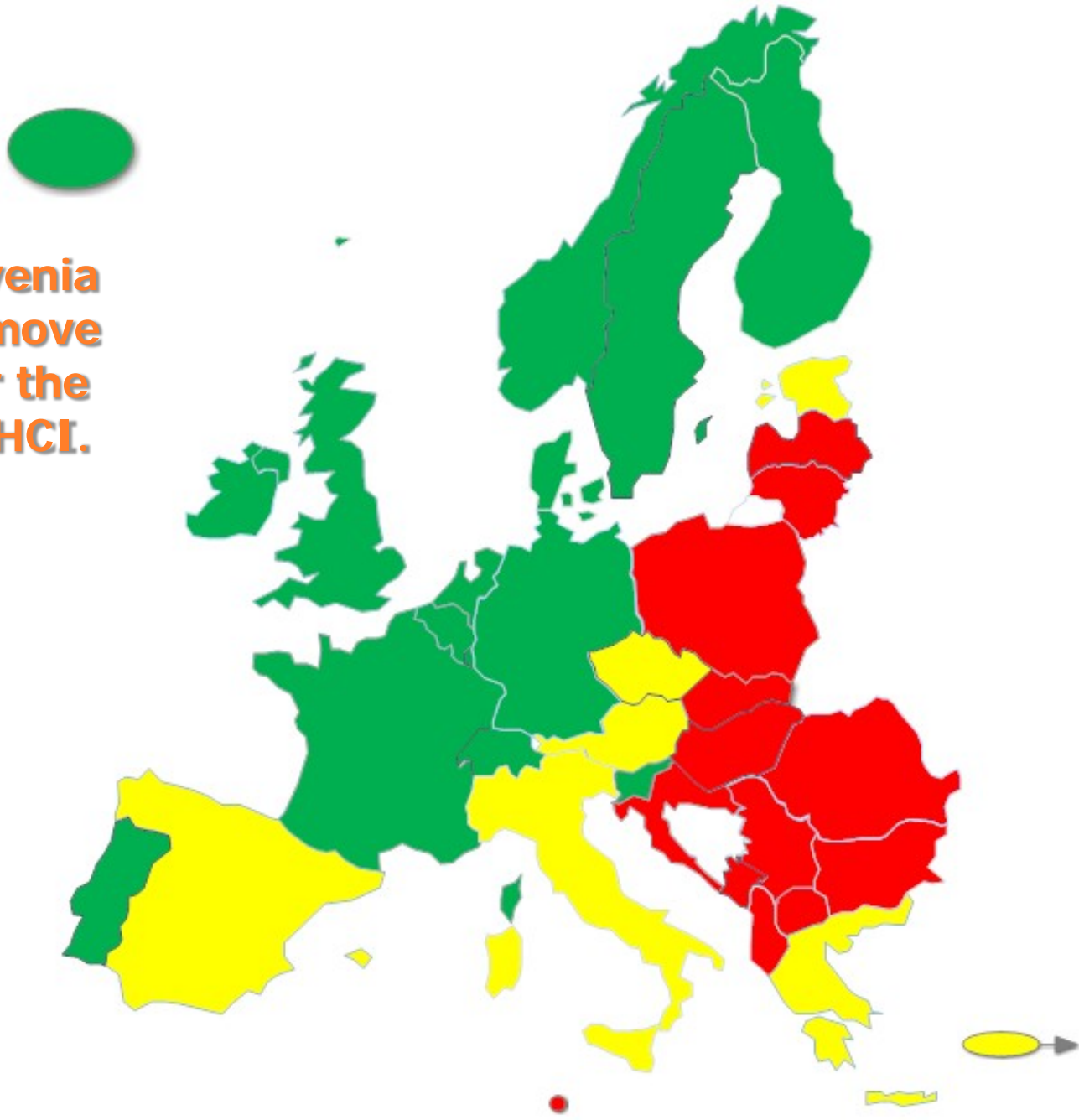
In 12 European countries, heart disease is no longer the biggest cause of death!

Treatment results keep improving!

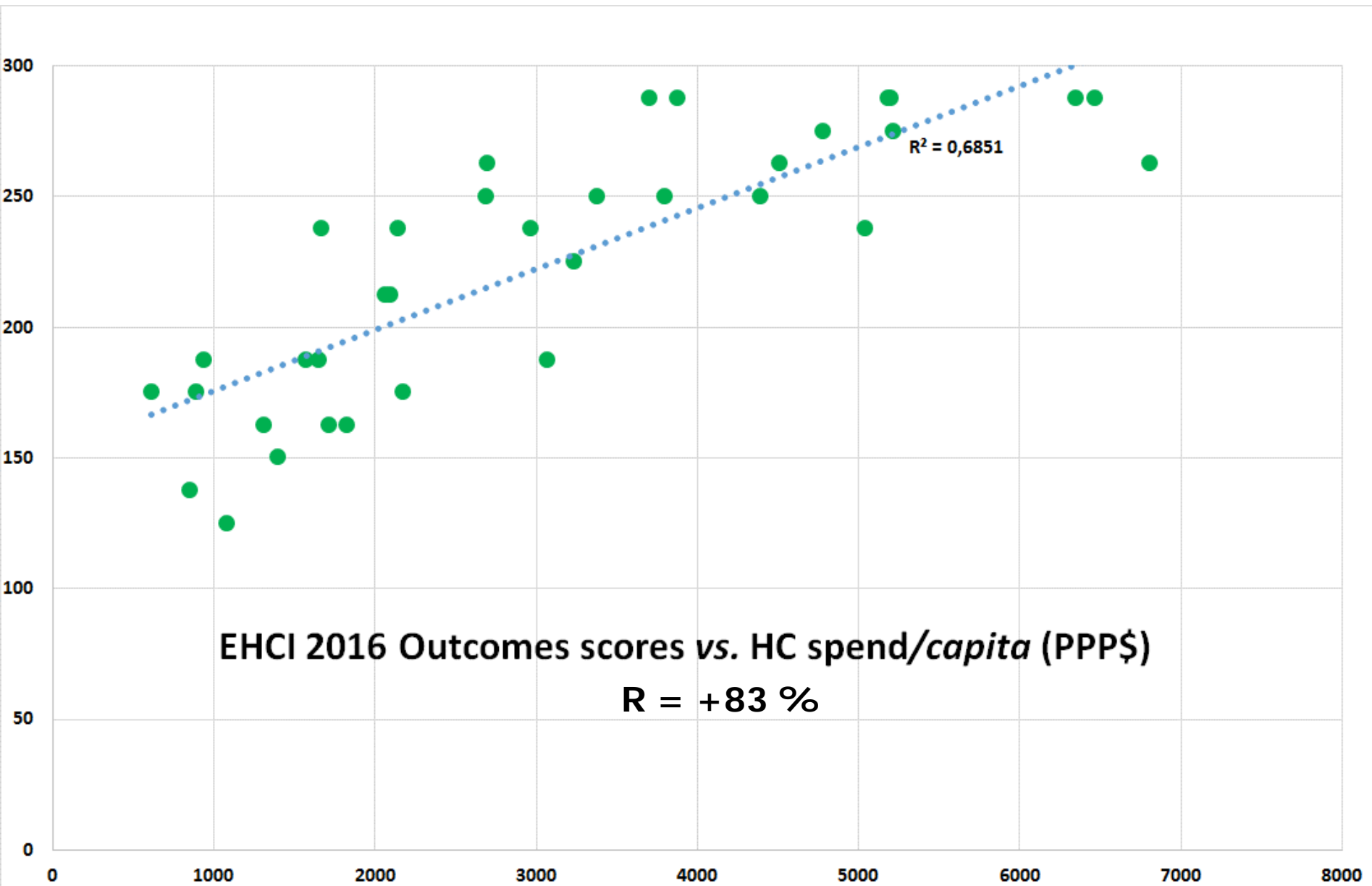


And yes; wealthy countries have better Outcomes – but not all!

Portugal, Slovenia and the U.K. move into Green for the first time in EHCI.

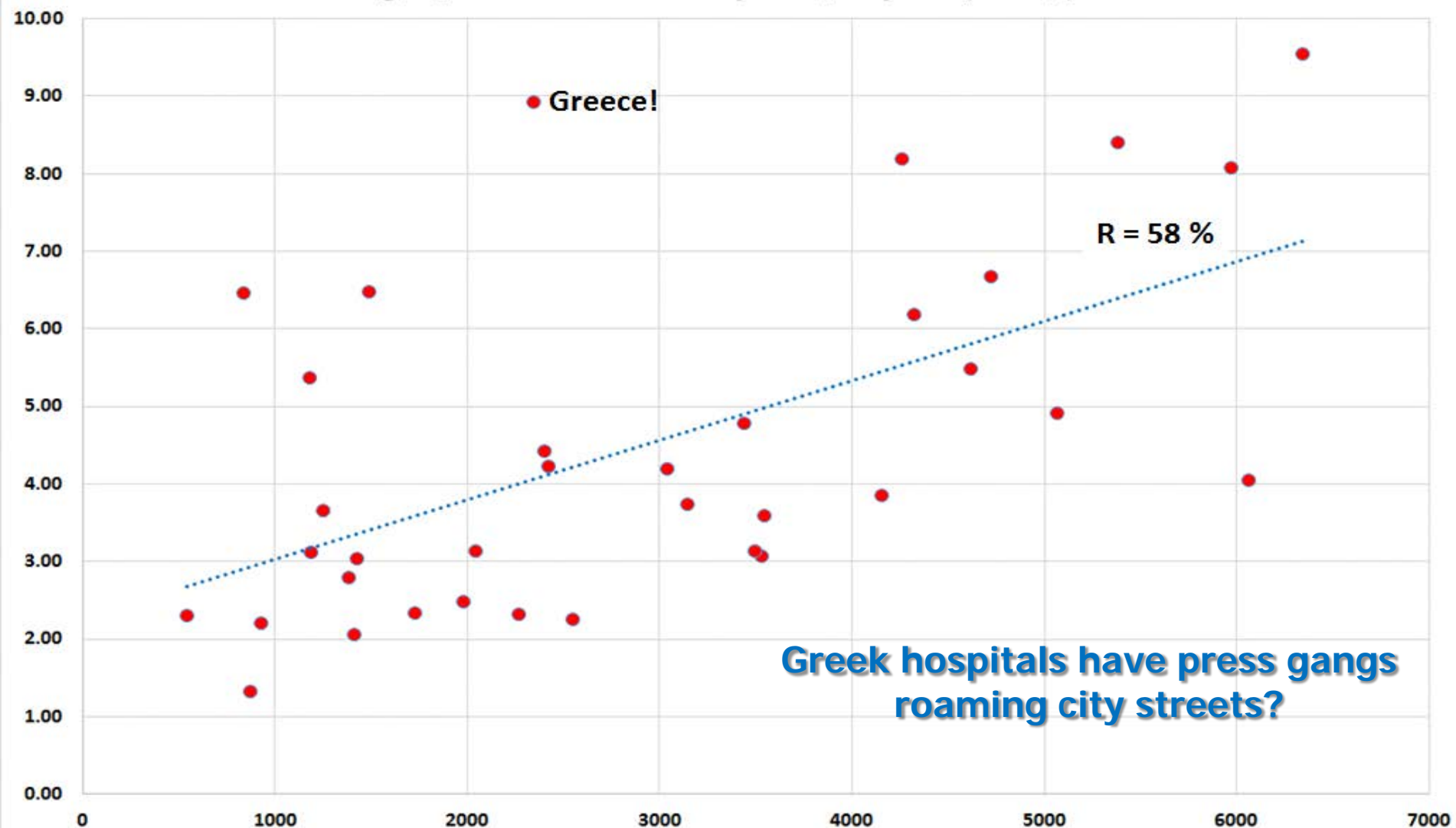


Money does buy better Treatment Results

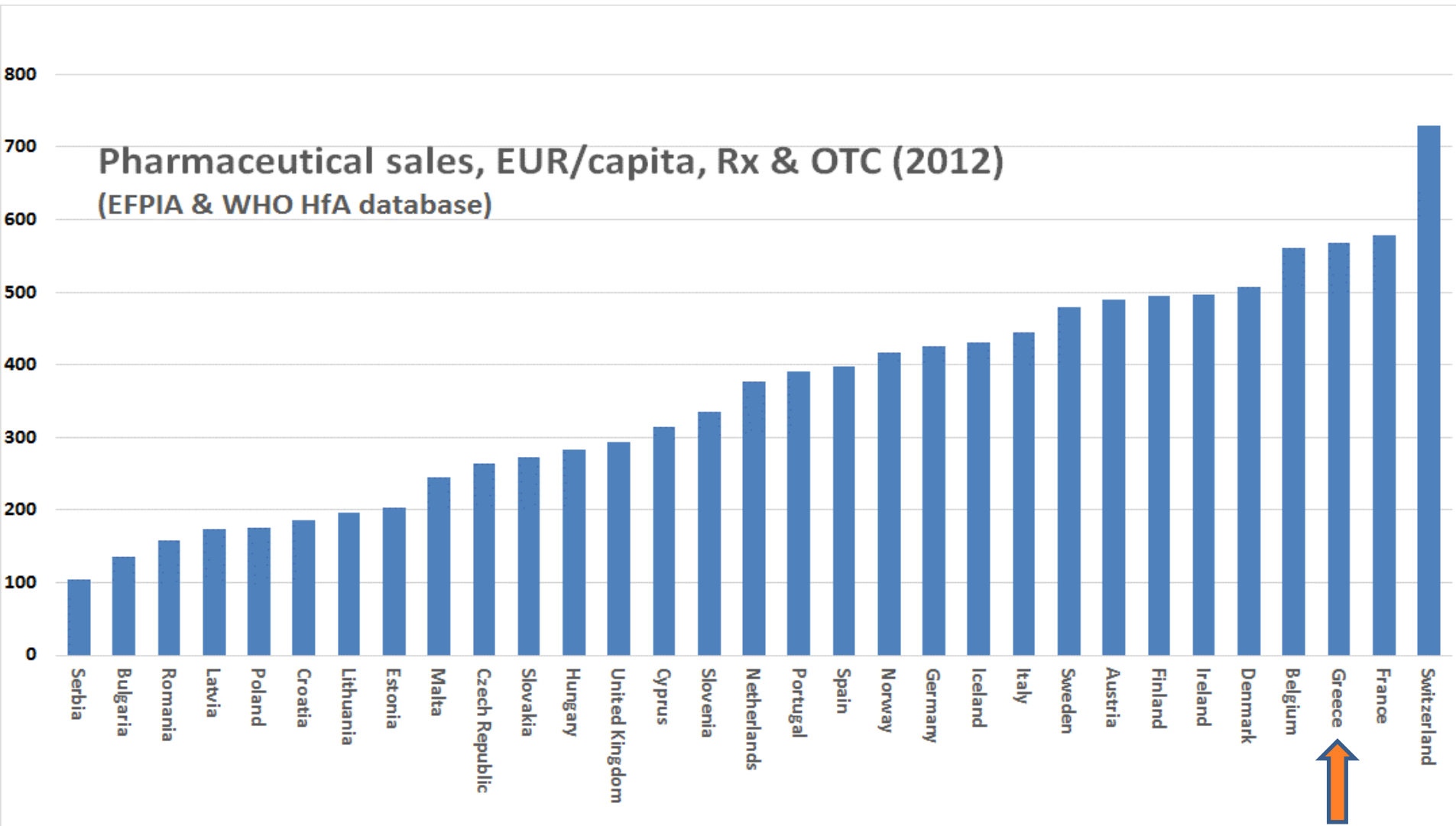


**An example of a LAP Indicator; "Level of Attention to the Problem".
Wealthy countries can afford admitting patients on weaker indications,
but there are deviations!**

Ratio of discharges/deaths vs. HC spend/capita (PPP\$)



Greeks can somehow carry on spending on drugs and hospital admissions



There is no evidence which supports that public health benefits from dispensing drugs to deceased patients

"Bismarck Beats Beveridge"

- ☺ Bismarck systems dominate the top of EHCI ranking
 - ☺ Beveridge systems offer conflicts between loyalty to citizens and loyalty to healthcare system/organisation ("politician home town job preservation")
 - ☺ lack of business acumen in Beveridge systems; efficiency gains and cutbacks frequently not differentiated!
 - ☺ small Beveridge systems (the Nordic countries) can compete



- ☺ 100's of thousands of professionals take better decisions and drive development better than central bodies
- ☺ The essential characteristic of Bismarck systems is the *separation* of financing decisions and operative decisions – financers should not micro-manage hospitals"



What can/should Serbia do?

☺ *Not* centralize budgeting

1. Budgeting *and management* based on performance (DRG's etc), not on costs.
2. Separate decision-making on financing, from decision-making on the operation of Healthcare institutions – the latter is unlikely to be done optimally by anybody who ever worked for a central NHS for any length of time.
3. Maintain a clear “line of command” in the healthcare provision system – institutions must be protected against micro-management from financing bodies. This is the most important property of Bismarck systems.
4. Purchase and implement the FYROM e-Referral and e-Prescription solution »Pinga« - total elimination of waiting lists in less than a year!



THANK YOU -

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