Patient-MedTech Dialogue Workshop:

How can community care ensure equal and broad patient access to medical technologies?

25 May 2018, Brussels

Summary

- Community care is healthcare provided outside the hospital setting
- By delivering services in the community, health systems can become more patient-centric, more efficient and deliver better outcomes
- Technology can facilitate the shift to community care: enabling home/self-care, integrating health data systems, monitoring well-being, and facilitating the management of chronic conditions
- Political will is a key element of shifting care to the community: silo-budgeting is a major challenge
- Greater awareness among the public, policymakers and health stakeholders can catalyst reform

Background

Demographic trends and rising rates of chronic disease will continue to put pressure on health systems in the decades ahead. Ensuring the sustainability of health systems is a major challenge for Europe. Community care is seen by many stakeholders as playing an important role in improving access to health care.

Dialogue between patients and the medical technology (medtech) industry can help foster greater understanding between those who develop new healthcare solutions and those who use them. The patient-medtech dialogue was devised by the European Patients' Forum (EPF) and MedTech Europe as a forum for regular interaction on topics of mutual interest.

On 25 May 2018, representatives of national and European patient organisations joined medical technology companies and national associations to build on last year's discussion on the EPF's Access to Healthcare Campaign. Participants explored the role of community care in supporting access to medical technologies, and how medical technologies can facilitate care in the community.

Welcoming participants, Nicola Bedlington, EPF Secretary General, and Tanja Valentin, Director of External Affairs at MedTech Europe, said community care was a core element of their respective organisations' work. It is important to define community care, share concrete examples of how it can work well, and identify barriers to delivering services locally and in patients' homes.

What is community care?

Melina Raso, Executive Director, Health First Europe, outlined the challenges facing EU healthcare systems. The number of people who cannot live independently is increasing, and the prevalence of chronic diseases is also rising. "Community care is part of the solution," she said. "Health First Europe has launched a Community Care Model which can be seen as a roadmap of the substantive changes required to realise the value and power of a new form of care."

This approach, which puts well-being at the centre, has been supported by NGOs such as the European Forum for Primary Care (EFPC), as well as the European Commission. It focuses on

citizens/people rather than patients as preventative health is an important feature of future health systems.

The publication has catalysed a trend towards embracing community/integrated care. In 2016, the Expert Panel on Effective Ways of Investing in Health was mandated to report on disruptive innovation and primary care, while the Expert Group on Health Systems Performance Assessment has studied integrated care and primary care.

The HFE Community Care Model is built around six pillars:

- **Community Care Policy**: dedicated policies and political leadership
- **Patient-centric care**: responsive to citizen needs
- **Access and Reimbursement**: Flexible funding to incentivise innovative products, treatments and services
- **Innovation and value**: incentivising solutions across the system
- **Care and treatment**: mobile and flexible social and health workforce bound to citizen, not systems
- **Quality standards**: generating quality assurance in the community

Examples from across Europe

- There are several examples of community care in action in European Member States. These include a **German** initiative which improved health outcomes while reducing hospitalisation rates. In addition to increasing life expectancy, patient satisfaction was high (92%) and cost savings of tens of millions of euro were achieved.

- **Portugal** has also managed to change its health system, despite dealing with an economic crisis. The health system is now more integrated and community-focused. A recent European Commission review found that Portuguese health reforms were moving in the right direction. This illustrates that while investment can be required to deliver change, political will is a key enabling factor.

- In **the Netherlands**, the Zio Integrated Care Network is achieving better clinical outcomes and patient satisfaction while reducing costs. The model empowers nurses to perform specialist tasks and invests in systems that bring care closer to the patient. Private insurers play a major role in the Dutch system and have invested in primary care as they see this as the future of healthcare delivery and a good source of value.

The overarching message from these examples is that willingness to change the existing system is essential. This can mean reforming the reimbursement system and securing buy-in from health professionals. However, there is no one-size-fits-all solution that could be rolled out due to variation in how services are funded and controlled in regions and countries across Europe. One participant said change sometimes comes in response to a crisis, but decision-makers should begin reforms in times of relative calm so that they are prepared for future challenges.

Industry perspective

Sandra Gaisch-Hiller, Senior Director Government Affairs & Public Policy EMEA at Baxter, set out the industry view. As a member of the MedTech Europe Community Care Sector Group, she noted that there are multiple terms in use for out-of-hospital care. These include home care (such as home dialysis or chemotherapy); community care (a broader concept covering primary care and residential care); self-care (where patients are empowered to manage their own conditions); and integrated care (connecting health and social care in a patient-centric system). "There is no hard definition," Ms Gaisch-Hiller said. "Generally, community care covers everything apart from acute hospital care."

One aspect of community care with significant untapped potential is home care. At EU level, home care is not yet a high priority, although the Commission has encouraged Member States to increase these types of services. Ms Gaisch-Hiller said home care should be a central part of an integrated patient care model. It can help to reduce pressure on hospitals by facilitating early discharge; avoid re-hospitalisation through prevention and early detection of complication; increase therapy adherence through education and monitoring; treat patients with several chronic conditions at home; and deliver efficiencies and better outcome using eHealth. Home dialysis, wound care and diabetes management were given as examples of how even relatively complex care can be delivered in patients' homes.

However, several barriers remain to embracing home care. These include organisational and administrative barriers to transitioning from hospital to home; a lack of guidelines; misaligned incentives; low levels of awareness among patients and health professionals; data privacy issues; and regulations on dispensing medicinal products.

Home Care is an opportunity: While there are many examples of successful homecare models in Europe, they are still in the early stages of development and should be leveraged further.

E-Health: E-health and ICT need to be an integral part of any home care program. The collection and management of data is key to drive towards an Outcome based home care model. Data privacy issues could create a barrier and therefore need to be addressed carefully.

Breaking down silos: All players would benefit from a well-functioning home care offering, but bureaucracy and politics often slow down adoption at country level. Political leadership is needed.

Collaboration: Need to work together to raise awareness and drive system change.

Patient perspective: focus on type I diabetes

Lesley Jordan, Chief Executive of INPUT Patient Advocacy, gave a patient view of community care using type I diabetes as an example. While care can be provided in the community, and technology is helping to empower patients to manage their condition and connect with specialists, some services are not well suited to community care.

Diabetes type I is a chronic disease but, unlike diabetes type II, it is not preventable. The vast majority of care is self-administered: patients use glucose monitors and insulin-delivery devices to manage blood sugar levels. Careful management of glucose levels is essential to

avoiding serious complications and requires condition-specific training. However, only 10% of people with diabetes have had structured education on how to calculate their insulin dose. This leaves patients with a major responsibility but without the appropriate support.

Training courses currently take place in hospitals and last several days, but this educational model should be redesigned. Local venues – such as coffee shops and sports halls – could be used in combination with communication technologies such as Skype, WhatsApp and e-learning tools. These tools should also be embraced to allow patients greater choice of specialist doctors and nurses and to enable patients to share data or seek advice, Ms Jordan suggested.

People with type I diabetes should also see a specialist annually. "Primary care is in a good position to watch out for signs of problems and refer to specialists when needed," said Ms Jordan. "Some primary care staff need to improve their knowledge, know their limits and keep better records."

The lack of integration between hospital and community care is a frustration for patients. Real-time, automatic sharing of blood glucose data between the patient and health professionals makes care more efficient and improves outcomes. New sensor technologies can also reduce the burden on people with diabetes by eliminating the need for regular finger pricks.

Future of diabetes care

- Automated insulin delivery
- Patient-owned data, uploaded automatically
- Joined-up care between hospital-based specialists, community care (GPs/nurses) and allied health professionals (podiatrist/eye specialists)
- Remote care enabled by technology: patients choose doctor
- Regional facilitators to check patient well-being for factors unsuitable for online consultation (checking injection sites; monitoring sensation in feet)
- Artificial intelligence to spot health trends and highlight missing health measurements
- Care seamlessly integrated into patient's daily life: more automation, connection with smartphone

During an open discussion, several examples were shared of how community care and technology can combine to improve management of chronic conditions. In Belgium, for example, people with diabetes type II can be cared for by a multidisciplinary team in local clinics with follow-up using a smartphone application.

However, several participants noted that authorities have been slow to move funding from the traditional hospital-based sector to community care. Silo-budgeting is a major barrier to change. Several countries also face a shortage of community-based healthcare staff which is a major limiting factor in rolling out local health services.

Case studies

Participants were split into two groups to map the patient journey, identifying key success factors and barriers to implementing community care solutions. One group, facilitated by Lesley Jordan, explored the patient pathway for people with diabetes type I and the potential benefits of medical technologies in improving self-management, while the other, facilitated by Jamie Wilkinson, Director of Professional Affairs at PGEU, looked at how eHealth solutions could address antimicrobial resistance and improve the patient pathway

- **Diagnosis of diabetes type I is sometimes missed by primary care services.** When this happens, admission to A&E often marks an avoidably dramatic start to the patient journey. Creating greater awareness among the public and health professionals could help: if primary care staff are aware of diabetes, they can use a **simple urine test** on children presenting with symptoms.
  For patients who are managing their own condition, technology – and language – can make life easier. Measuring and recording glucose levels is a dull task but could be made more engaging through gamification. The use of the word 'test' rather than 'measurement' is also preferred by people with type I diabetes. A measurement is simply a way of getting information while a test can have negative connotations.

- **Inappropriate use of antibiotics can be curbed by diagnosing the cause of illness**. Antibiotics are sometimes prescribed for viral illness (against which they are ineffective). In other cases, a broad-spectrum antibiotic is prescribed where a more targeted antibiotic could be used. For doctors to recommend the correct medication for their patients, **information from diagnostic tests** is essential.
  Educating the public, pharmacists and doctors on correct use of antibiotics is essential. Communication technology can help to train health professionals while medical technologies can improve diagnosis.

Conclusion: Making change happen

The key barriers and opportunities to reorganising care to be more patient-centric and community-based were discussed. While several participants made the case for community care in delivering better outcomes for patients and helping to make health systems more sustainable, the major challenge is to secure the political will to change how services are delivered. This will require redesigning reimbursement systems, medical education and public awareness, and challenging long-established power structures resistant to change. Some politicians have a short-term horizon and prefer to invest in hospitals rather than reforms that take longer to deliver results.

Tanja Valentin (MedTech Europe) and Nicola Bedlington (EPF) closed the session by thanking participants for their insights. The many examples shared during the discussions illustrate the potential of community care and technologies to create a system focused on the well-being of patients and citizens. This Patient-MedTech dialogue also showed that collaboration remains an essential ingredient to improving services and meeting shared challenges.