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How we can improve health care and pay less

To date, health and in particular healthcare have remained a largely sovereign matter. In today's globalised economy one can argue the need to review global health governance. Some reasons amongst others are the threat of global pandemics, cross-border mobility of the population, global spread of healthcare information but also the rising healthcare costs. This makes current approaches unsustainable which - if not solved - will negatively affect a nation's health status, political stability and business climate.

A review of the performance of healthcare systems supports the suggestion of a disease based approach to healthcare system management.

Do healthcare systems reach their objectives?

The key objectives of a good healthcare system are (1) to improve health outcomes, (2) increase patient satisfaction and (3) protect individuals against the financial risk of illness.

Life expectancy has more than doubled in the last 100 years. It has many more determinants, such as economic, social and environmental factors and as such life expectancy is only a very crude measure for the performance of a healthcare system. However many other parameters, such as the increase in survival rate after cancer or the decrease of premature cardiovascular mortality in the developed world point to the same direction.

However, healthcare spending is getting out of control. An ageing population, technological and medical advances which lead to new treatment options, and more demanding "health citizens" drive a cost increase which outpaces the growth of its respective funding source.

Three myths about Healthcare

Myth 1 – More money spent on healthcare delivers better outcomes

Fact – Healthcare spend and quality of care vary widely from country to country. Even within countries there is no link between healthcare spend and quality of care.

Myth 2 – Chronic diseases are only a problem for the developed world

Fact – 80% of deaths due to chronic diseases are in low and middle income countries.

Myth 3 – We can do nothing to stop this

Fact – Over 25 million deaths globally can be avoided by managing a few key risk factors. Prevention of key risk factors like obesity, smoke, alcohol and drug consumption will have significant impact. Control of intermediate disease markers like high blood pressure – which is easily measurable – will allow progress in managing chronic diseases.

Have we been measuring the right things?

Currently the wrong factors are measured in healthcare systems and in the wrong way. Most ministries of health or finance, and equally the bodies of global health governance, are measuring inputs and very little in terms of outcomes from the system. Typical metrics have been number of hospital beds, physician or spent per patient. It is now also possible to assess disease burden, however we have been very slow and not systematic in measuring outcomes like quality of life (DALY=disability adjusted life years) and the respective cost to achieve these outcomes.

When measuring outcomes there are some surprises. The U.K. is about 5 times more productive than the U.S. in managing *Diabetes Mellitus*. The reason is that long-term diabetes management is more coordinated in the U.K. compared to the U.S. By taking a disease based approach and comparing outcomes it can be observed that in a chronic disease like diabetes prevention and coordination of long term care are the most important drivers of outcomes.

The suggestion is that countries can actively learn from one another - adopting a disease based approach to identifying best practices is a good starting point. This thinking applies to both the developed and the developing world, as the disease patterns are converging, and many emerging markets are currently faced with the active call of their citizens for better access to health care.

A key question to ask

How can current governance be improved? Should we strive for more formal and more centralized governance or should the current more fluid cooperation of states be strengthened?

Realistically, health and healthcare will always be a sovereign matter. Some good reasons are cultural expectations, history, prevalence of diseases as well as security and health of citizens, la raison d'être of the sovereign state. Nevertheless, there is a role for global institutions like WHO, such as defining global health priorities and measuring progress against them as well as measuring and disclosing the right data, health outcomes and costs.

The goal is better health, not more treatment since living in good health is inherently less expensive than living in poor health.