PUTTING PEOPLE AT THE CENTRE

Integrated care for chronic diseases in Europe

EXECUTIVE SUMMARY

The chronic disease epidemic is placing a growing burden on healthcare systems at large. *Integrated care*, as defined by the Expert Group for Integrated Care and Digital Health Europe (EGIDE), *involves the provision of seamless, effective and efficient care and prevention that responds to all of a person's health, social and personal needs. This spans physical, social and mental health, in partnership with the individual, their caregivers and family*. We believe integrated care gives people greater control over their health by equipping them with the necessary tools and information to better understand and manage their conditions, improving both clinical and experiential outcomes in the process. As with any new innovation, barriers to the implementation of integrated care solutions exist across organisational, financial, data and cultural dimensions.

EGIDE was established to foster an environment where all aspects of chronic disease care are integrated and to improve the lives of people with chronic diseases. The work of EGIDE started before the COVID-19 outbreak. We believe the global health crisis made the shift towards integrated care solutions even more urgent.

This policy paper highlights a number of interventions aimed at bringing the concept of more integrated care solutions for patients living with chronic diseases in Europe closer to reality. When conducting our research, our first focus was to identify enablers to overcome the barriers preventing the shift towards integrated care in Europe. We then developed policy recommendations to support the implementation of those enablers.

During the initial stages of our work, we placed particular emphasis on diabetes, considering its exponential rise in Europe and beyond. This gave us an excellent platform from which to extend our focus and analysis to all chronic diseases.

This document aims to present a consensus on the overall policy considerations required to overcome barriers to change and bring innovative integrated solutions to patients

CONTENT

THE EXPERT GROUP FOR INTEGRATED CARE AND DIGITAL HEALTH EUROPE (EGIDE)

Policy solutions to bridge the gap between the concept of integrated care and its implementation across Europe

The Expert Group for Integrated Care and Digital Health Europe (EGIDE) was brought together by Sanofi to bridge the knowledge gap between the concept of integrated care and its implementation in Europe – focusing on chronic conditions such as diabetes, where we believe the greatest value can be achieved.

Members of this high-level, action-oriented group come from diverse backgrounds and include people living with chronic conditions, healthcare professionals (HCPs), former policymakers, academics, industry representatives and former payers. The members of EGIDE share one goal: to pool their knowledge, experience and understanding to propose new policy solutions that will foster an environment where all aspects of chronic conditions are optimally and proactively integrated, to measurably improve the lives of those people who are living with them.

We see numerous promising pilot projects, but they vary in impact and some struggle to reach critical scale. A sustainable solution is one that increases the ability of the system to treat patients for all of their co-morbidities, ensuring continuity of care, and measures value and health outcomes. Actions that give a patients better control of their health and care will likely reinforce the approach.

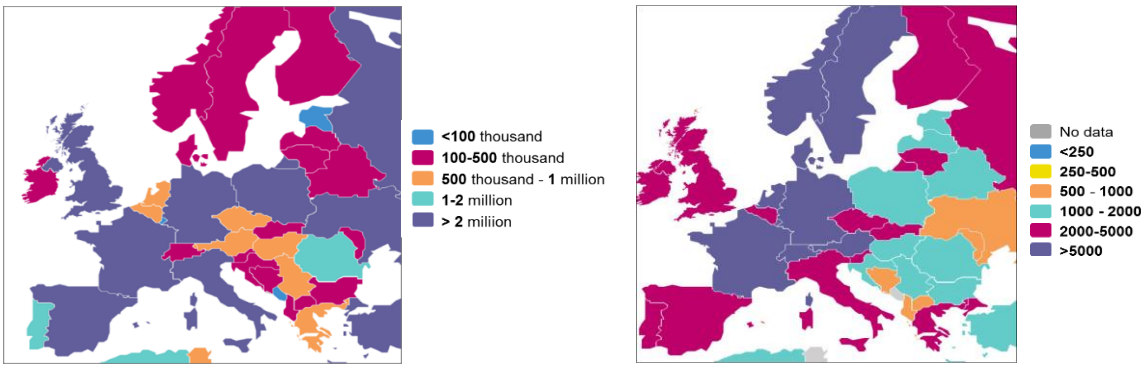
CONTEXT FOR ACTION

The burden of chronic diseases in Europe

According to the World Health Organization (WHO), chronic diseases kill 41 million people each year, equivalent to 71% of all deaths globally.[1] Additionally, in 2014 almost one third of people aged 15 years and over reported living with two or more chronic conditions, on average across 27 OECD countries.[2] Among the WHO regions, the European Region has the highest burden of chronic diseases, which account for 77% of the burden of disease and almost 86% of premature mortality, representing a significant social and economic burden to the European society.[3] In this context, countries are developing new approaches to chronic disease management to address the requirements associated with chronic conditions and to provide appropriate support to people living with them.[4]

At the centre of the chronic disease epidemic is the exponential rise in diabetes which, if not managed appropriately, has the potential to topple healthcare budgets in Europe. This is a dual challenge brought on by the fact that approximately half the number of estimated patients remain undiagnosed and only half of those diagnosed are considered to be "controlled" – specifically 54% of patients have an HbA1c level below 7%.[5]

Figure 1: Estimated total number of adults (20-79 years) living with diabetes & mean healthcare expenditure per person with diabetes (2017)[6]



[1] WHO (2018) *Noncommunicable diseases, Key facts*, online at https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases.
[2] OECD (2019). *Health at a Glance 2019: OECD Indicators.* OECD Publishing. Paris.
[3] WHO Europe (2014). *Prevention and control of noncommunicable diseases in the European Region: a progress report*. WHO Europe.
[4] European Observatory on Health Systems and Policies (2015). *Assessing chronic disease management in European health systems: country reports*. WHO.
[5] Lipska KJ et al. (2017). *Trends in Drug Utilization, Glycemic Control, and Rates of Severe Hypoglycemia, 2006–2013*. Diabetes Care.
[6] International Diabetes Federation (2017). *IDF Diabetes Atlas, Eight edition 2017*. International Diabetes Federation.

It is estimated that 66.7 million people will suffer from diabetes in the WHO European region by 2045 (up from 58.0mn in 2017), with the cost of treating the disease leading to gaps in diabetes management across the region (as seen in Figure 1).[7] In 2017, annual health expenditure on diabetes for people aged 18-99 years reached $208 billion across Europe, and is expected to increase to $214 billion by 2045.[8]

THE OPPORTUNITY OF INTEGRATED CARE

Addressing chronic diseases through integrated care approaches

The data presented highlights the global epidemic of chronic diseases – one of the most serious health problems that exists today. Left unchecked, the exponential increase in patient numbers will consume a large proportion of healthcare resources in the future and pose a huge threat to European healthcare systems.

Another issue is the need to modernise our healthcare systems. Indeed, the current fragmented and reactive healthcare model is not fit to carry out effective management of chronic diseases. Healthcare systems in Europe are still characterised by on demand, episodic care, with the successive involvement of multiple clinicians and little connection between different healthcare providers.[9] This model focuses on the sporadic treatment of the chronic patient when there is an issue, rather than on the control and prevention of complications before they appear. This is a suitable model for acute episodes, but not to respond efficiently and effectively to chronic diseases such as diabetes. To do so would require more coordinated and proactive support.[10]

Integrated care is one of the best ways to improve on the shortcomings of the current approach to chronic diseases. Indeed, integrated care can lead to better clinical outcomes and more efficient processes in different settings and care

[7] Ibid.
[8] Ibid.
[9] Rojo A. et al. (2019) *Integrated diabetes care: from design to implementation*. The Institute for Health and Strategy (SI-Health).
[10] Ibid.

models.[11][12] In addition, integrated care models can bring savings and efficiency gains derived from a lower number of hospitalisations and re-admissions.[13][14]

Definitions of what constitutes proper integrated care vary across Europe, reflecting different system approaches (e.g. covering healthcare only or in combination with social care, addressing diabetes only or the full range of chronic disease) and scale of implementation.

For the purposes of this paper, we have defined integrated care as follows:

> *"Integrated care involves the provision of seamless, effective and efficient care and prevention that responds to all of a person's health, social and personal needs across physical, social and mental health, in partnership with the individual, their carers and family – aligning provision and incentives for better outcomes and quality of life, for the individual and across the population, at a sustainable cost".*

There are still numerous barriers to implementing the changes needed to provide a fully integrated system capable of responding successfully to chronic diseases in Europe.

EGIDE focuses on identifying solutions to overcome these barriers and on accelerating the shift towards the adoption of a new model of care. Its group of experts identified four major enablers that would facilitate this shift in Europe:

1. Funding and incentive models: develop new funding models based on final outcomes, abandoning the current funding model based on the volume of care activity.

2. Health services and processes: evolve from the current hospital-centric care model focused on the cure of acute events, towards a new model

[11] Tricco A.C., Noah M.I., Grimshaw J.M., Moher D., Turner L., Galipeau J. et al. (2012). *Effectiveness of quality improvement strategies on diabetes management: a systematic review and meta-analysis.* Lancet.
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[14] Gilmer, T.P., O'Connor, P.J., Rush, W.A., Crain, A.L., Whitebird, R.R., Hanson, A.M. & Solberg, L.I. (2006). *Impact of office systems and improvement strategies on costs of care for adults with diabetes.* Diabetes Care.

centered on preventive, proactive and coordinated care that redirects its activity towards primary care and the community.

3. Data management and infrastructure: develop information systems that allow results-based care and encourage their interoperability to share information among providers.

4. Culture and engagement: develop an organisational culture that encourages a high degree of engagement from staff with the change.

This list of enablers is not exhaustive and can be found to different degrees in individual, integrated care models around the world. However, we believe these are a good basis from which to analyse and inform future models. The recent 'WHO Guideline: recommendations on digital interventions for health system strengthening' highlight a similar set of system enablers: "leadership, governance mechanisms, regulatory and policy frameworks, strategy and financial investment, workforce capacity, standards and interoperability, and sociocultural considerations"[15].

RECOMMENDATIONS FOR POLICYMAKERS

Policy interventions to drive sustainable change

The real transformation of the care model will only be achieved when the four enablers described in the previous section are fully implemented. EGIDE believes that policymakers have a role to play when it comes to creating a favorable environment for the implementation of the four enablers and therefore support the transformation of the care model. Indeed, previous experiences demonstrate that system-wide transformative change can only happen when there is strong political support and commitment and when policy levers are aligned and activated towards shared goals.[16]

[15] WHO (2019). *WHO guideline: Recommendations on digital interventions for health system strengthening*. WHO.
[16] EU Expert group on health systems performance assessment (2017) *Blocks: tools and methodologies to assess integrated care in Europe*, online at https://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/2017_blocks_en_0.pdf.

If the benefits that integrated care models could bring were already clear before the COVID-19 pandemic, the current health crisis has made the shift towards integrated care even more urgent. Indeed, the health crisis has exacerbated the lack of effective prevention and management of chronic conditions within healthcare systems in Europe, which are still too fragmented and reactive.

As the COVID-19 pandemic continues with a second wave spreading across Europe, the effective remote monitoring of patients living with chronic diseases, as well as the implementation of targeted interventions vis-à-vis vulnerable populations, is crucial.

This is why EGIDE is calling on policymakers active at a European, national and local level to prioritise the shift towards integrated care models and focus on the following recommendations:

1. Demonstrate leadership through a strong commitment to achieving better chronic disease management for and with patients.
2. Establish a baseline and a clear path for implementation with change management.
3. Reassure patients on the use of health data for outcomes measurement in full compliance with legal frameworks on data protection.
4. Explore new ways of financing and rewarding health systems innovation.
5. Drive recognition of patient reported outcomes in assessing the impact of healthcare interventions.

1. Demonstrate leadership through a strong commitment to achieving better chronic disease management for and with patients

- Policymakers have a role to play in galvanising the healthcare ecosystem towards a shared goal of achieving better chronic disease management – specifically an improvement in the quality of care, patient safety and patient outcomes – via integrated care;
- At the micro level: prioritise health literacy, health numeracy & technical know-how for people living with chronic diseases such as diabetes and their carers through tailored education and training programmes;
- At the meso level: identify the change agents and engage with them to amplify their reach and impact through co-creation to foster iterative, internal evolution;
- At the macro level: enable patient group representation in policy and scientific committees that are establishing chronic disease management

programmes and draw on existing light house initiatives implemented by other national governments.

2. Establish a baseline and a clear path for implementation with change management

- Policymakers should collect data on the cost of doing nothing, in order to establish a baseline, and agree universal metrics and tools to monitor change relative to this;
- A consensus has to be reached on a robust and easily duplicable methodology to assess solutions and model their implementation;
- Programmes are needed to identify change leaders and to reward change towards greater transparency on patient outcomes and value for money assessments of therapeutic interventions;
- A specific focus on shifting behaviours of patients and HCPs towards a joint responsibility for the management of chronic diseases such as diabetes should be instituted.

3. Reassure patients on the use of health data for outcomes measurement in full compliance with legal frameworks on data protection

- Policymakers should promote sophisticated data utilisation and compliance; safe and ethical use of data to address concerns over patient data and privacy;
- A clear framework to incentivise and enable the secure collection, sharing and use of health data by providers is required, in order to measure and adapt care pathways in chronic disease.

4. Explore new ways of financing and rewarding health systems innovation

- Policymakers should reflect on the different modes of financing available to them to support new healthcare management models, for instance:
    - By leveraging transformation funds or innovation ecosystems;
    - By creating new innovation funds for the upfront investment

required to support the transition to integrated care models.

- Metrics should be introduced to measure shared savings resulting from longer term (re)investment, with the ultimate goal to provide better financial incentives that support health system transformation, resources efficiency and better patient outcomes.

5. Drive recognition of patient reported outcomes in assessing the impact of healthcare interventions

- Harmonised frameworks are needed to collect high quality, reliable patient reported outcomes;
- Incentives are required to drive compliance in measuring and tracking patient and system outcomes;
- Policymakers have a role to play in sharing success by bringing together examples of successful blended care pathways and socialising them among the broader health care community;
- Success factors should be modelled so that they are well understood and can be replicated.

CONCLUSION

EGIDE is committed to finding solutions to overcome the barriers to integrated care in managing chronic diseases such as diabetes in Europe. We stand ready to collaborate with all relevant stakeholders – policymakers, HCPs, people living with chronic diseases and payers – in order to do so. We believe by bringing together a broad range of perspectives, pragmatic experience and with our dedication to drive tangible change, our group can promote a European vision of integrated care. One that is rooted at the local level, to ensure each model reflects the needs of the people living with chronic diseases and their health systems on the ground.

We believe driving such change is even more urgent now, considering the profound impact that COVID-19 is having on patients with chronic diseases, healthcare systems and communities in Europe.

> One cannot prevent further deterioration of chronic conditions without forward-planning and action. Healthcare systems must be able to anticipate which patients need care *before* their condition worsens and they require emergency care and a hospital bed. Therefore, risk stratification of patients, home based digital technologies and community nursing are all basic requirements for any healthcare system wishing to improve chronic disease management and consequently respond in a more structured way to pandemics such as COVID-19.

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