



The European Health Consumer of Tomorrow

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The European health consumer of tomorrow will think and act in quite different ways from today. There will be a new landscape out there, driven by changing values and new information opportunities. As the consumer takes action there will finally be pressure from below for dialogue and interaction typically lacking in health care, explaining many of the system's flaws and output limitations..

About the Speaker

Johan Hjertqvist is the founder and president of the Health Consumer Powerhouse in Brussels/Stockholm, the European “do-tank” for better healthcare by consumer information and knowledge (2004). Before the Powerhouse, Mr Hjertqvist was the director of Timbro Health Policy Unit, a division of the Timbro Policy Group, Stockholm, Sweden.

For more information please see: <http://www.healthpowerhouse.com>

Stephen Pollard

We're delighted to have with us Johan Hjertqvist of the Health Consumer Powerhouse. Johan is a long standing friend of CNE; we first worked with him when he was at the Swedish think tank Timbro, and then for quite a while he was actually based in the CNE office. Today, his Powerhouse has launched and they have their own offices and they are a thriving concern. And Johan is going to take us through the philosophy of this new development which is about empowering patients with information and very much in tune with the CNE philosophy.

The format, for those of you who haven't been before, is: Johan will speak, unfortunately for him as we eat. And Johan will talk about his new think tank or as he calls it his “do tank”, and then we will go over to questions and a discussion. So thank you very much and over to Johan.

Johan Hjertqvist

Thank you very much Stephen, I'm delighted to be here to be able to address such a qualified group of people and I hope I don't disturb you too much when you're eating

by showing a couple of slides.

We call the Health Consumer Powerhouse a do tank. We try to stress that we deal with big ideas and challenging thoughts but that you also move ahead in delivering outcomes – that is, building information systems for health consumers around Europe to take action, to have more information knowledge about what treatments, what opportunities, what providers are available. So you in the integrating Europe can have more and more mobile internal markets, let's say, for healthcare around Europe. You can really use the opportunities to move from one city to another to have a treatment from one hospital to another, even from one country to another.

As Stephen said, we basically from beginning were a Swedish think tank. Now we try to take a pan-European stand, a European approach, more and more are looking into what are the opportunities for the European health consumer.

We talk about the important transition from weak patients into demanding consumers, and on June 15 we will present much more of this information, more of this stuff about the future, at our Health Consumer Summit here in Brussels. We'll end up today by welcoming all of you to this event, where we will present a number of ideas that we think will be important ten, fifteen years ahead regarding healthcare. Also, displaying what we call the "consumer index" which is a first attempt to benchmark the national healthcare systems within the European Union, so the consumer can make comparisons, and we hope to stimulate the discussion about the consumer friendliness or maybe even the opposite, the lack of consumer friendliness in many of the designs of healthcare today.

Let me start by giving you a couple of pictures of what might happen in the future. Just a couple of ideas what will be, typical you might say about healthcare in ten or fifteen years. Let's just take one potential case, the disease management club of Fuengirola in Southern Spain, there we know that increasing numbers of "snow birds" as they are called in the US, will migrate from places like Stockholm or Aberdeen or Oslo, Helsinki or Hamburg or wherever it is, down to Southern Parts, Mediterranean parts of Europe, and imagine that more and more well educated people come together: Seniors, baby boomers, many of them will probably have chronic disease and that is important to stress as one typical remark when you discuss about the health consumer influence, health consumer power is that, well that might be the case that people waiting for hip replacement want to empower themselves and taking action, making choices, but how about people with chronic diabetes or whatever it is.

Of course, to us these large groups of European baby boomers or senior people with different kinds of chronic diseases will be the most important ones driving this change, because, to these people the variety in access and quality is of great importance. We imagine that a growing number of people will go together in small communities or

groups or informal networks taking action here, and of course if you, couple of hundred people ten fifteen years ahead you will probably be able to negotiate different kinds of deals with your insurance company or your public healthcare system or hospital or homecare organisation and so on. So we expect people to become much more engaged in their own healthcare as individuals, but also as informal networks. We can imagine that a couple of hundred golf players here, or whatever it is, something probably bringing patients together, will be much more active in these kind of informal networks. Probably also engaged in finding their suitable housing and so on, different kinds of homecare treatment... so we can imagine that there will be a number of what you might call disease management clubs. They might emerge in Aberdeen or Berlin or wherever, but we believe that you will see a typical activity like this around the Mediterranean.

Another typical thing that will happen is of course in the ageing Europe, where quickly growing numbers of old people wait for different kinds of treatment, governments will notice that it will be quite common sense to give people treatment far more quickly than you do today. In large parts of Northern Europe, long waiting times are still a problem, and we notice it in every election, every election campaign, where different political parties promise to reduce the waiting times. And of course if you look at grandpa here, the best economy from the society's point of view is to give him a quick treatment so he can stay active rather than letting him wait one, one and a half, maybe two years for a treatment or hip replacement when he needs medication and so on. So to ask again, the active health consumer won't, in the long run, tolerate the kind of waiting lists that you have today. We expect governments to start understanding the upside of shortening the waiting lists as well.

Take some time to understand this. Ok, let's look into a more tricky thing that will happen regardless of whether you welcome this kind of development or not – but if you look at the value shifts around Europe, it's quite evident that more and more people think about planning not only when they want to have a baby but also: What will be the genetic design of that baby? We know that people already discuss the colour of the eyes of the baby and so on, will they be a future hockey player and so on, but of a course a more serious thing is to discuss how to avoid that some kind of disease or degeneration that might be common among a family generations back, how can you avoid that? That's quite controversial, of course, but there are techniques to handle this and we expect people to become more and more active here when they want to minimise the risks that their baby will have a disease.

Of course that's controversial. This will be a matter also: Who is supposed to pay for this? But again, the technique opens new opportunities and it also asks for a number of delicate and complicated choices. This is an even more challenging matter, I would say. We know that as the transplantation technique makes advances, or when people according to age become more and more in need of kidneys or different kinds of transplant organs, at the same time there's a shortage of that kind of opportunity's

availability around Europe – a growing shortage. Of course people will often be turned down by the hospital saying, “okay, you might need a new kidney to improve your quality of life, but we can’t put a priority to your case”, people will start looking for individual solutions – for private solutions. It happens already. You have, in the US for example, websites for this, for private exchange of transplant organs. Today they are “not for profit” but I guess in some years you will see a variety of behaviour options here. Again you might fear this kind of development but most likely this will happen; people will no longer tolerate somebody else making the decision for them, they won’t take “no” for an answer I would say.

A less dramatic case would be somebody who wants to use the access to new treatments, new science, to speed up his or her case, to become more happy and satisfied with their life. We know they have medication for that, there will be an opportunity of having small implants in your brain, for example, and so on. In ten years time this will be nothing very dramatic from a surgical point of view. Again, how to fund it? We imagine here that Martin maybe has a personal health investment account, we believe that the increasing demand for different kinds of treatments that are not covered by the public or traditional healthcare system will open the door for different kinds of additional private funding as well. In the European environment we don’t believe there will be any explosion in that field, but there will be more and more additional private money pouring into the system. Many other European healthcare funding systems might be labelled as private but they are all, let’s say, semi-private; they will be more and more out of pocket, more and more of this kind of “healthy investment” money coming into the system.

Again as people notice there are opportunities if they pay for them, some will make that choice: “Okay, I will take this opportunity”. I might have, as in Martin’s case, scaled down or reduced the costs in other ways maybe for the annual health checks or whatever it is, but you go for that kind of option anyhow. Other people will make other priorities, even. We won’t have that opportunity of course and that’s another kind of discussion that I will come back to.

So there are a number of issues you might say addressing our generation or generations of course. In the northern parts of Europe you might ask: will the Beveridgean or Bismarckian “planned economy” model prove able to combine equality with an increase in consumer influence? There is a breaking point where the systems can’t tolerate growing consumer demand and influence. The continental systems: can they – which is quite a challenge – cope with the early retirement and a low degree of work participation in the economies? Many of the continental countries around the European Union will encourage economic efficiency, the need for economic growth. To baby boomers, of course, it’s critical who will care for them, they will of course care for themselves, they’ve been doing that for a couple of decades now but they will also expect somebody else to engage as professionals for example in their healthcare; we

know there will be a rather dramatic shortage of work force generally in the European Union (already a fact, I would say), but problem will increase quite dramatically a generation ahead.

And the big issue of course: Can Europe combine the more European traditions and values, solidarity, etc. with these kinds of consumer demands? Can you think of a social growth approach for Europe as to our judgement they are very strong European concerns and values that probably will stay for many years ahead, and it would be good to try to think about the European model. Improving the economic growth but also maintaining many of the European values like solidarity and equality and combine it with increasing influence for the health consumer.

This march from “patient” to “consumer” isn’t quite easy, to the left you might see the traditional patient values let’s say, what’s been typical for “patients” in the rather hierarchical, traditional healthcare systems where you have a limited perspective, meaning that you focus on your own disease but you’re not very interested in the healthcare system otherwise. Here of course you have an inferior position as you’ve been lacking most of the information, you’ll be looking upon yourself as a receiver reacting upon different kinds of signals and messages from your doctor on the authorities and so on. Solving those problems is actually somebody else’s responsibility when it comes to the funding, or when it comes to treatment, and of course you are grateful for at all having a treatment though you might be last in line waiting for a long time for treatment.

The “consumer” acts and thinks quite differently I would say. You have much more a market perspective and you are interested in having access to a lot of information about the system, how you navigate the system. What are your rights? Who are the providers? What are the treatments? And so on, you look upon yourself much more as a partner, you are not looking up to the doctor, not down either I hope, but you look upon yourself as a partner to the system or to the doctoring. So in a common solving of your problems you are proactive, you don’t wait until the last day, you want to be informed in advance having a good picture of the system so you can again as I call it, navigate the system. It’s much more your own responsibility to address these different kinds of issues, also taking action from a financial point of view and you are demanding. You’re evaluating. You are a much more complicated person to treat of course and to handle from the system’s point of view or from a doctor’s point of view than the “patient”.

As you know, the typical, what I call health “tailorism” which is quite strong still in many systems and being the typical way to design the healthcare systems, the public healthcare systems, many of the private ones as well I’m afraid. In the welfare state, being a “tailoristic” approach, you haven’t been very aware or interested in the fact that each patient is an individual, that each of them has their own demands and needs and values and so on, and now we are turning much more into a consumer designed system

and of course this class between two systems causes a lot of confusion around the world. To me it explains a lot of the – what you call “reforms” going on all the time: You reorganise the hospitals in one way or you try to change the reimbursement system or the assessment system or the control system or whatever it is and you, not until you really move into radical new design and really allow the consumer to become much more influential you will be able to, that’s our judgement, able to find a balance in the systems as long as you stay more on this side with different kinds of rationing and design from above you maintain a lot of the confusion. And of course the turning from one historical system where the politicians all the time can say that “we are in control, we are elected to control the system, to control costs” and so on; in reality we know that they control very little of the production or the outcome. As long as you stay with the “tailoristic” approach, however, you won’t be able to meet the demand from the consumer, you won’t be able to cope with what the consumer wants to have regarding partnership and also a good outcome of course. So it will take a rather radical shift moving into the consumer design. Are people really interested in this? Yes, we would say so, and we notice that reluctantly the healthcare systems around Europe are trying to adjust to this new reality.

I will show you, in closing, a draft of the new Health Consumer Index we will present June 15. It will rank, for example, the other patient consumer rights in the healthcare systems, what kind of choice do you have, access and so on. In it, we notice that around Europe – again reluctantly and not very consistently – but anyhow, to an extent that might cause some optimism. You notice that the systems adopt to this. Choice is quite important when you look upon the attempts to reform the NHS for example in the, maybe you shouldn’t say UK anymore as the National Health Service is breaking up into regional organisations, but if you look upon Scotland and England and Wales and so on, you notice that access – shorter waiting lists as well as choices – is the number one priority for all the political parties. You notice the same thing in Scandinavia, where a number of outdated healthcare systems have been replaced rather radically – in Norway, for example, by what you might call a Danish system where you put much more focus on access and choice.

We also know that the European Court of Justice is actively supporting the mobility and that most governments (but not all of them) are supporting that kind of mobility – and you might also say “portability”, meaning that you can bring your funding, the public or insurance funding from your own country if you have to go abroad to have treatment.

How to open the funding system for more consumer influence and additional consumer money still remains to be solved but also there you notice that as the public money tends to dry up you notice increasing interest from governments to take on this issue.

Good evidence that people are interested in many of those values has been published by the Stockholm Network, which is a network of today I think roughly 150 think tanks

around Europe; Centre for the New Europe as well as Health Consumer Powerhouse are part of this network. Last year the Stockholm Network launched a most interesting study called *Impatient for Change*, which surveyed eight countries, eight thousand respondents around Europe in eight countries. Two out of three people, roughly, said that they were ready to go abroad to have a treatment which is quite dramatic. Of course in reality there won't be hundred of million Europeans moving across the borders of course to have a treatment, but already that signals that you are ready to go abroad to have a treatment if you are not satisfied with the access and the quality in your own countries, quite an interesting message. And of course young people are more keen on that kind of option.

If you just look to Sweden, not because Sweden is very interesting as such, but as you might know that welfare state attitudes are still quite strong in Sweden. 65% of 55-and-older people say they could think of going abroad. And also, if you look upon the way to assess or measure the quality of healthcare services, 98% of those Swedes said that waiting time is a good indicator of healthcare services quality, but as you notice no more than 15% say they are satisfied with the present Swedish conditions regarding access and time. Also 85% say that being treated at a time and a place that suited you is important to the quality of, total quality of care, but only 29% say the situation in Sweden is good.

A large majority of all respondents say that waiting time is a good indicator of healthcare quality. Around Europe, less than one out of four are satisfied with the waiting time condition. Many more people are satisfied with access in France, Belgium and Germany, for example, where waiting lists – or at least long waiting lists – are rare. It means that people in waiting list countries like UK or Sweden or Norway and Finland and so on, are extremely unsatisfied to have that average figure.

Two out of three Europeans say that it will take reform in the healthcare systems to make them cope with the challenges of tomorrow; otherwise you will run in to a lot of problems in ten years' time. And a large majority also say that giving the patient more information about the illness would improve standards of health services. So that's to us a very strong health consumer evidence that you say, "okay, if I have more information about illness I will be able to interact better with the healthcare system, there will be a better total outcome, it will generally improve the standards of health services".

We can also notice that more and more people around Europe feel that they should be able to add additional money into the healthcare system. A recent study from the Netherlands, which to a large extent is known for strong equality standards, roughly one out of two people say that you should have the opportunity to add additional money to the system.

So what are we at the Health Consumer Powerhouse doing about this? We would like to, as I told you, to start empowering the health consumer by providing information to

take action. This year we will launch the European Health Consumer Index. I will just brief you about that: Within three years time we would like to contribute to consumers in key markets – in the more mature healthcare markets, you might say, around Europe – to have access to a different kind of information – information that you can use to compare the outcomes, on the Internet, and community solutions as well – giving you new channels to voice your influence. In five years' time – this is not a five year plan in the Soviet style, but our ambition is that in five years' time we would like to influence the way the European Union will build this kind of system. We are quite convinced that in some years' time ahead, the Union as such will engage in delivering this kind of assessment tool, though we believe that the national governments for a long time will be designing national systems, but then as the European Union wants to support consumer action around the Union we would say that you will find different kind of initiatives here. And if we can highlight the need for consumer design here for bringing consumer aspects into this kind of system we believe that we – the overall design for those kinds of systems will be more realistic and more adequate than otherwise. And of course, looking to 2010, we would like to create an environment in which you as health consumers really make a difference.

So we will present these ideas, these findings in more detail at the health consumer summit. We've found a nice location in Brussels close to the parliament, and we hope that you are interested in reading more about what we are doing, joining us at this event, looking for our findings, and we hope that this will be the annual coming together of people interested around the European Union in health consumer issues. And let me just end by showing you what the Health Consumer Index might look like. [Referring to slide] We're benchmarking, looking to the standards of twelve member states. We will add the remaining thirteen next year; you find the names of the nations up here. We haven't brought all information in to the system as it would reveal who would be the winner – and maybe also the losers – but you notice we rank, for example, patient rights and “information” is a provider catalogue that offers ranking. You will be able to have a full view of all the provision options within your national system. There might be reasons I understood from discussions before the lunch to upgrade Netherlands; evidently interesting things are happening there. Otherwise you will find that still you might say that UK or at least England and Wales are the only places where you can find that kind of information. Do you have direct access to specialist care or do you have to rely upon referral from your GP? Do you have the right to a second opinion? Is there no fault malpractice insurance, for example, so you don't have to take your doctor or hospital to court to have compensation, or can you access more handy solutions? What are waiting times for typical treatments? What are the outcomes again for typical treatments? Is it a customer friendly design when it comes to renewal of prescriptions? Is there a systematic delay regarding introduction of new drugs into the reimbursement system? *Et cetera.*

So that's one of the approaches we are taking. We are already running this kind of

system in Sweden since last year. We are upgrading that in mid-May, in a couple of weeks, and these are some of the things we are doing and the general framework. I hope I've been able to express that we believe that the informed consumer is the kind of partner that's necessary to build a pressure from below for change, for reform, for development of the healthcare systems. More consumer influence will mean better healthcare for Europeans in the future. That's my message, thank you very much.

Stephen Pollard

Thank you very much for that Johan, I think we should kick off straight away with questions or comments or whatever people feel like sharing, please could you say who you are before you ask your question.

MEP from Slovakia

Thank you very much for your outstanding presentation. I have one comment and one question. Currently for instance with the accession of Slovakia and nine other member states I think there is maybe the same, but I know of course the domestic situation. People from Vienna and from Austria are coming massively to treat themselves in dental care to Slovakia which is quite an interesting issue because there's a good quality there and the price is lower than on the opposite side. Would you think that in the table you promised to have twenty five countries next year in your evaluation scheme, would you think that patients from, let's say from some countries would move massively to the others in the next future, and would you think that the recipient countries would defend themselves and by what means? Thank you.

Johan Hjertqvist

That's the most relevant question. We know that some governments among the old member countries spreading rumours about healthcare tourism and all that – that there will be an invasion of people moving across borders and so on and confusing the healthcare systems. I would welcome an increased mobility, and evidently a number of the new member countries offering quite good or even excellent healthcare to a lower cost, and of course if we welcome integration of services and the mobility of people across borders in other fields within the union. It would be strange to say, “okay, we put a limit when it comes to healthcare or dentistry or whatever it is”. Increasing integration also here would be a quite positive one. And of course probably it will take some time, as we know that people traditionally want to be treated as close as possible to their homes, but that's again merely a “traditional” patient view so to speak. When you have better information, when you can ensure yourself that going to Bratislava or Prague or wherever it is will be quite okay, if from different kinds of information systems you learn that the quality is excellent then you will be much more positive of everything.

Martin Schneider – Enterprises of the orders of St John in Brussels

I was struck already by your first example which was the one on the disease management club. It reminded me a bit of the German concept of what we called [unclear] but that of course is a step forward because with [unclear] they are just discussing how they can manage their problems together without really effectively influencing our authorities or insurances and so on. I have another question, maybe a bit fundamental: Your name is Health Consumer Powerhouse and you're calling for a health consumer summit; I would be generally interested: What is your strategy to actually take into account health consumer views within your organisation? How do you make sure that there is a representative mix of consumer voices? You were talking about a survey, maybe several surveys that were done, do you have other ways to ensure that you are always up-to-date with what health consumers really think in Europe? Thank you.

Johan Hjertqvist

It's a good question, and of course we take some height when we address ourselves as some kind of informal spokesman of course, there are a number of other organisations of course with perfectly the same rights. So, but we do research, focus groups, try to discuss those matters with a lot of people. So, but of course, let me stress that we are not a parliamentary – we are not a member organisation in the same way as a patient group for example, I mean, we don't have a annual meeting where we vote about the position we take. So of course we try to engage a lot of people in the discussion, progressing the different standpoints, but of course we are not a member organisation in the way a political party or whatever is.

Peggy McGuire – European Institute of Women's Health

Thank you very much Johan, I enjoyed your presentation. One thing that struck me when listening to you: I think if we are to have a very comprehensive European health policy throughout Europe and the twenty-five member states, I really do feel that we have to look at a completely integrated policy approach to the whole area of access to health care. Now I think the commission has been trying to do that from a policy perspective over the last number of years, if you look at the Mobility directive, if you look at the Services directive, if you look at SANCO and what they're trying to do and look at inequalities – also the European gender institute has just been set up, and the open method of coordination.

But what I'd like to see is perhaps DG SANCO in its funding portfolio looking at health

services throughout Europe and how they are delivered. I think we have an awful lot of research there, very fragmented. It is extremely fragmented, and I think what we need from a European Commission perspective is to look at the twenty-five member states and do an audit of what the healthcare services are delivering and in what format at the moment – and that's from the health services delivery point of view.

From the patient, citizen point of view, we are all going to be patients at one stage in our lives, and I think to a certain extent – and because of media, because of the growth in information that's out there on health – health to a certain extent has become a new religion in Europe and people are demanding more from their healthcare system, it has become a real issue and again I think we still don't have enough information on how people access healthcare services, and that's another issue I think for the parliament – for the committee on environment for employment and social affairs, it's an integrated approach, health covers all aspects. So what the Institute of Women's Health would like to see is DG DANCO and DG Research, services, *et cetera* all looking at this from an integrated approach because if we are to have a very good equal access to healthcare for everybody in the future, we need to have the information. It needs to be co-ordinated and started at a European political level.

Johan Hjertqvist

... being part of the service directive but that was a setback. Evidently that was too a radical approach for a lot of people around Europe, and that means you take the development back, I would say, a number of years, again by integrating healthcare services into the service directive you would have opened Europe for much more mobility, not only for patients but also for healthcare providers moving to establishing themselves around Europe, improving the access and the quality of care. Now we are still in a situation where mobility integration regarding healthcare looks appears to be something strange or, more, an anomaly. And that's a bad thing I would say. I support you regarding the need for integration.

Tim Evans

My question is, I can imagine people in the various health ministries around Europe quickly recognising that you have captured the *Zeitgeist* of the age – that consumerism is the key theme of the early 21st century for many reasons: the Internet, the psychology of consumerism that goes with younger people, *et cetera*. To what extent do you envisage people in politics and people in various civil services around Europe will want to start to compete with each other? Because if I was a chief civil servant in the Dutch ministry of health or the Slovak ministry of health, I would too would want to be seen to be capturing the fashion of the age, the *Zeitgeist* of the age, and I would want as many green [referring to slide] circles in as many boxes as possible. So to what extent do you think that you could be very cleverly in the business of helping to create a cycle of

success, a competitive cycle that is essentially a self fulfilling prophecy? I hope you are, but I would love to hear your thoughts on that. Thank you.

Johan Hjertqvist

And you expect me to reveal those plans?! We know that of course many administrators around the healthcare systems, governments, regional governments and so on are aware that maybe they don't have exactly our view but of course they are aware that it's a strong movement going on. As Peggy said, and the new religion might even say, these are very strong values anyhow among people, and it's nothing that you can expect to disappear in a couple of years –of course, some politicians still hope that you will go "back to normality" and the patients will again stay peacefully in line waiting for a treatment two years ahead. I'm quite sure that will never come back. That's really a transition we are seeing here regarding values and behaviour. But of course admitting to that kind of development in a election meeting or campaign, or whatever it is, when you meet patient organisations and so on that are really into taking action, I mean, saying, "okay, now we can't accept anybody waiting for more than four weeks for treatment or whatever it is," that's something quite different so before we really see a radical change here I think it will take many years. And of course the key concern to the typical politician – I've been one myself, so I'm not trying to paint things in black here – is the cost concern: Okay, people more engaged in their healthcare, more information all that, but won't it cost terribly much more? Can we really afford that? Of course then you typically look away from the opportunities, which to me are quite dramatic and important, the opportunities to really reduce costs or by engaging people in the care process. We know when people have more influence they generally tend to be much more responsible and responsive, so it's sad to see that politicians generally look only on the economic downside or increasing costs; they look away from the significant opportunities to reduce costs by engaging consumers, and of course one important explanation is that when you assess healthcare costs, generally you look only on the *cost* side. On the *outcome* side of course you notice people asking for new kinds of drugs or whatever – okay, that's a new cost. But at the same time people might stay at work; they don't have to be on sick leave. But to the healthcare system of course it's only cost. You don't see somebody else paying for the sick leave; I mean, you don't often have an integrated system covering all costs, but instead it's split up between different kinds of levels or regions or whatever it is – meaning that somebody has to take the costs, and of course they are they are very worried about this development, either taking the gains they don't talk that much about so that's the way politics generally work.

Rebecca Taylor – PGU European Pharmacists

I had a question about patient mobility, because, as I think you mentioned – and I've heard it said several times – most people actually prefer treatment close to home; they only want to go abroad when they think they can't get it or if they would have to wait. So do you see patient mobility as a way to push the national health systems to improve,

or as a kind of solution to the problems? It wasn't clear from your presentation which one.

Johan Hjertqvist

Both, I would say. Mobility – already the quite limited factual mobility within the European Union – has reached a critical mass, you might say, engaging the Parliament and – not least – the European court into taking action. So as a symbol, you might say it's proven quite impressive and strong, but I would also say that in some cases this is a solution the European Union again is discussing: How to organise highly specialised care within the European Union. Does every country, every city have to have their own units for different kinds of specialities? Or can you regionalise this on a European level, so you have one centre in Munich and one in Leeds and a third in Seville for example? That's sufficient for the European needs maybe. So going abroad to have different kinds of treatments will become much more of a daily pattern – and that to me is a way to use the best resources in a reasonable way.

Stephen Pollard

Can I ask if there is anyone who takes a hostile view to what Johan's trying to do? I mean we're sort of assuming it's all sort of wonderful; it would be really good to hear some other points of view. Sir.

The Commission

It's not really diametrically opposed in what I'm going to say, but will be a little bit in the sense of simulating the devil's advocate. When defining, for me, I wondered whether two aspects were taken into account sufficiently. The first one is: We know that the consumer, as such, always tries to invest more in those goods that are internal, or the private goods, and he doesn't invest enough in the public goods as strongly. So what is your reaction to that?

And the second one is, of course: It is a quite interesting view to say the patient is no longer a "patient" but is a "client" or is a "consumer". What came to my mind – and this is really a bad comment at this moment in time – but assume there is a war, and somebody suffers from the war and then the concept would be trying to be a peace consumer. What are the borderlines? I noticed now during the discussion you were delimitating a little bit your perspectives. What do you see as your precise borderline, where this could end in a sense, to what has still been largely dominated by the public sector and where this consumer idea ends? Thank you.

Johan Hjertqvist

You might say that generally the citizens of Europe are heavily taxed to fund healthcare,

so maybe there's not very much – traditionally there haven't been many resources or even very much motivation for the individual to build up reserves or to put more money into the system. The critical times are coming now, I would say, when you notice that the public systems are put more and more under pressure from the aging population at the same time as people ask for more and more treatment and so on. One important explanation is that you build the typical European system from a collective point of view, you might say, so tomorrow when people notice that maybe they can't, they're not sure of accessing what they ask for within the public system, I think that will become much more of an issue.

It's difficult or even impossible to give a very clear borderline saying, "okay, you are a consumer now". You are a patient, of course. You might say that all patients are consumers but you don't have to be a patient to be a consumer. To me, the consumer is much more interested than a patient in having an overall view of the system. How can you navigate it? What does the system offer when you will need a treatment? Planned treatment, planned surgeries are quite a typical area, I would say. If you know that in two years' time you will need a knee cap replacement, or whatever it is, then of course you have time to look into what the different alternatives are.

There are situations when you quite truly are, and ought to stay being, a "patient" of course in your very typical doctor-patient relationship, and so what I'm saying doesn't reduce the essence of being a patient. But it's – for the future, it's too limited only to look in to the patient-doctor relationship I would say; you ought to need a larger space, so to speak, and that's a "consumer" thing to me, so it doesn't have to be a contradiction.

Question

A personal remark, please. It's not hostile; I'm just puzzled, and I wondered if you could explore a little bit more on what you expect public authorities to do in this context. In my view it's this: if you consider that health could be considered as a consumer good, in that context the market should play – I mean you could imagine to have some minimum standards requirements for health in the different member states, but then if I have the money and I think that in one country I get a better value for that money or if I can get good value for less money as it were, I should be able to do that without any regulations. So I'm really interested to see how you tackle this issue of [unclear] harmonisation or [unclear] and the free market, this should be applied to a consumer good, I don't say that I agree with the concept that health should be a consumer good.

Johan Hjertqvist

I think I understand what you are referring to. As I said there are strong – and European – values that would remain, I would say, for generations. The idea where the European health consumer must be [unclear] presenting in that context to me, so you often hear, "Okay, you want to introduce something American here in Europe. Look at

the way it looks in Arizona or wherever it is, and to me you must be respectful of the European values and traditions” and try to implement these “consumer” ideas within the European culture, meaning that you will ask for a different kind of relationship, meaning that you will put a much stronger emphasis on questions of equal access, solidarity, *et cetera* than in systems in the US or Australia or wherever. So the challenge is to build a stronger consumer position within the European framework so to say, and that meaning that you will have much better information regarding the alternatives, much better room for becoming a partner to the system so to say, finding the best solutions in a joint cooperation and also, adding when it’s necessary your own money. You want to add to what the public system can offer. So those are some of the general characteristics I would say, what a European health consumer system would look like.

You will probably also notice that in ten, fifteen years ahead that medical development will offer us all a new variety treatments, of new drugs and so on, and of course in many cases they would be accessible to you only if you put an economic priority on it yourself – or you can make your employer pay for it or whatever. So to me, the conclusion is that we are talking about a European scene for the health consumer.

Stephen Pollard

We ought to draw this to a close because we are running a bit over time, I just wanted to check if anyone else would like to come in as well.

Annette

I just make two small comments, I’m not hostile to your presentation at all, I would just like to bounce on the slide – you made on one side the “patient” and on the other side the “consumer”. I do interpret it that you have on one side the patient who is a real idiot who doesn’t take enough responsibility and he has to move to the “consumer” side to be a proper – taking his health into his hands, understanding and being a proper partner, so I’m not too sure that we should have such a distinction, the patient can actually make informed choices and be a partner with a doctor.

Also, I’m not too keen on the title of your presentation from a weak patient to a demanding consumer. First of all, all patients are not weak. Quite a number – and more patients than we think – do understand their condition and they want to know about what’s available as a treatment. But then if you move to this idea, to a demanding consumer, that’s a dramatic shift, and I feel that from the member states’ perspective, with all the discussions on the sustainability of the healthcare services, that might cast a big shadow and blur the debate on patients’ involvement and on patients’ needs for further information and taking their health into their hands. So I think we have to be careful with the language we use there.

Last thing, regarding patient mobility and access to treatment abroad, in the book you published called *Impatient for Change* it said that people actually are ready, the young people are ready to travel, and even some older people. The thing is that in the survey that they will be ready to go as far as the healthcare services pay for that – and then, at the end of the day, we have to make sure that whatever happens, all citizens within their own member states need to have equal access, equal and quick access to treatment whatever their social condition, their means and so on. Health should be a public good. And I will stop here.

Robert – A Journalist

My question comes from a story I read about four or five months ago about a citizen in Germany who actually told his government that he could not live in Germany anymore and he wanted to live in Florida, where the [German] state was actually taking care of him, and he was being paid about twice as much as other citizens would normally be paid if he was living in Germany. It's very curious to me, if it's possible to actually achieve what you want to achieve if continental Europe remains as a welfare continent and doesn't move away from the present model that it has. Is it actually possible to get this "consumer patient" instead of this "weak patient" if the state continues to be the major provider of healthcare? Thanks.

Johan Hjertqvist

Starting from the last question, if I understand you right, did you say the healthcare service? The treatment in Florida was much more expensive than in – Okay, okay. There's a limitation put by the European court saying that you can have it; you bring your public funding, covering the same cost as the treatment would be in your own country. So if you are living in Germany and you need a treatment that costs five thousand euros in Germany, for example, you have a voucher to have that treatment in other countries for five thousand euros but not more, and that covers the European Union, so I think it will take some time before it's portable to the United States.

Coming back to Annette's remarks here, I would say that there are, of course, very engaged patients already. What I tried to explain was a typical picture of the patient as – well, "patient" really means traditionally to "be patient" and stand in the line and not be too demanding. To me it's immoral to expect that kind of behaviour from people. It's also inefficient, as I'm convinced that the engaged consumer – or patient, you might prefer it - taking responsibility as a partner is a much better, much more promising way to deliver a good outcome. So there are many reasons for me to stress the consumer, but of course you can be quite an active patient as well, so from that point of view it's no contradiction that the consumer is – if we talk about typical figures here – the "consumer" no doubt stands in a better informed position than the typical or historical "patient".

Stephen Pollard

Thank you very much for that Johan, I'm sure everyone will agree we've had a very successful, stimulating talk over lunch, I think if ever it was true to say that there's an ideas whose time has come, it's Johan's consumer index. I'm sure everyone here – if we look back on this meeting in about five years time, Johan's five year plan will certainly have come to fruition and I think many people will be aware of it.

– end of transcript –

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