Euro Health Consumer Index 2016

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Comparing healthcare systems performance in 35 countries from a consumer/patient view.

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Europe

- 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

- 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
- 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 | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑️ | ☑ |
## EHCI 2016 sub-disciplines

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

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!
Total scores in EHCI 2016

Green; countries scoring >800 points!
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
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!

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?

<table>
<thead>
<tr>
<th>Sub-discipline</th>
<th>Netherlands</th>
<th>Switzerland</th>
<th>Norway</th>
<th>Belgium</th>
<th>Iceland</th>
<th>Luxembourg</th>
<th>Germany</th>
<th>Finland</th>
<th>Denmark</th>
<th>Austria</th>
<th>France</th>
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<th>Poland</th>
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<th>Spain</th>
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<th>Hungary</th>
<th>Poland</th>
<th>Albania</th>
<th>Bulgaria</th>
<th>Montenegro</th>
<th>Romania</th>
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<td>2. Accessibility (waiting times for treatment)</td>
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<td>3. Outcomes</td>
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</table>

✔️ The Netherlands tops 3 sub-disciplines, and has really no weak points
✔️ historic waiting time problems largely rectified
The Netherlands used to have significantly higher healthcare costs than comparable countries.
Other countries, particularly Germany and Sweden, have caught up!
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!
Costs are not model-dependent – they depend on how a country manages and operates its healthcare services!
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, a Dutch government representative, referring to the EHCI, presented that the Netherlands is aiming at a cost reduction of EUR 12 billion through care restructuring!
Europe is divided into “waiting list territory” (Red) and “non-waiting list territory” (Green).

This is independent of GDP/capita.

Has improved since 2013!
Accessibility not really related to number of doctors!
Money does not necessarily buy better access to healthcare!
Almost all countries show a positive trend over time – exceptions are Sweden and Romania.
Treatment results keep improving!

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

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
Treatment results keep improving!

Infant deaths per 1000 live births

(WHO HfA July 2016)

In EHCI 2006, there were 9 Green scores, using the same cut-offs
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

EHCI 2016 Outcomes scores vs. HC spend/capita (PPP$)

\[ R = +83\% \]
Sometimes money buys worse healthcare

Clinic dialysis is over-remunerated, and home dialysis is under-remunerated?

Kidney transplants p.m.p. 2015

Source: Council of Europe Newsletter 21/2016
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$)**

- **Greece**

Greek hospitals have press gangs roaming city streets?

R = 58 %
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.
Restrictivity with new drugs

TNF-α inhibitors (new arthritis medication)
SU:s per 1000 prevalent population 15+; IMS MIDAS database
CEE abortion rates are on their way down.

Women should have the right to abortion, but abortion as a contraceptive is not a good idea!
"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 – finansors should not micro-manage hospitals”
THANK YOU -

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