European healthcare better than ever, shows new measurement: consumer empowerment plays important role

Time to learn from the Dutch champions how to build value-for-money healthcare!

(Brussels, May 15, 2012)

Despite financial crisis and media alarm signals, European healthcare keeps improving its performance! The gradual breakthrough of health consumer empowerment drives quality and access. That is one of many conclusions from the 6th edition of the Euro Health Consumer Index (EHCI), presented today in the European Parliament in Brussels. The Index champion was the Netherlands, gaining 872 out of potential 1 000 points. The Dutch were followed by Denmark, Iceland, Luxemburg and Belgium, the top group of this 34-country benchmark.

Since the previous Index (2009) scores have risen – but there are also warning signs. There is a widening gap between the top countries and the weakest. The Netherlands should set the standard for European healthcare reform, argues the EHCI owner, the Sweden-based think tank Health Consumer Powerhouse (HCP).

The EHCI has become an “industry standard” of modern healthcare since the start in 2005. The 2012 edition ranks 34 national European health care systems on 42 indicators, covering five areas that are key to the health consumer: Patients’ rights and information, Accessibility of treatment (waiting times), Medical outcomes, Range and reach of services provided and Pharmaceuticals. The Index is compiled from a combination of public statistics, patient polls and independent research conducted by HCP.

- In the successful parts of “healthcare Europe” there is a gradual build-up of health consumer influence, finds Dr Arne Bjornberg, HCP COO and head of the EHCI team. Patients’ rights are improving in more countries, various information to help consumers navigate healthcare is developing and devices to simplify access are becoming more frequent, such as e-prescriptions and Internet-booking of appointments. Our conclusion is that user-friendliness has become a major quality performance driver in healthcare.
Closing power gap

The power gap between the profession and consumers/patients is closing. For the first time, second opinions and medical records are tools of empowerment and shared decision-making in a majority of countries. Quality information about care providers has developed from a rare phenomenon to a not unusual platform for choice. Reliable pharmaceutical websites for lay-persons have spread to most European countries, undermining the Big Brother attitude that information about medicines from manufacturers is a dangerous thing.

A divided Europe

EHCI 2012 paints a map of a fragmented “healthcare Europe”:

- One group of highly developed, already consumer-influenced, healthcare systems in northwestern Europe (the Netherlands, Belgium, the Nordic countries)

- Another one of quickly climbing CEE nations, such as the Czech Republic, Slovakia, Croatia, Lithuania and Estonia,

- A category of well established countries indicating problems to keep up speed with the new challenges, such as Germany, Austria, Italy and Spain, and

- A large group of constant under-performers (for reasons of economy, culture and politics) without any real improvement.

This means that European healthcare is far from equal. This goes for basic services, such as infant vaccination or mammography, as well as for heart surgery or access to new cancer pharmaceuticals, says Johan Hjertqvist, HCP founder and president. The lack of progress among the weakest EU members should worry Brussels, as EU investments so far have proven little equalising effect!

Here is the EHCI ranking of healthcare performance among 34 countries (max. 1 000 points):
EU to take action on killer bugs!

EHCI recommends the EU to take strong action on sales of antibiotics without a prescription in pharmacies, which is against national regulations but still common in many countries. In combination with generous prescribing by doctors for banal cold or flues, this contributes to spreading life-threatening, resistant infections. The Index shows that in every second European country such infections have reached an alarming level.

Additional warning signs in the midst of general improvement are, according to EHCI 2012, tendencies of longer waiting times for elective (expensive) surgery among countries most affected by the economic downturn, somewhat increased share of private (out of pocket) payment for healthcare services and lack of improvement and even deterioration of access to new pharmaceuticals.

Dutch learnings

Well, how to address the weaknesses of European healthcare? Are there lessons to learn from the 2012 champion, the Netherlands?
- No doubt, the Dutch wins for the third consecutive time – and with a growing margin, explains Dr. Björnberg. Their healthcare seems able to deal with new conditions and delivers top results. Since the start of Dutch reform in 2006 there has been radical improvement. Consumer empowerment, treatment outcomes, the range and reach of the system, use of pharmaceuticals are on top – but accessibility could be better!

- In spite of rising costs the healthcare in the Netherlands belongs to the top also measured value for money! This is an example for European countries to follow, not least by abandoning poorly working single-payer systems!

**EP seminar**

The EHCI was presented in the EP at a HCP seminar today, hosted by MEP Christofer Fjellner (Sweden, EPP). The Netherlands’ health counselor to the EU, Mrs Marianne Vaes, accepted the EHCI 2012 winner diploma and outlined in a speech the continuous Dutch reform ambitions. The EHCI 2012 findings were discussed by a panel consisting of director Nicola Bedlington, European Patients Forum, Ian Graham, professor of cardiology, Trinity College in Dublin, Pascale Richetta, Vice President, Western Europe and Canada Operations, Proprietary Pharmaceuticals Abbott and Dr Arne Bjornberg, HCP.

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