

MedTech Europe Position on Community Care

Contents

Summary.....	3
What is Community Care?	4
Thinking differently about healthcare delivery	5
What is the industry perspective?	6
About Community Care Sector group	7
About MedTech Europe	7
References.....	8

Summary

Europe faces rising demand for health services at a time when public spending is under pressure and there are ever fewer healthcare professionals. The elderly population is expanding and chronic diseases are on the rise, yet the number of taxpayers contributing to national treasuries is shrinking¹.

The need to find smarter ways to use scarce resources prompts industry, policymakers, payers and patients to cast a cold eye on existing care delivery models with a willingness to complete bold reforms in the interest of sustainability.

This paper looks at how community care can help to address these challenges. A shift from hospital-based to community care for certain categories of patient could help deliver vital efficiencies. Hospitals can be expensive, impersonal and risky places in which to deliver care that does not require a high-tech and specialised environment². In addition, many patients and their families prefer community-based treatment³.

Policymakers have lauded the potential benefits of expanding community care services but the reality has not yet matched the rhetoric. Health system infrastructure must be reoriented to reflect the community-centred model of care. In practice this means changing not just how services are delivered, but how they are funded. Medical and nursing education must be redesigned, and innovation in the community care sector should be encouraged.



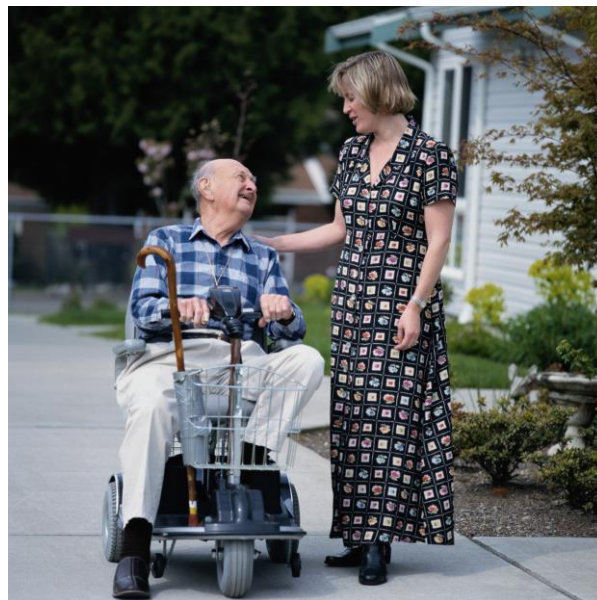
¹World Health Organisation, 2008. *The Solid Facts: Home Care in Europe*. (http://www.euro.who.int/_data/assets/pdf_file/0005/96467/E91884.pdf accessed 8 February, 2012)

²The Health Foundation, 2011. *Evidence in Brief: Getting out of hospital?*

³Penning MJ. Hydra revisited: substituting formal care for self and informal in home care among the older adults with disabilities. *The Gerontologist*, 2002, 42:4–16.

What is Community Care?

The definition of community care varies from country to country. However, community care is generally seen as treatment and care outside of an acute care setting, such as a hospital. It typically includes primary care (provided by general practitioners, nurses, pharmacists and other health professionals), out-patient clinics, homecare, nursing homes, hospices, convalescent centres, ambulatory care (such as intravenous chemotherapy), and providers of medical technologies and aids such as bandagists, appliance contractors, pharmacies and homecare companies. Community care spans a range of health and social services, and can include remote self-monitoring and telemedicine technologies. For chronic conditions, community care can be more suitable than hospital care as care delivery and payment structures in hospitals are designed for handling acute conditions².



Thinking differently about healthcare delivery

Today, the ratio of pensioners to people of working age is 1:4 – and healthcare systems are already under strain. By 2050, the ratio is expected to be just 1:2⁴. It is known that for the typical individual, healthcare spending rises in later life⁶. Europe's demographics mean that while the number of elderly people in need of care is rising, the proportion of taxpaying citizens is declining.

At the same time, the European Commission forecasts that by 2020 the EU will have a shortage of one million health workers. This doubles to two million if you include long-term care and ancillary health professionals, and means that almost 15% of demand for care will go unmet unless we change course⁵.

With governments across Europe under pressure to contain public spending, improving efficiency through innovation is essential⁶. Earlier diagnosis, improved remote monitoring of chronic illnesses, and better efforts to avoid unnecessary hospitalisations can help reduce the reliance on expensive institutionalised care.

At present, the healthcare system is geared towards a hospital-centric model of healthcare delivery. Europe has a system built for acute care at a time when the growth in health service demands is in the chronic care sector².

Treating patients in hospitals is the default option (even when it is not the most appropriate setting⁷). Healthcare professionals are trained to work in hospitals, public and private insurance schemes incentivise inpatient care, and the system encourages industry to put its innovative energies into surgical and hospital care products. This must change.

Payment and access to products and services are also dependent on “site of care”. Patients with chronic conditions receive treatment across multiple care settings. Under silo budget structures, however, the care and access to medical technologies they receive can vary significantly by care setting.

As community care can include multidisciplinary management of patients, there is a need to build bridges between health and social care, and to rethink education, reimbursement and organisation of health services. The Medtech Europe Community Care Sector Group aims to play an active role in working with other stakeholders to find solutions to these shared challenges.

⁴Guerzoni B. and Zuleeg F. (2011). *Working away at the cost of ageing*. Brussels: European Policy Centre.

⁵Testori Coggi, P., 2010. Health Trends and Challenges in the European Union. *Connaissance & Vie*. Antwerp 23 November 2010.

⁶Economist Intelligence Unit, 2011. *Future-proofing European Healthcare*

⁷Leff B, Burton L, Mader SL, Naughton B, Burl L, Greenborough WB. Comparison of functional outcomes associated with hospital at home care and traditional acute hospital care. *Journal of Geriatrics Society* 2009;57(2):273-8

What is the industry perspective?

“Together, we need to be courageous and smarter about how we use the resources we have and to direct them towards models of care that can deliver a demonstrable positive return on investment in healthy life years for citizens.”⁸

As demonstrated by the quote above, the medical technology industry is committed to playing its part in the collective effort required to restructure our health services. MedTech Europe believes the Community Care Sector can play a constructive role in delivering services more efficiently.

In a world of finite budgets, it is our contention that directing funds towards capital-intensive building projects traps resources in bricks and mortar which would otherwise be spent on direct patient care. **Breaking down silo budgeting** structures for the treatment of people with chronic conditions can help ensure patients receive consistent, high-quality care across all care settings. Payers need to move towards paying for an “episode of care” rather than paying based on the site of care.

However, it must be acknowledged that **more data is needed** in order for policymakers to make informed choices. Because the definition of community care varies across Europe, **a mapping exercise** should be undertaken to get a fuller picture of how community-based services are delivered and funded. This will support the identification and sharing of best practices.

Developing smooth-running community care services requires a deeper appreciation of the needs of all stakeholders. Patients being treated in the community need medical technologies and care products that are **affordable, easy to manage and effective**. For health professionals, products should be suitable for use in the community without the support of an institutional setting. Products should support patient compliance, be easy to use and teach, and provide the desired outcome. Payers need products which are affordable and, increasingly, supported by additional services such as patient and caregiver education or transition support programmes. Here, **the manufacturer can participate directly by liaising with community care services** once the patient has been discharged from an inpatient setting.

Finally, industry investment in R&D and clinical research, as well as distribution and administration costs, must be acknowledged. **Adequate reimbursement** is needed to support these costs and to provide companies with **incentives to innovate**. Companies require a clearer pathway for bringing new products to the community care market. Without a clear incentive for innovation, new technologies which can deliver better, more cost-effective outcomes will not materialise.

⁸Eucomed, 2011. *Contract for a Healthy Future*

About Community Care Sector group

The MedTech Europe Community Care Sector group (CCSG) aims at enabling the industry to understand the healthcare environment around community care, and to collaborate with suitable stakeholders in a structured and long-term way to create understanding, share best-practice and bring solutions. This group has the vision that there is considerable potential to reduce the dependence on hospital care and to treat more patients, especially those with long-term conditions, closer to home, in their own dwelling, and in community care settings. The trend from hospital care to community care will strengthen over the coming years, and it is also conceivable that the need to demonstrate value for money could be the catalyst for hastening this shift of care.

This document is a product of the collective effort of active members of Community Care Sector Group at MedTech Europe. The Community Care Sector Group is an umbrella group for other more focused sector groups namely Advanced Wound Care Group, Ostomy Group, Renal Therapies Group and Incontinence Group.

About MedTech Europe

MedTech Europe is the European trade association representing the medical technology industries, from diagnosis to cure. We represent Diagnostics and Medical Devices manufacturers operating in Europe.

MedTech Europe's mission is to make innovative medical technology available to more people, while helping healthcare systems move towards a sustainable path. MedTech Europe encourages policies that help the medical technology industry meet Europe's growing healthcare needs and expectations. It also promotes medical technology's value for Europe focusing on innovation and stakeholder relations, using economic research and data, communications, industry events and training sessions.

MedTech Europe started as an alliance in October 2012 formed by two organisations - EDMA, representing the European in vitro diagnostic industry; and Eucomed, representing the European medical devices industry.

Promoting a balanced policy environment

MedTech Europe engages with EU regulators, politicians and other decision-makers to help shape policies to promote innovation for our growing healthcare needs and expectations.

Demonstrating the value of medical technology

MedTech Europe promotes to its members and the wider industry value-based innovations that support more sustainable healthcare systems.

We use economic research to show the benefits of medical technology and we organise many initiatives to explain the value we bring to healthcare systems in Europe. We bring stakeholders together to discuss trends, issues and opportunities.

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