Virtual Workshop Event Report: 'How to Harness the Value of Diagnostic Information in the 'New Normal'?

7 October 2020

BACKGROUND

Since the outbreak of SARS-CoV-2, diagnostic technologies, and the information they provide on infection or the presence of antibodies, have been centre stage. Test, test, test, as the WHO advised, is key to identifying and containing cases. Diagnostic information plays a major role in healthcare delivery and is a vital component for the resilience of health systems. To explore how the value of diagnostics can be harnessed, MedTech Europe hosted a virtual workshop on 7 October. Prominent participants attended the workshop including policymakers, healthcare professionals' representatives, patient-group representatives as well as industry experts.

The discussion focused on the role of diagnostics in the 'new normal', not only in managing communicable diseases but also chronic conditions. The two are closely connected: those with underlying cardiovascular conditions, for example, are at greater risk of poor outcomes if infected with SARS-CoV-2.

If test results had been linked to other relevant patient data and as such made more accessible, vulnerable patients would have been more easily identified and received optimal treatment and care. Beyond the pandemic, high-quality, timely information can deliver value for individual patients by supporting personalised patient pathways. A common European approach to better exchange and access the different types of health data would accelerate the optimal use of diagnostic information, helping to get better value for investments in health.

HEALTH SYSTEM RESILIENCE: EARLY LESSONS FROM THE PANDEMIC

The pandemic has put the spotlight on health systems' resilience while also reinforcing the link between health and socio-economic wellbeing. Besides revealing weaknesses, it has created a window of opportunity to develop solid proposals on investing in health to support sustainable societies and economies.

The value of keeping the citizens healthy has never become clearer. Keeping people healthy as well as reducing the risk of disease progression for patients with non-communicable diseases is of benefit to citizens, communities, and the health systems a whole. Unfortunately, however, the average spending on prevention is only approximately 3% in OECD countries.

In addition to the aforementioned points, the pandemic has also prompted a debate on the capacity of health systems to cope when demand surges. For example, pressure on ICU beds and the health workforce have triggered a variety of short-term policy measures.

Strong diagnostic infrastructure is also essential for keeping people healthy.

Ensuring laboratory capacity, combined with a sound strategy for managing testing and using diagnostic data, can help to deal with the current crisis and assist in the response to future challenges.

At the peak of the crisis, primary care and telemedicine played an important role in the continuity of care in some countries. In others, the focus was exclusively on the hospital system while many patients missed out on screening, diagnosis and ongoing care. Primary care services need access to diagnostic tools and to integrated health data if they are to deliver on their full potential in the 'new normal'.

NON-COMMUNICABLE DISEASES: THE ROLE OF DIAGNOSTIC INFORMATION

Diagnostic technologies play a key role in managing non-communicable diseases. For many conditions, testing and monitoring is highly flexible and can be performed on hospital wards, in pharmacies or in patients' homes. This information guides clinical decisions and offers significant return on investment for the healthcare systems and society as a whole. Despite the value it brings to patients and health professionals, the indirect positive impact is not valued as highly as direct interventions through the administration of pharmaceuticals, as well as implants, or surgical procedures.

There are often a number of barriers to realising the full value of diagnostic information. Health systems are not digitally mature: data generated across the health system is not easily accessed by health professionals. Interoperability remains a challenge, with limited data flow within hospitals – and between hospitals and primary care. For example, oncology patients may attend several specialists who care for their cancer, as well as clinicians who manage their other chronic conditions.

The success of both therapies may be highly interlinked as cancer treatment and ultimately follow-up/survivorship can be significantly impacted by the existence of co-morbidities. Data from the UK indicates eight out of 10 cancer patients who died with COVID-19 also had another co-morbidity. Some of these co-morbidities can add to their mortality risk. Without a full picture of their patients' health status and risk factors, opportunities for prevention and effective disease management are being missed. Thus, access to real-time patient data within health systems but also between regions and European countries is paramount.

The value of diagnostic information is not reflected in the reimbursement systems. Access to advanced diagnostics, which are essential for extracting value from personalised medicines, is limited. Equally, the low uptake of specialised tests, essential for diagnosing and triaging patients with heart failure (natriuretic peptides tests), can lead to worse outcomes for patients as well as the inefficient use of health systems' resources.

RECOMMENDATIONS:

- Member States are encouraged to prioritise investment in prevention and early diagnosis to maintain the sustainability of their healthcare systems;
- Members States could further improve the management of non-communicable disease during emergency situations, ensuring that prevention, diagnosis, treatment, and follow-up for these diseases continue to take place;
- Member States could further improve their health data infrastructure and workforce training;
- Member States are invited to adopt a governance framework that allows for innovation that have the potential to transform the healthcare landscape in the future;
- Member States are highly encouraged to integrate clinical databases to support R&D and improve patient care;
- Member States and manufacturers could generate data on the socio-economic value of diagnostic information;
- Member States could better reflect the value that diagnostic information in their reimbursement systems, capturing the benefits it brings to patients, healthcare professionals, health systems and beyond;
- The European Commission is encouraged to change EU frameworks covering health data towards a more cohesive model.

COMMUNICABLE DISEASES: THE ROLE OF DIAGNOSTIC INFORMATION

The SARS-CoV-2 pandemic has particularly demonstrated the value of diagnostic information in managing communicable diseases – in this case COVID-19. The industry has responded very rapidly to the outbreak of SARS-CoV-2, developing, and producing large volumes of tests, long before vaccines or treatments were available. Laboratory capacity was a limiting factor in the early phases, as was the strained situation with regards to reagents and personnel to take samples, highlighting the importance of investing in infrastructure and health workforce.

Moving forward, a massive increase in testing for SARS-Cov-2, conducting regular population testing e.g. in health and social care workers, teachers, or school children, will be vital to control the spread of the virus.

During winter, it has been equally essential to distinguish SARS-CoV-2 from influenza and other respiratory viruses via for instance the use of multiplex testing for flu and COVID-19. By doing so, patient management can be optimised and costs for the health system (due to unnecessary treatment) can be avoided. Equally, the use of biomarkers in patients infected with SARS-CoV-2 or other pathogens can help identify those whose condition is deteriorating.

Primary care services can deliver more care during outbreaks if access to diagnostic tools and data is improved. The use of digital resources to interact with COVID-19 and non-COVID-19 patients during the pandemic has taken a major step forward. However, linking diagnostic information to telemedicine features such as video-consultation still remains a key limitation.

RECOMMENDATIONS:

- Member States are encouraged to invest in testing facilities as well as laboratory infrastructure and personnel. This would allow for flexible expansion in surge capacity for diagnostics, which is key to ensure health systems' resilience;
- Member States are also encouraged to increase the uptake of multiplex tests, which are vital to distinguishing between SARS-CoV-2 and other (respiratory) pathogens, to detect bacterial or viral infections to mitigate antimicrobial resistance;
- Member States should make their health systems more agile in using new diagnostic tools available to expand their testing ability in a coordinated and transnational manner;
- The manufacturers are encouraged to develop less invasive tests that may also be used for self-testing, not only with the aim of reducing the impact on the person tested but also to facilitate regular population testing;
- Member States could integrate better diagnostic information in telemedicine platforms;
- Members States need to foster rapid communication of testing results to extract the most value from testing, ensuring that those tested positive isolate immediately;

CONCLUSION

The SARS-CoV-2 pandemic has highlighted the value of health system's resilience. Investing smartly in healthcare can greatly contribute to gaining resilience. Healthcare spending needs to be geared towards high-value and preventative care, intervening at the right time, before a disease has led to serious complications for the patient and the health system. Here, diagnostics can play their part. By facilitating early intervention, diagnostic information not only offers clinical benefits to patients but also contributes to an efficient use of resources. This value creation should be better reflected in reimbursement as well as regulatory systems for diagnostics. Health Ministries and Finance Ministries are encouraged to collaborate further to explore the value of investing in diagnostics and information infrastructure. Information is power – the power to respond to crisis and deliver value to society.

PARTICIPATING ORGANISATIONS/INSTITUTIONS:

- Abbott
- BioMérieux
- Cliniques Universitaires St-Luc and Université catholique de Louvai
- European Alliance for Personalised Medicine
- European Cancer Organisation
- European Cancer Patient Coalition
- European Commission
- European Respiratory Society
- European Specialist Nurses Organisation
- Federación Española de Empresas de Tecnología Sanitaria, FENIN
- Heart Failure Policy Network
- Hologic
- Organisation for Economic Co-operation and Development, OECD
- Roche Diagnostics International
- Stago
- Siemens Healthineers

DISCLAIMER

This event report was drafted by MedTech Europe based on the input provided by the participating organisations/institutions both during and after the workshop. The recommendations made in this report may not necessarily be endorsed by all organisations/institutions which took part in the event.

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