

## Enabling Good Health for All: A Reflection Process for a new EU Health Strategy

Contribution to the European Commission Consultation

Brussels, 15 October 2004

## 1. About Eucomed

Eucomed, the European Medical Technology Industry Association, represents European and global designers, manufacturers and suppliers of medical technology used in the diagnosis, prevention, treatment and amelioration of disease and disability. We believe that<sup>1</sup>:

- ⇒ Equitable and timely patient and clinician access to the most suitable medical technology and healthcare should be regarded as a vital investment in the economic future of Europe.
- ⇒ Innovation in medical technology is a contributor to improvement of the quality and efficiency of healthcare.
- ⇒ An appropriate, balanced and harmonized EU regulatory system fosters a business climate that supports operations and encourages investments in innovations that contribute to better health and healthcare.

## 2. General Comments

Eucomed welcomes the opportunity to comment on the Commission's Reflection Paper for a new EU health strategy. We agree in general with the principles outlined in this document, notably that good health in Europe means that

- ⇒ Europe is back at the forefront of the world's health research and technology
- ⇒ Europe has equal access to high-quality health care
- ⇒ Europe gears politics, money and modern technologies to good health
- ⇒ Europe is backed by clear and reliable information on health, illness and treatment options.

We acknowledge Commissioner Byrne's 8 October Health Forum Gastein speech, in which he suggested that Europe could act as an advocate for a long-term vision for health at global level.

As a contributor to, and stakeholder in, each of these goals, the medical technology industry has a substantial role to play in further shaping and supporting the implementation of this process. As stated in its Tenets<sup>2</sup>, Eucomed is committed to playing its part.

The following policy measures could be considered which would facilitate our task, notably:

- ⇒ Patients, users and industry should be an integral part in designing and implementing future health policies
- ⇒ Health Technology Assessment (HTA) is a developing science. In general methodology tends to reflect the pharmaceutical field and is not always applicable to other health technologies. Appropriate methodologies should be developed for the different health industry sub-segments and technologies
- ⇒ Alternative ways of financing healthcare should be considered, as well as the need to break away from traditional structures in healthcare provision and related budgets
- ⇒ The need for high quality health information to patients should be addressed

### 3. Specific Comments

#### Chapter 1 - Enabling Good Health for All

- ⇒ Eucomed welcomes the recognition that good health is important for economic growth and sustainable development. Integrating health into the Lisbon agenda will ensure proper political attention, both at EU and national levels.
- ⇒ Whilst we recognize that much more emphasis should be placed on promoting good health, it is important to remember that not all conditions are preventable, nor are they all associated with poverty or individual lifestyles. The focus on prevention can lead to policy marginalization for those with non-preventable conditions. An appropriate balance must be found between prevention of ill health and high quality treatment for all who need it.
- ⇒ Innovation in the field of diagnostics, human tissue engineering and telemedicine, for example, is already contributing to the shaping a more personalized and “patient centered” healthcare. Realization of the value of these innovations will require greater cooperation between healthcare authorities, industry, patients and healthcare providers.
- ⇒ Rightly much work is rightly focused on developing indicators for health (often epidemiological data or data on the number of beds, etc). We urge the Commission to develop data for indicators of success - that is more appropriate health data, such as data on the quality of and access to care in the EU. It would also be important to develop data on the long-term impact of investments in health and medical technology on both population health and the wider economy.

#### Chapter 2 - Good Health as a Shared Responsibility

- ⇒ The first step towards improving the quality of healthcare is information on how people can stay healthy, get better and live with disease. In this context, the medical technology industry can be a valid and authoritative source of product and related health information.
- ⇒ Eucomed supports the voluntary establishment of alliances gathering various stakeholders in healthcare, such as patient groups, healthcare professionals’ organizations and the healthcare industry, to support quality communication to the patient<sup>3</sup>.
- ⇒ All Member States face the challenges of improving quality of and access to healthcare, meeting rising expectations, investing in innovative treatment and responding to the needs of an ageing population. In this respect Eucomed welcomes the recent initiative to launch the Open Method of Coordination in healthcare, which will enable Member States to exchange and learn from each other’s (positive as well as negative) experiences. We are prepared to participate in the further development of this process.
- ⇒ Eucomed supports the EU’s role in protecting citizens by setting high quality and safety standards for medical technology. However, safety is just one of the many facets to be addressed. Eucomed believes in the need for more *vision* with regard to the potential of new, more complex generations of medical technologies such as human tissue engineered products and nanotechnology, and new developments, such as telemedicine. Adequate but proportionate EU legislation is required if Europe is to be at the forefront of world’s health research and technology<sup>4</sup>.

- ⇒ Eucomed member companies play a vital role in and are strongly committed to the continuous training of healthcare professionals who use their technologies. The importance of training for the safe and effective use of medical technology is not sufficiently recognized and should not be confused with promotional/sales activities.
- ⇒ In the context of increasing patient mobility<sup>5</sup>, the Commission has identified the concept of Centers of reference as a tool to develop further. Industry works with patients and professionals and has experience and knowledge that can add value to this development. Eucomed would like to engage with stakeholders in exploring how this could bring even more benefits by providing timely access to innovative, breakthrough technology.
- ⇒ The EU has a clear role to play in identifying common challenges and pointing to solutions. So-called 'silo budgeting' often hinders national healthcare systems in recognizing the value of new life-saving, life-enhancing, cost-effective technologies (for example, at government/regional levels, the inability or unwillingness to move money between health and social care budgets, and at system level, in hospitals with budgetary allocation systems discouraging the movement of funds from long stay wards to day surgery care or even simply between two in-house departments). Incentives to change medical practice or to adopt new technologies are often blocked because the benefits do not accrue to a single silo in the funding structure. Such issues should be addressed by the EU. The treatment of the patient should be seen as a whole, not as a subset of expenditures in different silos.

### **Chapter 3 - Health generates Wealth**

- ⇒ Eucomed welcomes the recognition that investing in health brings substantial benefits for the economy as a whole and that health expenditure should not be viewed as a short-term cost, but rather as a long-term investment. Better care leads to better health and better lives, and therefore less absenteeism, greater productivity and reduced dependency. Moreover, the healthcare sector is a key economic player and growth value creator in Europe.
- ⇒ Eucomed agrees that there is indeed a legitimate case for customers and funding bodies to ensure the most efficient use of available resources. However, there is an increasing risk for inappropriate and indiscriminate use of Health Technology Assessment (HTA). Certain basic principles should be embraced if misleading or inappropriate conclusions are to be avoided, such as<sup>6</sup>:
  - Specific methodologies that take into account characteristics such as short product life-cycle are required for medical technology
  - HTA should speed up patient access to innovative technology and procedures when cost effectiveness is demonstrated. They should not be used as a source of rationing
  - Evaluations embodied in an HTA should examine the totality of healthcare delivery in a particular field of medicine or surgery
  - HTA evaluations should not only focus on new technologies being introduced to the market, but also review traditional medical practice in place. Equal and fair criteria should be applied
  - HTA should encourage equality of access for patients
  - HTA evaluations should be conducted by an independent body and not by those with a responsibility for cost containment initiatives

- Decisions on pricing should be left to the service providers or developers of innovation, according to free market principles and not be linked formally to classifications based on the outcomes of HTA
  - When new technologies are evaluated early in the lifecycle, methodologies should be adapted and approaches such as modeling and observational studies should be accepted
  - Harmonization of requirements with regard to data on which to base assessments should be encouraged
  - The specifics of technologies and its implications for HTAs should be better identified and recognized
  - Industry is a legitimate partner in assessing the technology
  - Appraising the technology based on a HTA should remain a local responsibility
  - The HTA process should be based on transparency and consultation with all stakeholders and foresee an appeal process.
- ⇒ Eucomed welcomes the Commission's emphasis on the role that the healthcare sector plays in stimulating regional employment and economic growth. The European medical technology industry makes a major contribution to employment and development. With over 9300 companies, most of which are SMEs, the sector achieves total sales of over 55 billion Euro, employs some 400.000 people, and invests heavily in R&D (9% of sales in Germany, 7% in France and Italy)<sup>7</sup>. The European medical technology industry is also a significant exporter to other, less developed, regions of the world, thus contributing to global health and economic development. However, that same industry is losing in competitiveness as compared to other regions in the world. Eucomed would like the Commission to consider the future findings of the Competitiveness Study undertaken by Professor F. Pammolli and his team on behalf of the European Commission. We urge the creation of a high level group on the competitiveness and the impact of the medical technology industry in Europe.
- ⇒ Innovative medical technology and diagnostics provide an effective way to limit the development of illness, individualize treatment and improve outcomes. Investment in medical technology and diagnostics is therefore essential to reducing the economic burden of illness. Yet spending on diagnostic testing, for example, represents less than 1% of total healthcare expenditure in the EU and the benefits of minimally invasive techniques as opposed to traditional treatment options are not always recognized.
- ⇒ In the field of partnerships for health, Eucomed has a positive experience to share in needle stick prevention<sup>8</sup>. It demonstrates that bringing all stakeholders together and addressing an issue in its total context has led to recommendations that are broad in nature, covering all aspects of the subject, not simply medical technology. This approach could be applied equally well in other situations.

#### 4. Conclusion: 9 key messages

1. Not all conditions are preventable, nor are they all associated with poverty or individual lifestyles. An appropriate balance must be found between prevention of ill health and equitable high quality treatment for all who need it.
2. Data for indicators of success should be developed, enabling the measurement of the quality of and access to care, as well as the long-term impact of investments in health and medical technology.

3. The medical technology industry can be a valid and authoritative source of product and health related information.
4. Alliances gathering various stakeholders in healthcare, such as patients, healthcare professionals and the healthcare industry, can support quality communication to the patient.
5. Eucomed welcomes and is prepared to participate in the further development of the Open Method of Coordination in healthcare.
6. Adequate but proportionate EU legislation is required if Europe is to be at the forefront of world's health research and technology.
7. The importance of training for the safe and effective use of medical technology should be recognized and not be confused with promotional/sales activities.
8. The EU should address so-called 'silo budgeting' which often hinders national healthcare systems in recognizing the value of innovative technologies.
9. We urge the creation of a high level group on the competitiveness and the impact of the medical technology industry in Europe.

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In the e-version of this document and where material is published electronically, these provide direct links:

<sup>1</sup> Eucomed ["EU Policy Priorities for 2004 in the Enlarged EU"](#) (May 2004)

<sup>2</sup> Eucomed [Tenets](#) (February 2004)

<sup>3</sup> [Health First Europe](#) is an example of such an alliance

<sup>4</sup> EU Action Plan for Innovation: Eucomed [10 key proposals](#) (May 2004)

<sup>5</sup> Eucomed [Position on Patient Mobility](#) (May 2004)

<sup>6</sup> Eucomed [Position Paper](#) on Health Technology Assessment (June 2001)

<sup>7</sup> Eucomed [Market Data](#)

<sup>8</sup> Eliminating sharps injuries campaign : [Joint Manifesto](#) (January 2003) – [Healthcare workers at risk](#) (May 2004)