Document 20

From:	SANTE HSPA
To:	SANTE HSPA
Subject:	HSPA - EIT HEALTH round table report
Date:	vendredi 20 avril 2018 12:59:04
Attachments:	image001.png HSPA_Assesing performance and driving innovation ONLINE.pdf

Dear All,

Please find attached a report from the HSPA-EIT Health round table organised on December 8th, 2017 in Paris.

Let me use this occasion to thank once again EIT Health France and the University Pierre Marie Curie-Sorbonne University for organisation of this event and all of you who participated for being present.

Best regards,

On behalf of the HSPA Secretariat,

European Commission
DG Health and Food Safety
Unit Healthcare Systems
B232
B-1049 Brussels/Belgium
+32 2
@ec.europa.eu

eit Health

ASSESSING PERFORMANCE AND DRIVING INNOVATION IN HEALTH SYSTEMS

An EIT Health Think Tank discussion organised in cooperation with University Pierre Marie Curie-Sorbonne University (UPMC), and Health System Performance Assessment (HSPA)

SORBONNE UNIVERSITÉ
CRÉATEURS DE FUTURS DEPUIS 1257

EUROPEAN COMMISSION
HEALTH & FOOD SAFETY DIRECTORATE-GENERAL
Health systems, medical products and innovation
Performance of national health sytems

EIT Health is supported by the EIT, a body of the European Union

Introduction

EIT Health, University Pierre and Marie Curie-Sorbonne University (UPMC), and Health System Performance Assessment (HSPA) organised a meeting of European experts, representatives of national decision-making bodies and partner organisations to share their findings and insights on the topic of performance and innovation in health systems.

On 8 December 2017, leading experts took part in lively discussion and debate on health system performance and innovation at the Jussieu Campus in Paris. During this day-long event, which was hosted by EIT Health with the participation of the HSPA group and UPMC- Sorbonne University, panelists explored ways to assess performance and foster innovation so that European health systems will be prepared to address the challenges of an ageing population and a rise in chronic diseases in the coming years. Members of HSPA delivered the findings of their working groups on quality care, integrated care and primary care.

General Inspectorate for Health (IGAS) and of EIT Health France, invited participants to seize this opportunity to learn from one another while forging strong ties between HSPA and EIT Health, its partners, and the French health authorities.

Following welcoming remarks from EIT Health France, French General Inspectorate for Health (IGAS), and DG Health and Food Safety (European Commission), experts took part in three round table discussions covering:

- Quality of Care and Innovative Funding
- Integrated Care and Large-scale implementation of Innovation
- Primary Care and Making Use of Existing Data for Healthcare System Sustainability

The discussions held in these roundtables are presented in these pages.

Assessing Performance and Driving Innovation in Health Systems

8 December 2017 / Jussieu Campus, Paris

Contents

EIT Health is supported by the EIT, a body of the European Union

Round Table 1
Quality of Care and Innovative Funding

Moderator

[redacted] "Health" UPMC

Panelists

[redacted] - HSPA Representative (Quality of Care) , Malta
[redacted] - Representative EIT Health / [redacted] Fondation de l'Avenir
[redacted] - [redacted] Research and Innovation at the Hospital group ELSAN
[redacted] - IGAS, HSPA expert and EIT Health Think Tank core team member

Introduction

The concept of outcomes-based healthcare is taking on increasing importance today. In a discussion of the feasibility, benefits and challenges of transitioning from cost-based to value-based health systems, the panelists emphasized the need to balance many different factors in a highly complex process where patients and doctors may not use the same criteria to measure satisfactory outcomes. The four experts also examined what goes into quality assessment in healthcare, and underscored the need for patients to take more responsibility for their health outcomes. In addition, the panelists also explored ways to motivate and incentivize healthcare professionals to improve their practices.

Discussion

[redacted]**:** HSPA Representative (Quality of care) - Malta

Why is it important to assess quality in healthcare? As [redacted] demonstrated in his presentation of the report **Strategies Across Europe to Assess Quality of Care**, quality has a major impact on healthcare strategies. This report looked at best practices across countries to determine the ways in which quality assessment informs policy making and decision making.

Through an analysis of experiences in Belgium, Finland, France, Germany, Italy, Malta, Norway, Portugal and Sweden, the report found that quality is primarily hospital driven. Kenneth Grech pointed out that, while this is positive, it is also negative because other healthcare systems (besides hospitals) need to develop quality systems.

Meeting quality standards is mostly voluntary, although it may figure into the budgetary and improvement processes or be linked to reimbursement schemes. Different quality assurance models

may be implemented (ISO standards, EFQM awards, national quality registries, etc.), depending on the country. Assessments of quality are put in place in order to make improvements and for benchmarking, the allocation of resources, and accreditation purposes.

How does quality influence policy? This question is important for target setting and in order to meet quality standards. The key challenges are timeliness of data (which often takes a very long time to collect). The robustness of quality data is generally good, according to Kenneth Grech. However, several other variables that impact decision making may need to be taken into account, including socio-economic and other factors.

Policy making based on quality is complex due to the large number of indicators and wide variables, even when standard definitions of quality are used. Comparing hospitals, healthcare systems and country-wide practices can be fraught with difficulties; very often, like-to-like comparisons are not possible because each country uses its own quality indicators, which may be as few as 30 or as many as 1,000.

"Quality must be seen as part of a broader framework," concluded. While quality is a key parameter in any health system, it is one of many. For this reason, he recommended a whole-system approach that includes hospital care, primary care and other services. Last but not least, quality must be must be patient-centered and population-driven.

Fondation de l'Avenir

How do we define quality of care? Because it is a subjective notion, the definition varies widely, depending on who is answering the question. If you look at patients, healthcare practitioners, government bodies and insurance companies, each stakeholder has its own goals and needs. Each one seeks a different benefit from quality of care.

In his presentation on **Quality of Care & Innovative Funding**, spoke about the French Mutual Movement, the leading investor in complementary health insurance in France, which brings together insurance companies, health organisation, federations, unions and other stakeholders.

Acting as an interface between the French Mutual Movement and the world of research, Fondation de l'Avenir (Foundation of the Future) is a non-profit organisation created in 1987 by a group of surgeons with the aim of improving research in surgery.

The Foundation defines high-quality care today as bringing a health benefit as part of a long- term care strategy: quality care satisfies patients while promoting cost management.

The approach advocated by the Foundation may be illustrated through several initiatives it has organised with the aim of improving quality of care for patients. One such project focused on developing an oral hygiene pack for use in senior living facilities and raising awareness about good practices on this topic. Another had to do with bringing solutions to parents who are living with a disability or a chronic disease and have concerns about the impact on their children. The Foundation promotes good practices. It introduced a quality assurance programme to develop guidelines for good practices to down-regulate pain after traumatic surgery.

EIT Health is supported by the EIT, a body of the European Union

Another project aimed to improve the quality of life of patients with Parkinson's disease by using deep brain stimulation (DBS), an approach that has become a gold standard today.

emphasized that approaches to balance quality of care, control costs and ensure patient satisfaction must remain respectful of the patient's needs. Today patients are increasingly responsible for their own care. The types of tools that are most useful are those that allow systems to be interconnected to provide patient monitoring and information sharing, while helping patients to know themselves better.

Research and Innovation at the Hospital group ELSAN

Measuring health outcomes is the key to value-based healthcare. "We are currently witnessing a cultural shift," said . "People are quantifying quality of care by looking at patient-reported outcomes." He presented graphs showing outcomes for medical procedures: the graphs revealed substantial variations in survival rates for different diseases in different health centers within the same country. One glaring example was the chart showing a one-to-36-fold variation in capsule complications after cataract surgery from one clinic to another in Sweden.

We tend to assume that quality of care is equivalent from one medical team to another, yet only a limited number of countries are able or willing to disclose their outcome variations, argued When policy makers fail to measure patient outcomes or fail to disclose them, it is detrimental for patients and healthcare systems, but most of all for practitioners because they cannot improve themselves by comparing themselves to their peers.

Healthcare outcomes divided by the cost of achieving those outcomes measures the value of care. Value-based healthcare has an impact on hospital budgets, which can reward and incentivize positive outcomes while penalizing negative outcomes, using the carrot and stick method. This spurs value-based procurement, so that hospitals are purchasing outcomes. Similarly, manufacturers want to demonstrate with real-world data that they no longer sell units or boxes, but outcomes.

A key player in implementing this methodology is the International Consortium for Health Outcomes Measurement (ICHOM), an NGO that defines standards for outcome measurement. Such standards allow comparisons across systems based on adopting a results-driven approach, ensuring transparency to patients, and involving patients in defining the criteria to measure outcomes.

gave several examples to illustrate the impact of measuring and reporting outcomes: the Martini-Klinik in Hamburg, Germany; a reimbursement simulator in Stockholm, Sweden; and the Affordable Care Act (aka Obamacare) in the United States. These examples highlight the importance of the "mirror effect," or how shining the light on outcomes and enabling comparisons allows doctors to be self-motivated and improve themselves. Simply by disclosing outcomes to the medical community, he said, one achieves the mirror effect.

How can this approach be translated into practice? would advise EU health ministers to use hospital certification to impose a standardized approach to tracking down outcomes and making them transparent.

[redacted] General Inspectorate for Health (IGAS), HSPA expert, EIT Health Think Tank core team member

In his presentation on **Innovative Quality and Cost Systems**, [redacted] provided the perspective of the regulatory community.

He argued that it would be premature to abandon the paradigm according to which "healthcare performance = cost control + quality + relevance" and to replace it with a value-based approach. Similarly, he said it is too soon to move away from volume-driven payment systems, which would result in a reduction in the volume of care, just as we are facing an increase in healthcare demand due to the aging of the population and a decreasing number of physicians. But the current paradigm has to embed progressively value-based items.

In the complex relationship between cost and quality, trade-offs must be made constantly. [redacted] walked through what happens when there is an overemphasis on one or the other, and the perverse effects of an imbalance. For example, while quality cannot be compromised to save on costs, focusing exclusively on quality drives up costs, and health systems cannot finance unlimited and non-necessary expenses to improve quality. This is why systems require a national decision-making body, such as the Haute Autorité de la Santé in France, to constantly monitor and adjust the fine line of the state of the art about relevant quality.

There is no perfect system that guarantees quality, and many countries have opted for a combination of different systems. When it comes to payment for performance (P4P) systems, two key tenets govern this approach in France: the refusal to establish a direct link between cost and perceptions of quality; and the refusal to impose penalties that do not improve quality and lead to underreporting of adverse events.

[redacted] reviewed some of the challenges and pitfalls of a value-based approach. Doctors in France have an obligation of means (best effort as opposed to an obligation of results), which is incompatible with a solely outcomes-based approach. Also, the time lag between the reporting of indicators and the moment hospitals receive the budget they need to operate is problematic, as is the time doctors must spend on reporting in an outcomes-based system.

Furthermore, when care is provided by a group of healthcare professionals, it is very difficult to determine collective vs. individual responsibility.

By way of conclusion, [redacted] recommended greater coordination and improving the existing health system in France, in particular through quality results publication – adding that a value-based system is not conceivable in the foreseeable future as a full replacement for DRG. He also called for responsible behavior on the part of patients, saying they need to participate more actively in their own care.

EIT Health is supported by the EIT, a body of the European Union

Round Table 2

Integrated Care and Large-Scale Implementation of Innovation

Moderator

[redacted] - General inspector, [redacted] National Agency for Performance Support of Health and Medico-Social Institutions (ANAP)

Panelists

[redacted] - HSPA Representative (Integrated Care) – Italy
[redacted] - External Expert - Dir Strategy ARS Île-de-France
[redacted] - National stakeholder - Representative of the French Ministry of Solidarities and Health (DSSIS)
[redacted] - Representative EIT Health - IESE Business School Barcelona

Introduction

[redacted] emphasized the importance of equal access to healthcare to effectively implement innovations in healthcare systems on a large scale, so that as many people as possible may benefit from them. He also mentioned the need to address three kinds of management: management of data and quality indicators to guide actions; management of information systems; and management of flows. He encouraged the creation of a community that shares the same values, directions and ideas, which prepares healthcare professionals to implement experts' recommendations for integrated care on a large scale.

Discussion

[redacted] - HSPA Representative (Integrated Care) – Italy

[redacted] presented the work of the HSPA Expert Group on Integrated Care, which issued a report in 2016 exploring the tools and methodologies to assess integrated care in Europe.

The **HSPA Integrated Care Report** was drafted on the basis of discussions within the expert group as well as a review of experiences of implementing integrated care in Europe, a survey of experiences in EU Member States (carried out by HSPA experts) and a policy focus group of experts from EU member states led by the EOHSP.

Agreeing on a definition of integrated care was the first step in this project. Other objectives set by the performance assessment sub-group included populating a web-based platform (of reports, guidelines and so on), and determining the basic features an integrated system should have as well as the main obstacle to creating such a system.

"Measuring integration is different from measuring the performance or outcomes of integrated care," explained . The working group's ambition was to measure both, but to measure them separately. They agreed that integrated care encompasses initiatives to improve outcomes of care by overcoming issues of fragmentation through linkage or co-ordination of services of providers along the continuum of care.

Being clear about the aim of integrated care is necessary for a sound assessment of its performance. Is the system designed to be more effective, to reduce costs, to improve patient outcomes?

In addition, to measure integration, it is important to measure outcomes, processes and system levers. Today one observes variable stages of development not only between countries but even within countries, especially in terms of measuring the performance of integrated care using indicators such as avoidable hospital admissions, adherence to evidence-based treatment, etc.

Integrated care is both a design principle and a means to improve healthcare, said . She concluded that there is a need to develop integrated care-specific indicators. There is no single right approach that can be applied to every system, she stressed, which is why greater transparency about what has been done is important, and why indicators and trends need to be interpreted carefully.

 ended with a nod to the Donabedian model: "Good structure increases the likelihood of good process, and good process increases the likelihood of good outcome." However, she added, we need to monitor and evaluate it.

 - External Expert - Strategy, Regional Health Agency of the Ile-de-France region (ARS)

As the largest regional health agency in France, the ARS focuses a great deal of attention on how to improve the healthcare system. presented the **Territorial Pathway Project,** explaining that rather than using indicators for just one part of the process, his agency takes a global approach based on the patient pathway.

From the perspective of organisational innovation, the agency seeks to promote transparency and the sharing of information that is useful to doctors but also pertinent for patients in a specific context. Yannick Leguen described the three levels of information systems:

- local level/daily use: information shared among health professionals
- territorial level/coordination of pathway
- national level: patient record management

He presented Terr-ESante, a project in Ile-de-France (population 12 million). This platform has been built to facilitate the coordinated care of patients, with a first experimental programme in the west-

EIT Health is supported by the EIT, a body of the European Union

ern territory of . It has tested six innovative services for patients: lab and x-ray results, preadmission, patient records, appointments, drug prescriptions, and online payment.

The platform aims to provide real-time information to promote efficiency and facilitate patients' lives. It is designed to give practical visibility and foster coordination. Among the conditions for success as it expands: the engagement of stakeholders (who must be convinced that it works and brings them a benefit), and the coordination of health players, city officials, medical-social teams, etc. stressed that even when the digital, technological innovation and data management systems are in place, innovation cannot be imposed by decree. All too often, we overlook how important it is to convince people of its benefits. He emphasized the importance of talking to patients, identifying their day-to-day concerns and difficulties, and allowing adequate time for implementation.

Innovation is a long-term endeavor, concluded. Measuring its impact is vital, but the biggest challenge is to bring together all those involved in pursuit of a common goal. For example, the Ile de France region performs well on most indicators but very poorly on perinatal care. In a situation like this, the question to ask is: "What priority do we want to focus on?"

National stakeholder - Representative of the French Ministry of Solidarities and Health (DSSIS)

Rather than discussing indicators, assessment or performance, Michèle Thonnet opened her presentation about **Integrated Care on a Large Scale** by pointing out the need for people to understand one another and work together to promote health and well-being.

Today we see how digital innovation disrupts daily life and business life, while borders no longer pose physical barriers. In Europe, the digital single market with the free movement of goods, capital, services and people goes hand in hand with a new way of delivering healthcare.

In today's highly mobile world, people would like to receive the same quality of care no matter where they are. This requires taking a new approach to healthcare delivery to overcome the challenges of:

- data silos
- the lack of basket of incentives (including non-financial ones)
- the lack of common standards for measuring outcomes

In order to improve the approach, the Ministries of Health of the Member States have been working together since 2008 (France was one of the funders) on large-scale implementation of common cross-border pilot cases, such as patient summary and e-prescription.

underscored the importance of taking into account the legal framework. Just as society is constantly evolving, so is legislation governing healthcare. While health is a national prerogative, patients have a right to the same quality of care in all European countries. The European Commission has a role to play by helping member states cooperate. In this area, she mentioned two key milestones: in 2009 – EU H. Council: safe and efficient healthcare through e-Health; and in 2017 – EU H. Council: free flow of patients, health professionals and data).

Currently, e-Health services are a new competence for Europe as it moves towards an interior market for healthcare. The volume of directives and regulations impacting health is considerable, concerning e-commerce, professional qualifications, e-Identification and e-Signature, trust electronic services, personal data protection, free flow of non- personal data, etc. Since eHR modelling in 2007, many factors and players impact the patient pathway. Today IT and legal frameworks should facilitate bringing health processes up to date. underlined the need to adopt a common working model.

Digital health system transformation involves healthcare coordination, a coherent global health strategy in line with means at our disposal, and increasing people's trust by making them a part of the system. To this end, it is useful to operationalize clear-case use studies in Europe. "We want to empower people through use cases based on interoperability," said . One example is cross-border healthcare – whether for guidelines on patient summaries that could be shared by health professionals in different countries, or to develop means of identification and authentication to facilitate data transfer across borders.

- Representative EIT Health - IESE Business School Barcelona

Integrated care is about management. In discussing **Integrated Care & Large Scale Innovation: Challenges and Opportunities**, emphasized that integrated care means bringing things together, and managing them, in a meaningful way. Her definition differs from that of the HSPA because it is more focused on action: "A coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors." (Kodner 2002).

"Why do we innovate?" is a question often asks her health management students. The answer usually comes down to the triple aim developed by the Institute for Healthcare Improvement (IHI): population health; experience of care; and the efficient use of available resources (also described as per capita cost). She argued that outcomes do not tell the full story. The bottom line is how patients experience care. For example, in the case of a patient in palliative care, that person may have a positive care experience even if the outcome is death.

She highlighted the close link between management practices and health outcomes, showing for example how management practice scores impact heart attack mortality rates in the UK. Where there is a high level of hospital management, outcomes are better, she said. To "get things right," we must translate the triple aim into operational excellence. Great doctors and drugs are insufficient if things are not pulled together in a meaningful way; integration of care requires operational excellence.

Sharing a case study of implementing integrated care in the Basque country, she described how initial results after just two years were very good, with, for example, a significant reduction in acute hospital stays. This initiative illustrated something (who was involved in the project) noted: strategy and policy, or "top-down" approaches, are important, but the "bottom-up" aspect is just as important. This means convincing and bringing on board professionals and patients. a said that where he lives, if one town develops a great project, the people in the next town will not like it because they did not invent it. Therefore, the key is to introduce an idea and let people figure out how to implement it themselves and make it their own, in self-discovery mode.

EIT Health is supported by the EIT, a body of the European Union

Round Table 3

Primary Care and Use of Existing Data for Healthcare System Sustainability

Moderator

[redacted] - EHESP (School of Higher Studies in Public Health)

Panelists

[redacted] - HSPA Representative (Primary Care) - Finland
[redacted] - CEO of OpenHealth Company, former CEO of the national agency ASIP
[redacted] - [redacted] ARS Languedoc Roussillon, Advisor CSMF

Introduction

Before giving the floor to the panelists, [redacted] placed primary care in a global context to illustrate the multiple interactions between primary care and other healthcare dimensions, or pillars. Two key pillars were addressed by speakers in the morning sessions – in particular, new modes of payment/value-based payment, and the challenges created by innovation. [redacted] encouraged participants to reflect on how new methods will be developed to ensure innovation and added value in healthcare.

Calling for enhanced coordination among healthcare professionals to improve primary care, he also emphasized the importance of patient engagement – citing a study showing that patients who regularly report outcomes increase life expectancy compared to those in traditional care. Last but not least, the role of management is essential, and healthcare professionals are ready and willing to work in a coordinated way.

Discussion

[redacted] **-** HSPA Representative (Primary Care) – Finland

In his presentation on **Recommendations from the DG Santé Expert Group**, [redacted] outlined the findings of the HSPA Expert Group on primary care, whose report is slated to come out in the next few months.

How do we define primary care? Although systems differ from one country to the next, most of the European Union shares a common landscape when it comes to key characteristics, such as

being universally accessible, person-centered, etc. Effective primary care leads to better health outcomes, improves efficiency and impacts costs. Especially when it works well, primary care has spill-over effects onto other areas of healthcare.

The scope and variety of data required for performance assessment is greater for primary care than for other types of healthcare. In most countries, the data on primary care is not as good as it should be in terms of availability and quality, said .

The real issue, he added, is not so much the availability or existence of data, but how it is compiled to produce indicators and reports. He cited the example of the Finnish government's plan to improve data for health and social services. For assessment purposes, improvement plans are based on a wide range of existing data sets, and the biggest challenge is compiling all the data from different sources. Other challenges include legal and technical issues, information system management, and data security. Repeating a concept mentioned by speakers talking about other areas of healthcare, said interoperability is a key notion, and interfaces between different systems are very important.

listed seven preconditions to make HSPA work in the complex world of primary care, such as "embed in policy processes" and "define and develop accountability." Although they are straightforward, he said, unfortunately they are not always applied.

Because primary care is the first point of contact with a healthcare system, it impacts how patients experience health services. Primary care is not a static concept; it changes all the time, so that assessment systems must be adaptable and support change. In concluding, recommended encouraging a culture of excellence in HSPA by using mechanisms to incentivize healthcare professionals. While data is important, motivating all stakeholders to improve health services is essential.

ARS Languedoc Roussillon, Advisor CSMF

France is not an island. The challenges faced by the French health system are the same as those in many EU countries, and they touch on professional culture and patient culture. While the number of healthcare professionals is higher than ever today, their distribution is problematic because in some regions of France, local doctors are sorely lacking.

The patient pathway may help address many challenges, said . "Pathway" suggests fluidity and coordination in the provision of healthcare. This omnipresent word describes different realities, depending on who's using it. For a patient receiving home care, it means one thing; for someone who has just come out of surgery, it means something else. A pathway seems longitudinal and transversal, she remarked. A person's health lasts a lifetime, and it is both individual and collective at the same time.

How do decision makers impact this pathway? The goal is healthcare with the patient's participation, doctors taking into account the patient's wishes, and cost efficiency for the health system. She noted that while many of the speakers had mentioned a lack of coordination, there is in fact longstanding coordination between GP's and specialists in France, and between physicians in pri-

EIT Health is supported by the EIT, a body of the European Union

vate practice and hospital physicians. Problem areas, however, include bringing together the necessary ingredients for home care, long-term monitoring of chronic conditions – and prevention, a key topic that receives inadequate attention in France.

Who is the navigator on this pathway, and who pays for what? Beyond coordinators, many types of community-based care professionals are needed (not only medical ones) and the cost must be covered by the health system, which is not currently the case.

expressed several ambitions for the future of French healthcare, such as medical centers for rural communities. Her experience is that doctors are willing and ready to build these in "self-discovery" mode (echoing the Basque country example), but they need tools, support and guidance to do so. Another suggestion for the future: doctors can work in territorial networks without sharing the same physical space, an approach that would facilitate prevention in all regions of France.

Martine Aoustin concluded with a call for vigilance on the part of patients and doctors concerning topics that will become increasingly important: freedom of choice, over-specialisation, IT, e-medicine, etc. She also warned that doctors must be happy in their work, or patients will not receive the best treatment. Last but not least, she pointed out that while innovation is often seen as isolated, it is in fact but one link in the continuum of care, whose focal point is the patient.

OpenHealth Company, former CEO of the national agency ASIP

To paint a picture of primary care in France, cited a few key figures. Primary care is delivered by 60,000 general practitioners providing two million consultations per day. National healthcare expenditure is split evenly between primary care and hospital care, each accounting for about 5% GDP.

Today healthcare data is driven by invoicing needs. pointed out that data collected primarily to bill for medical acts results in a system that is provider-centric (not patient-centric), and produces data that is lacking in information. The data currently available is not rich enough to evaluate the system's quality of care or economic model.

Moreover, existing data is underutilized. To illustrate this point, produced a map of France showing vaccination coverage in real time, based on sales of flu vaccine. This type of map is informative and easy to create with simple tools based on existing data; yet it is not being done. Another example of a KPI available for evaluation: a graph showing that 35% of people over age 65 in France take more than seven drugs at once. Once again, the data is available and easy to process, yet it is not being exploited.

While it is important to look at the big picture, we should start small, said . Referring to the "mirror effect" described by , he said one idea would be to give doctors individual indicators to help them situate themselves in relation to their peers – for example, showing a GP that her patient population is more or less vaccinated than that of the doctor in the neighbouring county.

Data must be seen in the context of the efficiency of the overall health system: of the more than €200 billion devoted to French healthcare expenditure, why does none of it go to generating knowledge?

[redacted] advocated "knowledge by design," so that a medical act leads to the creation of knowledge that can be used for evaluation, to support the system and support research, for the benefit of all. Although it is hard to bring about change, he insisted that this challenge must be tackled. In light of what is at stake, it is essential to develop a programme for the collection and utilisation of data to improve the health system. If France devotes a portion of its healthcare budget to generating and sharing knowledge, then assessment will not be expensive, he concluded.

EIT Health is supported by the EIT, a body of the European Union

EIT Health is supported by the EIT,
a body of the European Union