

More health through systemic innovation

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MetaForum Innovation for more health

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Parallel Forum 'Building Resilient Health Systems', Session 2 'Resilience through new models and technologies?', Friday, 4
October 2013, 9:00–12:00 h

Overview

- MetaForum “Innovation for more health”
- The challenges
- Old and new approaches to solutions
- Systemic innovation for resilient health systems

MetaForum

“Innovation for more health”

...

MetaForum - Innovation for more health (incorp. assoc.)

- We are:
A network of people and institutions
- Our Objective:
To change the perspective on health care
- Our method:
Discursive process
- Our contribution:
Practicable concepts for health-economy, health care, prevention and health policy

Members of the MetaForum

MSD SHARP & DOHME GMBH



Fraunhofer-Institut
für System- und Innovationsforschung



BDI



KKH Kaufmännische Krankenkasse



SNPC GmbH



Cooperation Partners



Berliner Wirtschaftsgespräche e.V.



MetaForum: Steering Committee



Dr. Bernhard Bühlren

Prof. Dr. Klaus-Dirk Henke



Prof. Dr. Clarissa Kurscheid

Dr. Albrecht Kloepper



Prof. Dr. Friedrich Wilhelm Schwartz

The challenges and the solutions

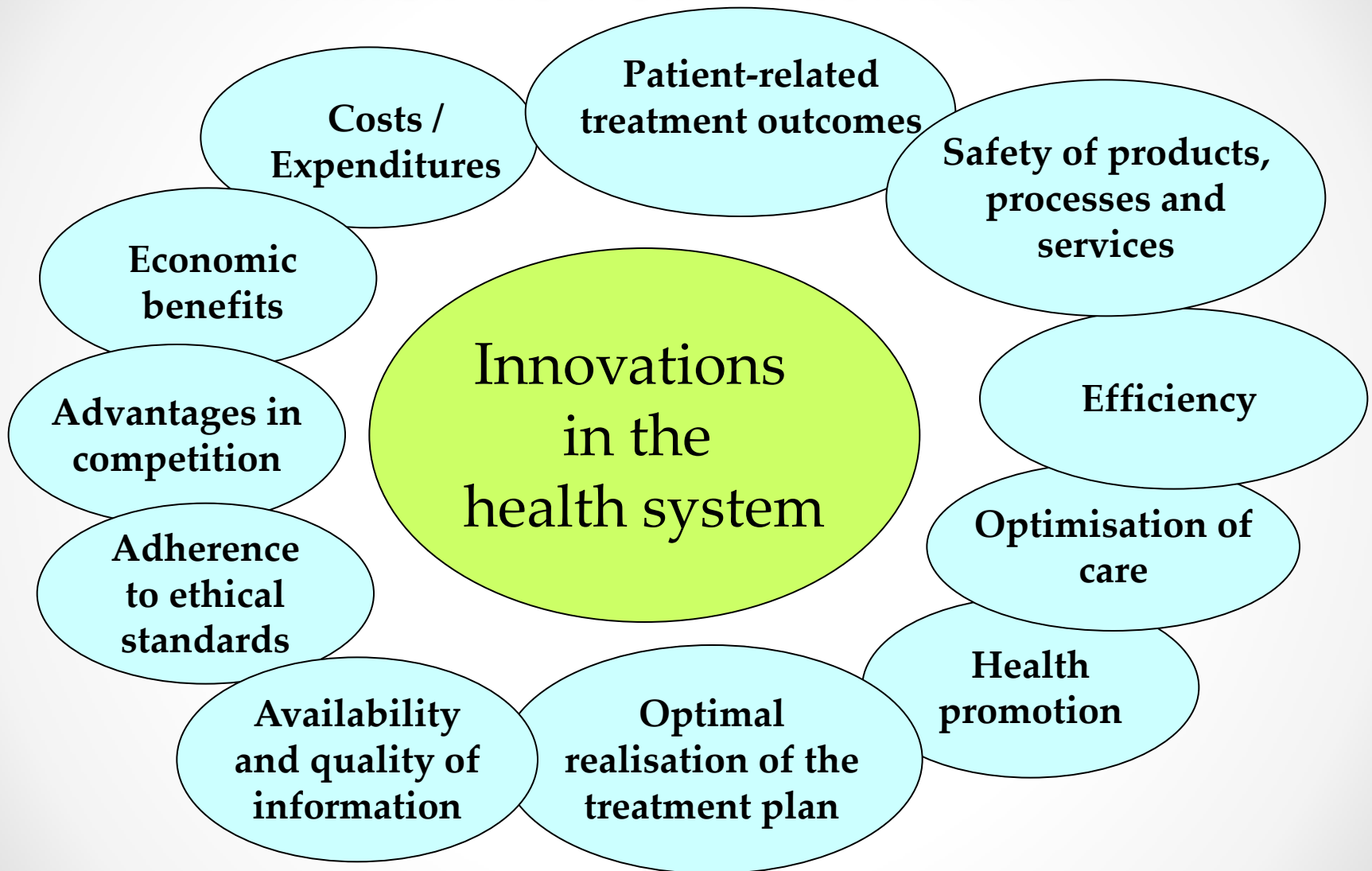
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First-level challenges

Megatrends offer challenges but also opportunities

- **Globalisation and Europeanisation:** International and European rules and standards, internationality of choices, interculturalism of demand, mobility of patients and providers
- **Demographic reorganisation and change:** Ageing of the population and of the service providers, decline in total population, migration
- **Rapid increase in chronic and mental diseases**
- Continued **increase in health and disease costs**
- Increased **relevance of the consumers in the health market**
- **Technological change:** Scientification of medicine, use of new information technologies, predictive and personalised medicine,
- **Individualisation of ways of life**
- **New active and holistic understanding of health** by responsible insurees and patients

First-level solutions



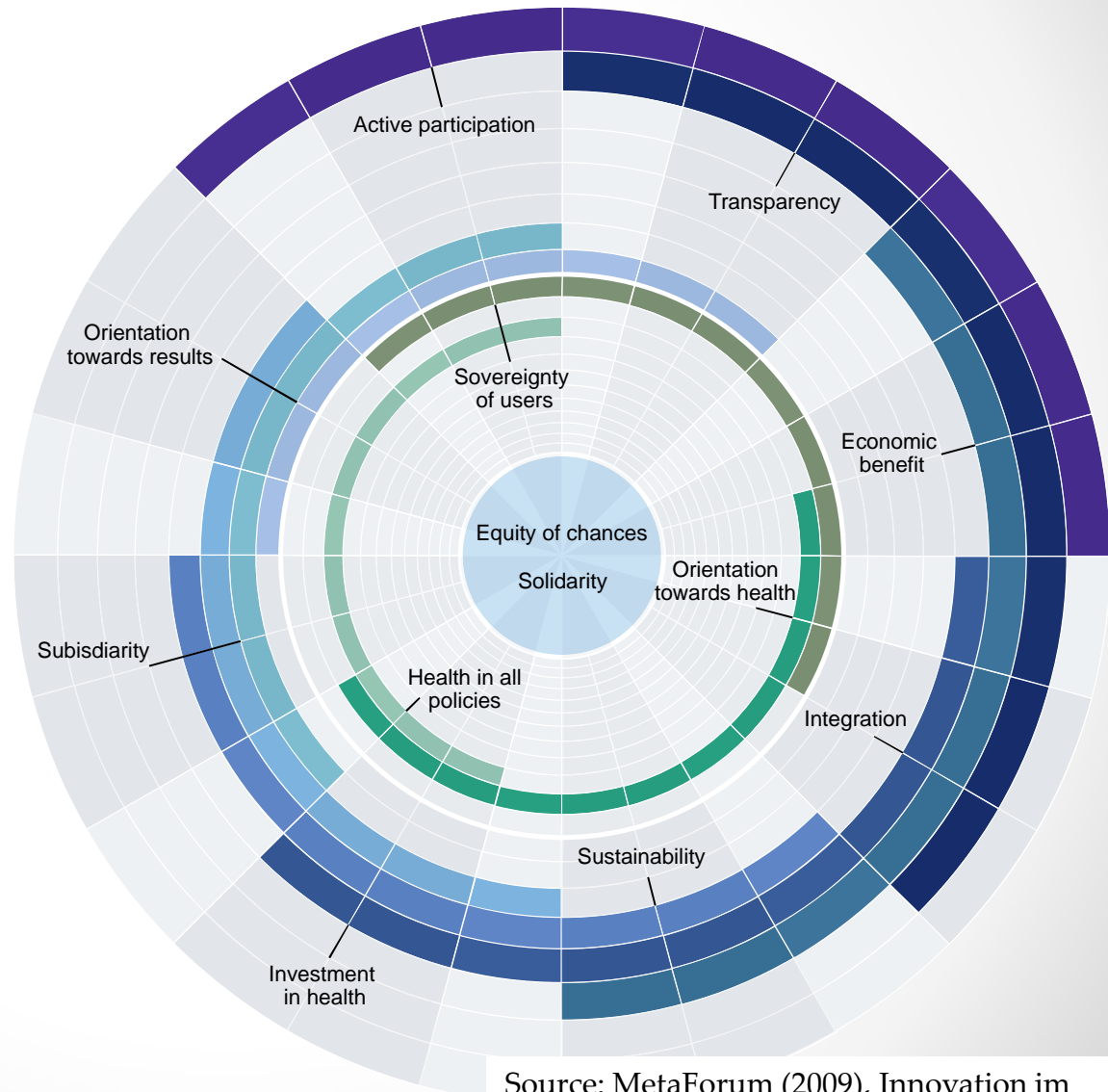
Second-level challenges

- The impact of past health system reforms has been restricted.
- *Fundamental* change is necessary.
- Outdated *positions must be left* and obsolete technologies and procedures be abandoned.
- Health policy and health systems are highly complex and to a large extent intransparent, which leaves room to powerful stakeholder groups to pursue their interests and thus *secure the status quo against change*.
- Traditional concepts of governance for health reach the limits of their ability to enforce the necessary changes.

8 target areas of particularly urgent need for innovation: Governance for health

- more active **participation**
- more **investment** in health
- more **transparency**
- more **orientation towards outcomes**
- more **sustainability**
- more **integration**
- more **subsidiarity**
- more economic and **societal benefit**

c.f. e.g. EU's overarching values for health systems:, Council Conclusions... (2006/C 146/01)



Source: MetaForum (2009), Innovation im Gesundheitswesen, Fraunhofer ISI

But still...

...

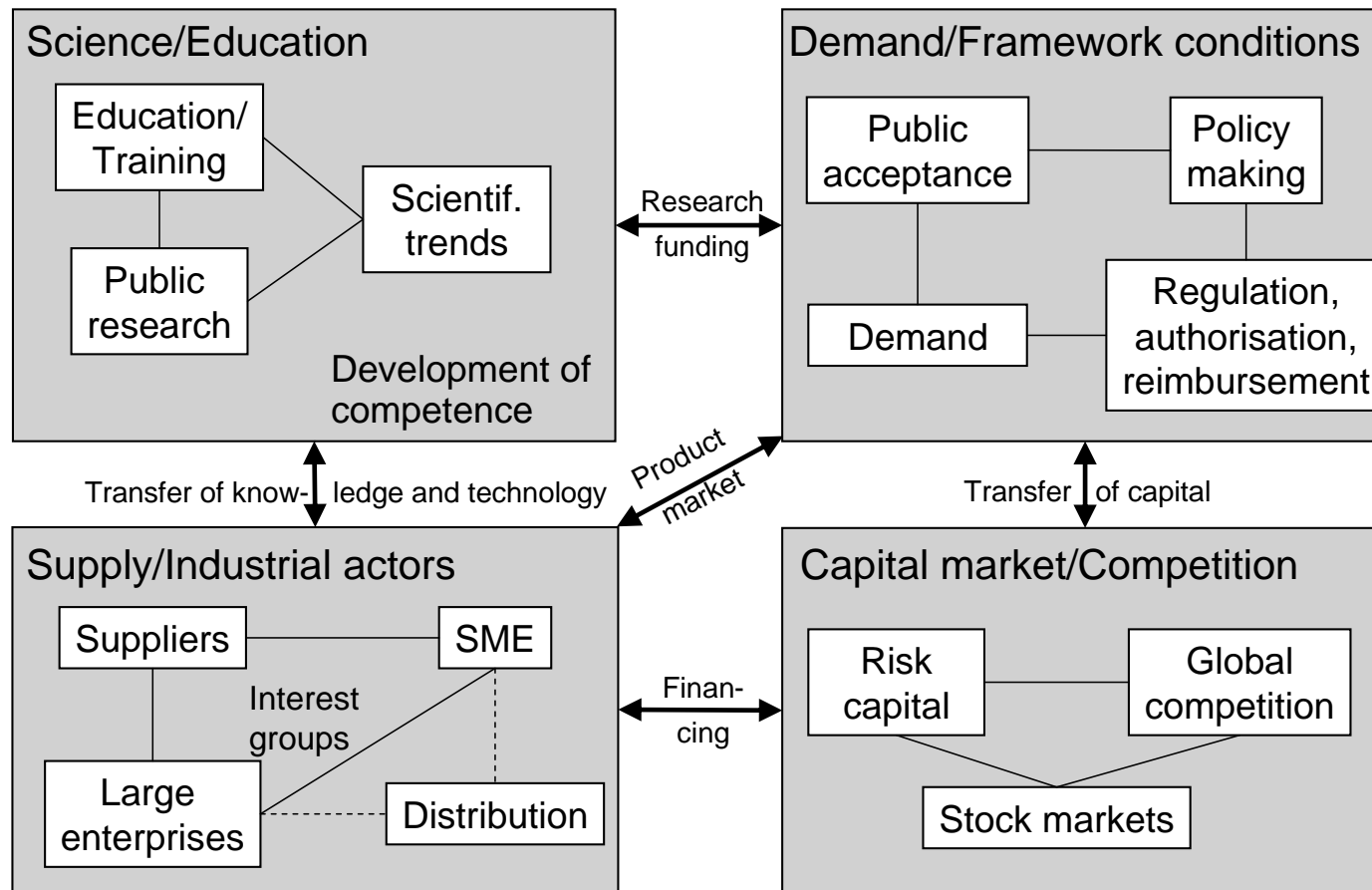
Third-level challenges

- Not only traditional, but also *modern* concepts of governance for health reach the limits of their ability to enforce the necessary changes.
- Implementing 'stand-alone' programmes for more transparency or for more user involvement or for more outcomes orientation is useful, but not able to bring about the need basic redirection.
- For real systemic innovation towards more sustainable and resilient health care, *synergies* of different, inter-dependent approaches have to be enabled.

Third-level solution: Systemic innovation

...

Innovation system

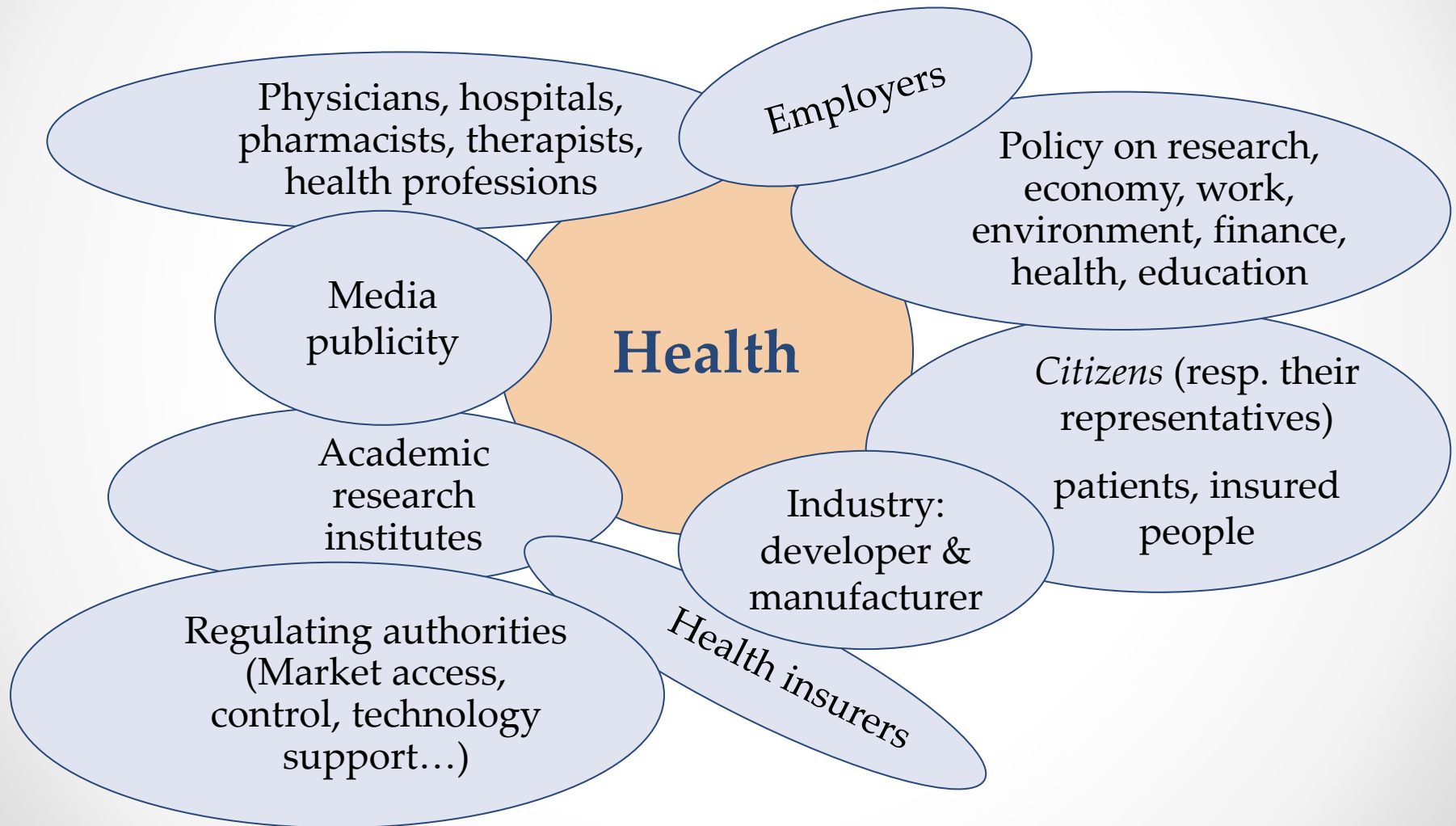


Innovation takes place in a network rather than as a linear process → “Innovation system” approach including all relevant stakeholders and interests

adopted from Senker, J.; van Zwanenberg, P.; Enzing, C.; Kern, S.; Mangematin, V.; Martinsen, R.; Munoz, E.; Diaz, V.; O'Hara, S.; Burke, K.; Reiss, T.; Wörner, S. (2001): European Biotechnology Innovation System. Brussels: EC

Innovation:

Network of relevant Groups of Players



Examples for interdependencies

Different policy interventions need to work together in a coordinated way:

- Transparency without health literacy cannot work.
- Nor can user participation work without outcome orientation.
- How can you sustainably attain health outcomes without economic solidity?
- Whose of the different stakeholders' goals are met actually and whose are not?

Resilience

“Resilience is the ***intrinsic ability*** of a system to adapt and respond to unexpected internal and external pressures and shocks. Like bamboo, it does not crack but swings back, seizing the opportunity for strengthening and carrying out needed reform.”

(from the programme)

- More resilience = More ability – more power!
- Whose power is underrepresented?

We need:

- All relevant stakeholders, first and foremost the “non-health” groups (citizens, employers...)
 - Governance for health, to balance the different interests in a democratic way
 - All modern approaches on first (pragmatic) and second (governance) level
 - Continued efforts in disease care...
 - ... but even more a **health** system, that really deserves this name.
-
- Re-thinking health: A change of paradigms from disease to health: a health society.

Thank you for your attention!

Gesundheit neu denken

Fragen und Antworten für ein Gesundheitssystem von morgen

Bernhard Bührle
Thomas Hegemann
Klaus-Dirk Henke
Albrecht Klopfer
Thomas Reiß
Friedrich Wilhelm Schwartz



Rethinking Health:
Questions and Answers For A
Health Care System Of Tomorrow

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