

EHMA 2024

Shaping and managing
innovative health ecosystems

People-centered health services: framework for ethical allocation of resources for priority interventions

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Objectives

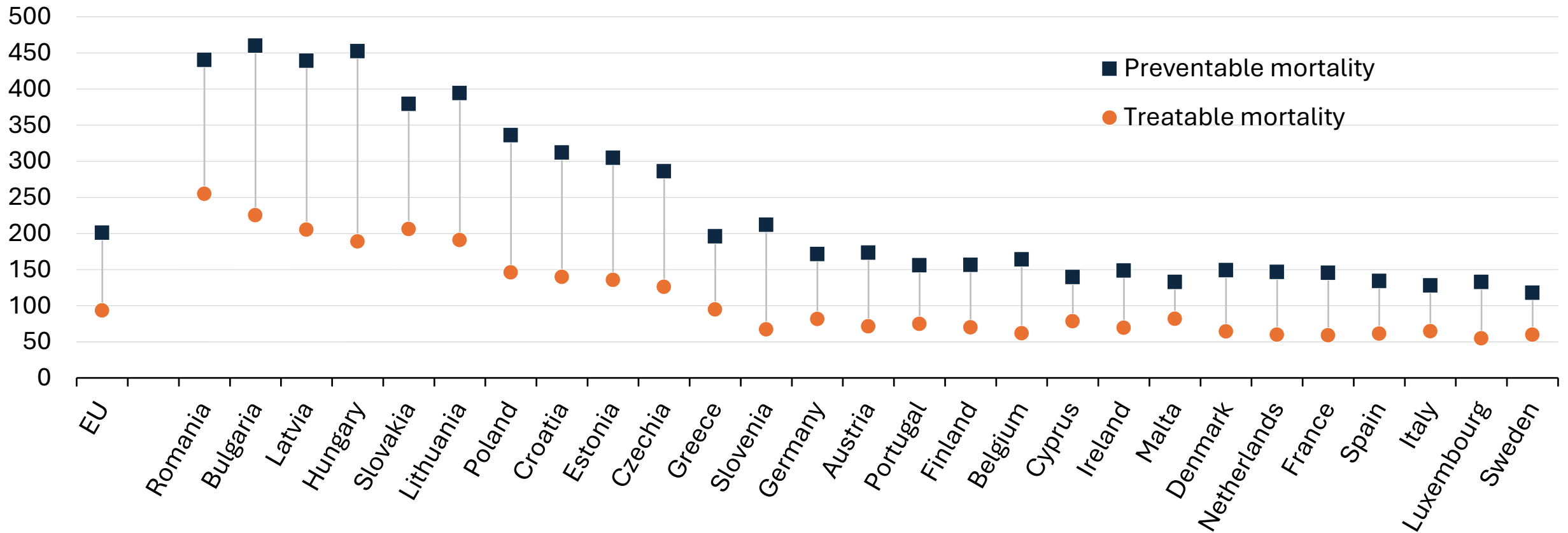
- **Design a new integrated financial and of services model** for national curative health programs addressed to chronic diseases with major public health impact and financial burden – diabetes, cancers and cardiovascular diseases.
- **Identify the main challenges for decision-makers for implementing the new model** aimed at increase performance effectiveness of care with regards to both patients' expectations and patients' outcomes, within the limit of available resources.

Methodology

- **Retrospective data analysis regarding:**
 - Utilization of resources and services for the following public health priorities in Romania: diabetes mellitus, cancers, and cardiovascular diseases.
 - Financial allocation and reimbursement mechanisms for certain services
 - Distribution of health providers and medical specialists and their shortages by districts and regions
- **Based on problem analysis, designing a new integrated financial and service model for National Health Programs addressing chronic diseases**

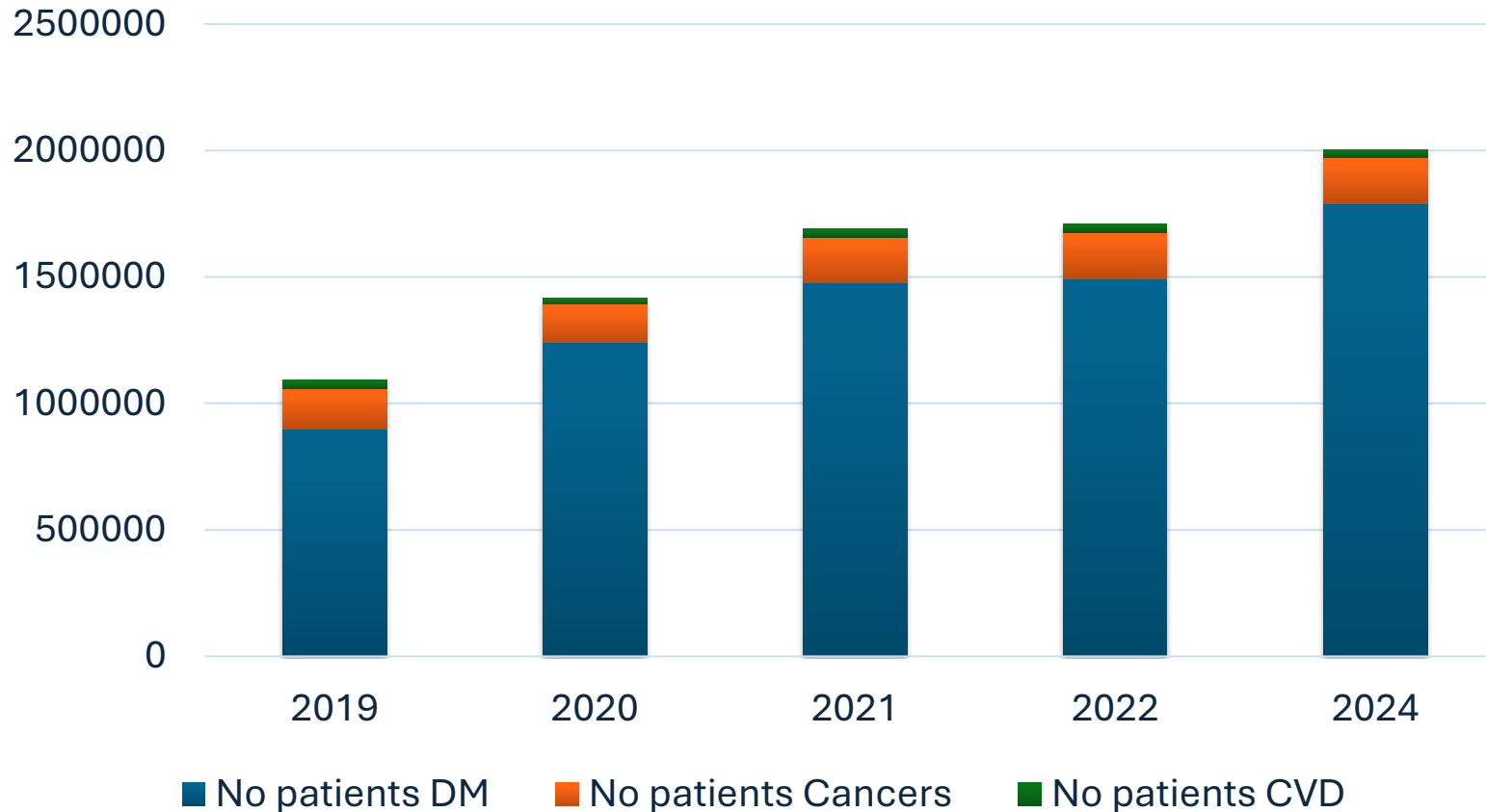
Standardised death rates for avoidable diseases/conditions, persons aged less than 75 years, 2021

Treatable mortality: EU – **93,3** per 100000 inhabitants; Romania – **254,7** per 100000 inhabitants
Romania has the highest death rate for treatable diseases/conditions, and 2,5 times more than EU average



Patients enrolled in national curative programs, 2019–2024

All patients enrolled in national curative health programs for diabetes, cancers and CVD, are eligible for diseases specific medication and medical devices, chemotherapy and radiotherapy (universal coverage, based on eligibility criteria).



Type 1 and 2 Diabetes:

- all patients with medications

Cancers:

- all patients with cancers diagnostic that require chemotherapy or radiotherapy

Cardiovascular diseases

- patients with cardiovascular pathology that require surgical indication: severe arterial stenoses, arrhythmias resistant to conventional treatment, aortic aneurysms and aortic stenoses, congenital heart malformations, severe heart failure; HTA, arrhythmias, CF – are not included.

Actual context in Romania

The challenge:

- more people than ever have **diabetes, cancers or cardiovascular diseases**, and the number of people experiencing complications or premature dying because of their chronic diseases is increasing.
- all the patients with these chronic diseases, may have the right to health care in theory, but their access is restricted in practice.

Diabetes mellitus

- No. patients: 1.787.699
- 3% of all causes of death
- 10% of treatable causes of mortality
- 3% avoidable hospital admission
- 5% from total expenditure (except GPs, homecare, rehabilitation)

Cancers

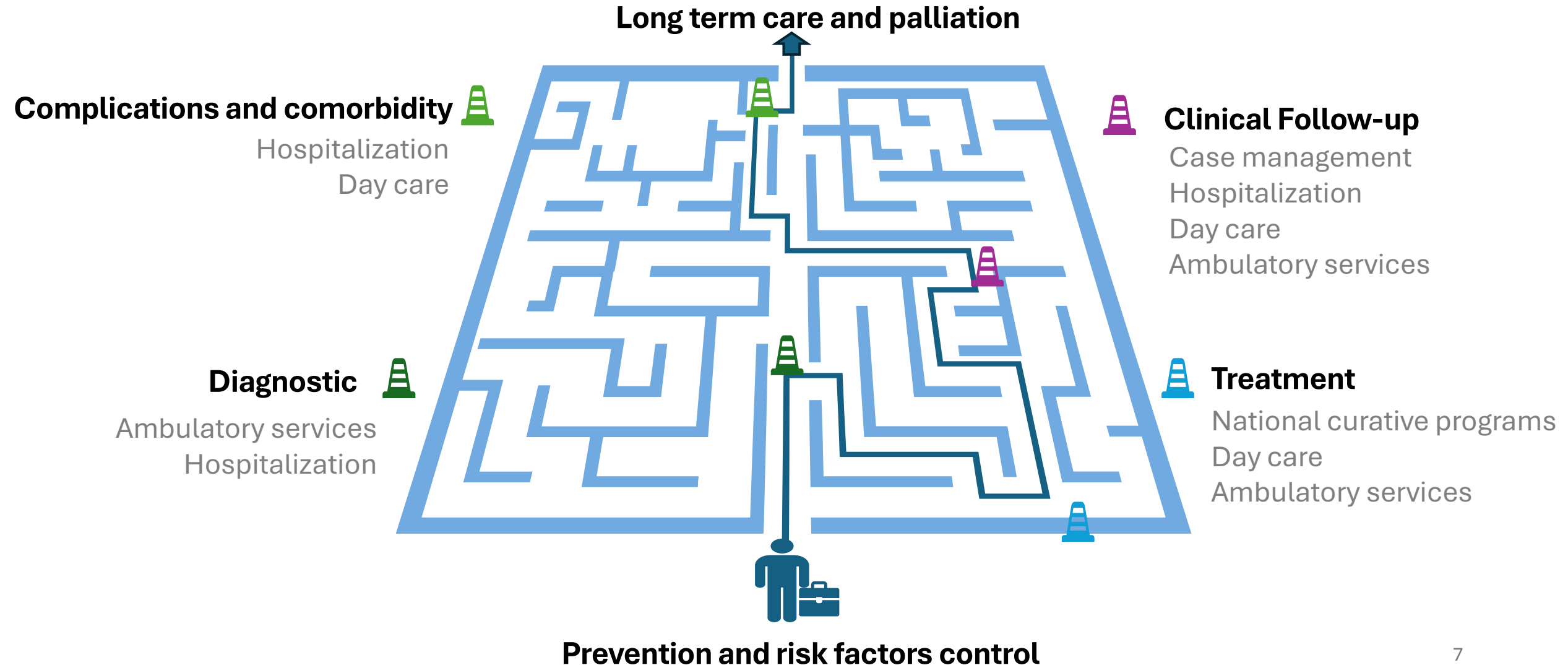
- No. patients: 183.784
- 19% of all causes of death
- 23 % of treatable causes of mortality
- 21% of preventable causes of mortality
- 10% from total expenditure (except GPs, homecare, rehabilitation, palliation)

Cardiovascular diseases

- No. patients: 31.675
- 59% of all causes of death
- 37 % of treatable causes of mortality
- 16% of preventable causes of mortality
- 1% from total expenditure (except GPs, homecare, rehabilitation, palliation)

Actual model – FRAGMENTATED

Patient clinical pass way is like a maze; Patient is caring the medical records; Navigators support is needed.



New regional model – COORDINATED

Regional/district coordination of network of health care providers; Nurses playing the role of navigator;
Registries of chronic diseases; Financing allocation for diseases program; Pay for performance;

Regional program management unit

Objectives, practice guides,
M&E, validation of PFP indicators

Health promotion & Prevention

Community services
Primary care services
(Risk factors control,
Screening for early detection)

Long term care & Homecare

Community hospital (rehabilitation,
chronic diseases management, palliation)
Self management of chronic diseases

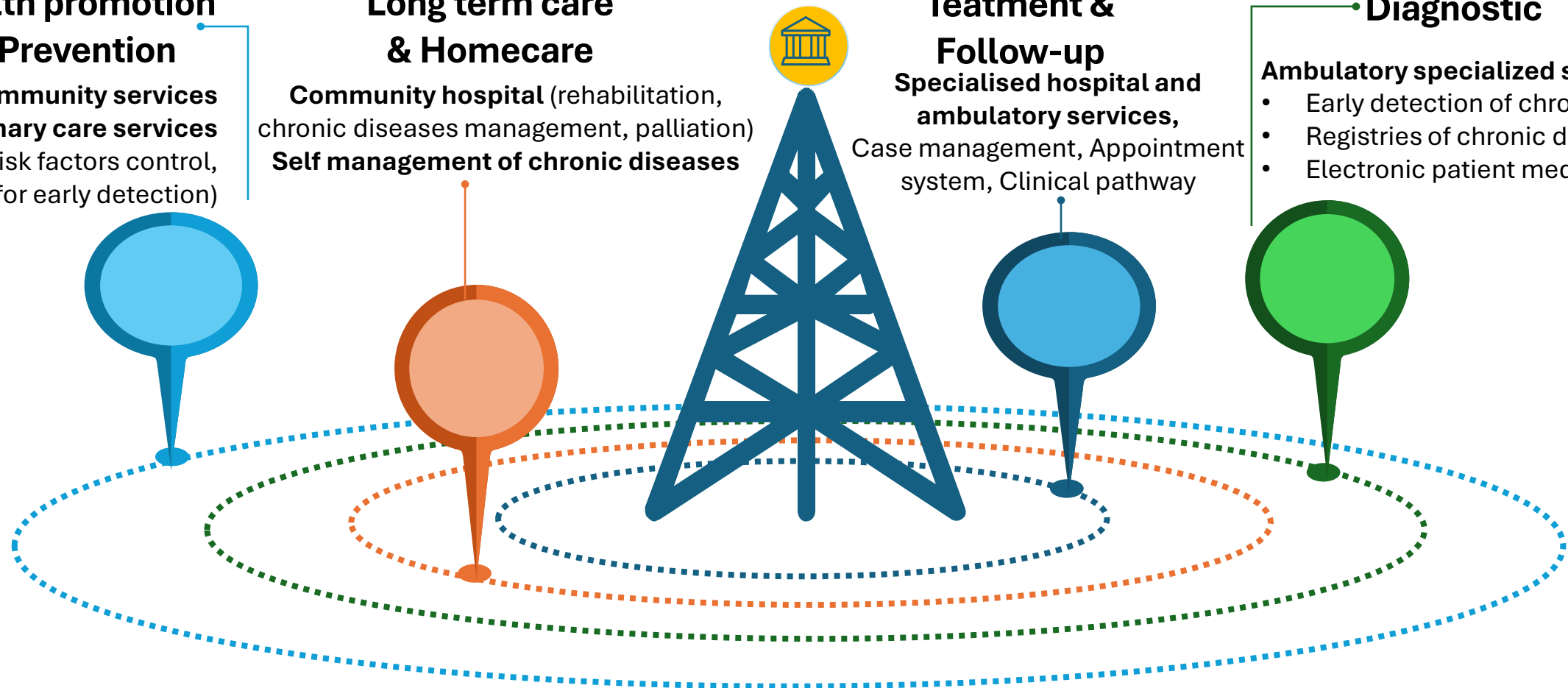
Treatment & Follow-up

Specialised hospital and
ambulatory services,
Case management, Appointment
system, Clinical pathway

Diagnostic

Ambulatory specialized services

- Early detection of chronic diseases
- Registries of chronic diseases
- Electronic patient medical records



Prerequisites needed to be implemented first:

- ✓ **Review of national health policies** in respective domains, such as:
 - Financial policies: regional allocation of budget per programs, financial tracking system, payment incentives – P4P.
 - HR policies: specific training of medical workforce, integrated teamwork
 - Information policies: interoperability of administrative & clinical data; databases at regional and national level.
- ✓ **Electronic Disease Registers for all NHPs** (currently under development)
- ✓ **Patient Health Electronic File**
- ✓ **Updated detailed practice guides for these diseases**

PILOT THE MODEL

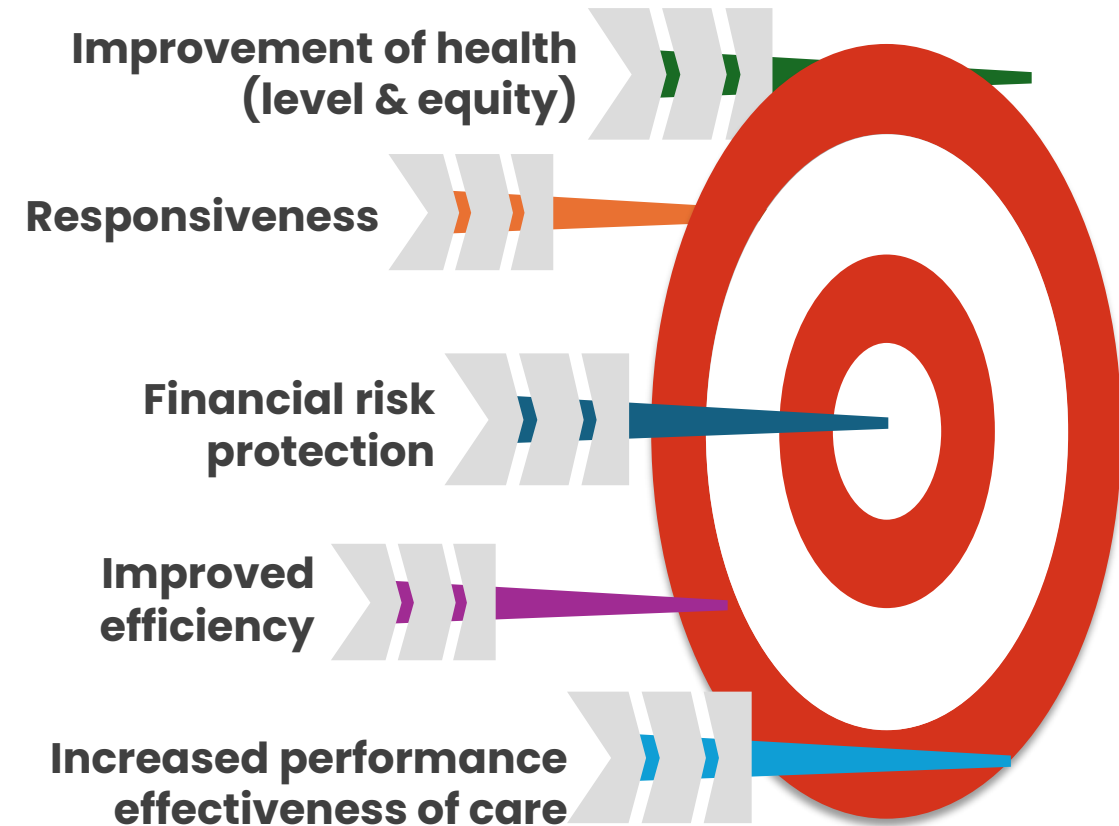
AREAS OF INTERVENTION



VALUES



POLICIES OUTCOMES



Conclusions

- **In view of the ageing populations, this innovative approach** – based not only on improving life expectancy and health outcomes, but also on the experience of a population that increasingly requires health services – should **focus on promoting healthy lifestyles and education for self-management of chronic diseases.**
- The people-centered health services model should be piloted and implemented as feasible and scalable care solution that **empowers individuals** living with T2&1D, cancers and CVD.
- **Financial risk should be balanced** between payment organisations and health providers.

Discussions

- Current NHPs and healthcare services for these diseases need to be revised and improved, based on the recent needs assessment achieved for the regional masterplans for health services, national and international good practices examples
- There is an opportunity and need to further test this model for its effectiveness in improving patient outcomes and patient experience and expectations.
- How to manage the paradigm shift to people-centred care and balance evidence-based healthcare management and patient preferences?



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Thank you

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