

„No sustainable health-care without data”

Interview with: Tessa Wolf (Head of Corporate Affairs AstraZeneca Germany) and Prof Dr Wolfgang Greiner (Chair of Health Economics and Health Management at Bielefeld University)

In addition to the several hundred quality indicators and key figures in the hospital quality reports, there are now a further 292 'measurable indicators that are specifically tailored to the requirements of the healthcare system' and which are intended to provide 'a detailed and measurable picture of the sustainability and performance of the system'. The people involved in the NHI Sustainability Index - Tessa Wolf (Head Corporate Affairs AstraZeneca Germany) and Prof Dr Wolfgang Greiner (holder of the Chair of Health Economics and Health Management at Bielefeld University and scientific advisor to the project) - explain what they hope to achieve in an interview with 'Monitor Versorgungsforschung'.

>> 'In some areas, quality assurance has developed to such an extent that one can and must seriously question whether everything that is demanded actually improves patient care at the end of the day.' This was stated by the impartial chairman of the G-BA, Prof Josef Hecken, to the 'Deutsches Ärzteblatt' on the occasion of the publication of the 2023 report of the government commission on hospital reform. With the term 'filigree', Hecken addresses a problem of quality assurance, mainly in hospitals, whose quality reports contain 428 quality indicators and 129 key figures (as of 2020). This leads to the question: 'Are we measuring the right things with the right indicators?' Now you come up with - according to your statement - a further '292 measurable indicators that are specifically tailored to the requirements of the healthcare system' and that are intended to draw 'a detailed and measurable picture of the sustainability and performance of the system'. Professor Greiner: Isn't this like quality assurance, where the motto is: 'Much measured, little improved'?

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Prof. Dr. Wolfgang Greiner

Greiner: It always depends on what you want to do with the indicators. If, for example, they are to be used to support political decision-making processes or to evaluate specific care programmes, then I would of course agree with you and Prof. Hecken. With an almost infinite number of indicators, the risk of not seeing the proverbial wood for the trees or losing sight of the essentials is high.

However, the aim of the sustainability index, which we presented to the public for the first time last year in collaboration with Vandage and AstraZeneca, was not to see individual trees in this symbolic forest, but rather to map the forest. What aspects play a role in a sustainable healthcare system? What data would be suitable and useful for mapping these indicators? These were the key questions we asked ourselves at the beginning. And so the 304 indicators in the sustainability index are not finalised, but are continuously reviewed, updated and supplemented. At the same time, we are working on defining core indicators in the next step, i.e. focussing on the essentials. However, this is not so easy if you want to meaningfully reflect different perspectives on the healthcare system in these few but highly relevant indicators. Criteria such as relevance, timeliness and, where applicable, influenceability are crucial. The team behind the sustainability index is currently discussing this with experts from various healthcare sectors. I would also find it exciting to include the perspective of the general population at a later date.

Ms Wolf, would you please explain what led to the idea of the Sustainability Index (NHI), which was created in collaboration with VANDAGE and Prof Greiner from Bielefeld University? What do you want to achieve with it as a research-based pharmaceutical company?

Wolf: Even before the Sustainability Index, we had a project that involved assessing the resilience of healthcare systems in various countries. Germany was one of them. We realised that there was a lot of data, but no source that summarised all the relevant data. This is how the idea for the sustainability index came about. After all, as in other service areas, measuring sustainability in the healthcare sector should also be based on a clear objective. We want to support this with the sustainability index, as statements about the state of the healthcare system should be based on data. And we can see that a sufficiently good data situation already exists. Data is available for 83 per cent of the indicators. However, 80 per cent of the indicators have no targets, which in turn severely limits effective evaluation.

The key question, Ms Wolf, is: Why exactly is AstraZeneca investing time and money in this certainly important topic? Where does the money come from?

Wolf: AstraZeneca defines sustainability in three major areas: environmental, social and financial sustainability. We have projects in all areas to address this important topic holistically. After all, there can be no sustainable society without a sustainable healthcare system. Our goal is therefore clear: to work with many partners to shape the healthcare system in such a way that it is accessible, safe and sustainable for future generations.

'The NHI is to be continuously improved by adding further data on an ongoing basis. In this way, it should provide reliable information for sustainable, evidence-based decisions in the healthcare sector,' reads the AstraZeneca 'NHI Dossier' (1). Professor Greiner, as a long-standing member of the German Advisory Council for the Assessment of Developments in the Healthcare System at the Federal Ministry of Health, you know very well that 'reliable information' is one thing, but truly sustainable, evidence-based political decisions are another. What should, indeed what must change?

Greiner: Changes are needed on both the information and the decision-making side. While there is certainly no shortage of data in Germany, it is often fragmented and accessible from a wide variety of sources and partners. Sometimes for all interested parties, sometimes only via scientific use files. An initiative such as the Sustainability Index helps to bring together this multitude of data sources as a first step. The core indicators mentioned above then make this data usable for political decision-making processes. However, this also requires the political will to define target values for these indicators in terms of a sustainable and efficient healthcare system and to measure their development. We have seen in the recent past that politicians are also opening up to the idea of measurable targets in healthcare, and not always with a positive outcome, see for example the savings

targets from the SHI Financial Stabilisation Act that have not yet been achieved. However, this example also shows that there is virtually no alternative to investing more in a target definition and evaluation cycle. Only then will it also be possible at a political level to evaluate the effectiveness of political decisions and, if necessary, to make adjustments or countermeasures at short notice.

Let's take a case study from the NHI, which is also briefly outlined in the dossier (1). It says: 'The goal of reducing premature mortality among men and women is at risk. An improvement of 31 per cent is needed, which can be achieved, for example, through health prevention and greater resilience to pandemics.' Prof Greiner: What indicators lead to this thesis, which is certainly correct, and what adjustments need to be made to improve Germany's position in terms of mortality?

Greiner: I am certain that a more efficient allocation of resources in the healthcare system can contribute to investing in efficient healthcare, even in financially challenging times for the statutory health insurance funds. Aspects such as the digitalisation of administrative and care processes, a stronger evidence-based approach in the SHI benefits catalogue or the tapping of prevention potential are certainly worth mentioning here. Access to quality-assured care is also a crucial point where a stronger focus on data can help to achieve positive effects for healthcare. The good news is that the data on how well care pathways are currently being implemented in line with quality-orientated specifications, for example from medical guidelines, is already available and does not have to be collected first. The individual statutory health insurance funds and the new Health Research Data Centre at the BfArM, which was set up as part of the GDNG, have healthcare-related data that should be used even more in future to continuously evaluate healthcare and identify efficiency potential. As the potential user group for this data has been significantly expanded in the GDNG, I am convinced that we will see rapid developments in this regard in the coming years.



Tessa Wolf

has been Head of Corporate Affairs at AstraZeneca since May 2024 and also represents these topics on the Executive Board. Tessa Wolf completed her studies in food chemistry in Hamburg in 1998. After holding various professional positions, such as at a scientific publishing house and a scientific event organiser, she found her way into the pharmaceutical industry. She has been active in the fields of health policy, market access (national and regional) and patient work for more than 20 years..

What can a research-based pharmaceutical company do here?

Wolf: Preventive healthcare is one of our core tasks. We research and develop drugs that are intended to alleviate, delay the progression or even cure diseases for people. At the same time, however, we also see ourselves as a partner in the healthcare system in order to make it more resilient. In our view, this requires clear and measurable goals, as described above. A concrete sustainability goal could therefore be a stronger preventative rather than curative focus of healthcare, ideally also quantifiable.

Only 80 per cent of the 292 indicators defined by Vandage and yourself to measure the sustainability of the healthcare system have targets. How do you intend to change this, Prof Greiner?

Greiner: We need someone who has the courage and will not only to define targets for a sustainable and efficient healthcare system, but also to evaluate them regularly. In the German government's sustainability strategy, for example, there are only a handful of macro indicators relating to the healthcare system, including the goal of permanently halting the rise in obesity rates among children and young people. This year, the health insurance provider GWG showed that sustainability can also be more concrete when it included sustainability criteria in generics tenders for the first time.

According to a press release on the NHI, the annual evaluation of the indicators using current data and the identification of trends should enable the derivation of recommendations for action by an expert council as part of the 'Partnership for the Future of Health' (2). What does this mean?

Greiner: The three terms describe it quite well: several stakeholders ('Partnership') are concerned with questions about how sustainable and efficient healthcare ('Future Health') can continue to be ensured in the coming years despite all demographic, financial and social challenges. I am pleased to be able to provide input in this regard, but it always takes several perspectives to develop sustainable and innovative solution concepts.

At our 13th MVF Congress (3) in December 2024, we discussed PROMs and PREMs, which, in contrast to some other EU countries (such as Denmark, the Netherlands and Switzerland), are not yet measured and used in a consistent and structured manner in Germany. Do your NHI factor bundles also include PROM and PREM?

Wolf: Less than we would like. The NHI is currently collecting publicly available data. We haven't got that far with PROM and PREM yet. However, it would certainly make sense to add these when they become available. Ultimately, however, it must be clear that we cannot have sustainable healthcare if we do not make the necessary data more widely available to everyone so that we can define sustainabili-

ty indicators based on this and then measure and evaluate them.

Greiner: It is indeed an exciting next step to include patient preferences and experiences in such an index. I see the benefits here more at the level of developing targets than the indicators themselves. Indicators should be easy to update, which can only be achieved with a certain amount of effort if patients are directly involved. Developing targets is also not trivial, but can benefit greatly from the direct care perspective, for example when it comes to defining relevant minimum thresholds for a positive effect in a care-related indicator.

Mrs Wolf and Prof Greiner, thank you for the interview. <<

The interview was conducted by MVF editor-in-chief Peter Stegmaier.

Literature/Links:
1: https://t1p.de/e87ur
2: https://www.partnerschaft-zukunft-gesundheit.de/
3: https://t1p.de/mztmn



Prof. Dr. Wolfgang Greiner

holds the Chair of Health Economics and Health Management at Bielefeld University. Prior to his appointment, he was head of research at the Research Centre for Health Economics and Health Systems Research, a joint institution of the University of Hanover and the Hanover Medical School (MHH). His doctorate in 1998 dealt with cost-benefit analyses in the healthcare system using the example of kidney and liver transplants.

Citation

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