

20th

HEALTHCARE INDUSTRY MEETING

FIVE WAYS TO MAKE PATIENT-CENTRIC HEALTHCARE HAPPEN

Barcelona, October 23, 2013

ACADEMIC SUMMARY



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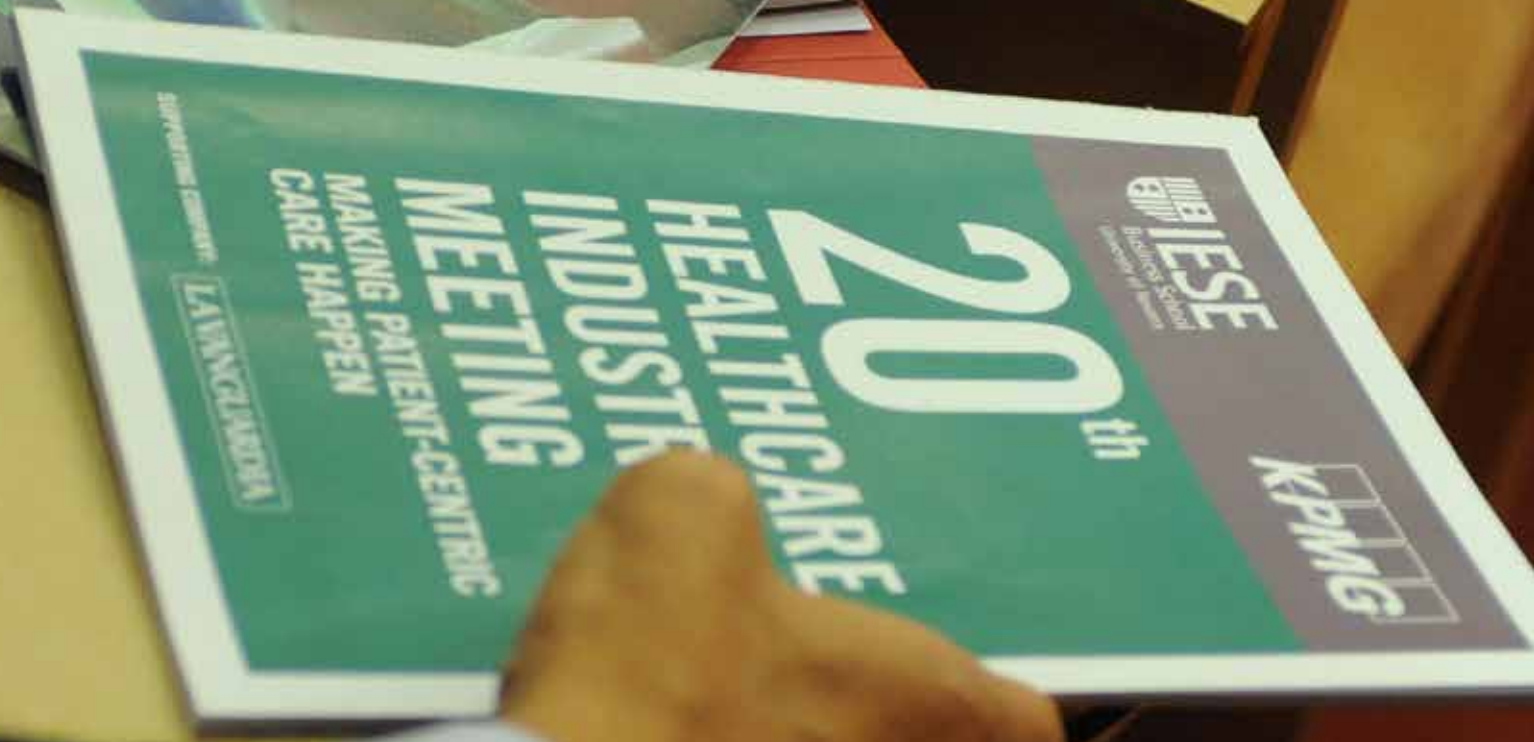
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INTRODUCTION

The rules of the game in healthcare are changing. Growing financial pressure, population aging, new technologies and globalization are creating disruptions to traditional ways of financing and providing care in both the public and the private sectors.

Medicine is now becoming more personalized and, with longevity shifting the burden of disease from acute to chronic conditions, there is growing focus on prevention and wellness, with patients taking a central role. Meanwhile, cost pressures in the industry emphasize the need to seek efficiency. In this context, partnerships among health providers, the industry, insurers, patients and families are key. It is now more urgent than ever to rethink the way in which the different participants in healthcare interact and share new perspectives and to make change happen.

PRESENTATION

On October 23, IESE's Barcelona campus hosted the **20th Healthcare Industry Meeting**, with the theme "**Making Patient-Centric Care Happen**," co-organized with KPMG. With this focus, speakers discussed the complexity of issues facing healthcare systems globally and the emerging solutions that could help nations strengthen the sustainability of their healthcare systems and also improve the health of their populations. The meeting brought together industry experts, public leaders and academics to discuss the latest developments in the healthcare industry. The gathering also welcomed industry regulators and policy makers.

The healthcare sector and its upcoming reforms raise more than their share of very complex questions: How can we contain costs while maintaining and even improving the quality of care? How can we improve the patient care experience? How will increasing patient involvement change the market? The meeting's main goal was to push the debate about healthcare reform and to reflect on the implications of having a more patient-centered approach to care.

The meeting covered a great deal of ground and, by design, it encouraged numerous and sometimes contradictory points of view. The outline of this academic summary presents the main topics of the summit: health policy initiatives, proactive patients, the perspective of managers and healthcare professionals, global perspectives, from sick to healthcare and the industry in Spain. It does not reflect the exact order of the panels nor does it include all the speakers' presentations. While maintaining the rigor of what was said and discussed, the outline describes the challenges and ideas that emerged in the debates and highlights the content. In addition, the experts' contributions are complemented by additional information from other sources and sectoral reports that reinforce and expand on the ideas presented during the summit.

The conclusions of the meeting can be best summarized by the following five key points:

1. RETHINKING HEALTHCARE

Prof. Núria Mas, the chair of the Healthcare Industry Meeting, pointed out the following facts: "*Healthcare is changing and so are patient needs. Advanced economies are facing profound economic, budgetary*

¹ Under the supervision of Núria Mas, the Academic Director of the Healthcare Industry Meeting, this academic summary has been prepared with the contributions of Júlia Garcia-Girona, an IESE Research Assistant. Thanks also to Joaquim Barba, Christopher Bates, Blanca Muñoz and Ramón Salsas for their notes taken during the meeting. Document last reviewed on January 17, 2014.



Prof. Pedro Nuño, Founding Chair of the Meeting, IESE

and social risks, which are at the center of the debate on the sustainability of our healthcare and social protection systems.

“Our healthcare systems are becoming obsolete. They were designed when a large proportion of health concerns and expenditure was devoted to acute conditions. Today the problem is different. The changing demographic context is shifting the burden of disease from acute to chronic conditions. Patients with at least one chronic condition represent 85 percent of healthcare utilization in the United States² while in the United Kingdom they are involved in 80 percent of primary care consultations and 66 percent of emergency hospital admissions³. Most of the illnesses and death related to chronic diseases are closely linked to four risky behaviors: lack of physical activity, poor nutrition, smoking, and excessive alcohol consumption (WHO⁴).



Prof. Núria Mas, Chair of the Meeting, IESE

“The good news is that it is well established now that one can in fact improve quality and reduce costs at the same time: A recent report from the Institute of Medicine⁵ on the state of the U.S. healthcare sector found that about thirty percent of the money committed to healthcare was not used in the best possible way. When looking at potential cost reductions for seven hospital interventions in OECD countries, the author reached a number between 20 to 30 percent (Erlandsen, 2007⁶).”

² “Chronic Care: Making the Case for Ongoing Care;” Johns Hopkins Bloomberg School of Public Health and Robert Wood Johnson Foundation, 2010.

³ Chronic disease management: a compendium of information. London, Department of Health, 2004.

⁴ WHO global Report, “Noncommunicable Diseases: Country Profiles,” 2011.

⁵ The Institute of Medicine is an independent, nonprofit organization that is part of the National Academy of Sciences. The report was led by top clinicians, business leaders and health-policy experts. http://books.nap.edu/openbook.php?record_id=13444

⁶ Erlandsen, E. (2007) “Improving the efficiency of healthcare spending: selected evidence on hospital performance,” *OECD Economic Department Working Paper*, 555.

“We need to rethink our healthcare systems with a triple aim in mind: better care, better health and lower/contained costs.”

Prof. Núria Mas, IESE Professor and Chair of the Healthcare Industry Meeting

This emphasis on the need to reform healthcare was a common concern throughout the meeting. Cándido Pérez, a partner at KPMG, noted that this was in fact a global phenomenon. Hence, international comparisons and shared experiences could allow all of us to learn from each other. Mr. Pérez pointed out three main areas to be considered by our healthcare systems: improving efficiency, shifting toward more integrated care and encouraging patients to take a more proactive role and become more involved in their own health.

“In the next decade, there is going to be a radical change in the structure of most of the healthcare systems of advanced economies and in the relationships between their different stakeholders.”

Cándido Pérez, partner and Head of Infrastructure, Transport, Government and Health, KPMG Spain

Representatives of the public sector and industry concluded that reforms were unavoidable. Daniel Carreño, the President of Fenin and CEO of General Electric for Spain and Portugal, stated, “There is no question about the need for the model to change.” His position was shared by Humberto Arnés, the General Manager of Farmaindustria, who also emphasized that access to care, sustainability and the development of professional activities are, in fact, compatible and should remain that way.

“Dick Fosbury surpassed all records in high jump by changing the way in which he jumped. In healthcare, we need to change the way we jump to achieve sustainability.”

Dr. Boi Ruiz, Minister, Department of Health, Regional Government of Catalonia



Boi Ruiz, Minister, Department of Health, Government of Catalonia



Cándido Pérez, partner and Head of Infrastructure, Transport, Government and Health, KPMG Spain

Despite consensus on the need for a significant transformation, the key challenge resides in being able to alter the system rather than designing such a change. Javier Fernández-Lasquetty, the Minister of Health of the Madrid Regional Government, acknowledged, "Cutting expenditure is less controversial than making structural reforms. (...) We need to make reforms so as not to have to make direct general cuts in spending. We have to find frameworks that go beyond simply continuing to reproduce what used to be done in the 1970s." Manuel Llompart, the Minister of Health of the Valencia Regional Government, also agreed on the difficulties imposed by bureaucracy in the public system. In his opinion, it is hard to apply the Fosbury model and they are forced to come up with plans that enable them to advance inch by inch.

To some extent, some regional authorities are trying to transfer private-sector practices to the public sector, so that the rules of the game can be changed. However, the barriers for introducing major changes are structurally high and overcoming them can be complicated, especially in a country such as Spain, where a national framework coexists with several regional systems. Nonetheless, experts point out that the greatest barrier is not the administrative structure, but society's mentality, based on the idea that patient's rights can only be safeguarded under a free and public health system that covers all the health requirements of the entire population.

Adding to the challenge is the empirical fact that countries are spending a larger proportion of their GDP on healthcare as they become richer. So far, global data show this relationship is very strong and consistent across geographical areas and over time. Hence, as pointed out by Daniel Carreño, the President of Fenin and CEO of General Electric for Spain and Portugal, "If anything, in the future, our



Javier Fernández-Lasquetty, Minister of Health, Madrid Regional Government



Rocío Mosquera, Minister of Health, Government of Galicia



Manuel Llompart, Minister of Health, Valencia Regional Government



Carles Constante, Chairman of the Board of Directors, Catalan Health Institute

economies are expected to spend more, not less, on healthcare.”, As Professor Pedro Nueno emphasized, this is the real challenge:

“Thanks partly to R&D, people are living longer lives, but who is going to pay for all of this?”

Prof. Pedro Nueno, IESE Professor and Founding Chair of the Healthcare Industry Meeting

2. EFFICIENCY AND VALUE-BASED HEALTHCARE

Consensus emerged among all participants that efficiency and value-based healthcare are necessary conditions to make future healthcare systems sustainable.

Many representatives of the industry emphasized the fact that the current financial pressure was not only due to the economic recession, but also to some longer-term trends such as the change in demographics. Structural problems require structural changes and thinking only about cutting a certain percentage of the expenditure in medical devices or pharmaceuticals could not be a long-run solution. It is necessary to think about efficiency in the system as a whole.

Ángel Bajils, the General Manager of Air Liquide Healthcare, stated that, “The first action we have taken is to prioritize innovations and launch only those that show a clear efficiency gain for the system.”

To achieve efficiency, one of the first things to keep in mind is that not everybody needs the same amount or type of care. As Dr. Carles Constante, the Chairman of the Board of Directors of the Catalan Health Institute, pointed out, “Since not all neighborhoods have the same population structure, their primary care facilities shouldn’t all have the same structure or types of resources. We need to



Andreas Abt, General Manager, Roche Farma Spain



Ángel Bajils, General Manager, Air Liquide Healthcare



Javier Ellena, General Manager Spain, Portugal and Greece, Lilly



Carlos González, President, Cofares Group



Dr. Antoni Esteve, Esteve; Dra. Sonia Gaztambide, President, Spanish Diabetes Society; Peter Ohnemus, President & CEO, dacadoo ag; Prof. Núria Mas, Chair of the Meeting, IESE

consider a certain stratification of the population so that all patients have access to the right care.”

DEVELOPING AND SHARING DATA

To achieve efficiency, a necessary condition is understanding what works and why. This is impossible without data.

“We have to measure and measure and measure.”

Andreas Abt, General Manager, Roche Farma Spain

Javier Ellena, the General Manager of Lilly for Spain, Portugal and Greece, raised the issue of the importance of achieving consensus when determining the key outcomes to be measured, since they will be later used as a benchmark for comparisons and decision making. He also emphasized the fact that, before agreeing on a set of metrics, a clear, transparent objective must be known to all the stakeholders.

These collected data need to be shared. It is impossible to know if there is any scope of improvement in what one is doing if we cannot compare it with what the rest of participants in the health system are doing. Right now there is

enormous variation in the provision of healthcare. In a regional study in the United States, the Dartmouth Atlas of Health Care revealed that more than 70 percent of the enormous variations in the use of many medical procedures across U.S. medical areas cannot be explained by any conceivable difference in aging, income or the prevalence of illness of their patients. Similar examples can be found in Spain in the *Atlas de Variaciones en la Práctica Médica*.

“We should share our knowledge more globally.”

Michael J. Taylor, Senior Vice President, Aon Hewitt Health and Benefits

Prof. Jaume Ribera, an IESE Professor and the Director of the IESE-CHRIM, recalled that implementing pilot experiments is a good first step but is not enough. “We design a lot of pilot experiments but not to learn from them and share this knowledge.” Only by measuring first and comparing later can we learn how to improve. Moreover, as pointed out by Michael J. Taylor, the Senior Vice President of Aon Hewitt Health and Benefits, sharing data and improving efficiency are key to help spread news about successful experiences and make them more widespread.

FROM SICK CARE TO HEALTH CARE

Finding what works and why and then implementing it is not easy. And it is even more difficult in a complex environment like healthcare. Therefore, if one is concerned about achieving outcomes that have an impact on the sustainability of the system, it is important to start rethinking the system regarding aspects such as chronic care, which represents a big proportion of the expenditure (in advanced economies, around 70 to 80 percent of total healthcare expenditure is related to the treatment of patients with at least one chronic condition).

Chronic care requires a different approach to care, in which *managing the disease* is essential. This implies a whole different approach. Boi Ruiz, the Health Minister of the Regional Government of Catalonia, said, “We have to rethink our health system. So far, our system is based on reacting to problems and it is very focused on what different organizations are doing (...) We need a proactive system that anticipates citizens’ needs.”

Making it a reality first requires the commitment and *involvement of all* the stakeholders in healthcare.

“Working together is the only way to improve the outcome of chronic diseases.”

Dr. Sonia Gaztambide, President, Spanish Diabetes Society

Second, according to many panelists, it requires a change in mentality. Rocio Mosquera, the Minister of Health of the Regional Government of Galicia, explicitly mentioned resistance to change as one of the key inhibitors of the necessary transformation of our healthcare systems.

Several panelists argued that focusing on chronic conditions entails a more holistic approach to care, since these conditions have been found to be closely linked to four risky behaviors: the lack of physical activity, poor nutrition, smoking and excessive alcohol consumption. Regarding the lack of exercise, Peter Ohnemus, the President and CEO of Dacadoo AG, said, “We have to get prevention in.” Carles Constante, the Chairman of the Board of Directors of the Catalan Health Institute, highlighted the “need to have an impact on all the levels of the population pyramid, from programs devoted to the healthy population to more specific and selective programs for patients with more complex chronic conditions.”



Fernando de Górgolas, Group Marketing and Business Development Director, Unilabs; Paul Kusters, Senior Vice President, EMEA, Nuvasive; Michael J. Taylor, Senior Vice President, Aon Hewitt Health and Benefits



Jorge Guarner, CEO-General Manager, SARquavitae



Dr. Josep Brugada, Medical Director, Hospital Clínic de Barcelona



Prof. Jaume Ribera, IESE

PAYMENT REDESIGN

Successfully implementing efficient practices calls for aligned insurer, provider and patient interests.

Michael J. Taylor also emphasized the importance of redesigning payments in the United States, where compensation is based mostly on volume, not quality. For him, payment incentives “are at the heart of patient-centric care” in the United States. Right now, most payment schemes are not designed to encourage integrated care or to follow the patient through every step in the process.

Many panelists expressed concern about much debate being centered on cost containment and not so much on value. In this context, for instance, Andreas Abt, the General Manager of Roche Farma Spain, advocated a method of payment based on the results achieved. Marc-Antoine Lucchini, the President and General Manager of Sanofi, Spain and Portugal, said, “The industry has to continue innovating, but it also needs to incorporate elements that would allow for the outcomes achieved to be measured.”

Exact payment schemes and proposals were varied, but there was consensus in recognizing the importance of incentives.

3. IMPROVING COORDINATION AND INTEGRATED CARE

Healthcare systems are made up of a variety of professionals, organizations and patients and each has different goals, motivations and capabilities. This complexity makes it difficult to coordinate these different elements toward the common goal of improving the health of the population while fostering more coherent use of available resources.

Marc-Antoine Lucchini said, “It is important to consider more integrated management of a pathology.” For this, the role of physicians is crucial, but may also need to evolve. Michael Taylor pointed out. “We cannot do it without the providers. (...) Physicians might need to have a management role as well as a diagnostic role.”

In that regard, Dr. Josep Brugada, the Medical Director of Hospital Clínic, drew attention to the importance of actually including professionals in the decision-making process. “Professionals, doctors and nurses have to be included in the decision-making process and have to be accountable for their decisions,” he said. At Hospital Clínic, they use clinical management (transferring the power to doctors and nurses), as well as process reengineering to place the patient in the center. Healthcare professionals have a variety of interests that must be taken into account when providing incentives: specialized care (professionals want to have the resources they need to do the job they choose to do, i.e., their specialty), primary care (professionals are concerned about the patient not returning to the hospital if it is unnecessary; they want continuous care), private clinics (Spanish doctors earn the lowest salary of all doctors in Europe), teaching (they love to pass their knowledge on and improve their skills and knowledge) and research (research should be limited to those who enjoy doing research and are good at it).

“As a professional, I would like to be able to participate in the medicine of the future, i.e., so-called P4 medicine: predictable, personalized, preventive and participative.”

Dr. Josep Brugada, Medical Director of Hospital Clínic, Barcelona

The other factor for coordination and integration mentioned by several panelists was healthcare and social services. As Jorge Guarner, the CEO-General



Daniel Carrero, President, Fenin and CEO Spain & Portugal, General Electric



Humberto Arnés, General Manager, Farmaindustria



Borja Guinea, Partner, Head of Pharmaceutical Industry, KPMG Spain



Dra. Candela Calle, General Director, ICO (Institut Català d'Oncologia)



Marc-Antoine Lucchini, President & General Manager, Sanofi Spain and Portugal



Dr. Antoni Salvà, General Manager, Fundació Laporte and Institute on Aging Director, Universitat Autònoma de Barcelona

Manager of SARquavitae, explained, “We have healthcare services and social services that are connected but not together. (...) A patient-centric approach requires a shift toward a continuum of care.”

4. THE ROLE OF PATIENTS

Many things are changing today in healthcare. One of the main ones is the shift toward patient centrality. But what exactly does this mean?

According to Michael Taylor, patient-centric care requires major coordination of chronic care, increased patient participation and shared care plans (with patients and care providers working together and sharing the decision making).

This interactive and much better informed patient is changing the way in which healthcare operates. Dr. Calle, the General Director of the ICO, brought to the table the fact that coordination of the healthcare systems should not be limited to the providers, but should also involve the patient. She said, “We need a healthcare model that incorporates the experiences of the patient. Patients must have a say in the process, which would favor the relationship between doctor and patient. This is key for patient-centered healthcare.”

As a body, the conference participants agreed that this change could not take place without the involvement of patients. However, they also mentioned that, along with a change in healthcare, there must also be a change in public mentality and society must take its share of the responsibility, whether through payments, better resource utilization or healthier lifestyles as a form of preventive care.

Antoni Salvà, the General Manager of Fundació Laporte and the Director of the Institute on Aging at

the Universitat Autònoma de Barcelona, emphasized the importance of having patients who are experts at managing their own diseases. For this, he said, “Citizens must have capacity, competency, information, confidence in their decision making and a commitment to their own health.”

Many panelists mentioned the importance of adherence to care. “Even if we have the best medical devices, technologies and drugs, outcomes cannot improve to their full potential if patients do not follow their treatments. As a system, we have to think about all the possible mechanisms to ensure that this improvement in adherence becomes a reality, and a lot of it does not depend only on the patient. More efforts at the system level might be required,” Professor Núria Mas said. Boi Ruiz said, “We have to promote proactive healthcare citizens before they become patients.”

“Patients have to evolve toward more self-care and have to share the responsibility. The industry has to adapt to these changes.”

Marc-Antoine Lucchini, President & General Manager, Sanofi Spain & Portugal

5. INNOVATION

Innovation has always been a fundamental aspect of healthcare. Javier Ellena, the General Manager of Lilly for Spain, Portugal and Greece, highlighted the important role the industry has traditionally played in this regard. “The pharmaceutical industry is innovative and its innovations have been responsible for about a 40 percent increase in life expectancy in the last three decades,” he said. On a similar note, Daniel Carreño urged the medical device industry to continue innovating. He said, “It is obvious now that to make the necessary change a reality, technology will have to continue being part of the solution.” He also urged participants to take action by saying:

“There are many possibilities to improve the efficiency of the whole system, but to do so we have to forget about the status quo.”

Daniel Carreño, President of Fenin and CEO of General Electric for Spain and Portugal

Antoni Esteve of the Esteve Chemical & Pharmaceutical Group emphasized the importance of building up an R&D pipeline that helps companies such as Esteve get closer to patients while seeking new solutions to their health problems.

Peter Ohnemus, the President and CEO of Dacadoo AG, highlighted the enormous potential of new technologies. He said, “With big data, the world of healthcare is going to change in a very dramatic way.” He emphasized the role of smartphones, portable biosensor devices and social media in leading consumer-driven healthcare. He presented the example of his company, which he said was contributing by helping empower patients.

BUILDING UP PARTNERSHIPS FOR A COMPLEX PROBLEM

In healthcare, “innovation” has traditionally been related to the development of new drugs and medical devices. However, many panelists advocated that innovation should go beyond this and should also involve a different way of doing things. Many agreed that the solution required the involvement of all stakeholders.

“If you want to go far (in innovation), you have to work together. To innovate, you need partners that can support and complement your knowledge creation.”

Antoni Esteve, President of Esteve Chemical & Pharmaceutical Group

Paul Kusters, the Senior Vice President of EMEA Nuvasive, highlighted how innovative technologies are pivotal for changing people’s lives. Mr. Kusters also emphasized the importance of technology in making

the entire system sustainable. He presented the example of the case of Nuvasive, which developed a minimally invasive spinal surgery system that allows patients to resume their daily activity sooner.

CHALLENGES AND REQUIREMENTS FOR FOSTERING INNOVATION

While emphasizing the importance of innovation for improving healthcare, several panelists shed some light on obstacles to its implementation.

On the Spanish industry panel, Borja Guinea, a partner and the Head of the Pharmaceutical Industry at KPMG Spain, questioned the panelists about the impact of the current recession on innovation and access to new drugs and medical devices. Carlos González Bosch, the President of the Cofares Group, classified the delay in government payments as a “first-order problem for innovation.” This sentiment was confirmed by Andreas Abt, the General Manager of Roche Farma Spain, who said, “Today it is more important to be paid than to sell.”

Humberto Arnés, the General Manager of Farmaindustria, mentioned that innovation has often been seen as expenditure, rather than an investment for the society.

“We (the pharmaceutical industry) think that sustainability, access to innovations and business development are compatible elements.”

Humberto Arnés, General Manager of Farmaindustria

Many panelists also pointed out the different regulations across Europe and even across the regions of Spain as hindering the diffusion of innovations. Fernando de Górgolas, the Group Marketing and Business Development Director of Unilabs, said, “One of the main challenges for any

company is the great complexity of the European market.” He also cautioned against placing too much decision making in government hands in Europe, and emphasized that an important part of the change should be driven by other stakeholders in healthcare.

Andreas Abt, the General Manager of Roche in Spain, said, “We have to innovate, not only with new products, but also by finding other payment and financing systems and looking to risk-sharing.”

Risk-sharing was actually a model cited by several panelists, but, as many of them recognized, it implies a long-term relationship with the public sector in most cases. In this context, many panelists emphasized the need for a stable regulatory environment. Javier Ellena, the General Manager of Lilly for Spain, Portugal and Greece, said, “The pharmaceutical industry is a long-term industry. For it to be successful, it is very important for the rules of the game not to change too often.”

As a body, the participants said that trust was key for such a partnership to be successful. In his closing remarks, Daniel Carreño said, “Medical device firms want to be part of the configuration of the new model, but for this, we need a long-term relationship based on trust.” In the words of Javier Ellena, “If there is no trust, change is not possible.”

6. CONCLUDING REMARKS

If there was a common theme during the presentations and several open discussions, it was the need to rethink the current healthcare model.

The main emphasis was placed on efficiency. To pursue it and make sure the resources devoted to

healthcare are used in the best possible way, all the different stakeholders need to work together, including insurers, regulators, the industry, doctors, nurses, providers in general and patients.

As a body, however, the conference participants agreed that, for this change to take place, there must be a change in healthcare and a change in the public mentality so that society takes its share of responsibility through payments, better resource utilization and living healthier lifestyles as a form preventive care.

There is still a long way to go, but in business as well as in medicine, a big part of the answers depend on the questions we ask. At the 20th Healthcare

Industry Meeting, participants and panelists raised some important issues that will help us all continue to work together to shape the healthcare system of the future: How can we make partnerships a reality? What incentives can help foster innovation in healthcare? Can we change our healthcare systems and our processes to achieve the triple aim of better health at lower cost and better care? What are the incentives, data and tools needed to move toward patient-centric healthcare?

Future Healthcare Industry Meetings will continue to bring academics, policy makers, industry representatives and healthcare providers together to contribute to the debate and shed light on some of these questions.

 IESE



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NAME CARD

NAME CARD



APPENDICES

PROGRAM

Wednesday, October 23, 2013

OPENING SESSION

- Boi Ruiz, Minister, Department of Health, Government of Catalonia
- Humberto Arnés, General Manager, Farmaindustria
- Prof. Núria Mas, Chair of the Meeting, IESE
- Prof. Pedro Nuño, Founding Chair of the Meeting, IESE
- Cándido Pérez Serrano, Partner, Head of Infrastructure, Transport, Government and Health, KPMG Spain

HEALTH POLICY INITIATIVES

- Dr. Carles Constante, Chairman of the Board of Directors, Catalan Health Institute
- Javier Fernández-Lasquetty, Minister of Health, Madrid Regional Government
- Manuel Llombart, Minister of Health, Valencian Community
- Rocío Mosquera, Minister of Health, Government of Galicia

PROACTIVE PATIENTS

- Dra. Candela Calle, General Director, ICO (Institut Català d'Oncologia)
- Marc-Antoine Lucchini, President & General Manager, Sanofi Spain and Portugal
- Dr. Antoni Salvà, General Manager, Fundació Laporte and Institute on Aging Director, Universitat Autònoma de Barcelona

Moderator: Prof. Pedro Nuño, IESE

THE PERSPECTIVE OF MANAGERS AND HEALTHCARE PROFESSIONALS

- Dr. Josep Brugada, Medical Director, Hospital Clínic de Barcelona
- Jorge Guarner, CEO-General Manager, SARquavitae

Moderator: Prof. Jaume Ribera, IESE

GLOBAL PERSPECTIVES

- Fernando de Górgolas, Group Marketing and Business Development Director, Unilabs
- Paul Kosters, Senior Vice President, EMEA, Nuvasive
- Michael J. Taylor, Senior Vice President, Aon Hewitt Health and Benefits

Moderator: Prof. Pedro Nuño, IESE

FROM SICK CARE TO HEALTH CARE

- Dr. Antoni Esteve, Esteve
- Dra. Sonia Gaztambide, President, Spanish Diabetes Society
- Peter Ohnemus, President & CEO, dacadoo ag

Moderator: Prof. Núria Mas, IESE

THE INDUSTRY IN SPAIN

- Andreas Abt, General Manager, Roche Farma Spain
- Ángel Bajils, General Manager, Air Liquide Healthcare
- Javier Ellena, General Manager Spain, Portugal and Greece, Lilly
- Carlos González Bosch, President, Cofares Group

Moderator: Borja Guinea, Partner, Head of Pharmaceutical Industry, KPMG Spain

REFLECTIONS AND REMARKS

- Prof. Núria Mas, IESE
- Cándido Pérez Serrano, Head of Infrastructure, Transport, Government and Health, KPMG Spain

CLOSING SESSION

- Daniel Carreño, President, Fenin and CEO Spain & Portugal, General Electric
- Borja Guinea, Partner, Head of Pharmaceutical Industry, KPMG Spain
- Prof. Núria Mas, Chair of the 20th Healthcare Industry Meeting, IESE
- Prof. Pedro Nueno, Founding Chair of the 20th Healthcare Industry Meeting, IESE

ACADEMIC DIRECTOR AND SPEAKERS

ACADEMIC DIRECTOR



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KPMG Spain



ANDREAS ABT
General Manager, Roche
Farma Spain



DANIEL CARREÑO
President, Fenin and CEO
Spain & Portugal, General
Electric



ÁNGEL BAJILS
General Manager, Air Liquide
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JAVIER ELLENA
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