IESE Business School
University of Navarra

Executive Education

Healthcare

Industry Trends - 2015

DRIVING CHANGE IN HEALTHCARE

Industry Meetings

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Jaime Grego
Chair of Healthcare
Management

INTRODUCTION[1]

In healthcare, the days of business as usual are over. There are enormous financial, technological and demographic changes that require a completely new approach if we want to guarantee that our healthcare systems remain sustainable in the future.

Until now, many countries have been trying to implement small reforms such as cutting pharmaceutical costs, restricting the growth of health spending, etc. But the time has come for a more drastic change: a movement towards implementing the Triple Aim of better care for the patient, better health for the population, and lower costs for treatment.

Such a change will have implications for the way in which healthcare is delivered, outcomes are measured, and services and products are reimbursed.

Such a transformation will have a deep impact on the business models of healthcare payers, providers, and the industry.

1 Original document based on the 21st Healthcare Industry Meeting, IESE, Barcelona 2014; Núria Mas and Miguel Figallo, "Driving Change in Healthcare", IESE Business School, 2015, OP-275-E, 2015.

1. HEALTHCARE SYSTEMS HAVE COME A LONG WAY

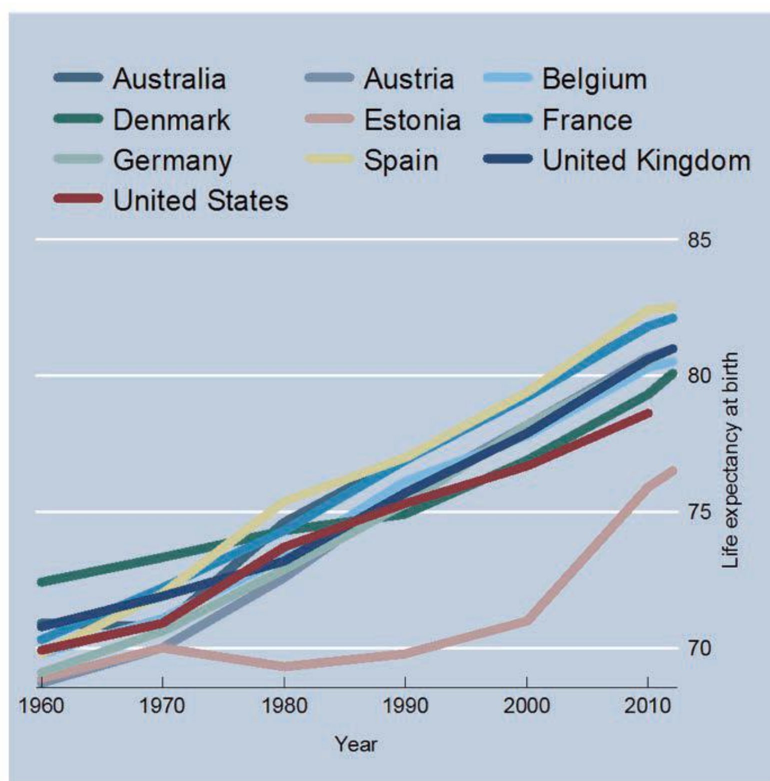
Our healthcare systems have come a long way in the last century. Life expectancy, one of the key health indicators, has improved enormously. Spanish children born today can expect to live more than twice the number of years their great-grandparents could. In 1900, life expectancy in Spain was 33.9 for men and 35.7 for women respectively. In 2014, it is 79.2 for men and 85.5 for women[2] and keeps improving approximately one extra year every four years. This is a generalized phenomenon in advanced economies: for instance, life expectancy in the United States rose from 45 to almost 80 between 1900 and 2013.[3]

Half of this huge increase in life expectancy is due to a reduction in infant mortality, achieved thanks to better control during the pregnancy and delivery, vaccination, and the control of infectious diseases.

David Cutler (2004) also shows that, on average, healthcare benefits have been much higher than the costs. For instance, he finds that for every dollar spent in the treatment of heart attacks, a health value of about $7 has been obtained. The ratio of benefits to costs is four to one for cardiovascular diseases and five to one for low-birth-weight infants.

And yet, despite all these achievements, or probably because of all of them, the time has come to rethink our healthcare systems.

FIGURE 1. LIFE EXPECTANCY AT BIRTH



Source: OECD Health Data 2014

2 1900: *Anuario estadístico de España 2004. Demografía*, INE (National Statistics Institute); 2014: Área de Análisis y Previsiones Demográficas (Area for Analysis and Demographic Forecasts), INE.

3 Robles González et al. (1996); D.M. Cutler (2004); and Human Life-Table Database.

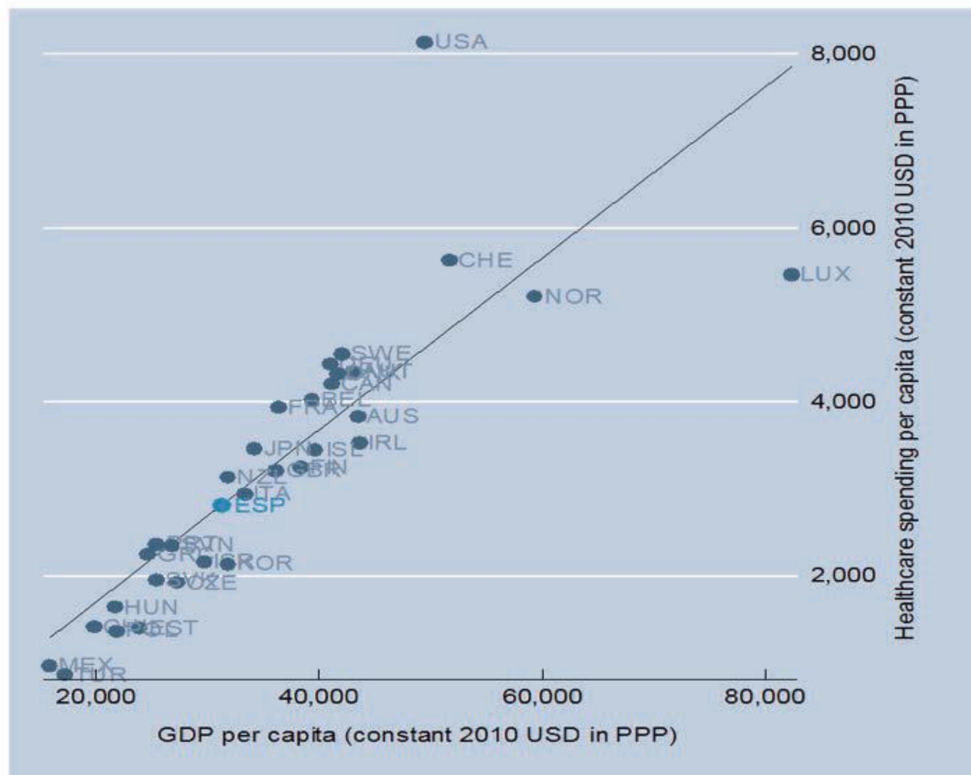
2. STRUCTURAL PROBLEMS REQUIRE STRUCTURAL SOLUTIONS

Advanced economies are facing profound economic, social and technological risks, which place healthcare systems once again at the center of the policy debate.

First, there is the increasing concern about the growing healthcare spending in most OECD economies. Total healthcare expenditure in the OECD rose from 6.9% of GDP in 1990 to 9.5% in 2010 and then fell to 8.9% in 2014 as a result of the economic crisis (OECD, 2015).

The potential implications of this trend for the sustainability of our healthcare systems become more evident if we take into account the empirical regularity of a country spending a larger proportion of its income on healthcare as it becomes richer (Schieber and Maeda, 1997; Getzen, 2006; Gerdtham and Jönsson, 2000). Figure 2 shows that this relationship is quite strong. What these data are telling us is that as a country becomes richer its citizens want to spend more, both on nonhealth goods and on health services, but the amount that they decide to devote to health rises proportionately more. Financial pressures are even more evident if we take into account the fact that population aging will lead to a deterioration of the dependency ratio and a consequent increase in pressure for public and private funds.

FIGURE 2. HEALTH EXPENDITURE PER CAPITA AND GDP PER CAPITA

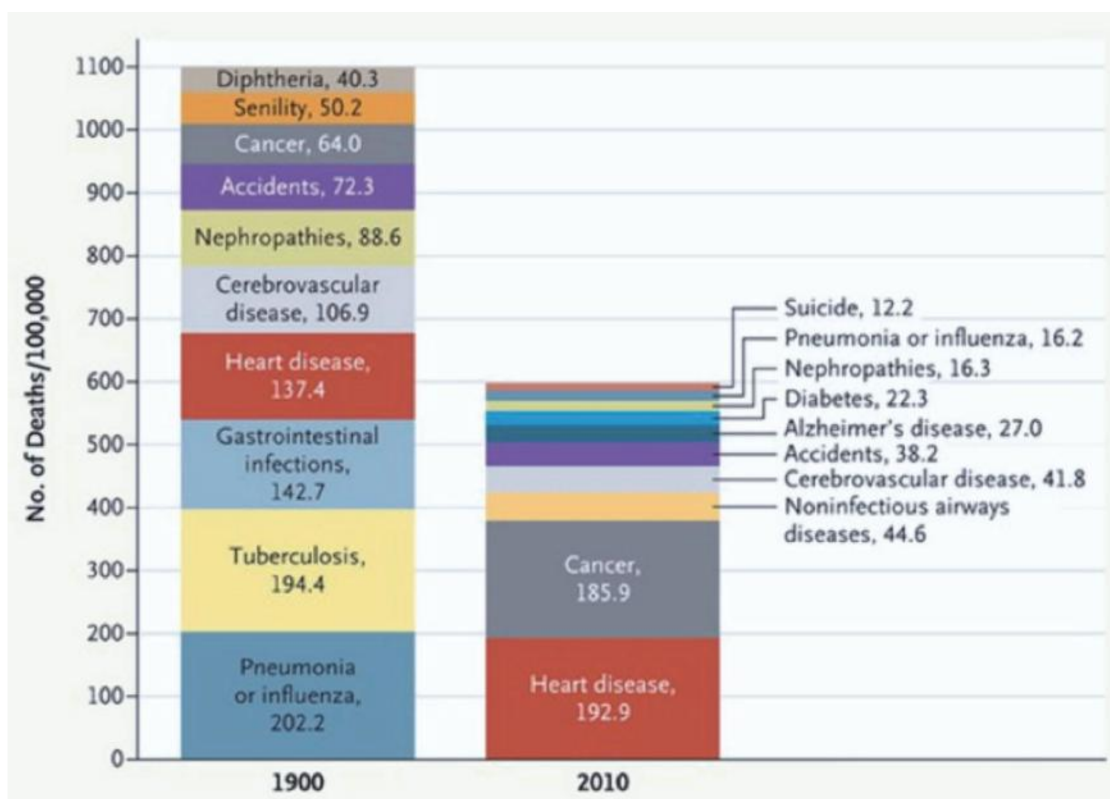


Source: OECD health data

Second, during this time the causes of death have changed dramatically. Figure 3 shows that, in 1900, infections topped the list with pneumonia, tuberculosis and gastrointestinal infections being the most common causes of death. Today, heart disease and cancer are the main causes of death followed by several chronic diseases. Between 70% and 85% of total healthcare spending in advanced economies is devoted to patients with at least one chronic condition. These patients also represent 85% of healthcare utilization in the United States,[4] while in the United Kingdom they signify 80% of primary care consultations and 66% of emergency hospital admissions.[5] According to the World Health Organization, behavior has a lot to do with chronic conditions, with four main behavioral risk factors predisposing people to such diseases: tobacco, physical inactivity, unhealthy diet, and alcohol (WHO, 2009; Mokdad et al., 2004).

Third, in the past half-century there has been an explosion in biomedical and clinical knowledge, making healthcare delivery more and more complex. Now we have more treatment, diagnostic, and disease management options than ever before. Such advances have contributed to an improvement in the ability to treat diseases but, at the same time, the sheer volume of new information is making it almost unmanageable.

FIGURE 3. TOP 10 CAUSES OF DEATH IN 1900 AND 2010



Source: D.S. Jones, S.H. Podolsky and J.A. Greene (2012), "The Burden of Disease and the Changing Task of Medicine," *The New England Journal of Medicine*, 366(25): 2333–2338.

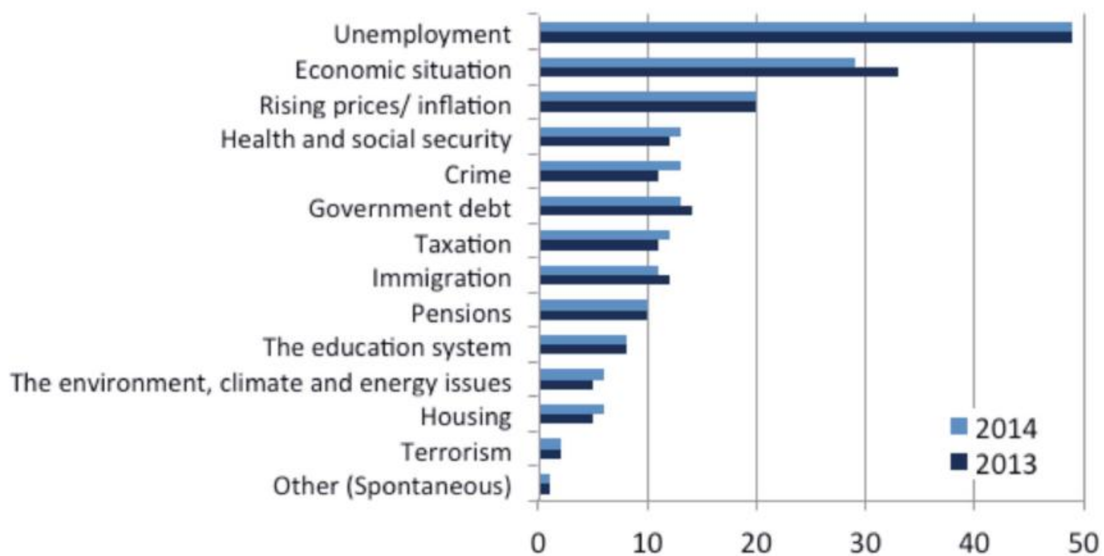
4 "Chronic Care: Making the Case for Ongoing Care," Johns Hopkins Bloomberg School of Public Health and Robert Wood Johnson Foundation, 2010.

5 Chronic Disease Management: A Compendium of Information, Department of Health, London, 2004.

This new reality requires a new way of delivering healthcare, with a stronger focus on coordination, managing chronic conditions, and prevention. Structural problems require structural reforms.

It is also worth noting that European citizens are ready for change. When asked, Europeans place healthcare as one of the top issues their countries are facing, and they also placed healthcare as the top priority for innovation:

FIGURE 4. WHAT DO YOU THINK ARE THE TWO MOST IMPORTANT ISSUES YOUR COUNTRY FACES AT THE MOMENT?



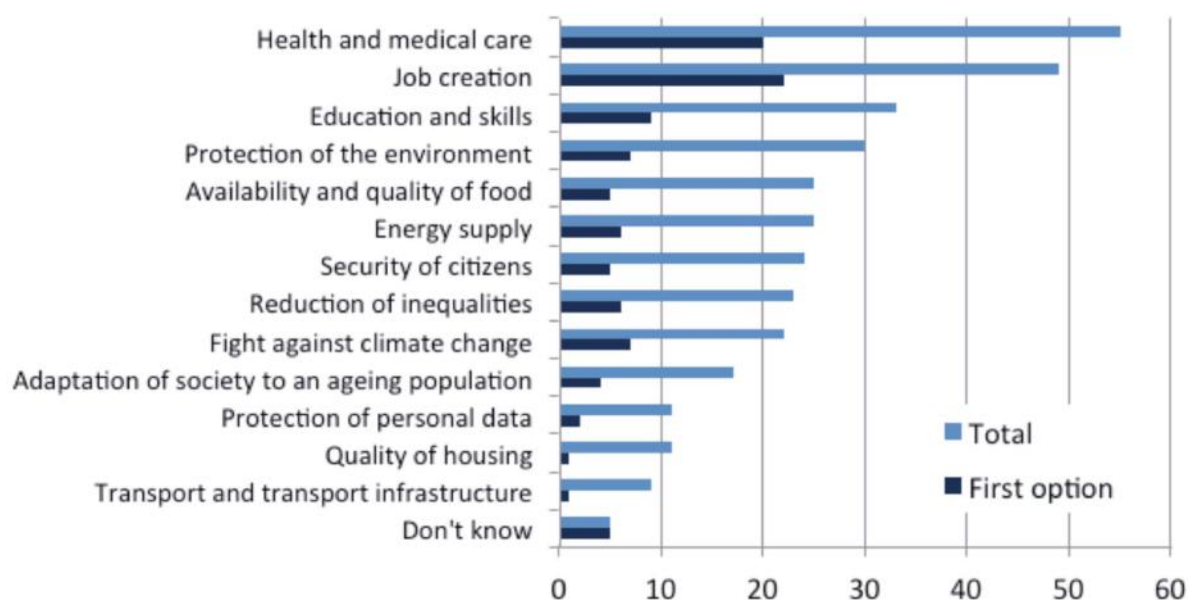
Source: European Commission (2014), "Special Eurobarometer 415: Europeans in 2014."

KEY INSIGHTS: THE CASE FOR CHANGE

There are at least three major structural problems demanding structural changes in the healthcare system:

1. Forecasts show a significant increase in the proportion of the population aged 60 years or over in the more developed regions. It is expected to rise from 23% in 2013 to 32% in 2050 (United Nations, World Population Ageing 2013).
2. Increasing financial pressures: today, OECD countries spend an average of 8.9% of their income on healthcare. It was 4.6% in 1970 and 7.4% in 2000.
3. Increase in knowledge complexity: the number of medical journal articles has risen from more than 200,000 per year in 1970 to more than 750,000 in 2010 (U.S. Institute of Medicine, 2012).

FIGURE 5: OVER THE NEXT 15 YEARS, WHAT SHOULD BE THE PRIORITIES (FOUR AT MOST) WHEN IT COMES TO SCIENTIFIC AND TECHNOLOGICAL INNOVATION? WHICH ONE SHOULD COME FIRST?



Source: European Commission (2014), "Special Eurobarometer 419: Public Perceptions of Science, Research, and Innovation." Available at: http://ec.europa.eu/public_opinion/archives/ebs/ebs_419_en.pdf (last accessed in October 2014).

3. A TRIPLE AIM FOR THE FUTURE OF HEALTHCARE

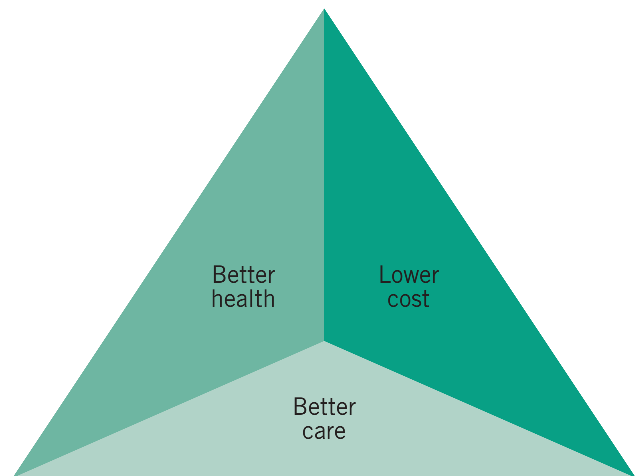
These structural changes are propelling reforms of healthcare systems in many advanced economies around the world. Now, it is more important than ever to achieve as much value in health as possible for a given health expenditure, and many of the reforms already being implemented intensify the provider's responsibility for a continuum of care and increase accountability for health costs and health quality.

A growing number of countries are considering the Triple Aim approach (Berwick et al. 2008) as the best solution to guarantee the sustainability of our healthcare systems (see Mas and Wisbaum, 2015). The Triple Aim pursues the following three targets:

- Better health for the population;
- Better care for patients;
- Lower cost of treatments.

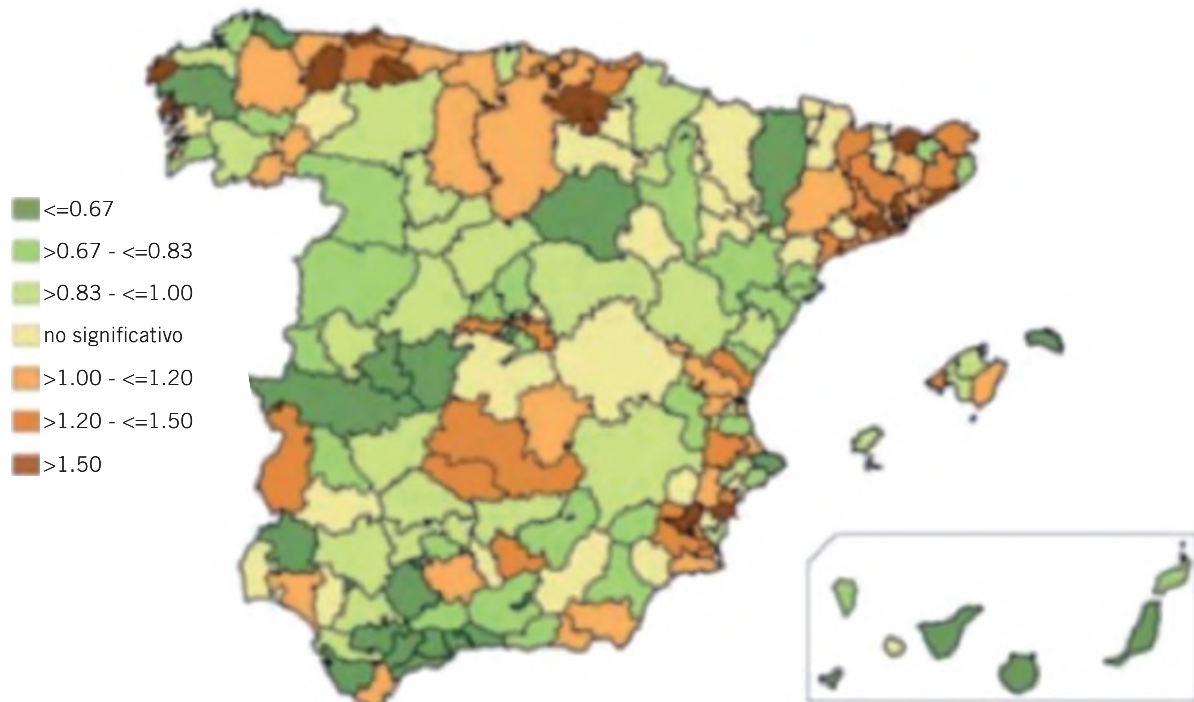
It is worth noting that we talk about the Triple Aim and not Triple Aims because the three targets must be achieved and balanced in order to reach the final goal of optimizing our healthcare systems. Examples of countries moving toward this Triple Aim approach are the introduction of accountable care organizations (ACOs) in the United States, the Quality and Outcomes Framework (QOF) in the United Kingdom, and the chronic care strategy in the Basque Country (Spain).

FIGURE 6. THE TRIPLE AIM



But is it possible to reach this Triple Aim? We have several indications in the data that tell us that this is precisely the case. For instance, a report from the U.S. Institute of Medicine (2012) found that about 30% of health spending in the United States did not translate into better care, indicating that if we could make better use of the available resources where they would provide the most value, we could improve the health of the population without significantly increasing the costs of care. We can also identify room for improvement in Spain, for instance, by looking at significant regional differences (Figure 7).

FIGURE 7. AVOIDABLE HOSPITALIZATIONS IN SPAIN



Source: Atlas de Variación de Práctica Médica, map 8

KEY INSIGHTS: A FEASIBLE SOLUTION

The Triple Aim (better health, better care, and lower costs) is a viable alternative. Mas and Wisbaum (2015) propose several steps to achieve the Triple Aim in our healthcare systems. These are the key ones:

1. Measurement and transparency
2. Outcome-based healthcare
3. Leverage technology
4. Patient-centered culture of health

4. INFORMATION, MEASUREMENT AND TRANSPARENCY

Information changes everything: we cannot improve if we do not know what we are doing and how we can become better at it. Improvement starts not when information is collected but when information is shared.

Transparency is a game changer: it facilitates learning, motivates improvement and provides information so better decisions can be made. Information can change the way healthcare is organized and delivered. If we see it as an input that provides a measure of what is working and what is not, then it could point out what to prioritize and how to reallocate resources across the different healthcare agents.

Around the world there are numerous initiatives in this direction, such as the Catalan and the Madrid Health Observatories or the Swedish annual regional and hospital comparatives. More and more, new healthcare data are already being made available to public scrutiny. In the United States, for instance, Medicare has started to release the medical cost data of all physicians across the country, and it has begun to provide quality and performance data with a provider rating website.

Ideally, we would start developing **internationally accepted measures** that will allow everyone to evaluate healthcare outcomes. These measures would help us better understand where our healthcare system lags behind and where it is one of the best performers. Once the "best performers" have been detected, the next step will be to work on trying to understand not only what works best to improve the health of the population but why.

KEY INSIGHTS: WE NEED TO KNOW WHAT WORKS AND WHY IN HEALTHCARE

Information and transparency are a game changer in healthcare. They can change the way it is organized and delivered through evidence-based decisions.

Expect enormous changes to come from this direction in the near future.

"Serious improvement begins with understanding reality. Transparency and honesty are not just assets for better healthcare – they are preconditions."

Don Berwick, MD, 2009, co-founder of the Institute

5. OUTCOME-BASED HEALTHCARE

In healthcare, the common goal of all those involved should be to provide as much value as possible to the patient. This implies obtaining the best possible health outcomes for the population at a given level of costs. Improving in this direction would require either getting better outcomes without increasing costs or cutting costs without worsening health outcomes – as the U.S. Institute of Medicine 2012 report already hinted would be possible. This is the key revolution in health: the more we talk about healthcare outcomes, the more we will make sure that the three elements of the Triple Aim are being developed. Focusing on health outcomes has the potential to improve the value generated by the entire healthcare system.

Such an approach has huge implications for the whole system:

a. It requires an **integrated approach** to healthcare delivery: integrating the clinical history and being able to follow the patient throughout all the different stages of his or her disease.

b. It also requires us to **prioritize** by devoting the available health resources where they can bring the best possible value to the patient.

c. The **role of the patient** is key. Patient behavior and self-management are crucial drivers of healthcare outcomes and quality, especially if we consider the case of chronic conditions. Achieving the best possible outcomes is only possible when the patient is involved in prevention, adherence to the treatment, and opting for a healthy lifestyle. Information can be a great ally since it can contribute to engaging the patient in the process. It is well known that activated patients (those who have the knowledge, abilities, and confidence to self-manage their health) have better health and lower costs. They ask questions when they visit their doctors and are better at complying with medical instructions (Hibbard and Greene, 2013; Mosen et al., 2007; Rogvi et al., 2012), generally present better clinical indicators (BMI, cholesterol, etc.) and make better use of healthcare systems (Hibbard, 2015). However, not all patients are equally activated and therefore we cannot expect them to react in the same way when facing a certain disease.

d. To develop **partnerships**. Outcome-based healthcare requires all the participants to care about the whole cycle of care rather than only about the particular treatments or services they provide. This is a key strategic question for all those involved in the healthcare value chain since it will imply a shift in the way in which many providers think about pricing and risk.

e. Financing and incentives. The more our healthcare systems focus on outcome, the more likely it is that payments will shift from payments by procedure to outcome-based payments. Payments should be designed in a way that will help align incentives to payers, patients, providers and suppliers toward the same goal of achieving the best possible outcomes at a given cost.

Outcome-based healthcare is unstoppable. Players that want to distinguish themselves in this very fast-changing healthcare marketplace must transform their business models to provide cost-effective solutions to improve patient outcomes.

KEY INSIGHTS: OUTCOME-BASED HEALTHCARE IS UNSTOPPABLE

Five requirements for providing as much value as possible to the patient:

1. Integrated care
2. Prioritized resource allocation
3. Patient behavior and self-care
4. Partnerships across healthcare value-chain agents
5. Outcome-based payments

6. LEVERAGING TECHNOLOGY

Technology is the key to fostering change in healthcare. It has always been the case since new technologies and drugs have played a crucial role in the improvement of life expectancy and quality of life in healthcare. Now, it will become once again a strategic asset with the role of big data.

In the past decade, we have experienced colossal changes in the amount of data we generate and collect as well as in our ability to use the technology that will allow us to analyze and understand it. The intersection of these two trends has led us to big data.

Big data have the potential to increase massively the predictive capacity of healthcare. Smartphones were just the start; today we have a large number of devices and applications that allow patients to monitor and collect their biometric data. This can then be shared with their physicians. This vast amount of data can help doctors understand patients much better and sometimes even predict some health risks before anything happens. If data are shared among thousands of patients, the predictability will be even greater.

For now, this possibility is still limited since many of the different data systems are still not “talking” to each other. However, this is rapidly changing.

Technology is also changing the way patients interact with doctors: telemedicine, numerous platforms and apps are redefining access and empowering patients.

A growing number of experiences are already proving that, by leveraging technology, you can not only achieve lower costs but also improve population health outcomes. In 2003, Kaiser Permanente launched HealthConnect, the largest private electronic health system in the world. It was successfully implemented in 2008. The system electronically connects patients to their personal health information and to their health team and provides them with relevant knowledge to self-manage their health. If patients sign up for a voluntary enhanced online service, they can securely contact their physicians and nurses electronically, check their lab tests or schedule and cancel appointments. This has reduced the number of visits by 10% in the Northwest region of the United States, for instance, while also contributing to an improvement in compliance with treatment (McCarthy, Mueller and Wrenn, 2009).

Sharing electronic health records has allowed Kaiser to leverage this tool and go even further to improve population health by, for example, implementing targeted programs for some chronic care patients. In Colorado, for instance, cholesterol screening increased from 55% to 97% of patients, while cholesterol control has almost tripled from 26% to 73% of patients involved in the program.

KEY INSIGHTS: TECHNOLOGY CHANGES THE GAME

- Technology allows us to analyze and understand massive amounts of data.
- The doctor-patient relationship has changed. Patients have become empowered because they own more knowledge about their health conditions.
- Organizations such as Kaiser, in which technology has been used in a more active way, have been able to improve patients’ health and care while reducing costs.

7. PATIENT-CENTERED CULTURE OF HEALTH

The paradigm is changing in healthcare and this will have profound implications for all of those involved – from the payer to the industry, providers, newcomers, policymakers and patients.

Focusing on patient outcomes and well-being requires a change of culture in healthcare, one that includes a bigger picture of what health means, including prevention, education and information for patients and providers. It also requires a rethink of how healthcare is being delivered, putting patients first.

For this change to take place, partnerships will need to be made, incentives will have to be redesigned, several roles in healthcare might change, and patient involvement will increase. However, once information starts being generated and shared and once we talk more and more about outcomes and less about the delivery process or about a particular treatment, the change will be unstoppable.

CONCLUSIONS

This new health landscape has changed the rules of the game for the different stakeholders.

The big driver of change will be setting a different payment scheme. More payers will be changing their reimbursement setup, and we will probably see a large increase in risk-sharing agreements and in pay for outcomes. In the United States, the change is already happening with the establishment of bundled payments in Medicare.

Providers will have to focus more on delivering integrated care for the patient, and the industry will have to decide whether it wants to move from selling a drug or a product to selling a health solution. This will require many providers to rethink their value chain and get involved in more partnerships. Finally, patients will be playing a more relevant role in the self-management of their health.

This is, however, just the beginning; there are many more important questions that must be addressed to make the change happen:

- How should new drugs or technologies be priced in this new era of healthcare?
- How should a patient-centered, results-based healthcare system be structured?
- What is the role of big data?
- Are we directing our energies toward the right objectives?
- How can we leverage technology to enhance a value-based healthcare system?

Over the coming years, IESE Healthcare Industry Meetings will continue to bring together industry senior executives, policy makers, industry insiders, healthcare sector providers, and professionals and academics to exchange experiences and develop a set of recommendations to seek innovative ways to respond to the incredible changes affecting the industry.

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KPMG

THE 21ST HEALTHCARE INDUSTRY MEETING

PROPELLING CHANGE

The 21st Healthcare Industry Meeting, organized with KPMG, was a leading platform for industry senior executives, policy makers, professionals and academics to share their experiences and seek innovative ways to respond to the incredible changes affecting the industry. It featured speakers, panel discussions, and networking opportunities.

The 21st meeting, held in 2014, was titled "Propelling Change" and focused on successful experiences in the current unique environment for healthcare. A lot has been said about the need for structural reforms, but what should we do to make this change a reality? How can companies overcome the challenges in the development and implementation of new innovations? How can the different agents find common ground to achieve the Triple Aim of better health, lower costs, and a better care experience? What are the implications of the movement toward a more patient-centered care?

Agenda

October 15, 2014

OPENING SESSION

- Prof. Núria Mas, chair of the meeting, IESE Business School
- Cándido Pérez Serrano, partner, KPMG Spain, and co-organizer of the meeting
- Humberto Arnés, general manager, Farmaindustria

ECONOMY AND HEALTH
The Triple Aim: Better Health, Lower Costs, and Improved Healthcare

What are the current and future global economic landscapes? How will the global economy impact the health sector? As financial pressures intensify and the population ages in many countries, many economies face a "Triple Aim": better health, lower costs, and improved healthcare. Is this a reasonable objective and, if so, what can be done to achieve it?

- Prof. Núria Mas, IESE Business School

FINANCING HEALTHCARE

Personalized medicine, new technologies, genomics and treatments capable of curing illnesses that were once considered chronic: these advances will lead to important benefits as well as significant economic outlays. What are the best options for financing these medical innovations? What is the best way to ensure access to advanced medicine?

• Dr. David Kaplan, global leader for clinical solutions, Mercer
• Josep Lluís Sanfeliu, partner, Ysios Capital Partners
• Dr. Josep Santacreu, CEO, DKV Seguros Group
Moderator: Prof. Núria Mas, IESE Business School

FUTURE TRENDS
Big Data in Healthcare

The emergence of big data is already a reality in many industries and could have far-reaching implications for the healthcare sector. The analysis of big data enables healthcare professionals to identify patterns, better monitor patients, and customize treatments to patient needs. Nonetheless, these opportunities are not without risks. What impact will big data have on organizational issues and professional development? How can healthcare professionals leverage this information to make better decisions?

• Keynote speaker: Dr. Stefan Bungart, leader of GE Software Europe, GE Global Research
Moderator: Prof. Núria Mas, IESE Business School

MANAGING THE PORTFOLIO IN TIMES OF CHANGE

The healthcare sector is rapidly changing. How can the industry manage its portfolio in this ever-evolving landscape?

• Ángel Fernández, president and general manager for Spain and Portugal, Merck Sharp & Dohme
• Luis García Bahamonde, Iberia managing director, Abbott Diagnostics Division
• Jaime Grego, president, Laboratorios Leti
• Jordi Ramentol, CEO, Ferrer
Moderator: José Ignacio Rodríguez Prado, life sciences industry head, KPMG Spain

PATIENT-CENTERED CARE
Managing Healthcare for a Patient-Centered Reality

Hospitals and medical facilities can drive positive change in their internal processes and boost efficiency by integrating healthcare professionals and other key stakeholders in the decision-making process. In a patient-centered context, healthcare facilities must also strive to involve patients further and adopt a management framework with a holistic view of patient care.

• Dr. Manel del Castillo, CEO, Hospital de Sant Joan de Déu, Barcelona
• Jesús María Fernández Díaz, international director, healthcare business unit, Oracle Corporation
• Dr. M. Dolors Navarro, president, Spanish Patient Forum and member of the Advisory Committee, European Patients' Forum
Moderator: Prof. Jaume Ribera, IESE Business School

INNOVATION
The Healthcare Industry: A Catalyst for Innovation

The corporate arena has been a trailblazer for countless innovations that have improved the lives of people worldwide. The future is wide open, yet companies cannot spur innovation single-handedly: they require the collaboration of healthcare suppliers. Companies need to work collaboratively with healthcare vendors, but they first need to provide sound arguments to prove that innovation is a worthwhile investment capable of generating added value for the sector and society at large. What indicators should companies use to support their arguments? How can innovation be monetized? What are the keys to fostering ongoing innovation throughout the healthcare ecosystem?

• Javier Colás, managing director, Medtronic Ibérica, S.A.
• Ludovic Helfgott, president, AstraZeneca Spain
• Eduardo Rodríguez Urcelay, CEO, Diaverum Spain
Moderator: Prof. Núria Mas, IESE Business School

GLOBALIZATION
Health: A Global Need That Demands Local Measures

Globalization has triggered the expansion of the healthcare sector, traditionally perceived as a local industry, and simultaneously ushered in new rules of the game. Companies that innovate and operate in different countries need to strike a balance between designing a solid global strategy and adapting to local market conditions.

• Vera Nwanze, country group head, English-speaking west Africa, Novartis Pharma AG
• Nuria Pascual, corporate vice president, finance director and investor relations officer, Grifols S.A.
• Eduardo Sanchiz, CEO, Almirall
Moderator: Prof. Pedro Nueno, IESE Business School

REGULATIONS

The regulatory framework in the healthcare industry is changing at a dramatic pace. Some industry actors are concerned with the risk management of certain treatments, while the U.S. Food and Drug Administration is developing a new safety system that encompasses both medicines and medical technology. At the same time, there is increasing pressure to re-evaluate the portfolio of services. Does excessive regulation pose any risks?

- Belén Crespo, director, Spanish Agency of Medicines and Medical Devices (AEMPS)
- Dr. Ingrid Klingmann, chair of the Board, European Forum for Good Clinical Practice

Moderator: Cándido Pérez Serrano, partner and head of infrastructure, transport, government and health, KPMG Spain

REFLECTIONS AND REMARKS

- Cándido Pérez Serrano, partner, KPMG Spain
- Prof. Núria Mas, IESE Business School
- Prof. Pedro Nueno, IESE Business School

CLOSING SESSION

- Roser Fernández, secretary general, Department of Health, Government of Catalonia
- Prof. Núria Mas, chair of the meeting, IESE Business School
- Prof. Pedro Nueno, founding chair of the meeting, IESE Business School
- Cándido Pérez Serrano, partner, KPMG Spain and co-organizer of the meeting
- Daniel Carreño, president, Fenin and CEO Spain and Portugal, General Electric

ACADEMIC DIRECTION AND CO-ORGANIZATION

Academic Director

Prof. Núria Mas
Chair of the meeting,
IESE Business School

Co-organizer

Cándido Pérez Serrano
Partner, KPMG Spain,
co-organizer of the meeting

Speakers

Humberto Arnés
General manager,
Farmaindustria

Belén Crespo
Director, Spanish Agency of Medicines and Medical Devices (AEMPS)

Dr. Stefan Bungart
Leader of GE Software Europe,
GE Global Research

Javier Colás
Managing director,
Medtronic Ibérica

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

Dr. Manel del Castillo
CEO,
Hospital de Sant Joan de Déu,
Barcelona

Speakers

Ángel Fernández
President and general manager for Spain and Portugal, Merck Sharp & Dohme

Ludovic Helfgott
President, AstraZeneca Spain

Roser Fernández
Secretary general, Department of Health, Government of Catalonia

Dr. David Kaplan
Global leader for clinical solutions, Mercer

Jesús María Fernández Díaz
International director, healthcare business unit, Oracle Corporation

Dr. Ingrid Klingmann
Chair of the Board, European Forum for Good Clinical Practice

Luis García Bahamonde
Iberia managing director, Abbott Diagnostics Division

Dr. M. Dolors Navarro
President, Spanish Patient Forum and member of the Advisory Committee, European Patients' Forum

Jaime Grego
President, Laboratorios Leti

Pedro Nueno
Professor, IESE Business School

Speakers

Vera Nwanze
Country group head, English-speaking west Africa,
Novartis Pharma AG

Eduardo Rodríguez Urcelay
CEO,
Diaverum Spain

Nuria Pascual
Corporate vice president, finance director and investor relations officer,
Grifols

Eduardo Sanchiz
CEO,
Almirall

Jordi Ramentol
CEO,
Ferrer

Josep Lluís Sanfeliu
Partner,
Ysios Capital Partners

Jaume Ribera
Professor,
IESE Business School

Dr. Josep Santacreu
CEO,
DKV Seguros Group

José Ignacio Rodríguez Prado
Life sciences industry head,
KPMG Spain

QUOTATIONS

T

THE PARADIGM IS TO BE ABLE OF TREAT A DISEASE IMMEDIATELY BY REDUCING LONG-TERM COSTS AND ACHIEVING IMPACTS IN THE SHORT TERM.

Humberto Arnés,
General Manager, Farmaindustria

N

NEW PAYMENT SCHEMES TO ADOPT INNOVATION NEED TO BE IMMEDIATELY INCORPORATED [...]. WHY DO WE THINK ABOUT JUST A SINGLE, ONE-SHOT PAYMENT?

Josep Lluís Sanfeliu,
Partner, Ysios Capital Partners

I

INFORMATION CHANGES THE GAME. INFORMATION IS SOMETHING THAT, IF YOU LIBERATE IT, COMPLETELY DISRUPTS THE CLASSICAL WAY MARKETS WORK, AND THE HEALTHCARE MARKET IS NO DIFFERENT.

Dr. Stefan Bungart,
Leader of GE Software Europe, GE Global Research

T

THROUGH INNOVATION AROUND HOW WE DELIVER CARE, WE CAN TAKE MONEY OUT OF THE SYSTEM DRAMATICALLY AND THEREFORE FINANCING IT IS NOT GOING TO BE AN ISSUE. [. . .] WHAT WE NEED TO DO IS MOVE TO A SYSTEM WHERE THE INCENTIVES ARE IN THE RIGHT PLACES.

Dr. David Kaplan,
Global Leader for Clinical Solutions, Mercer

H

HOW CAN WE MANAGE THE ISSUE OF REDUCING COSTS? REALLOCATING RESOURCES. THERE WILL BE A TREND OF INCREASING DEMAND MADE TO GOVERNMENTS AND COMPANIES FOR A COST-EFFECTIVE APPROACH.

Dr. Josep Santacreu,
CEO, DKV Seguros Group

H

HOW TO CONTRIBUTE? IN THREE WAYS: INNOVATION, EFFICIENCY AND ADDING VALUE TO SOCIETY.

Ángel Fernández,
President and General Manager for Spain and Portugal, Merck Sharp & Dohme

T

THE CHALLENGE IS TO KNOW WHAT WE WANT TO LOOK FOR AND WHY. [. . .] THE WAY WE HAVE ADDRESSED THIS ISSUE IS BY CHANGING WORK MENTALITY AND ENHANCING MULTIDISCIPLINARY TEAM WORK.

Luis García Bahamonde,
Iberia Managing Director,
Abbott Diagnostics Division

I

IT MAKES NO SENSE WAIT TO HEAL WHEN YOU ARE ALREADY SICK. IT IS BETTER TO TAKE CARE OF YOURSELF BEFORE, TO PREVENT, TO DIAGNOSE EARLY. IF, DESPITE ALL THIS, YOU HAVE TO BE TREATED, [...] THEN YOU TAKE PILLS.

Jaime Grego,
President, Laboratorios Leti

W

WE WANT TO BE THE CHAMPIONS OF ALLIANCES AND PARTNERSHIPS. THIS STARTS WITH THE PEOPLE AND THE CULTURE.

Jordi Ramentol,
CEO, Ferrer

W

WE HAVE MADE ALL THESE CHANGES NOT ONLY BECAUSE IT IS GOOD FOR PATIENTS – WHICH IS CLEARLY A MOTIVATION BY ITSELF – BUT BECAUSE WE NEEDED TO.

Dr. Manel del Castillo,
CEO, Hospital de Sant Joan de Déu, Barcelona

T

THREE GOALS: POPULATION HEALTH, CLINICAL EFFICACY AND RESOURCES EFFICIENCY. WE STARTED THE ‘STRATEGY TO TACKLE THE CHALLENGE OF CHRONICITY,’ WHICH TAKES INTO CONSIDERATION A TRANSFORMATION OF THE WHOLE HEALTH SYSTEM THAT IS BROADER [THAN ONLY CHRONICITY].

Jesús María Fernández Díaz,
International Director,
Healthcare Business Unit,
Oracle Corporation

W

WHEN PATIENTS GET TO PARTICIPATE IN A DECISION-MAKING PROCESS, THEY NEED TO FEEL THEY ARE ON A LEVEL PLAYING FIELD WITH THE OTHER MEMBERS. THEY NEED TO KNOW WHY THEY ARE GETTING INVOLVED AND THEY NEED A METHODOLOGY FOR PARTICIPATING.

Dr. M. Dolors Navarro,
President, Spanish Patient Forum and Member of the Advisory Committee, European Patients' Forum

F

FOUR THINGS MUST BE DONE. FIRST, A PROPER DISTRIBUTION OF RESOURCES. SECOND, WE SHOULD OPTIMIZE PROCEDURES, FOR WHICH TRANSPARENCY IS A PREREQUISITE TO KNOW WHAT WORKS MORE EFFICIENTLY. [...] THIRD, WE SHOULD GIVE MORE RESPONSIBILITIES TO PROFESSIONALS [...]. THEY ARE THE ONES WHO HAVE THE KEY TO IMPROVING EFFICIENCY WITHIN CLINICAL UNITS. FINALLY, HIRING MECHANISMS SHOULD BE IMPROVED.

Javier Colás,
Managing Director, Medtronic Ibérica

I

INNOVATION FOR THE SAKE OF INNOVATION DOESN'T HELP. IT IS NOT WORTH IT. WHAT WE NEED TO DO IS TO INNOVATE IN A CLINICAL SETTING [. . .] IN SUCH A WAY THAT EVERY DAY DOCTORS IN THEIR PRACTICE [. . .] REALLY GET BENEFITS FROM THE DRUGS, FROM THE TREATMENTS WE PROVIDE.

Ludovic Helfgott,
President, AstraZeneca Spain

I

INNOVATIONS ARE NOT ALWAYS ONLY CLINICAL. THEY CAN ALSO TRIGGER EFFICIENCY.

Eduardo Rodríguez Urcelay,
CEO, Diaverum Spain

C

COLLABORATION IS THE KEY WORD. NO COUNTRY CAN SAY IT HAS EXCLUSIVITY OVER WHAT HAPPENS IN ITS OWN COUNTRY, ESPECIALLY WHEN WE TALK OF HEALTHCARE.

Vera Nwanze,
Country Group Head, English-speaking West Africa, Novartis Pharma AG

T

THERE IS A DIFFERENCE BETWEEN INTERNATIONALIZATION AND GLOBALIZATION. INTERNATIONALIZATION CAN BE UNDERSTOOD AS SELLING OUTSIDE OUR COUNTRY [...] WHILE GLOBALIZATION IS MORE ABOUT HAVING A SINGLE WAY OF DEALING WITH MARKETS, IN A GENERALIZED WAY, WITH A SINGLE PRODUCT AND THE SAME STRATEGY.

Nuria Pascual,
Corporate Vice President, Finance Director and Investor Relations Officer, Grifols

T

THE MORE RESTRICTED OR THE SMALLER THE MARKET OF A COUNTRY IS, THE GREATER IS THE NEED TO GROW HORIZONTALLY AND TO MOVE ACROSS MARKETS WORLDWIDE. [...] IN TERMS OF THE PRACTICE OF MEDICINE, WE END UP SEEING A SIMILAR BEHAVIOR PATTERN BEGINNING TO DEVELOP ACROSS DIFFERENT TYPES OF COUNTRIES, IRRESPECTIVE OF WHERE THEY ARE.

Eduardo Sanchiz,
CEO, Almirall

S

SOMEBODY ASKED ME BEFORE WHETHER I THINK THAT REGULATION IS EXCESSIVE. [...] I SOMETIMES WONDER WHICH COSTS ARE LINKED TO NOT REGULATING. [...] REGULATION IS NEEDED TO PROVIDE GUARANTEES.

Belén Crespo,
Director, Spanish Agency of Medicines and Medical Devices (AEMPS)

W

WHEN WE WANT TO IMPROVE OUR ENVIRONMENT WE NEED TO TURN QUITE A NUMBER OF SCREWS MORE OR LESS AT THE SAME TIME

Dr. Ingrid Klingmann,
Chair of the Board, European Forum for Good Clinical Practice

F

FIRST, TODAY WE ARE DEFINITELY WITNESSING A CHANGE OF ERA, NOT AN ERA OF CHANGES. [. . .] SECOND, BEFORE YOU CAN START RUNNING YOU HAVE TO WALK. [. . .] IF YOU CANNOT MEASURE IT, YOU CANNOT IMPROVE IT AND WE STILL CANNOT MEASURE IT. [. . .] THIRD, LAST YEAR I CONCLUDED MY SPEECH BY SAYING IT WAS TIME TO ACT. THIS YEAR, WE HAVE ONE YEAR LESS [. . .] CHANGE MAKES SENSE WHEN WE INITIATE IT. WHEN CHANGE IS FORCED ON US, WE ARE JUST VICTIMS OF ITS CONSEQUENCES.

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

W

WE ARE GOING TOWARD A MORE PREDICTIVE, MORE PREVENTIVE AND MORE PERSONALIZED MEDICINE.

Roser Fernández,
Secretary General, Department of Health, Government of Catalonia

P

PEOPLE WILL LIVE MANY MORE YEARS. WHO IS GOING TO PAY FOR ALL THIS? (..) IT DOES NOT FIT.

Prof. Pedro Nueno,
Founding Chair of the Meeting, IESE Business SchoolBusiness School

T

THE FUTURE OF OUR HEALTHCARE SYSTEM RESTS ON OUR ABILITY TO MOVE TOWARD THE TRIPLE AIM OF BETTER HEALTH FOR THE POPULATION, BETTER CARE FOR THE PATIENTS AND LOWER PER CAPITA COSTS THROUGH IMPROVEMENT.

Prof. Núria Mas,
Chair of the Meeting, IESE Business School

W

WAITING IS NOT AN OPTION. WHETHER WE LIKE IT OR NOT, WE HAVE TO DEAL WITH AN AGING POPULATION, CHRONIC CONDITIONS AND THE SHIFT IN PRODUCTION MODELS THAT WILL AFFECT THE FISCAL BASIS SUSTAINING THE SYSTEM.

Cándido Pérez Serrano,
Partner, KPMG Spain and Co-organizer of the Meeting

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A WAY TO LEARN
A MARK TO MAKE
A WORLD TO CHANGE

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