European Forum for Primary Care response on EU reflection on chronic disease

Introduction EFPC

As a membership organization, the European Forum for Primary Care (EFPC) aims at strengthening primary care in Europe, emphasizing community orientation and interprofessional approach as outstanding features of primary care. As an essential bridge between cure and care activities and public health, strong primary care both provides health care to individuals and contributes to public health. The Primary Care professional, who brings the best of integrative medicine with a holistic approach is a most needed guide in our complex health care systems. The General Practitioner as a core professional in Primary Care, ensures medical quality and comprehensiveness in care provision.

General reflections of the EFPC

Chronic Diseases and a European Integrated Primary Care response!

This response can be read in line with the second broad policy direction of the WHR 2008: “service delivery reforms that re-organize health services around people’s needs and expectations, so as to make them more socially relevant and more responsive to the changing world, while producing better outcomes” (1).

Disease prevention and health promotion have become institutionally and functionally lacking as a result of weaknesses inherited from the past as well as recent reforms and structural changes, such as decentralization and privatization of health care services, conducted without appropriate planning and investment in preventive services (2).

We shall not overlook the unique role played by the primary care team when natural disasters and climate change appear: the team is usually in the front line when there are natural disasters that affect human health and life. It is also the primary health team who first perceives and sensitively reacts to health and social problems of political and economic migrants.

Public health and primary care practitioners who understand the complementary nature of their disciplines can mobilize each other’s resources more effectively (3). In the basic curricula for primary care professionals, public health principles should be taught and they should be refreshed and explored in greater depth throughout the career of a primary care professional (4).

When policy makers want to integrate Public Health and Primary Care, possible policy options for this integration process should be characterized and key implementation considerations should be delineated (5). Although in certain Southern European countries, such as Greece, integrated primary health care remains a neglected issue (6) and many attempts have been made to implement family practice research using a stepwise model tailored to countries with limited resources and capacity (7). In Bellagio (Italy) in 2008, 24 primary care experts from policy, management and practice with different professional backgrounds agreed that health systems must become more pro-active, helping populations and individuals to stay healthy and prevent the development of (additional) chronic conditions. Primary care as a hub linking health care and social services, as first contact care, accessible by all, guaranteeing a sustained and trustworthy partnership between providers and patients, providing comprehensive, coordinated care for a predetermined population, activated by patient choice plays an essential role in improving health care systems altogether (8).
To quote Margaret Chan at her closing remarks during the latest World Health Assembly in May last year: “The rise of chronic noncommunicable diseases, which you also discussed, adds tremendous urgency to the agenda for building stronger health systems. It is good that you adopted a resolution on noncommunicable diseases as we strengthen our positions ahead of the major event in September. Of course we need population-wide preventive measures for NCDs, developed with other sectors, but we also need to help individual people. We need to detect early, treat, manage complications, and often provide prolonged or even life-long care. It is my strong view that primary health care is truly the only efficient and effective way to do so. I have no doubt that the new global health sector strategy on HIV/AIDS, which calls for greater integration with existing services, will also contribute to health system strengthening.”

This general reflection ends with our advice to the European Union based on the WHA 2009 resolution WHA62.12 - Agenda item 12.4 on Primary Health Care, including health system strengthening, that states "The World Health Assembly, urges member states…:

to encourage that vertical programs, including disease-specific programs, are developed, integrated and implemented in the context of integrated primary health care!"

References
1. WHR 2008 “Primary Care, Now More Than Ever!
8. Bellagio Primary Care Conference
   http://www.hpm.org/en/Events/Bellagio_Primary_Care_Conference.html
Specific response alongside the consultation questions raised in the reflection document

Introduction: What is the current situation on chronic diseases in the European Union

What further information and evidence should be taken into account by National Governments and the EU regarding the chronic disease situation?

The global prevalence of all leading chronic diseases is continuously increasing. Between 70% and 86% of deaths have been attributed to chronic diseases (World Health Organisation Europe, 2006; Centers for Disease Control and Prevention, 2007). However the impact of chronic disease goes far beyond mortality. The aspect of no cure is relevant as well as the fact that chronic diseases co-occur so many patients have more than one (multi-morbidity).

Half of people aged over 65 suffers from 3 chronic diseases and 20% even has more than five. In general practice multimorbidity is becoming the rule rather than the exception. Patients concomitantly taking over 10 different drugs are not uncommon which leads to interaction and additional medical consumption. Despite the fact that an increasing number of chronically ill suffers from co-morbidities disease management programmes constitute a single-disease approach and tend to neglect co-morbidities. This related to the fact that most evidence has been collected in single disease trials excluding patients with comorbidity.

Besides aiming an absolute increase of numbers of years spent in good health by the EU population, EFPC argues for the need of a reduction of socio-economic inequities for example a decrease of the SES-gap with 50% by 2020.

Area 1: Health promotion and disease prevention: what more should be done?

What additional actions and developments are needed to address key risk factors to prevent chronic diseases?

EFPC wants to emphasize that at least 85% of all health related problems are solved in the Community with an important role of primary care professionals. As a consequence, Primary Care professionals can play an important role in diseases prevention and health promotion.

EFPC suggests to follow the community approach. In this approach, a community at regional level is defined and characterized. By characterizing the community, health problems which play a role in the specific community can be identified. For example, a lower social economic status in practice often comes together with a higher risk of getting obese. Based on the characteristics of the community, interventions and preventive actions can be developed. The EFPC emphasise the need for an early healthy start in life as formulated by the Marmot review.¹ So community interventions should be guided to all age groups.

Different preventive actions could be considered. For example more attention could be paid to affordable healthier food to all Europeans. Fat taxes, like in Denmark, should be avoided: instead cheaper healthy food, delivered by local producers should be available with a focus on vegetables, fruit, less meat and less caloric drinks.

Another opportunity to prevent chronic diseases could be to create, subside and enforce European, regional and local networks to create more possibilities for citizens to include

¹ Marmot Review report – 'Fair Society, Healthy Lives'; February 2010

EFPC association, Membership network of more than 100 institutional members active in Primary Care at scientific, practice and policy level

www.euprimarycare.org
physical exercise in their daily functioning like pedestrian trails and cycling trails (recreation, to school, to local jobs).
In the same perspective, prevention of tobacco dependence should be a central point of attention. Community interventions should be monitored to measure the impact of the intervention and to evaluate it. Involvement of the whole community should lead to an increased awareness of healthy lifestyle in that specific community.

**How can existing actions on primary prevention be better focussed and become more effective?**

Emphasis on an interdisciplinary approach to primary prevention in primary care setting and on continuous professional development seems to be an effective strategy to enhance the primary prevention effectiveness. A focus on more cognitive approaches to deal with behaviour modifications is needed and more investments on primary care nurses is still requested in certain European countries. As a key-player within primary care, general practitioners can play an important role in diseases prevention and health promotion.

EFPC believes it is important that people learn how over-emphasizing prevention can lead to medicalisation of non-medical conditions. This leads to an upward effect on health care utilization and costs. In addition, iatrogenesis and over-consumption can be both harmful and costly. Populations do not necessarily benefit from an overabundance of specialists in a geographic area.

**What potential is there for broad based early detection action?**

EFPC finds an early detection of biomedical risk factors necessary. Nevertheless, attention should be paid to the psychological implications of those individuals who are labelled at risk. But as with prevention, EFPC observes that an over-emphasis on early detection can lead to medicalisation of non-medical conditions, which has an upward effect on utilization of health care and costs. Efforts to develop more suitable tools for risk identification and management at the primary care settings are needed.

**In what areas is there a particular need for additional action at EU level?**

The EFPC advises the EU to invest in horizontal operating networks instead of single disease oriented networks. Due to the lack of evidence on multimorbidity, projects to define multimorbidity clusters and interactions between concomitant health conditions could be a good starting point.

The EU could be additional active in the promotion and reinforcement of community based primary care practices capable of managing chronic diseases in each community in all European countries. The EFPC also suggest to implement the Sydney principles about marketing of food to children.

---


In what areas is there a particular need for action at national level?

To improve chronic care, links towards community-based resources need to be established. A key component to improve chronic care is **self-management support**. Self-management support entails helping patients and their families obtain the skills and confidence to manage their chronic condition, providing self-management tools and assessing problems and achievements on a regular basis. A shift to home care by using integrated local systems is a clear need in certain European countries.

Moreover, member-states should create and deliver standard protocols of care and guidelines concerning multidisciplinary care in primary care organisations. These protocols and guidelines should address diseases like DM2, CRF, obesity, cardiovascular diseases, COPD, oncology and mental disorders. European scientific organisations should be subsidized to implement these standards. As stated before it is mandatory to safeguard interoperability of disease specific standards in the development of protocols. A bonus could be offered to local primary care organisations that achieved quality results according to these standards and protocols.

**What will you/your organisation contribute to address this challenge?**

Membership of EFPC covers more than 60% of all European countries and therefore EFPC is a suitable vehicle for inter-country exchange of information and dialogue. EFPC offers the commitment and active support of its membership to the EU reflection on chronic disease, in particular in the following domains:

- Experience and good practice in the cooperation and coordination between primary care, social services and community services, while addressing lifestyle, aiming at preventing and reducing chronic disease.
- Because of the long lasting relationship between professionals and individuals, primary care has a potential to contribute to health literacy and self care and thus empower individuals and reduce their dependence on health services. Experience and good practice can be provided, serving as examples and a basis for further policy development.

**Area 2: Healthcare**

**What changes could be made to enable health care systems to respond better to the challenges of prevention, treatment and care of chronic diseases?**

Patient centred primary care should be offered over disease centred specialised care. Health care systems should be developed acknowledging the core competencies of primary care. Strong primary care systems are able to manage and coordinate chronic conditions more effectively. EFPC advocates a comprehensive approach to people’s health issues with a focus on individual needs. When adequately supported primary care can provide service delivery without a mere focuses on single diseases and avoid that the attention for chronic diseases leads to a new verticalisation of health services.

There is international recognition that if the economic impact of the trend in the growing burden of for example chronic lung disease is to be manageable, there needs to be
transformation in prevention, education and management strategies. Primary care is pivotal; though to perform its role competently, it needs standards, guidelines, guidance and education developed specifically for primary care, acknowledging the limited resources available in many countries, answering questions of relevance to primary care using evidence derived from long-term real-life pragmatic studies on populations that reflect primary care practice.\(^4\)

Implementation of new approaches to improve the management and coordination of chronic conditions is an important problem as well. Top-down approaches - national initiatives based on national regulation and national funding – have one important advantage: It is possible to implement new approaches to improve the management and coordination of chronic conditions rapidly and extensively. Bottom-up approaches – based on local and regional initiatives often struggle for sustainable funding but have a number of advantages as well: They can be developed based on an incremental approach and can be adapted to specific institutional, social and cultural circumstances. In this way, programmes could be more integrated in the primary care setting.

While the implementation of shared care and disease management programmes seems to be rather successful regionally, the link towards an introduction of disease management programmes on a national level is still missing in some member states. One instrument to provide this link may be the creation of financial incentives for introducing disease management programmes. Despite multimorbidity, single disease approaches are abundant, especially in weak primary care systems. EFPC analysis supports the notion that countries with a strong primary care system tend to develop more comprehensive models to manage and coordinate chronic conditions.\(^5\)

**What changes could be important to better address the chronic disease challenge in areas such as: financing and planning; training of the health workforce; nature and location of health infrastructure; better management of the care across chronic diseases?**

EFPC wants to emphasize that at least 85% of all health related problems are solved in the Community with an important role of primary care professionals. Primary care deals with most health problems for most people most of the time. It’s priorities are to be available as health needs arise and to focus on individuals over the long term. This long term treatment is especially relevant for those patients suffering from chronic diseases.

Strong primary care offers medical care of high quality and can lead to a reduction of need for specialist or hospital care. There is evidence that greater access to primary care attributes- as described in the “medical home” concept- are associated with lower mortality.\(^6\)

Strong primary care both provides health care to individuals and contributes to public health. It can serve as an essential bridge between cure and care activities and public health. EFPC thinks that the role of the general practitioner as the gatekeeper and guide through the complex health care system should be strengthened. It would be helpful if GP’s could be reimbursed to diagnose and treat all conditions common in primary care in all countries of Europe.

\(^4\) Primary care and chronic lung disease IPCRG Position Paper No1 September 2011
\(^5\) Greß et al: Co-ordination and management of chronic conditions in Europe: the role of primary care - position paper of the European Forum for Primary Care; Quality in Primary Care, Volume 17, Number 1, February 2009 , pp. 75-86(12)

EFPC association, Membership network of more than 100 institutional members active in Primary Care at scientific, practice and policy level
www.euprimarycare.org
There is a clear shift from acute illness to chronic diseases, such as heart failure, complicated diabetes, chronic lung or kidney disease, cancer and others, which are generally lifelong once developed, difficult to manage and expensive to treat – yet mostly preventable. Payers recognize that 75 to 80 percent of health-care claims paid, go to the treatment of these chronic illnesses. The best answer to the challenge of Chronic Diseases is to promote people-centred care through investment in integrated primary care\(^7\), including sufficient numbers of well-trained and competent health professionals according to well defined standards. At least 50% of all health professions graduates should be trained for primary care. The role of nursing and other primary care practitioners is insufficiently recognised\(^8\) and inter professional training is a high priority. A focus on professionalism and on values for health care provision is needed, while a need for restoring humanity based on compassion and empathy is more apparent particularly in times of financial crisis\(^9\).

Nevertheless, EFPC stresses that beyond interprofessional collaboration there is a need for intersectoral collaboration. Sound (electronic-) communication systems should be in place if it comes to the collaboration between the different levels of care and between health care and other sectors of care. One of the priorities for primary care is to offer comprehensive care for common problems and to coordinate service when care from other sectors is needed. Vulnerable groups confronted with social exclusion should be targeted due to high risk of a variety of chronic ill conditions including cardio metabolic diseases and depression with often greater impact at the level of the individual.

Summarizing: Effective care coordination, especially for patients with chronic illness, requires technology, more involvement of well-trained primary-care professionals and a health-care system - not a medical-care system.

**How much emphasis should be given to further developments of innovations, including eHealth and Telemedicine in prevention and treatment of chronic disease such as remote monitoring, clinical decision support systems, e-health platforms and electronic health records?**

Effective and efficient sharing of clinical information is essential to the future development of modern healthcare systems, which are increasingly characterised by the involvement of many specialist healthcare providers, often working from different sites, contributing to the care of individual patients. A key element is effective communication between the different levels of care with well organised secondary and tertiary care in which Primary Care should act as the gatekeeper and “medical home” and be the most needed guide in our complex health care systems.

The electronic health record (EHR) represents the backbone of all major international eHealth developments. When it comes to chronic disease it is key to have available comprehensive longitudinal health information for all members of the population, with the potential for accessing and contributing to these records by multiple users working across a range of healthcare settings.

---

\(^7\) Care for noncommunicable diseases (NCDs): Time for a paradigm-shift; Jan De Maeseneer, Pauline Boeckxstaens; World Hospitals and Health Services Vol. 47 No. 4


EFPC association, Membership network of more than 100 institutional members active in Primary Care at scientific, practice and policy level www.euprimarycare.org
Furthermore, smart informative technologies have potential to improve the quality of care via its potential for effective responses to the needs of health care professionals, like decision support systems. Developing such tools is another challenge that we face nowadays.

**In what areas is there a particular need for additional action at EU level?**

Multimorbidity burden of the concomitant diseases should be the principal perspective for chronic disease management approaches. This should be reflected in the way the EU is subsidizing projects and programmes.

At EU level, a system to support and coach primary care organizations concerning their chronic disease management should be installed.

eHealth systems are missing at EU level to exchange information in primary care. eHealth and Telemedicine can help to support patients and are desirable so investments should be made by the EU to make eHealth systems more available for the Primary Care level to secure a well-functioning of coordination of care.

**In what areas is there a particular need for additional action at national level?**

By robustly evaluating the process of implementation and its (cost-) effectiveness on a regular basis, it is possible to provide decision makers with rather hard evidence about the clinical and economic consequences of new model of providing health care for the chronically ill. Otherwise, the insecurity about the (cost-) effectiveness of these approaches may dissuade policy makers to become active.

**What will you/your organisation contribute to address this challenge?**

Membership of EFPC covers many professional and practice oriented Primary Care experts. Therefore the EFPC offers the commitment and active support of its membership to the EU reflection on chronic disease, in particular in the following domains:
- Experience and good practice in the cooperation and coordination between primary care, social services and community services, while addressing, informing and exchanging experiences aiming at life-long care at community level
- Good practice examples of comprehensive care for chronic conditions based on comprehensive and holistic approaches can be provided
- Experience, good practice and research initiatives for primary care services for minorities, among them Roma, thus contributing to reducing health inequalities.

**Area 3: Research**

**How should research priorities change to better meet the challenges of chronic disease?**

Research priorities should change away from research on possible treatments of individual chronic diseases to research on successful lifestyle intervention programmes and behavioural change programmes who might have a much broader effect.

Particular attention should be devoted to study and prevention of addiction (recreational drugs), and considering the growing trend of self-harm of active population. The problem of violence is growing but it is not measured on the primary care level.

We need practice based research on primary care service’s capability to implement effective interventions. Any research deepening the understanding of chronic disease management in primary care, reflecting both patient and health professional perspectives, will be very helpful.
It is very important that future studies can be planned that would be able to generate the evidence base for real clinical practice, where comorbid conditions are included. Due to the lack of evidence on multimorbidity, projects to define multimorbidity clusters and interactions between concomitant health conditions could be a good starting point. Research should focus on long term care programmes who improve the quality of life of those suffering from chronic diseases.

In what areas is there a particular need for additional action at EU level?

At EU level, research on the coordination and cooperation in primary care settings should be promoted. Moreover, research on the complexity of the management of combination of several chronic diseases in one patient and his family is necessary to improve the care for chronically ill.

In addition, more communication and transparency about different policies and different successes in all Member States can lead to uniformisation and to the adaption of successful policies.

Coordinated research efforts are needed, requiring a capacity in primary care research which is not always available in all member states. In order to gradually fill this gap, initiatives need to be taken to actively develop and disseminate relevant research expertise and to exchange and share relevant information and strategies. It may be useful to consider the development of a common framework of data to be collected on Disease Management Programmes within European countries10.

A focus on research on multi-morbidity and co-morbidity can be seen as an area where an additional action at the EU level is needed. Such research covers many domains, and seeks comprehensive tools to elucidate the co-morbidity disease course, while such endeavours expects to seek a different taxonomy and impact on disease management costs.

We call on the EU as a donor of international research to invest in the production of real-life evidence that feeds into guidelines and guidance for the role of Primary Care in prevention, identification and chronic care models for EU citizens suffering from chronic diseases.

Through several meetings, web based forums, exchange of news, master-classes, researchers as well as practitioners and policy makers should be informed about what is already available and what needs further research to create relevant outcomes at community level: patient/problem/community oriented health care which addresses the most prevalent needs in the society. This research can add to one of the most important economical and societal dilemmas: how to keep (health) care costs within affordable limits in an era where needs are growing due to the demographic changes, increased problems with chronic diseases, etc.

In what areas is there a particular need for additional action at national level?

The diversity of European health care systems has the potential to be a laboratory for Chronic Disease care experiments and comparisons. Different conditions and effects can be studied in a scientifically sound way and results of local and national evaluations will be shared among the research community.

Member states are requested to invest more in studying there own health care provision and support the comparative research, in particular how health systems with a strong Primary Care add to better health outcomes for their citizens suffering from Chronic Diseases.

Primary care research in certain European countries assists the understanding of disease’ burden, while it can explore certain hidden determinants of chronic diseases and conditions.

---


EFPC association, Membership network of more than 100 institutional members active in Primary Care at scientific, practice and policy level

www.euprimarycare.org
Stepwise models can be implemented in countries with limited capacity and resources that do not have the ability to conduct research in family practice. Stepwise models can include; to be able to identify common ill conditions and health problems, to start with an assessment of population health needs, to identify the burden of common diseases and measure diagnostic probabilities.

What will you/your organisation contribute to address this challenge?

The EFPC aims to create opportunities for primary care researchers from different disciplines and countries to share knowledge for the benefit of primary care research in the field of chronic diseases. Insufficient coordination continues to be a major cause for lack of responsiveness and poor efficiency of health systems, in particular when it comes to chronic diseases.

The EFPC can help with further developing a multidisciplinary network of researchers and research institutes; supporting and initiating exchanges of information, knowledge and experiences; supporting the research units; and undertaking various dissemination activities to the research community, policy makers and providers of health care services.

• Development of frameworks for evaluation of primary care and further comparison between countries of primary care characteristics and services, as a basis for further research.
• Research on optimal interfaces between primary and secondary care. This is based on the firm conviction that strong primary care needs strong secondary care, because only a health system that is performing well as a whole will be credible and acceptable for the population.
• Research on further development of preventive services in primary care. This relates to building healthy communities, prevention of communicable and non-communicable diseases.

Area 4: Information, and information technology

What more needs to be done on the development of information and data on chronic disease?

EFPC finds it important that people get to know that over-emphasis on prevention can lead to medicalisation of non-medical conditions (Quaternary prevention). This leads to an upward effect on utilization of health care and costs. In addition, iatrogenesis and the over-consumption of health care can be both harmful and costly. Populations do not necessarily benefit from an overabundance of specialists in a geographic area.

With regard to data on chronic diseases, EFPC suggests to generalise the use of electronic patient files/electronic patient records (EHR) in general practices, by promoting and subsidizing standards and guidelines. In addition, Information Communication Technology (ICT) is key for creating electronic health records systems and to improve patient safety, facilitates medical auditing and enhances research in primary care settings. An FP7 project TRANSFoRm is currently in progress to serve this purpose.

11 C. Lionis, EK. Symvoulakis, and CL. Vardavas. Implementing family practice research in countries with limited resources: a stepwise model experienced in Crete, Greece. Family Practice 2009; 1-7
13 http://www.transformproject.eu/
In what areas is there a particular need for additional action at EU level?

More attention of the EU for basic health systems, emphasising the need for horizontal systems with focus on multi-morbidity and societal issues instead of a disease orientation with separate campaigns for cancer, diabetes, obesity, mental health, etc.
A European database on health-care organisation for chronic conditions is needed. And documentations of the relationship between SES (+ECM), chronic conditions and outcomes.

In what areas is there a particular need for additional action at national level?

EFPC wants to share with member-states its’ concern over the fact that although the general health situation for Europeans seems to be improving judged by the major increase of their average life expectancy, a wide and even widening gap between and within countries when it comes to inequalities of health outcome and to accessibility to affordable health services, can be observed.
For this reason the stimulation of a universal, highly accessible PHC-system as the starting point of information, documentation and exchange with input from patients is needed. Moreover, there is a need for internationally accepted classification-systems and their relationships [ICD-10; ICF; ICPC-2...].

What will you/your organisation contribute to address this challenge?

The EFPC has a message to spread and helps exchange knowledge. EFPC wants to share with member-states its’ concern over the fact that although the general health situation for Europeans seems to be improving judged by the major increase of their average life expectancy, a wide and even widening gap between and within countries when it comes to inequalities of health outcome and to accessibility to affordable health services, can be observed.
In this it has strong ambitions and it intends to be well heard and listened to.
Therefor the EFPC offers the commitment and active support of its membership to the EU reflection on chronic disease, in particular in the following domains:

- Position Papers provide policy makers with clear examples of good policies and practices and other experiences in Europe and elsewhere that can support their ability to make sound decisions for future Health Care systems in their regions or countries. The Position Papers are published in the international journal “Quality in Primary Care” in order to reach a large audience.
- A large part of the website is accessible for non-members and thereby also a tool for dissemination of the messages of concerning Chronic Disease management. Annually, there are around 10.000 unique visitors.
- In addition to the traditional channels of dissemination like the EFPC two-weekly newsflash, from 2010 onwards the EFPC also uses social media. The EFPC has started a LinkedIn discussion group that has already more than 1500 international members and is still growing rapidly.

Area 5: Roles of Member States, the EU and Stakeholders

What additional activities on chronic disease beyond the four areas described above should be considered at EU level?

EFPC association, Membership network of more than 100 institutional members active in Primary Care at scientific, practice and policy level
www.euprimarycare.org
The EU should consider what can be done to improve the education and post-academic formation of health care professionals in the field of chronic diseases. Other relevant aspects are the accreditation of professionals and the quality labelling.

**How can the EU engage stakeholders more effectively in addressing chronic diseases?**

The EU can play an important role by funding networks which link practice including patients/citizens with policy and research.

**How can EU Member States engage stakeholders more effectively in addressing chronic diseases?**

In re-orientating their interventions towards more equity and replacing commercialisation of care by an approach based on relevance, equity and solidarity, cost-effectiveness, quality, person- and people centeredness, sustainability and innovation.

The EFPC is convinced that a stronger role should be given to the patient/citizens when discussing the care-models for Chronic Diseases with the important caveat against the involvement of disease oriented groups. These groups have a strong direct or indirect link with the industry and should therefore not be part of the discussion how care systems should be shaped.

**Area 6: Other areas**

What additional areas for action should be considered? Which of these should be addressed by activities within EU Member States? Which should be addressed through activities involving cooperation at EU level?

- The contribution of health systems to equity in health from a ‘human rights’ perspective
- The need for Innovation on Health Professionals education

---