WHAT SHOULD PATIENT-CENTERED CARE MEAN IN THE WELFARE STATES OF EUROPE?

The United Kingdom and Germany Cannot Both Be Right

International Society for Pharmacoeconomics and Outcomes Research
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International conference on primary health care: Alma-Ata Declaration of 1978

It is a basic right —even the duty— for the people to participate in the planning and implementation of health services.

Reimbursing and pricing decisions – how and who?

<table>
<thead>
<tr>
<th>Who are the people?</th>
<th>Citizens, insured, or patients?</th>
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<tbody>
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<td>What form of participation in planning and implementation?</td>
<td>What kinds of evidence will be used?</td>
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<td>What role for priorities and preferences?</td>
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<td>How will value conflicts be resolved?</td>
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Reimbursement and pricing decisions

► If innovations are wrongly priced welfare states will not be sustainable

► The panelists agree that:
  ▪ Both systems claim to the paradigm “money for value”
  ▪ Both systems claim to have an algorithm to document value
  ▪ Both systems claim to be patient-centered

► But are these claims justified?

Reimbursement and pricing decisions

But the UK and Germany have employed different approaches

► Perspectives:
  societal (GB) versus patients (G)

► Data:
  health states & health episodes (GB) versus patient-relevant outcomes (G)

► Preference elicitation format:
  ranking and rating versus choice-based surveys (G & GB)

► Thresholds:
  fixed (GB) versus flexible (G)
Poll: Which country has the better approach to patient-centricity?