



The Voice of OECD Business

Consultation with the OECD Health Committee

Paris, 10 December 2008

BIAC Talking Points

I. ECONOMICS OF PREVENTION

The Business and Industry Advisory Committee to the OECD (BIAC) appreciates the opportunity to provide comments on the OECD project on the economics of prevention, focusing on the case of obesity. There is a rising concern of governments, employers and the public at large about the expected growth in the burden of chronic diseases in relation to changing lifestyles, and we welcome the collection of data on international trends in this respect. BIAC would like to draw the attention of the Health Committee again to the BIAC paper on the economics of prevention, which summarizes our key messages.

As has been previously stated, BIAC has supported the OECD's decision to study the economics of prevention of non-communicable diseases and has previously recommended a horizontal approach in addressing health-related issues, especially since increased taxes and social security premiums will undoubtedly lead to excessive burdens on productivity and weaken economies throughout the OECD.

BIAC fully recognizes that significant increases in non-communicable diseases (such as cardiovascular disease, hypertension and diabetes) are directly linked to the increasing prevalence of obesity resulting from a number of factors including poor diets, less physical activity and changes in lifestyle in OECD countries.

BIAC believes that the paper DELSA/HEA(2008)13 represents an improvement compared to earlier papers, providing new insights. BIAC is pleased that the Secretariat has incorporated earlier input from BIAC as well as the information from the brainstorming meeting with the private sector in July 2008 (*copy attached*). As far as the focus on obesity is concerned, BIAC would like to offer the following general comments. Detailed comments will be made available, once we have reviewed the remaining documents.

- **Macro-economic trends:** Obesity is the consequence of a variety of reasons and trends. BIAC is concerned that "market and rationality failures" remain an underlying premise of the project.
- **Rise in Obesity is a Multi-Factorial Issue:** BIAC underscores the importance of the multi-factorial nature of the obesity issue, which the Secretariat has recognized in its report. We agree with the OECD that obesity is a multi-factorial problem requiring a multi-stakeholder response.

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- **Guidance for How to Eat, Not What to Eat:** In evaluating the possible policy conclusions, BIAC reminds the Secretariat that a distinction should be made between commodities whose consumption is invariably unhealthy and commodities whose impact on health depends on how they are consumed.
 - **Physical Activity is Crucial:** BIAC encourages Member States to explore opportunities for encouraging greater physical activity among populations through changes in transportation, civic planning, education and collaboration with other stakeholders, and provide the sports and exercise industry further opportunities for playing an active role.
 - **Wellness programs:** Numerous wellness programs have proven to be successful and can be taken as examples of effective efforts. BIAC believes the Secretariat should provide Member States with a model for encouraging the prevention of non-communicable diseases by highlighting workplace wellness programs.
 - **Fiscal Policy:** Fiscal policy is not the most cost-effective tool and can have other unintended consequences.
 - **Self-Regulatory Mechanisms:** Over the past several years, business and industry have changed their policies. These efforts are changing the advertising and marketing of products and establishing a “best practice” model for other companies to follow.

NB: BIAC will submit more detailed written comments once we have reviewed the remaining documents.

II. ICT IN HEALTH

- BIAC welcomes this work as it underlines the considerable obstacles to allowing ICT to deliver its transformative potential in the healthcare sector, notably: the lack of consistent and reliable data on the benefits of the use of health ICTs and the failure by governments to implement health ICT projects accompanied by appropriate measurement. In view of the importance of this work, BIAC organized an LMP meeting on 21 November 2007 (*summary attached*).
- In view of the fact that the OECD background document became available only very recently, BIAC would like to offer the comments below as **initial comments**, to be complemented by more detailed comments once members have had a chance to review the document. We would also appreciate the opportunity to meet with OECD officials to discuss our views further.
- BIAC believes that the development of international indicators about the use of ICT in health care needs to be granular enough and reflect the variety of solutions and usage. The structure of the study is comprehensive, particularly the findings on the key challenges for measuring the impacts of ICTs. However, the OECD work should address the breadth of the eHealth market which comprises the following five interrelated categories of applications:
 - Clinical information systems, to help professionals in providing care,
 - Telemedicine and homecare, to facilitate remote monitoring diagnosis of patients,
 - Integrated regional/national health information networks and distributed electronic health records and associated services such as e-prescriptions or e-referrals,
 - Secondary usage non-clinical systems for education, public awareness and research,
 - Support systems such as supply chain management, scheduling systems, billing systems administrative and management systems, which support clinical processes but are not used directly by patients or healthcare professionals.
- We believe that the development of international indicators about the use of ICT in health care will encourage and help governments measure the outcome and benefits. In this regard, OECD could benefit from the work carried out in other international organizations.
- The comparability of measurement that will be enabled by common indicators will further accelerate adoption of ICT in healthcare as best practices as well as causes for failure will be more easily identified.
- We also wonder whether findings of this study may point out to two obstacles that we have identified and are not included in this section:
 - Challenges related to assessing overall benefits of the use of ICTs at national level (not on a project basis) that are due to lack of standards for interoperability of ICT. OECD should encourage the usage of international standards and interoperability

profiles. BIAC would welcome data monitoring and sharing on usage, barriers and incentives in this specific field

- Challenges related to the possibility of assessing benefits, particularly ROI, over a longer period of time that often needs to go beyond the lifetime of a project
- We recommend that the OECD encourages Member countries to more consistently and systematically collect data about the use of ICT in health services in order to successfully develop internationally statistical indicators in the long term.
- BIAC would like to learn more about the Model Survey approach and how it would help address the problem of lack of data and comparability.

III. HEALTH CARE QUALITY INDICATORS

I. BIAC strongly supports OECD work on health care quality indicators:

1. Data and indicators are essential for understanding population health, health care, prevention and treatment are at the core of OECD work.
2. High quality indicators are essential to the assessment and development of health care policy.

II. BIAC supports the Expert Group approach to strengthen methodology, namely

- OECD should be transparent on the quality of the data sources on which the indicators are based and that OECD should collect information on these data sources in a systematic way.
- OECD should continue existing efforts to improve indicator comparability and coverage.
- Member governments should be careful in completing the questionnaire circulated by OECD to support the collaborative work with WP1 on structural characteristics of health systems.

III. BIAC believes that the development of new indicators, such as patient safety and responsiveness/patient experiences is very useful. We also endorse the work on quality related to specific diseases.

IV. As per the request in the Health Committee meeting agenda on whether there is support for specific action items, BIAC supports the HCQI Expert Group recommendations for OECD member countries.

For your information, these action items are as follows:

- Require the recording in administrative databases of conditions present at hospital admission.
- Require more detailed recording in administrative databases of secondary diagnoses.
- Urge the WHO to give priority to the development of an international standard classification of procedures.
- Implement the use of unique patient identifiers in national data systems.
- Establish national information systems for out-of-hospital care; notably in primary care and mental health care, with similar capacity to generate internationally comparable data as hospital administrative data systems.