

SUMMARY REPORT

APEC HEALTH SYSTEMS INNOVATION POLICY DIALOGUE

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APEC
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21 ECONOMIES
FOR
THE 21ST CENTURY

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APEC Health Systems Innovation Policy Dialogue

Summary and Recommendations

Introduction

Over the course of two days, more than 100 high-level health experts from the 21 APEC economies, including six ministers of health, industry leaders and academia, gathered in San Francisco to discuss innovative ways of addressing the rising chronic disease challenge in the region. Participants presented and discussed issues around population health, focusing in particular on ways of reducing the economic and social burden of these chronic or non-communicable diseases (NCDs) through prevention, research, early diagnosis, and integrated disease management. Following the APEC Dialogue, global health leaders agreed on a political declaration for the prevention and control of NCDs at the first UN high-level meeting on NCDs.¹

U.S. Secretary of Health and Human Services, Kathleen Sebelius, opened the Dialogue by reminding delegates of APEC's success in jointly combating infectious diseases like SARS and H1N1 flu virus, and calling for similar cooperation on the now greater threat of NCDs. In a typical APEC economy, NCDs represent a majority of deaths and medical costs. Beyond the burden on those who suffer from NCDs and their caregivers, the economic toll of lower productivity, disability, and absenteeism in the workplace is severe. The most recent estimate puts current annual global deaths related to NCDs at 36 million with a cumulative cost of US\$47 trillion by 2030.² Secretary Sebelius cited China as one example, stating that China will lose US\$558 billion over a 10-year period. "That's like wiping out an entire year of economic growth," said the secretary.

APEC economies are experiencing different epidemiological transitions, with some developing economies having to confront the rise in NCDs at the same time as they continue to struggle with infectious disease. From a developed economy perspective, University of Tokyo's Professor Kenji Shibuya, outlined Japan's own trajectory. Japanese citizens have the longest life expectancy in the world, at 79.0 for men, and 86.1 for women. Hong Kong is not far behind. Sixty years ago, the top challenge in Japan was tuberculosis and other infectious diseases. Up until 1980, cerebrovascular diseases (e.g., stroke) and infectious diseases remained a challenge. Yet today, one of the biggest challenges is undiagnosed hypercholesterolemia (high cholesterol levels).

Key Findings

- **APEC economies face a fundamental challenge:** Transforming its citizens' health from *economic threat* to *economic advantage*.
- **Health is not just about treatment; it's also the absence of disease.** If APEC economies can invest in prevention and influence healthy behaviors, the immediate investment will pay back in years of economic and health benefits for populations. As Secretary Sebelius said in her opening remarks, "catch small problems before they become big ones."
- **Almost all APEC economies face a similar list of top NCDs that consume a majority of health resources:** cardiovascular diseases, respiratory diseases, cancer, and diabetes. Unhealthy diets and increasingly sedentary lifestyles are worsening the trends.
- **Government and private industry must coordinate and collaborate in solutions.** But strong and clear governance, political will, and a willingness to make health and wellness a national priority are equally critical.

¹ Source: http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1

² Source: <http://www.weforum.org/news/non-communicable-diseases-cost-47-trillion-2030-new-study-released-today>

Scope of Agenda

The agenda began with a review of the economic and health challenge of NCDs to each member economy. Attendees then heard examples of what economies such as Brunei Darussalam and Hong Kong were doing to combat NCDs. Hong Kong Secretary for Food and Health, Dr. York Chow, remarked "It's not just one disease, it's a whole spectrum of diseases we're facing that require specific solutions." He offered one straightforward example of their success, saying, "We fund our system well but also monitor it closely." Representatives from Japan, and Johnson and Johnson CEO, Bill Weldon, spoke about economy-level and company interventions and returns on investment from prevention and wellness efforts. For example, Weldon estimated that every US\$1.00 his company has spent on investments in prevention and wellness has provided a return of \$2.71. Among other benefits, his employees have a significantly lower than average smoking rate than the population.

- The Malaysian Health Minister, Dato Seri Liow Tiong Lai, outlined seven key areas of policy focus for his government to combat the rise in NCDs:
 1. Prevention/Promotion
 2. Clinical Management
 3. Increasing Patient Compliance
 4. Coordinated Action with NCD-related NGOs
 5. Surveillance of Public Health Measures
 6. Health System Capacity Building
 7. Policy and Regulatory Interventions
- The health minister estimated that NCDs comprise 60% to 70% of its national healthcare volume, and 40% of premature (<60 years) death. Each of these themes became central elements of the subsequent action planning discussions.

Action Planning Sessions

Participants in break out action planning sessions focused on four areas: research and development, preventing disease, detecting disease, and managing disease. The following challenges and opportunities were discussed.

Area of Focus	Challenges	Opportunities
<i>Research and Development</i>	<ul style="list-style-type: none"> • High costs of R&D • 20th century regulatory systems applied to 21st century technology • Healthcare delivery systems at a tipping point • Inconsistent application of quality guidelines 	<ul style="list-style-type: none"> • Prioritize simple, elegant solutions • Rapid identification of new therapeutic compounds • Coalitions to share safety data to reduce the cost of clinical trials • Technology to reduce human error in medicine • Genomics and nanotechnology • Educate the public on scientific issues • Global clinical trial coordination • Regulatory harmonization
<i>Preventing Disease</i>	<ul style="list-style-type: none"> • Poor understanding of risk factors • Wrong configuration of health system response capability and capacity. • Inconsistent vaccination efforts (e.g., HPV) 	<ul style="list-style-type: none"> • Incentivize prevention • Cultural shift and education around chronic diseases • Revised measures that factor quality of life, not just life expectancy into socio-economic returns on investment.
<i>Detecting Disease</i>	<ul style="list-style-type: none"> • Weak health communication 	<ul style="list-style-type: none"> • Health ambassadors who lead from the

	<p>mechanisms</p> <ul style="list-style-type: none"> • Weak surveillance systems • Need for coordination across government agencies 	<p>top</p> <ul style="list-style-type: none"> • Dynamic health messaging • Pursue screening where it makes sense, e.g., cardiovascular disease precursors • Stronger and more frequent surveillance systems
<i>Managing Disease</i>	<ul style="list-style-type: none"> • Care and management from informal sector [the “informal” sector? Is that right?] • Consumer health behavior • Institutional intransigence • Weak information and knowledge sharing • Lack of consistent definition of value delivered per unit of care 	<ul style="list-style-type: none"> • Make disease management an economic game changer • Use APEC to help governments, academia and industry coordinate • Empower multidisciplinary teams • Integrate the consumer’s voice • Develop a definition of value • Leverage gaming technology and mobile applications

Key Priorities for Government

- **Craft consortiums across APEC member countries** to share quality, safety, and efficacy data to reduce the financial burden and waste.
- **Encourage coordination and streamlining** of information to allow for convergence of health information and clinical trials across member economies. **Strive for regulatory harmonization** in therapeutics and medical device approval.
- **Incentivize prevention** among citizens and provider organizations. **Combating NCDs needs to start with** early and frequent interventions focusing on behavior, and decision making and preventive therapeutics (vaccines, cholesterol lowering drugs, blood pressure drugs).
- **Develop a definition of value in healthcare.** Research shows that healthcare providers are increasingly focused on adapting their delivery systems to optimize positive health outcomes that reduce the economic burden of disease, rather than volume or cost reductions.
- **Continue to strengthen partnerships with the private sector to address prevention, wellness, screening campaigns, and disease management.**

Key Opportunities for Business

- **Health messaging to populations must be dynamic.** For example, research on US health consumers show that young adults are much more interested in mobile health applications than other generations.³ Health gaming technologies and mobile applications should be investigated.
- **Integrate the consumer’s voice.** Utilize frequent public health surveys, market intelligence, and interaction with consumers to better understand needs, challenges, and desires.
- **Participate in coalitions to share safety data to reduce the cost of clinical trials.** The use of patient safety organizations among hospital providers is one such example.
- **Prioritize simple, elegant solutions.** Businesses have been able to make big impacts in their own workforce such as smoking cessation campaigns, healthy cafeterias, and encouraging regular health checkups for their workers.
- **Continue to build public-private partnerships on prevention, wellness, screening campaigns, and disease management.**

³ Source: Fox, Suzannah "Mobile Health 2010", Pew Research Center, October 19, 2010.

Questions to explore further at CEO Summit discussion

1. Citizen privacy and security is an important priority. How can APEC economy leadership balance privacy needs with portability and electronic storage of citizens' health information? Is there an emerging standard that can be adopted by a majority of economies?
2. Health-related industries remain a bright spot in many economies where jobs are increasingly scarce. How can member economies achieve the right kind of growth, valuable and highly skilled job creation in healthcare, but a decrease in preventable health-related expenditures?

A recent study⁴ conducted by PwC finds that an estimated 52% of *Fortune* 50 companies are entering the healthcare market despite no previous healthcare focus. APEC economies' ability to cultivate and encourage competition and new participation in health, sometimes from unlikely sources, is imperative.

3. A healthy workforce is the foundation for a healthy economy. Productivity, absenteeism, presenteeism, and allocation of funds for employee health and wellness—what are the lessons to be learned from corporate health and wellness programs? Where should APEC economies focus their attention and resources on workplace health?
4. How can the best successes from public-private partnerships (PPPs) be shared and duplicated across APEC economies? Private offerings are no longer the realm of the rich. Particularly in underserved or institutional voids such as rural health, can PPPs break from history and truly impact the health of the poorest sectors of society for the better?

⁴ Source: PwC Health Research Institute, "The new gold rush, prospectors are hoping to mine opportunities from the health industry," May 2011.



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