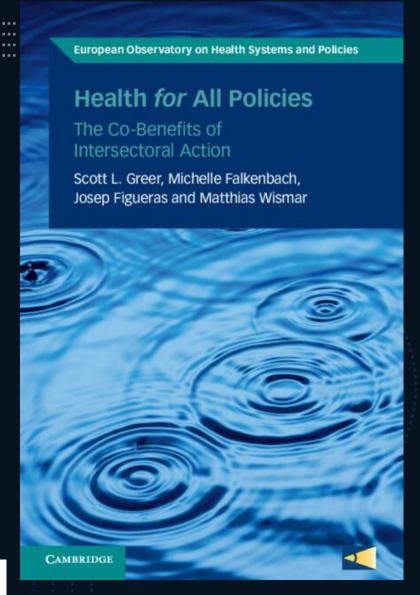


Dialogue with AI



Generated with the cooperation of Microsoft Copilot



Health in All Policies (HiAP) is an approach to public policies across sectors that seeks to improve population health and health equity. It entails intersectoral or multi-sectoral governance.

On the other hand, Health for All Policies changes the argument about inter-sectoral action and focuses on co-benefits. It uses the Sustainable Development Goals as a framework and emphasizes the impact of improved health status on other SDGs.

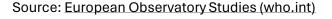
- Co-Benefits of Intersectoral Action
 - Authors: Scott L. Greer, Michelle Falkenbach, Josep Figueras, Matthias Wismar
 - European Observatory on Health Systems and Policies



Attaining the SDGs: the role of health sector co-benefits

- The Sustainable Development Goals (SDGs) are 17 objectives agreed upon by the UN
 - Covering issues such as poverty, clean water, and climate action
- SDGs provide a framework for UN action and government planning
 - Example: European Union replaced Europe 2020 goals with SDGs
- SDGs encompass shared human goals
 - Individual goals may not be of interest, but together they form a comprehensive framework
- SDGs are a development of previous international policies
 - Health for All, Millennium Development Goals, etc.
- SDGs provide a platform for intersectoral programs
 - Action in one sector can positively affect outcomes in other sectors





Introduction: beyond Health in All Policies



Health is affected by social, economic, and political determinants

Factors outside of healthcare services determine our health

Intersectoral collaboration is necessary to improve health



Health in All Policies (HiAP) is an approach to public policies across sectors

HiAP seeks to improve population health and health equity

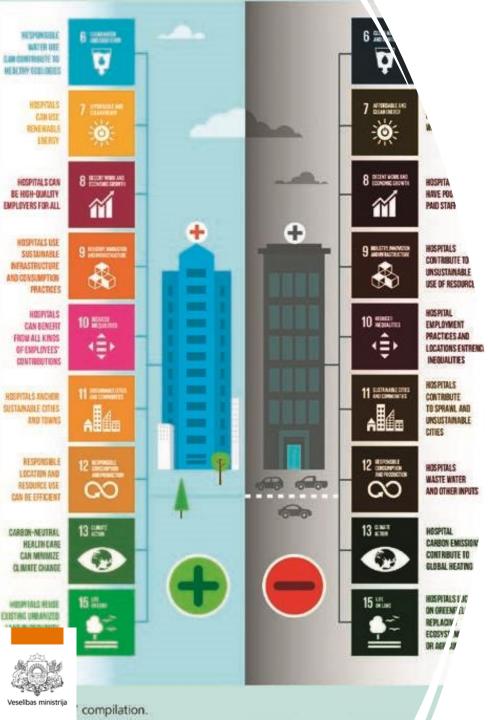
HiAP entails intersectoral or multisectoral governance



The COVID-19 pandemic has highlighted the potential scope of a HiAP approach

Many heads of government and ministers of health worked closely with all other ministries and sectors





Health care is dependent on other policies because health is affected by social, economic, and political determinants. Factors outside of healthcare services determine our health, and intersectoral collaboration is necessary to improve health.

- Social and economic environment
 - Strongly correlated with health status
 - Contribute to inequalities in health
- Physical environment
- Individual characteristics and behaviors
- Social determinants of health
 - Social conditions in which people live and work
 - Affect health and pathways to health impacts
- Health promotion is the process of enabling individuals and communities to increase control over the determinants of health and therefore improve their health.
 - Health in All Policies is a horizontal, complementary policy-related strategy contributing to improved population health.
 - Intersectoral action for health is seen as central to the achievement of greater equity in health.
 - Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy.
- Limitations of Health in All Policies thinking include the unidirectional framing of the issue and the potential for resistance from other sectors.

Source: European Observatory Studies (who.int)



- Health for All Policies emphasizes co-benefits
 - Improved health can attain other goals
 - Better health status contributes to all SDGs
- Co-benefits opens up new perspectives
 - Focus on win-win solutions and coalitions
 - Identify new shared goals and agreements on policies
- Health care policies and systems produce cobenefits
 - Reducing poverty to international partnership
 - Health care decisions shape the world around us







Design social protection and welfare systems based on equity, inclusion and solidarity

Well-being societies



Design and support implementation for equitable economies that serve human development

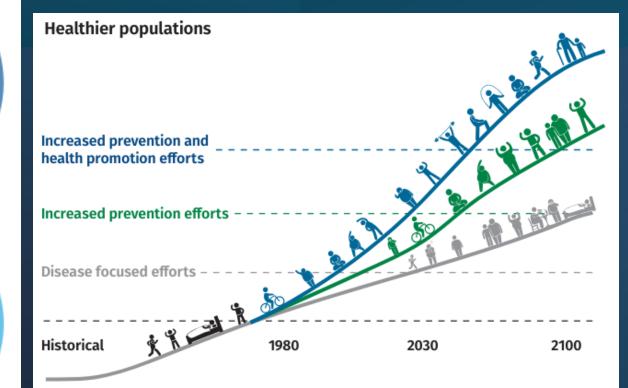


Promote equitable digital systems that serve as public utilities, contribute to social cohesion and are free of commercial interest



Promote equitable universal health coverage through primary health care, health promotion and preventive services







Meeting the Needs of Patients

Patient-Centered Care

Patient-centered care is an approach to healthcare that prioritizes the needs of patients, including access to quality care, affordability, and convenience. It involves engaging patients in their care, listening to their concerns, and working collaboratively to meet their needs.

Telemedicine

Telemedicine is an innovative solution that allows patients to access quality care from the comfort of their homes. It involves the use of technology, such as video conferencing, to connect patients with healthcare providers.

Online Healthcare Platforms

Online healthcare platforms are another innovative solution that allows patients to access quality care from anywhere with an internet connection. These platforms offer a range of services, including virtual doctor visits, online prescriptions, and health monitoring tools.





Meeting the Needs of Policy Makers

Cost Containment

Policy makers are concerned with containing healthcare costs while maintaining quality of care. Innovative solutions such as telehealth and predictive analytics can help address this concern.

Quality Improvement

Policy makers are focused on improving the overall quality of healthcare. Innovative solutions such as evidence-based medicine and population health management can help achieve this goal.

Access to Data

Policy makers need access to accurate and timely data to make informed decisions. Innovative solutions such as data analytics and artificial intelligence can help provide this access.





Meeting the Needs of Service Providers

Workforce Development

Service providers need access to continuous professional development and training opportunities to improve their skills and keep up with the latest healthcare trends and technologies.

Technology Adoption

Service providers need access to modern healthcare technologies and systems to improve the quality of care they provide to patients and increase efficiency.

Financial Sustainability

Service providers need sustainable financial models and incentives that reward quality of care and promote financial stability to continue providing high-quality services to patients.





Meeting the Needs of Service Procurers

Cost Containment

Service procurers are often concerned about the rising cost of healthcare services. Innovative solutions, such as telemedicine and care coordination, can help reduce costs while maintaining quality of care.

Quality Improvement

Service procurers expect high-quality healthcare services. Innovative solutions, such as patient engagement and data analytics, can help improve the quality of care and patient outcomes.

Transparency

Service procurers want transparency in healthcare services, including pricing and outcomes. Innovative solutions, such as healthcare price transparency tools and public reporting of quality measures, can help increase transparency and improve service procurers' trust in the healthcare system.



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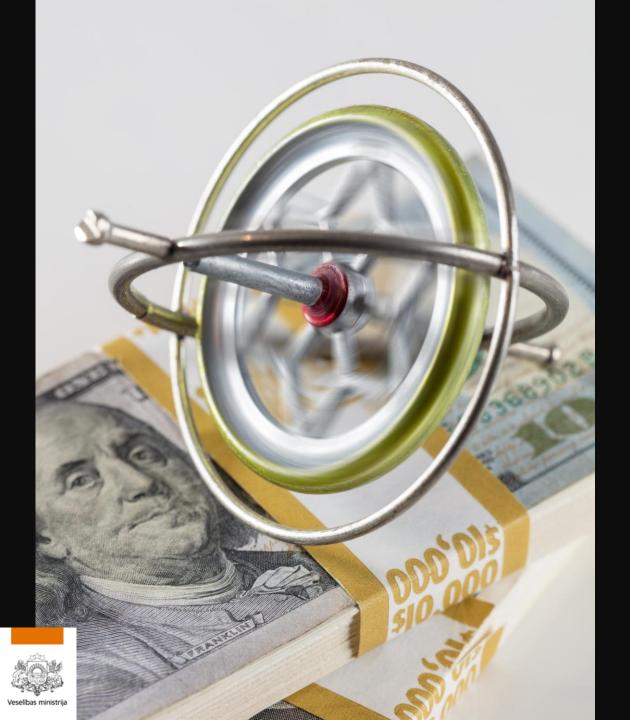


IA opinion

What is the common element of needs for all stakeholders?

The common element of needs for all stakeholders in the healthcare system is the improvement of healthcare quality while containing costs. Patients, policy makers, service providers, and service procurers all have a shared interest in improving the quality of care while keeping costs under control.





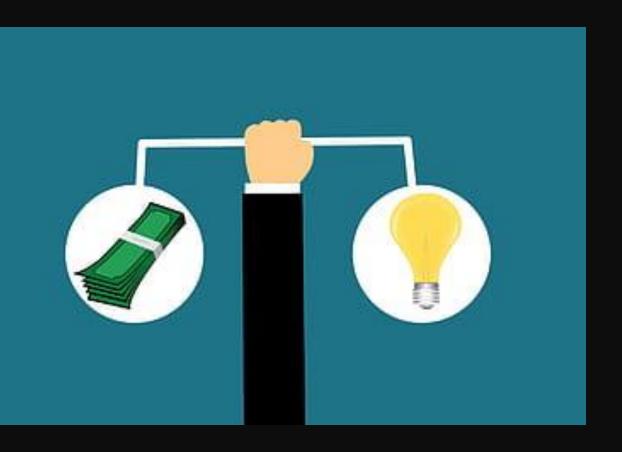
Affordability for patients

Value-Based Care Models

Value-based care models are designed to improve healthcare outcomes and patient satisfaction while reducing healthcare costs. By focusing on outcomes, value-based care models can help improve affordability for patients with chronic diseases.

Precision Medicine

Precision Medicine is an approach to healthcare that takes into account the variability in genes, environment, and lifestyle for each individual patient. This personalized approach can improve treatment outcomes and reduce healthcare costs in the long term.



Cost Containment for Policy Makers

Value-Based Care

Value-based care is an innovative approach to healthcare that focuses on delivering high-quality care while reducing costs. It prioritizes preventive care, patient engagement, and shared decision-making.

Population Health Management

Population health management is a data-driven approach to healthcare that aims to improve the health outcomes of entire populations while reducing costs. It involves identifying and addressing the health needs of different segments of the population.



Financial Sustainability

Importance of Financial Sustainability

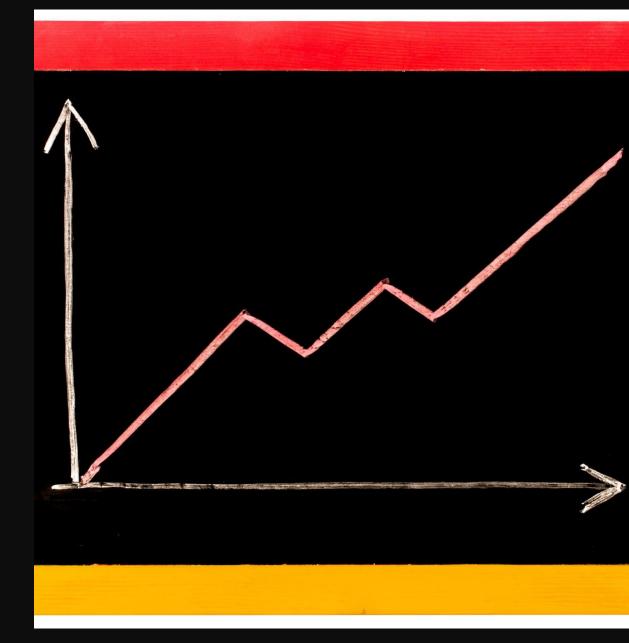
Financial sustainability is key to the long-term success of service providers. It allows organizations to balance the need for quality care with the need for profitability, ensuring that they can continue to provide high-quality care for years to come.

Value-Based Care Models

Value-based care models focus on providing high-quality care at a lower cost. By aligning incentives with outcomes, value-based care models can improve the quality of care while reducing costs, improving financial sustainability.

Innovative Payment Models

Innovative payment models, such as bundled payments and pay-for-performance, can help service providers improve financial sustainability. By incentivizing high-quality care and reducing costs, these payment models can help providers balance the need for quality care with the need for profitability.





Cost Containment

Value-Based Care Models

Value-based care models are designed to improve healthcare quality while reducing waste and inefficiency. By focusing on outcomes rather than volume of services, these models can help contain costs and improve patient outcomes.

Bundled Payment Systems

Bundled payment systems are an alternative payment model that reimburses healthcare providers for a bundle of services rather than individual services. This can create incentives for providers to reduce costs and improve quality of care.







Unlocking Potential Revenues

Understanding the Needs of Patients

Understanding the needs of patients is a crucial aspect of unlocking potential revenues in healthcare organizations. By providing tailored healthcare solutions, organizations can improve patient outcomes and satisfaction, leading to increased revenues.

Policy Makers, Service Providers, and Service Procurers

Engaging with policy makers, service providers, and service procurers is an important way to unlock potential revenues in healthcare organizations. By understanding their needs and providing innovative solutions, organizations can increase revenue streams and achieve sustainable growth.

Leveraging Innovative Solutions

Leveraging innovative solutions is an effective way to unlock potential revenues in healthcare organizations. By investing in new technologies and processes, organizations can improve efficiency, reduce costs, and increase revenue streams.



Revenue Streams

Value-based Care Contracts

Healthcare organizations can leverage value-based care contracts to generate revenue by improving patient outcomes while reducing costs. For example, UnitedHealthcare has implemented a value-based care program that incentivizes primary care physicians to provide high-quality care while lowering costs.

Telemedicine Services

Telemedicine services allow healthcare organizations to provide remote care to patients, opening up new revenue streams. For example, Teladoc, a telemedicine provider, has seen significant growth in recent years as more patients seek remote healthcare services.

Data Analytics and Consulting Services

Healthcare organizations can leverage their data to provide analytics and consulting services to other organizations. For example, Optum, a healthcare analytics company, provides data and consulting services to healthcare providers and payers.

Retail Healthcare Services

Healthcare organizations can also generate revenue by offering retail healthcare services, such as retail clinics and pharmacies. For example, CVS Health has expanded its MinuteClinic retail clinics and acquired Aetna to provide integrated healthcare services.

Possible alternatives

% of non-revenue macro indicator

Macro indicator balanced with revenue

Social security

Grant with partial SS and voluntary contributions

SS with grant and voluntary contributions

Partial social security with a grant

Grant with partial SS, obligatory contributions and indexation

Indexation

Status Quo



Revenue increase?

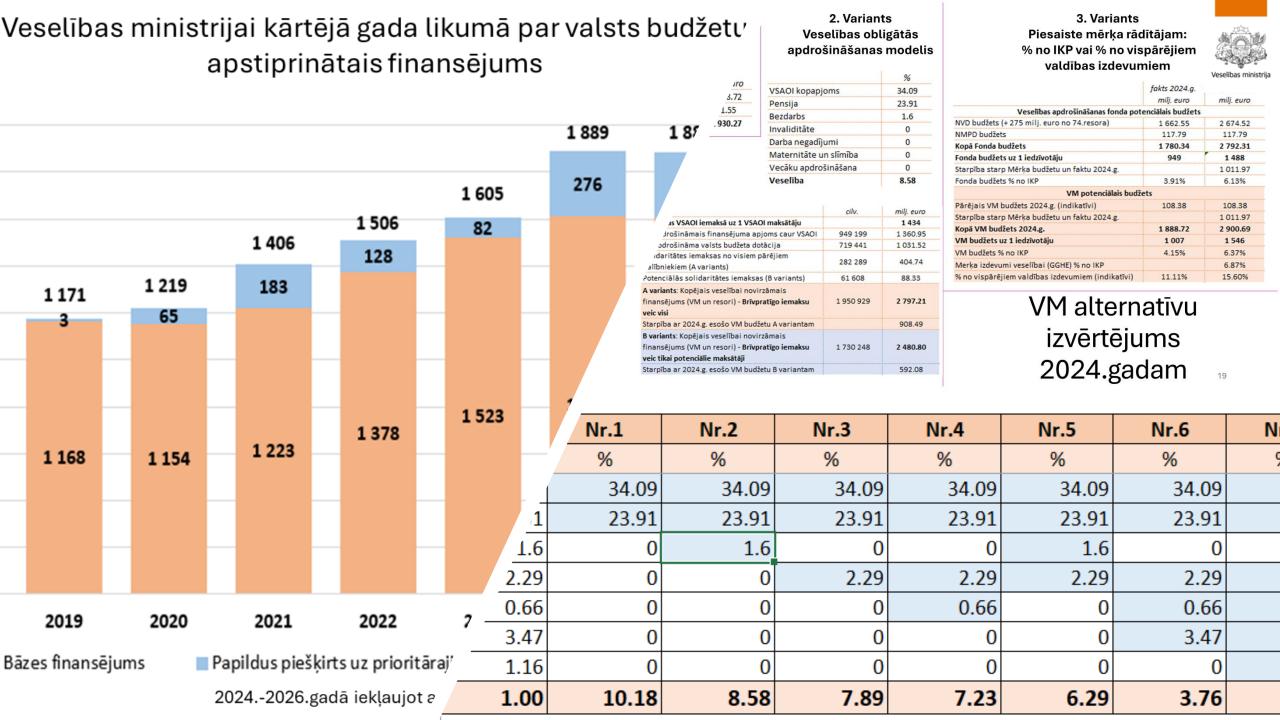


Change of motivation?



Efficiency?





A Happy Future



- In a happy future, everyone has access to quality healthcare.
- Healthcare is affordable and efficient for all.
- We work together to improve healthcare outcomes and reduce costs.

Paldies!

