ACTIVITY UPDATE

BIAC TASK FORCE ON HEALTH CARE POLICY

August 2012 – January 2013

ABOUT BIAC

The Business and Industry Advisory Committee to the OECD (BIAC) was constituted in March 1962 as an independent organization officially recognized by the OECD as being representative of business and industry. BIAC’s members include the industrial and employers’ organizations in the OECD Member countries as well as a number of observers and associate expert group members.

In the framework of its consultative status with the OECD, BIAC’s role is to keep the OECD informed of the private sector’s response to different policy options. BIAC offers business and industry an excellent opportunity to participate in intergovernmental discussions on policy issues, thus giving the business community a chance to shape the development of long-term policies in OECD countries.

The OECD work on health is intended to provide governments with the analytical basis to develop health care policies that are both effective and economically efficient. This work includes health care performance reviews, data collection, projections, as well as policy analysis in different areas related to health. The BIAC Task Force on Health Care Policy contributes to the broad range of OECD activities to ensure that business considerations are adequately reflected.

This report provides an update on the main activities of the BIAC Task Force during the second half of 2012 as well as a short overview of future OECD projects and events.

BIAC SECRETARIAT

For further information, please contact:

- Tabea Köbel
  Policy Manager
  koelbel@biac.org

- Salette Bellavoine
  Assistant
  bellavoine@biac.org

Phone: +33 1 42 30 09 60
Visit our website www.biac.org
Consultation with the OECD Health Committee

On 3 December 2012, the BIAC Task Force on Health Care Policy met for its biannual consultation with the OECD Health Committee. During the meeting, BIAC Health Care Task Force Chair Nicole Denjoy referred to BIAC’s key recommendations towards a sustainable health care model as presented to OECD Health Ministers in October 2010 and confirmed the great relevance of these to identify smart solutions in times of crisis, underlining that this should also include strengthened collaboration between different stakeholders. The Chair especially highlighted the importance of quality of care, access to health care, and cost efficiency, and underlined that health expenditure should not just be seen as a cost factor, but as an investment. From BIAC’s perspective, innovation at large – in processes and technology – is key to addressing the challenges OECD countries are currently facing.

Furthermore, BIAC health experts present during the meeting engaged into lively discussions with the Chair of the OECD Health Committee and the OECD Secretariat on health data, prevention policies, mental health, and ageing, amongst others.

The OECD expressed its great appreciation of BIAC’s contributions to the discussions. The BIAC Secretariat will work to further strengthening the good working relationship with the OECD Secretariat on relevant projects going forward.

For further information, including BIAC’s written comments to the meeting, please check the BIAC Members Only website.
Ageing and Anticipating the Special Needs for a Silver Economy

Several members of the BIAC Task Force on Health Care Policy participated in the OECD Workshop on “Anticipating the Special Needs of the 21st Century Silver Economy”, which took place in Tokyo on 12-13 September 2012, focusing in particular on the provision of smart technologies and services innovation. To prepare BIAC input to the meeting BIAC health experts worked closely together with the BIAC ICCP Committee. The key business considerations presented during the meeting are available here.

Alzheimer's Disease and Dementia

During the consultation with the OECD Health Committee on 3 December 2012, BIAC expressed concern about the slow pace of research and innovation to address the rapidly accelerating global crisis related to Alzheimer’s Disease (AD) and other types of dementia in an ageing society, and called for the development of a global Alzheimer’s strategy that includes critical re-evaluation of well-accepted traditional conceptions of health care services, expanded research investments, coordinated national strategies, and recognition of the massive implications of Alzheimer's for economic growth.

BIAC is closely following and actively contributing to the work on AD carried out in the OECD Working Party on Biotechnology, the OECD ICCP Committee and the OECD Health Committee.

ICT in Health

Health ICTs are widely recognized as enabling tools to improve access to healthcare, increase quality of care and patient safety and facilitate more efficient healthcare delivery. Recognizing the beneficial role ICT can play in transforming health care systems, BIAC actively contributed to discussions on ICT in health care, which are being dealt with by the OECD Health Division and the OECD Directorate for Science, Technology and Industry.

The BIAC Task Force on Health Care Policy continued to monitor OECD’s work on benchmarking the adoption and use of ICT in the health sector, reiterating the need to support unbiased studies, develop common indicators to assess the improvements brought by health ICTs and increase our understanding of the barriers and drivers for adoption. The draft OECD questionnaires of proposed measures will be circulated to BIAC members for review and comments in early spring 2013. OECD will develop a methodological guidance to measuring the availability and use of health ICT by March 2013. Drafts will be shared with BIAC members for review as soon as they are available. This will be followed by a workshop organised by the European Commission and the OECD in Brussels on 18-19 April 2013, to which BIAC members are invited to participate. Following the meeting in April, OECD is planning to launch a task force on mobile health, to which BIAC will be invited to contribute.

The BIAC Task Force on Health Care Policy will also stay involved in the work carried out by the OECD Health Committee and the OECD Working Party on Information Security and Privacy on privacy protection challenges in developing health information infrastructure for health, health care quality and health system performance monitoring and research. BIAC is convinced that – in line with the OECD recommendations on health and healthcare privacy – personal health data can be an important resource for improving the health of citizens. BIAC will continue to contribute to the development of responsible health information sharing frameworks.
Value in Pharmaceutical Pricing

In 2008, the OECD Health Committee published its report on “Pharmaceutical Pricing Policies in a Global Market”, to which BIAC had actively contributed. Building on the outcome of this work, the OECD embarked on new work in this area in 2012. The objective of the project is to describe how a sample of OECD member countries refers to “value” when making decisions on reimbursement and prices of new medicines.

Following the consultation with the OECD Health Committee in June 2012, during which BIAC noted that the analysis of a significant amount of data raises a number of important issues related to the functioning of pharmaceutical pricing systems, BIAC continued to monitor OECD’s work on the issue and contributed with experts’ input to OECD. The draft final report is expected to be circulated for final review in early 2013 before its publication as an official OECD Working Paper.

Harmful Use of Alcohol

The OECD work on the economics of prevention was conceived against a background of rising concern about the expected growth in the burden of chronic diseases in OECD countries, particularly in relation to changing lifestyles.

In 2011, the OECD launched a new project focusing on the prevention of harmful use of alcohol, looking at past and future trends in different social groups, policies to tackle harmful alcohol use as well as the impact of policies. The project is being carried out in two stages, i.e. data analysis of how consumption has changed and what the social disparities are; and policy analysis, looking at what policies are being used and what their impact would be.

On 29-30 October 2012 BIAC members participated in the OECD Expert Group on the Economics of Prevention meeting and submitted written comments to OECD following the meeting. During the consultation on 3 December 2012, BIAC representatives addressed the issue again, underlining that OECD should focus on harmful and hazardous use of alcohol in their work. All BIAC submissions are available for download on the BIAC Members Only website.

The OECD Health Committee will consider a further report at its next meeting in July 2013, once the developments agreed with the Expert Group are fully incorporated, and the comments received are addressed. BIAC will stay engaged in the process through active participation in the OECD Expert Group.

Health Expenditure Data

Following the consultation with the OECD Health Committee on 3 December 2012, during which BIAC raised the issue of the reliability of expenditure data collected by the OECD, the WHO and EUROSTAT via the Joint Health Accounts Questionnaire, BIAC has been invited by the OECD Secretariat to give feedback on expenditure of some countries in detail, particularly on pharmaceutical spending, and signal any inconsistencies or concerns that they have with the data that OECD published. The BIAC Secretariat has invited members to submit comments by mid-February 2013. These will then be sent to the OECD Secretariat as a BIAC submission before intensive validation of the data from countries starts in March.
OECD UPCOMING EVENTS 2013

11 March
BIAC Health Care Policy Task Force Meeting

25-26 March
OECD Joint Health Division/GOV SBO Network Meeting on Fiscal Sustainability of Health Systems

11 April
Joint OECD/German Federal Ministry of Health Conference (Berlin, Germany)

17-18 April
Joint OECD/EU Commission Conference on Benchmarking Health ICT

25-26 April
OECD Expert Group on Medical Practice Variations

16-17 May
OECD Health Care Quality Indicators (HCQI) Meeting

12-13 June
OECD Health Expenditures by Disease Meeting

19 June (tbc)
BIAC Health Care Policy Task Force Meeting

26 June
Joint OECD/Turkey High-Level Conference (Istanbul, Turkey)

1 July a.m. (tbc)
BIAC/TUAC Consultation with the OECD Health Committee

1-2 July
13th OECD Health Committee Meeting (government delegates only)

16-17 October
OECD 15th Meeting of National Accounts Experts

17-18 October
OECD Health Data National Correspondents Meeting

tbd
OECD Expert Group on the Economics of Prevention Meeting

7-8 November
OECD Health Care Quality Indicators (HCQI) Meeting

20 November (tbc)
BIAC Health Care Policy Task Force Meeting

2 December a.m. (tbc)
BIAC/TUAC Consultation with the OECD Health Committee

2-3 December
14th OECD Health Committee Meeting (government delegates only)
Health at a Glance: Europe 2012

Health spending fell across the European Union in 2010, as cash-strapped governments curbed outlays to help cut budgetary deficits, according to Health at a Glance: Europe 2012, a new joint report by the OECD and the European Commission.

Click here for more information

Health at a Glance: Asia/Pacific 2012

This key second edition of Health at a Glance: Asia/Pacific presents a set of key indicators of health status, the determinants of health, health care resources and utilization, health care expenditure and financing, and health care quality in 27 Asia/Pacific countries and economies. This publication is a joint report by the OECD and the WHO Regional Offices for the Western Pacific and South-East Asia.

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OECD Review of Health Care Quality: Israel

Israel has universal coverage, world-class primary care services and has maintained tight control of health costs – limiting health spending to about 8% of GDP, the eighth lowest across OECD countries. But Israel now needs to focus efforts on bringing its hospitals up to the same high international standards

Click here for more information

OECD Health Data 2012

The October update for OECD Health Data 2012 is available, in OECD.Stat for the datasets concerned, and in the Frequently Requested Data for easy download.

The full Sources and Methods for the database OECD Health Data 2012 are now available online via one single user-friendly document also providing direct access to each dataset in OECD.Stat

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