What would you do for your country’s health system with a one-time budget surplus of $10,000,000? Glyn Elwyn of the Dartmouth Center for Health Care Delivery Science posed this hypothetical situation and several other provocative questions to participants on the second day of the 507th session of the Salzburg Global Seminar, focused on universal health coverage and health care delivery science.

Elwyn’s interactive and lively activity was the last group session yesterday, which kicked off with Dr. Al Mulley, director of the Dartmouth Center for Health Care Delivery Science, discussing the definition and measurement of value in health care.

While economists define value most simply as outcomes over costs, Dr. Mulley explained, this definition must be unpacked to be useful in a health care context. Uncertainty will always exist in health care decisions, so health systems must measure patient preferences to determine what is valued in the face of this uncertainty.

He presented the example of end-of-life care in the United States to illustrate the failings of health care capacity building that disregards or does not measure patient preferences. Preference-sensitive health care capacity building, he said, can improve value as measured by individuals while reducing costs.

After lunch, Elwyn asked everyone to imagine themselves as both as individuals defining health policy priorities and as patients in the health care system. Using option grids to aid in their decision making, participants-turned-patients debated whether to opt for optimal medical management or stenting to treat their hypothetical angina and discussed how patients can be empowered to make informed decisions that align with their preferences and values.

At the end of the day, participants met formally for the first time to discuss priorities for the action plans, which will span issues as diverse as mental health and electronic medical records.
“I’d like to see more cross-country work,” said Dr Niti Pall, Chief Medical Officer for HCL Healthcare, sitting in the Chinese Room at Schloss Leopoldskron.

Speaking to Salzburg Global on the second day of the session, ‘The Drive for Universal Health Coverage’, Dr Pall revealed how she would like to learn from others and seek innovate ideas.

“The connections and the breadth of experience I met the last time I came was stupendous, and I’m just hoping to get that again here.”

During the second day of discussions, participants discussed how we define and measure value in health care, an approach Dr Pall found insightful.

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“I’m going to be looking at that when we look at the payer systems. That took us ages to figure out.”

There are no payer systems in India that pay for primary health care. It’s one of the issues Dr Pall would like to discuss this week.

“I’d like the universal health coverage statement to focus on the payer systems. That couldn’t be right. A paradigm shift happened in my thinking and I decided to go off and do this thing in India.”

Participants will explore today how to reform health systems in different settings and environments.

It is perhaps relevant when considering how universal health coverage might be defined in each country.

But Dr Pall said, “We’re all the same. The requirements for universal health coverage are the same. It’s how we implement it that will be different.”
The right to health and the right to know

Photos by: Rob Fish
I really enjoyed the scenario-led discussion we had on if you were a patient: what decisions would you make based on the information you receive? There are so many different perspectives from around the world and they centered on the level of the patient to be able to understand the information that was given, confidence in the health care system, and confidence in the health care providers.

Sara Al-Dahir
Interim Louisiana Hospital, USA

“Individual value is very important in understanding patient preferences. But we also need to think about societal value and trade-offs with other investments that we can make with our money and our resources.”

Aneil Jaswal
Doctoral student at the University of Oxford, Canada

For a patient to value health, they should have a complete understanding of what to expect. At the same time, they should also understand their responsibilities towards meeting the health service provider, so they can reach that understanding to say as a patient I’m responsible for protecting myself, to eat well, to bring my child for immunization, and to take treatment if I have to.

Thembokkhuile Karigani
Gauteng Department of Health, South Africa

“We had quite a good discussion in our group - the East Asia group. The first question we have to ask ourselves is whose value is it? We looked at the supply side and also the recipient side. On the supply side that means the professionals and also the government. We think good health care services would be sustainable, ethical and equitable. It also proves to be good value for money. On the recipient side, I think patients would value affordable health care.”

Ching-kan (Jackie) Leung
Department of Health, Chinese Medicine Division, China

“Usually we see in the USA more importance given to the individual’s choice and how they are going to see the perception in every aspect. We give individuals proper information, knowledge and skills. They will take their own decision because we very much value the individual’s choice and rights.”

Kamrun Mustafa
Xavier University of Louisiana, USA

“The way I would define health care in Rwanda is basically to make everything based on community involvement and participation. It is also to ensure that there is accountability between the people you serve and the health care leaders in the country.”

Jean Pierre Nyemazi
Rwanda Biomedical Center, Rwanda