

9 strategic proposals for a health system in crisis

Logically, both the public and private health systems have to address pressing day-to-day problems. But it is good that they also have a strategic vision of the changes to be introduced in the medium and long term, a kind of long-term vision, which we will summarize in 9 points. All of this from a broad sector perspective: not only the healthcare or public health part, but also the industrial part linked to health products.

1. Dialogue and agreement

We consider dialogue and agreements between the actors that make up the health system - Public Administrations, various institutions, companies, professional associations, scientific societies, patient associations, etc. - a prerequisite to address the challenges it faces.

This is not a one-time agreement, but rather a permanent framework. On the other hand, we understand that not only governments and political groups must participate in this dialogue and agreement, but also the various actors in the health system must actively participate.

2. Orientation towards health, to prevent the person from falling ill and reduce the burden of disease

Our health system - like those of practically all countries - is fundamentally oriented towards disease.

We must promote a paradigm shift that reorients it towards health (life habits, eating behavior, physical exercise, etc.). This implies changes in priorities, financing, main actors, professional profiles, etc.

The objective is to reduce the burden of disease, the only way to make systems more sustainable.

3. However, there will still be patients and they will need care, which must be provided through the most advanced methods of precision medicine

Despite the reorientation of the health system towards maintaining health, there will continue to be diseases and patients, especially chronic ones.

Patients will require care of the highest quality, personalized and precision, compared to the traditional form of clinical intervention that lacked instruments to segment (with current precision) patients.

This medicine will provide precision diagnoses based on multiple analyzes and studies of all kinds, which will allow diseases to be redefined in a finer (more granular) way and, therefore, offer the most appropriate treatment for each pathology.

This will mean more complex and expensive healthcare, which must be addressed.

4. Human resources policies, a central element

Healthcare professional activity is very demanding, so burnout is a problem in any healthcare system.

This, together with the shortage of certain professionals and the need to attract and retain talent, means that human resources policies (including planning) have a central role in health policies, something they have never had.

The problem, for different reasons, affects both the public and private sectors.

5. Better financing, but with cost efficiency

Surely our health system requires greater financing, in order to be standardized with the majority of the most advanced countries in the EU and to be able to address certain pending challenges (new human resources policy, digital transformation, precision medicine, among others).

However, this request can only be made within the framework of an effort to achieve cost efficiency.

This requires several elements: first, suppressing a lot of activity that does not add value, including duplication of tests and procedures (in line with the "do not do" initiative, promoted by the Ministry of Health, in collaboration with scientific societies); secondly, facilitate a new management framework that facilitates efficiency and, finally, measure and make public efficiency, by establishing indicators at the national level to measure it.

6. Hybrid, in-person and technology-based assistance

Although online health activity did not begin with the COVID pandemic, 19, this clearly motivated her.

Healthcare from now on will be hybrid, a percentage will be in person and another percentage, perhaps greater and growing, online. Not only for consultations, but for monitoring, early diagnoses, surgeries, tests and all types of activities.

7. Collaborative care

We must move towards what we could call collaborative medicine.

This implies greater coordination and continuity of care between Primary Care and hospitals; greater collaboration between the health sector and the social and socio-health sectors; more multidisciplinary care, in which different professionals participate. Finally, as in all advanced societies, the public health service must be offered by a very

varied set of public and private institutions and companies, both at the level of insurance and provision.

8. A "hub" of innovation in biomedicine for Spain

Spain has become a powerhouse in clinical research, something that we have not encountered, but is the result of the effort and taking advantage of favorable conditions created by multiple agents: the health system, clinicians, the pharmaceutical company, the Administration, scientific societies and patient associations.

The aim would be to take advantage of this undoubted success to extend it to basic research and development, understanding development as the placement of products on the market.

9. Emphasis on expanded strategic autonomy

The COVID-19 pandemic has highlighted the logistical difficulties - and also the high environmental cost - of excessive dependence on health technologies and medicines produced in distant countries, especially Asian ones.

This is why the European Union coined the term "extended strategic autonomy", wanting to indicate the need to boost production in Europe of many health products.

Spain must join this movement, favoring the production of health products in our country (especially those that are strategic).

Only with a long-term strategic vision will we be in a position to address the problems of a health system - both public and private - in a serious crisis.