Looking back at what we have achieved over the past few decades in the health sector, in many ways the future is looking quite bright. People are living longer, healthier lives. Health data continues to grow exponentially. New health technologies, such as fitness trackers, wearables and remote monitoring systems, are breaking down the information walls of hospitals and clinics, empowering people to assess and monitor better their own health in real time. And new drug treatments tailored to the genetic profile of each individual—precision medicine—have the potential to revolutionise healthcare.

But delivering high-quality, inclusive healthcare remains a major challenge. These are exciting new frontiers, but important challenges remain as suggested by the targets underlying UN Sustainable Development Goal 3 to “ensure healthy lives and promote well-being for all at all ages”. Universal health coverage
continues to elude many emerging and developing countries. In Europe, poor people are 10 times more likely to report unmet medical needs for financial reasons than rich people. In many advanced and even emerging economies, health budgets are struggling to cope with the simultaneous pressures of an ageing population with multiple chronic diseases, and new high-cost treatments. Many health systems are ill-equipped to capitalise on the opportunities provided by new innovations and technologies. And while health systems across the world are data rich, most are very poor at making use of data to inform policy, practice and patient choices.

The quality of care is also uneven, including for those who need it most. Across the OECD, one in ten patients is adversely affected by preventable errors caused by sub-standard or inappropriate care. And data on seven OECD countries from the Commonwealth Fund shows that at least one in four high-need adults experience poorly coordinated care. More worrying still, high-need adults express low-levels of confidence in the care provided to them: in six OECD countries, more than 10% of high-need adults thought that a mistake had been made in their treatment or care in the previous two years.

These challenges point to an urgent need to recalibrate health systems and put people squarely at their centre. There are three areas for action:

First, we need models of care that deliver what matters to patients. Too often, clinicians deliver what they think is in the interests of patients, rather than listening to what patients want; for example, less intrusive healthcare.

Second, we need to ensure that patients and providers are equipped with the right skills and infrastructure to take advantage of new technologies.

Third, we need to understand better what matters to people in their healthcare experiences and outcomes. The Patient-Reported Indicators Survey (PaRIS) will serve as a “PISA for health”, so that policymakers, providers, and patients can understand how health systems make a difference to people’s lives.

We plan to work with other institutions to systematically survey patient-reported outcomes. We will no longer only assess health system performance on the basis of what they do—for example, the quantity of operations or appointments—but also on whether medical care leads to people being in less pain, more mobile, and in better physical and mental health.

People-centredness means treating people, patients, their loved ones, carers and others with compassion, dignity and respect. It means involving them in decision-making about their health and their care. It means doing things with people, not to them. It means involving people in system design and in policymaking. To deliver the people-centred health systems of tomorrow, we need to change how we provide care and how we measure health systems today.
These changes will position us to achieve health outcomes that matter to people, rather than focusing simply on those that providers can deliver.

Extract adapted from opening remarks to the OECD Policy Forum and Health Ministerial Meeting, People at the Centre: The Future of Health, 16-17 January 2017. The full version is available at http://oe.cd/1Ka

For more on the PaRIS initiative, see http://oe.cd/1K1

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