Covid-19 and Value Based Health Care - Never Let a Serious Crisis go to Waste

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As of this writing, SARS-CoV-2 has spread to every corner of the globe, claimed a million lives, sacked the economy and disrupted our way of life. We did not understand the warnings, and the coronavirus took us by surprise. Healthcare systems were unable to protect the health of the population. While hospitals were saturated with critical patients, remedies applied to contain the epidemy generated severe social and economic costs.

This crisis is not over yet and unfortunately it will not be the last pandemic. We need to be mindful of the additional damage that may come from erroneous interpretations of the causes and from decisions that are not farsighted and based on facts. To provide adequate care to our patients, we hepatologists need to be aware of the larger contest that allowed Sars-CoV-2 to be so disruptive. COVID-19 has seriously affected individuals whose health was already compromised by chronic diseases or by social distress. Indeed, some of the risk factors for severe COVID-19, are also risk factors for liver disease.

Confronted with the COVID-19 stress-tested healthcare systems have shown several weaknesses, chief among them the inequalities in access to the best care. Addressing the social determinants of health is key in a pandemic, as our health is only as good as our most vulnerable neighbor's. Environmental and demographic changes, an ageing population, the increase in chronic illnesses, combined with raising medical costs, and a worldwide economic crisis created the conditions for a perfect storm, but the alarm bell was not heard.

Decision making should be informed by an objective analysis of outcome/cost ratio (i.e. Value) [1], but unfortunately, rather than using Value as a compass in guiding decisions, in the last 15 years, governments focused on cost reduction (i.e. reduction of resources) without accounting for their impact on health outcomes. Health care expenditures were cut hoping that the level of welfare would appear stable in the immediate, while the impact on quality and outcomes would eventually be felt only in the future. The result of this "cut culture", was that the number of inpatient and ICU beds and the number of doctors and nurses fell, and coordination of care with the territory became a luxury commodity [2]. Eventually, the future happened sooner than expected and SARS-CoV-19 exposed the risks of underfunding health care: savings can be quickly overcome resulting in increased medical costs, eventually exacting a disastrous economic toll. Four hundred million jobs were lost worldwide, gross internal products are showing double digits percent decreases.

The "value-based medicine" proposition, redefines the nature of the competition in health care, and for each clinical condition rewards the restoration of the best possible state of health, while controlling for the expense incurred to generate that result. This approach brings the purpose of health care back to its origin (i.e. to maintain or improve the state of health in the broad meaning of WHO), raises the level of protection of citizens, and eliminates waste, without negatively affecting clinical results [1,3]. If the value for the patient increases, everyone has a benefit, and the economic sustainability of health improves [1]. The EU4Health funding will provide considerable resources to reorganize and refinance health services. It is important that we budget to implement the capability to collect patient-relevant and

clinical outcomes and cost data electronically and without effort as the computing capabilities to handle big data are increasing by the day and systematic "measurement and reporting of results is perhaps the single most important step in reforming health care" [1].

Skeptics contend that implementation of value-based health is complex and expensive. In reality, there are several examples of its application around the world and the current diffuse use of electronic medical records will greatly facilitate it [4,5]. Furthermore, the principles we used to respond to the pandemic were value-based.

The response to the crisis showed us that changes can be fast, when informed by reliable real-time data and based on open cooperation. In spite the differences between health-care systems, we discovered an unexpected flexibility and learned to adapt to challenges better and faster. In a matter of weeks, health care delivery changed radically and on a global scale. Hospitals responded with a rapid and unprecedented transformation, rerouting patient trajectories, escalating ICU beds, retraining the workforce. Healthcare workers were constantly fed global and local clinical and epidemiological data. Data sharing, scientific collaborations, approval of clinical trials took place at an unprecedented speed. Telehealth was ready, but there was no payment model for it. Almost overnight, barriers were demolished, new financing models were created, and telehealth proved essential in providing adequate care in a safe manner. Transformative changes were implemented in a matter of weeks! "Now that we know how fast we can change; this is how fast we will always change" [6].

We are going through a global, and intense experiment about how to adjust healthcare delivery to patient demands. It is therefore important to remember that the number of patients affected by the COVID-19 crisis is much larger than that of patients infected by SARS-CoV-2, as the saturation of health services has reduced the ability to care for patients suffering from other serious illnesses, including liver disease. The impact of the crisis on patients with other health conditions is still mostly unaccounted for, but we know that specialty outpatient visits fell by 70%. Transplant activity decreased with reduced waitlist addition and increased removals [7]. The eradication of HCV, a virus that infects about 71 million people and is responsible for around 400 thousand deaths worldwide every year has also slowed down significantly because of COVID-19 [8,9]. The US healthcare sector projects a loss of 350 billion USD by the end of the year [10]. With the current financial models, we may face further dramatic reductions in health care capacity in the near future, unless we move from "Volume" to "Value" i.e. to payments that reward the ability to improve the value of health care at the patient-level.

To respond to the crisis, health care organizations applied the Value Based Care principles: data driven changes implemented around the value for the patient. Now we cannot allow the rubber band to push us back. Let's make these changes irreversible. As Winston Churchill said: "Never let a serious crisis go to waste".

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