



June 30, 2019
Tokyo

Summary Report of Proceedings

The G20 Officials and Industry Round Table on Health & Productivity Management and Value-Based Healthcare took place on June 30, 2019, from 16:00-19:00. The Round Table was hosted by the Nonprofit Organization Kenkokeiei and the Global Health & Human Resources Knowledge Partnership.

The agenda, which includes speakers, is attached as addenda to this Summary Report. Seventy-seven participants from the private and public sectors attended this round table.

The following sections, drafted by Nonprofit Organization Kenkokeiei and the Global Business for Health partnership, provide background, a summary of the proceedings, and next steps.

Background

The health of the population is an essential asset and foundation of economic potential of any society. A lack of financing and access to quality care is preventing many countries around the world from maximizing development potential. The burden of ill health can hinder economic growth. A U.S. Chamber of Commerce study found that 6.5% of GDP is lost globally due to the impact of chronic disease in the workforce.

The Japanese government has strongly emphasized the intrinsic tie between health and the economy, and initiated a high-level dialogue during its presidency of G20. The Japanese government has demonstrated leadership in investment in health for economic growth by enabling dialogue between the public and private sector throughout their G20 presidency and beyond. Japan can encourage subsequent G20 presidencies to continue this conversation and serve as the driver of this discussion.

The *G20 Officials and Industry Round Table on Health and Productivity Management and Value-Based Healthcare* established a platform between members of the G20 Health Working Group and the private sector in advance of the October 2019 G20 Health Ministerial. The meeting was attended by government officials from the United States, Japan, Brazil, China, Saudi Arabia, Germany, Australia and the OECD; as well as private sector experts from G20 countries.

Key discussion points

- A multi-sector, multi-ministry dialogue about good health policy should continue in the G20 context given the importance of health on economic development. As noted in the Declaration of the G20 Meeting of Health Ministers on October 4, 2018, Ministers committed to advancing the 2030 Agenda for Sustainable Development, including the health-related aspects of the



Sustainable Development Goals (SDGs), Universal Health Coverage, and called for Health Systems Strengthening to achieve better access to safe, quality healthcare. We share Japan's goals of ensuring the long-term sustainability of the healthcare system. All life science businesses share the commitment to help accelerate equitable and sustainable progress towards Universal Health Coverage.

- Healthcare should be viewed as an investment in the national and global economy. Good health policy is a driver of economic growth, and the private sector should be viewed as a partner to the government as they reach their healthcare goals. Using new research that estimates the cost benefit analysis of health interventions which improve labor productivity, the private and public sectors will be able to review the return on investment for specific health interventions and determine the most effective public private partnerships for health. To translate this into action, the Japanese government has launched an ambitious health and productivity management initiative.
- Value-based Healthcare (VBHC) is a new approach that can create improved outcomes in health systems, contributing to economic growth. VBHC provides a framework to help reconcile the goals of increasing access to care, of improving patient outcomes including the prevention and treatment of NCDs, and optimizing the use of healthcare resources, thereby helping sustainability. Achievement of VBHC requires transformation of institutional arrangements, incentives, provider payment models, and care delivery approaches.
- VBHC is being implemented globally through pilot projects that demonstrate proof of concept. Experience from the pilots gives insights into broader system or policy changes to drive VBHC to scale and achieve the full benefits of more system-wide application of VBHC. VBHC pilot projects and policy discussions to introduce VBHC approaches are taking place in many G20 economies.
- VBHC focuses on improving patient outcomes in relation to cost. It also emphasizes patient experience with the care process and improvements in quality of life. It achieves such "value" through (a) rigorous implementation of the appropriate care pathway for specific cohorts of patients, including the appropriate use of technology on that pathway; (b) intensive use of data and analytics to define appropriate care pathways and to baseline and track patient outcomes and costs; and (c) developing system incentives (e.g., reimbursement, tendering requirements) that align system stakeholders around accountability for outcomes and support healthcare providers in following the appropriate care pathway and improving patient outcomes in relation to costs.
- In practice, it can be difficult to implement at once all of the components of a VBHC model, because of the need to align stakeholders and alter system operational structures or financial incentives and behavioral change. Often, VBHC implementation proceeds in steps, with one or two of the "core components" – e.g., care pathways, outcomes and costs tracking, financial



incentives – being implemented before the others. Such “partial” or “step-wise” approaches still can realize significant patient and system benefits in both the short and long term.

- The Diabeter model, presented by Diabeter founder Dr. H.J. (Henk) Veeze, began with rigorous implementation of appropriate care pathways for pediatric Type I Diabetes patients. It included development of data and analytics systems and telehealth process to help manage care and to baseline and track patient outcomes and costs. Later, after establishing a track record of outstanding patient outcomes and extensive stakeholder dialogue, a leading health insurance provider agreed to change its payment model to reward good patient outcomes, short and long term, in relation to cost.
- The Goiânia, Brazil, Municipal Healthcare System case, presented by Ms. Fátima Mrué, Municipal Health Secretary, arose from the Municipality’s need to achieve better discipline, governance, and patient outcomes in the use of advanced medical technology for treating pediatric Type I diabetes. With this aim, it created a Multidisciplinary Ambulatory of Continuous Infusion System of Insulin (CISI) to address part of the diabetes care pathway. The Municipality used a public tendering mechanism to procure a “solution” in diabetes management rather than simple acquisition of equipment. The vendor is required to contribute services to support patient management and the model includes tracking patient outcomes with accountability for results.
- VBHC models are appropriate not only for the most advanced and well-financed healthcare systems. Examples, including the models presented in the Round Table, show that value-based approaches are both possible and beneficial to patient and system outcomes in emerging economies. Emerging Economies may have the opportunity to avoid mistakes or structural challenges which may be more entrenched in Advanced Economy healthcare systems.
- It is important to share learning from specific case studies, including “partial” or “step-wise” models, and to accelerate exchange of ideas on policy and system changes that can advance VBHC to realize benefits for patients and health systems.
- In discussing preventative care, this group of knowledge partners have affirmed the value of vaccines to both public health. Participants agreed on the need to develop and deliver new vaccines to counter the growing threat of emerging and re-emerging diseases. G20 members are encouraged to enhance the process for the review and adoption of new vaccines into national immunization programs, expanding access to vaccines by developing more consistent processes to ensure that ministers, medical professionals, patients, and producers are engaged in a regular dialog that provides access to life saving vaccines in a timely manner. We encourage countries to develop and share best practices for comprehensive plans to sustain and enhance public trust in vaccines and to promote the use of vaccines throughout the life-course.



Findings:

The participants:

Noted the Declaration of the G20 Meeting of Health Ministers of October 4, 2018, which reaffirmed the Ministers' commitment to advance the 2030 Agenda for Sustainable Development, including the health-related aspects of the Sustainable Development Goals (SDGs), and called for Health Systems Strengthening to achieve better access to safe, quality healthcare for moving toward Universal Healthcare (UHC);

Recognized that the increasing prevalence of non-communicable diseases (NCDs) and aging population pose challenges to the goal of achieving UHC;

Considered that attaining the SDG 3.4 target, the reduction by one-third of pre-mature mortality from NCDs through prevention and treatment by 2030, and the achievement of UHC necessarily means the commitment of substantial resources, and correspondingly, the need to ensure sustainability in such resource commitment;

Welcomed the Government of Japan's emphasis on the health and economic benefits of maintaining a healthy aging population through its Health & Productivity Management initiative, and agreed that a society's investment in healthcare technology, systems, solutions and innovation drives development of new industries and economic dynamism as well as better health;

Noted and Agreed with the political declaration of the Third High-Level Meeting of the General Assembly on the prevention and control of NCDs that multi-sector and private sector engagement is essential to meet the challenges of NCDs;

Recognized that Value-based Healthcare (VBHC) provides a framework to help reconcile the goals of increasing access to care, of improving patient outcomes including the prevention and treatment of NCDs, and optimizing the use of healthcare resources, thereby helping sustainability;

Accordingly, the Organizers established the Round Table to engage the private sector, health systems stakeholders, and academic experts to review concrete examples of solutions bringing access, value, and improved outcomes and system sustainability among G20 members.

Next Steps:

- This summary of proceedings and key takeaways should be provided to the G20 Health Ministers for consideration in advance of the October 2019 meeting.



- Knowledge partners agree to present G20 Health with a more detailed set of policy suggestions and identify priorities for further dialogue with private sector stakeholders.
- Presentations will be shared by the organizers on a dedicated public platform, www.globalbusinessforhealth.com.
- The meeting organizers and their partners will release original research, commissioned by the Global Initiative on Health and the Economy at the U.S. Chamber of Commerce, focused on the return on investment for healthcare interventions on the margins of the G20 Health Ministerial in October.
- This Round Table should be a launching event for future dialogue with the G20 Healthcare Working Group, as well, as appropriate, in connection with the G20 Health and Finance Ministers meeting and the Health Ministers meetings.

The Round Table was convened with support from:

- Ministry of Economy, Trade and Industry of Japan
- Ministry of Health, Labour and Welfare of Japan
- Keidanren
- B20 Japan
- Global Business Coalition
- U.S. Chamber of Commerce
- The American Chamber of Commerce in Japan

G20 Officials and Industry Round Table on Health and Productivity Management and Value Based Healthcare

Date: Sunday, June 30, 2019
Time: 16:00-19:00 program, 19:00 cocktail reception
Location: "3 x 3 Lab Future" on the 1st floor in Otemon Tower, JX Building
(1-1-2, Otemachi, Chiyoda-ku, Tokyo)

Hosted by: Nonprofit Organization Kenkokeiei, and Global Health and Human Resources Knowledge Partnership

Supported by: Ministry of Economy, Trade and Industry of Japan; Ministry of Health, Labor and Welfare of Japan; KEIDANREN, B20 Japan, Global Business Coalition, US Chamber of Commerce, The American Chamber of Commerce in Japan

MC: Ikuko Iguchi, Expert Adviser, Nonprofit Organization Kenkokeiei

16:00	Opening Remarks <ul style="list-style-type: none">Dr. Yasuhiro Suzuki, Vice-Minister for Health, Chief Medical & Global Health Officer, Ministry of Health, Labor and Welfare
16:05	Introduction Presentation: <ul style="list-style-type: none">Dr. Kunio Okada President, Nonprofit Organization Kenkokeiei
16:20	Keynote Remarks: <ul style="list-style-type: none">Mr. Toshimitsu Fujiki, Director-General for Commerce and Service Industry Policy, Ministry of Economy, Trade, and IndustryMr. Mikio Aoki, Director, Commercialization and Privatization of Public Services, Commerce and Service Industry Policy Group, Ministry of Economy, Trade, and Industry
16:35	Interventions by international experts <ul style="list-style-type: none">Professor Rifat Atun, Harvard School of Public HealthMs. Lisa Tay, Vice President Human Resources, Johnson & Johnson
16:55	Case Study Presentations by Japanese firms <ul style="list-style-type: none">Mr. Naoki Takazaki, Renaissance Inc, Senior Managing DirectorMr. Takumi Matsuzawa, AJINOMOTO CO., Inc. Corporate Executive Officer General Manager Human Resources DeptMr. Takeshi Matsumoto, Mitsubishi Chemical Holdings Co., Inc. Managing Executive Officer, General Manager, Healthcare Strategy Office, Corporate Strategy Div.
17:20	Panel Discussion: Health and Productivity Management and Value Based Healthcare Speakers: <ul style="list-style-type: none">Dr. Henk Veeze, Founder and Medical Director, Diabeter, NetherlandDr. Fatima Mrue, Health Secretary, City of Goiânia, Brazil Moderated by: Mr. James Southwick, Vice President, Global Government Relations, Medtronic and Rapporteur, Professor Rifat Atun
18:15	Round table discussion Moderated by: Professor Rifat Atun
18:45	Q&A session Moderated by: Mr. James Southwick and Professor Rifat Atun
18:55	Closing Remarks <ul style="list-style-type: none">Ms. Erika Elvander, Director of the Office of Asia-Pacific in the Office of Global Affairs at the Department of Health and Human Services and Head of the US delegation
19:00	Cocktail Reception