European Reference Networks Presence and Future A Board of MS / MS perspective

ProMIS Summer School Strategy/Policy workshop 24.06 2022

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ProMIS Summer School 2022 "The internationalisation of health systems: which evolution for the country system?"

Hotel Marechiaro, Lamezia Terme, Italy, 23.-24. June 2022

A kind of disclaimer (1)



- » There is no "View of the Board of Member States"
- » There are 27 MS views + 1 EEA State view (Norway)
- » There are 28 different healthcare systems
 - » Some centralized
 - » Some federal on a county level
 - » Some highly regional
- » Some views are common between most/all MS
- » Some MS expectations are highly diverse
- » ... at the end, this reflects Europe



A kind of disclaimer (2)

- » My attendance in the ProMIS summer school has two main functions:
 - » Invitation as speaker
 - » Participation to listen to your thoughts regarding a new layer in the care for people living with rare diseases: The creation of "National Reference Networks"

Contents



- » Definition of and challenges with rare diseases
- » European Reference Networks
 - » Characteristics
 - » Model (animated graphics)
 - » Activities MS expectations
 - » Activities beyond MS expectations
- » Future challenges and perspectives
 - » Size and sustainability
 - » Integration into national healthcare systems



Definition and challenges of RD

- » Definition criteria:
 - » Prevalence:
 - » Not more than 5 individuals per 10.000 inhabitants in Europe affected
 - » Severity:
 - » A life-threatening or chronically debilitating condition



Definition and challenges of RD

- » Challenges:
 - » Rare diseases are "Orphans"
 - » Limited public and scientific awareness and knowledge
 - » Delayed or lacking or wrong diagnosis
 - » Delayed or insufficient or lacking or wrong care and therapy
 - » Delayed or lacking prevention
 - » Scarcity, fragmentation and isolation of resources
 - » Lack of evidence-based quality guidelines (diagnostics, clinical care)

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ERNs – main characteristics

- » European-wide network consortia of highly specialized medical centres and units collaborating within 24 overarching thematic domains (e.g. "Rare skin diseases")
- » Inclusion of centres specialized in paediatric and adult care
- » Each participating centre is required to provide a multidisciplinary and multiprofessional care approach
- » First example of a structured, legally based collaboration between European Member States in the healthcare sector
- » First and main focus is provision of care to patients

The ERN model

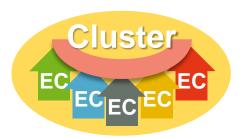


» Centres of Expertise



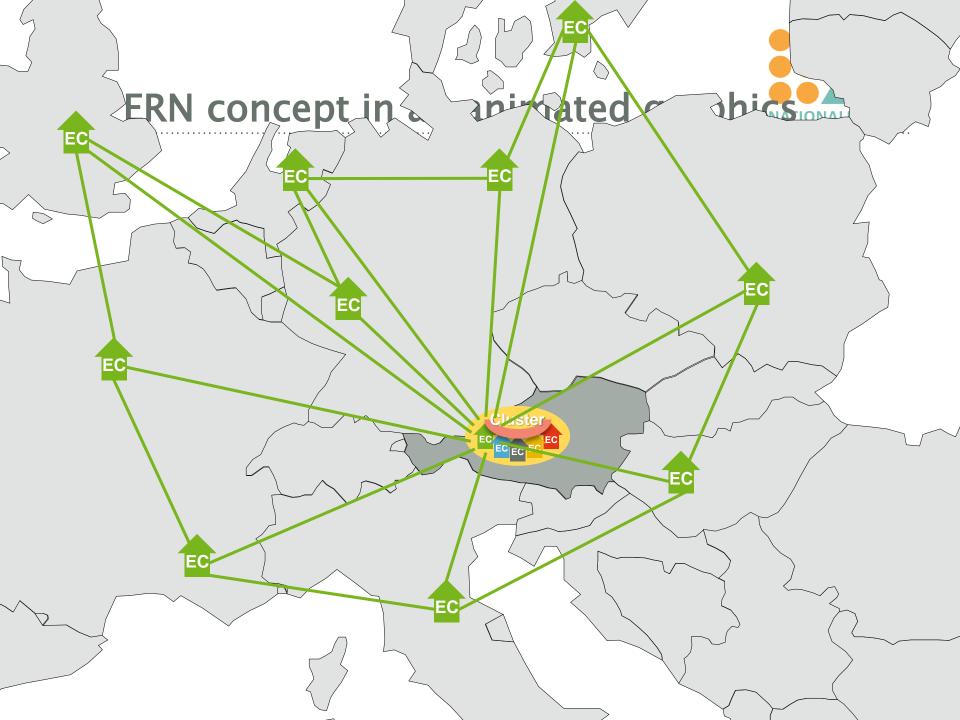


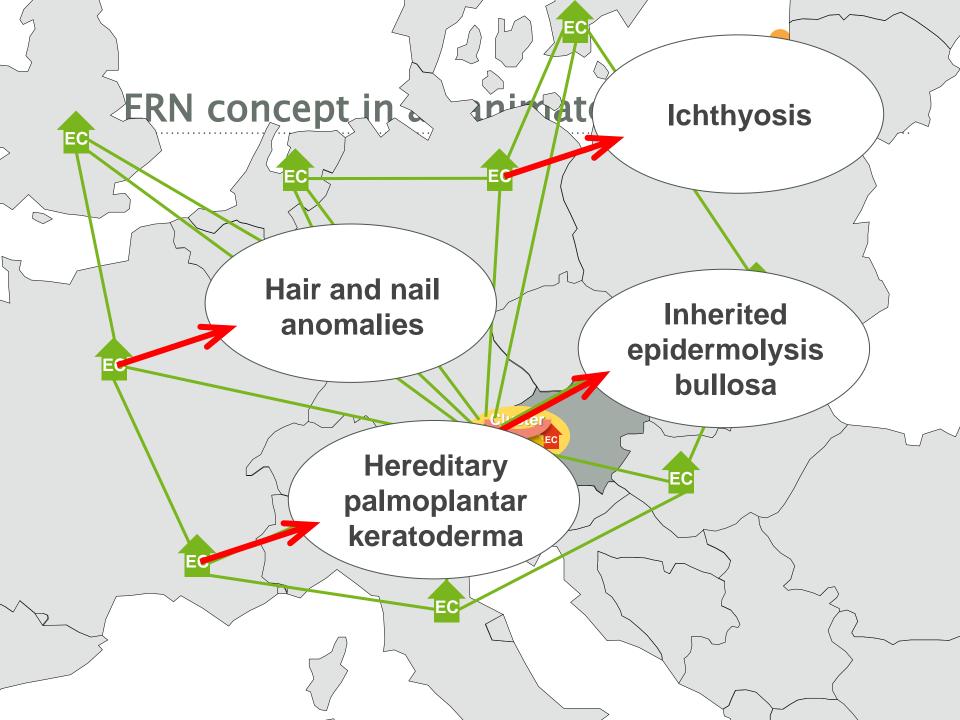


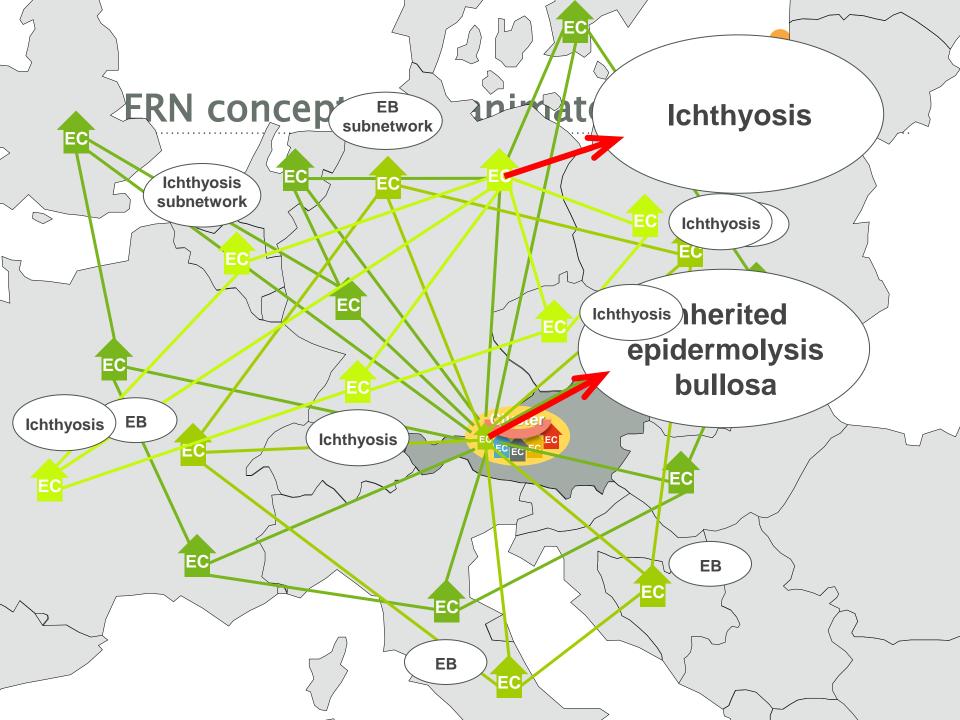


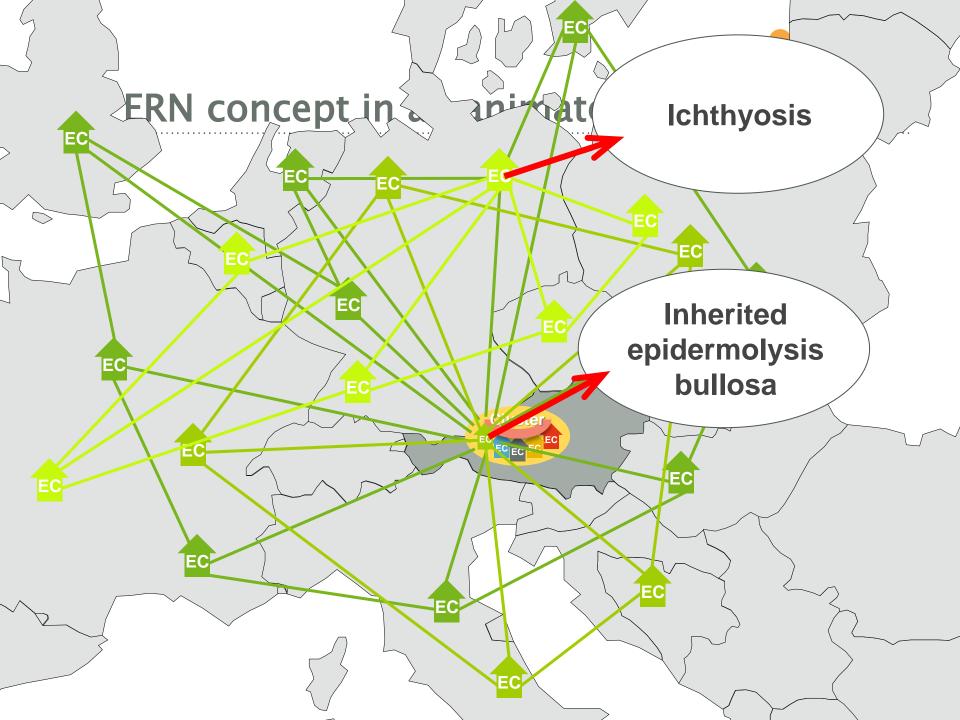
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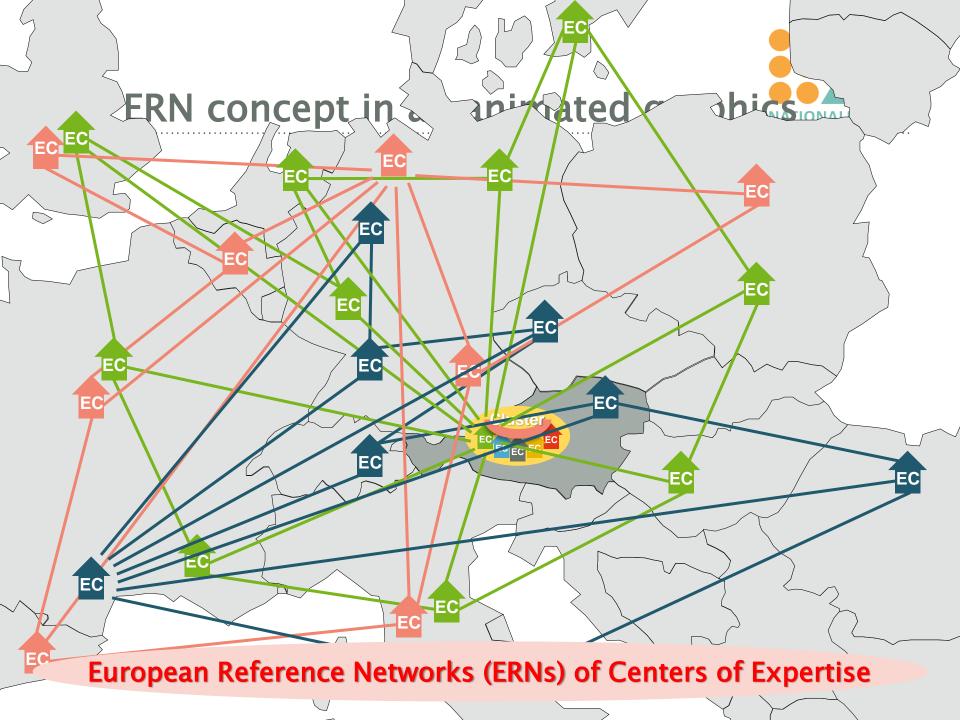


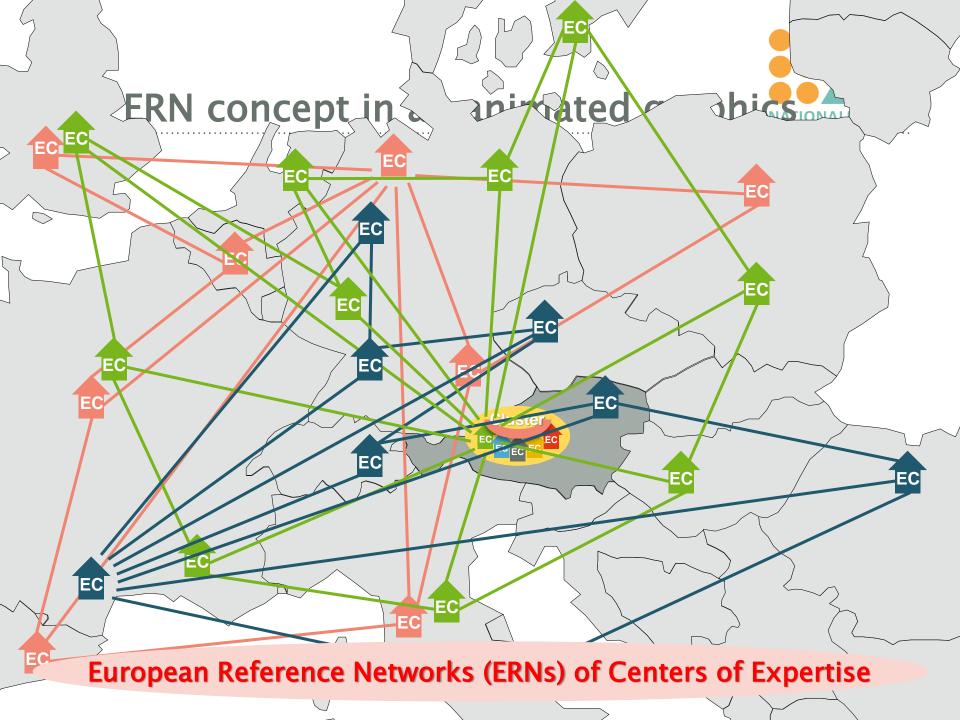








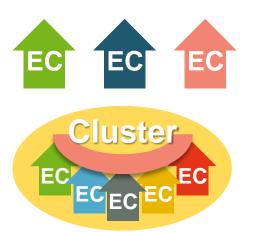




The ERN model



» Centres of Expertise



» Associated National Centres



» European Reference Networks





Activities of ERNs - MS expectations

- » Support or direct provision of care for patients
 - » Virtual consultations (CPMS¹)
 - » Cross-boarder physical care and therapies
- » Generation and expansion of knowledge
 - » ERN registries
 - » Generation and Dissemination of medical evidence
 - » Development of Clinical Practice Guidelines
- » Research
 - » Basic
 - » Preclinical
 - » Clinical
- » ERN-specific education and professional training

¹ Clinical Patient Management System



Activities beyond MS expectations

- » Acute and self-initiated responses to different health crises (supported by the European Commission)
- » Covid-19 pandemic
 - » Launch of a "COVID-19 Clinical Management Support System" by the EC
 - » Production and recording of a live webinar series ("COVID-19 and ERNs")
 - » Support for clinicians and other healthcare professionals at the frontline treating patients with Covid-19
 - » Videos available on the EC website:

https://ec.europa.eu/health/european-reference-networks/events_en?f%5B0%5D=topic_topic%3A140





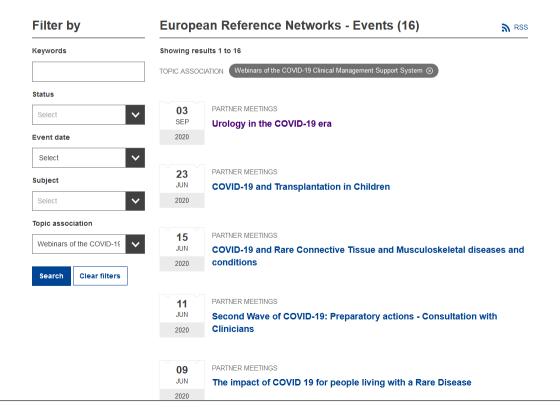


Search

Public Health

European Commission > Public Health > European Reference Networks > Events

European Reference Networks - Events





Activities beyond MS expectations

- » Acute and self-initiated responses to health crises (supported by the European Commission)
- » Support of the Ukraine after the beginning of the Russian war against UA
 - » Immediate reaction
 - » High level of activity
 - » Example slides from the ERN coordinators group (courtesy of Helene Dolfuss, ERN Eye)

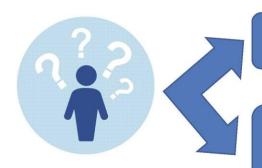
European Reference Networks & UA Crisis

• Immediate global solidarity for Rare Diseases patients :

ERN-CG & ERNs with EC, EURORDIS & EU & UA patient groups, ORPHANET, Learned Societies & Foundations, ECHO, CMHI, WHO, NGOs, ...

HOW CAN ERNs SUPPORT RARE DISEASES PATIENTS from Ukraine?

What are the needs? How can ERNs support rare diseases patients?



Patients in Ukraine

Refugees & displaced Patients

NEEDS



- DIAGNOSIS: elaboration confirmation
- URGENT & MAJOR THERAPIES: rare cancer, dialysis, ...
- SURGERY highly specialzed: transplantations, ...
- THERAPY ADAPTATION / GUIDANCE: epilepsies,...
- MEDICAL EQUIPEMENT: prothesis, ...
- **SPECIFIC DIETS**: metabolic diseases,...
- « PSYCHO » Support: intellectual disability patients, ...
- DRUG ACCESS <u>UNEVEN</u> in the UE : orphan & common

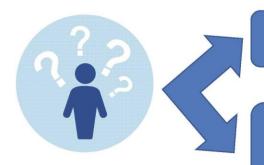
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- » Let's talk about numbers
 - » Percentage Italian FM¹⁾ compared to all EU MS

	FM all MS	FM Italy	% all	FM Austria	% all ²⁾
2017	846	189	22,3	2	0,2
2022	620	154	24,8	6	1,1
Total	1466	343	23,4	8	0,6

¹⁾ FM: Full member

²⁾ Austria has currently further 41 ANC (Associated National Centres)



- » Let's talk about numbers
 - » Percentage Italian ERN-Eye FM¹⁾ compared to all MS

	FM total	FM Italy	% all
2017	28	6	21,4
2022	28	4	14,3
Total	56	10	17,9

¹⁾ FM: Full member



- » Let's talk about numbers
 - » Comparison of the ratio of inhabitants to FM¹⁾

	Inhabitants (million)	ERN FM	Inhabitants per FM	Projection EU (174.636/FM)
EU	447.7	1466	305.389	2564
Italy	59.9	343	174.636	

¹⁾ FM: Full member



- » Let's think about the numbers
 - » The Italian numbers are not a bad thing per se, there are "Pros" and Cons"

» Pros:

- » Well developed centre system in Italy
- » High level of interest from experts
- » High pressure on Health Authorities from experts
- » One aspect is recognition and prestige of experts

» Cons:

- » Rhetorical questions:
 - » Are ERNs with > 2500 members sustainable?
 - » Are ERNs with > 2500 members operational (think of governance, funding, monitoring, evaluation, etc.)?



- » Let's think about the numbers
 - » The Italian numbers are not a bad thing per se, there are "We don't want to loose this

kind of engagement

- » Pros:
 - » Well developed centre system in Italy
 - » High level of interest from experts
 - » High press. Health Authorities from experts
 - » One as We don't want to create any unjustified frustration
- » Cons:
 - » Rhetorical questions:
 - » Are ERNs with > 2500 members sustainable?
 - » Are ERNs with > 2500 members operational (think of governance, funding, monitoring, evaluation, etc.)?

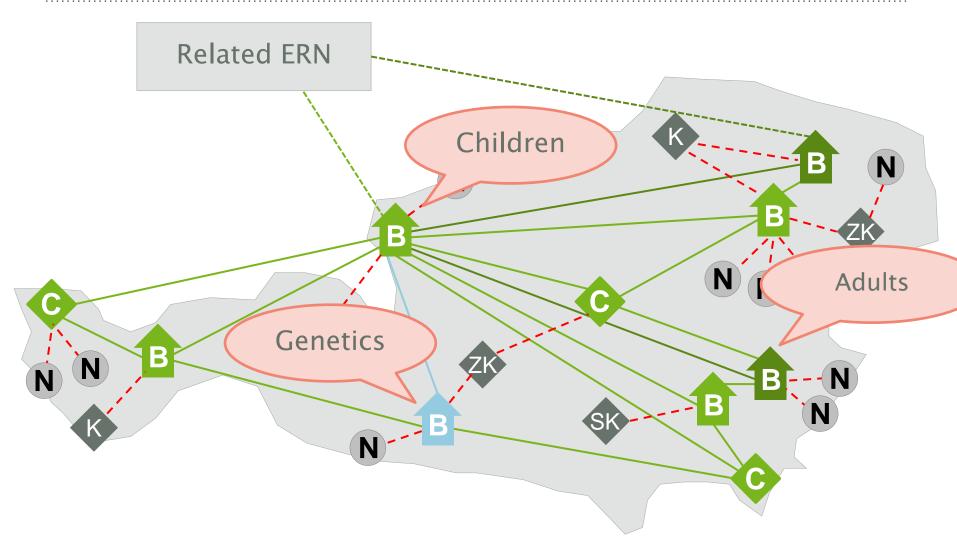


» Challenge:

- » How to keep the experts in the system while simultaneously reducing the size of the ERNs?
- » One potential solution:
 - » Creation of National Reference Networks (NRNs) adopting the example of ERNs on the national level
 - » knetorical questions:
 - » Are ERNs with > 2500 members sustainable?
 - » Are ERNs with > 2500 members operational (think of governance, funding, monitoring, evaluation, etc.)?



NRNs - first conceptual thoughts

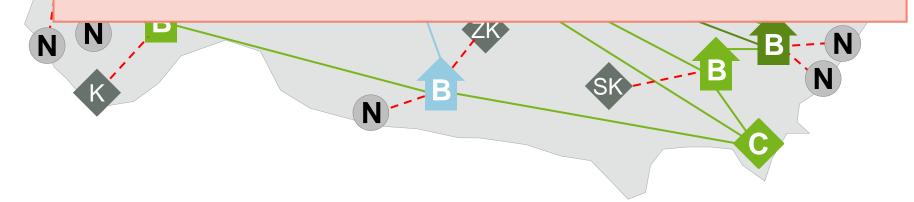




NRNs – first conceptual thoughts

Related ERN

» Better integration of ERNs into national healthcare systems





Joint action on integration

Working areas

- » Governance framework for national integration
 - National reference networks
 - » National coordination office for the integration
 - » National data governance models
- » Patient care pathways
 - » Adoption/Adaption ERN Clinical Practice Guidelines
- » Referral systems to ERNs
- » Education and national awareness raising on ERNs
- » Sustainability of the ERN model at the national level

Summary



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