EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT

10 NOVEMBER 2014, 10:00-17:00

BRUSSELS
CHAIR: SWEDEN AND THE EUROPEAN COMMISSION
VENUE: CENTRE CONFERENCE ALBERT BORSCHETTE
ROOM: AB 0B

MINUTES

Participants: Bulgaria, Denmark, Germany, Czech Republic, Estonia, Cyprus, Italy, Croatia, France, Spain, Latvia, Greece, Lithuania, Hungary, Malta, Netherlands, Austria, Poland, Portugal, Romania, Sweden, Finland, Slovakia, Slovenia, Norway, United Kingdom, OECD, European Observatory on Health Systems and Policies, European Commission

1. Opening of the meeting

The European Commission asked the members to introduce themselves and also put forward the question to each Member State of what they hope to get out of the group. There was a wide plethora of answers given, but certain main themes were identified which are as follows:

- To have more discussion on national approaches in order to learn from one another and potentially integrate different methodologies and tools within their own MS.
- In the process of having greater transparency, to discuss different experiences on how to present results from Health Systems Performance Assessment (HSPA).
- To provide solid ground for designing and implementing reforms of the health system.
- To be able to compare different indicators.
- To initiate an EU wide action on HSPA.
- To avoid duplication of already existing initiatives.
- To discuss fiscal sustainability of health systems.
- To find ways to support decision makers.
- To discuss integrated care in relation to HSPA.
- To discuss health outcomes and effectiveness.
- To discuss the concept of equity in relation to HSPA.
- To discuss the possibility to be able to identify different benchmarks.
To discuss the issue of “policy uses and abuses” of HSPA.

2. Introduction of HSPA

Sweden, as the co-chair, made a short presentation on the topic of Health Systems Performance Assessment (HSPA), and presented the aims and objectives of the group for their 1st meeting:

- Develop a common understanding of HSPA
- Adopt the rules of procedure for our work
- Establish a draft of a work plan and agree future priorities of the group

Sweden continued with commenting on the history of HSPA. One of the first pioneers was Florence Nightingale (1886) which highlighted the importance of presenting the different indicators in a readable manner as to allowing policy makers to use the results of different exercises of monitoring into policy making. In that, one highlighted that HSPA is not only about collecting data but also to be able to read and understand the reports in order to improve patient safety as well as quality and safety of health care.

The aims of HSPA were presented as follows:

- Safe and equal health care of high quality for patients
- Sustainable health care systems

A few experiences from Sweden were presented:

- Yearly reports comparing aspects of the whole health care system.
- Thematic reporting: for example stroke care
- Publicly published and transparent comparisons among Swedish regions, hospitals and different population groups have contributed to reduced regional variations as well improved care in a number of areas

Finally, one concluded with presenting the recommendations for action which were established in the terms of reference for the expert group the 15th of July 2014.

- Bring the issue of HSPA high on the EU policy agenda.
- Use HSPA for policymaking, accountability and transparency.
- Streamline the debate on the theoretical HSPA framework and facilitate consensus.
- Focus on specific topics which are a priority for the Member States and for the EU policy agenda.

3. Rules of procedure

The group thereafter discussed the rules of procedure; members of the group had the following remarks:

- It should be clearly stipulated in the rules of procedure that the expert group has its basis in the decision by the Council Working Party on Public Health at Senior Level in their meeting on the 15th of July 2014, to develop the terms of reference (ToR) for an Expert Group on Health Systems Performance Assessment.
o The rules of procedure should clarify that the participation in the group is voluntary and that every decision taken by the group should be made through consensus.

o Member States in the expert group may decide to invite international organisations to part of their meetings or to the whole of them, and conversely to have more restricted sessions.

4. Presentation by Dr. Ellen Nolte from the European Observatory on Health Systems and Policies on "HSPA: Goals, Tools, and State of the art"

Dr. Ellen Nolte complemented the initial presentation by the chair. The following text is a non-exhaustive summary of the presentation:

The presentation began by putting forward the following topics:

- Why HSPA,
- Frameworks
- What to measure
- Interpreting performance measures

This was followed with a background on HSPA:

- Florence nightingale (1886)
- E.A. Codman (1917) "A study in Hospital Efficiency"
- The third revolution in health care (Relman 1988)
  - Need for cost containment
  - Accelerated advances in medical technology provide potential for new methods of delivering and organising healthcare
  - Evidence of variations in use of services
  - Evidence of medical errors and of inadequacies in the quality of care
- To Err is Human, (IOM, 1999): 44000 to 98000 would die because of malpractice every year in hospitals the USA
- Rising public expectations
  - Accountability and transparency
  - Demand value for money
  - Increasing access to information new electronic media
  - Rising awareness of medical errors
  - Financial transparency
  - Increasing willingness to litigate and advocate
  - Progress in information technology.

The presentation then went on to different challenges with regards to HSPA:

- It is important to identify the context in which the data is gathered.
- A country may have poorer performance with regards to the treatment of a disease, but this may be due to different reasons (for instance to very low prevalence of the disease in the country).
- There are different levels to the system: Micro, Meso (organisational) and Macro.
- Definition of performance and of the key objectives of the health system:
  - Health conferred on citizens
  - Responsiveness to the legitimate expectations of the population
  - Protection against the financial risk of illness
Productivity i.e. the extent to which resources are used efficiently

- Conceptual problem of defining the framework and in that also establish the boundaries of the health system what should be in and what should be out:
  - WHO 2000
  - OECD 2001
  - Donabedian
  - Commonwealth fund

- Variation in information needs:
  - Government need to monitor population health, whole set of data requirements
  - Citizens need available services and that taxes are actually used and have value for money how we perform compare to other countries. Overlaps might exist.
  - Link between measures of input/process of care and health outcomes
  - Not all outcomes valued by society measurable
  - Availability and comparability of data
  - Appropriateness of available data: are we measuring what is important, not just what is available?

Concluding remarks:

- The interpretation of data is highly dependent on the context.
- HSPA is not an end it is a mean which is often forgotten. What measure do we use and how much of a cost does the HSPA exercise divert from other areas. For HSPA to function well there is a need of effective financing and other accountability arrangements.

5. Presentation on "overview of existing HSPA actions and initiatives at EU level".

- The Commission presented the main actors in the EU context:
  - The main actors within the Commission regarding were presented as follows
    - DG SANCO, DG EMPL, DG ECFIN, DG RTD.
    - Expert group on HSPA.

- Presentation of the main data collection initiatives where EUROSTAT is the main data provider:
  - The system of health accounts (SHA)
  - European Union Statistics on Income and Living Conditions (EU-SILC)
  - Classification of the Functions of Government (COFOG)
  - European health interview survey (EHIS)
  - European system of integrated social protection statistics (ESSPROS)

- DG SANCO initiatives:
  - Heidi data tool, ECHI indicators
  - Health at a glance Europe (New edition Dec. 2014)
  - Reflection process on health systems
- Expert Group on HSPA
  - Sub-group 5 on "On effective, accessible and resilient health systems":
    - Definition of possible criteria for selecting priority areas (submitted to the Expert panel on investing in health for its opinion).
    - Review of HSPA initiatives.
    - Recommendations for follow up, including the establishment of an expert group on HSPA
  - DG EMPL:
    - Secretariat of the Social Protection Committee
    - Peer review on HSPA
    - Joint Assessment Framework (JAF) on health, in its pilot phase
  - DG ECFIN:
    - Sustainability and efficiency of health systems:
      - Two step approach:
        • Identify the extent to which there is a fiscal sustainability challenges
        • Establish the nature of the challenge and define solutions.
      - Using the dimensions of hospital care, ambulatory care, pharmaceutical spending, admin spending.
  - DG RTD:
    - Research projects (e.g. Euroreach, ECHO, etc.)
  - Commission Communication on effective, accessible and resilient health systems, which includes invitations to work more on HSPA.

6. Presentation of CIRCABC tool

The Commission presented CIRCABC, a web-based ICT platform for the group.

7. Introduction to group discussion

  - Sweden introduced the following points for discussion:

    1. **Suggestions of aspects of learning** and exchange of experiences that could be included in future meetings (e.g. country specific experiences, method aspects etc.)
    2. **Possible prioritised areas** for comparisons among EU countries.
    3. **How could HSPA best support policymakers** at 1) national level and 2) EU-level? (identification of current barriers, possible ways for improved communication)
Some discussion took place on the opportunity to define or adopt a conceptual framework for HSPA. The group concluded that the OECD (2001) framework can be used as a reference, at least provisionally in this first phase. A further, deeper discussion on the framework may take place in future meetings, if the group members wish so.

8. Sum up of group discussion

- The participants were divided into 5 groups and were asked to discuss the questions presented by the chair. Thereafter, each group presented their main reflections for each of the questions.

- The following paragraphs summarise the discussions which took place in the sub-groups and should not be considered as conclusions of the Expert Group.

- Question 1: **Suggestions of aspects of learning** and exchange of experiences that could be included in future meetings (e.g. country specific experiences, method aspects etc.)

  1. Reporting, how one may present the different topics to a wider audience.
  2. Use of HSPA at national, regional, and local levels.
  3. Use of HSPA for making decisions and policies.
  4. Use of HSPA for policy evaluation
  5. Standard of care/regulation (learning from experience)
  6. HSPA impact on quality of care or adverse effect (e.g. gaming, case selection, opportunistic adverse effects, etc.)
  7. Methodology (e.g. standardisation, case definition, etc.)
  8. Transparency initiatives in general when it comes to reporting and monitoring in relation to HSPA.
  9. Use of quality indicators for management purposes at meso level, as well as quality indicators on management of the provision of the whole health system.
  10. Mapping of national HSPA approaches with regards to policy relevance and visibility.
  11. How to understand efficiency of screening and early treatment of cancer as well as the treatment of cancer in general.
  12. Share of experience from countries that are indifferent phases of the HSPA process (no experience, first report, consolidated experience).
  13. Impact on the media and how can we use the media for putting HSPA to the forefront
  14. Knowledge transfer: how to reach your audience?

- Question 2: **Possible prioritised areas** for comparisons among EU countries.

The five groups proposed the following areas as possible priorities to start work on:

  1. Integrated care (how to define it, what types of indicators are available and how these can be developed?);
  2. Access to health care and equity;
3. Primary care, including its relation to avoidable hospitalisation and its importance to avoid exacerbation of disease (e.g. vaccination and gatekeeping as proxies of primary care and other indirect measurement of primary care could be discussed);
4. Health outcomes / effectiveness;
5. Patient satisfaction and patient experience (including satisfaction measurements of expectation on responsiveness);
6. Chronic diseases’ management (e.g. diabetic care);
7. Quality of care (authorisation, remuneration, responsiveness, certification).

Moreover, the following comments were made:
- Different ways of defining a priority area: by disease/treatment, by dimension/domain, or a mix of them.
- Tools that already exist in terms of comparison should be identified and in that establish a minimum level toolbox where one look at similarities and cover a wide range of the main topics which can be expanded to other dimensions.
- How to interpret variations in selected indicators (number of consultations, pharmaceuticals, avoidable admissions) between and within countries.
- Focus on health or healthcare systems performance assessment?
- Monitoring and measurement of the variability of evidence-based indicators (hip fracture surgery/PCI for AMI/primary cesarean sections, etc.) rather than generic “hospital admission….length of stay”
- Liaison with professional bodies (scientific societies…)

0 Question 3. How could HSPA best support policymakers at 1) national level and 2) EU-level? (identification of current barriers, possible ways for improved communication)

1. Use of HSPA at EU level, with active involvement of EPSCO in this area.
2. Possibly, the Trio Presidency can take on-board a small subset of priority topics on their agenda.
3. Discuss how one performs the best knowledge transfer: How do we present data and to which audience.
4. Benchmarking and target setting as good process to trigger action at country level.
5. Share best practice on the use and interpretation of data.
6. Sometimes indicators are too complex for policy making: how to make the indicators more approachable?
7. What kind of HSPA will bring about change?
8. Should HSPA reports include policy recommendations?
9. Avoid subjective measures.
10. Put in place a common repository where one share best practices as well as excellent case studies.
11. Focus on indicators on the sustainability and viability of clear evidence based interventions.
12. Use HSPA to support workforce planning, including education and mobility.
9. Next steps

The next meeting will be held on Friday the 6\textsuperscript{th} of February in Stockholm. In that occasion the chairs will propose a tentative work-plan to the expert group.

Subsequently, in 2015 there will be three other meetings in Brussels: on 5 May (Tuesday), 22 September (Tuesday), December (date to define)