



**EUROPEAN COMMISSION**  
HEALTH & FOOD SAFETY DIRECTORATE-GENERAL

Health systems, medical products and innovation  
**Performance of national health systems**

**EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT**  
**8<sup>TH</sup> MEETING**

**14 DECEMBER 2016, 09:30-16:30**

**VENUE: FESTSAAL, FEDERAL MINISTRY OF HEALTH AND WOMEN'S AFFAIRS**  
**(ÖSTERREICHISCHES BUNDESMINISTERIUM FÜR GESUNDHEIT UND FRAUEN)**  
**RADETZKYSTRASSE 2, A-1030 VIENNA, AUSTRIA**

**MINUTES**

Participants: Austria, Belgium, Croatia, Cyprus, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Slovakia, Slovenia, Spain, Sweden, UK, European Observatory, OECD, WHO Europe, European Commission.

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**1. OPENING OF THE MEETING**

Dr Clemens Martin Auer (Director General in the Austrian Ministry of Health and Women's Affairs) made an opening speech. He presented the Austrian model of healthcare system management by targets, which strongly relies on a principle of transparency towards the citizens.

Dr Auer highlighted the importance of developing sound work on HSPA in Europe, and in particular of the topics the group is currently working on: integrated care and primary care. He then stressed the opportunity to link HSPA findings to the overall policy-making process.

The Chair thanked Dr Auer for his introduction, welcomed the experts and presented the meeting's agenda, which was approved by the expert group.

**2. DISCUSSION ON THE DRAFT REPORT ON INTEGRATED CARE**

Filip Domański (DG SANTE) presented the general structure of the report, its introductory chapters and annexes.

Andrea Pavličková (B3 Action Group of the European Innovative Partnership on Active and Health Ageing) presented part A of the report on success factors and transferable elements of integrated care implementation.

Ellen Nolte (the European Observatory on Health Systems and Policies) presented part B of the report, based on the findings of the policy focus group on performance assessment of integrated care that took place on the 22<sup>nd</sup> of September, 2016.

In the following debate, experts did not have any comment on the general structure on the report, the introductory chapters and the annexes. Some experts suggested including in the report additional practices of integration of care, and discussed the nature of the Maturity Model, a self-assessment tool of the readiness of health care systems to integrate, including the relative importance of domains identified in the model and its possible use for comparing experiences. The speaker pointed out that the maturity model was prepared and tested on the basis of various integrated care initiatives; the selected domains are those which turned out as the most important for integrating care in case of different projects. It was pointed out that including the Maturity Model with its success factors in the report does not mean that the Expert Group endorse this model as a recommendation by the Expert Group.

Some experts pointed at the lack of a clear linkage between parts A and B of the report. There is also a need for a clear narrative on why the expert group choose integrated care as priority area. It was suggested to come up with precise conclusions to support policy-makers in achieving tangible results.

Some experts also pointed out that the report does not make proposals for indicator development, neither does it point to areas in which indicator development could be useful, while this could be done based on this report. This work could be taken up by the expert group after the publication of the report.

Experts highlighted the difference between the previous report on quality of care and the draft on integrated care: in the former case assessment techniques are well developed so the question was how to use results of assessment for policy making. On the other hand, assessing integrated care is less advanced, therefore the current analysis focus also on the creation of innovative assessing tools.

The Chair concluded that members of the expert group are asked to send written comments on the report not later than 15<sup>th</sup> January 2017. The Secretariat will take on board also current discussion and modify the draft accordingly. The Chair intends to present a revised and consolidated version of the report to the WPPHSL on the 3<sup>rd</sup> of February.

### **3. DISCUSSION ON PRIORITY AREAS AFTER 2017**

Federico Paoli (DG SANTE) presented an orientation note on priority areas and working methods after 2017, as agreed during the meeting on the 23<sup>rd</sup> of September. The note provided

hints to discuss on possible topics to tackle after the ongoing work on the assessment of primary care.

It also presented the working methods of the expert group, as they have developed so far; in fact the group is working along four main strands of activities: an annual cycle of work on priority areas (e.g. quality of care, integrated care, primary care), a regular sharing of country experiences, tailored activities at country level (e.g. seminars in Rome in April and in Ljubljana in September), and HSPA advocacy.

During the discussion, experts pointed on the need to find a clear agreement on the criteria that should be applied to define future priority areas. Proposed examples are: policy relevance of the topics, feasibility of its analysis (how many countries have experience in the topic), and added value compared to work being done by other international organisations. Experts also supported the organisation of policy focus groups to better understand the results of performance assessments.

Possible topics suggested by the experts, in addition to those presented in the paper, were: the use of HSPA results; health care effectiveness; health care digitalisation; relations between financial sustainability and access, quality and equity of care; value-based health care; transition from a disease-related approach to positive health care; access to pharmaceuticals; disease prevention, and the role of HSPA in national health policy making.

The Chair concluded that a short document summarising today's discussion will be presented at the meeting of the Council Working Group on Public Health at senior level (WPPHSL) on the 3<sup>rd</sup> of February 2017, to ask for strategic guidance.

#### **4. UPDATES ON THE WORK ON PRIMARY CARE**

Michael Van Den Berg (RIVM, Netherlands) presented the work of the sub-group on primary care and its future plans. The sub-group plans a teleconference in early January, to finalise a questionnaire on primary care that will be sent to the members of the expert group between January and February to collect national experiences in assessing primary care. Meanwhile the sub-group will consider how to review existing primary care experiences across Europe, using available secondary information.

The experts agreed to rely on the definition of primary care provided by the expert panel on effective ways of investing in health, which builds on the historical Alma-Ata Declaration. The sub-group will discuss the possibility to activate the expert panel to input in their work.

#### **5. NATIONAL EXPERIENCES**

Eva Kernstock (GÖG, Austria) presented actions for the evaluation and assessment of integrated care initiatives in Austria. In a complex and fragmented health sector, integrated

care initiatives are carried out by various stakeholders at various levels (e.g. public sickness funds, authorities/ governments at local, regional, national level). Within the “Austrian Health Care Reform 2013-2016” integrated care was a key component; GÖG evaluated integrated care initiatives and concluded (inter alia) that measurable project goals are crucial for significant evaluation-reports and the evaluation of IC programmes need to be based on approved standards for evaluation.

Dušan Jošar (Ministry of Health, Slovenia) provided a feedback from the workshop on the assessment quality of care that took place in Ljubljana in September 2016. Works on quality assessment in Slovenia date back to 1999 but the first results appeared in 2006. Five years later the systems was modified. The participation to the expert group on HSPA provided positive inputs to improve the way the health care is assessed.

During the following discussion experts asked for more detailed information on specific points presented by the speakers. The Secretariat expressed its availability and willingness to support logistically and financially other country-tailored events, such as workshops, seminars and policy dialogues according to the specific need of the country which makes the request.

## **6. UPDATE ON THE OECD ACTIVITIES**

Federico Paoli (DG SANTE) presented the latest publication Health at a Glance: Europe 2016 which is a part of joint work of the European Commission, the OECD, and the European Observatory on Health Systems and Policies labelled "State of Health in the EU Cycle".

Niek Klazinga (OECD) presented the last developments of the work on healthcare quality indicators and in particular on the recent project on the measurement of patient safety. He asked the group to comment on the list of indicators identified, and the secretariat to provide contacts in EU member states not OECD members

During the following discussion it was noted that this work might have a direct interest for the Commission expert group on health information (EGHI). The Chair agreed that, even if the EGHI and the HSPA expert group have clearly distinct mandates, it would be useful for the two expert groups to have a joint session and discuss possible synergy on issue of common interest.

## **7. COMMUNICATING AND PRESENTING HSPA FINDINGS**

Federico Paoli (DG SANTE) presented a reviewed version of the policy paper on communicating and presenting HSPA findings, which takes on board the results of last meeting's discussion. This paper, addressed to policy makers who are engaged with HSPA, presents practical tips and advices to effectively report and communicate the findings of their assessment.

Experts positively acknowledged the paper and asked to complete it with real life examples to support the messages, and with a list of references. The final version will be presented to WPPHSL on 3<sup>rd</sup> February 2017.

## **8. AMENDMENTS OF THE RULES OF PROCEDURE**

The Chair proposed an amendment to the Rules of Procedure, as agreed at the last meeting in September. The rationale of the new proposed article is to ensure more transparency in the appointment of the Chair of the expert group. In addition, it was proposed that Member States' co-Chair should act as the link between the expert group and the WPPHSL.

The expert group approved the proposed amendment; the WPPHSL will be asked to endorse the amended Rules of Procedure on the 3<sup>rd</sup> February 2017.

## **9. CONCLUSIONS OF THE MEETING AND AOB**

Federico Paoli (DG SANTE) informed the expert group about the renewal of the Expert Panel on effective ways of investing in health and presented the list of its current members.

The next meeting of the expert group will take place in Brussels, tentatively on the 24<sup>th</sup> of March, 2017.