



**Subject: Draft Summary Record of the meeting of the Experts Group in Health Information (EGHI), 6 June 2012, Luxembourg**

## **PART 1 OF THE MEETING**

### **1. WELCOME AND ADOPTION OF THE DRAFT AGENDA**

The Chair, Stefan Schreck, the Head of the Health Information Unit (Unit C2) in DG Health and Consumers (SANCO) welcomed the participants. He reminded the participants about the rules and rights on protection of personal data; those participants not wishing their name to be published in the list of participants should inform the Commission.

Mr Schreck explained that the meeting would be divided in two parts: the first part would be the traditional EGHI meeting, whereas the second part would cover the issues related to Heidi wiki, including the matters of the Advisory Board.

The agenda was adopted as proposed.

### **2. MINUTES OF THE PREVIOUS MEETING**

A comment was received from WHO regarding the point 6.6. in the minutes of the meeting of 8 December 2011: "*draft of a new European health report 2012*" should be corrected to read "*draft of the executive summary of a new European health report 2012*". The revised minutes will be circulated to participants and will be placed on the Commission website at:

[http://ec.europa.eu/health/strategy/events/ev\\_20111208\\_en.htm](http://ec.europa.eu/health/strategy/events/ev_20111208_en.htm)

### **3. COORDINATED HEALTH INFORMATION SYSTEM**

Implementation of EC-WHO Roadmap "Modernizing and integrating the public health information system": state of play and next steps

Claudia Stein, Director of the Division of Information, Evidence, Research and Innovation in the WHO Regional Office for Europe (WHO-EURO), presented the single integrated health information system for Europe, for which the WHO-EURO and the Commission agreed a Roadmap in 2011 covering 53 Member States of the WHO-EURO (presentation distributed together with the minutes). Ms Stein invited all Member States to give their views in particular on the following questions: Where do you see the main advantages and benefits of this system? Where do you

see the challenges and threats? How far should a common platform go – a ‘one-stop-shop’?

In practice, the WHO-EURO and SANCO have produced a mapping of health information sources and databases together with quality criteria. OECD and Eurostat both expressed interest in becoming involved in the mapping exercise.

#### Debrief from the meeting on 5 June between the Commission, WHO and OECD

Mr Schreck then debriefed the participants about the meeting that had taken place on 5 June between the Commission (SANCO and Eurostat), the WHO-EURO and the OECD. All three organisations felt that the EGHI would be an appropriate platform and sounding board for discussion and feedback on the plans of the organisations in the area of health information. The EGHI meetings would allow discussion on the health information system as a whole, not only on separate activities of the organisations. The idea would be to organise a similar meeting between the Commission, WHO-EURO and OECD before each EGHI meeting and devote time for debriefing and discussion.

WHO stressed that this type of sounding board would offer a departure from previous practice, as often agreements are made at political level but are not necessarily followed up at the operational level.

OECD pointed out that the organisation is there to serve the needs of its Member States. Data linkage is an area where international cooperation can add value. Ideas from Member States are needed to reduce overlap and to inform about national data gaps. Eurostat confirmed that increased cooperation fits well with the current process of modernisation of social statistics, where emphasis is on reducing administrative burden of data collection.

Mr Schreck stressed that the aim of this cooperation is not to harmonise health information systems of the EU Member States and that it would not affect the decision-making processes and rules of the involved organisations.

The participants agreed to have a point on this issue in each EGHI meeting.

In the discussion, the participants made the following remarks:

- The participants welcomed the initiative. Further coordination was seen useful as it may reduce the number of indicators and duplication and provide efficiency. However, the process should not over-promise things that cannot be delivered, as for example hospital discharge data poses difficulties in all Member States.
- Concrete joint work between WHO-EURO, the OECD and the Commission is already taking place, for example in the joint questionnaire within the System of Health Accounts (SHA).
- Particularly in health information, there is a common problem of bringing in all relevant agencies, Ministries or departments involved in data collection/production at national level. It would be useful if the Member States could share good practice in ensuring cooperation between the different players. Possible solutions could be:
  - Setting up a joint mailing list to keep everyone involved;

- Organising meetings in all Member States with all different data providers, agenda set by the international organisations;
- The Commission should provide further advance notice of issues to be discussed so that internal coordination could be done at national level.
- Health information projects which have produced relevant data should be kept alive and integrated into the process; for example the end of the ECHI should become the beginning of a new strategy.
- As the financial crisis has made it more difficult to achieve political agreement for health information projects, the solution could be to link health information more closely to policies.

Mr Schreck commented that the Commission was facing exactly the same issue as regards the connection between data and policy, and therefore the Commission's proposal for the next Health Programme reflected closer linkage between policy and supporting data and evidence. Mr Schreck assured that the Commission would not lose sight of the projects in the mapping exercise.

#### OECD, ESTAT and WHO joint data collections

Gaetan Lafortune from OECD Health Division presented the joint data collections of health statistics between OECD, Eurostat and WHO (presentation distributed together with the minutes). He mentioned that the 2013 joint questionnaire on non-monetary health care statistics will expand to cover health care activities on ambulatory care, hospital care and procedures.

In the discussion, the following remarks were made:

- Also causes of death statistics have been shared for a long time; in addition hospital discharge data would be a good candidate for sharing.
- Joint data collection serves as a benchmark to stimulate countries lagging behind to improve their information systems.
- There was a request to the international organisations to circulate the joint questionnaires widely in the countries, as there can be internal issues with information flow. The reply was that this would be difficult, as the international organisations have to respect the sovereignty of their Member States in setting up the data delivery and nominating the contact persons. Mr Schreck proposed to put this on the agenda as a discussion point of the next EGHI meeting.

#### **Follow-up actions for Point 3 "Coordinated health information system:**

- ➔ The Commission will circulate to EGHI the results of the mapping exercise between SANCO and WHO-EURO.
- ➔ Each EGHI meeting will have a point on coordination of health information work. For the next meeting, the Commission will establish a sub-agenda on this point together with WHO-EURO and OECD, setting up questions to be discussed and will send it earlier to the EGHI to prepare for discussion.

➔ SANCO will look into possibilities of facilitating coordination between the Member States, for example by a common mailing list. This point will be discussed in the next EGHI meeting.

#### 4. UPDATES ON ONGOING HEALTH INFORMATION WORK

##### 4.1. Updates from SANCO and discussion:

###### Studies to follow the implementation of EU health policies in the Member States (written information)

A written information note was circulated on this study launched by DG SANCO (Unit D1 –Strategy and International) through a call for tender. Stefan Schreck underlined that the study did not aim to measure health outcomes at population level, but the up-take of EU policies at the national level. The Commission will keep the EGHI informed of the study.

###### European Community Health Indicators (ECHI), including state of play of the "Evaluation of the use and impact of indicators developed by the Joint Action ECHIM"

A short update was provided on next steps for ECHIM as the Joint Action is ending at the end of June 2012. The ECHIM's work is underway to prepare their final report. SANCO is setting up an evaluation of the indicator work as a whole.

###### Joint Action on Monitoring of Injuries in Europe (JAMIE)

The full data set (FDS) and minimum data set (MDS) are now ready for use, with data presented in the IDB which is hosted in the HEIDI wiki.

###### European Health and Life Expectancy Information System (EHLEIS)

Sigurlaug Hauksdottir from the DG SANCO Health Information Unit (C2) gave an overview of the state of play of these Joint Actions (the presentation is distributed together with the minutes).

###### European Health Examination Survey (EHES)

Elvira Goebel from the DG SANCO Health Information Unit (C2) informed the participants about the EHES Joint Action and the tender, the outcomes of which were presented in March 2012 in a final conference. As regards the future of EHES, the Commission has underlined that it cannot set up a full scale EHES on its own, as it would depend on the request and financial and political support from the majority of the Member States. Furthermore, due to the magnitude of work, the Health Programme funds are not sufficient. Nevertheless, the EHES provides a basis for setting up a national health examination survey via National Manuals, training tools, and support on ethical and legal questions. DG SANCO is currently waiting for the final report of the Joint Action, after which the decision will be taken on what material will be published.

The participants remarked that lessons from EHES should be taken on board in the modernisation of social statistics; many Member States are reluctant to take on

board health examination surveys due to their high cost, but HES could be taken as a sub-section within social surveys.

#### **4.2. Updates from ESTAT**

Bart De Norre from Eurostat Unit on Education, Health and Social Protection statistics (Unit F5) presented up-dates on the eight data collections on health (the presentation is distributed together with the minutes).

Following the presentation, the need for a new EU standard population was discussed. It was questioned, whether this will not cause confusion in particular amongst the policy makers who are used to seeing a certain set of figures. It was mentioned that all standardised rates are anyway artificial and that move from one system to another does not necessarily present benefits. For the international organisations, using EU standard population will be difficult as big proportion of population lives outside Europe. Eurostat explained that the current standard population dates from 1970's and has changed so much that new calculation will improve comparability between countries. Eurostat will recalculate the rates retrospectively to have complete series.

#### **4.3. Updates from EAHC**

Giorgios Margetidis from the Health Unit of the Executive Agency for Health and Consumers (EAHC) informed the meeting about the implementation of the Work Plan 2012 of the health programme. The evaluation of the Calls for proposals was almost finalised, and the Programme Committee would discuss the awarding of grants at the end of June. No specific projects on health information were on the list.

EAHC will provide more detailed up-dates on the on-going health information projects in the next meeting of the EGHI.

#### **4.4. Issues presented by WHO**

- Towards a European Health Information Strategy – process and expected outcomes
- European Health 2020 policy – targets and indicators
- WHO/Europe initiative for the measurement and target setting of well-being in Europe – update on process and expected outcomes

Claudia Stein presented the WHO-EURO Health 2020 strategy and the European Health Information Strategy (the presentation is distributed together with the minutes). She mentioned that the quantification of targets in the Health 2020 is not yet finalised and that a group of experts will meet later in June to propose indicators for these targets. WHO-EURO will be asking Member States to nominate experts to a working group to advice on the elaboration of the Health Information Strategy framework. The Health Information Strategy is to be presented in the WHO-EURO Regional Committee in 2013 or 2014.

Participants welcomed the WHO-EURO work. In the discussion, questions about indicators were raised, in particular as regards their applicability to countries at different levels of performance. Ms Stein specified that countries will be presented

with a menu of indicators and probably focus on those where they can contribute the most improvement. Eurostat expressed interest in being involved in the process and stressed that it would be important that the Member States delegates involved in this process would communicate with Member States' delegates involved in other processes.

#### **4.5. Updates from OECD**

Gaetan Lafortune presented the up-dates focussing on the forthcoming issue of Health at a Glance: Europe and the work on health care quality indicators (the presentation is distributed together with the minutes). OECD will be consulting the Member States on the draft Health at a Glance at the end of July – early August for comments by early September. The report will be released before the end of November.

## **PART 2 OF THE MEETING**

### **5. HEIDI WIKI – ADVISORY BOARD**

#### **5.1. State of play of Heidi**

#### **5.2. Revised rules of procedure of the Advisory Board**

#### **5.3. Selecting editors**

#### **5.4. Manual for the editors**

Separate minutes are provided on point 5.

### **6. ANY OTHER BUSINESS**

- Availability of national data on gambling addiction

DG SANCO asked the EGHI, whether their countries are or have been collecting further national data on gambling addiction and whether they could inform SANCO about this data. This point was on the agenda on the request of SANCO Health Determinants Unit and DG Internal Market and Services. The aim is to inform the Commission about the issues related to gambling services in the internal market. The general context for this work is that as more countries open up for online gambling, new and common issues arise, including on addiction and other forms of problem gambling. Several participants said they would inform SANCO of this data.

- Date of the next meeting

The next meeting is foreseen to take place on Tuesday 11 December 2012 (subject to availability of Commission meeting rooms). The meeting will again be divided into two halves – first part the EGHI meeting, the second part Heidi Advisory Board. The meeting will be in English only, without interpretation. The EGHI

meeting will be preceded by a joint meeting between the Commission, WHO, OECD, on 10 December.

The first meeting of the Advisory Board to select Heidi editors, is planned for 26 June via an audio-conference. [***NB that this has since been postponed to 18 July***].