



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

6TH MEETING

7 APRIL 2016, 09:30-17:00

VENUE: MINISTRY OF HEALTH (MINISTERO DELLA SALUTE)

VIALE GIORGIO RIBOTTA 5, 00144 ROME

ROME

MINUTES

Participants: Austria, Belgium, Cyprus, Germany, Estonia, Finland, France, Hungary, Ireland, Italy, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Sweden, European Commission

* * *

1. WELCOME AND INTRODUCTORY REMARKS FROM THE CHAIR

The chair opened the meeting and welcomed the participants. Representatives from the Italian Ministry of Health welcomed the expert group in Rome.

Both the chair and the Italian hosts reminded the seminar due to take place the following day on the evaluation of integrated care; all members of the expert group were invited, together with a large number of selected Italian authorities and civil servants dealing with this topic.

2. APPROVAL OF THE MINUTES OF THE LAST MEETINGS AND OF THE AGENDA FOR TODAY

The agenda was approved, and so were the minutes of the previous meeting. The morning was dedicated to the presentations of three country cases and of a Health programme's funded project on health information. The afternoon was to discuss the finalised report on 'Strategies across Europe to assess quality of care' and to define forthcoming work on the assessment of integrated care and primary care.

3. BELGIUM HSPA REPORT 2015

Pascal Meeus (Belgium National Institute for Health and Disability Insurance) presented the Belgian 2015 HSPA Report. The presentation was divided into three sections: strategic issues; methodological issues at tactical and operational level; results, warnings and recommendations.

The recommendations mainly focused on the need to define measurable health objectives, to be aware of the warning signals and tackle the problems, to continue improving the integration of health information systems.

The presentation had also a specific focus on issues related to the evaluation of quality of care, and on the evaluation of the performance of primary care.

So far, the 2015 report acknowledges the improved the use of databases for decision making, the creation of common tools for decision makers, the improvement in the governance and collaboration between health authorities, an improved accountability, and some general improvement of the health system.

At international level, the Report takes note of some improvement of international data collection, and of better validation of international comparison.

4. AUSTRIAN HSPA INITIATIVES: MEASURING HOSPITAL QUALITY AND HEALTH SYSTEM OUTCOMES (FLORIAN BACHNER, PATRIZIA THEURER)

Florian Bachner (Federal Ministry of Health) presented Austria's actions to measure hospital quality and health system outcomes. As a background he gave a presentation of the Austrian healthcare reform of 2013, which was based on a new governance approach built on the cooperation of many stakeholders. The reform introduced 9 strategic and 36 operative objectives to tackle problems at federal and regional level.

The reform is designed around four key areas: healthcare financing, structures, processes, and outcomes. The last one concerns directly HSPA activities; in particular it includes elements such as the development of a concept to measure health system outcomes, and the continuation of fostering inpatients quality indicators. It is the first time Austria includes outcome measurement into a health governance process. This is seen as the first step towards the implementation of an HSPA process. The next step will be the use of results in the new reform period (2017-20), regular monitoring of indicators, and proposal of targets.

Patrizia Theurer (Federal Ministry of Health) continued the presentation of the Austrian case, by going in depth of the system to measure quality in hospitals (A-IQI): a DRG-based system used nationwide since 2011, and mandatory since 2013. It offers 228 indicators to cover 48 medical syndromes.

A-IQI produced annual reports since 2013, addressed to experts, as well as information to the public in a dedicated website (kliniksuche.at). Starting from April 2016 a new tool for the public will be introduced. Indicators are developed by a scientific council; they cover intensive care frequency, occurrence of complications, quantity information, operation techniques, mortality (sentinel), and processes. Indicators that deviate significantly from the distribution are analysed at different level, with the final goal to provide support to hospitals for quality improvement.

Next steps will be the development of a measurement system for outpatient services (A-OQI), further methodological development and improvement of the system, and broader awareness campaign for the kliniksuche.at website.

5. MALTA: DEVELOPING A HSPA FROM THE PERSPECTIVE OF A SMALL STATE

Kenneth Grech (Ministry of Health) presented the experience of the first HSPA report in Malta, starting from an overview on the specific challenges of Malta and the organisation of its health system.

The aim of HSPA in Malta has been to monitor and evaluate the performance of the health systems, and to support the implementation of the national health system strategy (NHSS). The exercise was triggered also by the need to comply with ex-ante conditionalities to access EU structural and investment funds, and to monitor the implementation of the country-specific recommendations in the European semester.

The Ministry of Health set up a core group to develop and implement HSPA, with the assistance from WHO/Euro; the implementation took place in three stages: internal development & evaluation, external consultation & validation, testing of framework & analysis of indicators.

Indicators are presented with scores, colour codes, and trends; they are systematically compared to other EU Member States: in fact, the small size of the country does not allow for internal benchmarking.

The introduction of HSPA was done in a participatory way, with the broadest involvement of stakeholders along the whole process.

The presentations under the three above points and the discussions that followed highlighted some common and frequent challenges and the Chair suggested that they could be the subject of specific workshop discussions. These include, for instance: communication tools and strategies addressed to the public opinion and policy makers, transferability of findings of HSPA reports into health policies, and trade-offs between scientific rigour and communication purposes.

6. BRIDGE HEALTH: IMPROVING INDICATORS FOR MONITORING HEALTH SYSTEM PERFORMANCE

Maria Hofmarcher-Holzhacker (Medical University of Vienna) presented the Bridge Health project, and in particular an indicator landscape for monitoring health system performance.

Bridge health is a project funded by the EU Health Programme with the triple aim to create a blueprint for a European health information system and infrastructure, to evaluate different structural and institutional options (including an ERIC on health information), and to prepare a transition towards a sustainable and integrated European health information system for both public health and research purposes.

In particular, work package 12 of the project is focusing on the evaluation of health care systems. It aims at featuring blueprints in the area of Headline health system indicators, and HSPA frameworks.

The work on headline indicators is driven by the need to spell out health systems goals and to set up a 'go to' place for health statistics in Europe, with the objective to become standard state of the art for presenting relevant information layers.

The project addresses HSPA domains with a focus on universal goals, including efficiency and sustainability (to make efficiency more explicit), and to seek a better balanced set of indicators.

With regard to the evaluation of health systems, the project follows a 4-step approach: organise existing performance indicator landscape by important health information initiatives; map these indicators to define HSPA domains and involve experts to decide the level of indicators; analyse survey results in consensus expert meetings to reassess the grouping of indicators and their level of aggregation; define a minimum basic set of broadly agreed robust HSPA indicators for policy and decision makers.

Members of the expert group were requested to declare their availability in taking part in the mapping exercise (euHS_I). A questionnaire will circulate electronically in spring 2016 to those who manifest interest.

The Commission indicated the need to ensure stable coordination between existing processes in the field of HSPA and to avoid overlapping and duplication of efforts. It was reminded that this expert group is in charge of ensuring an overall policy framework, in which different initiative should take a functional place in a consistent way.

7. EVALUATION OF THE WORK ON QUALITY OF CARE

The Chair reported of the meeting of the Council senior level working party on public health: a draft version of the report was presented and the majority of Member States took the floor to welcome it and express appreciation.

The expert group adopted the final report on strategies across Europe to assess quality of care, with few modifications proposed by group members in the previous days.

Then Federico Paoli (DG SANTE) gave an overview on the working methods and the process followed to produce the report on quality of care. The objective was to evaluate the process in order to draw lessons to apply to the work on the assessment of integrated care; this slot was not aiming at assessing the content of the report, since the group already carried out this activity previously.

Main points of the process were the following: set-up of a sub-group with volunteer countries and international organisations to carry out the work; collection and presentation of national experiences; organisation of a policy focus group to explain cross-country variation of selected indicators; identification of general and recurring patterns in concerned countries; identification of lessons learnt and recommendations; two-level endorsement of the report: by the expert group and by the Council working party on public health at senior level.

In the following discussion, several group's members expressed their wish to have had more time to discuss the findings of the report in the full expert group; some member stressed the need to have more time to prepare the policy focus group. It was stated that coordination with other EU and international processes shall be ensured, to the extent they refer to HSPA.

Finally, several member noted the need to go deeper in the definition of operational tools and methodologies, suggesting that this can be done by establishing stronger links with national authorities and professionals directly in charge of implementing policies, e.g. with ad-hoc meetings and seminars

extended to interested players. It was also suggested to look at specific practical topics that could be interesting for policy makers, e.g. how to present HSPA findings, simplicity of communication vs complexity of the analysis, etc. The group suggested that it was a good idea to go in deeper to these themes and investigate them with a workshop on one of the scheduled meetings. The aim of the workshop could be to reach some conclusions. This could be instead of having presentations of country specific examples.

8. ORGANISATIONAL CHANGES FOR SUCCESSFUL IMPLEMENTATION OF INTEGRATED CARE

Toni Dedeu (EUREGHA and Agency for Healthcare Quality & Assessment of Catalonia) gave a presentation on organisational changes for successful implementation of integrated care.

The first part of the intervention was to present the background and several models to conceptualise integrated care, distinguishing between horizontal and vertical integration, and between functional and normative integration.

Then, the presentation moved on WHO/Euro's perspectives on promoting integrated care, and in particular on the development of the Framework for Action towards Coordinated/Integrated Health Services Delivery. The two main take-away messages were about the minimum requirements for implementing integrated care, and the definition of people-centred health services delivery, which are at the intersection between the health systems and other sectors (education, sanitation, housing, etc.).

The final part of the presentation was about the European Innovation Partnership on Active and Healthy Ageing, defined as a new model of collaboration to facilitate innovation. The Partnership is built around the three pillars of improving health and quality of life of European citizens, strengthen sustainability and efficiency of health systems, and facilitate growth and expansion of the EU industry. The Partnership collected 85 good practices in 23 European regions across 8 action areas of integrated care for chronic disease management. The Partnership also developed a 12-dimension matrix to assess the degree of maturity of health systems at (national and regional level) for adoption of integrated care.

It was suggested that the work and tools developed in B3 could usefully serve to the HSPA work on integrated care.

9. INTEGRATED CARE: WORK PLAN 2016

On the basis of the two previous interventions (evaluation of working methods and possible input from B3) Filip Domański (DG SANTE) presented the approach that will be followed on integrated care, the priority topic for 2016. As for the case of quality of care, the work is actually carried out by a sub-group of volunteer membership, whose objectives are: to exchange experiences and practices on integration of care, to facilitate access to information on integration of care, and to propose basis for integrated care assessment framework.

So far the sub-group met four times (three of them only by phone conference), and is expected to meet again before the summer. Before meeting again the group concluded that DG SANTE should prepare a draft strategy note to steer the discussion. The draft should be based on the discussions that took place in the meetings of the expert group and of the sub-group, and should be sent at least 10 days in

advance of the sub-group's teleconference. The expected outcome of the group is a report to review experiences that took place in member countries, to suggest areas and indicators for the assessment and evaluation of integrated care, and to identify lessons and recommendations to successfully set up and evaluate integrated care systems.

The sub-group will liaise with the B3 Action Group of the European Innovation Partnership on Active and Healthy Ageing, which specifically deals with integrated care. It will also co-operate with DG SANTE who commissioned a study on integrated care, to be funded by the EU Health Programme. The study aims to review progress on integration of care in the EU at national and regional level, and to propose and test a framework of indicators to assess the performance of integrated care.

Member States represented so far in the sub-group are: Austria, Belgium, Finland, Greece, Lithuania, the Netherlands and Poland. France and Norway expressed their interest in joining.

10. PRIMARY CARE: WORK PLAN FOR 2017

Federico Paoli (DG SANTE) presented some preliminary thoughts on performance assessment of primary care, which will be the priority topic for 2017. The topic is strongly complementary to integrated care, thus the work on primary care seems a natural follow-up of this year's activities. The expected deliverable is a report to present tools and methodologies to assess the performance of primary care by the end of 2017, to be then presented at the Council working party on public health at senior level in the first quarter of 2018.

In principle, the work will be carried out by a sub-group of volunteer members, as for the previous topics, with possible support from independent experts. The sub-group should start preparing the work already in the coming months, and prepare the ground during 2016. Members of the expert group were requested to announce their interest to be part of this group possibly within the end of April. The sub-group should ideally meet (virtually) a first time before the summer, to propose a tentative work plan with objectives, deliverables, activities, and deadlines.

11. AOB

DG SANTE announced the summer school of the European Observatory on Health Systems and Policies, which will take place in Venice (San Servolo Island) on the last week of July. The subject of the school is: Primary care; innovating for integrated, more effective care.

12. CONCLUSIONS OF THE MEETING AND SCHEDULING OF FUTURE MEETINGS

The next meeting of the sub-group will take place in Brussels, tentatively on the 14th of September 2016. The following meeting should ideally take place in December, in a venue to be defined.