



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

14TH MEETING

28 JUNE 2018, 09:30-16:30

DIREÇÃO-GERAL DA SAÚDE

LISBON, PT

MINUTES

Participants: Austria, Belgium, Croatia, the Czech Republic, Estonia, France, Greece, Hungary, Ireland, Latvia, Lithuania, Malta, Norway, Poland, Portugal, Slovenia, Sweden, the United Kingdom, European Observatory on Health Systems and Policies, WHO Europe, European Commission.

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1. OPENING OF THE MEETING

The co-Chairs of the Expert Group on HSPA welcomed participants to the meeting and gave the floor to Dr. Paulo Nogueira, Head of the Directorate for Information and Analysis Services of the Portuguese Directorate-General for Health (*Direção-Geral da Saúde*).

Dr. Nogueira welcomed participants to the meeting and provided an account of the Portuguese Directorate-General for Health's mission, vision and remit, highlighting the relevance of the Expert Group's work on HSPA for his organisation's activity.

The agenda was approved with two changes due to last-minute organisational issues. Agenda item 3 – '*Reporting on HSPA country experiences*' and item 5 – '*Assessment of efficiency of care*' were swapped, and the presentation by the Slovak delegate on Slovakia's HSPA website project was postponed to the next meeting of the Expert Group in September 2018.

2. NEW MEMBER STATE CO-CHAIR OF THE HSPA EXPERT GROUP

Due to end of the mandate of the current Member State co-Chair (Mr Daniel Reynders) as of September 2018, during the previous meeting of the Expert Group (Brussels, 23 February 2018) members were invited to consider their candidacies. Since initially there had not been any spontaneous candidacies, a similar request was sent to the Council Working Party on Public Health at Senior Level (WPPHSL) in May 2018. As a result, two current members of the Expert Group expressed their willingness to replace Mr Reynders – Mr Félix Faucon and Mr Kenneth Grech.

Article 1.1 of the Rules of procedure of the Expert Group provides that the Member State co-Chair is proposed by the simple majority of the Expert Group. In these circumstances the Group had to make a decision by a secret ballot. Before the voting took place, both candidates had been given the floor to present themselves and their candidacies. Mr Grech received a higher number of votes and was proposed as new Member State Co-Chair of the Expert Group.

The candidate's name was transmitted by the HSPA Secretariat to the Austrian Presidency, in order to be submitted to the WPPHSL for its endorsement and formal appointment before the next Expert Group's meeting in September 2018.

3. ASSESSMENT OF EFFICIENCY OF CARE

The first part of this agenda item consisted in a dialogue and reflection on efficiency of care, in light of this being the main theme of the 2018 Report by the Expert Group. The discussion was based on a preliminary overview of replies to the questionnaire on efficiency of care received so far from members.

Federico Pratellesi (DG SANTE) presented the first findings coming from an analysis of replies received so far on national experiences assessing efficiency of care. The questionnaire was developed by the Expert Group's sub-group on efficiency of care and circulated to all members on May 20th. Federico started his presentation by giving a brief account of the structure of the questionnaire, the process that led to its design and the method used to 'cluster' results horizontally for the sake of presenting first findings. A recap of the baseline definition of efficiency of care that should be used for the purpose of filling out the survey was provided, and a set of preliminary conclusions was presented for each section of the survey, with the exception of the "*data quality and availability*" section, which results are going to be presented at the next meeting.

Some of the main results from the analysis of replies received so far are presented below:

- The majority of respondents reported the existence of more than one formal definition for efficiency of care in their country's health system. Most respondents typically reported using generally two definitions which relate, respectively, inputs to health system outputs and inputs to health system outcomes, with the former definition being the most frequently reported. Overall, most respondents acknowledged how different

levels and settings of analysis are often associated with different definitions of efficiency, and how challenges related to data availability and to the difficulty of controlling for the impact of external influences on the 'production' of health outcomes constrain their analysis and even definition of what is meant by 'efficiency of care' in their health systems.

- Comprehensive efficiency of care assessments are regularly carried out in slightly more than one third of countries that responded to the survey – the majority of countries are either in the process of developing systems to regularly assess efficiency of care or they do not plan to develop it for the time being. On the other hand, the absolute majority of countries sporadically do efficiency of care studies. With regard to health system settings, all countries reported measuring efficiency of hospital care, while about half of countries reported measuring efficiency for pharmaceutical and ambulatory care. All in all, the reported focus on efficiency measurement seems to reflect patterns of expenditure by category of providers i.e. the higher proportion of spending by given type of health care entities the more detailed assessment of their efficiency..
- Looking at levels of data reporting and analysis, almost all countries reported that efficiency of care data in their system is reported at the provider (institution) level, and that data is analysed predominantly at the national level. Benchmarking is mostly done at the local health authority (LHA), national and provider levels in this order. At the national and regional levels, the most frequently used benchmarks are, respectively, the EU/neighbouring countries' average and the regional average/best performing region, while at lower levels (LHA, provider) pre-defined targets defined in a variety of ways seem to be predominant. Countries who report benchmarking providers using efficiency indicators developed on the basis of DRGs generally acknowledge the limitations of this approach, and qualify their analysis' results by using this method merely as a way to identify 'performance outliers'.
- As per the objectives of efficiency of care assessments and their target audience, the majority of countries reported '*cost containment/reimbursement*' to be the main objective underpinning their efficiency assessment activity, with '*general reporting*' and '*benchmarking against plans and peer performance*' as a secondary objective, and with '*communication to the public*' as the main use case of efficiency data for other purposes other than managerial. The main reported target audiences of the results of the efficiency assessments are policymakers and senior / operational management, and to a somewhat lesser degree, clinicians, patients and regulators. The vast majority of respondents reported that the results of their efficiency assessments are either completely open to the public or partially public, suggesting ongoing efforts by governments to make information on efficiency of care more easily accessible by citizens.
- Reported plans for future improvement of efficiency of care assessment by countries can be categorised in three main clusters: i) '*expansion of coverage of efficiency*

assessments', ii) *'investments in technical capacity to better measure and assess efficiency of care'* and iii) *'set-up of adequate organisational capabilities'*.

Before concluding the presentation, Federico highlighted the early stage of the analysis and invited members who had not yet submitted their replies to part A of the survey to do so at their earliest convenience before the end of July 2018. Members of the Expert Group were asked to provide their feedback on their experience of filling out the questionnaire as a means to start the discussion.

Members of the Expert Group welcomed the presentation and engaged in an exchange of views based on the first findings from the survey.

Some Members highlighted that the presentation helped them clarify their understanding of the scope of the survey and, more specifically, what level of detail they should include in their responses. In this context, Federico clarified that the 'input-to-output' relationship outlined in the questionnaire's introduction as a definition for efficiency was just a broad indication presented to create a 'baseline definition' of what is meant by efficiency in this context. The main reason why this definition was spelled out in the introduction to the questionnaire was to create a common level of understanding among respondents which would guarantee a basic level of comparability of results for the purpose of the subsequent analysis of replies. As several countries yet have to implement a systematic efficiency of care assessment process for their health systems, some divergence from the 'baseline definition' of efficiency is warranted and probably inevitable given the heterogeneity of designs, governance, financing systems and differing levels of maturity of HSPA processes of countries' health care systems that are going to respond to the survey.

Members of the Expert Group also observed that the definition of efficiency set out by the survey does not encompass the notion of *allocative* efficiency, i.e. whether the value of the outputs produced maximises actual value to society (society in general being the 'funder' of public health care systems). It was acknowledged that while on the one hand broadening the scope of the survey to 'go beyond' technical efficiency would have been a valuable undertaking, on the other hand doing so would have added a degree of complexity to the survey that would have made the subsequent cross-country comparative analysis of replies quite challenging.

Members of the Expert Group also discussed and agreed to feature a systematic mapping of reported indicators used for measuring efficiency in different health systems in the forthcoming report. It was suggested that work done in the last years by the Expert Group on Health Information ([EGHI](#)) and by the WHO Europe' Health Evidence Network ([HEN](#)) could be a source of inspiration for the preparation of this section of the report.

Lastly, it was recalled that the deadline for the elective part of the survey (Part B - *good practice example/case study*) is 31 August.

The second part of the discussion focused on the selection of a theme for the Policy Focus Group (PFG) scheduled for September 2018. Federico Pratellesi (DG SANTE) briefly

presented the objective of the PFG and the process which led the HSPA Secretariat to formulate three possible options – A, B and C – for discussion by Members of the Expert Group.

The following three options were then presented:

- A. *"Cost containment or demonstrating good stewardship? Understanding the motivations for measuring and improving efficiency and the policy relevance of current monitoring approaches"*
- B. *"A systems approach to managing acute care demand"*
- C. *"Use and policy impact of efficiency indicators"*

After a discussion the Expert Group collectively agreed to choose option B – *"A systems approach to managing acute care demand"* as a theme for the PFG. Several Members suggested that it would be nonetheless interesting to have an exchange based on the work proposal set out by option A at the next meeting of the Group, as it could potentially provide some valuable, policy-relevant insights in the context of the Group's work on the efficiency of care report.

During the next meeting – in September 2018 – the Expert Group will continue discussion in order to formulate input to the efficiency report.

The first draft of the report is planned for November/December 2018. It will include a chapter on national efficiency of care assessment practices, based on the questionnaire. The other chapter will be drafted based on the outcome of the PFG.

4. COMMUNICATING HSPA

Filip Domański (DG SANTE) presented a discussion paper on the role of health professionals in HSPA (HSPA_1401).

For the purposes of this paper "health professionals" are defined by their function, i.e. those individuals who actively provide health services. Therefore, this definition was not based on the criteria of background and/or credentials only (medical, nursing etc. studies and schools graduates, even if they do not actively practise).

When simplified, the HSPA process may be seen as a sequence of four steps: • process creation/modification; • data collection; • data analysis; and • reporting. In each of these phases health professionals have role to play: • process co-designers; • data producers and collectors; • support in analyses; and • those involved in communicating HSPA findings.

Engaging health professionals is beneficial since their knowledge and experience have the potential to improve the whole process and with them on board HSPA gains worthiness and significance.

Members of the Expert Group were then invited to exchange their views on the discussion paper presented, including by answering the questions below:

1. *Are health professionals engaged in HSPA process in your system?*
2. *Is their involvement formalised and different from involvement of others (e.g. patients, NGOs, academia)?*
3. *In which domains as assessed by HSPA do you believe that working directly with health professionals could have the greatest impact? How could this be achieved?*

Dr João De Deus (the Standing Committee of the European Doctors – CPME) was invited as an active health professional to take part in the discussion and share his personal views since CPME as such does not yet have official position on HSPA.

Dr de Deus presented his views, stressing the absolute importance of systematically involving health professionals in the process of design, implementation and interpretation of results of HSPA activities for these to have a positive impact on decisions that will effectively increase health systems' performance. Measures used in the assessment ought to be carefully devised and interpreted in a way that takes into account the impact of institutional structures and other external influences on the performance of the health system, also as a means to avoid creating distortions unintendedly induced by the design of HSPA processes that fail to take into account clinicians' perspective (e.g. cream skimming). Moreover, in their capacity as data collectors in the HSPA process, doctors' involvement in the design of HSPA frameworks is of paramount importance, also to make sure that the data being collected is meaningful and useful for medical professionals in routine care as well. If clinicians do not consider the data to be reliable or valuable for clinical practice, the risks are that any recommendations based on an interpretation of this data will be disregarded by clinicians, and that data may not even be collected in the first place. Following an exchange of views with Members of the Expert Group, Dr de Deus expressed the availability of CPME to carry out a survey among its members on this theme to present a more comprehensive set of information.

5. REPORTING ON HSPA COUNTRY EXPERIENCES

The first presentation saw Dr. Paulo Nogueira (Portuguese Directorate-General for Health, DGS) provide an account of the history and process that led to the creation and setup of Portugal's current Health Information System (HIS).

Dr. Nogueira explained that in the past the Directorate General for Health had to solve several organisational issues which made administrating the data collection and processing procedures quite slow and inefficient. This was the case, for instance, for statistics on causes of mortality, which are routinely collected by the National Institute of Statistics (*Instituto Nacional de Estatística*) and shared with the Directorate-General for Health only at a later stage.

To overcome these organisational hurdles to the timely delivery of health information to stakeholders, the DGS had to devise and implement a series of improvements to the structure, back-end and front-end of the HIS. The 'reform' of the HIS, which featured, among other changes, the setup of a publicly available [health dashboard](#) of headline indicators and the

creation of a [regularly updated series of thematic statistical reports](#), proved to be successful in improving the quantity, quality and speed of delivery of health data to decision-makers. Over the years, the perception of the government over the alleged scarcity of health information to help policy-makers formulate and make evidence-based decisions was turned around, to the point that the amount of health data is so vast, despite the number of reported health metrics having been reduced, that the general challenge for the Ministry of Health consists now in synthesising this vast amount of complex information into practical interventions for policy improvement.

Dr. Nogueira explained that, due to the urgency of the macroeconomic situation in Portugal during the years of the economic downturn, the creation of the HIS was given much higher priority in relation to initial plans; however the changes had to be implemented in a very short time span. In this short time, the Ministry of Health also changed the health data reporting method of the DGS, which shifted from reporting data along 'priority areas' to a 'life cycle' approach.

The second presentation saw Dušan Jošar (Ministry of Health, Slovenia) and Mircha Poldrugovac (National Institute of Public Health, Slovenia) present an update on the state of development of the HSPA system in Slovenia.

The triggers of work on establishing Slovenian HSPA were membership in the Expert Group and a country-specific recommendation on improving efficiency of the health care system in Slovenia adopted in 2016. A year later the national authorities initiated co-operation with SRSS to receive appropriate technical assistance.

The objectives of these actions are: to develop assessment framework; to prepare a baseline HSPA report in collaboration with external experts; and to build HSPA capacity in Slovenia.

Various stakeholders have been engaged in this from the very beginning, as advised by the external experts. The stakeholders took part in the training organised thanks to SRSS support and are consulted on the list of indicators which is now designed.

In opposition to what had been planned the discussions during training organised in Slovenia in January 2018 opened new questions – instead of answering to the already asked ones. This indicates how complicated the whole process of establishing health systems performance assessment is.

The ambition is to measure not only the patients' but also the providers' experience. So far there are no indicators which could reflect the latter. This is one of the tasks which still need fulfilment.

The indicators' selection is steered by some principles: importance of measuring of specific phenomenon needs to be accepted by all stakeholders; measurement of a given indicator has to be feasible; the indicators need scientific soundness. In case of indicators which will be chosen but there is no data to feed them, decisions will be taken if they should be kept and ways of informing them need to be found or they just will be dropped.

6. AOB

Elke Jakubowski (WHO Europe) debriefed the Expert Group on the technical workshop "*Health System Performance: from assessment to action*" and on the conference "[Health Systems for Prosperity and Solidarity: leaving no one behind](#)" organised to celebrate the 10th anniversary of the Tallinn Charter (Tallinn, June 12th-14th, 2018).

The workshop was an occasion for representatives of health authorities, international organisations, and other experts to reflect on using outcomes of health systems assessment for policy-making. During the workshop, successful examples of policy use of performance information were presented. Challenges and enablers to triggering policy decisions and actions from performance indicators were discussed among the group of researchers and policy-makers. Discussions in Tallinn reflected those by the Expert Group, especially on [communicating HSPA](#).

The conference's programme was built around three "I"s: Include, Invest and Innovate. A presentation of reports on financial hardship caused by health care direct costs (catastrophic out-of-pocket payments, i.e. higher than 40% of a household's capacity to pay) was a particularly important part of the discussion. A horizontal analysis of the situation in numerous European countries showed how catastrophic out-of-pocket payments for using health services are systematically and disproportionately concentrated on people in the poorest income quintile across countries in the WHO European Region. The analysis presented also suggested possible ways to tackle this emergency via a series of policy interventions, such as exemptions from out-of-pocket payments for vulnerable groups, protective caps on payments as well as low fixed co-payments to protect people from health system failures.

Members of the Expert Group who attended the Tallinn events appreciated the content of the analysis in the reports and agreed that discussions during the HSPA workshop, though concerning predominantly non-EU countries, touched upon issues echoing those under consideration in the EU Expert Group on HSPA.

7. CONCLUSIONS OF THE MEETING

The next HSPA Expert Group meeting will take place in the beginning of September in Brussels, Belgium. It will be organised back-to-back with the policy focus group on efficiency of care. The HSPA Secretariat will inform the Expert Group on the exact dates soon.