



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

16TH MEETING

5 DECEMBER 2018, 09:30-17:30

DEPARTMENT OF HEALTH, MIESIAN PLAZA, BLOCK 1

DUBLIN, IE

MEETING MINUTES

Participants: Austria, Cyprus, Croatia, Czechia, Estonia, Finland, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Slovakia, Slovenia, Sweden, European Observatory on Health Systems and Policies, WHO Europe, OECD, European Commission.

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1. OPENING OF THE MEETING

The Co-chair of the Expert Group on HSPA (Dr Kenneth E. Grech) welcomed participants to the 16th meeting of the Expert Group and thanked the Irish representative (Mr. Patrick Black) for hosting the group in the premises of the Irish Department of Health. In his initial remarks, the Co-chair summarised the content of the agenda for the day and gave the floor to the Irish representative, who informed members about the organisation of the Department of Health and its current work that is thematically relevant for the activities of the Expert Group.

Following no remarks from country representatives, the agenda of the meeting was adopted without change.

2. INFAC^T JOINT ACTION

Philippe Roux (DG SANTE) provided an introductory account of the European Commission's work in the area of health information.

Herman Van Oyen (Sciensano, Belgium) who is the co-ordinator of [InfAct \(Information for Action\) Joint Action](#), presented its content.

InfAct is a 3-year project launched in March 2018 that aims to further develop the work carried out in past three years in the context of the *BRIDGE*¹ Health project. Therefore its objective is to strengthen health information systems' infrastructures in EU Member States by:

- Establishing a sustainable research infrastructure to support population health and health system performance assessment;
- Strengthening European health information and knowledge bases, as well as health information research capacities to reduce health information inequalities; and by
- Supporting health information interoperability and innovative health information tools and data sources.

Currently various challenges that affect EU health information systems which underpin the rationale for the project – notably the project-based nature of pre-existing health information systems in the EU. This setup lacks sustainability, coherence and comprehensiveness and hampers research continuity with loss of knowledge, expertise, less robust data collection mechanisms, which reduces research capacity in a context where sound data is a fundamental input to the formation of more effective public health strategies and policies.

The Steering Committee of the project is composed of representatives from national public health agencies and other health institutes from 12 countries – Austria, Belgium, Croatia, Finland, France, Germany, Italy, Lithuania, Netherlands, Portugal, Slovenia and Spain. All EU countries have a least one representative in the project team, and a total of 41 partners, including collaborative stakeholders and international organisations, are part of the project's General Assembly.

The HSPA Expert Group co-chair highlighted the very ambitious objective and scope of the *InfAct* project and asked Mr. Van Oyen to keep the Group updated on relevant developments in the run-up to the project delivery.

3. ASSESSMENT OF EFFICIENCY OF CARE

Federico Pratellesi (DG SANTE) presented an update on the development of 2018 report by the Expert Group on tools and methods to assess efficiency of care.

The presentation:

- provided a summary of the structure and content of the report, as well as a project timeline starting from the current (draft) state of the report to the publication of the final version (in early 2019);
- gathered feedback and suggestions for improvement from Members of the Expert Group on the content of the draft chapters of the report which were sent out in advance to the meeting;

¹ i.e. “*BRidging Information and Data Generation for Evidence-based Health policy and research*”: <https://www.bridge-health.eu/>

- clarified some of the Group’s preferences over some of the contents of the report (e.g. boxes, country case studies, publication of replies to the questionnaire) which had been left as placeholders in the draft version of the chapters; and
- inquired the Group’s members about what they thought the main messages and the conclusions of the report should be in light of the analysis presented in the draft chapters of the report.

The Group agreed to retain three main chapters – 1) a theory-based one setting out a conceptual framework for efficiency of care, 2) a chapter based on the analysis of replies to the survey on countries’ experiences with measuring and assessing efficiency of care, and 3) a chapter based on the outcome of the Policy Focus Group held in September– as the backbone of the efficiency of care report. The limited amount of responses received to the addendum to the efficiency of care questionnaire on motivations for measuring and improving efficiency will be used to develop a box under the chapter analysing survey replies instead of a standalone chapter of the report.

All topics proposed for each of six boxes in the second draft chapter were accepted, and members of the Expert Group accepted to contribute to the drafting of the content of their respective boxes. The Secretariat will contact each relevant Member of the Group bilaterally to organise this process and consolidate their input into the second version of the report.

The Expert Group’s members agreed to send their more detailed editorial comments in writing after the meeting. The main observations that were provided during the discussion of this agenda item are presented below:

- 1) Chapter 1– some members suggested that while the chapter manages to fulfil its aim to provide a succinct definition and conceptual framework for thinking about efficiency of care, the text would benefit from a more detailed description of efficiency that also outlines the more actionable concepts of “waste” and “appropriateness”, which are encountered in Chapter 2 of the report. Some members also proposed to include an explanation of how efficiency of care is related to other health system domains within the HSPA framework, possibly through references to previous reports by the Expert Group on HSPA.
- 2) Chapter 2 (the analysis of replies to the efficiency survey) – the members suggested to slightly modify the categorisation of efficiency indicators reported by countries presented in the draft. Some of them also recommended to include a description of how the survey results compare to the theoretical framework presented in Chapter 1, highlighting how the more pragmatic approach often used by countries to measure and assess efficiency may not clearly fit into the structure of the conceptual framework presented there for a number of reasons outlined in the analysis. Other members suggested to stress the importance of contextual information as a means to produce a more balanced assessment of efficiency of care, also in light of ongoing developments of new models of care across countries in Europe.

- 3) Chapter 3 - the members suggested to explicate the difference between hospital care and acute care in the framework that was used as a basis for the discussion by the Policy Focus Group, and to elaborate further on the interaction between efficiency and patient safety, also by including relevant references to previous reports authored by the Expert Group.
- 4) Annexes – the members decided to circulate replies to the survey among members of the Expert Group, and to annex to the report a list of national contacts with whom readers can get in touch to request a copy of the replies to the questionnaire submitted by each country.

Lastly, the Expert Group members provided some input and suggestions to the Secretariat with regard to possible key messages and conclusions of the report. The deadline for written comments is January 11th, 2019.

A revised version of the report will be presented to the Group at the next meeting on February 19th, 2019.

4. MEASURING RESILIENCE

Filip Domański (DG SANTE) presented a discussion paper on the concept of health systems' resilience. The objective of the document was to trigger a preliminary discussion on this relatively unexplored subject that will be the Expert Group's priority topic in 2019. The note set out a preliminary overview and bibliography on the concept of resilience applied to the specific area of health care, and provided an account of how the European Commission, the OECD and the European Observatory on Health Systems and Policies defined the concept and operationalised it for the purpose of measurement in the work related to the [State of Health in the EU](#) cycle of knowledge brokering.

In this context resilience was defined as health systems' capacity to absorb disturbance created by changing environments, sudden shocks or crises, whether observed or anticipated, and to adapt and respond effectively with the provision of needed services.

Based on this discussion paper the Expert Group reflected on the focus of the next year's report, and on the scope of work on health systems' resilience (e.g. whether the narrative of the report should be geared more towards policy-makers or towards an audience of researchers).

Professor Stephen Thomas (Trinity College, Dublin), who attended the Expert Group's meeting in its capacity as associate of the European Observatory on Health Systems and Policies took part in the discussion too.

The main observations were:

- Indicators for resilience are cycle-dependent – that is, a series of different metrics are necessary to exhaustively assess this single characteristic, based on whether an entity is, for instance, in its pre-shock phase, or in its 'downward / bouncing back' phase;

- Developing a set of indicators for resilience defined as a system’s capacity to absorb shocks without disrupting service continuity in the long term, requires first of all a define typology of shocks, which could be supply-driven (i.e. financial squeeze, and / or sudden shortage in available resources, technological innovations) or demand-driven (i.e. public health/ epidemiological threats). Different types of shocks would require differently designed resilience metrics.
- It is therefore necessary to define what actually constitutes a “shock” and what can be categorised as a “strain”. The latter meant as a persistent structural change that slowly but steadily hinders service continuity, e.g. demographic trends.
- Besides the magnitude of shocks, another factor to be taken into account when thinking about health systems’ resilience is the frequency of shocks to which entities are exposed, which may be conceived in terms of “volatility”;
- A resilient health system is not necessarily the one which takes pre-shock service delivery levels as a ‘bounce back’ reference point: depending on the sort of shocks sustained, a “new normal” for a health systems’ capacity to supply health services may as well be different from historical levels, based on new conditions defining its capacity to sustain a certain (different) supply of health services in the long term.

The Secretariat informed the Group that an invitation would be sent to the members asking those interested to express their willingness to join a resilience sub-group.

During the next HSPA meeting, the work on resilience report will start, including deciding on the scope of the document and choosing working methods.

5. REPORTING ON HSPA COUNTRY EXPERIENCES: IRELAND, LATVIA

This agenda item consisted of presentations on HSPA experiences in Ireland and Latvia..

Mr. Patrick Black (Irish Department of Health) presented the functionality of the analytics platform used by the Department of Health (DoH) as one of the instruments to assess the performance of the Irish health care system. The Irish DoH (*An Roinn Sláinte*) is responsible for providing analytical backing to policy formulation and ensuring that quality and value for money are enhanced through continuous monitoring and evaluation, whereas the Health Services Executive (*Feidhmeannacht na Seirbhíse Sláinte*) is responsible for health service delivery in the public system.

Mr. Black then presented a mapping of data sources considered by the Department of Health as part of the input to the measurement and assessment of the performance of entities within the Irish health care system, and a timeline of the procurement process that led the DoH to develop an integrated health analytics solution. He also proceeded to showcase the functionality of the platform, through a demo of several health indicators, used to transform data inputs into visual insights. The platform is composed of two ‘blocks’ – open-source statistical software, combined with a data analytics’ one. The DoH plans to expand the implementation of health care analytics for performance assessment in the future as an

instrument to attain more efficient and effective use of resources. There is a number of success factors located outside of the scope of the analysis (e.g. organisational aspects, stakeholder engagement, strategy and buy-in from management) that will be critical to enabling the operationalisation of insights derived from the data analytics presented.

Kristīne Kļaviņa (Latvian Ministry of Health) and Guido Noto (MeS Scuola Superiore Sant'Anna) presented the development process of an HSPA system in Latvia in co-operation with experts from the Management and Health Laboratory of Scuola Superiore Sant'Anna, who were engaged in this project through the Commission's [Structural Reform Support Service](#).

Ms. Kļaviņa provided an account of the scope and legal background underpinning the implementation of an HSPA framework as a governance tool to align the objectives of multiple stakeholders in the Latvian health care sector toward a shared vision and strategy. The technical assistance project started in October 2017, and lasted until November 2018. The project saw Ministry of Health officials engage with experts and researchers from the Sant'Anna Management and Health Laboratory through a series of training sessions, videoconferences and focused on measuring and assessing outcomes, structures and patient experience, as well as two workshops performed in Latvia together with major local stakeholders' representatives (i.e. government bodies, main academic institutions, main university hospitals and other key hospital structures) focused on the development and operationalisation on an HSPA indicators' framework.

Dr Noto explained how the project work led to the definition and adoption of 191 performance indicators (following the Donabedian classification system², 23 related to structure features, 80 for process features and 88 for outcomes), with 82 of these that had been identified as “evaluation indicators”, i.e. indicators whose results may be evaluated according to a clearly defined polarity. These indicators are defined along three levels of evaluation – country, regional and provider-level, where results are evaluated at each level against international benchmarking, a “gold standard” (i.e. a predefined target), and, respectively, a regional / municipal and provider-level benchmark.

The presentation outlined the most relevant methodological characteristics of the evaluation mechanism developed for this project, which sees the definition of five “performance bands” for each indicator. Different visualisation tools were also showcased, ranging from entity-based, static visualisation devices such as the ‘dartboard’ diagram³ to performance maps relating indicators' performance results in the latest year available with trends registered over the past year, as well as visualisation tools that represent indicators across the different phases

² Donabedian A. The Quality of Care: How Can It Be Assessed? *JAMA*. 1988; 260 (12):1743–1748. [doi:10.1001/jama.1988.03410120089033](https://doi.org/10.1001/jama.1988.03410120089033)

³ <https://www.santannapisa.it/en/performance-evaluation-system>

of care pathways (for instance, in the case of cancer care: prevention, screening, diagnosis, treatment, end of life) such as the ‘stave’⁴.

Latvia is currently working with a third agency on the development of a survey on patient satisfaction⁵, which is going to be complemented by information on patient experiences⁶. This new approach foresees the use of new data collection technologies to get feedback in real time and incorporate patients’ voices in the design and improvement of services also in a lean perspective.

When the report of this HSPA project is made public the Secretariat will circulate it among members of the Expert Group.

6. FUTURE OF THE HSPA EXPERT GROUP

The Expert Group’s co-Chair (Dr Kenneth E. Grech) presented a discussion note which was sent out to members of the Expert Group in advance of the meeting in preparation of a discussion on possible changes to the working methods of the Expert Group.

The co-Chair provided a summary of the first four years of work of activity of the Expert Group, and acknowledged how, under the guidance of the Swedish and Belgian co-Chairs, the Group’s production of policy reports and work as a forum for discussion with international experts in the field managed to bring HSPA on the policy agenda of several European countries over the last years.

With the current co-Chair who started his tenure in September 2018 it may be opportune to discuss the future orientation and working methods of the Group, given the wealth of experience accumulated by members since the Group’s establishment.

During the discussion the members of the Expert Group agreed that the current working methods were effective in pursuing the objectives of the Expert Group. However, some modifications should not be excluded in the future.

During the Expert Group meeting on February 19th, 2019 there will be a follow up of this discussion to start reflection on priority topics as of 2020.

7. HEALTH AT A GLANCE: EUROPE 2018

Ian Brownwood (OECD) presented a summary of the content of the latest edition of [Health at a Glance: Europe](#), a publication released periodically every two years as part of the [State of](#)

⁴ E.g. see Figure 5 in: Sabina Nuti, Guido Noto, Federico Vola, Milena Vainieri, (2018) "[Let’s play the patients music: A new generation of performance measurement systems in healthcare](#)", Management Decision, Vol. 56 Issue: 10, pp.2252-2272

⁵ *A broad and multi-dimensional concept influenced by personal preferences, expectations, personal characteristics No consensus about exactly which domains should be included* (Coulter et al, 2009)

⁶ *Patients are asked to report about their experiences on what actually occurred* (Coulter et al, 2009)

[Health in the EU](#) initiative to assist EU Member States in improving the performance of their health systems. The 2018 edition comprises two thematic chapters.

The first one focuses on making the case for health systems to step up efforts to promote mental health as a critical factor for individual and societal well-being. According to the report's estimates, more than one in six people across EU countries had a mental health issue in 2016, a share that poses substantial social and economic costs for European societies that are quantified at more than 4% of GDP.

The second thematic chapter describes possible opportunities for reducing wasteful health spending (i.e. health expenditure incurred when patients receive unnecessary treatment, or when care could have been provided with fewer and less costly resources) in various health system areas to make them more effective and resilient. Evidence from several EU countries suggests that as much as 20% of health spending could be reduced or eliminated without undermining quality of care. For instance, admissions for conditions such as asthma and diabetes consume over 37 million bed days each year across the EU: a substantial share of these could be avoided with better management of chronic conditions in the community. Substantial scope to decrease wasteful spending in the area of pharmaceuticals was also highlighted in the publication, suggesting that cost-effectiveness gains can be pursued by EU Member States through a mix of policy levers including 1) ensuring value for money in the selection and coverage, procurement and pricing of pharmaceuticals through HTA, 2) exploiting the potential savings from generics and biosimilars, 3) encouraging rational prescribing, and 4) improving patient compliance.

The rest of the publication presents the most recent trends in key indicators of health status, risk factors and health spending, together with a discussion of progress in improving the effectiveness, accessibility and resilience of European health systems. One of key findings from this section highlights slowing down gains in life expectancy in many EU countries in the past years. This phenomenon appears to have been driven by a slowdown in the rate of reduction of mortality from circulatory diseases and periodical increases in deaths among elderly people due partly to bad flu seasons in recent years. It was also underlined that sizeable disparities in life expectancy persist not only by gender, but also by socio-economic status: on average across the EU, 30-year-old men with a low level of education can expect to live about 8 years less than those with a university degree, while the "education gap" among women is narrower, at about 4 years. These gaps largely reflect differences in exposure to risk factors, but also indicate disparities in access to care.

8. AOB AND CONCLUSIONS OF THE MEETING

Filip Domański (DG SANTE) presented briefly deliverables of the [study on performance assessment of integrated care](#). The authors of the study proposed a [tool for assessing integrated care](#). The findings of the [HSPA report on integrated care](#) (published in 2017) were one of the key documents used for conceptualising the assessment tool.

The next meeting of the Expert Group on HSPA will take place on 19 February in Brussels.