



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

17TH MEETING

19 FEBRUARY 2019, 09:30 – 16:30

BERLAYMONT BUILDING, BRUSSELS

MEETING MINUTES

Participants: Austria, Belgium, Cyprus, Czechia, Finland, France, Germany, Hungary, Ireland, Italy, Lithuania, Luxembourg, Malta, Poland, Romania, Slovakia, Slovenia, Sweden, Spain, 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, Malta) welcomed participants to the 17th meeting of the Expert Group. The minutes from the previous meeting (5 December 2018 in Dublin) and the agenda for the day were adopted without changes.

2. ASSESSMENT OF EFFICIENCY OF CARE – DISCUSSION AND FINALISATION OF THE REPORT

Federico Pratellesi (DG SANTE) presented a final update on the development of the Expert Group's report on tools and methodologies to assess health care efficiency.

The first part of the presentation provided a summary of the structure and content of the second, semi-final draft of the report, which is due to be finalised for publication. He presented the main changes made to the last version of the draft report following the comments received on the first draft during the previous meeting of the Expert Group, and provided a summary of each chapter's conclusions leading up to the report's set of recommendations to improve measurement and assessment of health care efficiency.

The second part of the presentation recapitulated the timeline for the next steps required to draft a final version of the report. Members of the Expert Group agreed to submit their last comments and suggestions for improvement to the Secretariat by February 27th. The Secretariat will then integrate

comments received from members and produce a final version of the report, which will be published on the [Commission's webpage](#) dedicated to the Expert Group on HSPA.

The third part of the presentation asked members to provide their views and suggestions for improvement on the second version of the draft report, especially with regard to the report's conclusions and its executive summary. Members were also inquired about what dissemination activities the Secretariat should consider pursuing after the publication of the report, with a specific focus on which channels should be used, which stakeholders should be engaged, and whether any additional materials should be produced to increase the reach and impact of the report.

Members of the expert group positively welcomed the second draft of the report, acknowledging the improvements made vis-à-vis the first version and the significance of the general conclusions and recommendations that stemmed from the report's content and analysis. Some members proposed a number of editorial changes, and suggested adding a section qualifying the scope and limitations of the report. As per suggestions on means to communicate the report's findings and recommendations as to maximise its reach, several members supported the idea of producing an abstract that, while being properly representative of the entire report, highlights at the same time the elements that are most relevant for health policymakers. Other members suggested producing a number of additional deliverables and materials to support communication of the report, which the Secretariat will consider producing to the extent possible.

The Secretariat thanked all members for the feedback provided on the semi-final version of the report by the Expert Group, and invited members to submit any other changes and suggestions for improvement to the Secretariat before February 27th.

3. REPORTING ON HSPA COUNTRY EXPERIENCES

Dr Julia Röttger (Technical University Berlin) presented the work carried out over the course of 2018 by a team of researchers from the Centre for Health Economics Research of TU Berlin in preparation of a feasibility study commissioned by the German Federal Health Ministry for the development of a national health systems performance assessment. The study conducted was structured along three work packages (A, B and C). The first work package (A) saw researchers design a conceptual framework for measuring and assessing the performance of the German health system. This also included the definition of boundaries of the health system. For the need of the German framework, the health system and its boundaries were defined from the perspective of the Federal Ministry of Health, which leads to the exclusion of some aspects, such as occupational safety and health. The study saw researchers create a comprehensive mapping of indicators used within HSPA initiatives and of the current health information databases. Indicators and databases were linked to test their usability in the design of the proposed HSPA framework. The framework was then populated by a set of selection of 90 indicators, grouped into headline, operational, explanatory and contextual indicators. The selection was developed through an in-depth scrutiny of a large number of metrics collected during the mapping exercise, which were tested against a standard set of quality criteria. Lastly, researchers developed a demo of the analysis showing how the proposed HSPA system could be operationalised using the current available national and international databases to the Health Ministry. The second work package (B) saw researchers

develop a monitoring tool based on the first work package to capture health related expenditures and their relationship to performance, as a means to present a measure of health system efficiency broken down by three areas responsible for the most of expenditure – inpatient care, outpatient care and pharmaceuticals. The last work package (C) aimed at synthesising the findings of work packages A and B by providing an estimation of needed resources to i) initiate an HSPA tool for the German health system, and b) make continuously use of such tool.

In the final part of presentation, Dr Röttger articulated a series of methodological complications encountered by her team relating mostly to the interpretation of selected indicators' results. For instance, the aims of the health care system in Germany are not clearly defined at present, which complicates establishing whether a result should be considered 'good' or 'bad'; which required the team to come up with a multi-step methodology to interpret results of some of the indicators included in the framework. Dr Röttger explained that for a selection of indicators, time trends (as opposed to levels) would be considered as the result to be evaluated. The research team proposed that when suitable, performance would be benchmarked against a specific selection of peer countries (Belgium, Denmark, France, the Netherlands, Austria, Sweden, Switzerland and the UK). During the discussion that followed with members of the Expert Group, several acknowledged the amount and complexity of the work done by the team to prepare the feasibility study, and presented a number of technical comments and considerations on the design of the proposed HSPA framework.

4. ASSESSMENT OF RESILIENCE

Peter Benczur (European Commission's Joint Research Centre (JRC)) presented first on JRC's work on resilience, in a broader context, for the upcoming publication '*Towards a more resilient society: Navigating a challenging future together*'.

The first part of the presentation provided a summary of the key challenges that EU Member States will face in the near future, such as climate change and adverse demographic trends. The second part of the presentation introduced a conceptual framework for assessing resilience, with the objective of looking at certain variables, shocks and prolonged strains, using indicators to measure them, and identifying characteristics of good resilience. The third part of the presentation looked into more detail at a case study of resilience in the face of the financial crisis.

Professor Jane South (Leeds Beckett University) then presented on resilience in a health-related community context. The first part of the presentation set out the complex range of value-based measurements, noting the inherent challenges involved in measuring such a concept. The second part of the presentation explored some case studies: one of these being an example from Sheffield (UK). Other similar case studies were explored in Arizona and Greenland. The final part of the presentation included recommendations for policymakers, which included improved mapping and data collection on social and economic indicators, and a high-level summary of priorities.

Professor Steve Thomas (Trinity College Dublin) presented on the resilience of the Irish health system, in the face of challenging economic conditions related to the post-2008 Irish economic downturn. The first part of the presentation summarised how the Irish health system works, the

economic and fiscal consequences of the financial crisis, and how health policy was resultantly affected. The second part of the presentation explored three different types of resilience: financial, adaptive, and transformative. This analysed the health policy decisions taken by the Irish government to manage financial pressures, how well the system adapted to challenging circumstances, and the capacity of the Irish health system to transform. The final part of the presentation reflected on how successful the health system was, in the aforementioned three aspects of resilience, in the face of the financial crisis' challenges.

Stan van Alphen (DG SANTE) and Jonathan Cylus (European Observatory on Health Systems and Policies) then presented on how resilience was assessed in the [State of Health in the EU](#) process. The first part of the presentation set out how the resilience concept sat alongside other concepts, such as effectiveness and accessibility, and provided context on how the *State of Health in the EU* fits into the wider health cycle. The second part of the presentation discussed the key themes they had used to portray resilience in the analysis conducted for the publications related to the *State of Health in the EU* initiative. In particular, the link between economic conditions and revenues available for health was widely featured, as was ageing, whilst there were challenges in including capital investment more prominently across publications. Effective governance also featured heavily.

Professor Steve Thomas (in his capacity as European Observatory Research Fellow) briefly summarised the structure and content of the forthcoming work on health system resilience, which will be condensed into a [Policy Brief](#) published by the European Observatory. He explained that the work will take into account the intertemporal nature of health systems resilience as a feature that is influenced by the legacy of previous shocks. A typology of shocks (e.g. supply vs. demand-driven) will be developed, together with a theoretical framework to identify factors that render health systems resilient. Lastly, some useful metrics to measure the resilience capacity of health systems will be presented, in view of documenting strategies to support more evidence-informed policy-making by governments that aim at improving the resilience of their health systems.

Filip Domański (DG SANTE) summarised the concept of resilience and approaches to it in the context of health systems, in order to initiate a discussion on the work by the Expert Group on this topic. He proposed defining “building blocks” of resilience that capture the reaction of health systems to sudden shocks (e.g. disease outbreaks) as well as ‘slow burning’ problems (like ageing) in the short-, medium- and long-term. Depending on the severance and length of challenge a health system faces, it has to absorb it, adapt to it or respond to it by reforming. Enablers, i.e. features of health systems, which help to cope with shocks and barriers (limitations on resilience) should be identified first, to make resilience assessment possible in the next step. In the second part, Mr Domański presented a proposal for the working methods that the Expert Group will use to prepare its report on resilience. The proposal consisted in the creation of a sub-group composed of volunteer members of the Group, and in the organisation of a Policy Focus Group to discuss in detail specific aspects of health system resilience. During the discussion, members of the Group agreed that since measurement of resilience is barely developed in health systems, the report should focus more on discussing the concept, the possible institutional factors that improve resilience and, to lesser extent, some means of measuring assessing health system resilience using qualitative indicators.

Some members of the Group already declared their readiness to join the sub-group, others asked for more time to decide on their participation.

When the names of all members of the sub-group are communicated to the Secretariat, it will proceed with the organisation of a teleconference to launch preparatory work on the content of the report. Results and progress of work on the report will be one of the points of the agenda of the next Expert Group meeting.

5. FUTURE WORK OF THE HSPA EXPERT GROUP

Filip Domański (DG SANTE) briefly presented an orientation note on possible priority topics for the Expert Group after 2019. The proposed topics were access; outcome-based, value-based health care; patient centeredness; equity; financial protection; long-term care; health workforce planning and forecasting; and preventive care.

During the discussion that followed, Expert Group members proposed adding to the list of possible topics “digitisation of care”, “assessment of disease-specific care” (e.g. mental health), and “the use of HSPA results for policy-making”.

Topics like equity of care, long-term care, preventive care, value-based care, health workforce policies, access and financial protection were mentioned by Expert Group members as especially interesting.

The Secretariat will organise a survey among members of the Expert Group that will result in a prioritisation of topics. During the next meeting, the Expert Group will decide on the exact order of choosing topics for the years after 2019 based on the results of the survey.

6. A.O.B. AND CONCLUSIONS OF THE MEETING

The next meeting of the Expert Group will take place in Valletta (Malta) on 5 June 2019.