



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

20TH MEETING

12 DECEMBER 2019, 09:00 – 16:30

MINISTRY OF HEALTH OF SLOVENIA

STEFANOVA ULICA 5, 1000 LJUBLJANA

MEETING MINUTES

Participants: Austria, Belgium, Croatia, Cyprus, Estonia, Finland, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Romania, Slovenia, Sweden, the European Observatory on Health Systems and Policies and the European Commission

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1. OPENING OF THE MEETING

Natalija Pavlin (Director General, Slovenian Ministry of Health) welcomed the participants. She highlighted importance of the Health Systems Performance Assessment (HSPA) Expert Group for building assessment framework in the Slovenian health care system. Slovenia is a small country; therefore, co-operation with HSPA experts from abroad that is possible thanks to participation in the Expert Group is crucial.

The Chair opened the meeting by presenting its agenda. The agenda was adopted.

2. REPORTING ON HSPA COUNTRY EXPERIENCES

Robert Potisek (National Institute of Public Health, Slovenia) presented process of developing HSPA in Slovenia. Adoption of the National Health Care Plan 2016-2025 was the first step towards health systems assessment in the country. A workshop organised within the framework of the HSPA Expert Group followed. It was an occasion to initiate discussion on HSPA and work on implementing it in Slovenia. Experts from the Ministry of Health and the National Institute of Public Health formed a working group that received the task of proposing the set of HSPA indicators. A review of various data and indicators' sources, including those from outside the health sector resulted in an initial list of around 2000 positions. After a couple rounds of iterations, the list consists of 68 of the main ones and 24 sub indicators. Majority of data to feed the indicators comes from Slovenia but there is also an input from outside the country e.g. Eurostat. Technical assistance provided by the Structural Reforms Support Service (SRSS) of

the European Commission enabled engaging experts from the University of Malta and the School of Advanced Studies Sant'Anna in Pisa. The contract with SRSS lasted from 2017 to 2019.

Dr Denis Perko (Ministry of Health, Slovenia) continued with showing some results of HSPA in Slovenia. He gave an overview of indicators used for assessing various areas and dimensions of health system. They were • health status of the population; • quality and safety of care; • generation and management of resources; • financial sustainability; • efficiency; • responsiveness and person centeredness; • equity and access; • health determinants; and • health promotion and disease prevention.

During the discussion that followed, members of the Expert Group asked about existence of mental health indicators in the Slovenian HSPA framework and about indicators related to geographical access to health care and distribution of resources.

Mental health indicators were of poor quality; therefore, only suicides rate is in the framework. Slovenia is a small and densely populated country, so there are not many geographical indicators and the samples for data collection are limited.

Åsa Ljungvall (Swedish Agency for Health and Care Services Analysis) and Kristina Bränd Persson (the National Board of Health and Welfare) talked about the task that their agencies received i.e. to propose how to develop further HSPA system in Sweden. There is a number of requirements that the modernised system needs to meet. Assessing equity and quality of services is an important part of that. The national monitoring and assessment framework should look at all types of services and include different dimensions like equity, access, quality. Its aim is to signal unjustified variations in services provision. Improved communication of assessment results will support policy-making. There are challenges that the developers of the HSPA system face. Among them are co-operation and co-ordination of work of both bodies (the Agency and the Board); quality of data and statistics (e.g. presentation of the latter) or maintenance of indicators – there are many users interested in them but it is not clear who should be responsible for their quality assurance. Depending on the area of the health system, data has different quality and availability. Hospital sector provides the greatest amount of information but around 60 % of health services are provided in primary care where information is much more limited. Home care constitutes important part of the system with the number of patients being around half of those treated in hospitals but no data is available. Overall, the amount of information in the health system is too great for proper handling, so the Agency and the Board were asked to propose five to ten indicators that are important from patient's point of view. Selection of indicators takes also into consideration their usefulness i.e. potential to support policy-making. The new HSPA system under development has four categories where the indicators are grouped: health outcomes, patient centeredness, access barriers and waiting times. Results of analyses available so far show that there are great variations between regions as regards their health expenditure and quality results. Some regions spend below national average and provide better than average care. This shows that it is possible to reduce costs and

at the same time to keep or even increase quality. Deeper analysis of reasons for such variations is needed.

The members of the Expert Group were interested in learning more about care variations in Sweden and relations between productivity and quality of care. Some Member States face difficulties in merging like this is the case in Sweden the perspectives of patients (those who receive services) and citizens (overall population).

Ilona Radvinauskienė (Ministry of Health, Lithuania) presented first steps taken to develop Lithuanian HSPA framework. Assessing performance of the health system is a legal obligation in Lithuania. This should make creating the HSPA system easier; however, due to political sensitiveness there are many groups of interest that oppose this. Lithuania makes efforts to develop e-health solutions. They help in producing data that serves assessing the performance of the health system and steering it properly. Analyses that are already done show great variations between activities of hospitals in the country. There are wide differences in bed occupancy rates or proportion of inhabitants of specific municipalities who seek hospital care in other municipalities. Geographical access to health care is part of the assessment of performance. A proportion of population having hospital within one-hour reach and primary care within 30 minutes measures it. As this is the case in other Member States, in Lithuania the most data comes from hospital sector. Using more e-health solutions should tilt this more towards ambulatory care.

When discussing after the presentation, members of the Expert Group acknowledged that legislation on obligatory assessment of health system's performance is a promising step towards building HSPA framework. They also pointed at the fact that better access to hospital care information rises possibility that the system would remain hospital-centred; more knowledge on hospitals than on other parts of health system may shift policy-makers' focus towards that direction.

3. MEASUREMENT AND ASSESSMENT OF HEALTH SYSTEM RESILIENCE

Federico Pratellesi (DG SANTE) presented an update on the ongoing development of the Expert Group's report on tools and methods to assess health system resilience (HSR). After having summarised the report's main components and structure¹, Mr Pratellesi provided an account of the content and main conclusions from each of the (three) main chapters, which first drafts had been circulated in advance of the meeting.

Members of the Expert Group were then asked to:

- provide their comments and feedback on the content of each draft chapter (I, II, III);
- based on the content of the three draft chapters, suggest possible main messages and key takeaways that ought to be included in the report's 'conclusions' chapter (IV);

¹ See minutes of the 18th meeting of the Expert Group for more information [[link](#)]

- discuss and agree on a selection of country case studies extrapolated from responses to Part B of the survey on HSR² to be further developed and included in the final report;
- based on a proposal by the Secretariat of the Expert Group, change the content of one of the annexes to the report from a list of (possible) indicators of HSR to a ‘mapping’ of indicators of HSR across the shock cycle;
- discuss and approve a revised project timeline for the development of the report, including intermediate steps and deadlines for written comments on the draft chapters, the finalisation of country case studies and the submission of comments on the report’s semi-final draft.

Mr Pratellesi acknowledged the comments and suggestions provided by the members of the Expert Group for each of the discussion points presented above, which will be taken into account for the development of the second draft of the report. The second draft will be circulated among members of the Expert Group about a week ahead of the next meeting of the Expert Group.

The deadline for members of the Expert Group to send their written comments on the drafts of chapters I, II and III and provide additional information on their respective country case studies of HSR (upon request from the Secretariat) was set for 24 January 2020.

4. PRESENTATION OF THE ‘STATE OF HEALTH IN THE EU’

Sylvain Giraud (DG SANTE) gave an account of the 2019 deliverables linked to the [State of Health in the EU](#) cycle published on 28 November:

- the thirty [2019 Country Health Profiles](#) authored by the OECD and the European Observatory on Health Systems and Policies, and
- the Commission’s [Companion Report](#) to the Country Health Profiles, which features an analysis of some of the most significant trends in the ongoing transformation of health systems in Europe.

Mr Giraud’s presentation focused on the key takeaways from the Companion Report, a document composed of five thematic chapters structured along three headline objectives – effectiveness, accessibility and resilience³.

Mr Giraud explained that the Companion Report covers the effectiveness angle mostly with regard to health promotion and disease prevention activities, with two chapters focusing on vaccine hesitancy (Chapter 1) and the digital transformation of health promotion and disease prevention measures (Chapter 2).

With regard to accessibility, the Companion Report sheds light on the methodological shortcomings related to measuring and assessing the accessibility of health care across Europe,

² See minutes of the 19th meeting of the Expert Group for more information [\[link\]](#)

³ See the 2014 Commission Communication ‘*on effective, accessible and resilient health systems*’ [\[link\]](#)

and makes a case for trying to systematically factor in socio-economic characteristics and clinical profiles in such assessments in the future (Chapter 3).

To provide some insight into the resilience of health systems in Europe, the Companion Report analyses the potential of task shifting in health service delivery (Chapter 4) and examines further options to increase EU-level collaboration in the area of pharmaceuticals, to ensure the affordability and accessibility of medicines while retaining appropriate incentives for pharmaceutical research and innovation (Chapter 5).

Lastly, Mr Giraud announced the start of the fourth and last step of the *State of Health in the EU* initiative, which consists of a series of technical [voluntary exchanges](#) operated by experts from the OECD and the Observatory. The format of these exchanges, which are going to take place over the course of the first six months of 2020, will be carefully tailored to the specific needs and preferences of each requesting Member State. Health Ministries are encouraged to contact the Commission to seek further information and guidance on how to present their request.

5. INITIATING THE WORK ON THE REPORT ON ACCESS TO HEALTHCARE

Katarzyna Ptak-Bufkens (DG SANTE) gave an overview of the policy framework on access to healthcare, stressing that it features quite high in the political guidelines of the new Commission. She stressed that while streamlining SDGs in the European Semester will enhance the attention to healthcare accessibility (SDGs promote universal health coverage), SDG's the existing indicators related to access to healthcare are not relevant for high-income countries. Furthermore, available comparable EU data has many limitations. She explained that the HSPA report on access to healthcare may also benefit other on-going initiatives at European level: setting the monitoring framework for the *Council Recommendation on access to social protection*, work with the Social Protection Committee Indicators Subgroup on access to healthcare indicators.

Building on Chapter 3 of the 2019 *State of Health in the EU Companion Report*, Katarzyna explained how poor data quality risks complacency about health system accessibility and how a more holistic approach to truly capture access hurdles could possibly be built. She presented also the scope and conclusions of projects which provided the input to the Companion Report and set some foundations for the Commission's views on possible further work on more granular access indicators: 2018 Pilot Project: *Towards a more effective measurement framework on access to healthcare*, WHO Barcelona studies: *Can people afford to pay for healthcare* and the small vignette project which was developed by SANTE in co-operation with the European Observatory on Health Systems.

The presentation was followed by the discussion in groups, structured around questions on challenges encountered in measuring access to healthcare and ways to address them, and on collection of data on personal and clinical characteristics of patients and their use in HSPA to determine the healthcare coverage and the relevance of such approach. The discussion confirmed that getting more granular data on access to healthcare would be useful, but methods

of data collection are not adapted yet to get such data or some data may be not available or easily available. There are also other challenges, for example related to the quality of data (for example inflation of data on waiting times due to double or multiple counts), lack of data on objective demand corrected for severity of need and health literacy, lack of data on accessibility throughout complete patient pathways.

Nevertheless, there are some emerging good examples of tackling the complexities of measuring access to healthcare, for example Belgium developed a method to assess adequacy of access to healthcare through putting demand, supply at subnational level and health activities in the perspective; Ireland is preparing a new way of measuring accessibility of healthcare for people with mental health problems; Finland is preparing the ground for making use of administrative data from population registers for a more granular view of challenges in access to healthcare. It was proposed to explore further these examples at the next HSPA meeting along any other potential good practices which may emerge from the input to be requested by the Commission. The later will be structured around the questionnaire, which will be sent to the Group's members by 20 December 2019 with the deadline for replies by 31 January 2020. The summary and conclusions will be presented at the next HSPA meeting.

6. STRUCTURAL REFORMS SUPPORT SERVICE – TECHNICAL ASSISTANCE FOR HSPA DEVELOPMENT

Filip Domański (DG SANTE) gave an overview of technical support for Member States developing their HSPA frameworks. Helping countries that build tools for assessing their national health systems is one of the tasks of the HSPA Expert Group. The Group is a forum for sharing experience and exchanging knowledge. In the past, there were workshops organised in some of the Member States to contribute to national discussions on launching or progressing HSPA. The SRSS provide technical assistance to the Member States that develop HSPA. Some of them received it in the past, others still has been receiving it. Among technical support requests that SRSS received in October 2019, there are some related to HSPA too.

During the following discussion, representatives of the Member States that have experience in co-operating with SRSS highlighted simplicity and flexibility of procedures they had to follow. It was very easy to liaise with experts from other countries (administration, academia, etc.) and to launch collaboration with them. European aspect of the projects developed with SRSS helped to convince various national stakeholders to work together. Very often membership in the Expert Group triggered efforts to establish national HSPA frameworks. Requesting SRSS to help in organising and financing support by external contractors was the next step.

Summarising the discussion, Filip Domański underlined that possibility of organising country-specific workshops within the framework of the Expert Group is still possible. Such events either may be the first step in creating HSPA systems or may serve concluding certain phase of the process (e.g. publication of HSPA report).

7. CONCLUSIONS OF THE MEETING

The next meeting of the HSPA Expert Group will take place in Brussels on 26 February 2020.